

State: District of Columbia **Filing Company:** CareFirst BlueChoice, Inc.
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only
 - Other
Product Name: DC BC Small Group Eff 201601 - ACA
Project Name/Number: /2035

Filing at a Glance

Company: CareFirst BlueChoice, Inc.
Product Name: DC BC Small Group Eff 201601 - ACA
State: District of Columbia
TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)
Sub-TOI: HOrg02G.004E Small Group Only - Other
Filing Type: Rate
Date Submitted: 05/01/2015
SERFF Tr Num: CFAP-130051604
SERFF Status: Assigned
State Tr Num:
State Status:
Co Tr Num: 2035

Implementation 01/01/2016
Date Requested:
Author(s): Dwayne Lucado, Anna Guloy, Todd Switzer, Brad Boban, Katheryn Barron, Patrick Getts, Britney Tyler, Michaela Berry, Scott Cremens

Reviewer(s): John Morgan (primary), Damon Siler
Disposition Date:
Disposition Status:
Implementation Date:

State Filing Description:

State: District of Columbia **Filing Company:** CareFirst BlueChoice, Inc.
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 - Other
Product Name: DC BC Small Group Eff 201601 - ACA
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General Information

Project Name:	Status of Filing in Domicile: Pending
Project Number: 2035	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Group
Submission Type: New Submission	Group Market Size: Small
Group Market Type: Employer	Overall Rate Impact: 1.3%
Filing Status Changed: 05/04/2015	
State Status Changed:	Deemer Date:
Created By: Britney Tyler	Submitted By: Britney Tyler
Corresponding Filing Tracking Number:	

PPACA: Non-Grandfathered Immed Mkt Reforms

PPACA Notes: null

Exchange Intentions: Group on Exchange

Filing Description:

This filing contains the rate proposal for the portfolio of benefits to be offered by CareFirst BlueChoice, Inc. to Small Groups on the D.C. Exchange. We are submitting 39 benefit plans on the D.C. Exchange.

Company and Contact

Filing Contact Information

Britney Tyler,	britney.tyler@carefirst.com
10455 Mill Run Circle	410-998-7197 [Phone]
Mail Stop OM1-780	
Owings Mills, MD 21117	

Filing Company Information

CareFirst BlueChoice, Inc.	CoCode: 96202	State of Domicile: District of
840 First Street NE	Group Code:	Columbia
Washington, DC 20065	Group Name:	Company Type: Health
(410) 581-3000 ext. [Phone]	FEIN Number: 52-1358219	Maintenance Organization
		State ID Number:

Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	

SERFF Tracking #:

CFAP-130051604

State Tracking #:

Company Tracking #:

2035

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Rate Information

Rate data applies to filing.

Filing Method: Electronic (SERFF)

Rate Change Type: Increase

Overall Percentage of Last Rate Revision: 1.400%

Effective Date of Last Rate Revision: 10/01/2015

Filing Method of Last Filing: Electronic (SERFF)

Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
CareFirst BlueChoice, Inc.	Increase	1.300%	1.300%	\$570,427	21,383	\$45,140,440	5.800%	-12.200%

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Rate Review Detail

COMPANY:

Company Name: CareFirst BlueChoice, Inc.
 HHS Issuer Id: 86052

PRODUCTS:

Product Name	HIOS Product ID	HIOS Submission ID	Number of Covered Lives
BlueChoice HMO, BlueChoice HMO Referral, BlueChoice Advantage, BlueChoice Plus, BlueChoice Plus Opt-Out			34883

Trend Factors:

FORMS:

New Policy Forms:

DC/CF/SG/POS OON CDH/BRZ 5000 (1/16), DC/CF/SG/POS OON CDH/SIL 1500 (1/16), DC/CF/SG/POS OON CDH/SIL 3000 (1/16), DC/CF/SG/POS OON/GOLD 1000 (1/16), DC/CF/SG/POS OON/GOLD 1500 (1/16), DC/CF/SG/POS OON/GOLD 500 (1/16), DC/CF/SG/POS OON/PLAT 0 (1/16), DC/CF/SG/POS OON/PLAT 1000 (1/16), DC/CF/SG/POS OON/PLAT 500 (1/16), DC/CF/SG/POS OON/SIL 2000 (1/16), DC/CF/SHOP/2016 AMEND (1/16), DC/CFBC/SG/BC+(OO)/PLAT 0 (1/16), DC/CFBC/SG/HB HMO CDH/SIL 2000 (1/16), DC/CFBC/SG/HB HMO/GOLD 1500 (1/16), DC/CFBC/SG/HB HMO/PLAT 1000 (1/16), DC/CFBC/SG/HB HMO/PLAT 500 (1/16), DC/CFBC/SG/HMO CDH/BRZ 5000 (1/16), DC/CFBC/SG/HMO CDH/SIL 1500 (1/16), DC/CFBC/SG/HMO CDH/SIL 2000 (1/16), DC/CFBC/SG/HMO CDH/SIL 3000 (1/16), DC/CFBC/SG/HMO OA/GOLD 1500 (1/16), DC/CFBC/SG/HMO OA/GOLD 500 (1/16), DC/CFBC/SG/HMO OA/PLAT 0 (1/16), DC/CFBC/SG/HMO OA/SIL 1000 (1/16), DC/CFBC/SG/HMO REF/BRZ 5500 (1/16), DC/CFBC/SG/HMO REF/GOLD 0 (1/16), DC/CFBC/SG/HMO REF/GOLD 500 (1/16), DC/CFBC/SG/HMO REF/GOLD 80 (1/16), DC/CFBC/SG/HMO REF/PLAT 0 (1/16), DC/CFBC/SG/HMO REF/PLAT 1000 (1/16), DC/CFBC/SG/HMO REF/SIL 70 (1/16), DC/CFBC/SG/INCENT (1/16), DC/CFBC/SG/POS IN CDH/BRZ 5000 (1/16), DC/CFBC/SG/POS IN CDH/SIL 1500 (1/16), DC/CFBC/SG/POS IN CDH/SIL 2000 (1/16), DC/CFBC/SG/POS IN CDH/SIL 3000 (1/16), DC/CFBC/SG/POS IN/GOLD 1000 (1/16), DC/CFBC/SG/POS IN/GOLD 1500 (1/16), DC/CFBC/SG/POS IN/GOLD 500 (1/16), DC/CFBC/SG/POS IN/PLAT 0 (1/16), DC/CFBC/SG/POS IN/PLAT 1000 (1/16), DC/CFBC/SG/POS IN/PLAT 500 (1/16), DC/CFBC/SHOP/2016 AMEND (1/16)

Affected Forms:

NA

Other Affected Forms:

DC/CF/ANCILLARY AMEND (10/12), DC/CF/BLCRD (1/12), DC/CF/MEM/BLCRD (1/12), DC/CF/PARTNER (R. 7/09), DC/CF/PT PROTECT (9/10), DC/CF/SHOP/2015 GC AMEND (1/15), DC/CF/SHOP/ADV OON/EOC (1/14), DC/CF/SHOP/EXC/DOCS (1/14), DC/CF/SHOP/GC (1/14), DC/CFBC/ADV IN/IPP GRP (1/14), DC/CFBC/ADV IN/IPP MEM (1/14), DC/CFBC/ANCILLARY AMEND (10/12), DC/CFBC/BCOO/DOCS (1/14), DC/CFBC/BLCRD (1/12), DC/CFBC/DOL APPEAL (R. 7/11), DC/CFBC/FAM PLAN (8/12), DC/CFBC/HB/SHOP/EXC/DOCS (1/14), DC/CFBC/HMO/DOCS (1/14), DC/CFBC/MEM/BLCRD (1/12), DC/CFBC/PARTNER (R. 7/09), DC/CFBC/PT

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PROTECT (9/10), DC/CFBC/SHOP/2015 GC AMEND (1/15), DC/CFBC/SHOP/ADV
 IN/EOC (1/14), DC/CFBC/SHOP/ADV IN/PLAT SOB (1/14), DC/CFBC/SHOP/ELIG
 (1/14), DC/CFBC/SHOP/EOC (1/14), DC/CFBC/SHOP/EXC/DOCS (1/14),
 DC/CFBC/SHOP/GC (1/14), DC/GHMSI/DOL APPEAL (R. 11/11), DC/GHMSI/FAM
 PLAN (8/12), DC/GHMSI-HEALTH GUARANTEE 1/15

REQUESTED RATE CHANGE INFORMATION:

Change Period: Quarterly
 Member Months: 102,624
 Benefit Change: None
 Percent Change Requested: Min: -12.2 Max: 5.8 Avg: 1.3

PRIOR RATE:

Total Earned Premium: 45,140,440.00
 Total Incurred Claims: 33,562,830.00
 Annual \$: Min: 218.59 Max: 507.26 Avg: 430.41

REQUESTED RATE:

Projected Earned Premium: 46,827,320.00
 Projected Incurred Claims: 33,668,801.00
 Annual \$: Min: 213.38 Max: 526.47 Avg: 433.33

SERFF Tracking #:

CFAP-130051604

State Tracking #:

Company Tracking #:

2035

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District of Columbia

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CareFirst BlueChoice, Inc.

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Rate/Rule Schedule

State: District of Columbia

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Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Rate Filing 2035	DC/CFBC/SHOP/GC (1/14), DC/CFBC/DOL APPEAL (R. 7/11), DC/CFBC/SHOP/ELIG (1/14), DC/CFBC/FAM PLAN (8/12), DC/CFBC/PARTNER (R. 7/09), DC/CFBC/PT PROTECT (9/10), DC/CFBC/SHOP/EOC (1/14), DC/CFBC/SHOP/EXC/DOCS (1/14), DC/CFBC/SHOP/BCOA/GOLD SOB (1/14), DC/CFBC/SHOP/BCOA/SIL SOB (1/14), DC/CFBC/SHOP/HMO/BRZ SOB (1/14), DC/CFBC/BLCRD (1/12), DC/CFBC/MEM/BLCRD (1/12), DC/CFBC/SHOP/HMO/1020/S OB (1/14), DC/CFBC/SHOP/HMO/3040/SOB (1/14), DC/CFBC/SHOP/HMO/250/SOB (1/14), DC/CFBC/SHOP/HMO OA/3040/SOB (1/14), DC/CFBC/SHOP/HMO OA/500/SOB (1/14), DC/CFBC/SHOP/HMO OA HRA/1800/SOB (1/14), DC/CFBC/SHOP/HMO OA CDH/1500/SOB (1/14), DC/CFBC/SHOP/HMO OA CDH /2000/SOB (1/14), DC/CFBC/SHOP/ADV IN/EOC (1/14), DC/CFBC/HB/SHOP/EXC/DOCS (1/14), DC/CFBC/SHOP/ADV IN/PLAT SOB (1/14), DC/CFBC/ADV IN/IPP GRP (1/14), DC/CFBC/ADV IN/IPP MEM (1/14),	Revised	Previous State Filing Number: CFAP-129047155 Percent Rate Change Request: 1.3	File_2035_DC_BC 1.1.16_Rates.pdf,

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		DC/CFBC/ANCILLARY AMEND (10/12), DC/CFBC/SHOP/ADV CDH IN/1500/SOB (1/14), DC/CFBC/SHOP/ADV IN/8050/SOB (1/14), DC/CFBC/SHOP/ADV IN/10070SOB (1/14), DC/CFBC/SHOP/ADV/1000/INN/SOB (1/14), DC/CFBC/SHOP/ADV IN/IPP GRP (1/14), DC/CFBC/SHOP/ADV IN/IPP MEM (1/14), DC/CFBC/SHOP/BC+ OOP IN/1500/ SOB (1/14), DC/CFBC/SHOP/BC+ OOP IN CDH/2000/ SOB (1/14), DC/CFBC/SHOP/BC+ OOP IN/3500/SOB (1/14), DC/CFBC/SHOP/BC+ OOP IN/2000/SOB (1/14), DC/CFBC/SHOP/BC+ OOP IN/10080/SOB (1/14), DC/CFBC/SHOP/HB PLUS 300 IN SOB (1/14), DC/CFBC/SHOP/HB PLUS 600 IN SOB (1/14), DC/CFBC/SHOP/HB PLUS 1500 IN SOB (1/14), DC/CFBC/SHOP/HB PLUS 2000 IN SOB (1/14), DC/CFBC/SHOP/HB ADV 300 IN SOB (1/14), DC/CFBC/SHOP/HB ADV 600 IN SOB (1/14), DC/CFBC/SHOP/HB ADV 1500 IN SOB (1/14), DC/CFBC/SHOP/HB ADV 2000 IN SOB (1/14), DC/CFBC/SHOP/HB HMO/300 SOB (1/14), DC/CFBC/SHOP/HB HMO/600 SOB (1/14), DC/CFBC/SHOP/HB HMO/1500 SOB (1/14), DC/CFBC/SHOP/SHOP/HB HMO/2000 SOB (1/14), DC/CFBC/SHOP/BC+ OOOA/10080/SOB (1/14), DC/CFBC/SHOP/BC+		
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		OOOA/10060/SOB (1/14), DC/CF/SHOP/ADV OON/EOC (1/14), DC/CF/SHOP/ADV OON/PLAT SOB (1/14), DC/CF/ SHOP/BC ADV CDH OON/1500/ SOB (1/14), DC/CF/ SHOP/BC ADV OON/8050/ SOB (1/14), DC/CF/ SHOP/BC ADV/1000/OON/SOB (1/14), DC/CF/ SHOP/BC ADV OON/10070/SOB (1/14), DC/CF/ SHOP/BC+ OOP OON/1500/SOB (1/14), DC/CF/ SHOP/BC+ OOP OON CDH/2000/SOB (1/14), DC/CF/ SHOP/BC+ OOP OON/3500/SOB (1/14), DC/CF/ SHOP/BC+ OOP OON/2000/SOB (1/14), DC/CF/ SHOP/BC+OOP OON/10080/SOB (1/14), DC/CF/ SHOP/HB PLUS 300 SOB (1/14), DC/CF/ SHOP/HB PLUS 600 SOB (1/14), DC/CF/ SHOP/HB PLUS 1500 SOB (1/14), DC/CF/ SHOP/HB PLUS 2000 SOB (1/14), DC/CF/ SHOP/HB ADV 300/SOB (1/14), DC/CF/ SHOP/HB ADV 600 SOB (1/14), DC/CF/ SHOP/HB ADV 1500 SOB (1/14), DC/CF/ SHOP/HB ADV 2000 SOB (1/14), DC/CFBC/GC (1/14), DC/CFBC/ELIG (1/14), DC/CFBC/HMO/EOC (1/14), DC/CFBC/HMO/DOCS (1/14), DC/CFBC/HMO/BRZ SOB (1/14), DC/CFBC/HMO/1020/SOB (1/14), DC/CFBC/HMO/3040/SOB (1/14), DC/CFBC/HMO/250/SOB (1/14), DC/CFBC/BCOA/GOLD SOB (1/14),		
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Product Name: DC BC Small Group Eff 201601 - ACA
Project Name/Number: /2035

		DC/CFBC/BCOA/SIL SOB (1/14), DC/CFBC/HMO OA/3040/SOB (1/14), DC/CFBC/HMO OA/500/SOB (1/14), DC/CFBC/HMO OA HRA/1800/SOB (1/14), DC/CFBC/HMO OA CDH/1500/SOB (1/14), DC/CFBC/HMO OA CDH/2000/SOB (1/14), DC/CFBC/BCOO/DOCS (1/14), DC/CFBC/BC+ OOOA/10080/SOB (1/14), DC/CFBC/BC+ OOOA/10060/SOB (1/14), DC/CFBC/BC+ OOP IN/1500/SOB (1/14), DC/CFBC/BC+ OOP IN CDH/2000/SOB (1/14), DC/CFBC/BC+ OOP IN/3500/SOB (1/14), DC/CFBC/BC+ OOP IN/2000/SOB (1/14), DC/CFBC/BC+ OOP IN/10080/SOB (1/14), DC/CFBC/ADV IN/EOC (1/14), DC/CFBC/HB/ADV/DOCS (1/14), DC/CFBC/ADV IN/PLAT SOB (1/14), DC/CFBC/ADV CDH IN/1500/SOB (1/14), DC/CFBC/ADV IN/8050/SOB (1/14), DC/CFBC/ADV IN/10070SOB (1/14), DC/CFBC/ADV/1000/INN/SOB (1/14), DC/CFBC/HB HMO/300 SOB (1/14), DC/CFBC/HB HMO/600 SOB (1/14), DC/CFBC/HB HMO/1500 SOB (1/14), DC/CFBC/HB HMO/2000 SOB (1/14), DC/CF/OON/EOC (1/14), DC/CF/BC+ OOP OON/1500/SOB (1/14), DC/CF/BC+ OOP OON CDH/2000/SOB (1/14), DC/CF/BC+ OOP		
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		OON/3500/SOB (1/14), DC/CF/BC+ OOP OON/2000/SOB (1/14), DC/CF/BC+OOP OON/10080/SOB (1/14), DC/CF/ADV OON/PLAT SOB (1/14), DC/CF/BC ADV CDH OON/1500/ SOB (1/14), DC/CF/BC ADV OON/8050/ SOB (1/14), DC/CF/BC ADV/1000/OON/SOB (1/14), DC/CF/BC ADV OON/10070/SOB (1/14), DC/CFBC/HB PLUS 300 IN SOB (1/14), DC/CFBC/HB PLUS 600 IN SOB (1/14), DC/CFBC/HB PLUS 1500 IN SOB (1/14), DC/CFBC/HB PLUS 2000 IN SOB (1/14), DC/CFBC/HB ADV 300 IN SOB (1/14), DC/CFBC/HB ADV 600 IN SOB (1/14), DC/CFBC/HB ADV 1500 IN SOB (1/14), DC/CFBC/HB ADV 2000 IN SOB (1/14), DC/CF/HB PLUS 300 SOB (1/14), DC/CF/HB PLUS 600 SOB (1/14), DC/CF/HB PLUS 1500 SOB (1/14), DC/CF/HB PLUS 2000 SOB (1/14), DC/CF/HB ADV 300/SOB (1/14), DC/CF/HB ADV 600 SOB (1/14), DC/CF/HB ADV 1500 SOB (1/14), DC/CF/HB ADV 2000 SOB (1/14), and any amendments		
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**CareFirst BlueChoice, Inc.
d.b.a. CareFirst BlueCross BlueShield
(NAIC # 96202)**

**Rate Filing # 2035
D.C. Small Group Products - On Exchange
Rate Filing Effective 1/1/2016**

Proposed Individual Base Rates

**CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016**

Form Numbers

ON-Exchange

Forms Used for ALL ON-Exchange BlueChoice Group Products

DC/CFBC/SHOP/GC (1/14)
DC/CFBC/DOL APPEAL (R. 7/11)
DC/CFBC/SHOP/ELIG (1/14)
DC/CFBC/FAM PLAN (8/12)
DC/CFBC/PARTNER (R. 7/09)
DC/CFBC/PT PROTECT (9/10)
DC/CFBC/SHOP/2015 GC AMEND (1/15)
DC/CFBC/SHOP/2016 AMEND (1/16)
DC/CFBC/SG/INCENT (1/16)

Forms Used for ALL ON-Exchange BlueChoice Group Products: Out-of-Network Forms (GHMSI)

DC/CF/SHOP/GC (1/14)
DC/CF/SHOP/ADV OON/EOC (1/14)
DC/GHMSI/DOL APPEAL (R. 11/11)
DC/CF/SHOP/EXC/DOCS (1/14)
DC/GHMSI/FAM PLAN (8/12)
DC/CF/PARTNER (R. 7/09)
DC/CF/BLCRD (1/12)
DC/CF/MEM/BLCRD (1/12)
DC/CF/ANCILLARY AMEND (10/12)
DC/CF/PT PROTECT (9/10)
DC/GHMSI-HEALTH GUARANTEE 1/15
DC/CF/SHOP/2015 GC AMEND (1/15)
DC/CF/SHOP/2016 AMEND (1/16)

**Product: BlueChoice Plus Opt-Out
Network: Open Access**

DC/CFBC/SHOP/EOC (1/14)
DC/CFBC/BCOO/DOCS (1/14)
DC/CFBC/BLCRD (1/12)
DC/CFBC/MEM/BLCRD (1/12)
DC/CFBC/SG/BC+(OO)/PLAT 0 (1/16)

**Product: BlueChoice HMO and BlueChoice HMO Open Access
Network: Lock In / Referral (HMO), Open Access (HMO Open Access)**

DC/CFBC/SHOP/EOC (1/14)
DC/CFBC/SHOP/EXC/DOCS (1/14)
DC/CFBC/BLCRD (1/12)
DC/CFBC/MEM/BLCRD (1/12)
DC/CFBC/SG/HMO CDH/BRZ 5000 (1/16)
DC/CFBC/SG/HMO CDH/SIL 1500 (1/16)
DC/CFBC/SG/HMO CDH/SIL 2000 (1/16)
DC/CFBC/SG/HMO CDH/SIL 3000 (1/16)
DC/CFBC/SG/HMO OA/GOLD 500 (1/16)
DC/CFBC/SG/HMO OA/GOLD 1500 (1/16)
DC/CFBC/SG/HMO OA/PLAT 0 (1/16)
DC/CFBC/SG/HMO OA/SIL 1000 (1/16)
DC/CFBC/SG/HMO REF/BRZ 5500 (1/16)
DC/CFBC/SG/HMO REF/GOLD 0 (1/16)
DC/CFBC/SG/HMO REF/GOLD 80 (1/16)
DC/CFBC/SG/HMO REF/GOLD 500 (1/16)
DC/CFBC/SG/HMO REF/PLAT 0 (1/16)
DC/CFBC/SG/HMO REF/PLAT 1000 (1/16)
DC/CFBC/SG/HMO REF/SIL 70 (1/16)

Product: BlueChoice Advantage

In-Network
DC/CFBC/SHOP/ADV IN/EOC (1/14)
DC/CFBC/HB/SHOP/EXC/DOCS (1/14)
DC/CFBC/SHOP/ADV IN/PLAT SOB (1/14)
DC/CFBC/ADV IN/IPP GRP (1/14)
DC/CFBC/ADV IN/IPP MEM (1/14)
DC/CFBC/ANCILLARY AMEND (10/12)
DC/CFBC/SG/POS IN CDH/BRZ 5000 (1/16)
DC/CFBC/SG/POS IN CDH/SIL 1500 (1/16)
DC/CFBC/SG/POS IN CDH/SIL 3000 (1/16)
DC/CFBC/SG/POS IN/GOLD 500 (1/16)
DC/CFBC/SG/POS IN/GOLD 1000 (1/16)
DC/CFBC/SG/POS IN/PLAT 0 (1/16)

Product: BlueChoice Plus

In-Network
DC/CFBC/SHOP/BRZ/EOC (1/14)
DC/CFBC/SHOP/EXC/DOCS (1/14)
DC/CFBC/BLCRD (1/12)
DC/CFBC/MEM/BLCRD (1/12)
DC/CFBC/SG/POS IN CDH/BRZ 5000 (1/16)
DC/CFBC/SG/POS IN CDH/SIL 1500 (1/16)
DC/CFBC/SG/POS IN CDH/SIL 3000 (1/16)
DC/CFBC/SG/POS IN/GOLD 500 (1/16)
DC/CFBC/SG/POS IN/GOLD 1000 (1/16)

Product: HealthyBlue Plus

In-Network
DC/CFBC/SHOP/ADV IN/EOC (1/14)
DC/CFBC/HB/SHOP/EXC/DOCS (1/14)
DC/CFBC/BLCRD (1/12)
DC/CFBC/MEM/BLCRD (1/12)
DC/CFBC/SG/POS IN CDH/SIL 2000 (1/16)
DC/CFBC/SG/POS IN/GOLD 1500 (1/16)
DC/CFBC/SG/POS IN/PLAT 500 (1/16)
DC/CFBC/SG/POS IN/PLAT 1000 (1/16)

Product: HealthyBlue Advantage

In-Network
DC/CFBC/SHOP/ADV IN/EOC (1/14)
DC/CFBC/HB/SHOP/EXC/DOCS (1/14)
DC/CFBC/ADV IN/IPP GRP (1/14)
DC/CFBC/ADV IN/IPP MEM (1/14)
DC/CFBC/ANCILLARY AMEND (10/12)
DC/CFBC/SG/POS IN CDH/SIL 2000 (1/16)
DC/CFBC/SG/POS IN/GOLD 1500 (1/16)
DC/CFBC/SG/POS IN/PLAT 500 (1/16)
DC/CFBC/SG/POS IN/PLAT 1000 (1/16)

Product: BlueChoice Advantage

Out-of-Network (GHMSI)
DC/CF/SG/POS OON CDH/BRZ 5000 (1/16)
DC/CF/SG/POS OON CDH/SIL 1500 (1/16)
DC/CF/SG/POS OON CDH/SIL 3000 (1/16)
DC/CF/SG/POS OON/GOLD 500 (1/16)
DC/CF/SG/POS OON/GOLD 1000 (1/16)
DC/CF/SG/POS OON/PLAT 0 (1/16)

Product: BlueChoice Plus

Out-of-Network (GHMSI)
DC/CF/SG/POS OON CDH/BRZ 5000 (1/16)
DC/CF/SG/POS OON CDH/SIL 1500 (1/16)
DC/CF/SG/POS OON CDH/SIL 3000 (1/16)
DC/CF/SG/POS OON/GOLD 500 (1/16)
DC/CF/SG/POS OON/GOLD 1000 (1/16)

Product: HealthyBlue Plus

Out-of-Network (GHMSI)
DC/CF/SG/POS OON/SIL 2000 (1/16)
DC/CF/SG/POS OON/GOLD 1500 (1/16)
DC/CF/SG/POS OON/PLAT 500 (1/16)
DC/CF/SG/POS OON/PLAT 1000 (1/16)

Product: HealthyBlue Advantage

Out-of-Network (GHMSI)
DC/CF/SG/POS OON/SIL 2000 (1/16)
DC/CF/SG/POS OON/GOLD 1500 (1/16)
DC/CF/SG/POS OON/PLAT 500 (1/16)
DC/CF/SG/POS OON/PLAT 1000 (1/16)

Product: HealthyBlue HMO

Network: Open Access
DC/CFBC/SHOP/EOC (1/14)
DC/CFBC/HMO/DOCS (1/14)
DC/CFBC/BLCRD (1/12)
DC/CFBC/MEM/BLCRD (1/12)
DC/CFBC/SG/HB HMO CDH/SIL 2000 (1/16)
DC/CFBC/SG/HB HMO/GOLD 1500 (1/16)
DC/CFBC/SG/HB HMO/PLAT 500 (1/16)
DC/CFBC/SG/HB HMO/PLAT 1000 (1/16)

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016
Premiums Effective 01/2016
BlueChoice Individual Base Rates - HMO - On Exchange

HIOS Plan ID	Product	Plan/Option	Rx Benefit *	In-Network							Ded	OOP Max	Embedded Pediatric Vision	Embedded Pediatric Dental	Metal Tier	Estimated AV	01/2016	10/2015	Rate Change 01/2016 over 10/2015
				PCP Copay	Specialist Copay	ER Copay/ Coins	I/P Copay/ Coins	Co-Ins	Consumer Level Base Rate	Consumer Level Base Rate ^									
86052DC0460011	HMO	BlueChoice HMO Platinum 0	Non-Int: \$10/\$45/\$65/50% (\$150 Max Copay)	\$10	\$20	\$100	\$200	NA	\$0 Med / \$0 Rx	\$1,500	Y	Y	Platinum	91.09%	\$490.89	\$483.38	1.6%		
86052DC0460010	HMO	BlueChoice HMO Gold 500	Non-Int: \$10/\$45/\$65/50% (\$150 Max Copay)	\$15	\$30	\$250	\$400	NA	\$500 Med / \$250 Rx	\$4,000	Y	Y	Gold	81.50%	\$391.70	\$416.83	-6.0%		
86052DC0460020	HMO	BlueChoice HMO Silver 1000	Non-Int: \$10/\$45/\$65/50% (\$150 Max Copay)	\$40	\$80	\$400	\$500	NA	\$1,000 Med / \$100 Rx	\$6,850	Y	Y	Silver	71.45%	\$318.26	N/A	N/A		
86052DC0460009	HMO	BlueChoice HMO Gold 1500	Non-Int: \$10/\$45/\$65/50% (\$150 Max Copay)	\$15	\$35	\$250	\$400	NA	\$1,500 Med / \$250 Rx	\$3,000	Y	Y	Gold	78.01%	\$376.99	\$356.65	5.7%		
86052DC0460012	HMO HSA/HRA	BlueChoice HMO HSA/HRA Silver 1500	Int: \$10/\$45/\$65/50% (\$150 Max Copay)	\$25	\$50	\$250	\$500	NA	\$1,500	\$6,550	Y	Y	Silver	71.57%	\$300.16	\$342.15	-12.3%		
86052DC0460013	HMO HSA/HRA	BlueChoice HMO HSA/HRA Silver 2000	Int: \$10/\$45/\$65/50% (\$150 Max Copay)	\$25	\$50	\$250	\$500	NA	\$2,000	\$6,000	Y	Y	Silver	69.59%	\$289.69	\$299.15	-3.2%		
86052DC0460019	HMO HSA/HRA	BlueChoice HMO HSA/HRA Silver 3000	Int: \$10/\$45/\$65/50% (\$150 Max Copay)	\$25	\$50	\$250	\$500	NA	\$3,000	\$4,750	Y	Y	Silver	68.19%	\$280.54	N/A	N/A		
86052DC0460014	HMO HSA/HRA	BlueChoice HMO HSA/HRA Bronze 5000	Int: \$10/\$45/\$65/50% (\$150 Max Copay)	\$50	\$400	\$250	\$500	NA	\$5,000	\$6,550	Y	Y	Bronze	61.93%	\$213.12	\$218.59	-2.5%		
86052DC0480007	HMO Referral	BlueChoice HMO Referral Platinum 0	Non-Int: \$10/\$45/\$65/50% (\$150 Max Copay)	\$10	\$50	\$100	\$500	NA	\$0 Med / \$0 Rx	\$1,500	Y	Y	Platinum	91.09%	\$467.52	\$463.28	0.9%		
86052DC0480010	HMO Referral	BlueChoice HMO Referral Gold 0	Non-Int: \$10/\$45/\$65/50% (\$150 Max Copay)	\$30	\$40	\$250	\$500	NA	\$0 Med / \$0 Rx	\$6,850	Y	Y	Gold	81.80%	\$390.28	N/A	N/A		
86052DC0480008	HMO Referral	BlueChoice HMO Referral Gold 500	Non-Int: \$10/\$45/\$65/50% (\$150 Max Copay)	\$15	\$30	\$250	\$400	NA	\$500 Med / \$250 Rx	\$4,000	Y	Y	Gold	81.50%	\$373.05	\$376.74	-1.0%		
86052DC0480012	HMO Referral	BlueChoice HMO Referral Platinum 1000	Non-Int: \$10/\$45/\$65/50% (\$150 Max Copay)	\$5	\$15	\$100	\$200	NA	\$1000 Med / \$0 Rx	\$1,500	Y	Y	Platinum	88.11%	\$442.07	N/A	N/A		
86052DC0480011	HMO Referral	BlueChoice HMO Referral Gold 80	Non-Int: \$10/\$45/\$65/50% (\$150 Max Copay)	\$20	\$40	20%	20%	20%	\$1000 Med / \$0 Rx	\$6,000	Y	Y	Gold	78.22%	\$351.72	N/A	N/A		
86052DC0480013	HMO Referral	BlueChoice HMO Referral Silver 70	Non-Int: \$10/\$45/\$65/50% (\$150 Max Copay)	\$35	\$70	30%	30%	30%	\$2000 Med / \$500 Rx	\$6,850	Y	Y	Silver	70.07%	\$287.35	N/A	N/A		
86052DC0480009	HMO Referral	BlueChoice HMO Referral Bronze 5500	Non-Int: \$10/\$75/\$150/\$150	\$25	\$50	\$300	\$500	NA	\$5,500 Med / \$100 Rx	\$6,850	Y	Y	Bronze	61.99%	\$228.81	N/A	N/A		

* Generic/Preferred Brand/Non-Preferred Brand/Specialty High Cost.

^ This represents the average 10/1/2015 consumer level base rate for the plans being mapped into the current plan.

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016
 Premiums Effective 01/2016
BlueChoice Individual Base Rates - BC Plus & BC Advantage - On Exchange

HIOS Plan ID	Product	Option	Rx Benefit **	In-Network							Out of Network			Embedded Pediatric Vision	Embedded Pediatric Dental	Metal Tier	Est. AV	01/2016	10/2015	Rate Change 01/2016 over 10/2015
				PCP Copay	Specialist Copay	ER Copay	I/P Copay	Co-Ins	Ded	OOP Max	Co-Ins *	Ded	OOP Max					Consumer Level Base Rate Total	Consumer Level Base Rate ^ Total	
86052DC0580001	BC Plus	BlueChoice Plus Opt-Out Platinum 0	Non-Int: \$10/\$45/\$65/50% (\$150 Max Copay)	\$10	\$20	\$100	\$200	NA	\$0 Med / \$0 Rx	\$1,500	\$40 PCP/SPEC, \$300 IP	\$1,500	\$3,000	Y	Y	Platinum	91.09%	\$497.54	\$488.55	1.8%
86052DC0500016	BC Plus	BlueChoice Plus Gold 500	Non-Int: \$10/\$45/\$65/50% (\$150 Max Copay)	\$15	\$30	\$250	\$400	NA	\$500 Med / \$250 Rx	\$4,000	\$50 PCP/SPEC, \$500 IP	\$1,000	\$8,000	Y	Y	Gold	81.50%	\$402.31	N/A	N/A
86052DC0500015	BC Plus	BlueChoice Plus Gold 1000	Non-Int: \$10/\$45/\$65/50% (\$150 Max Copay)	\$15	\$30	\$250	\$400	NA	\$1,000 Med / \$250 Rx	\$4,000	\$50 PCP/SPEC, \$500 IP	\$2,000	\$8,000	Y	Y	Gold	79.07%	\$389.96	N/A	N/A
86052DC0500009	BC Plus HSA/HRA	BlueChoice Plus HSA/HRA Silver 1500	Int: \$10/\$45/\$65/50% (\$150 Max Copay)	\$25	\$50	\$250	\$500	NA	\$1,500	\$6,550	\$70 PCP/SPEC, \$600 IP	\$3,000	\$9,000	Y	Y	Silver	71.57%	\$308.29	\$318.62	-3.2%
86052DC0500010	BC Plus HSA/HRA	BlueChoice Plus HSA/HRA Silver 3000	Int: \$10/\$45/\$65/50% (\$150 Max Copay)	\$25	\$50	\$250	\$500	NA	\$3,000	\$4,750	\$70 PCP/SPEC, \$600 IP	\$6,000	\$9,000	Y	Y	Silver	68.19%	\$288.15	\$291.25	-1.1%
86052DC0500017	BC Plus HSA/HRA	BlueChoice Plus HSA/HRA Bronze 5000	Int: \$10/\$45/\$65/50% (\$150 Max Copay)	\$50	\$100	\$250	\$500	NA	\$5,000	\$6,550	\$120 PCP/SPEC, \$600 IP	\$10,000	\$13,000	Y	Y	Bronze	61.93%	\$218.90	N/A	N/A
86052DC0440012	BC Advantage	BlueChoice Advantage Platinum 0	Non-Int: \$10/\$45/\$65/50% (\$150 Max Copay)	\$10	\$20	\$100	\$200	NA	\$0 Med / \$0 Rx	\$1,500	\$40 PCP/SPEC, \$300 IP	\$1,500	\$3,000	Y	Y	Platinum	91.09%	\$525.82	\$507.26	3.7%
86052DC0440011	BC Advantage	BlueChoice Advantage Gold 500	Non-Int: \$10/\$45/\$65/50% (\$150 Max Copay)	\$15	\$30	\$250	\$400	NA	\$500 Med / \$250 Rx	\$4,000	\$50 PCP/SPEC, \$500 IP	\$1,000	\$8,000	Y	Y	Gold	81.50%	\$419.57	\$412.82	1.6%
86052DC0440010	BC Advantage	BlueChoice Advantage Gold 1000	Non-Int: \$10/\$45/\$65/50% (\$150 Max Copay)	\$15	\$30	\$250	\$400	NA	\$1,000 Med / \$250 Rx	\$4,000	\$50 PCP/SPEC, \$500 IP	\$1,000	\$8,000	Y	Y	Gold	79.07%	\$406.69	\$394.15	3.2%
86052DC0440013	BC Advantage HSA/HRA	BlueChoice Advantage HSA/HRA Silver 1500	Int: \$10/\$45/\$65/50% (\$150 Max Copay)	\$25	\$50	\$250	\$500	NA	\$1,500	\$6,550	\$70 PCP/SPEC, \$600 IP	\$3,000	\$9,000	Y	Y	Silver	71.57%	\$321.52	\$323.75	-0.7%
86052DC0440019	BC Advantage HSA/HRA	BlueChoice Advantage HSA/HRA Silver 3000	Int: \$10/\$45/\$65/50% (\$150 Max Copay)	\$25	\$50	\$250	\$500	NA	\$3,000	\$4,750	\$70 PCP/SPEC, \$600 IP	\$6,000	\$9,000	Y	Y	Silver	68.19%	\$300.51	N/A	N/A
86052DC0440018	BC Advantage HSA/HRA	BlueChoice Advantage HSA/HRA Bronze 5000	Int: \$10/\$45/\$65/50% (\$150 Max Copay)	\$50	\$100	\$250	\$500	NA	\$5,000	\$6,550	\$120 PCP/SPEC, \$600 IP	\$10,000	\$13,000	Y	Y	Bronze	61.93%	\$228.29	N/A	N/A

* Includes PCP, Specialist, and IP with ER same as In-Network.

** Generic/Preferred Brand/Non-Preferred Brand/Specialty High Cost.

^ This represents the average 10/1/2015 consumer level base rate for the plans being mapped into the current plan.

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016
Premiums Effective 01/2016
BlueChoice Individual Base Rates - HealthyBlue - On Exchange

HIOS Plan ID	Product	Plan/Option	Rx Benefit *	In-Network							Estimated AV	01/2016 Consumer Level Base Rate Total	10/2015 Consumer Level Base Rate ^	Rate Change 01/2016 over 10/2015			
				PCP Copay	Specialist Copay	ER Copay	IP Copay	Co-Ins	Ded	OOP Max							
86052DC0460016	HB HMO	HealthyBlue HMO Platinum 500	Non-Int: \$0/\$45/\$65/50% (\$150 Max Copay)	\$0	\$30	\$200	\$500	NA	\$500 Med / \$0 Rx	\$1,500	Y	Y	Platinum	88.90%	\$488.01	\$475.46	2.6%
86052DC0460017	HB HMO	HealthyBlue HMO Platinum 1000	Non-Int: \$0/\$45/\$65/50% (\$150 Max Copay)	\$0	\$30	\$200	\$500	NA	\$1,000 Med / \$0 Rx	\$1,500	Y	Y	Platinum	88.04%	\$470.39	\$459.96	2.3%
86052DC0460015	HB HMO	HealthyBlue HMO Gold 1500	Non-Int: \$0/\$45/\$65/50% (\$150 Max Copay)	\$0	\$30	\$200	\$500	NA	\$1,500 Med / \$0 Rx	\$5,500	Y	Y	Gold	81.78%	\$408.50	\$395.21	3.4%
86052DC0460018	HB HMO HSA/HRA	HealthyBlue HMO HSA/HRA Silver 2000	Int: \$0/\$45/\$65/50% (\$150 Max Copay)	\$0	\$45	\$200	\$500	NA	\$2,000	\$6,550	Y	Y	Silver	71.91%	\$302.68	\$298.90	1.3%

HIOS Plan ID	Product	HIOS Plan ID	Rx Benefit *	In-Network							Out of Network				01/2016 Consumer Level Base Rate Total	10/2015 Consumer Level Base Rate ^	Rate Change 01/2016 over 10/2015					
				PCP Copay	Specialist Copay	ER Copay	IP Copay	Co-Ins	Ded	OOP Max	ER Copay	IP Copay	Other Services Copay	Ded				OOP Max	Embedded Pediatric Vision	Embedded Pediatric Dental	Metal Tier	Est. AV
86052DC0500012	HB Plus	HealthyBlue Plus Platinum 500	Non-Int: \$0/\$45/\$65/50% (\$150 Max Copay)	\$0	\$30	\$200	\$500	NA	\$500 Med / \$0 Rx	\$1,500	\$200	\$600	\$50	\$1,000	\$3,000	Y	Y	Platinum	88.90%	\$501.23	\$489.24	2.5%
86052DC0500013	HB Plus	HealthyBlue Plus Platinum 1000	Non-Int: \$0/\$45/\$65/50% (\$150 Max Copay)	\$0	\$30	\$200	\$500	NA	\$1,000 Med / \$0 Rx	\$1,500	\$200	\$600	\$50	\$2,000	\$3,000	Y	Y	Platinum	88.04%	\$483.13	\$473.28	2.1%
86052DC0500011	HB Plus	HealthyBlue Plus Gold 1500	Non-Int: \$0/\$45/\$65/50% (\$150 Max Copay)	\$0	\$30	\$200	\$500	NA	\$1,500 Med / \$0 Rx	\$5,500	\$200	\$600	\$50	\$3,000	\$9,000	Y	Y	Gold	81.78%	\$419.57	\$406.66	3.2%
86052DC0500014	HB Plus HSA/HRA	HealthyBlue Plus HSA/HRA Silver 2000	Int: \$0/\$45/\$65/50% (\$150 Max Copay)	\$0	\$45	\$200	\$500	NA	\$2,000	\$6,550	\$200	\$600	\$65	\$4,000	\$9,000	Y	Y	Silver	71.91%	\$310.88	\$307.56	1.1%
86052DC0440015	HB Advantage	HealthyBlue Advantage Platinum 500	Non-Int: \$0/\$45/\$65/50% (\$150 Max Copay)	\$0	\$30	\$200	\$500	NA	\$500 Med / \$0 Rx	\$1,500	\$200	\$600	\$50	\$1,000	\$3,000	Y	Y	Platinum	88.90%	\$522.73	\$500.07	4.5%
86052DC0440016	HB Advantage	HealthyBlue Advantage Platinum 1000	Non-Int: \$0/\$45/\$65/50% (\$150 Max Copay)	\$0	\$30	\$200	\$500	NA	\$1,000 Med / \$0 Rx	\$1,500	\$200	\$600	\$50	\$2,000	\$3,000	Y	Y	Platinum	88.04%	\$503.86	\$483.76	4.2%
86052DC0440014	HB Advantage	HealthyBlue Advantage Gold 1500	Non-Int: \$0/\$45/\$65/50% (\$150 Max Copay)	\$0	\$30	\$200	\$500	NA	\$1,500 Med / \$0 Rx	\$5,500	\$200	\$600	\$50	\$3,000	\$9,000	Y	Y	Gold	81.78%	\$437.56	\$415.66	5.3%
86052DC0440017	HB Advantage HSA/HRA	HealthyBlue Advantage HSA/HRA Silver 2000	Int: \$0/\$45/\$65/50% (\$150 Max Copay)	\$0	\$45	\$200	\$500	NA	\$2,000	\$6,550	\$200	\$600	\$65	\$4,000	\$9,000	Y	Y	Silver	71.91%	\$324.22	\$314.37	3.1%

* Generic/Preferred Brand/Non-Preferred Brand/Specialty High Cost.

^ This represents the average 10/1/2015 consumer level base rate for the plans being mapped into the current plan.

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016
Premiums Effective 04/2016
BlueChoice Individual Base Rates - HMO - On Exchange

HIOS Plan ID	Product	Plan/Option	Rx Benefit *	In-Network							Embedded Pediatric Vision	Embedded Pediatric Dental	Metal Tier	Estimated AV	04/2016	01/2016	Rate Change
				PCP Copay	Specialist Copay	ER Copay/Coins	I/P Copay/Coins	Co-Ins	Ded	OOP Max					Consumer Level Base Rate Total	Consumer Level Base Rate Total	
86052DC0460011	HMO	BlueChoice HMO Platinum 0	Non-Int: \$10/\$45/\$65/50% (\$150 Max Copay)	\$10	\$20	\$100	\$200	NA	\$0 Med / \$0 Rx	\$1,500	Y	Y	Platinum	91.09%	\$498.07	\$490.89	1.5%
86052DC0460010	HMO	BlueChoice HMO Gold 500	Non-Int: \$10/\$45/\$65/50% (\$150 Max Copay)	\$15	\$30	\$250	\$400	NA	\$500 Med / \$250 Rx	\$4,000	Y	Y	Gold	81.50%	\$397.43	\$391.70	1.5%
86052DC0460020	HMO	BlueChoice HMO Silver 1000	Non-Int: \$10/\$45/\$65/50% (\$150 Max Copay)	\$40	\$80	\$400	\$500	NA	\$1,000 Med / \$100 Rx	\$6,850	Y	Y	Silver	71.45%	\$322.92	\$318.26	1.5%
86052DC0460009	HMO	BlueChoice HMO Gold 1500	Non-Int: \$10/\$45/\$65/50% (\$150 Max Copay)	\$15	\$35	\$250	\$400	NA	\$1,500 Med / \$250 Rx	\$3,000	Y	Y	Gold	78.01%	\$382.50	\$376.99	1.5%
86052DC0460012	HMO HSA/HRA	BlueChoice HMO HSA/HRA Silver 1500	Int: \$10/\$45/\$65/50% (\$150 Max Copay)	\$25	\$50	\$250	\$500	NA	\$1,500	\$6,550	Y	Y	Silver	71.57%	\$304.55	\$300.16	1.5%
86052DC0460013	HMO HSA/HRA	BlueChoice HMO HSA/HRA Silver 2000	Int: \$10/\$45/\$65/50% (\$150 Max Copay)	\$25	\$50	\$250	\$500	NA	\$2,000	\$6,000	Y	Y	Silver	69.59%	\$293.93	\$289.69	1.5%
86052DC0460019	HMO HSA/HRA	BlueChoice HMO HSA/HRA Silver 3000	Int: \$10/\$45/\$65/50% (\$150 Max Copay)	\$25	\$50	\$250	\$500	NA	\$3,000	\$4,750	Y	Y	Silver	68.19%	\$284.64	\$280.54	1.5%
86052DC0460014	HMO HSA/HRA	BlueChoice HMO HSA/HRA Bronze 5000	Int: \$10/\$45/\$65/50% (\$150 Max Copay)	\$50	\$400	\$250	\$500	NA	\$5,000	\$6,550	Y	Y	Bronze	61.93%	\$216.24	\$213.12	1.5%
86052DC0480007	HMO Referral	BlueChoice HMO Referral Platinum 0	Non-Int: \$10/\$45/\$65/50% (\$150 Max Copay)	\$10	\$50	\$100	\$500	NA	\$0 Med / \$0 Rx	\$1,500	Y	Y	Platinum	91.09%	\$474.35	\$467.52	1.5%
86052DC0480010	HMO Referral	BlueChoice HMO Referral Gold 0	Non-Int: \$10/\$45/\$65/50% (\$150 Max Copay)	\$30	\$40	\$250	\$500	NA	\$0 Med / \$0 Rx	\$6,850	Y	Y	Gold	81.80%	\$395.98	\$390.28	1.5%
86052DC0480008	HMO Referral	BlueChoice HMO Referral Gold 500	Non-Int: \$10/\$45/\$65/50% (\$150 Max Copay)	\$15	\$30	\$250	\$400	NA	\$500 Med / \$250 Rx	\$4,000	Y	Y	Gold	81.50%	\$378.50	\$373.05	1.5%
86052DC0480012	HMO Referral	BlueChoice HMO Referral Platinum 1000	Non-Int: \$10/\$45/\$65/50% (\$150 Max Copay)	\$5	\$15	\$100	\$200	NA	\$1000 Med / \$0 Rx	\$1,500	Y	Y	Platinum	88.11%	\$448.53	\$442.07	1.5%
86052DC0480011	HMO Referral	BlueChoice HMO Referral Gold 80	Non-Int: \$10/\$45/\$65/50% (\$150 Max Copay)	\$20	\$40	20%	20%	20%	\$1000 Med / \$0 Rx	\$6,000	Y	Y	Gold	78.22%	\$356.87	\$351.72	1.5%
86052DC0480013	HMO Referral	BlueChoice HMO Referral Silver 70	Non-Int: \$10/\$45/\$65/50% (\$150 Max Copay)	\$35	\$70	30%	30%	30%	\$2000 Med / \$500 Rx	\$6,850	Y	Y	Silver	70.07%	\$291.56	\$287.35	1.5%
86052DC0480009	HMO Referral	BlueChoice HMO Referral Bronze 5500	Non-Int: \$10/\$75/\$150/\$150	\$25	\$50	\$300	\$500	NA	\$5,500 Med / \$100 Rx	\$6,850	Y	Y	Bronze	61.99%	\$232.15	\$228.81	1.5%

* Generic/Preferred Brand/Non-Preferred Brand/Specialty High Cost.

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016
Premiums Effective 04/2016
BlueChoice Individual Base Rates - BC Plus & BC Advantage - On Exchange

HIOS Plan ID	Product	Option	Rx Benefit **	In-Network							Out of Network				Embedded Pediatric Vision	Embedded Pediatric Dental	Metal Tier	Est. AV	04/2016 Consumer Level Base Rate Total	01/2016 Consumer Level Base Rate Total	Rate Change 04/2016 over 01/2016
				PCP Copay	Specialist Copay	ER Copay	I/P Copay	I/P Co- Ins	Ded	OOP Max	Co-Ins *	Ded	OOP Max								
86052DC0580001	BC Plus	BlueChoice Plus Opt-Out Platinum 0	Non-Int: \$10/\$45/\$65/50% (\$150 Max Copay)	\$10	\$20	\$100	\$200	NA	\$0 Med / \$0 Rx	\$1,500	\$40 PCP/SPEC, \$300 IP	\$1,500	\$3,000	Y	Y	Platinum	91.09%	\$504.82	\$497.54	1.5%	
86052DC0500016	BC Plus	BlueChoice Plus Gold 500	Non-Int: \$10/\$45/\$65/50% (\$150 Max Copay)	\$15	\$30	\$250	\$400	NA	\$500 Med / \$250 Rx	\$4,000	\$50 PCP/SPEC, \$500 IP	\$1,000	\$8,000	Y	Y	Gold	81.50%	\$408.20	\$402.31	1.5%	
86052DC0500015	BC Plus	BlueChoice Plus Gold 1000	Non-Int: \$10/\$45/\$65/50% (\$150 Max Copay)	\$15	\$30	\$250	\$400	NA	\$1,000 Med / \$250 Rx	\$4,000	\$50 PCP/SPEC, \$500 IP	\$2,000	\$8,000	Y	Y	Gold	79.07%	\$395.66	\$389.96	1.5%	
86052DC0500009	BC Plus HSA/HRA	BlueChoice Plus HSA/HRA Silver 1500	Int: \$10/\$45/\$65/50% (\$150 Max Copay)	\$25	\$50	\$250	\$500	NA	\$1,500	\$6,550	\$70 PCP/SPEC, \$600 IP	\$3,000	\$9,000	Y	Y	Silver	71.57%	\$312.80	\$308.29	1.5%	
86052DC0500010	BC Plus HSA/HRA	BlueChoice Plus HSA/HRA Silver 3000	Int: \$10/\$45/\$65/50% (\$150 Max Copay)	\$25	\$50	\$250	\$500	NA	\$3,000	\$4,750	\$70 PCP/SPEC, \$600 IP	\$6,000	\$9,000	Y	Y	Silver	68.19%	\$292.36	\$288.15	1.5%	
86052DC0500017	BC Plus HSA/HRA	BlueChoice Plus HSA/HRA Bronze 5000	Int: \$10/\$45/\$65/50% (\$150 Max Copay)	\$50	\$100	\$250	\$500	NA	\$5,000	\$6,550	\$120 PCP/SPEC, \$600 IP	\$10,000	\$13,000	Y	Y	Bronze	61.93%	\$222.10	\$218.90	1.5%	
86052DC0440012	BC Advantage	BlueChoice Advantage Platinum 0	Non-Int: \$10/\$45/\$65/50% (\$150 Max Copay)	\$10	\$20	\$100	\$200	NA	\$0 Med / \$0 Rx	\$1,500	\$40 PCP/SPEC, \$300 IP	\$1,500	\$3,000	Y	Y	Platinum	91.09%	\$533.51	\$525.82	1.5%	
86052DC0440011	BC Advantage	BlueChoice Advantage Gold 500	Non-Int: \$10/\$45/\$65/50% (\$150 Max Copay)	\$15	\$30	\$250	\$400	NA	\$500 Med / \$250 Rx	\$4,000	\$50 PCP/SPEC, \$500 IP	\$1,000	\$8,000	Y	Y	Gold	81.50%	\$425.71	\$419.57	1.5%	
86052DC0440010	BC Advantage	BlueChoice Advantage Gold 1000	Non-Int: \$10/\$45/\$65/50% (\$150 Max Copay)	\$15	\$30	\$250	\$400	NA	\$1,000 Med / \$250 Rx	\$4,000	\$50 PCP/SPEC, \$500 IP	\$1,000	\$8,000	Y	Y	Gold	79.07%	\$412.64	\$406.69	1.5%	
86052DC0440013	BC Advantage HSA/HRA	BlueChoice Advantage HSA/HRA Silver 1500	Int: \$10/\$45/\$65/50% (\$150 Max Copay)	\$25	\$50	\$250	\$500	NA	\$1,500	\$6,550	\$70 PCP/SPEC, \$600 IP	\$3,000	\$9,000	Y	Y	Silver	71.57%	\$326.22	\$321.52	1.5%	
86052DC0440019	BC Advantage HSA/HRA	BlueChoice Advantage HSA/HRA Silver 3000	Int: \$10/\$45/\$65/50% (\$150 Max Copay)	\$25	\$50	\$250	\$500	NA	\$3,000	\$4,750	\$70 PCP/SPEC, \$600 IP	\$6,000	\$9,000	Y	Y	Silver	68.19%	\$304.90	\$300.51	1.5%	
86052DC0440018	BC Advantage HSA/HRA	BlueChoice Advantage HSA/HRA Bronze 5000	Int: \$10/\$45/\$65/50% (\$150 Max Copay)	\$50	\$100	\$250	\$500	NA	\$5,000	\$6,550	\$120 PCP/SPEC, \$600 IP	\$10,000	\$13,000	Y	Y	Bronze	61.93%	\$231.63	\$228.29	1.5%	

* Includes PCP, Specialist, and IP with ER same as In-Network.

** Generic/Preferred Brand/Non-Preferred Brand/Specialty High Cost.

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016
Premiums Effective 04/2016
BlueChoice Individual Base Rates - HealthyBlue - On Exchange

HIOS Plan ID	Product	Plan/Option	Rx Benefit *	In-Network							04/2016 Consumer Level Base Rate	01/2016 Consumer Level Base Rate	Rate Change				
				PCP Copay	Specialist Copay	ER Copay	I/P Copay	I/P Co-Ins	Ded	OOP Max				Embedded Pediatric Vision	Embedded Pediatric Dental	Metal Tier	Estimated AV
86052DC0460016	HB HMO	HealthyBlue HMO Platinum 500	Non-Int: \$0/\$45/\$65/50% (\$150 Max Copay)	\$0	\$30	\$200	\$500	NA	\$500 Med / \$0 Rx	\$1,500	Y	Y	Platinum	88.90%	\$495.14	\$488.01	1.5%
86052DC0460017	HB HMO	HealthyBlue HMO Platinum 1000	Non-Int: \$0/\$45/\$65/50% (\$150 Max Copay)	\$0	\$30	\$200	\$500	NA	\$1,000 Med / \$0 Rx	\$1,500	Y	Y	Platinum	88.04%	\$477.26	\$470.39	1.5%
86052DC0460015	HB HMO	HealthyBlue HMO Gold 1500	Non-Int: \$0/\$45/\$65/50% (\$150 Max Copay)	\$0	\$30	\$200	\$500	NA	\$1,500 Med / \$0 Rx	\$5,500	Y	Y	Gold	81.78%	\$414.47	\$408.50	1.5%
86052DC0460018	HB HMO HSA/HRA	HealthyBlue HMO HSA/HRA Silver 2000	Int: \$0/\$45/\$65/50% (\$150 Max Copay)	\$0	\$45	\$200	\$500	NA	\$2,000	\$6,550	Y	Y	Silver	71.91%	\$307.10	\$302.68	1.5%

HIOS ID	Product	Option	Rx Benefit *	In-Network							Out of Network				04/2016 Consumer Level Base Rate	01/2016 Consumer Level Base Rate	Rate Change					
				PCP Copay	Specialist Copay	ER Copay	I/P Copay	I/P Co-Ins	Ded	OOP Max	ER Copay	I/P Copay	Other Services Copay	Ded				OOP Max	Embedded Pediatric Vision	Embedded Pediatric Dental	Metal Tier	Est. AV
86052DC0500012	HB Plus	HealthyBlue Plus Platinum 500	Non-Int: \$0/\$45/\$65/50% (\$150 Max Copay)	\$0	\$30	\$200	\$500	NA	\$500 Med / \$0 Rx	\$1,500	\$200	\$600	\$50	\$1,000	\$3,000	Y	Y	Platinum	88.90%	\$508.56	\$501.23	1.5%
86052DC0500013	HB Plus	HealthyBlue Plus Platinum 1000	Non-Int: \$0/\$45/\$65/50% (\$150 Max Copay)	\$0	\$30	\$200	\$500	NA	\$1,000 Med / \$0 Rx	\$1,500	\$200	\$600	\$50	\$2,000	\$3,000	Y	Y	Platinum	88.04%	\$490.20	\$483.13	1.5%
86052DC0500011	HB Plus	HealthyBlue Plus Gold 1500	Non-Int: \$0/\$45/\$65/50% (\$150 Max Copay)	\$0	\$30	\$200	\$500	NA	\$1,500 Med / \$0 Rx	\$5,500	\$200	\$600	\$50	\$3,000	\$9,000	Y	Y	Gold	81.78%	\$425.70	\$419.57	1.5%
86052DC0500014	HB Plus HSA/HRA	HealthyBlue Plus HSA/HRA Silver 2000	Int: \$0/\$45/\$65/50% (\$150 Max Copay)	\$0	\$45	\$200	\$500	NA	\$2,000	\$6,550	\$200	\$600	\$65	\$4,000	\$9,000	Y	Y	Silver	71.91%	\$315.43	\$310.88	1.5%
86052DC0440015	HB Advantage	HealthyBlue Advantage Platinum 500	Non-Int: \$0/\$45/\$65/50% (\$150 Max Copay)	\$0	\$30	\$200	\$500	NA	\$500 Med / \$0 Rx	\$1,500	\$200	\$600	\$50	\$1,000	\$3,000	Y	Y	Platinum	88.90%	\$530.38	\$522.73	1.5%
86052DC0440016	HB Advantage	HealthyBlue Advantage Platinum 1000	Non-Int: \$0/\$45/\$65/50% (\$150 Max Copay)	\$0	\$30	\$200	\$500	NA	\$1,000 Med / \$0 Rx	\$1,500	\$200	\$600	\$50	\$2,000	\$3,000	Y	Y	Platinum	88.04%	\$511.23	\$503.86	1.5%
86052DC0440014	HB Advantage	HealthyBlue Advantage Gold 1500	Non-Int: \$0/\$45/\$65/50% (\$150 Max Copay)	\$0	\$30	\$200	\$500	NA	\$1,500 Med / \$0 Rx	\$5,500	\$200	\$600	\$50	\$3,000	\$9,000	Y	Y	Gold	81.78%	\$443.96	\$437.56	1.5%
86052DC0440017	HB Advantage HSA/HRA	HealthyBlue Advantage HSA/HRA Silver 2000	Int: \$0/\$45/\$65/50% (\$150 Max Copay)	\$0	\$45	\$200	\$500	NA	\$2,000	\$6,550	\$200	\$600	\$65	\$4,000	\$9,000	Y	Y	Silver	71.91%	\$328.96	\$324.22	1.5%

* Generic/Preferred Brand/Non-Preferred Brand/Specialty High Cost.

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016
Premiums Effective 07/2016
BlueChoice Individual Base Rates - HMO - On Exchange

HIOS Plan ID	Product	Plan/Option	Rx Benefit *	In-Network							Embedded Pediatric Vision	Embedded Pediatric Dental	Metal Tier	Estimated AV	07/2016	04/2016	Rate Change
				PCP Copay	Specialist Copay	ER Copay/Coins	I/P Copay/Coins	Co-Ins	Ded	OOP Max					Consumer Level Base Rate Total	Consumer Level Base Rate Total	
86052DC0460011	HMO	BlueChoice HMO Platinum 0	Non-Int: \$10/\$45/\$65/50% (\$150 Max Copay)	\$10	\$20	\$100	\$200	NA	\$0 Med / \$0 Rx	\$1,500	Y	Y	Platinum	91.09%	\$505.45	\$498.07	1.5%
86052DC0460010	HMO	BlueChoice HMO Gold 500	Non-Int: \$10/\$45/\$65/50% (\$150 Max Copay)	\$15	\$30	\$250	\$400	NA	\$500 Med / \$250 Rx	\$4,000	Y	Y	Gold	81.50%	\$403.31	\$397.43	1.5%
86052DC0460020	HMO	BlueChoice HMO Silver 1000	Non-Int: \$10/\$45/\$65/50% (\$150 Max Copay)	\$40	\$80	\$400	\$500	NA	\$1,000 Med / \$100 Rx	\$6,850	Y	Y	Silver	71.45%	\$327.70	\$322.92	1.5%
86052DC0460009	HMO	BlueChoice HMO Gold 1500	Non-Int: \$10/\$45/\$65/50% (\$150 Max Copay)	\$15	\$35	\$250	\$400	NA	\$1,500 Med / \$250 Rx	\$3,000	Y	Y	Gold	78.01%	\$388.17	\$382.50	1.5%
86052DC0460012	HMO HSA/HRA	BlueChoice HMO HSA/HRA Silver 1500	Int: \$10/\$45/\$65/50% (\$150 Max Copay)	\$25	\$50	\$250	\$500	NA	\$1,500	\$6,550	Y	Y	Silver	71.57%	\$309.06	\$304.55	1.5%
86052DC0460013	HMO HSA/HRA	BlueChoice HMO HSA/HRA Silver 2000	Int: \$10/\$45/\$65/50% (\$150 Max Copay)	\$25	\$50	\$250	\$500	NA	\$2,000	\$6,000	Y	Y	Silver	69.59%	\$298.28	\$293.93	1.5%
86052DC0460019	HMO HSA/HRA	BlueChoice HMO HSA/HRA Silver 3000	Int: \$10/\$45/\$65/50% (\$150 Max Copay)	\$25	\$50	\$250	\$500	NA	\$3,000	\$4,750	Y	Y	Silver	68.19%	\$288.86	\$284.64	1.5%
86052DC0460014	HMO HSA/HRA	BlueChoice HMO HSA/HRA Bronze 5000	Int: \$10/\$45/\$65/50% (\$150 Max Copay)	\$50	\$400	\$250	\$500	NA	\$5,000	\$6,550	Y	Y	Bronze	61.93%	\$219.44	\$216.24	1.5%
86052DC0480007	HMO Referral	BlueChoice HMO Referral Platinum 0	Non-Int: \$10/\$45/\$65/50% (\$150 Max Copay)	\$10	\$50	\$100	\$500	NA	\$0 Med / \$0 Rx	\$1,500	Y	Y	Platinum	91.09%	\$481.38	\$474.35	1.5%
86052DC0480010	HMO Referral	BlueChoice HMO Referral Gold 0	Non-Int: \$10/\$45/\$65/50% (\$150 Max Copay)	\$30	\$40	\$250	\$500	NA	\$0 Med / \$0 Rx	\$6,850	Y	Y	Gold	81.80%	\$401.85	\$395.98	1.5%
86052DC0480008	HMO Referral	BlueChoice HMO Referral Gold 500	Non-Int: \$10/\$45/\$65/50% (\$150 Max Copay)	\$15	\$30	\$250	\$400	NA	\$500 Med / \$250 Rx	\$4,000	Y	Y	Gold	81.50%	\$384.11	\$378.50	1.5%
86052DC0480012	HMO Referral	BlueChoice HMO Referral Platinum 1000	Non-Int: \$10/\$45/\$65/50% (\$150 Max Copay)	\$5	\$15	\$100	\$200	NA	\$1000 Med / \$0 Rx	\$1,500	Y	Y	Platinum	88.11%	\$455.18	\$448.53	1.5%
86052DC0480011	HMO Referral	BlueChoice HMO Referral Gold 80	Non-Int: \$10/\$45/\$65/50% (\$150 Max Copay)	\$20	\$40	20%	20%	20%	\$1000 Med / \$0 Rx	\$6,000	Y	Y	Gold	78.22%	\$362.15	\$356.87	1.5%
86052DC0480013	HMO Referral	BlueChoice HMO Referral Silver 70	Non-Int: \$10/\$45/\$65/50% (\$150 Max Copay)	\$35	\$70	30%	30%	30%	\$2000 Med / \$500 Rx	\$6,850	Y	Y	Silver	70.07%	\$295.88	\$291.56	1.5%
86052DC0480009	HMO Referral	BlueChoice HMO Referral Bronze 5500	Non-Int: \$10/\$75/\$150/\$150	\$25	\$50	\$300	\$500	NA	\$5,500 Med / \$100 Rx	\$6,850	Y	Y	Bronze	61.99%	\$235.59	\$232.15	1.5%

* Generic/Preferred Brand/Non-Preferred Brand/Specialty High Cost.

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016
Premiums Effective 07/2016
BlueChoice Individual Base Rates - BC Plus & BC Advantage - On Exchange

HIOS Plan ID	Product	Option	Rx Benefit **	In-Network							Out of Network				Embedded Pediatric Vision	Embedded Pediatric Dental	Metal Tier	Est. AV	07/2016	04/2016	Rate Change 07/2016 over 04/2016
				PCP Copay	Specialist Copay	ER Copay	I/P Copay	I/P Co- Ins	Ded	OOP Max	Co-Ins *	Ded	OOP Max	Consumer Level Base Rate Total					Consumer Level Base Rate Total		
86052DC0580001	BC Plus	BlueChoice Plus Opt-Out Platinum 0	Non-Int: \$10/\$45/\$65/50% (\$150 Max Copay)	\$10	\$20	\$100	\$200	NA	\$0 Med / \$0 Rx	\$1,500	\$40 PCP/SPEC, \$300 IP	\$1,500	\$3,000	Y	Y	Platinum	91.09%	\$512.29	\$504.82	1.5%	
86052DC0500016	BC Plus	BlueChoice Plus Gold 500	Non-Int: \$10/\$45/\$65/50% (\$150 Max Copay)	\$15	\$30	\$250	\$400	NA	\$500 Med / \$250 Rx	\$4,000	\$50 PCP/SPEC, \$500 IP	\$1,000	\$8,000	Y	Y	Gold	81.50%	\$414.24	\$408.20	1.5%	
86052DC0500015	BC Plus	BlueChoice Plus Gold 1000	Non-Int: \$10/\$45/\$65/50% (\$150 Max Copay)	\$15	\$30	\$250	\$400	NA	\$1,000 Med / \$250 Rx	\$4,000	\$50 PCP/SPEC, \$500 IP	\$2,000	\$8,000	Y	Y	Gold	79.07%	\$401.53	\$395.66	1.5%	
86052DC0500009	BC Plus HSA/HRA	BlueChoice Plus HSA/HRA Silver 1500	Int: \$10/\$45/\$65/50% (\$150 Max Copay)	\$25	\$50	\$250	\$500	NA	\$1,500	\$6,550	\$70 PCP/SPEC, \$600 IP	\$3,000	\$9,000	Y	Y	Silver	71.57%	\$317.43	\$312.80	1.5%	
86052DC0500010	BC Plus HSA/HRA	BlueChoice Plus HSA/HRA Silver 3000	Int: \$10/\$45/\$65/50% (\$150 Max Copay)	\$25	\$50	\$250	\$500	NA	\$3,000	\$4,750	\$70 PCP/SPEC, \$600 IP	\$6,000	\$9,000	Y	Y	Silver	68.19%	\$296.69	\$292.36	1.5%	
86052DC0500017	BC Plus HSA/HRA	BlueChoice Plus HSA/HRA Bronze 5000	Int: \$10/\$45/\$65/50% (\$150 Max Copay)	\$50	\$100	\$250	\$500	NA	\$5,000	\$6,550	\$120 PCP/SPEC, \$600 IP	\$10,000	\$13,000	Y	Y	Bronze	61.93%	\$225.39	\$222.10	1.5%	
86052DC0440012	BC Advantage	BlueChoice Advantage Platinum 0	Non-Int: \$10/\$45/\$65/50% (\$150 Max Copay)	\$10	\$20	\$100	\$200	NA	\$0 Med / \$0 Rx	\$1,500	\$40 PCP/SPEC, \$300 IP	\$1,500	\$3,000	Y	Y	Platinum	91.09%	\$541.41	\$533.51	1.5%	
86052DC0440011	BC Advantage	BlueChoice Advantage Gold 500	Non-Int: \$10/\$45/\$65/50% (\$150 Max Copay)	\$15	\$30	\$250	\$400	NA	\$500 Med / \$250 Rx	\$4,000	\$50 PCP/SPEC, \$500 IP	\$1,000	\$8,000	Y	Y	Gold	81.50%	\$432.01	\$425.71	1.5%	
86052DC0440010	BC Advantage	BlueChoice Advantage Gold 1000	Non-Int: \$10/\$45/\$65/50% (\$150 Max Copay)	\$15	\$30	\$250	\$400	NA	\$1,000 Med / \$250 Rx	\$4,000	\$50 PCP/SPEC, \$500 IP	\$1,000	\$8,000	Y	Y	Gold	79.07%	\$418.75	\$412.64	1.5%	
86052DC0440013	BC Advantage HSA/HRA	BlueChoice Advantage HSA/HRA Silver 1500	Int: \$10/\$45/\$65/50% (\$150 Max Copay)	\$25	\$50	\$250	\$500	NA	\$1,500	\$6,550	\$70 PCP/SPEC, \$600 IP	\$3,000	\$9,000	Y	Y	Silver	71.57%	\$331.05	\$326.22	1.5%	
86052DC0440019	BC Advantage HSA/HRA	BlueChoice Advantage HSA/HRA Silver 3000	Int: \$10/\$45/\$65/50% (\$150 Max Copay)	\$25	\$50	\$250	\$500	NA	\$3,000	\$4,750	\$70 PCP/SPEC, \$600 IP	\$6,000	\$9,000	Y	Y	Silver	68.19%	\$309.42	\$304.90	1.5%	
86052DC0440018	BC Advantage HSA/HRA	BlueChoice Advantage HSA/HRA Bronze 5000	Int: \$10/\$45/\$65/50% (\$150 Max Copay)	\$50	\$100	\$250	\$500	NA	\$5,000	\$6,550	\$120 PCP/SPEC, \$600 IP	\$10,000	\$13,000	Y	Y	Bronze	61.93%	\$235.06	\$231.63	1.5%	

* Includes PCP, Specialist, and IP with ER same as In-Network.
** Generic/Preferred Brand/Non-Preferred Brand/Specialty High Cost.

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016
Premiums Effective 07/2016
BlueChoice Individual Base Rates - HealthyBlue - On Exchange

HIOS Plan ID	Product	Plan/Option	Rx Benefit *	In-Network							07/2016 Consumer Level Base Rate Total	04/2016 Consumer Level Base Rate Total	Rate Change 07/2016 over 04/2016				
				PCP Copay	Specialist Copay	ER Copay	I/P Copay	I/P Co-Ins	Ded	OOP Max				Embedded Pediatric	Embedded Pediatric	Metal	Estimated
														Vision	Dental	Tier	AV
86052DC0460016	HB HMO	HealthyBlue HMO Platinum 500	Non-Int: \$0/\$45/\$65/50% (\$150 Max Copay)	\$0	\$30	\$200	\$500	NA	\$500 Med / \$0 Rx	\$1,500	Y	Y	Platinum	88.90%	\$502.48	\$495.14	1.5%
86052DC0460017	HB HMO	HealthyBlue HMO Platinum 1000	Non-Int: \$0/\$45/\$65/50% (\$150 Max Copay)	\$0	\$30	\$200	\$500	NA	\$1,000 Med / \$0 Rx	\$1,500	Y	Y	Platinum	88.04%	\$484.34	\$477.26	1.5%
86052DC0460015	HB HMO	HealthyBlue HMO Gold 1500	Non-Int: \$0/\$45/\$65/50% (\$150 Max Copay)	\$0	\$30	\$200	\$500	NA	\$1,500 Med / \$0 Rx	\$5,500	Y	Y	Gold	81.78%	\$420.61	\$414.47	1.5%
86052DC0460018	HB HMO HSA/HRA	HealthyBlue HMO HSA/HRA Silver 2000	Int: \$0/\$45/\$65/50% (\$150 Max Copay)	\$0	\$45	\$200	\$500	NA	\$2,000	\$6,550	Y	Y	Silver	71.91%	\$311.65	\$307.10	1.5%

HIOS ID	Product	Option	Rx Benefit *	In-Network							Out of Network					07/2016 Consumer Level Base Rate Total	04/2016 Consumer Level Base Rate Total	Rate Change 07/2016 over 04/2016				
				PCP Copay	Specialist Copay	ER Copay	I/P Copay	I/P Co-Ins	Ded	OOP Max	ER Copay	I/P Copay	Other Services Copay	Ded	OOP Max				Embedded Pediatric	Embedded Pediatric	Metal	Est. AV
											Vision	Dental	Tier	Est. AV								
86052DC0500012	HB Plus	HealthyBlue Plus Platinum 500	Non-Int: \$0/\$45/\$65/50% (\$150 Max Copay)	\$0	\$30	\$200	\$500	NA	\$500 Med / \$0 Rx	\$1,500	\$200	\$600	\$50	\$1,000	\$3,000	Y	Y	Platinum	88.90%	\$516.09	\$508.56	1.5%
86052DC0500013	HB Plus	HealthyBlue Plus Platinum 1000	Non-Int: \$0/\$45/\$65/50% (\$150 Max Copay)	\$0	\$30	\$200	\$500	NA	\$1,000 Med / \$0 Rx	\$1,500	\$200	\$600	\$50	\$2,000	\$3,000	Y	Y	Platinum	88.04%	\$497.46	\$490.20	1.5%
86052DC0500011	HB Plus	HealthyBlue Plus Gold 1500	Non-Int: \$0/\$45/\$65/50% (\$150 Max Copay)	\$0	\$30	\$200	\$500	NA	\$1,500 Med / \$0 Rx	\$5,500	\$200	\$600	\$50	\$3,000	\$9,000	Y	Y	Gold	81.78%	\$432.01	\$425.70	1.5%
86052DC0500014	HB Plus HSA/HRA	HealthyBlue Plus HSA/HRA Silver 2000	Int: \$0/\$45/\$65/50% (\$150 Max Copay)	\$0	\$45	\$200	\$500	NA	\$2,000	\$6,550	\$200	\$600	\$65	\$4,000	\$9,000	Y	Y	Silver	71.91%	\$320.10	\$315.43	1.5%
86052DC0440015	HB Advantage	HealthyBlue Advantage Platinum 500	Non-Int: \$0/\$45/\$65/50% (\$150 Max Copay)	\$0	\$30	\$200	\$500	NA	\$500 Med / \$0 Rx	\$1,500	\$200	\$600	\$50	\$1,000	\$3,000	Y	Y	Platinum	88.90%	\$538.23	\$530.38	1.5%
86052DC0440016	HB Advantage	HealthyBlue Advantage Platinum 1000	Non-Int: \$0/\$45/\$65/50% (\$150 Max Copay)	\$0	\$30	\$200	\$500	NA	\$1,000 Med / \$0 Rx	\$1,500	\$200	\$600	\$50	\$2,000	\$3,000	Y	Y	Platinum	88.04%	\$518.80	\$511.23	1.5%
86052DC0440014	HB Advantage	HealthyBlue Advantage Gold 1500	Non-Int: \$0/\$45/\$65/50% (\$150 Max Copay)	\$0	\$30	\$200	\$500	NA	\$1,500 Med / \$0 Rx	\$5,500	\$200	\$600	\$50	\$3,000	\$9,000	Y	Y	Gold	81.78%	\$450.54	\$443.96	1.5%
86052DC0440017	HB Advantage HSA/HRA	HealthyBlue Advantage HSA/HRA Silver 2000	Int: \$0/\$45/\$65/50% (\$150 Max Copay)	\$0	\$45	\$200	\$500	NA	\$2,000	\$6,550	\$200	\$600	\$65	\$4,000	\$9,000	Y	Y	Silver	71.91%	\$333.83	\$328.96	1.5%

* Generic/Preferred Brand/Non-Preferred Brand/Specialty High Cost.

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016
Premiums Effective 10/2016
BlueChoice Individual Base Rates - HMO - On Exchange

HIOS Plan ID	Product	Plan/Option	Rx Benefit *	In-Network							Embedded Pediatric Vision	Embedded Pediatric Dental	Metal Tier	Estimated AV	10/2016	07/2016	Rate Change
				PCP Copay	Specialist Copay	ER Copay/ Coins	I/P Copay/ Coins	Co-Ins	Ded	OOP Max					Consumer Level Base Rate Total	Consumer Level Base Rate Total	
86052DC0460011	HMO	BlueChoice HMO Platinum 0	Non-Int: \$10/\$45/\$65/50% (\$150 Max Copay)	\$10	\$20	\$100	\$200	NA	\$0 Med / \$0 Rx	\$1,500	Y	Y	Platinum	91.09%	\$512.99	\$505.45	1.5%
86052DC0460010	HMO	BlueChoice HMO Gold 500	Non-Int: \$10/\$45/\$65/50% (\$150 Max Copay)	\$15	\$30	\$250	\$400	NA	\$500 Med / \$250 Rx	\$4,000	Y	Y	Gold	81.50%	\$409.34	\$403.31	1.5%
86052DC0460020	HMO	BlueChoice HMO Silver 1000	Non-Int: \$10/\$45/\$65/50% (\$150 Max Copay)	\$40	\$80	\$400	\$500	NA	\$1,000 Med / \$100 Rx	\$6,850	Y	Y	Silver	71.45%	\$332.59	\$327.70	1.5%
86052DC0460009	HMO	BlueChoice HMO Gold 1500	Non-Int: \$10/\$45/\$65/50% (\$150 Max Copay)	\$15	\$35	\$250	\$400	NA	\$1,500 Med / \$250 Rx	\$3,000	Y	Y	Gold	78.01%	\$393.96	\$388.17	1.5%
86052DC0460012	HMO HSA/HRA	BlueChoice HMO HSA/HRA Silver 1500	Int: \$10/\$45/\$65/50% (\$150 Max Copay)	\$25	\$50	\$250	\$500	NA	\$1,500	\$6,550	Y	Y	Silver	71.57%	\$313.67	\$309.06	1.5%
86052DC0460013	HMO HSA/HRA	BlueChoice HMO HSA/HRA Silver 2000	Int: \$10/\$45/\$65/50% (\$150 Max Copay)	\$25	\$50	\$250	\$500	NA	\$2,000	\$6,000	Y	Y	Silver	69.59%	\$302.74	\$298.28	1.5%
86052DC0460019	HMO HSA/HRA	BlueChoice HMO HSA/HRA Silver 3000	Int: \$10/\$45/\$65/50% (\$150 Max Copay)	\$25	\$50	\$250	\$500	NA	\$3,000	\$4,750	Y	Y	Silver	68.19%	\$293.17	\$288.86	1.5%
86052DC0460014	HMO HSA/HRA	BlueChoice HMO HSA/HRA Bronze 5000	Int: \$10/\$45/\$65/50% (\$150 Max Copay)	\$50	\$400	\$250	\$500	NA	\$5,000	\$6,550	Y	Y	Bronze	61.93%	\$222.72	\$219.44	1.5%
86052DC0480007	HMO Referral	BlueChoice HMO Referral Platinum 0	Non-Int: \$10/\$45/\$65/50% (\$150 Max Copay)	\$10	\$50	\$100	\$500	NA	\$0 Med / \$0 Rx	\$1,500	Y	Y	Platinum	91.09%	\$488.56	\$481.38	1.5%
86052DC0480010	HMO Referral	BlueChoice HMO Referral Gold 0	Non-Int: \$10/\$45/\$65/50% (\$150 Max Copay)	\$30	\$40	\$250	\$500	NA	\$0 Med / \$0 Rx	\$6,850	Y	Y	Gold	81.80%	\$407.85	\$401.85	1.5%
86052DC0480008	HMO Referral	BlueChoice HMO Referral Gold 500	Non-Int: \$10/\$45/\$65/50% (\$150 Max Copay)	\$15	\$30	\$250	\$400	NA	\$500 Med / \$250 Rx	\$4,000	Y	Y	Gold	81.50%	\$389.84	\$384.11	1.5%
86052DC0480012	HMO Referral	BlueChoice HMO Referral Platinum 1000	Non-Int: \$10/\$45/\$65/50% (\$150 Max Copay)	\$5	\$15	\$100	\$200	NA	\$1000 Med / \$0 Rx	\$1,500	Y	Y	Platinum	88.11%	\$461.97	\$455.18	1.5%
86052DC0480011	HMO Referral	BlueChoice HMO Referral Gold 80	Non-Int: \$10/\$45/\$65/50% (\$150 Max Copay)	\$20	\$40	20%	20%	20%	\$1000 Med / \$0 Rx	\$6,000	Y	Y	Gold	78.22%	\$367.56	\$362.15	1.5%
86052DC0480013	HMO Referral	BlueChoice HMO Referral Silver 70	Non-Int: \$10/\$45/\$65/50% (\$150 Max Copay)	\$35	\$70	30%	30%	30%	\$2000 Med / \$500 Rx	\$6,850	Y	Y	Silver	70.07%	\$300.29	\$295.88	1.5%
86052DC0480009	HMO Referral	BlueChoice HMO Referral Bronze 5500	Non-Int: \$10/\$75/\$150/\$150	\$25	\$50	\$300	\$500	NA	\$5,500 Med / \$100 Rx	\$6,850	Y	Y	Bronze	61.99%	\$239.11	\$235.59	1.5%

* Generic/Preferred Brand/Non-Preferred Brand/Specialty High Cost.

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016
Premiums Effective 10/2016
BlueChoice Individual Base Rates - BC Plus & BC Advantage - On Exchange

HIOS Plan ID	Product	Option	Rx Benefit **	In-Network							Out of Network				Embedded Pediatric Vision	Embedded Pediatric Dental	Metal Tier	Est. AV	10/2016 Consumer Level Base Rate Total	07/2016 Consumer Level Base Rate Total	Rate Change 10/2016 over 07/2016
				PCP Copay	Specialist Copay	ER Copay	I/P Copay	I/P Co-Ins	Ded	OOP Max	Co-Ins *	Ded	OOP Max								
86052DC0580001	BC Plus	BlueChoice Plus Opt-Out Platinum 0	Non-Int: \$10/\$45/\$65/50% (\$150 Max Copay)	\$10	\$20	\$100	\$200	NA	\$0 Med / \$0 Rx	\$1,500	\$40 PCP/SPEC, \$300 IP	\$1,500	\$3,000	Y	Y	Platinum	91.09%	\$519.94	\$512.29	1.5%	
86052DC0500016	BC Plus	BlueChoice Plus Gold 500	Non-Int: \$10/\$45/\$65/50% (\$150 Max Copay)	\$15	\$30	\$250	\$400	NA	\$500 Med / \$250 Rx	\$4,000	\$50 PCP/SPEC, \$500 IP	\$1,000	\$8,000	Y	Y	Gold	81.50%	\$420.43	\$414.24	1.5%	
86052DC0500015	BC Plus	BlueChoice Plus Gold 1000	Non-Int: \$10/\$45/\$65/50% (\$150 Max Copay)	\$15	\$30	\$250	\$400	NA	\$1,000 Med / \$250 Rx	\$4,000	\$50 PCP/SPEC, \$500 IP	\$2,000	\$8,000	Y	Y	Gold	79.07%	\$407.52	\$401.53	1.5%	
86052DC0500009	BC Plus HSA/HRA	BlueChoice Plus HSA/HRA Silver 1500	Int: \$10/\$45/\$65/50% (\$150 Max Copay)	\$25	\$50	\$250	\$500	NA	\$1,500	\$6,550	\$70 PCP/SPEC, \$600 IP	\$3,000	\$9,000	Y	Y	Silver	71.57%	\$322.17	\$317.43	1.5%	
86052DC0500010	BC Plus HSA/HRA	BlueChoice Plus HSA/HRA Silver 3000	Int: \$10/\$45/\$65/50% (\$150 Max Copay)	\$25	\$50	\$250	\$500	NA	\$3,000	\$4,750	\$70 PCP/SPEC, \$600 IP	\$6,000	\$9,000	Y	Y	Silver	68.19%	\$301.12	\$296.69	1.5%	
86052DC0500017	BC Plus HSA/HRA	BlueChoice Plus HSA/HRA Bronze 5000	Int: \$10/\$45/\$65/50% (\$150 Max Copay)	\$50	\$100	\$250	\$500	NA	\$5,000	\$6,550	\$120 PCP/SPEC, \$600 IP	\$10,000	\$13,000	Y	Y	Bronze	61.93%	\$228.75	\$225.39	1.5%	
86052DC0440012	BC Advantage	BlueChoice Advantage Platinum 0	Non-Int: \$10/\$45/\$65/50% (\$150 Max Copay)	\$10	\$20	\$100	\$200	NA	\$0 Med / \$0 Rx	\$1,500	\$40 PCP/SPEC, \$300 IP	\$1,500	\$3,000	Y	Y	Platinum	91.09%	\$549.50	\$541.41	1.5%	
86052DC0440011	BC Advantage	BlueChoice Advantage Gold 500	Non-Int: \$10/\$45/\$65/50% (\$150 Max Copay)	\$15	\$30	\$250	\$400	NA	\$500 Med / \$250 Rx	\$4,000	\$50 PCP/SPEC, \$500 IP	\$1,000	\$8,000	Y	Y	Gold	81.50%	\$438.46	\$432.01	1.5%	
86052DC0440010	BC Advantage	BlueChoice Advantage Gold 1000	Non-Int: \$10/\$45/\$65/50% (\$150 Max Copay)	\$15	\$30	\$250	\$400	NA	\$1,000 Med / \$250 Rx	\$4,000	\$50 PCP/SPEC, \$500 IP	\$1,000	\$8,000	Y	Y	Gold	79.07%	\$425.00	\$418.75	1.5%	
86052DC0440013	BC Advantage HSA/HRA	BlueChoice Advantage HSA/HRA Silver 1500	Int: \$10/\$45/\$65/50% (\$150 Max Copay)	\$25	\$50	\$250	\$500	NA	\$1,500	\$6,550	\$70 PCP/SPEC, \$600 IP	\$3,000	\$9,000	Y	Y	Silver	71.57%	\$335.99	\$331.05	1.5%	
86052DC0440019	BC Advantage HSA/HRA	BlueChoice Advantage HSA/HRA Silver 3000	Int: \$10/\$45/\$65/50% (\$150 Max Copay)	\$25	\$50	\$250	\$500	NA	\$3,000	\$4,750	\$70 PCP/SPEC, \$600 IP	\$6,000	\$9,000	Y	Y	Silver	68.19%	\$314.04	\$309.42	1.5%	
86052DC0440018	BC Advantage HSA/HRA	BlueChoice Advantage HSA/HRA Bronze 5000	Int: \$10/\$45/\$65/50% (\$150 Max Copay)	\$50	\$100	\$250	\$500	NA	\$5,000	\$6,550	\$120 PCP/SPEC, \$600 IP	\$10,000	\$13,000	Y	Y	Bronze	61.93%	\$238.57	\$235.06	1.5%	

* Includes PCP, Specialist, and IP with ER same as In-Network.
** Generic/Preferred Brand/Non-Preferred Brand/Specialty High Cost.

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016
Premiums Effective 10/2016
BlueChoice Individual Base Rates - HealthyBlue - On Exchange

HIOS Plan ID	Product	Plan/Option	Rx Benefit *	In-Network								Embedded Pediatric Vision	Embedded Pediatric Dental	Metal Tier	Estimated AV	10/2016	07/2016	Rate Change 10/2016 over 07/2016
				PCP Copay	Specialist Copay	ER Copay	I/P Copay	I/P Co- Ins	Ded	OOP Max	Consumer Level Base Rate Total					Consumer Level Base Rate Total		
86052DC0460016	HB HMO	HealthyBlue HMO Platinum 500	Non-Int: \$0/\$45/\$65/50% (\$150 Max Copay)	\$0	\$30	\$200	\$500	NA	\$500 Med / \$0 Rx	\$1,500	Y	Y	Platinum	88.90%	\$509.98	\$502.48	1.5%	
86052DC0460017	HB HMO	HealthyBlue HMO Platinum 1000	Non-Int: \$0/\$45/\$65/50% (\$150 Max Copay)	\$0	\$30	\$200	\$500	NA	\$1,000 Med / \$0 Rx	\$1,500	Y	Y	Platinum	88.04%	\$491.57	\$484.34	1.5%	
86052DC0460015	HB HMO	HealthyBlue HMO Gold 1500	Non-Int: \$0/\$45/\$65/50% (\$150 Max Copay)	\$0	\$30	\$200	\$500	NA	\$1,500 Med / \$0 Rx	\$5,500	Y	Y	Gold	81.78%	\$426.89	\$420.61	1.5%	
86052DC0460018	HB HMO HSA/HRA	HealthyBlue HMO HSA/HRA Silver 2000	Int: \$0/\$45/\$65/50% (\$150 Max Copay)	\$0	\$45	\$200	\$500	NA	\$2,000	\$6,550	Y	Y	Silver	71.91%	\$316.31	\$311.65	1.5%	

HIOS ID	Product	Option	Rx Benefit *	In-Network								Out of Network					Embedded Pediatric Vision	Embedded Pediatric Dental	Metal Tier	Est. AV	10/2016	07/2016	Rate Change 10/2016 over 07/2016
				PCP Copay	Specialist Copay	ER Copay	I/P Copay	I/P Co- Ins	Ded	OOP Max	ER Copay	I/P Copay	Other Services Copay	Ded	OOP Max	Consumer Level Base Rate Total					Consumer Level Base Rate Total		
86052DC0500012	HB Plus	HealthyBlue Plus Platinum 1000	Non-Int: \$0/\$45/\$65/50% (\$150 Max Copay)	\$0	\$30	\$200	\$500	NA	\$1,000 Med / \$0 Rx	\$1,500	\$200	\$600	\$50	\$2,000	\$3,000	Y	Y	Platinum	88.04%	\$523.80	\$516.09	1.5%	
86052DC0500013	HB Plus	HealthyBlue Plus Gold 1500	Non-Int: \$0/\$45/\$65/50% (\$150 Max Copay)	\$0	\$30	\$200	\$500	NA	\$1,500 Med / \$0 Rx	\$5,500	\$200	\$600	\$50	\$3,000	\$9,000	Y	Y	Gold	81.78%	\$504.89	\$497.46	1.5%	
86052DC0500011	HB Plus HSA/HRA	HealthyBlue Plus HSA/HRA Silver 2000	Int: \$0/\$45/\$65/50% (\$150 Max Copay)	\$0	\$45	\$200	\$500	NA	\$2,000	\$6,550	\$200	\$600	\$65	\$4,000	\$9,000	Y	Y	Silver	71.91%	\$438.45	\$432.01	1.5%	
86052DC0500014	HB Advantage	HealthyBlue Advantage Platinum 500	Non-Int: \$0/\$45/\$65/50% (\$150 Max Copay)	\$0	\$30	\$200	\$500	NA	\$500 Med / \$0 Rx	\$1,500	\$200	\$600	\$50	\$1,000	\$3,000	Y	Y	Platinum	88.90%	\$324.88	\$320.10	1.5%	
86052DC0440015	HB Advantage	HealthyBlue Advantage Platinum 1000	Non-Int: \$0/\$45/\$65/50% (\$150 Max Copay)	\$0	\$30	\$200	\$500	NA	\$1,000 Med / \$0 Rx	\$1,500	\$200	\$600	\$50	\$2,000	\$3,000	Y	Y	Platinum	88.04%	\$546.27	\$538.23	1.5%	
86052DC0440016	HB Advantage	HealthyBlue Advantage Gold 1500	Non-Int: \$0/\$45/\$65/50% (\$150 Max Copay)	\$0	\$30	\$200	\$500	NA	\$1,500 Med / \$0 Rx	\$5,500	\$200	\$600	\$50	\$3,000	\$9,000	Y	Y	Gold	81.78%	\$526.54	\$518.80	1.5%	
86052DC0440014	HB Advantage HSA/HRA	HealthyBlue Advantage HSA/HRA Silver 2000	Int: \$0/\$45/\$65/50% (\$150 Max Copay)	\$0	\$45	\$200	\$500	NA	\$2,000	\$6,550	\$200	\$600	\$65	\$4,000	\$9,000	Y	Y	Silver	71.91%	\$457.26	\$450.54	1.5%	

* Generic/Preferred Brand/Non-Preferred Brand/Specialty High Cost.

State: District of Columbia **Filing Company:** CareFirst BlueChoice, Inc.
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other
Product Name: DC BC Small Group Eff 201601 - ACA
Project Name/Number: /2035

Supporting Document Schedules

Satisfied - Item:	Actuarial Justification
Comments:	Please see Actuarial Memorandum for certification.
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	File_2035_DC_BC_1.1.16_AV_Calculator_Screenshots.pdf File_2035_DC_BC_1.1.16_Actuarial_Letter_Memo.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	File_2035_DC_BC_1.1.16_Actuarial_Letter_Memo.pdf
Item Status:	
Status Date:	

Bypassed - Item:	Certificate of Authority to File
Bypass Reason:	This filing is being submitted directly by the insurance company.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Consumer Disclosure Form
Bypass Reason:	Since this is the initial filing submission, the required documentation is not yet available.
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Cover Letter All Filings
Comments:	This information can be found in the Actuarial Memorandum.
Attachment(s):	
Item Status:	

State: District of Columbia **Filing Company:** CareFirst BlueChoice, Inc.
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other
Product Name: DC BC Small Group Eff 201601 - ACA
Project Name/Number: /2035

Status Date:	
Bypassed - Item:	DISB Actuarial Memorandum Dataset
Bypass Reason:	The 2016 dataset can be found below, under "2016 DISB Actuarial Memorandum Dataset." The Plain Language Summary can be found below, under "District of Columbia Plain Language Summary."
Attachment(s):	
Item Status:	
Status Date:	
Bypassed - Item:	District of Columbia and Countrywide Experience for the Last 5 Years (P&C)
Bypass Reason:	This is not a P&C filing.
Attachment(s):	
Item Status:	
Status Date:	
Bypassed - Item:	District of Columbia and Countrywide Loss Ratio Analysis (P&C)
Bypass Reason:	This is not a P&C filing.
Attachment(s):	
Item Status:	
Status Date:	
Satisfied - Item:	Unified Rate Review Template
Comments:	
Attachment(s):	Rate Filing Justification Part II BC_1.1.16.pdf DC BlueChoice URRT 1.1.16.xlsm File_2035_BC_URRT.pdf
Item Status:	
Status Date:	
Satisfied - Item:	2016 DISB Actuarial Memorandum Dataset
Comments:	
Attachment(s):	Actuarial Memo Dataset 2016 - BC_2035_050115_sent2.xlsx
Item Status:	
Status Date:	
Satisfied - Item:	District of Columbia Plain Language Summary
Comments:	
Attachment(s):	Rate Filing Justification Part II BC_1.1.16.pdf

SERFF Tracking #:

CFAP-130051604

State Tracking #:

Company Tracking #:

2035

State: District of Columbia

Filing Company: CareFirst BlueChoice, Inc.

TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other

Product Name: DC BC Small Group Eff 201601 - ACA

Project Name/Number: /2035

Item Status:	
Status Date:	

Satisfied - Item:	Trend Support
Comments:	We have selected an HMO annual pricing trend of 7.0% which is similar to last year but lower than the industry average of 9.5%. To select the 2016 trend, we have fit regression curves to the data to reflect both historical and emerging patterns with a good "R2" statistic. Given the material lapses in small group membership last year, we have examined the experience of "constant groups" (CG) which suggest a trend of approximately 18% to 22% but we have elected to use 7% like last year. Similarly the PPO shows 11% to 12% but we have elected to use 7% like last year.
Attachment(s):	DC_SG_Trend_Support.pdf
Item Status:	
Status Date:	

SERFF Tracking #:

CFAP-130051604

State Tracking #:

Company Tracking #:

2035

State:

District of Columbia

Filing Company:

CareFirst BlueChoice, Inc.

TOI/Sub-TOI:

HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other

Product Name:

DC BC Small Group Eff 201601 - ACA

Project Name/Number:

/2035

Attachment DC BlueChoice URRT 1.1.16.xlsm is not a PDF document and cannot be reproduced here.

Attachment Actuarial Memo Dataset 2016 - BC_2035_050115_sent2.xlsx is not a PDF document and cannot be reproduced here.

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

**Rate Filing # 2035
D.C. Small Group Products - On Exchange
Rate Filing Effective 1/1/2016**

Actuarial Value Calculations

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016

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5	Platinum - \$0/\$0 Ded, \$1500 OOP, \$10/\$20 - Freestanding
6	Platinum - \$1000/\$0 Ded, \$1500 OOP, \$5/\$15 - Hospital
7	Platinum - \$1000/\$0 Ded, \$1500 OOP, \$5/\$15 - Freestanding
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12	Gold - \$1000/\$250 Ded, \$4000 OOP, \$15/\$30 - Hospital
13	Gold - \$1000/\$250 Ded, \$4000 OOP, \$15/\$30 - Freestanding
14	Gold - \$1000/\$0 Ded, \$6000 OOP, \$20/\$40 - Hospital
15	Gold - \$1000/\$0 Ded, \$6000 OOP, \$20/\$40 - Freestanding
16	Gold - \$1500/\$250 Ded, \$3500 OOP, \$15/\$30 - Hospital
17	Gold - \$1500/\$250 Ded, \$3500 OOP, \$15/\$30 - Freestanding
18	Silver - \$1000/\$100 Ded, \$6850 OOP, \$40/\$80 - Hospital
19	Silver - \$1000/\$100 Ded, \$6850 OOP, \$40/\$80 - Freestanding
20	Silver - \$2000/\$500 Ded, \$6850 OOP, \$35/\$70 - Hospital
21	Silver - \$2000/\$500 Ded, \$6850 OOP, \$35/\$70 - Freestanding
22	Silver - \$1500 Ded, \$6550 OOP, \$25/\$50 - Hospital
23	Silver - \$1500 Ded, \$6550 OOP, \$25/\$50 - Freestanding
24	Silver - \$2000 Ded, \$6000 OOP, \$25/\$50 - Hospital
25	Silver - \$2000 Ded, \$6000 OOP, \$25/\$50 - Freestanding
26	Silver - \$3000, \$4750 OOP, \$25/\$50 - Hospital
27	Silver - \$3000, \$4750 OOP, \$25/\$50 - Freestanding
28	Bronze - \$5500/\$100 Ded, \$6850 OOP, \$25/\$50 - Hospital
29	Bronze - \$5500/\$100 Ded, \$6850 OOP, \$25/\$50 - Freestanding
30	Bronze - \$5000 Ded, \$6550 OOP, \$50/\$100 - Hospital
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34	Platinum - HealthyBlue - \$1000/\$0 Ded, \$1500 OOP, \$0/\$30 - Hospital
35	Platinum - HealthyBlue - \$1000/\$0 Ded, \$1500 OOP, \$0/\$30 - Freestanding
36	Gold - HealthyBlue - \$1500/\$0 Ded, \$5500 OOP, \$0/\$30 - Hospital
37	Gold - HealthyBlue - \$1500/\$0 Ded, \$5500 OOP, \$0/\$30 - Freestanding
38	Silver - HealthyBlue - \$2000 Ded, \$6550 OOP, \$0/\$45 - Hospital
39	Silver - HealthyBlue - \$2000 Ded, \$6550 OOP, \$0/\$45 - Freestanding

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016

<u>Plan Name</u>	<u>Metal Level</u>	<u>Actuarial Value</u>	<u>Page #'s of AV Screenshot *</u>	<u>Unique Plan</u>
BlueChoice HMO Platinum 0	Platinum	91.09%	4, 5	Yes
BlueChoice HMO Gold 500	Gold	81.50%	10, 11	Yes
BlueChoice HMO Silver 1000	Silver	71.45%	18, 19	Yes
BlueChoice HMO Gold 1500	Gold	78.01%	16, 17	Yes
BlueChoice HMO HSA/HRA Silver 1500	Silver	71.57%	22, 23	Yes
BlueChoice HMO HSA/HRA Silver 2000	Silver	69.59%	24, 25	Yes
BlueChoice HMO HSA/HRA Silver 3000	Silver	68.19%	26, 27	Yes
BlueChoice HMO HSA/HRA Bronze 5000	Bronze	61.93%	30, 31	Yes
BlueChoice HMO Referral Platinum 0	Platinum	91.09%	4, 5	Yes
BlueChoice HMO Referral Gold 0	Gold	81.80%	8, 9	Yes
BlueChoice HMO Referral Gold 500	Gold	81.50%	10, 11	Yes
BlueChoice HMO Referral Platinum 1000	Platinum	88.11%	6, 7	Yes
BlueChoice HMO Referral Gold 80	Gold	78.22%	14, 15	Yes
BlueChoice HMO Referral Silver 70	Silver	70.07%	20, 21	Yes
BlueChoice HMO Referral Bronze 5500	Bronze	61.99%	28, 29	Yes
BlueChoice Plus Opt-Out Platinum 0	Platinum	91.09%	4, 5	Yes
BlueChoice Plus Gold 500	Gold	81.50%	10, 11	Yes
BlueChoice Plus Gold 1000	Gold	79.07%	12, 13	Yes
BlueChoice Plus HSA/HRA Silver 1500	Silver	71.57%	22, 23	Yes
BlueChoice Plus HSA/HRA Silver 3000	Silver	68.19%	26, 27	Yes
BlueChoice Plus HSA/HRA Bronze 5000	Bronze	61.93%	30, 31	Yes
BlueChoice Advantage Platinum 0	Platinum	91.09%	4, 5	Yes
BlueChoice Advantage Gold 500	Gold	81.50%	10, 11	Yes
BlueChoice Advantage Gold 1000	Gold	79.07%	12, 13	Yes
BlueChoice Advantage HSA/HRA Silver 1500	Silver	71.57%	22, 23	Yes
BlueChoice Advantage HSA/HRA Silver 3000	Silver	68.19%	26, 27	Yes
BlueChoice Advantage HSA/HRA Bronze 5000	Bronze	61.93%	30, 31	Yes
HealthyBlue HMO Platinum 500	Platinum	88.90%	32, 33	Yes
HealthyBlue HMO Platinum 1000	Platinum	88.04%	34, 35	Yes
HealthyBlue HMO Gold 1500	Gold	81.78%	36, 37	Yes
HealthyBlue HMO HSA/HRA Silver 2000	Silver	71.91%	38, 39	Yes
HealthyBlue Plus Platinum 500	Platinum	88.90%	32, 33	Yes
HealthyBlue Plus Platinum 1000	Platinum	88.04%	34, 35	Yes
HealthyBlue Plus Gold 1500	Gold	81.78%	36, 37	Yes
HealthyBlue Plus HSA/HRA Silver 2000	Silver	71.91%	38, 39	Yes
HealthyBlue Advantage Platinum 500	Platinum	88.90%	32, 33	Yes
HealthyBlue Advantage Platinum 1000	Platinum	88.04%	34, 35	Yes
HealthyBlue Advantage Gold 1500	Gold	81.78%	36, 37	Yes
HealthyBlue Advantage HSA/HRA Silver 2000	Silver	71.91%	38, 39	Yes

* Since plans are listed with two pages, the final blended AV will be located on the Hospital Inputs page.

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

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

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$0.00	\$0.00
Coinsurance (% Insurer's Cost Share)	100.00%	100.00%
OOP Maximum (\$)	\$1,500.00	
OOP Maximum if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input checked="" type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MSHA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	96%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$150
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

90.98%

Metal Tier:

Platinum

Copays Weights

OP Facility Surgery	\$ 150	30%
OP Facility Non-Surgery	\$ 50	70%
Enter OP Copays		
\$ 80	\$ 1,902.07	
\$ 20	\$ 198.81	

Hospital SoS AV	90.98%
Freestanding SoS AV	91.32%
Final Blended AV*	91.09%

*Blending assumes a weight of 2/3 for Hospital SoS and 1/3 for Freestanding SoS

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

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

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$0.00	\$0.00	
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%	
OOP Maximum (\$)	\$1,500.00		
OOP Maximum if Separate (\$)			

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

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	97%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Copays Weights

OP Facility Surgery	\$ 50	30%
OP Facility Non-Surgery	\$ 50	70%
Enter OP Copays	Assumed Cost / Visit from MECU Report 2014	
\$ 50	\$ 1,902.07	
\$ 20	\$ 198.81	

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input checked="" type="checkbox"/>	Specialty Rx Coinsurance Maximum: \$150
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>	# Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>	# Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>	# Copays (1-10):

Output

Calculate

Status/Error Messages: Calculation Successful.
 Actuarial Value: 91.32%
 Metal Tier: Platinum

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	
		2nd Tier Utilization:	

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$1,000.00	\$0.00
Coinsurance (% Insurer's Cost Share)	100.00%	100.00%
OOP Maximum (\$)	\$1,500.00	
OOP Maximum if Separate (\$)		

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

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	96%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	92%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$150
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Output

Status/Error Messages: Error: Result is outside of +/- 2 percent de minimis variation.
 Actuarial Value: 87.71%
 Metal Tier:

	Copays	Weights
OP Facility Surgery	\$ 150	30%
OP Facility Non-Surgery	\$ 50	70%
Enter OP Copays		
\$ 80	Assumed Cost / Visit from MECU Report 2014	\$ 1,902.07
\$ 15		\$ 198.81

Hospital SoS AV	87.71%
Freestanding SoS AV	88.92%
Final Blended AV*	88.11%

*Blending assumes a weight of 2/3 for Hospital SoS and 1/3 for Freestanding SoS

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

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

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$1,000.00	\$0.00	
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%	
OOP Maximum (\$)	\$1,500.00		
OOP Maximum if Separate (\$)			

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

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	97%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	92%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$150
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Output

Status/Error Messages: Calculation Successful.
 Actuarial Value: 88.92%
 Metal Tier: Platinum

Copays Weights

OP Facility Surgery	\$ 50	30%
OP Facility Non-Surgery	\$ 50	70%
Enter OP Copays		
\$ 50	\$ 1,902.07	
\$ 15	\$ 198.81	

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	
		2nd Tier Utilization:	

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$0.00	\$0.00
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%
OOP Maximum (\$)	\$6,850.00	
OOP Maximum if Separate (\$)		

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

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	93%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$150
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Output

Status/Error Messages: Calculation Successful.
 Actuarial Value: 81.12%
 Metal Tier: Gold

	Copays	Weights
OP Facility Surgery	\$ 300	30%
OP Facility Non-Surgery	\$ 50	70%
Enter OP Copays		
\$ 125	Assumed Cost / Visit from MECU Report 2014	
\$ 40	\$ 1,902.07	
	\$ 198.81	

Hospital SoS AV	81.12%
Freestanding SoS AV	83.16%
Final Blended AV*	81.80%

*Blending assumes a weight of 2/3 for Hospital SoS and 1/3 for Freestanding SoS

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	
		2nd Tier Utilization:	

Tier 1 Plan Benefit Design			
	Medical	Drug	Combined
Deductible (\$)	\$0.00	\$0.00	
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%	
OOP Maximum (\$)	\$6,850.00		
OOP Maximum if Separate (\$)			

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

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	89%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Copays Weights

OP Facility Surgery	\$ 200	30%
OP Facility Non-Surgery	\$ 200	70%
Enter OP Copays	Assumed Cost / Visit from MECU Report 2014	
\$ 200	\$ 1,902.07	
\$ 40	\$ 198.81	

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$150
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Output

Calculate

Status/Error Messages: Error: Result is outside of +/- 2 percent de minimis variation.
 Actuarial Value: 83.16%
 Metal Tier:

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	
		2nd Tier Utilization:	

Gold

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$500.00	\$250.00
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%
OOP Maximum (\$)	\$4,000.00	
OOP Maximum if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	93%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	85%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$150
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Output

Calculate

Status/Error Messages: Calculation Successful.
 Actuarial Value: 80.74%
 Metal Tier: Gold

	Copays	Weights
OP Facility Surgery	\$ 300	30%
OP Facility Non-Surgery	\$ 50	70%
Enter OP Copays		
\$ 125	Assumed Cost / Visit from MECU Report 2014	
\$ 30	\$ 1,902.07	
	\$ 198.81	

Hospital SoS AV	80.74%
Freestanding SoS AV	83.03%
Final Blended AV*	81.50%

*Blending assumes a weight of 2/3 for Hospital SoS and 1/3 for FreestandingSoS

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

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

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$500.00	\$250.00	
Coinsurance (%; Insurer's Cost Share)	100.00%	100.00%	
OOP Maximum (\$)	\$4,000.00		
OOP Maximum if Separate (\$)			

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

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	89%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	85%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Copays Weights

OP Facility Surgery	\$ 200	30%
OP Facility Non-Surgery	\$ 200	70%
Enter OP Copays	Assumed Cost / Visit from MECU Report 2014	
\$ 200	\$ 1,902.07	
\$ 30	\$ 198.81	

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$150
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Output

Calculate

Status/Error Messages: Error: Result is outside of +/- 2 percent de minimis variation.
 Actuarial Value: 83.03%
 Metal Tier:

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	
		2nd Tier Utilization:	

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$1,000.00	\$250.00	
Coinsurance (%; Insurer's Cost Share)	100.00%	100.00%	
OOP Maximum (\$)	\$4,000.00		
OOP Maximum if Separate (\$)			

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

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	93%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	85%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

	Copays	Weights
OP Facility Surgery	\$ 300	30%
OP Facility Non-Surgery	\$ 50	70%
Enter OP Copays		
\$ 125	Assumed Cost / Visit from MECU Report 2014	
\$ 30	\$ 1,902.07	
	\$ 198.81	

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$150
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Output

Calculate

Status/Error Messages: Calculation Successful.
 Actuarial Value: 78.12%
 Metal Tier: Gold

Hospital SoS AV	78.12%
Freestanding SoS AV	80.96%
Final Blended AV*	79.07%

*Blending assumes a weight of 2/3 for Hospital SoS and 1/3 for Freestanding SoS

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

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

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$1,000.00	\$250.00	
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%	
OOP Maximum (\$)	\$4,000.00		
OOP Maximum if Separate (\$)			

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

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	89%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	85%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input checked="" type="checkbox"/>	Specialty Rx Coinsurance Maximum: \$150
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>	# Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>	# Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>	# Copays (1-10):

Output

Calculate

Status/Error Messages: Calculation Successful.
 Actuarial Value: 80.96%
 Metal Tier: Gold

Copays Weights

OP Facility Surgery	\$ 200	30%
OP Facility Non-Surgery	\$ 200	70%
Enter OP Copays		
\$ 200	Assumed Cost / Visit from MECU Report 2014	
\$ 30	\$ 1,902.07	
	\$ 198.81	

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	
		2nd Tier Utilization:	

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$1,000.00	\$0.00	
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%	
OOP Maximum (\$)	\$6,000.00		
OOP Maximum if Separate (\$)			

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$150
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Output

Status/Error Messages: Error: Result is outside of +/- 2 percent de minimis variation.
 Actuarial Value: 77.81%
 Metal Tier:

	Copays	Weights
OP Facility Surgery		30%
OP Facility Non-Surgery		70%
Enter OP Copays		Assumed Cost / Visit from MECU Report 2014
\$ -		\$ 1,902.07
\$ 40		\$ 198.81

Hospital SoS AV	77.81%
Freestanding SoS AV	79.05%
Final Blended AV*	78.22%

*Blending assumes a weight of 2/3 for Hospital SoS and 1/3 for FreestandingSoS

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	
		2nd Tier Utilization:	

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$1,000.00	\$0.00
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%
OOP Maximum (\$)	\$6,000.00	
OOP Maximum if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Services										
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	89%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Copays Weights

OP Facility Surgery	\$ 200	30%
OP Facility Non-Surgery	\$ 200	70%
Enter OP Copays	Assumed Cost / Visit from MECU Report 2014	
\$ 200	\$ 1,902.07	
\$ 40	\$ 198.81	

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$150
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Output

Calculate

Status/Error Messages: Calculation Successful.
 Actuarial Value: 79.05%
 Metal Tier: Gold

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	
		2nd Tier Utilization:	

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$1,500.00	\$250.00	
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%	
OOP Maximum (\$)	\$3,500.00		
OOP Maximum if Separate (\$)			

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

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	93%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	85%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

	Copays	Weights
OP Facility Surgery	\$ 300	30%
OP Facility Non-Surgery	\$ 50	70%
Enter OP Copays		
\$ 125	Assumed Cost / Visit from MECU Report 2014	
\$ 30	\$ 1,902.07	
	\$ 198.81	

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$150
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Output

Calculate

Status/Error Messages: Error: Result is outside of +/- 2 percent de minimis variation.
 Actuarial Value: 76.92%
 Metal Tier:

Hospital SoS AV	76.92%
Freestanding SoS AV	80.20%
Final Blended AV*	78.01%

*Blending assumes a weight of 2/3 for Hospital SoS and 1/3 for Freestanding SoS

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	
		2nd Tier Utilization:	

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$1,500.00	\$250.00
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%
OOP Maximum (\$)	\$3,500.00	
OOP Maximum if Separate (\$)		

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

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	89%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	85%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$150
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Output

Status/Error Messages: Calculation Successful.
 Actuarial Value: 80.20%
 Metal Tier: Gold

Copays Weights

OP Facility Surgery	\$ 200	30%
OP Facility Non-Surgery	\$ 200	70%
Enter OP Copays	Assumed Cost / Visit from MECU Report 2014	
\$ 200	\$ 1,902.07	
\$ 30	\$ 198.81	

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	
		2nd Tier Utilization:	

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$1,000.00	\$100.00
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%
OOP Maximum (\$)	\$6,850.00	
OOP Maximum if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	91%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$150
Set a Maximum Number of Days for Charging an IP Copay?	<input checked="" type="checkbox"/>
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Output

Calculate

Status/Error Messages: Calculation Successful.
 Actuarial Value: 70.87%
 Metal Tier: Silver

	Copays	Weights
OP Facility Surgery	\$ 450	30%
OP Facility Non-Surgery	\$ 50	70%
Enter OP Copays		
\$ 170	Assumed Cost / Visit from MECU Report 2014	
\$ 80	\$ 1,902.07	
	\$ 198.81	

Hospital SoS AV	70.87%
Freestanding SoS AV	72.60%
Final Blended AV*	71.45%

*Blending assumes a weight of 2/3 for Hospital SoS and 1/3 for FreestandingSoS

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

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

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$) \$1,000.00	\$100.00	
Coinsurance (% , Insurer's Cost Share) 100.00%	100.00%	
OOP Maximum (\$) \$6,850.00		
OOP Maximum if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	84%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$150
Set a Maximum Number of Days for Charging an IP Copay?	<input checked="" type="checkbox"/>
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Error: Result is outside of +/- 2 percent de minimis variation.

72.60%

Copays Weights

OP Facility Surgery	\$ 300	30%
OP Facility Non-Surgery	\$ 300	70%
Enter OP Copays	Assumed Cost / Visit from MECU Report 2014	
\$ 300	\$ 1,902.07	
\$ 80	\$ 198.81	

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	
		2nd Tier Utilization:	

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$2,000.00	\$500.00
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%
OOP Maximum (\$)	\$6,850.00	
OOP Maximum if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	65%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$150
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Output

Status/Error Messages: Calculation Successful.
 Actuarial Value: 69.42%
 Metal Tier: Silver

	Copays	Weights
OP Facility Surgery	\$ -	30%
OP Facility Non-Surgery	\$ -	70%
Enter OP Copays		
\$ -	\$ 1,902.07	
\$ 70	\$ 198.81	

Assumed Cost / Visit from MECU Report 2014

Hospital SoS AV	69.42%
Freestanding SoS AV	71.38%
Final Blended AV*	70.07%

*Blending assumes a weight of 2/3 for Hospital SoS and 1/3 for FreestandingSoS

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	
		2nd Tier Utilization:	

Tier 1 Plan Benefit Design			
	Medical	Drug	Combined
Deductible (\$)	\$2,000.00	\$500.00	
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%	
OOP Maximum (\$)	\$6,850.00		
OOP Maximum if Separate (\$)			

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	84%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	65%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Copays Weights

OP Facility Surgery	\$ 300	30%
OP Facility Non-Surgery	\$ 300	70%
Enter OP Copays		
	\$ 300	\$ 1,902.07
	\$ 70	\$ 198.81
Assumed Cost / Visit from MECU Report 2014		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$150
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Output

Calculate

Status/Error Messages: Calculation Successful.
 Actuarial Value: 71.38%
 Metal Tier: Silver

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

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

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$1,500.00			
Coinsurance (% Insurer's Cost Share)			100.00%			
OOP Maximum (\$)			\$6,550.00			
OOP Maximum if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	92%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	75%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$150
Set a Maximum Number of Days for Charging an IP Copay?	<input checked="" type="checkbox"/>
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Output

Calculate

Status/Error Messages: Calculation Successful.
 Actuarial Value: 71.03%
 Metal Tier: Silver

	Copays	Weights
OP Facility Surgery	\$ 400	30%
OP Facility Non-Surgery	\$ 50	70%
Enter OP Copays		
\$ 155	Assumed Cost / Visit from MECU Report 2014	
\$ 50	\$ 1,902.07	
	\$ 198.81	

Hospital SoS AV	71.03%
Freestanding SoS AV	72.64%
Final Blended AV*	71.57%

*Blending assumes a weight of 2/3 for Hospital SoS and 1/3 for Freestanding SoS

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR Standard?

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount: \$6,550.00	1st Tier Utilization:
	2nd Tier Utilization:

Desired Metal Tier: Silver

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$1,500.00			
Coinsurance (%; Insurer's Cost Share)			100.00%			
OOP Maximum (\$)			\$6,550.00			
OOP Maximum if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	84%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	75%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input checked="" type="checkbox"/>	Specialty Rx Coinsurance Maximum: \$150
Set a Maximum Number of Days for Charging an IP Copay? <input checked="" type="checkbox"/>	# Days (1-10): 5
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>	# Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>	# Copays (1-10):

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Error: Result is outside of +/- 2 percent de minimis variation.

72.64%

Copays Weights

OP Facility Surgery	\$ 300	30%
OP Facility Non-Surgery	\$ 300	70%
Enter OP Copays		
\$ 300	\$ 1,902.07	Assumed Cost / Visit from MECU Report 2014
\$ 50	\$ 198.81	

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

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

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$2,000.00			
Coinsurance (% Insurer's Cost Share)			100.00%			
OOP Maximum (\$)			\$6,000.00			
OOP Maximum if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	92%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	75%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$150
Set a Maximum Number of Days for Charging an IP Copay?	<input checked="" type="checkbox"/>
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Output

Calculate

Status/Error Messages: Calculation Successful.
 Actuarial Value: 69.16%
 Metal Tier: Silver

	Copays	Weights
OP Facility Surgery	\$ 400	30%
OP Facility Non-Surgery	\$ 50	70%
Enter OP Copays		
\$ 155	Assumed Cost / Visit from MECU Report 2014	
\$ 50	\$ 1,902.07	
	\$ 198.81	

Hospital SoS AV	69.16%
Freestanding SoS AV	70.46%
Final Blended AV*	69.59%

*Blending assumes a weight of 2/3 for Hospital SoS and 1/3 for FreestandingSoS

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

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

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			\$2,000.00
Coinsurance (% Insurer's Cost Share)			100.00%
OOP Maximum (\$)			\$6,000.00
OOP Maximum if Separate (\$)			

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

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	84%		<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	75%		<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input checked="" type="checkbox"/>	
Specialty Rx Coinsurance Maximum:	\$150
Set a Maximum Number of Days for Charging an IP Copay? <input checked="" type="checkbox"/>	
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>	
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>	
# Copays (1-10):	

Output

Calculate

Status/Error Messages: Calculation Successful.
 Actuarial Value: 70.46%
 Metal Tier: Silver

Copays Weights

OP Facility Surgery	\$ 300	30%
OP Facility Non-Surgery	\$ 300	70%
Enter OP Copays	Assumed Cost / Visit from MECU Report 2014	
\$ 300	\$ 1,902.07	
\$ 50	\$ 198.81	

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

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

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		Deductible (\$) \$3,000.00
		Coinsurance (% Insurer's Cost Share) 100.00%
		OOP Maximum (\$) \$4,750.00
		OOP Maximum if Separate (\$)

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	92%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	75%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input checked="" type="checkbox"/>	Specialty Rx Coinsurance Maximum: \$150
Set a Maximum Number of Days for Charging an IP Copay? <input checked="" type="checkbox"/>	# Days (1-10): 5
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>	# Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>	# Copays (1-10):

Output

Calculate

Status/Error Messages: Calculation Successful.
 Actuarial Value: 68.01%

	Copays	Weights
OP Facility Surgery	\$ 400	30%
OP Facility Non-Surgery	\$ 50	70%
Enter OP Copays		
\$ 155	\$ 1,902.07	
\$ 50	\$ 198.81	

Hospital SoS AV	68.01%
Freestanding SoS AV	68.56%
Final Blended AV*	68.19%

*Blending assumes a weight of 2/3 for Hospital SoS and 1/3 for FreestandingSoS

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

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

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			\$3,000.00
Coinsurance (% , Insurer's Cost Share)			100.00%
OOP Maximum (\$)			\$4,750.00
OOP Maximum if Separate (\$)			

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

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	84%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	75%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input checked="" type="checkbox"/>	Specialty Rx Coinsurance Maximum: \$150
Set a Maximum Number of Days for Charging an IP Copay? <input checked="" type="checkbox"/>	# Days (1-10): 5
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>	# Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>	# Copays (1-10):

Output

Calculate

Status/Error Messages:

Calculation Successful.

Copays Weights

OP Facility Surgery	\$ 300	30%
OP Facility Non-Surgery	\$ 300	70%
Enter OP Copays	Assumed Cost / Visit from MECU Report 2014	
\$ 300	\$ 1,902.07	
\$ 50	\$ 198.81	

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	
		2nd Tier Utilization:	

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$5,500.00	\$100.00
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%
OOP Maximum (\$)	\$6,850.00	
OOP Maximum if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$750.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	76%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	75%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input checked="" type="checkbox"/>
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Output

Calculate

Status/Error Messages:

Error: Result is outside of +/- 2 percent de minimis variation.

Actuarial Value:

62.31%

Metal Tier:

	Copays	Weights
OP Facility Surgery	\$ 450	30%
OP Facility Non-Surgery	\$ 450	70%
Enter OP Copays		
\$ 450	Assumed Cost / Visit from MECU Report 2014	
\$ 50	\$ 1,902.07	
	\$ 198.81	

Hospital SoS AV	62.31%
Freestanding SoS AV	61.36%
Final Blended AV*	61.99%

*Blending assumes a weight of 2/3 for Hospital SoS and 1/3 for FreestandingSoS

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

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

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$5,500.00	\$100.00	
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%	
OOP Maximum (\$)	\$6,850.00		
OOP Maximum if Separate (\$)			

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

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	84%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	75%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Copays Weights

OP Facility Surgery	\$ 300	30%
OP Facility Non-Surgery	\$ 300	70%
Enter OP Copays		
\$ 300	Assumed Cost / Visit from MECU Report 2014	
\$ 50	\$ 1,902.07	
	\$ 198.81	

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input checked="" type="checkbox"/>
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Output

Calculate

Status/Error Messages: Calculation Successful.
 Actuarial Value: 61.36%
 Metal Tier: Bronze

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	
		2nd Tier Utilization:	

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			\$5,000.00
Coinsurance (%; Insurer's Cost Share)			100.00%
OOP Maximum (\$)			\$6,550.00
OOP Maximum if Separate (\$)			

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

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	92%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$150
Set a Maximum Number of Days for Charging an IP Copay?	<input checked="" type="checkbox"/>
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Output

Calculate

Status/Error Messages: Calculation Successful.
 Actuarial Value: 61.88%
 Metal Tier: Bronze

	Copays	Weights
OP Facility Surgery	\$ 400	30%
OP Facility Non-Surgery	\$ 50	70%
Enter OP Copays		
\$ 155	Assumed Cost / Visit from MECU Report 2014	
\$ 100	\$ 1,902.07	
	\$ 198.81	

Hospital SoS AV	61.88%
Freestanding SoS AV	62.03%
Final Blended AV*	61.93%

*Blending assumes a weight of 2/3 for Hospital SoS and 1/3 for Freestanding SoS

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

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

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$5,000.00
Coinsurance (% , Insurer's Cost Share)		100.00%
OOP Maximum (\$)		\$6,550.00
OOP Maximum if Separate (\$)		

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

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	87%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$150
Set a Maximum Number of Days for Charging an IP Copay?	<input checked="" type="checkbox"/>
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Error: Result is outside of +/- 2 percent de minimis variation.

62.03%

Copays Weights

OP Facility Surgery	\$ 250	30%
OP Facility Non-Surgery	\$ 250	70%
Enter OP Copays	Assumed Cost / Visit from MECU Report 2014	
\$ 250	\$ 1,902.07	
\$ 100	\$ 198.81	

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	
		2nd Tier Utilization:	

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$500.00	\$0.00	
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%	
OOP Maximum (\$)	\$1,500.00		
OOP Maximum if Separate (\$)			

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

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	95%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

	Copays	Weights
OP Facility Surgery	\$ 200	30%
OP Facility Non-Surgery	\$ 50	70%
Enter OP Copays		
\$ 95	Assumed Cost / Visit from MECU Report 2014	
\$ 198.81	\$ 1,902.07	

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$150
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Output

Calculate

Status/Error Messages: Calculation Successful.
 Actuarial Value: 88.32%
 Metal Tier: Platinum

Hospital SoS AV	88.32%
Freestanding SoS AV	90.06%
Final Blended AV*	88.90%

*Blending assumes a weight of 2/3 for Hospital SoS and 1/3 for FreestandingSoS

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	
		2nd Tier Utilization:	

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$500.00	\$0.00	
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%	
OOP Maximum (\$)	\$1,500.00		
OOP Maximum if Separate (\$)			

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

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	95%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Copays Weights

OP Facility Surgery	\$ 100	30%
OP Facility Non-Surgery	\$ 100	70%
Enter OP Copays	\$ 100	Assumed Cost / Visit from MECU Report 2014
	\$	1,902.07
	\$	198.81

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$150
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Output

Calculate

Status/Error Messages: Calculation Successful.
 Actuarial Value: 90.06%
 Metal Tier: Platinum

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	
		2nd Tier Utilization:	

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$1,000.00	\$0.00	
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%	
OOP Maximum (\$)	\$1,500.00		
OOP Maximum if Separate (\$)			

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

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	95%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$150
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Output

Status/Error Messages: Error: Result is outside of +/- 2 percent de minimis variation.
 Actuarial Value: 87.52%
 Metal Tier:

	Copays	Weights
OP Facility Surgery	\$ 200	30%
OP Facility Non-Surgery	\$ 50	70%
Enter OP Copays		
\$ 95	Assumed Cost / Visit from MECU Report 2014	
\$ 1,902.07		
\$ 198.81		

Hospital SoS AV	87.52%
Freestanding SoS AV	89.07%
Final Blended AV*	88.04%

*Blending assumes a weight of 2/3 for Hospital SoS and 1/3 for FreestandingSoS

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	
		2nd Tier Utilization:	

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$1,000.00	\$0.00	
Coinsurance (%; Insurer's Cost Share)	100.00%	100.00%	
OOP Maximum (\$)	\$1,500.00		
OOP Maximum if Separate (\$)			

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

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	95%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$150
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Output

Calculate

Status/Error Messages: Calculation Successful.
 Actuarial Value: 89.07%
 Metal Tier: Platinum

Copays Weights

OP Facility Surgery	\$ 100	30%
OP Facility Non-Surgery	\$ 100	70%
Enter OP Copays	Assumed Cost / Visit from MECU Report 2014	
\$ 100	\$ 1,902.07	
\$ -	\$ 198.81	

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	
		2nd Tier Utilization:	

Gold

Tier 1 Plan Benefit Design			
	Medical	Drug	Combined
Deductible (\$)	\$1,500.00	\$0.00	
Coinsurance (%; Insurer's Cost Share)	100.00%	100.00%	
OOP Maximum (\$)	\$5,500.00		
OOP Maximum if Separate (\$)			

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

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	95%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$150
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Output

Calculate

Status/Error Messages: Calculation Successful.
 Actuarial Value: 80.47%
 Metal Tier: Gold

	Copays	Weights
OP Facility Surgery	\$ 200	30%
OP Facility Non-Surgery	\$ 50	70%
Enter OP Copays		
\$ 95	Assumed Cost / Visit from MECU Report 2014	
\$ 198.81		

Hospital SoS AV	80.47%
Freestanding SoS AV	84.41%
Final Blended AV*	81.78%

*Blending assumes a weight of 2/3 for Hospital SoS and 1/3 for Freestanding SoS

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	
		2nd Tier Utilization:	

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$1,500.00	\$0.00
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%
OOP Maximum (\$)	\$5,500.00	
OOP Maximum if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	95%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Copays Weights

OP Facility Surgery	\$ 100	30%
OP Facility Non-Surgery	\$ 100	70%
Enter OP Copays		
	\$ 100	\$ 1,902.07
	\$ -	\$ 198.81

Assumed Cost / Visit from MECU Report 2014

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$150
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Error: Result is outside of +/- 2 percent de minimis variation.

84.41%

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	
		2nd Tier Utilization:	

Tier 1 Plan Benefit Design			
	Medical	Drug	Combined
Deductible (\$)			\$2,000.00
Coinsurance (%; Insurer's Cost Share)			100.00%
OOP Maximum (\$)			\$6,550.00
OOP Maximum if Separate (\$)			

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

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	95%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	77%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$150
Set a Maximum Number of Days for Charging an IP Copay?	<input checked="" type="checkbox"/>
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Output

Calculate

Status/Error Messages: Calculation Successful.
 Actuarial Value: 71.55%
 Metal Tier: Silver

	Copays	Weights
OP Facility Surgery	\$ 200	30%
OP Facility Non-Surgery	\$ 50	70%
Enter OP Copays		
\$ 95	Assumed Cost / Visit from MECU Report 2014	\$ 1,902.07
\$ 45		\$ 198.81

Hospital SoS AV	71.55%
Freestanding SoS AV	72.63%
Final Blended AV*	71.91%

*Blending assumes a weight of 2/3 for Hospital SoS and 1/3 for Freestanding SoS

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

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

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$2,000.00
Coinsurance (% , Insurer's Cost Share)		100.00%
OOP Maximum (\$)		\$6,550.00
OOP Maximum if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input checked="" type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	95%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	77%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Copays Weights

OP Facility Surgery	\$ 100	30%
OP Facility Non-Surgery	\$ 100	70%
Enter OP Copays		
\$ 100	Assumed Cost / Visit from MECU Report 2014	
\$ 45	\$ 1,902.07	
	\$ 198.81	

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$150
Set a Maximum Number of Days for Charging an IP Copay?	<input checked="" type="checkbox"/>
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Error: Result is outside of +/- 2 percent de minimis variation.

72.63%

CAREFIRST BLUECROSS BLUESHIELD **PART III ACTUARIAL MEMORANDUM**

1. REDACTED ACTUARIAL MEMORANDUM: CareFirst (CF) is making no redactions so both actuarial memoranda (AM) are the same.

2. GENERAL INFORMATION:

Company Legal Name: CareFirst BlueChoice, Inc. (NAIC # 96202) (CFBC).

State: District of Columbia.

HIOS Issuer ID: 86052.

Market: Small Group (SG) – On Exchange.

Effective Date: 1/1/16 and quarterly incremental “trend” increases effective 4/1/16, 7/1/16 and 10/1/16.

Primary Contact Name: Mr. Dwayne Lucado, F.S.A., M.A.A.A.

Primary Contact Telephone Number: 410-998-7519.

Primary Contact E-Mail Address: Dwayne.Lucado@CareFirst.com.

3. PROPOSED RATE INCREASE(S): CFBC is proposing to raise premiums by 5.5% on average for 1Q16, prior to age band changes. Without risk adjustment, this CFBC renewal would have been approximately 1.0%. Without a merged index rate (Individual Non-Medigap (INM) and SG), this 5.5% renewal would have been approximately 3.7% (1.8 points lower) due to the dominance of the SG business (with typically higher index rate than INM products) in the merged pool. (For CF overall (including the SG PPO business) the proposed average renewal is 10.4%.) The range for CFBC is -9.8% to 15.8% for 1Q16. For renewing customers, an age band change adds 2.6% to the renewal, on average, with a range of 0.0% to 3.9% for ages 22 and upwards per the DC age curve. The estimated average renewals for 2Q16, 3Q16, and 4Q16 will be 5.6%, 5.7% and 5.9%, respectively. Consistent with 45 CFR Part § 155.705(b)(6) and Market Standards Proposed Rules 78 FR 13406 and 37032, we understand that we may subsequently file for changes to the post-1Q16 quarterly rate changes proposed herein if deemed necessary. This filing applies to all new and renewing, in-force business in the guaranteed renewable, non-grandfathered, ACA, metaleed benefit plans.

Reason for Rate Increase(s): The main driver of the 2016 rate increase is the actual claims experience of the 2014 single risk pool (SRP) that documents a morbidity risk factor that is higher than assumed in the approved 2015 rates. An analysis of the membership composition as of February 2015 indicates that the percentage of the pool that was previously medically underwritten has declined significantly. Additionally, the morbidity of the new SGs size 51-100 that migrate to the SG pool is projected to be higher than the morbidity of existing SGs. Both of these shifts in the enrollment composition produce a morbidity estimate that is materially higher than the 2014 actual morbidity risk factor and the 2015 rate filing assumption. In addition, medical cost and utilization trends and estimated risk adjustment transfers (provided by Wakely Consulting Group) also impact the rate increases. The range of the renewals is driven heavily by the impact of changes in member cost-sharing resulting from the mapping of 2015 plans to our proposed 2016 plans.

The out-of-area (OOA) utilization for our BlueChoice Advantage and HealthyBlue Advantage plans which are tailored to groups with employees outside of our service area has been revised to 20% due to changes in eligibility requirements. This change is reflected in the Open Access Advantage network factor and is included in the renewal range mentioned above.

4. MARKET EXPERIENCE:

4.1 - EXPERIENCE PERIOD PREMIUM AND CLAIMS: The incurred period is 1/1/14 through 12/31/14, as required.

Paid Through Date: 2/28/15.

Premiums (Net of MLR Rebate) in Experience Period: \$182,666,488 (Merged).

Allowed and Incurred Claims From Experience Period: \$159,874,493 (Merged Index Rate).

4.2 - BENEFIT CATEGORIES:

Inpatient (hospital).

Outpatient (hospital) (OP).

Professional.
Other Medical (non-capitated ambulance, home health care, durable medical equipment, prosthetics, supplies, vision exams, dental services and other).
Prescription drug (Rx).
Capitations.

4.3 - PROJECTION FACTORS:

Changes in the Morbidity of the Population Insured: The morbidity risk factor projections are based upon 2014 known age-normalized allowed claims costs per member per month (PMPM), projected for various categories of the estimated 2016 membership. These categories are based upon the prior status of the members in the 2013 year – previous CF members (medically underwritten Individual PPACA experience, ACA experience for those previously underwritten members who chose an ACA product, SG, large group), and Other new entrants (either previously uninsured or previously insured with a competitor). The risk factor for each category is expressed in terms of age-normalized allowed claims PMPM cost, and is calculated by comparing the PMPM claims cost by category to the 2013 CFBC INM membership PMPM cost.

In projecting the 2016 SRP, we examined 2014 claims-based experience by categories described above of only the cohort as of 2/28/15. This cohort represented 79,200 CF members (including PPO business) and we had empirical data for ~89% of them. The exact risk scores for this cohort were used for 2016, neither worsening nor improving. The enrollment of each cohort was projected by looking at the actual membership distribution as of 2/28/15 and making projections that the previously underwritten cohorts would decline an additional 10% while the SG cohort would grow by approximately 15% because of the expansion to groups of size 51-100 employees. Although the DISB Bulletin 15-IB-05-04/28 released 4/28/15 allows 51-100 groups to renew their current policies through policy years beginning on or before 10/1/16, we still expect some migration. We have assumed 50% of those eligible will migrate with relatively worse morbidity.

Changes in Benefits: For 2016 we have redesigned our SG portfolio. These new designs include cost-sharing elements that differ for some services based on the setting in which care is delivered (called “Site of Service”). For example, members seeking imaging services in a freestanding facility will have lower cost-sharing than those seeking similar treatment in a hospital setting. This is done in order to encourage members to seek treatment in the most efficient setting. Our 2015 plans will be uniformly modified into the 2016 plans based on the mapping included in this filing. The changes to our plan designs have been accounted for in each specific plan level cost-share factor.

The projected induced demand of our 2016 portfolio is materially lower than that of the 2014 base period. As such we are including an adjustment to projected allowed costs to account for the expected utilization impact due to projected “leaner” benefits. A detailed exhibit to support this induced demand adjustment is included in the AM.

Related to autism benefits, per the “Better Prices, Better Quality, Better Choices for Health Coverage Amendment Act of 2013” passed on 6/4/13 (D.C. Official Code § 31-3171.01, et seq.) we have calculated an increase in claims PMPM of \$0.58 for INM and \$3.32 for SG PMPM for 2016 over 2014. This is largely for “Applied Behavioral Analysis” (ABA) treatments and is a D.C.-mandated benefit.

Attached exhibits detail adjustments for pediatric dental, pediatric vision, embedded adult vision (for INM only) and a change in our mandatory generic policy.

Changes in Demographics: Comparing the overall CFBC member-level age as of 12/31/13 to 12/31/14, we have seen an increase of 0.4 years from 33.5 to 34.0. For INM CFBC, the average age increased by 2.4 years from 34.1 to 36.6.

Age factors will account for a portion of the corresponding increase in claims cost. We find the CMS age curve spread of “3 to 1” to be lower than the “4.5 to 1” that is more correlated with expected claims costs. We have therefore adjusted expected claims costs accordingly in the experience period (EP) index rate projection, through the use of ‘Other’ projection factors.

Other Adjustments: Started in 2015, CF is continuing its incentive program, called BlueRewards, whereby members earn medical expense debit cards of as much as \$450 annually, for an individual (\$1,050 for a family). In the group market, the \$450 amount includes an additional wellness benefit of as much as \$100 annually for an individual (\$250 for a family). These amounts are increases from last year. The cards must be utilized for qualified medical expenses such as deductibles, copays and out-of-pocket maximums. The scope includes all benefit plans within CF's portfolio, on and off the exchange. This is being done in a revenue-neutral way. That is, the cost to CF of the incentive payments was chosen such that it matches the expected savings to CF from more efficacious health care delivery. The savings has been incorporated in the "Other" projection factors when developing the index rate. The cost of the incentive has been included as a retention item in the build-up of our desired incurred claims ratio. Our aim is that this incentive program will improve our members' health.

This calculation also includes the following:

1. A decrease to prescription drug claims costs due to an increase in rebates realized by the move to a new "Pharmacy Benefits Manager" (PBM) in 2014.
2. A shift in costs associated with case management of behavioral health, which was a capitated service in 2014 but will instead be processed as a professional claim going forward.

Trend Factors (Cost/Utilization): The proposed trend of 7.0% is the same as 2015's 7.0%.

4.4 - CREDIBILITY MANUAL RATE DEVELOPMENT: Not applicable.

4.5 - CREDIBILITY OF EXPERIENCE: The calendar 2014 base data includes 532,612 member months (average monthly of 44,384) and is therefore considered 100% credible.

4.6 - PAID TO ALLOWED RATIO: Projected at 83.8%, on average, for all quarters.

4.7 - RISK ADJUSTMENT AND REINSURANCE:

Experience Period Risk Adjustment and Reinsurance Adjustments PMPM: The estimates of the experience period Risk Adjustment transfers in the URRT are based on a multi-carrier analysis by Wakely Consulting Group. Since this is a SG filing, Reinsurance Claims Adjustments do not apply.

Projected Risk Adjustments PMPM: +\$17 PMPM for 1Q16. This is based on an analysis of the market by Wakely Consulting Group. Wakely provided CF's normalized risk scores for its legal entities, which were used to develop a projected transfer payment as a percentage of premium. We converted this to a percentage of our projected index rate for each quarter of 2016 to translate the estimated payment into a PMPM. A risk transfer payment has been shown on our exhibit demonstrating MLR compliance. Wakely's method isolated the experience of all non-grandfathered (ACA and PPACA) members for all of 2014.

Projected ACA Reinsurance Recoveries Net of Reinsurance Premium (Individual Market and Combined Markets Only): Since this is a SG filing, reinsurance recoveries do not apply. The reinsurance premium for 2016 is \$2.25 PMPM, plus an additional administrative fee of \$0.17 PMPY.

4.8 - NON-BENEFIT EXPENSES AND CONTRIBUTION TO RESERVE (CtR) & RISK: The "desired incurred claims ratio" (DICR) has changed from 74.4% (4Q 2015) to 71.9% (1Q 2016).

Administrative Expense Load: Administrative Expense and Broker Commissions and Fees PMPM increased by a composite 9.5% versus 2015.

Contribution to Reserve & Risk Margin: 4.0% prior to income taxes.

Taxes and Fees:

- 1) Premium Tax of 2.0%.
- 2) Federal Income Tax (FIT) of 1.4% (35% tax rate).
- 3) Health Insurer Fee of 3.2%, considering non-deductibility for tax purposes.
- 4) PCORI increased from \$2.11 PMPY to \$2.25 PMPY for 1Q – 3Q 2016 and \$2.34 for 4Q 2016.
- 5) Reinsurance Payments decreased from \$2.63 PMPM for 4Q 2015 to \$2.25 PMPM for 2016.
- 6) Reinsurance Administrative Fee is \$0.17 PMPY.

- 7) Risk Adjustment User Fees are \$0.15 PMPM.
- 8) Exchange User Fees remained at \$0.
- 9) Exchange Assessment Fee of 1.0% for 2016 per the "Health Benefit Exchange Authority Financial Sustainability Emergency Amendment Act of 2014" (D.C. Act 20-329) approved on 5/22/14. In addition, there is also a state assessment fee of 0.1%.

5. PROJECTED LOSS RATIO: Our projected loss ratio for ACA MLR rebate purposes is 82.1%, meeting the 80.0% minimum of the "Public Health Service Act" (PHSA) 218. Please note that this is based on the combined experience of INM and SG.

6. APPLICATION OF MARKET REFORM RATING RULES:

6.1 - SINGLE RISK POOL (SRP): Our SRP reflects all covered lives for every non-grandfathered product in our market per 45 CFR Part § 156.80 (d). This encompasses INM Open Enrollment, HIPAA, Group Conversion, and formerly medically underwritten coverages as well as SGs.

6.2 - INDEX RATE: Last year's implicit 2014 index rate was \$332.70 ((\$312.41 EP allowed claims PMPM - \$1.48 Non-EHB) x trend of 7.0%). As shown on Worksheet 1 of the URRT, the actual index rate for 2014 is \$298 for a favorable variance of -10%.

After applying projection factors, the allowed claims PMPM for 1Q16 is \$375.03. This includes projected claims for non-EHBs, estimated at \$2.15 PMPM. The proposed 1Q16 index rate is \$372.88.

6.2.1 - Small Group Quarterly Rate Filings: This filing includes quarterly incremental "trend" increases. Index rates are \$379.54, \$386.30 and \$393.25 for 2Q, 3Q and 4Q16, respectively. As required, the index rate entered in the URRT reflects a member weighted blend of the quarterly index rates.

6.3 - MARKET ADJUSTED INDEX RATE:

Federal Reinsurance Program Adjustment: 1.0061 for 1Q16, reflecting the reinsurance contribution and administrative fee.

Risk Adjustment: 1.0445 for 1Q16. A summary exhibit is provided.

Marketplace User Fee Adjustment: 1.0000. A summary exhibit is provided.

6.4 - PLAN ADJUSTED INDEX RATES: The Cost-Share factor includes 1) internally-developed pricing AVs, 2) CDH/Non-CDH induced demand and 3) metal-level induced demand. Regarding the second item, as discussed in the past, we maintain that this factor is allowable under 45 C.F.R. § 156.80 for the same reason that the third item is allowed. There are 5 types of network factors: Lock In / Referral, Open Access, Open Access Opt-Out, Open Access Plus and Open Access Advantage. Network factors composite to 1.00 across SG and INM. Cost-Share factors, Network Factors and Non-EHBs vary by plan. All other factors applying to the Index Rate are the same across all plans.

6.5 - CALIBRATION: Done for age, but we have elected not to rate for tobacco usage. Geographic rating does not apply, as D.C. has only one rating area.

Age Curve Calibration – We have calibrated to an average age of 42 from the DC age curve.

6.6 - CONSUMER ADJUSTED PREMIUM RATE DEVELOPMENT: A sample group rate development is included in this filing.

SG Plan Premium Rates – Our rates are developed from base experience for quarterly trend increases as shown on the allowed PMPM projection exhibits in the filing. We also include the derivation of quarterly Plan Adjusted Index and Consumer Level Base rates.

7. PLAN PRODUCT INFORMATION:

7.1 - HHS ACTUARIAL METAL VALUES (AV): The majority of our 2016 plans include varying cost-share levels for some services that depend on the setting in which care is delivered. The Federal AV calculator was used to compute two separate AVs for each impacted plan – one which applied the higher level of cost-share, and one which applied the lower. The results were blended assuming 2/3 of the designated

services are rendered in higher cost-share setting and the remaining 1/3 at the lower, consistent with 2014 experience for our SG and INM markets. Plans without these features used the AV calculator without modification.

Printouts for each plan are provided in the "Actuarial Memorandum" section of the Supporting Documentation tab of the SERFF filing, and also as part of the QHP binder submission under separate cover.

7.2 - AV PRICING VALUES: The breakdown of the AV Pricing values is shown on the Plan Level derivation pages.

7.3 - MEMBERSHIP PROJECTIONS: Projected enrollment is based on actual enrollment by plan as of 2/28/15. Final 2016 plan-level enrollment results from the underlying mapping of our 2015 plans into the proposed 2016 plan designs, as well as an adjustment for the expansion of SG to include groups with up to 100 employees.

7.4 - TERMINATED PLANS AND PRODUCTS: A listing of all terminated non-SRP plans, and SRP plans being uniformly modified is included in the AM.

7.5 - PLAN TYPE: HMO and POS.

7.6 - WARNING ALERTS:

1. Worksheet 1, Section I & II

- a. **Allowed Claims PMPM** – A warning is triggered on Worksheet 1 which says "WARNING – Wksh 1 – Market Experience Total PMPM (Cell H30) is not equal to Allowed Claims (Cell G16)." Per URRT instructions, cell G16 reflects the experience period allowed claims PMPM adjusted for risk transfers. Cell H30 is a worksheet-computed PMPM that is derived from actual experience period utilization and cost statistics by service category and does not reflect risk adjustment. As such, we do not believe these two cells should be equal.

2. Worksheet 2

- a. **General:** Per the District's instructions, the index rate was developed with combined SG/INM experience which is entered on Worksheet 1 of the URRT, but the plan level rates were developed separately as the markets are remaining separate from the Federal perspective. Therefore, Worksheet 2 has only the SG market's plan data, and most of the warnings have been triggered because the SG totals on Worksheet 2 are less than the combined SG/INM totals on Worksheet 1.
- b. **Section III: Plan Adjusted Index Rate, Total Premium (TP)** – Per URRT guidelines, the Plan Adjusted Index Rate should reflect zero for terminated non-SRP compliant plans. These plans represent approximately 65% of 2014 SG member months. Since the Premium PMPM (net of MLR Rebate) in Experience Period field shown on Worksheet 1 is inclusive of all 2014 non-grandfathered members in this market (including those in non-SRP compliant plans), it will not match the average Plan Adjusted Index Rate PMPM. Similarly, since the Total Premium on Worksheet 2 is calculated as Plan Adjusted Index Rate x Member Months, it will not match the Premium (net of MLR Rebate) in Experience Period field from Worksheet 1.
- c. **Section IV: Plan Adjusted Index Rate, Total Premium (TP)** – Per URRT guidelines, the Plan Adjusted Index Rate must reflect the member weighted average of the Plan Adjusted Index Rates for all effective dates in the submission (1Q – 4Q16). As such, the average rate shown on Worksheet 2 will not match the SRP Gross Premium Avg. Rate on Worksheet 1, which reflects only the effective date of the change in Index Rate (January 1). Similarly, since the Total Premium on Worksheet 2 is calculated as Plan Adjusted Index Rate x Member Months, it will not match the Projected Period Total Premium from Worksheet 1.

8. MISCELLANEOUS INSTRUCTIONS:

8.1 – Effective Rate Review Information: We have nothing additional to provide.

8.2 - Reliance: Risk adjustment analyses were provided to us by Wakely Consulting Group.

8.3 – Actuarial Certification: Included in the AM.

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

**Rate Filing # 2035
D.C. Small Group Products - On Exchange
Rate Filing Effective 1/1/2016**

Actuarial Memorandum

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016

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CareFirst BlueChoice, Inc.
d.b.a. CareFirst BlueCross BlueShield
(NAIC # 96202)
D.C. Small Group Products - On Exchange
Rate Filing Effective 1/1/2016

Form Numbers

Form Numbers Associated With This Filing:

This list contains the applicable forms for the new and renewing 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.

The SERFF Tracking # for the corresponding form filing On Exchange is as follows:
 CFBC-130004663

Forms Used for ALL ON-Exchange BlueChoice Group Products

DC/CFBC/SHOP/GC (1/14)
 DC/CFBC/DOL APPEAL (R. 7/11)
 DC/CFBC/SHOP/ELIG (1/14)
 DC/CFBC/FAM PLAN (8/12)
 DC/CFBC/PARTNER (R. 7/09)
 DC/CFBC/PT PROTECT (9/10)
 DC/CFBC/SHOP/2015 GC AMEND (1/15)
 DC/CFBC/SHOP/2016 AMEND (1/16)
 DC/CFBC/SG/INCENT (1/16)

Forms Used for ALL ON-Exchange BlueChoice Group Products: Out-of-Network Forms (GHMSI)

DC/CF/SHOP/GC (1/14)
 DC/CF/SHOP/ADV OON/EOC (1/14)
 DC/GHMSI/DOL APPEAL (R. 11/11)
 DC/CF/SHOP/EXC/DOCS (1/14)
 DC/GHMSI/FAM PLAN (8/12)
 DC/CF/PARTNER (R. 7/09)
 DC/CF/BLCRD (1/12)
 DC/CF/MEM/BLCRD (1/12)
 DC/CF/ANCILLARY AMEND (10/12)
 DC/CF/PT PROTECT (9/10)
 DC/GHMSI-HEALTH GUARANTEE 1/15
 DC/CF/SHOP/2015 GC AMEND (1/15)
 DC/CF/SHOP/2016 AMEND (1/16)

**Product: BlueChoice Plus Opt-Out
 Network: Open Access**

DC/CFBC/SHOP/EOC (1/14)
 DC/CFBC/BCOO/DOCS (1/14)
 DC/CFBC/BLCRD (1/12)
 DC/CFBC/MEM/BLCRD (1/12)
 DC/CFBC/SG/BC+(OO)/PLAT 0 (1/16)

ON-Exchange

**Product: BlueChoice Advantage
 In-Network**

DC/CFBC/SHOP/ADV IN/EOC (1/14)
 DC/CFBC/HB/SHOP/EXC/DOCS (1/14)
 DC/CFBC/SHOP/ADV IN/PLAT SOB (1/14)
 DC/CFBC/ADV IN/IPP GRP (1/14)
 DC/CFBC/ADV IN/IPP MEM (1/14)
 DC/CFBC/ANCILLARY AMEND (10/12)
 DC/CFBC/SG/POS IN CDH/BRZ 5000 (1/16)
 DC/CFBC/SG/POS IN CDH/SIL 1500 (1/16)
 DC/CFBC/SG/POS IN CDH/SIL 3000 (1/16)
 DC/CFBC/SG/POS IN/GOLD 500 (1/16)
 DC/CFBC/SG/POS IN/GOLD 1000 (1/16)
 DC/CFBC/SG/POS IN/PLAT 0 (1/16)

**Product: BlueChoice Plus
 In-Network**

DC/CFBC/SHOP/EOC (1/14)
 DC/CFBC/SHOP/EXC/DOCS (1/14)
 DC/CFBC/BLCRD (1/12)
 DC/CFBC/MEM/BLCRD (1/12)
 DC/CFBC/SG/POS IN CDH/BRZ 5000 (1/16)
 DC/CFBC/SG/POS IN CDH/SIL 1500 (1/16)
 DC/CFBC/SG/POS IN CDH/SIL 3000 (1/16)
 DC/CFBC/SG/POS IN/GOLD 500 (1/16)
 DC/CFBC/SG/POS IN/GOLD 1000 (1/16)

**Product: HealthyBlue Plus
 In-Network**

DC/CFBC/SHOP/ADV IN/EOC (1/14)
 DC/CFBC/HB/SHOP/EXC/DOCS (1/14)
 DC/CFBC/BLCRD (1/12)
 DC/CFBC/MEM/BLCRD (1/12)
 DC/CFBC/SG/POS IN CDH/SIL 2000 (1/16)
 DC/CFBC/SG/POS IN/GOLD 1500 (1/16)
 DC/CFBC/SG/POS IN/PLAT 500 (1/16)
 DC/CFBC/SG/POS IN/PLAT 1000 (1/16)

**Product: BlueChoice Advantage
 Out-of-Network (GHMSI)**

DC/CF/SG/POS OON CDH/BRZ 5000 (1/16)
 DC/CF/SG/POS OON CDH/SIL 1500 (1/16)
 DC/CF/SG/POS OON CDH/SIL 3000 (1/16)
 DC/CF/SG/POS OON/GOLD 500 (1/16)
 DC/CF/SG/POS OON/GOLD 1000 (1/16)
 DC/CF/SG/POS OON/PLAT 0 (1/16)

**Product: BlueChoice Plus
 Out-of-Network (GHMSI)**

DC/CF/SG/POS OON CDH/BRZ 5000 (1/16)
 DC/CF/SG/POS OON CDH/SIL 1500 (1/16)
 DC/CF/SG/POS OON CDH/SIL 3000 (1/16)
 DC/CF/SG/POS OON/GOLD 500 (1/16)
 DC/CF/SG/POS OON/GOLD 1000 (1/16)

**Product: HealthyBlue Plus
 Out-of-Network (GHMSI)**

DC/CF/SG/POS OON/SIL 2000 (1/16)
 DC/CF/SG/POS OON/GOLD 1500 (1/16)
 DC/CF/SG/POS OON/PLAT 500 (1/16)
 DC/CF/SG/POS OON/PLAT 1000 (1/16)

CareFirst BlueChoice, Inc.
d.b.a. CareFirst BlueCross BlueShield
(NAIC # 96202)
D.C. Small Group Products - On Exchange
Rate Filing Effective 1/1/2016

Form Numbers

Form Numbers Associated With This Filing:

This list contains the applicable forms for the new and renewing 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.

The SERFF Tracking # for the corresponding form filing On Exchange is as follows:
 CFBC-130004663

ON-Exchange (continued)

Product: BlueChoice HMO and BlueChoice HMO Open Access
Network: Lock In / Referral (HMO), Open Access (HMO Open Access)

DC/CFBC/SHOP/EOC (1/14)
 DC/CFBC/SHOP/EXC/DOCS (1/14)
 DC/CFBC/BLCRD (1/12)
 DC/CFBC/MEM/BLCRD (1/12)
 DC/CFBC/SG/HMO CDH/BRZ 5000 (1/16)
 DC/CFBC/SG/HMO CDH/SIL 1500 (1/16)
 DC/CFBC/SG/HMO CDH/SIL 2000 (1/16)
 DC/CFBC/SG/HMO CDH/SIL 3000 (1/16)
 DC/CFBC/SG/HMO OA/GOLD 500 (1/16)
 DC/CFBC/SG/HMO OA/GOLD 1500 (1/16)
 DC/CFBC/SG/HMO OA/PLAT 0 (1/16)
 DC/CFBC/SG/HMO OA/SIL 1000 (1/16)
 DC/CFBC/SG/HMO REF/BRZ 5500 (1/16)
 DC/CFBC/SG/HMO REF/GOLD 0 (1/16)
 DC/CFBC/SG/HMO REF/GOLD 80 (1/16)
 DC/CFBC/SG/HMO REF/GOLD 500 (1/16)
 DC/CFBC/SG/HMO REF/PLAT 0 (1/16)
 DC/CFBC/SG/HMO REF/PLAT 1000 (1/16)
 DC/CFBC/SG/HMO REF/SIL 70 (1/16)

Product: HealthyBlue HMO
Network: Open Access

DC/CFBC/SHOP/EOC (1/14)
 DC/CFBC/HMO/DOCS (1/14)
 DC/CFBC/BLCRD (1/12)
 DC/CFBC/MEM/BLCRD (1/12)
 DC/CFBC/SG/HB HMO CDH/SIL 2000 (1/16)
 DC/CFBC/SG/HB HMO/GOLD 1500 (1/16)
 DC/CFBC/SG/HB HMO/PLAT 500 (1/16)
 DC/CFBC/SG/HB HMO/PLAT 1000 (1/16)

Product: HealthyBlue Advantage
In-Network

DC/CFBC/SHOP/ADV IN/EOC (1/14)
 DC/CFBC/HB/SHOP/EXC/DOCS (1/14)
 DC/CFBC/ADV IN/IPP GRP (1/14)
 DC/CFBC/ADV IN/IPP MEM (1/14)
 DC/CFBC/ANCILLARY AMEND (10/12)
 DC/CFBC/SG/POS IN CDH/SIL 2000 (1/16)
 DC/CFBC/SG/POS IN/GOLD 1500 (1/16)
 DC/CFBC/SG/POS IN/PLAT 500 (1/16)
 DC/CFBC/SG/POS IN/PLAT 1000 (1/16)

Product: HealthyBlue Advantage
Out-of-Network (GHMSI)

DC/CF/SG/POS OON/SIL 2000 (1/16)
 DC/CF/SG/POS OON/GOLD 1500 (1/16)
 DC/CF/SG/POS OON/PLAT 500 (1/16)
 DC/CF/SG/POS OON/PLAT 1000 (1/16)

**CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016**

Acronym	Definition
SHOP	Small Business Health Options Program
CF, CFI	CareFirst, Incorporated
BC, CFBC	CareFirst BlueChoice, Inc.
GHMSI	Group Hospitalization and Medical Services, Inc.
SG	Small Group
IND64-, INM	Individual, Non-Medigap
CD	Consumer Direct (Individual, Non-Medigap)
PPACA	Patient Protection and Affordable Care Act
AV	Actuarial Value
EHB	Essential Health Benefits
FPL	Federal Poverty Level
FIT	Federal Income Tax
SIT	State Income Tax
GF	Grandfathered
FTE	Full-time Equivalent
HIPAA	Health Insurance Portability and Accountability Act
RBC	Risk-based Capital
SRP	Single Risk Pool
UW	Underwritten
Med	Medical
Rx	Prescription Drugs
CDH	Consumer Driven Health
Non-CDH	Non-Consumer Driven Health
HSA	Health Savings Account
HRA	Health Reimbursement Account
HDHP	High Deductible Health Plan
HMO	Health Maintenance Organization
HMO OA	Health Maintenance Organization Open Access
OO OA	Opt Out Open Access
POS OA	Point of Service Open Access (aka Opt-Out Plus Open Access)
HB	HealthyBlue
MSP	Multi-State Plan
EP	Experience Period
DICR	Desired Incurred Claims Ratio
MLR	Medical Loss Ratio (as defined by PPACA)
IBNR	Incurred But Not Reported
PCP	Primary Care Physician
ER	Emergency Room
In-Net	In-Network
OON	Out of Network
IP, In Pat	Inpatient
OP	Outpatient
Prof	Professional
OOP	Out of Pocket
Co-ins	Coinsurance
MHSA	Mental Health & Substance Abuse
DXL	Diagnostic X-ray and Lab
RPN	Regional Preferred Network
ABA	Applied Behavioral Analysis

CareFirst BlueChoice, Inc.
(NAIC # 96202)
H.R. 3950 - Public Law 111-148 - Patient Protection and Affordable Care Act (ACA)
D.C. Small Group Products - On Exchange
Rate Filing Effective 1/1/2016
Actuarial Certification

I, Kenny W. Kan, am the Senior Vice President and Chief Actuary with CareFirst BlueChoice, Inc. doing business as CareFirst BlueCross BlueShield. I am a member of the American Academy of Actuaries (AAA) in good standing and have the education and experience necessary to perform the work. Rates were developed in accordance with the appropriate Actuarial Standards of Practice (ASOPs) and the AAA's Code of Professional Conduct. While other ASOPs apply, a sample listing is below.

- i. ASOP No. 5, Incurred Health and Disability Claims
- ii. ASOP No. 8, Regulatory Filings for Health Plan Entities
- iii. ASOP No. 12, Risk Classification
- iv. ASOP No. 23, Data Quality
- v. ASOP No. 25, Credibility Procedures Applicable to Accident and Health, Group Term Life, and Property/Casualty Coverages
- vi. ASOP No. 26, Compliance with Statutory and Regulatory Requirements for the Actuarial Certification of Small Employer Health and Benefit Plans
- vii. ASOP No. 41, Actuarial Communications

I have been involved in the development of these rates, and to the best of my knowledge and understanding, the rates in this filing have been developed in accordance with the available regulations and guidance. Should new guidance be released, this filing may be revised. I certify that this filing has been prepared based on sound and commonly accepted actuarial principles, practices and assumptions in the aggregate for the legal entity.

I further certify the following:

1. The projected Index Rate is:

- a. In compliance with all applicable state and Federal statutes and regulations (45 CFR § 156.80(d)(1))
- b. Reasonable in relation to the benefits provided and the population anticipated to be covered.
- c. Neither excessive nor deficient.

2. The Index Rate and only the allowable modifiers as described in 45 CFR § 156.80(d)(1) and 45 CFR § 156.80(d)(2) were used to generate plan level rates. These rates have been calibrated to account for age (geography and tobacco are not applicable).

3. The percentage of total premium that represents essential health benefits (EHBs) included in Worksheet 2, Sections III and IV, was calculated in accordance with ASOPs.

4. Consistent with 45 CFR § 156.135, the 2016 HHS Actuarial Values (AV) Calculator was used to determine the AV metal values shown in Worksheet 2 of Part I of the Unified Rate Review Template (URRT) for all plans except those specified. Where necessary, the AVs of the benefits proposed have been calculated with minimal modifications to the AV calculator as described in the Actuarial Memorandum.

Kenny W. Kan, FSA, MAAA, CPA, CFA
Senior Vice President and Chief Actuary
CareFirst BlueCross BlueShield
Mail Drop-Point 01-720
10455 Mill Run Circle
Owings Mills, MD 21117-5559

CareFirst BlueChoice, Inc.
d.b.a. CareFirst BlueCross BlueShield
(NAIC # 96202)
D.C. Small Group Products - On Exchange
Rate Filing Effective 1/1/2016

2016 HIOS IDs

HIOS Product ID	HIOS Product Name	HIOS Plan ID	HIOS Plan Name	On/Off Exchange	Product Type	Abortion Coverage	Actuarial Value	Metal Level	Unique Plan	Projected Contracts 12/31/16
86052DC046	BlueChoice HMO	86052DC0460011	BlueChoice HMO Platinum 0	On	HMO	Yes	91.09%	Platinum	Yes	1,865
86052DC046	BlueChoice HMO	86052DC0460010	BlueChoice HMO Gold 500	On	HMO	Yes	81.50%	Gold	Yes	1,144
86052DC046	BlueChoice HMO	86052DC0460020	BlueChoice HMO Silver 1000	On	HMO	Yes	71.45%	Silver	Yes	61
86052DC046	BlueChoice HMO	86052DC0460009	BlueChoice HMO Gold 1500	On	HMO	Yes	78.01%	Gold	Yes	65
86052DC046	BlueChoice HMO	86052DC0460012	BlueChoice HMO HSA/HRA Silver 1500	On	HMO	Yes	71.57%	Silver	Yes	649
86052DC046	BlueChoice HMO	86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000	On	HMO	Yes	69.59%	Silver	Yes	560
86052DC046	BlueChoice HMO	86052DC0460019	BlueChoice HMO HSA/HRA Silver 3000	On	HMO	Yes	68.19%	Silver	Yes	61
86052DC046	BlueChoice HMO	86052DC0460014	BlueChoice HMO HSA/HRA Bronze 5000	On	HMO	Yes	61.93%	Bronze	Yes	137
86052DC048	BlueChoice HMO Referral	86052DC0480007	BlueChoice HMO Referral Platinum 0	On	HMO	Yes	91.09%	Platinum	Yes	3,187
86052DC048	BlueChoice HMO Referral	86052DC0480010	BlueChoice HMO Referral Gold 0	On	HMO	Yes	81.80%	Gold	Yes	61
86052DC048	BlueChoice HMO Referral	86052DC0480008	BlueChoice HMO Referral Gold 500	On	HMO	Yes	81.50%	Gold	Yes	716
86052DC048	BlueChoice HMO Referral	86052DC0480012	BlueChoice HMO Referral Platinum 1000	On	HMO	Yes	88.11%	Platinum	Yes	61
86052DC048	BlueChoice HMO Referral	86052DC0480011	BlueChoice HMO Referral Gold 80	On	HMO	Yes	78.22%	Gold	Yes	61
86052DC048	BlueChoice HMO Referral	86052DC0480013	BlueChoice HMO Referral Silver 70	On	HMO	Yes	70.07%	Silver	Yes	61
86052DC048	BlueChoice HMO Referral	86052DC0480009	BlueChoice HMO Referral Bronze 5500	On	HMO	Yes	61.99%	Bronze	Yes	61
86052DC058	BlueChoice Plus Opt-Out	86052DC0580001	BlueChoice Plus Opt-Out Platinum 0	On	POS	Yes	91.09%	Platinum	Yes	4,756
86052DC050	BlueChoice Plus	86052DC0500016	BlueChoice Plus Gold 500	On	POS	Yes	81.50%	Gold	Yes	61
86052DC050	BlueChoice Plus	86052DC0500015	BlueChoice Plus Gold 1000	On	POS	Yes	79.07%	Gold	Yes	61
86052DC050	BlueChoice Plus	86052DC0500009	BlueChoice Plus HSA/HRA Silver 1500	On	POS	Yes	71.57%	Silver	Yes	805
86052DC050	BlueChoice Plus	86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000	On	POS	Yes	68.19%	Silver	Yes	378
86052DC050	BlueChoice Plus	86052DC0500017	BlueChoice Plus HSA/HRA Bronze 5000	On	POS	Yes	61.93%	Bronze	Yes	61
86052DC044	BlueChoice Advantage	86052DC0440012	BlueChoice Advantage Platinum 0	On	POS	Yes	91.09%	Platinum	Yes	960
86052DC044	BlueChoice Advantage	86052DC0440011	BlueChoice Advantage Gold 500	On	POS	Yes	81.50%	Gold	Yes	197
86052DC044	BlueChoice Advantage	86052DC0440010	BlueChoice Advantage Gold 1000	On	POS	Yes	79.07%	Gold	Yes	525
86052DC044	BlueChoice Advantage	86052DC0440013	BlueChoice Advantage HSA/HRA Silver 1500	On	POS	Yes	71.57%	Silver	Yes	582
86052DC044	BlueChoice Advantage	86052DC0440019	BlueChoice Advantage HSA/HRA Silver 3000	On	POS	Yes	68.19%	Silver	Yes	61
86052DC044	BlueChoice Advantage	86052DC0440018	BlueChoice Advantage HSA/HRA Bronze 5000	On	POS	Yes	61.93%	Bronze	Yes	61
86052DC046	BlueChoice HMO	86052DC0460016	HealthyBlue HMO Platinum 500	On	HMO	Yes	88.90%	Platinum	Yes	203
86052DC046	BlueChoice HMO	86052DC0460017	HealthyBlue HMO Platinum 1000	On	HMO	Yes	88.04%	Platinum	Yes	88
86052DC046	BlueChoice HMO	86052DC0460015	HealthyBlue HMO Gold 1500	On	HMO	Yes	81.78%	Gold	Yes	504
86052DC046	BlueChoice HMO	86052DC0460018	HealthyBlue HMO HSA/HRA Silver 2000	On	HMO	Yes	71.91%	Silver	Yes	561
86052DC050	BlueChoice Plus	86052DC0500012	HealthyBlue Plus Platinum 500	On	POS	Yes	88.90%	Platinum	Yes	1,258
86052DC050	BlueChoice Plus	86052DC0500013	HealthyBlue Plus Platinum 1000	On	POS	Yes	88.04%	Platinum	Yes	319
86052DC050	BlueChoice Plus	86052DC0500011	HealthyBlue Plus Gold 1500	On	POS	Yes	81.78%	Gold	Yes	900
86052DC050	BlueChoice Plus	86052DC0500014	HealthyBlue Plus HSA/HRA Silver 2000	On	POS	Yes	71.91%	Silver	Yes	291
86052DC044	BlueChoice Advantage	86052DC0440015	HealthyBlue Advantage Platinum 500	On	POS	Yes	88.90%	Platinum	Yes	603
86052DC044	BlueChoice Advantage	86052DC0440016	HealthyBlue Advantage Platinum 1000	On	POS	Yes	88.04%	Platinum	Yes	306
86052DC044	BlueChoice Advantage	86052DC0440014	HealthyBlue Advantage Gold 1500	On	POS	Yes	81.78%	Gold	Yes	2,349
86052DC044	BlueChoice Advantage	86052DC0440017	HealthyBlue Advantage HSA/HRA Silver 2000	On	POS	Yes	71.91%	Silver	Yes	712
TOTAL										25,352

**CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016**

**2016 ACA – RATE CHANGES AT METAL/PLAN LEVEL
SMALL GROUP - DC BC**

1	2	3	4	5		6	8				11	13				19	20	21			
				Members	% of Actual		HHS	Plan Adjusted Index Rates				HHS	Plan Adjusted Index Rates						1Q16		
Metal	2015 Plans	Metal	2016 Plans	Actual	% of Actual	2015	1Q15	2Q15	3Q15	4Q15	2016	1Q16	RNL	2Q16	RNL	3Q16	RNL	4Q16	RNL	Incremental Inc vs 4Q15	
	Plan		Plan	2/28/2015	Total	AV					AV										
1	Platinum	BlueChoice HMO \$30/\$40	Platinum	BlueChoice HMO Platinum 0	2,066	5.9%	0.883	\$488.58	\$495.46	\$502.20	\$509.00	0.911	\$517.55	5.9%	\$525.11	6.0%	\$532.88	6.1%	\$540.85	6.3%	1.7%
2	Platinum	BlueChoice HMO Referral \$10/\$20	Platinum	BlueChoice HMO Referral Platinum 0	1,145	3.3%	0.906	\$474.51	\$481.19	\$487.74	\$494.35	0.911	\$492.90	3.9%	\$500.11	3.9%	\$507.51	4.1%	\$515.10	4.2%	-0.3%
3	Platinum	BlueChoice HMO Referral \$30/\$40	Platinum	BlueChoice HMO Referral Platinum 0	2,433	7.0%	0.883	\$465.32	\$471.87	\$478.29	\$484.77	0.911	\$492.90	5.9%	\$500.11	6.0%	\$507.51	6.1%	\$515.10	6.3%	1.7%
4	Platinum	BlueChoice Plus 100%/80%, \$10/\$20	Platinum	BlueChoice Plus Opt-Out Platinum 0	1,134	3.3%	0.891	\$509.51	\$516.69	\$523.71	\$530.81	0.911	\$524.56	3.0%	\$532.23	3.0%	\$540.10	3.1%	\$548.18	3.3%	-1.2%
5	Platinum	BlueChoice Plus 100%/80%, \$20/\$30	Platinum	BlueChoice Plus Opt-Out Platinum 0	4,025	11.6%	0.886	\$493.70	\$500.65	\$507.46	\$514.34	0.911	\$524.56	6.2%	\$532.23	6.3%	\$540.10	6.4%	\$548.18	6.6%	2.0%
6	Platinum	BlueChoice Plus 100%/60%, \$20/\$30	Platinum	BlueChoice Plus Opt-Out Platinum 0	1,501	4.3%	0.886	\$482.19	\$488.98	\$495.63	\$502.35	0.911	\$524.56	8.8%	\$532.23	8.8%	\$540.10	9.0%	\$548.18	9.1%	4.4%
7	Platinum	BlueChoice Advantage 100%/70%	Platinum	BlueChoice Advantage Platinum 0	1,102	3.2%	0.884	\$512.45	\$519.66	\$526.73	\$533.87	0.911	\$554.37	8.2%	\$562.48	8.2%	\$570.80	8.4%	\$579.34	8.5%	3.8%
8	Platinum	BlueChoice Advantage 90%/70%	Platinum	BlueChoice Advantage Platinum 0	12	0.0%	0.903	\$499.56	\$506.59	\$513.48	\$520.44	0.911	\$554.37	11.0%	\$562.48	11.0%	\$570.80	11.2%	\$579.34	11.3%	6.5%
9	Platinum	BlueChoice Advantage 80%/50%	Platinum	BlueChoice Advantage Platinum 0	96	0.3%	0.888	\$517.55	\$524.83	\$531.97	\$539.18	0.911	\$554.37	7.1%	\$562.48	7.2%	\$570.80	7.3%	\$579.34	7.4%	2.8%
10	Platinum	HealthyBlue HMO \$300	Platinum	HealthyBlue HMO Platinum 500	333	1.0%	0.903	\$480.57	\$487.34	\$493.97	\$500.66	0.889	\$514.51	7.1%	\$522.03	7.1%	\$529.75	7.2%	\$537.68	7.4%	2.8%
11	Platinum	HealthyBlue HMO \$600	Platinum	HealthyBlue HMO Platinum 1000	106	0.3%	0.898	\$464.90	\$471.45	\$477.86	\$484.34	0.880	\$495.93	6.7%	\$503.18	6.7%	\$510.63	6.9%	\$518.26	7.0%	2.4%
12	Platinum	HealthyBlue Plus \$300	Platinum	HealthyBlue Plus Platinum 500	1,642	4.7%	0.903	\$494.50	\$501.46	\$508.28	\$515.16	0.889	\$528.45	6.9%	\$536.18	6.9%	\$544.11	7.0%	\$552.25	7.2%	2.6%
13	Platinum	HealthyBlue Plus \$600	Platinum	HealthyBlue Plus Platinum 1000	496	1.4%	0.898	\$478.37	\$485.11	\$491.71	\$498.37	0.880	\$509.37	6.5%	\$516.82	6.5%	\$524.46	6.7%	\$532.31	6.8%	2.2%
14	Platinum	HealthyBlue Advantage \$300	Platinum	HealthyBlue Advantage Platinum 500	911	2.6%	0.903	\$505.45	\$512.56	\$519.53	\$526.57	0.889	\$551.12	9.0%	\$559.18	9.1%	\$567.45	9.2%	\$575.94	9.4%	4.7%
15	Platinum	HealthyBlue Advantage \$600	Platinum	HealthyBlue Advantage Platinum 1000	460	1.3%	0.898	\$488.97	\$495.85	\$502.59	\$509.40	0.880	\$531.22	8.6%	\$538.99	8.7%	\$546.96	8.8%	\$555.14	9.0%	4.3%
PLATINUM SUBTOTAL					17,462	50.2%	0.890	\$488.94	\$495.82	\$502.57	\$509.38	0.905	\$520.44	6.4%	\$528.05	6.5%	\$535.86	6.6%	\$543.87	6.8%	2.2%
16	Gold	BlueChoice HMO \$250	Gold	BlueChoice HMO Gold 500	1,805	5.2%	0.819	\$421.31	\$427.25	\$433.06	\$438.92	0.815	\$412.97	-2.0%	\$419.01	-1.9%	\$425.21	-1.8%	\$431.57	-1.7%	-5.9%
17	Gold	BlueChoice HMO \$1,000	Gold	BlueChoice HMO Gold 1500	60	0.2%	0.785	\$361.96	\$367.05	\$372.04	\$377.08	0.780	\$397.46	9.8%	\$403.27	9.9%	\$409.24	10.0%	\$415.36	10.1%	5.4%
18	Gold	BlueChoice HMO \$1,800	Gold	BlueChoice HMO Gold 1500	46	0.1%	0.781	\$358.57	\$363.62	\$368.57	\$373.56	0.780	\$397.46	10.8%	\$403.27	10.9%	\$409.24	11.0%	\$415.36	11.2%	6.4%
19	Gold	BlueChoice HMO HSA/HRA \$1,500	Silver	BlueChoice HMO HSA/HRA Silver 1500	964	2.8%	0.797	\$345.91	\$350.75	\$355.50	\$360.29	0.716	\$316.46	-8.5%	\$321.08	-8.5%	\$325.83	-8.3%	\$330.71	-8.2%	-12.2%
20	Gold	BlueChoice HMO Referral \$500	Gold	BlueChoice HMO Referral Gold 500	905	2.6%	0.788	\$380.79	\$386.15	\$391.40	\$396.70	0.815	\$393.30	3.3%	\$399.05	3.3%	\$404.96	3.5%	\$411.02	3.6%	-0.9%
21	Gold	BlueChoice Advantage \$500 \$20/\$30	Gold	BlueChoice Advantage Gold 500	200	0.6%	0.785	\$417.26	\$423.14	\$428.89	\$434.70	0.815	\$442.36	6.0%	\$448.82	6.1%	\$455.47	6.2%	\$462.28	6.3%	1.8%
22	Gold	BlueChoice Advantage \$1000	Gold	BlueChoice Advantage Gold 1000	862	2.5%	0.787	\$398.39	\$404.00	\$409.50	\$415.04	0.791	\$428.77	7.6%	\$435.04	7.7%	\$441.48	7.8%	\$448.08	8.0%	3.3%
23	Gold	HealthyBlue HMO \$1,500	Gold	HealthyBlue HMO Gold 1500	822	2.4%	0.819	\$399.46	\$405.08	\$410.59	\$416.16	0.818	\$430.68	7.8%	\$436.97	7.9%	\$443.44	8.0%	\$450.07	8.1%	3.5%
24	Gold	HealthyBlue Plus \$1,500	Gold	HealthyBlue Plus Gold 1500	1,477	4.2%	0.819	\$411.03	\$416.82	\$422.49	\$428.21	0.818	\$442.35	7.6%	\$448.81	7.7%	\$455.46	7.8%	\$462.27	8.0%	3.3%
25	Gold	HealthyBlue Advantage \$1,500	Gold	HealthyBlue Advantage Gold 1500	3,820	11.0%	0.819	\$420.13	\$426.05	\$431.84	\$437.69	0.818	\$461.32	9.8%	\$468.07	9.9%	\$474.99	10.0%	\$482.10	10.1%	5.4%
GOLD SUBTOTAL					10,961	31.5%	0.811	\$405.44	\$411.14	\$416.73	\$422.37	0.806	\$426.62	5.0%	\$432.86	5.1%	\$439.27	5.2%	\$445.84	5.4%	0.8%
26	Silver	BlueChoice HMO HSA/HRA \$2,000, 80%	Silver	BlueChoice HMO HSA/HRA Silver 2000	9	0.0%	0.709	\$287.41	\$291.43	\$295.37	\$299.35	0.696	\$305.42	6.3%	\$309.89	6.3%	\$314.47	6.5%	\$319.18	6.6%	2.0%
27	Silver	BlueChoice HMO HSA/HRA \$2,000	Silver	BlueChoice HMO HSA/HRA Silver 2000	877	2.5%	0.719	\$302.59	\$306.83	\$310.98	\$315.16	0.696	\$305.42	0.9%	\$309.89	1.0%	\$314.47	1.1%	\$319.18	1.3%	-3.1%
28	Silver	BlueChoice Plus \$2000	Silver	BlueChoice Plus HSA/HRA Silver 3000	128	0.4%	0.719	\$336.70	\$341.44	\$346.08	\$350.77	0.682	\$303.79	-9.8%	\$308.23	-9.7%	\$312.79	-9.6%	\$317.47	-9.5%	-13.4%
29	Silver	BlueChoice Plus HSA/HRA \$1500	Silver	BlueChoice Plus HSA/HRA Silver 1500	1,195	3.4%	0.717	\$322.12	\$326.63	\$331.05	\$335.51	0.716	\$325.03	0.9%	\$329.78	1.0%	\$334.66	1.1%	\$339.67	1.2%	-3.1%
30	Silver	BlueChoice Plus HSA/HRA \$2000	Silver	BlueChoice Plus HSA/HRA Silver 3000	218	0.6%	0.689	\$309.98	\$314.32	\$318.57	\$322.86	0.682	\$303.79	-2.0%	\$308.23	-1.9%	\$312.79	-1.8%	\$317.47	-1.7%	-5.9%
31	Silver	BlueChoice Advantage HSA/HRA \$1500	Silver	BlueChoice Advantage HSA/HRA Silver 1500	956	2.7%	0.703	\$327.31	\$331.89	\$336.38	\$340.91	0.716	\$338.97	3.6%	\$343.93	3.6%	\$349.02	3.8%	\$354.24	3.9%	-0.6%
32	Silver	HealthyBlue HMO HSA/HRA \$2,000	Silver	HealthyBlue HMO HSA/HRA Silver 2000	921	2.6%	0.708	\$302.19	\$306.42	\$310.56	\$314.74	0.719	\$319.11	5.6%	\$323.78	5.7%	\$328.57	5.8%	\$333.48	6.0%	1.4%
33	Silver	HealthyBlue Plus HSA/HRA \$2,000	Silver	HealthyBlue Plus HSA/HRA Silver 2000	454	1.3%	0.708	\$310.94	\$315.29	\$319.56	\$323.86	0.719	\$327.76	5.4%	\$332.55	5.5%	\$337.47	5.6%	\$342.52	5.8%	1.2%
34	Silver	HealthyBlue Advantage HSA/HRA \$2,000	Silver	HealthyBlue Advantage HSA/HRA Silver 2000	1,125	3.2%	0.708	\$317.83	\$322.27	\$326.63	\$331.03	0.719	\$341.82	7.5%	\$346.82	7.6%	\$351.95	7.8%	\$357.21	7.9%	3.3%
SILVER SUBTOTAL					5,883	16.9%	0.710	\$315.06	\$319.47	\$323.79	\$328.16	0.712	\$325.59	3.4%	\$330.35	3.4%	\$335.24	3.6%	\$340.25	3.7%	-0.8%
35	Bronze	BlueChoice Plus HSA/HRA \$3500	Silver	BlueChoice Plus HSA/HRA Silver 3000	275	0.8%	0.616	\$262.43	\$266.11	\$269.71	\$273.34	0.682	\$303.79	15.8%	\$308.23	15.8%	\$312.79	16.0%	\$317.47	16.1%	11.1%
36	Bronze	BlueChoice HMO Referral HSA/HRA \$4,000	Bronze	BlueChoice HMO HSA/HRA Bronze 5000	215	0.6%	0.612	\$221.00	\$224.09	\$227.12	\$230.18	0.619	\$224.69	1.7%	\$227.98	1.7%	\$231.35	1.9%	\$234.81	2.0%	-2.4%
BRONZE SUBTOTAL					490	1.4%	0.614	\$244.25	\$247.67	\$251.02	\$254.40	0.654	\$269.09	9.6%	\$273.02	9.6%	\$277.06	9.8%	\$281.20	9.9%	5.2%
BlueChoice Total					34,796	100%	0.831	\$429.79	\$435.84	\$441.76	\$447.74	0.838	\$454.40	5.5%	\$461.05	5.6%	\$467.87	5.7%	\$474.87	5.9%	1.3%
LOW RENEWAL (Minimum):													-9.8%	-9.7%	-9.6%	-9.5%					
HIGH RENEWAL (Maximum):													15.8%	15.8%	16.0%	16.1%					

Note: The previous SERFF tracking number for BlueChoice DC Small Group (effective 1/1/2015) is CFAP-129567877 (On Exchange).

**CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016**

**2016 ACA – RATE CHANGES AT METAL/PLAN LEVEL
SMALL GROUP - DC**

1	2015 Plans		3	2016 Plans		5		10				15				19	20	21			
	Metal	Plan		Metal	Plan	Members	HHS	Plan Adjusted Index Rates				HHS	Plan Adjusted Index Rates						1016		
					Actual	% of Actual	2015	1Q15	2Q15	3Q15	4Q15	2016	1Q16	RNL	2Q16	RNL	3Q16	RNL	4Q16	RNL	Incremental Inc vs 4Q15
					2/28/2015	Total	AV					AV									
1	Platinum	BlueChoice HMO \$30/\$40	Platinum	BlueChoice HMO Platinum 0	2,066	3.0%	0.883	\$488.58	\$495.46	\$502.20	\$509.00	0.911	\$517.55	5.9%	\$525.11	6.0%	\$532.88	6.1%	\$540.85	6.3%	1.7%
2	Platinum	BlueChoice HMO Referral \$10/\$20	Platinum	BlueChoice HMO Referral Platinum 0	1,145	1.6%	0.906	\$474.51	\$481.19	\$487.74	\$494.35	0.911	\$492.90	3.9%	\$500.11	3.9%	\$507.51	4.1%	\$515.10	4.2%	-0.3%
3	Platinum	BlueChoice HMO Referral \$30/\$40	Platinum	BlueChoice HMO Referral Platinum 0	2,433	3.5%	0.883	\$465.32	\$471.87	\$478.29	\$484.77	0.911	\$492.90	5.9%	\$500.11	6.0%	\$507.51	6.1%	\$515.10	6.3%	1.7%
4	Platinum	BlueChoice Plus 100%/80%, \$10/\$20	Platinum	BlueChoice Plus Opt-Out Platinum 0	1,134	1.6%	0.891	\$509.51	\$510.69	\$523.71	\$530.81	0.911	\$524.56	3.0%	\$532.23	3.0%	\$540.10	3.1%	\$548.18	3.3%	-1.2%
5	Platinum	BlueChoice Plus 100%/80%, \$20/\$30	Platinum	BlueChoice Plus Opt-Out Platinum 0	4,025	5.8%	0.886	\$493.70	\$506.65	\$507.46	\$514.34	0.911	\$524.56	6.2%	\$532.23	6.3%	\$540.10	6.4%	\$548.18	6.6%	2.0%
6	Platinum	BlueChoice Plus 100%/60%, \$20/\$30	Platinum	BlueChoice Plus Opt-Out Platinum 0	1,501	2.2%	0.886	\$482.19	\$488.98	\$495.63	\$502.35	0.911	\$524.56	8.8%	\$532.23	8.8%	\$540.10	9.0%	\$548.18	9.1%	4.4%
7	Platinum	BlueChoice Advantage 100%/70%	Platinum	BlueChoice Advantage Platinum 0	1,102	1.6%	0.884	\$512.45	\$519.66	\$526.73	\$533.87	0.911	\$554.37	8.2%	\$562.48	8.2%	\$570.80	8.4%	\$579.34	8.5%	3.8%
8	Platinum	BlueChoice Advantage 90%/70%	Platinum	BlueChoice Advantage Platinum 0	12	0.0%	0.903	\$499.56	\$506.59	\$513.48	\$520.44	0.911	\$554.37	11.0%	\$562.48	11.0%	\$570.80	11.2%	\$579.34	11.3%	6.5%
9	Platinum	BlueChoice Advantage 80%/50%	Platinum	BlueChoice Advantage Platinum 0	96	0.1%	0.888	\$517.55	\$524.83	\$531.97	\$539.18	0.911	\$554.37	7.1%	\$562.48	7.2%	\$570.80	7.3%	\$579.34	7.4%	2.8%
10	Platinum	HealthyBlue HMO \$300	Platinum	HealthyBlue HMO Platinum 500	333	0.5%	0.903	\$480.57	\$487.34	\$493.97	\$500.66	0.889	\$514.51	7.1%	\$522.03	7.1%	\$529.75	7.2%	\$537.68	7.4%	2.8%
11	Platinum	HealthyBlue HMO \$600	Platinum	HealthyBlue HMO Platinum 1000	106	0.2%	0.898	\$464.90	\$471.45	\$477.86	\$484.34	0.880	\$495.93	6.7%	\$503.18	6.7%	\$510.63	6.9%	\$518.26	7.0%	2.4%
12	Platinum	HealthyBlue Plus \$300	Platinum	HealthyBlue Plus Platinum 500	1,642	2.4%	0.903	\$494.50	\$501.46	\$508.28	\$515.16	0.889	\$528.45	6.9%	\$536.18	6.9%	\$544.11	7.0%	\$552.25	7.2%	2.6%
13	Platinum	HealthyBlue Plus \$600	Platinum	HealthyBlue Plus Platinum 1000	496	0.7%	0.898	\$478.37	\$485.11	\$491.71	\$498.37	0.880	\$509.37	6.5%	\$516.82	6.5%	\$524.66	6.7%	\$532.31	6.8%	2.2%
14	Platinum	HealthyBlue Advantage \$300	Platinum	HealthyBlue Advantage Platinum 500	911	1.3%	0.903	\$505.45	\$512.56	\$519.53	\$526.57	0.889	\$551.12	9.0%	\$559.18	9.1%	\$567.45	9.2%	\$575.94	9.4%	4.7%
15	Platinum	HealthyBlue Advantage \$600	Platinum	HealthyBlue Advantage Platinum 1000	460	0.7%	0.898	\$488.97	\$495.85	\$502.59	\$509.40	0.880	\$531.22	8.6%	\$539.99	8.7%	\$549.96	8.8%	\$559.14	9.0%	4.3%
16	Platinum	BluePreferred PPO 100%/80%, Rx: \$10/\$45/\$65/50%	Platinum	BluePreferred PPO Platinum 0	12,346	17.8%	0.890	\$591.79	\$599.84	\$608.16	\$616.62	0.911	\$678.51	14.7%	\$688.58	14.8%	\$698.81	14.9%	\$709.28	15.0%	10.0%
17	Platinum	BluePreferred PPO 100%/80%, Rx: \$10/\$20%/40%/50%	Platinum	BluePreferred PPO Platinum 0	99	0.1%	0.894	\$577.64	\$585.50	\$593.62	\$601.88	0.911	\$678.51	17.5%	\$688.58	17.6%	\$698.81	17.7%	\$709.28	17.8%	12.7%
18	Platinum	BluePreferred PPO \$500	Platinum	BluePreferred PPO Platinum 500	5,321	7.6%	0.883	\$549.22	\$556.70	\$564.42	\$572.26	0.884	\$651.02	18.5%	\$660.68	18.7%	\$670.50	18.8%	\$680.55	18.9%	13.8%
19	Platinum	HealthyBlue PPO \$300	Platinum	HealthyBlue PPO Platinum 500	350	0.5%	0.903	\$568.31	\$576.05	\$584.04	\$592.16	0.889	\$672.52	18.3%	\$682.50	18.5%	\$692.64	18.6%	\$703.02	18.7%	13.6%
20	Platinum	HealthyBlue PPO \$600	Platinum	HealthyBlue PPO Platinum 1000	200	0.3%	0.898	\$553.38	\$560.91	\$568.69	\$576.60	0.880	\$652.35	17.9%	\$662.03	18.0%	\$671.87	18.1%	\$681.94	18.3%	13.1%
PLATINUM SUBTOTAL					35,868	51.5%	0.889	\$534.92	\$542.31	\$549.77	\$557.33	0.904	\$597.27	11.3%	\$606.08	11.4%	\$615.07	11.5%	\$624.28	11.6%	6.8%
21	Gold	BlueChoice HMO \$250	Gold	BlueChoice HMO Gold 500	1,805	2.6%	0.819	\$421.31	\$427.25	\$433.06	\$438.92	0.815	\$412.97	-2.0%	\$419.01	-1.9%	\$425.21	-1.8%	\$431.57	-1.7%	-5.9%
22	Gold	BlueChoice HMO \$1,000	Gold	BlueChoice HMO Gold 1500	60	0.1%	0.785	\$361.96	\$367.05	\$372.04	\$377.08	0.780	\$397.46	9.8%	\$403.27	9.9%	\$409.24	10.0%	\$415.36	10.1%	5.4%
23	Gold	BlueChoice HMO \$1,800	Gold	BlueChoice HMO Gold 1500	46	0.1%	0.781	\$358.57	\$363.62	\$368.57	\$373.56	0.780	\$397.46	10.8%	\$403.27	10.9%	\$409.24	11.0%	\$415.36	11.2%	6.4%
24	Gold	BlueChoice HMO HSA/HRA \$1,500	Silver	BlueChoice HMO HSA/HRA Silver 1500	964	1.4%	0.797	\$345.91	\$350.75	\$355.50	\$360.29	0.716	\$316.46	-8.5%	\$321.08	-8.5%	\$325.83	-8.3%	\$330.71	-8.2%	-12.2%
25	Gold	BlueChoice HMO Referral \$500	Gold	BlueChoice HMO Referral Gold 500	905	1.3%	0.788	\$380.79	\$386.15	\$391.40	\$396.70	0.815	\$393.30	3.3%	\$399.05	3.3%	\$404.96	3.5%	\$411.02	3.6%	-0.9%
26	Gold	BlueChoice Advantage \$500 \$20/\$30	Gold	BlueChoice Advantage Gold 500	200	0.3%	0.785	\$417.26	\$423.14	\$428.89	\$434.70	0.815	\$442.36	6.0%	\$448.82	6.1%	\$455.47	6.2%	\$462.28	6.3%	1.8%
27	Gold	BlueChoice Advantage \$1000	Gold	BlueChoice Advantage Gold 1000	862	1.2%	0.787	\$398.39	\$404.00	\$409.50	\$415.04	0.791	\$428.77	7.6%	\$435.04	7.7%	\$441.48	7.8%	\$448.08	8.0%	3.3%
28	Gold	HealthyBlue HMO \$1,500	Gold	HealthyBlue HMO Gold 1500	822	1.2%	0.819	\$399.46	\$405.08	\$410.59	\$416.16	0.818	\$430.68	7.8%	\$436.97	7.9%	\$443.44	8.0%	\$450.07	8.1%	3.5%
29	Gold	HealthyBlue Plus \$1,500	Gold	HealthyBlue Plus Gold 1500	1,477	2.1%	0.819	\$411.03	\$416.82	\$422.49	\$428.21	0.818	\$442.35	7.6%	\$448.81	7.7%	\$455.46	7.8%	\$462.27	8.0%	3.3%
30	Gold	HealthyBlue Advantage \$1,500	Gold	HealthyBlue Advantage Gold 1500	3,820	5.5%	0.819	\$420.13	\$426.05	\$431.84	\$437.69	0.818	\$461.32	9.8%	\$468.07	9.9%	\$474.99	10.0%	\$482.10	10.1%	5.4%
31	Gold	BlueCross BlueShield Preferred 1000, A Multi-State Plan	Gold	BlueCross BlueShield Preferred 1000, a Multi-State Plan	340	0.5%	0.799	\$452.12	\$458.28	\$464.63	\$471.09	0.816	\$542.92	20.1%	\$550.98	20.2%	\$559.16	20.3%	\$567.55	20.5%	15.2%
32	Gold	BluePreferred PPO \$500 \$20/\$30	Gold	BluePreferred PPO Gold 500	368	0.5%	0.785	\$479.51	\$486.04	\$492.78	\$499.63	0.815	\$555.77	15.9%	\$564.02	16.0%	\$572.40	16.2%	\$580.98	16.3%	11.2%
33	Gold	BluePreferred PPO \$1,000 100%/80%	Gold	BluePreferred PPO Gold 1000	4,317	6.2%	0.818	\$470.84	\$477.25	\$483.87	\$490.60	0.791	\$545.45	15.0%	\$549.48	15.1%	\$557.65	15.2%	\$566.01	15.4%	10.4%
34	Gold	BluePreferred PPO \$1,000 80%/60%	Gold	BluePreferred PPO Gold 1000	854	1.2%	0.807	\$451.06	\$457.20	\$463.54	\$469.99	0.791	\$541.45	20.0%	\$549.48	20.2%	\$557.65	20.3%	\$566.01	20.4%	15.2%
35	Gold	BluePreferred PPO \$1,200	Gold	BluePreferred PPO Gold 1500	2,042	2.9%	0.799	\$456.72	\$462.94	\$469.36	\$475.89	0.780	\$538.93	18.0%	\$546.92	18.1%	\$555.05	18.3%	\$563.37	18.4%	13.2%
36	Gold	BluePreferred PPO \$2,000	Gold	BluePreferred PPO Gold 1500	1,158	1.7%	0.792	\$433.41	\$439.31	\$445.40	\$451.59	0.780	\$538.93	24.3%	\$546.92	24.5%	\$555.05	24.6%	\$563.37	24.8%	19.3%
37	Gold	BluePreferred PPO HSA/HRA \$1,400	Silver	BluePreferred PPO HSA/HRA Silver 1500	2,874	4.1%	0.781	\$433.90	\$439.77	\$445.83	\$451.99	0.716	\$442.20	1.9%	\$448.76	2.0%	\$455.43	2.2%	\$462.26	2.3%	-2.2%
38	Gold	HealthyBlue PPO \$1,500	Gold	HealthyBlue PPO Gold 1500	2,367	3.4%	0.819	\$477.02	\$483.51	\$490.22	\$497.04	0.818	\$546.26	14.5%	\$554.36	14.7%	\$562.60	14.8%	\$571.03	14.9%	9.9%
GOLD SUBTOTAL					25,281	36.3%	0.807	\$435.21	\$441.21	\$447.28	\$453.43	0.791	\$480.74	10.1%	\$487.83	10.2%	\$495.07	10.3%	\$502.49	10.4%	5.6%
39	Silver	BlueChoice HMO HSA/HRA \$2,000, 80%	Silver	BlueChoice HMO HSA/HRA Silver 2000	9	0.0%	0.709	\$287.41	\$291.43	\$295.37	\$299.35	0.696	\$305.42	6.3%	\$309.89	6.3%	\$314.47	6.3%	\$319.18	6.4%	2.0%
40	Silver	BlueChoice HMO HSA/HRA \$2,000	Silver	BlueChoice HMO HSA/HRA Silver 2000	877	1.3%	0.719	\$302.59	\$306.83	\$310.98	\$315.16	0.696	\$305.42	0.9%	\$309.89	1.0%	\$314.47	1.1%	\$319.18	1.3%	-3.1%
41	Silver	BlueChoice Plus \$2000	Silver	BlueChoice Plus HSA/HRA Silver 3000	128	0.2%	0.719	\$336.70	\$341.44	\$346.08	\$350.77	0.682	\$303.79	-9.8%	\$308.23	-9.7%	\$312.79	-9.6%	\$317.47	-9.5%	-13.4%
42	Silver	BlueChoice Plus HSA/HRA \$1500	Silver	BlueChoice Plus HSA/HRA Silver 1500	2,195	1.7%	0.717	\$322.12	\$326.63	\$331.05	\$335.51	0.716	\$325.03	0.9%	\$329.78	1.0%	\$334.66	1.1%	\$339.67	1.2%	-3.1%
43	Silver	BlueChoice Plus HSA/HRA \$2000	Silver	BlueChoice Plus HSA/HRA Silver 3000	1,218	0.3%	0.689	\$309.98	\$314.32	\$318.57	\$322.86	0.682	\$303.79	-2.0%	\$308.23	-1.9%	\$312.79	-1.8%	\$317.47	-1.7%	-5.9%
44	Silver	BlueChoice Advantage HSA/HRA \$1500	Silver	BlueChoice Advantage HSA/HRA Silver 1500	956	1.4%	0.703	\$327.31	\$331.89	\$336.38	\$340.91	0.716	\$338.97	3.6%	\$343.93	3.6%	\$349.02	3.8%	\$354.24	3.9%	-0.6%
45	Silver	HealthyBlue HMO HSA/HRA \$2,000	Silver	HealthyBlue HMO HSA/HRA Silver 2000	921	1.3%	0.708	\$302.19	\$306.42	\$310.56	\$314.74	0.719	\$319.11	5.6%	\$323.78	5.7%	\$328.57	5.8%	\$333.48	6.0%	1.4%

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016
BlueChoice D.C. Small Group & Individual, Non-Medigap Allowed PMPM Projection (Includes EHB and Non-EHB Claims) & Derivation of Index Rate - Non-Grandfathered Business Only - 1/1/2016

Experience Period Rating Period	Begin	End	Mid-point	Months of Trend	pd through	2/28/2015
	1/1/2014	12/31/2014	7/2/2014			
	1/1/2016	12/31/2016	7/1/2016	24.0		

Experience Period Summary	Total
Experience Period Premiums	\$ 182,666,488
MLR Rebates	\$ -
Net Experience Period Premiums	\$ 182,666,488
Experience Period Paid Claims (Non-Capitated)	\$ 138,928,727
Completion Factor	0.99
Experience Period Incurred Claims (Non-Capitated)	\$ 140,339,780
Capitations	\$ 893,726
Rx Rebates	\$ (3,195,102)
Other Manual Claims	\$ -
Total Experience Period Claims	\$ 138,038,404
Experience Period Loss Ratio (Before MLR Rebates)	75.6%
Experience Period Loss Ratio (After MLR Rebates)	75.6%
Experience Period Loss Ratio (System Claims Only)	76.8%
Experience Period Member Months	532,612
Average Members	44,384
End of Experience Period Contract	27,173
End of Experience Period Members	42,121
Experience Period Allowed Claims (System Only)	\$ 162,175,869
Adjustments	\$ (2,301,376)
Total Adjusted EP Allowed Claims	\$ 159,874,493
EP Paid / Allowed Ratio	86.3%

Service Category Level Projection

Service Category Experience Period Allowed	Utilization Measure	EP Units	EP Allowed \$	Other	Rx Rebates	Net Allowed
Inpatient	Admits	2,212	\$ 27,263,984	\$ -	\$ -	\$ 27,263,984
Outpatient	Visits	23,310	\$ 30,736,866	\$ -	\$ -	\$ 30,736,866
Professional	Visits	384,853	\$ 55,679,844	\$ -	\$ -	\$ 55,679,844
Other	Services	32,077	\$ 6,878,923	\$ -	\$ -	\$ 6,878,923
Rx	Scripts	355,612	\$ 41,616,251	\$ -	\$ (3,195,102)	\$ 38,421,149
Capitation	Member Months	532,612	\$ 893,726	\$ -	\$ -	\$ 893,726
Total			\$ 163,069,595	\$ -	\$ (3,195,102)	\$ 159,874,493
PMPM			\$ 306.17	\$ -	\$ (6.00)	\$ 300.17
Non-EHB Claims In Experience PMPM ***						\$ 2.20
EP Index Rate for EHB (Rounded to Nearest Whole Dollar)						\$ 298.00

Annual Trend Inputs	
Cost Trend	Utilization Trend
0.0%	0.0%
11.0%	0.0%
3.0%	1.0%
0.0%	8.0%
13.0%	0.0%
0.0%	0.0%

Service Category Experience Period Allowed	Utilization Measure	Experience Period			Projection Factors		Cost Factor	Utilization Factor	Total Factor	Projected			Effective Allowed PMPM
		Util / 1000	Unit Cost	PMPM	Population Risk / Morbidity *	Other				Util / 1000	Unit Cost	PMPM	
Inpatient	Admits	49.85	\$ 12,323.61	\$ 51.19	1.068	1.011	1.000	1.000	1.08	53.23	\$ 12,463.12	\$ 55.29	0.0%
Outpatient	Visits	525.19	\$ 1,318.61	\$ 57.71	1.068	1.011	1.232	1.000	1.33	560.90	\$ 1,643.05	\$ 76.80	11.0%
Professional	Visits	8,670.92	\$ 144.68	\$ 104.54	1.068	1.044	1.061	1.020	1.21	9,446.68	\$ 160.18	\$ 126.10	4.0%
Other	Services	722.72	\$ 214.45	\$ 12.92	1.068	1.171	1.000	1.166	1.46	900.30	\$ 251.11	\$ 18.84	8.0%
Rx	Scripts	8,012.11	\$ 108.04	\$ 72.14	1.068	0.984	1.277	1.000	1.34	8,556.93	\$ 135.82	\$ 96.85	13.0%
Capitation	Member Months	12,000.00	\$ 1.68	\$ 1.68	1.000	0.690	1.000	1.000	0.69	12,000.00	\$ 1.16	\$ 1.16	0.0%
Total				\$ 300.17									
Projected Allowed Claims PMPM (EHB + Non-EHB)											\$ 375.03	7.0%	
Non-EHB Claims In Projected PMPM **											\$ 2.15		
Index Rate for EHB											\$ 372.88		

* Please refer to pages 68-69 for more information.

** Includes abortion claims and capitation for embedded adult vision benefit.

*** Includes abortion claims and capitations for embedded adult vision benefit and pre-ACA core vision.

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016
BlueChoice D.C. Small Group & Individual, Non-Medigap Allowed PMPM Projection (Includes EHB and Non-EHB Claims) & Derivation of Index Rate - Non-Grandfathered Business Only - 4/1/2016

Experience Period	Begin	End	Mid-point	Months of Trend	pd through	2/28/2015
	1/1/2014	12/31/2014	7/2/2014			
Rating Period	4/1/2016	3/31/2017	9/30/2016	27.0		
Experience Period Summary	Total					
Experience Period Premiums	\$	182,666,488				
MLR Rebates	\$	-				
Net Experience Period Premiums	\$	182,666,488				
Experience Period Paid Claims (Non-Capitated)	\$	138,928,727				
Completion Factor		0.99				
Experience Period Incurred Claims (Non-Capitated)	\$	140,339,780				
Capitations	\$	893,726				
Rx Rebates	\$	(3,195,102)				
Other Manual Claims	\$	-				
Total Experience Period Claims	\$	138,038,404				
Experience Period Loss Ratio (Before MLR Rebates)		75.6%				
Experience Period Loss Ratio (After MLR Rebates)		75.6%				
Experience Period Loss Ratio (System Claims Only)		76.8%				
Experience Period Member Months		532,612				
Average Members		44,384				
End of Experience Period Contract		27,173				
End of Experience Period Members		42,121				
Experience Period Allowed Claims (System Only)	\$	162,175,869				
Adjustments	\$	(2,301,376)				
Total Adjusted EP Allowed Claims	\$	159,874,493				
EP Paid / Allowed Ratio		86.3%				

Service Category Level Projection

Service Category	Experience Period Allowed	Utilization Measure	EP Units	EP Allowed \$	Other	Rx Rebates	Net Allowed
Inpatient	Admits	2,212	\$ 27,263,984	\$ -	\$ -	\$ -	\$ 27,263,984
Outpatient	Visits	23,310	\$ 30,736,866	\$ -	\$ -	\$ -	\$ 30,736,866
Professional	Visits	384,853	\$ 55,679,844	\$ -	\$ -	\$ -	\$ 55,679,844
Other	Services	32,077	\$ 6,878,923	\$ -	\$ -	\$ -	\$ 6,878,923
Rx	Scripts	355,612	\$ 41,616,251	\$ -	\$ -	\$ (3,195,102)	\$ 38,421,149
Capitation	Member Months	532,612	\$ 893,726	\$ -	\$ -	\$ -	\$ 893,726
Total			\$ 163,069,595	\$ -	\$ -	\$ (3,195,102)	\$ 159,874,493
PMPM			\$ 306.17	\$ -	\$ -	\$ (6.00)	\$ 300.17

Annual Trend Inputs	
Cost Trend	Utilization Trend
0.0%	0.0%
11.0%	0.0%
3.0%	1.0%
0.0%	8.0%
13.0%	0.0%
2.0%	0.0%

Service Category	Experience Period Allowed	Utilization Measure	Experience Period			Projection Factors			Cost Factor	Utilization Factor	Total Factor	Projected			Effective Allowed PMPM Annual Trend
			Util / 1000	Unit Cost	PMPM	Population Risk / Morbidity *	Other	Util / 1000				Unit Cost	PMPM		
Inpatient	Admits	49.85	\$ 12,323.61	\$ 51.19	1.068	1.011	1.000	1.000	1.08	53.23	\$ 12,463.12	\$ 55.29	0.0%		
Outpatient	Visits	525.19	\$ 1,318.61	\$ 57.71	1.068	1.011	1.265	1.000	1.37	560.90	\$ 1,686.48	\$ 78.83	11.0%		
Professional	Visits	8,670.92	\$ 144.68	\$ 104.54	1.068	1.044	1.069	1.023	1.22	9,470.21	\$ 161.37	\$ 127.35	4.0%		
Other	Services	722.72	\$ 214.45	\$ 12.92	1.068	1.171	1.000	1.189	1.49	917.79	\$ 251.11	\$ 19.21	8.0%		
Rx	Scripts	8,012.11	\$ 108.04	\$ 72.14	1.068	0.984	1.317	1.000	1.38	8,556.93	\$ 140.03	\$ 99.85	13.0%		
Capitation	Member Months	12,000.00	\$ 1.68	\$ 1.68	1.000	0.690	1.046	1.000	0.72	12,000.00	\$ 1.21	\$ 1.21	2.0%		
Total			\$ 300.17												
												Projected Allowed Claims PMPM (EHB + Non-EHB)	\$ 381.74	7.1%	
												Non-EHB Claims In Projected PMPM **	\$ 2.20		
												Index Rate for EHB	\$ 379.54		

* Please refer to pages 68-69 for more information.

** Includes abortion claims and capitation for embedded adult vision benefit.

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016
BlueChoice D.C. Small Group & Individual, Non-Medigap Allowed PMPM Projection (Includes EHB and Non-EHB Claims) & Derivation of Index Rate - Non-Grandfathered Business Only - 7/1/2016

Experience Period Rating Period	Begin	End	Mid-point	Months of Trend	pd through	2/28/2015
	1/1/2014 7/1/2016	12/31/2014 6/30/2017	7/2/2014 12/30/2016	30.0		

Experience Period Summary	Total	
Experience Period Premiums	\$	182,666,488
MLR Rebates	\$	-
Net Experience Period Premiums	\$	182,666,488
Experience Period Paid Claims (Non-Capitated)	\$	138,928,727
Completion Factor		0.99
Experience Period Incurred Claims (Non-Capitated)	\$	140,339,780
Capitations	\$	893,726
Rx Rebates	\$	(3,195,102)
Other Manual Claims	\$	-
Total Experience Period Claims	\$	138,038,404
Experience Period Loss Ratio (Before MLR Rebates)		75.6%
Experience Period Loss Ratio (After MLR Rebates)		75.6%
Experience Period Loss Ratio (System Claims Only)		76.8%
Experience Period Member Months		532,612
Average Members		44,384
End of Experience Period Contract		27,173
End of Experience Period Members		42,121
Experience Period Allowed Claims (System Only)	\$	162,175,869
Adjustments	\$	(2,301,376)
Total Adjusted EP Allowed Claims	\$	159,874,493
EP Paid / Allowed Ratio		86.3%

Service Category Level Projection

Service Category Experience Period Allowed	Utilization Measure	EP Units	EP Allowed \$	Other	Rx Rebates	Net Allowed
Inpatient	Admits	2,212	\$ 27,263,984	\$ -	\$ -	\$ 27,263,984
Outpatient	Visits	23,310	\$ 30,736,866	\$ -	\$ -	\$ 30,736,866
Professional	Visits	384,853	\$ 55,679,844	\$ -	\$ -	\$ 55,679,844
Other	Services	32,077	\$ 6,878,923	\$ -	\$ -	\$ 6,878,923
Rx	Scripts	355,612	\$ 41,616,251	\$ -	\$ (3,195,102)	\$ 38,421,149
Capitation	Member Months	532,612	\$ 893,726	\$ -	\$ -	\$ 893,726
Total			\$ 163,069,595	\$ -	\$ (3,195,102)	\$ 159,874,493
PMPM			\$ 306.17	\$ -	\$ (6.00)	\$ 300.17

Annual Trend Inputs	
Cost Trend	Utilization Trend
0.0%	0.0%
11.0%	0.0%
3.0%	1.0%
0.0%	8.0%
13.0%	0.0%
2.0%	0.0%

Service Category Experience Period Allowed	Utilization Measure	Experience Period			Projection Factors			Cost Factor	Utilization Factor	Total Factor	Projected			Effective Allowed PMPM Annual Trend
		Util / 1000	Unit Cost	PMPM	Population Risk / Morbidity *	Other	Util / 1000				Unit Cost	PMPM		
Inpatient	Admits	49.85	\$ 12,323.61	\$ 51.19	1.068	1.011	1.000	1.000	1.08	53.23	\$ 12,463.12	\$ 55.29	0.0%	
Outpatient	Visits	525.19	\$ 1,318.61	\$ 57.71	1.068	1.011	1.298	1.000	1.40	560.90	\$ 1,731.06	\$ 80.91	11.0%	
Professional	Visits	8,670.92	\$ 144.68	\$ 104.54	1.068	1.044	1.077	1.025	1.23	9,493.79	\$ 162.57	\$ 128.62	4.0%	
Other	Services	722.72	\$ 214.45	\$ 12.92	1.068	1.171	1.000	1.212	1.52	935.62	\$ 251.11	\$ 19.58	8.0%	
Rx	Scripts	8,012.11	\$ 108.04	\$ 72.14	1.068	0.984	1.357	1.000	1.43	8,556.93	\$ 144.38	\$ 102.95	13.0%	
Capitation	Member Months	12,000.00	\$ 1.68	\$ 1.68	1.000	0.690	1.051	1.000	0.73	12,000.00	\$ 1.22	\$ 1.22	2.0%	
Total				\$ 300.17										
												Projected Allowed Claims PMPM (EHB + Non-EHB)	\$ 388.56	7.1%
												Non-EHB Claims In Projected PMPM **	\$ 2.26	
												Index Rate for EHB	\$ 386.30	

* Please refer to pages 68-69 for more information.

** Includes abortion claims and capitation for embedded adult vision benefit.

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016
BlueChoice D.C. Small Group & Individual, Non-Medigap Allowed PMPM Projection (Includes EHB and Non-EHB Claims) & Derivation of Index Rate - Non-Grandfathered Business Only - 10/1/2016

Experience Period Rating Period	Begin	End	Mid-point	Months of Trend	pd through	2/28/2015
	1/1/2014	12/31/2014	7/2/2014			
	10/1/2016	9/30/2017	4/1/2017	33.0		

Experience Period Summary	Total	
Experience Period Premiums	\$	182,666,488
MLR Rebates	\$	-
Net Experience Period Premiums	\$	182,666,488
Experience Period Paid Claims (Non-Capitated)	\$	138,928,727
Completion Factor		0.99
Experience Period Incurred Claims (Non-Capitated)	\$	140,339,780
Capitations	\$	893,726
Rx Rebates	\$	(3,195,102)
Other Manual Claims	\$	-
Total Experience Period Claims	\$	138,038,404
Experience Period Loss Ratio (Before MLR Rebates)		75.6%
Experience Period Loss Ratio (After MLR Rebates)		75.6%
Experience Period Loss Ratio (System Claims Only)		76.8%
Experience Period Member Months		532,612
Average Members		44,384
End of Experience Period Contract		27,173
End of Experience Period Members		42,121
Experience Period Allowed Claims (System Only)	\$	162,175,869
Adjustments	\$	(2,301,376)
Total Adjusted EP Allowed Claims	\$	159,874,493
EP Paid / Allowed Ratio		86.3%

Service Category Level Projection

Service Category Experience Period Allowed	Utilization Measure	EP Units	EP Allowed \$	Other	Rx Rebates	Net Allowed
Inpatient	Admits	2,212	\$ 27,263,984	\$ -	\$ -	\$ 27,263,984
Outpatient	Visits	23,310	\$ 30,736,866	\$ -	\$ -	\$ 30,736,866
Professional	Visits	384,853	\$ 55,679,844	\$ -	\$ -	\$ 55,679,844
Other	Services	32,077	\$ 6,878,923	\$ -	\$ -	\$ 6,878,923
Rx	Scripts	355,612	\$ 41,616,251	\$ -	\$ (3,195,102)	\$ 38,421,149
Capitation	Member Months	532,612	\$ 893,726	\$ -	\$ -	\$ 893,726
Total			\$ 163,069,595	\$ -	\$ (3,195,102)	\$ 159,874,493
PMPM			\$ 306.17	\$ -	\$ (6.00)	\$ 300.17

Annual Trend Inputs	
Cost Trend	Utilization Trend
0.0%	0.0%
11.0%	0.0%
3.0%	1.0%
0.0%	8.0%
13.0%	0.0%
2.0%	0.0%

Service Category Experience Period Allowed	Utilization Measure	Experience Period			Projection Factors			Projected			Effective Allowed		
		Util / 1000	Unit Cost	PMPM	Population Risk / Morbidity *	Other	Cost Factor	Utilization Factor	Total Factor	Util / 1000	Unit Cost	PMPM	Annual Trend
Inpatient	Admits	49.85	\$ 12,323.61	\$ 51.19	1.068	1.011	1.000	1.000	1.08	53.23	\$ 12,463.12	\$ 55.29	0.0%
Outpatient	Visits	525.19	\$ 1,318.61	\$ 57.71	1.068	1.011	1.332	1.000	1.44	560.90	\$ 1,776.81	\$ 83.05	11.0%
Professional	Visits	8,670.92	\$ 144.68	\$ 104.54	1.068	1.044	1.085	1.028	1.24	9,517.44	\$ 163.77	\$ 129.89	4.0%
Other	Services	722.72	\$ 214.45	\$ 12.92	1.068	1.171	1.000	1.236	1.55	953.79	\$ 251.11	\$ 19.96	8.0%
Rx	Scripts	8,012.11	\$ 108.04	\$ 72.14	1.068	0.984	1.399	1.000	1.47	8,556.93	\$ 148.85	\$ 106.14	13.0%
Capitation	Member Months	12,000.00	\$ 1.68	\$ 1.68	1.000	0.690	1.056	1.000	0.73	12,000.00	\$ 1.22	\$ 1.22	2.0%
Total				\$ 300.17									
											Projected Allowed Claims PMPM (EHB + Non-EHB)	\$ 395.56	7.1%
											Non-EHB Claims in Projected PMPM **	\$ 2.31	
											Index Rate for EHB	\$ 393.25	

* Please refer to pages 68-69 for more information.

** Includes abortion claims and capitation for embedded adult vision benefit.

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016
Estimate of Non-EHB Claims - Individual, non-Medigap & Small Group Markets Combined

Abortion Coverage (Applies to Individual, Non-Medigap & Small Group Markets)

Total Abortion Related	Allowed Amount	2014 Member Months	Exp Period PMPM	Projected PMPM								
BlueChoice	\$942,517	575,716	\$1.64	<table border="1"> <tr><td>1Q16</td><td>\$2.00</td></tr> <tr><td>2Q16</td><td>\$2.05</td></tr> <tr><td>3Q16</td><td>\$2.11</td></tr> <tr><td>4Q16</td><td>\$2.16</td></tr> </table>	1Q16	\$2.00	2Q16	\$2.05	3Q16	\$2.11	4Q16	\$2.16
1Q16	\$2.00											
2Q16	\$2.05											
3Q16	\$2.11											
4Q16	\$2.16											

Embedded Adult Vision Coverage (Applies to Individual, Non-Medigap Market Only)
Refer to page 49 for details.

Projected PMPM Spread Over Individual Market	Blended with Small Group	Projected PMPM								
\$1.06	\$0.15	<table border="1"> <tr><td>1Q16</td><td>\$0.15</td></tr> <tr><td>2Q16</td><td>\$0.15</td></tr> <tr><td>3Q16</td><td>\$0.15</td></tr> <tr><td>4Q16</td><td>\$0.15</td></tr> </table>	1Q16	\$0.15	2Q16	\$0.15	3Q16	\$0.15	4Q16	\$0.15
1Q16	\$0.15									
2Q16	\$0.15									
3Q16	\$0.15									
4Q16	\$0.15									

Projected Non-EHB PMPM	
1Q16	\$2.15
2Q16	\$2.20
3Q16	\$2.26
4Q16	\$2.31

**CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016**

Adjustments for Small Group Benefits in Excess of EHB

<u>1Q16</u>	Med	Rx	Total
Index Rate for EHB	\$ 276.03	\$ 96.85	\$ 372.88
<u>Benefits to be Covered in Excess of EHB On Exchange (PMPM)</u>			
Abortion *	\$ 2.06	\$ -	\$ 2.06
Total Adjustment to Index Rate	0.75%	0.00%	0.55%
<u>2Q16</u>	Med	Rx	Total
Index Rate for EHB	\$ 279.69	\$ 99.85	\$ 379.54
<u>Benefits to be Covered in Excess of EHB On Exchange (PMPM)</u>			
Abortion *	\$ 2.09	\$ -	\$ 2.09
Total Adjustment to Index Rate	0.75%	0.00%	0.55%
<u>3Q16</u>	Med	Rx	Total
Index Rate for EHB	\$ 283.35	\$ 102.95	\$ 386.30
<u>Benefits to be Covered in Excess of EHB On Exchange (PMPM)</u>			
Abortion *	\$ 2.11	\$ -	\$ 2.11
Total Adjustment to Index Rate	0.75%	0.00%	0.55%
<u>4Q16</u>	Med	Rx	Total
Index Rate for EHB	\$ 287.10	\$ 106.14	\$ 393.25
<u>Benefits to be Covered in Excess of EHB On Exchange (PMPM)</u>			
Abortion *	\$ 2.14	\$ -	\$ 2.14
Total Adjustment to Index Rate	0.75%	0.00%	0.55%

* Based on calendar year 2014 experience for DC BlueChoice Small Group business, trended to 2016.

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016
DC BC Index Rate History

Month	Index Rate	% Change	% Change Year to Year
201401	\$ 362.28		
201404	\$ 369.86	2.09%	
201407	\$ 377.62	2.10%	
201410	\$ 385.56	2.10%	
201501	\$ 348.44	-9.63%	-3.82%
201504	\$ 354.39	1.71%	-4.18%
201507	\$ 360.45	1.71%	-4.55%
201510	\$ 366.63	1.72%	-4.91%
201601	\$ 372.88	1.70%	7.02%
201604	\$ 379.54	1.78%	7.10%
201607	\$ 386.30	1.78%	7.17%
201610	\$ 393.25	1.80%	7.26%

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016

2016 ACA - TREND ANALYSIS SUMMARY - DC BlueChoice

1	2	3	4			5			8	9	10			11			13	14	15	16
			2015 FILING			2016 FILING					2016 FILING			2016 FILING						
BC-DC			Allowed Claims *	%	PROJECTED			Allowed Claims	%	EXPERIENCE PERIOD			PROJECTED			vs 2015 Δ				
					Cost	Utilization	Claims			Cost	Utilization	Claims	Cost	Utilization	Claims		Trend	Trend	Trend **	
					Trend	Trend	Trend			Trend	Trend	Trend	Trend	Trend	Trend					
1	Inpatient	Hospital	\$29,354,475	19%	7.0%	1.0%	8.1%	\$27,263,984	17%	-11.5%	-6.6%	-17.4%	0.0%	0.0%	0.0%	-8.1%				
2	Outpatient	Hospital	\$26,666,931	17%	9.5%	0.0%	9.5%	\$30,736,866	19%	9.1%	-4.2%	4.5%	11.0%	0.0%	11.0%	1.5%				
3	Professional		\$51,117,073	33%	0.0%	4.5%	4.5%	\$55,679,844	34%	0.7%	-1.5%	-0.9%	3.0%	1.0%	4.0%	-0.5%				
4	Other Medical	Non-Capitated Ambulance	\$6,249,527	4%	0.0%	6.0%	6.0%	\$6,878,923	4%	-17.7%	19.6%	-1.5%	0.0%	8.0%	8.0%	2.0%				
5		Home Health																		
6		DME																		
7		Prosthetics																		
8		Supplies																		
9		Vision Exams																		
10		Dental Services																		
11		Other Services																		
12	Medical	Subtotal (Clms-Wgtd):	\$113,388,006	74%	4.0%	2.6%	6.7%	\$120,559,618	74%	-1.0%	-2.2%	-3.3%	4.2%	0.9%	5.1%	-1.6%				
13																				
14	RX	Claims-Weighted	\$39,738,141	26%	7.0%	1.0%	8.1%	\$41,616,251	26%	-2.1%	-3.3%	-5.4%	13.0%	0.0%	13.0%	4.9%				
15	TOTAL	Claims-Weighted	\$153,126,148	100%	4.8%	2.2%	7.1%	\$162,175,869	100%	-1.3%	-2.5%	-3.7%	6.5%	0.7%	7.2%	0.1%				
16																				
17	Weighted Total DC (BlueChoice & GHMSI Combined)															7.2%				

* Includes grandfathered Small Group business.

** Note: The total trend shown is claims-weighted. The actual pricing trend utilized is 7.0%, calculated on a PMPM basis.

**CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016**

**2016 ACA - PLAN LEVEL DERIVATIONS
SG DC BLUECHOICE**

Benefit Plan	Ded.	OOP Max	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	
			Actual 2/28/2015	ON- Exchange 1Q16 Cohort	INDEX RATE	Market-Level Adjustments (MLA)	INDEX RATE	CF Pricing Value	CDH Factor	Induced Demand	Plan-Level Adjustments (PLA)	INDEX RATE	2016 HHS AV	Calibration Allowable Rating Factors (ARFs) *	BASE PREMIUM	BASE PREMIUM	Change in Plan Level Index Rate								
	Mapped Mems	Projected EMMs	%	(Ave ALW EHB)	Reins.	Risk Adj	Exch Fees	(Post- MLA)				Cost- Share	Network & UM	Non- EHB	Distrib & Admin	(Plan- Level)	Age	Q16	Q15	Q16 / Q15					
Bronze Plans																									
BlueChoice HMO HSA/HRA Bronze 5000	\$5,000 (Integrated)	\$6,550	215	552	0.5%	\$372.88	1.0061	1.0445	1.0000	\$391.84	0.5343	0.9600	0.8170	0.4190	0.9848	1.0055	1.3819	\$224.69	0.6193	0.9497	\$213.38	\$209.87	1.7%		
BlueChoice HMO Referral Bronze 5500	\$5,500 Med / \$100 Rx	\$6,850	0	252	0.2%	\$372.88	1.0061	1.0445	1.0000	\$391.84	0.5679	1.0180	0.8170	0.4724	0.9379	1.0055	1.3819	\$241.23	0.6199	0.9497	\$229.09	NA	NA		
BlueChoice Plus HSA/HRA Bronze 5000	\$5,000 (Integrated)	\$6,550	0	252	0.2%	\$372.88	1.0061	1.0445	1.0000	\$391.84	0.5343	0.9600	0.8170	0.4190	1.0115	1.0055	1.3819	\$230.78	0.6193	0.9497	\$219.17	NA	NA		
BlueChoice Advantage HSA/HRA Bronze 5000	\$5,000 (Integrated)	\$6,550	0	252	0.2%	\$372.88	1.0061	1.0445	1.0000	\$391.84	0.5343	0.9600	0.8170	0.4190	1.0549	1.0055	1.3819	\$240.68	0.6193	0.9497	\$228.57	NA	NA		
Silver Plans																									
BlueChoice HMO Silver 1000	\$1,000 Med / \$100 Rx	\$6,850	0	252	0.2%	\$372.88	1.0061	1.0445	1.0000	\$391.84	0.6542	1.0180	0.9396	0.6258	0.9848	1.0055	1.3819	\$335.54	0.7145	0.9497	\$318.65	NA	NA		
BlueChoice HMO HSA/HRA Silver 1500	\$1,500 (Integrated)	\$6,550	964	2,628	2.6%	\$372.88	1.0061	1.0445	1.0000	\$391.84	0.6543	0.9600	0.9396	0.5902	0.9848	1.0055	1.3819	\$316.46	0.7157	0.9497	\$300.53	\$328.50	-8.5%		
BlueChoice HMO HSA/HRA Silver 2000	\$2,000 (Integrated)	\$6,000	886	2,268	2.2%	\$372.88	1.0061	1.0445	1.0000	\$391.84	0.6315	0.9600	0.9396	0.5696	0.9848	1.0055	1.3819	\$305.42	0.6959	0.9497	\$290.05	\$287.21	1.0%		
BlueChoice HMO HSA/HRA Silver 3000	\$3,000 (Integrated)	\$4,750	0	252	0.2%	\$372.88	1.0061	1.0445	1.0000	\$391.84	0.6115	0.9600	0.9396	0.5516	0.9848	1.0055	1.3819	\$295.78	0.6819	0.9497	\$280.89	NA	NA		
BlueChoice HMO Referral Silver 70	\$2000 Med / \$500 Rx	\$6,850	0	252	0.2%	\$372.88	1.0061	1.0445	1.0000	\$391.84	0.6202	1.0180	0.9396	0.5933	0.9379	1.0055	1.3819	\$302.96	0.7007	0.9497	\$287.71	NA	NA		
BlueChoice Advantage HSA/HRA Silver 1500	\$1,500 (Integrated)	\$6,550	1,195	3,252	3.2%	\$372.88	1.0061	1.0445	1.0000	\$391.84	0.6543	0.9600	0.9396	0.5902	1.0115	1.0055	1.3819	\$325.03	0.7157	0.9497	\$308.67	\$305.91	0.9%		
BlueChoice Plus HSA/HRA Silver 3000	\$3,000 (Integrated)	\$4,750	621	1,536	1.5%	\$372.88	1.0061	1.0445	1.0000	\$391.84	0.6115	0.9600	0.9396	0.5516	1.0115	1.0055	1.3819	\$303.79	0.6819	0.9497	\$288.50	\$279.62	3.2%		
BlueChoice Advantage HSA/HRA Silver 1500	\$1,500 (Integrated)	\$6,550	956	2,352	2.3%	\$372.88	1.0061	1.0445	1.0000	\$391.84	0.6543	0.9600	0.9396	0.5902	1.0549	1.0055	1.3819	\$338.97	0.7157	0.9497	\$321.91	\$310.84	3.6%		
BlueChoice Advantage HSA/HRA Silver 3000	\$3,000 (Integrated)	\$4,750	0	252	0.2%	\$372.88	1.0061	1.0445	1.0000	\$391.84	0.6115	0.9600	0.9396	0.5516	1.0549	1.0055	1.3819	\$316.82	0.6819	0.9497	\$300.88	NA	NA		
HealthyBlue HMO HSA/HRA Silver 2000	\$2,000 (Integrated)	\$6,550	921	2,268	2.2%	\$372.88	1.0061	1.0445	1.0000	\$391.84	0.6598	0.9600	0.9396	0.5951	0.9848	1.0055	1.3819	\$319.11	0.7191	0.9497	\$303.05	\$286.98	5.6%		
HealthyBlue Plus HSA/HRA Silver 2000	\$2,000 (Integrated)	\$6,550	454	1,176	1.1%	\$372.88	1.0061	1.0445	1.0000	\$391.84	0.6598	0.9600	0.9396	0.5951	1.0115	1.0055	1.3819	\$327.76	0.7191	0.9497	\$311.26	\$295.29	5.4%		
HealthyBlue Advantage HSA/HRA Silver 2000	\$2,000 (Integrated)	\$6,550	1,125	2,880	2.8%	\$372.88	1.0061	1.0445	1.0000	\$391.84	0.6598	0.9600	0.9396	0.5951	1.0549	1.0055	1.3819	\$341.82	0.7191	0.9497	\$324.62	\$301.83	7.6%		
Gold Plans																									
BlueChoice HMO Gold 500	\$500 Med / \$250 Rx	\$4,000	1,805	4,620	4.5%	\$372.88	1.0061	1.0445	1.0000	\$391.84	0.7717	1.0180	0.9804	0.7702	0.9848	1.0055	1.3819	\$412.97	0.8150	0.9497	\$392.18	\$400.11	-2.0%		
BlueChoice HMO Gold 1500	\$1,500 Med / \$250 Rx	\$3,000	106	264	0.3%	\$372.88	1.0061	1.0445	1.0000	\$391.84	0.7427	1.0180	0.9804	0.7412	0.9848	1.0055	1.3819	\$397.46	0.7801	0.9497	\$377.45	\$342.35	10.3%		
BlueChoice HMO Referral Gold 0	\$0 Med / \$0 Rx	\$6,850	0	252	0.2%	\$372.88	1.0061	1.0445	1.0000	\$391.84	0.8073	1.0180	0.9804	0.8057	0.9379	1.0055	1.3819	\$411.47	0.8180	0.9497	\$390.76	NA	NA		
BlueChoice HMO Referral Gold 500	\$500 Med / \$250 Rx	\$4,000	905	2,892	2.8%	\$372.88	1.0061	1.0445	1.0000	\$391.84	0.7717	1.0180	0.9804	0.7702	0.9379	1.0055	1.3819	\$393.30	0.8150	0.9497	\$373.51	\$361.62	3.3%		
BlueChoice HMO Referral Gold 80	\$1000 Med / \$0 Rx	\$6,000	0	252	0.2%	\$372.88	1.0061	1.0445	1.0000	\$391.84	0.7275	1.0180	0.9804	0.7261	0.9379	1.0055	1.3819	\$370.82	0.7822	0.9497	\$352.16	NA	NA		
BlueChoice Plus Gold 500	\$500 Med / \$250 Rx	\$4,000	0	252	0.2%	\$372.88	1.0061	1.0445	1.0000	\$391.84	0.7717	1.0180	0.9804	0.7702	1.0115	1.0055	1.3819	\$424.16	0.8150	0.9497	\$402.81	NA	NA		
BlueChoice Plus Gold 1000	\$1,000 Med / \$250 Rx	\$4,000	0	252	0.2%	\$372.88	1.0061	1.0445	1.0000	\$391.84	0.7480	1.0180	0.9804	0.7465	1.0115	1.0055	1.3819	\$411.14	0.7907	0.9497	\$390.44	NA	NA		
BlueChoice Advantage Gold 500	\$500 Med / \$250 Rx	\$4,000	200	804	0.8%	\$372.88	1.0061	1.0445	1.0000	\$391.84	0.7717	1.0180	0.9804	0.7702	1.0549	1.0055	1.3819	\$442.36	0.8150	0.9497	\$420.09	\$396.26	6.0%		
BlueChoice Advantage Gold 1000	\$1,000 Med / \$250 Rx	\$4,000	862	2,124	2.1%	\$372.88	1.0061	1.0445	1.0000	\$391.84	0.7480	1.0180	0.9804	0.7465	1.0549	1.0055	1.3819	\$428.77	0.7907	0.9497	\$407.19	\$378.34	7.6%		
HealthyBlue HMO Gold 1500	\$1,500 Med / \$0 Rx	\$5,500	822	2,040	2.0%	\$372.88	1.0061	1.0445	1.0000	\$391.84	0.8047	1.0180	0.9804	0.8032	0.9848	1.0055	1.3819	\$430.68	0.8178	0.9497	\$409.00	\$379.35	7.8%		
HealthyBlue Plus Gold 1500	\$1,500 Med / \$0 Rx	\$5,500	1,477	3,648	3.6%	\$372.88	1.0061	1.0445	1.0000	\$391.84	0.8047	1.0180	0.9804	0.8032	1.0115	1.0055	1.3819	\$442.35	0.8178	0.9497	\$420.08	\$390.34	7.6%		
HealthyBlue Advantage Gold 1500	\$1,500 Med / \$0 Rx	\$5,500	3,820	9,504	9.3%	\$372.88	1.0061	1.0445	1.0000	\$391.84	0.8047	1.0180	0.9804	0.8032	1.0549	1.0055	1.3819	\$461.32	0.8178	0.9497	\$438.10	\$398.99	9.8%		
Platinum Plans																									
BlueChoice HMO Platinum 0	\$0 Med / \$0 Rx	\$1,500	2,066	7,548	7.4%	\$372.88	1.0061	1.0445	1.0000	\$391.84	0.8927	1.0180	1.0621	0.9652	0.9848	1.0055	1.3819	\$517.55	0.9109	0.9497	\$491.50	\$463.99	5.9%		
BlueChoice HMO Referral Platinum 0	\$0 Med / \$0 Rx	\$1,500	3,578	12,888	12.6%	\$372.88	1.0061	1.0445	1.0000	\$391.84	0.8927	1.0180	1.0621	0.9652	0.9379	1.0055	1.3819	\$492.90	0.9109	0.9497	\$468.09	\$444.69	5.3%		
BlueChoice Plus Opt-Out Platinum 0	\$0 Med / \$0 Rx	\$1,500	6,660	19,236	18.8%	\$372.88	1.0061	1.0445	1.0000	\$391.84	0.8927	1.0180	1.0621	0.9652	0.9982	1.0055	1.3819	\$524.56	0.9109	0.9497	\$498.16	\$468.94	6.2%		
BlueChoice Advantage Platinum 0	\$0 Med / \$0 Rx	\$1,500	1,210	3,888	3.8%	\$372.88	1.0061	1.0445	1.0000	\$391.84	0.8927	1.0180	1.0621	0.9652	1.0549	1.0055	1.3819	\$554.37	0.9109	0.9497	\$526.47	\$486.91	8.1%		
HealthyBlue HMO Platinum 500	\$500 Med / \$0 Rx	\$1,500	333	816	0.8%	\$372.88	1.0061	1.0445	1.0000	\$391.84	0.8874	1.0180	1.0621	0.9595	0.9848	1.0055	1.3819	\$514.51	0.8890	0.9497	\$488.61	\$456.39	7.1%		
HealthyBlue HMO Platinum 1000	\$1,000 Med / \$0 Rx	\$1,500	106	360	0.4%	\$372.88	1.0061	1.0445	1.0000	\$391.84	0.8554	1.0180	1.0621	0.9249	0.9848	1.0055	1.3819	\$495.93	0.8804	0.9497	\$470.97	\$441.50	6.7%		
HealthyBlue Plus Platinum 500	\$500 Med / \$0 Rx	\$1,500	1,642	5,088	5.0%	\$372.88	1.0061	1.0445	1.0000	\$391.84	0.8874	1.0180	1.0621	0.9595	1.0115	1.0055	1.3819	\$528.45	0.8890	0.9497	\$501.85	\$469.61	6.9%		
HealthyBlue Plus Platinum 1000	\$1,000 Med / \$0 Rx	\$1,500	496	1,296	1.3%	\$372.88	1.0061	1.0445	1.0000	\$391.84	0.8554	1.0180	1.0621	0.9249	1.0115	1.0055	1.3819	\$509.37	0.8804	0.9497	\$483.73	\$454.30	6.5%		
HealthyBlue Advantage Platinum 500	\$500 Med / \$0 Rx	\$1,500	911	2,436	2.4%	\$372.88	1.0061	1.0445	1.0000	\$391.84	0.8874	1.0180	1.0621	0.9595	1.0549	1.0055	1.3819	\$551.12	0.8890	0.9497	\$523.38	\$480.01	9.0%		
HealthyBlue Advantage Platinum 1000	\$1,000 Med / \$0 Rx	\$1,500	460	1,236	1.2%	\$372.88	1.0061	1.0445	1.0000	\$391.84	0.8554	1.0180	1.0621	0.9249	1.0549	1.0055	1.3819	\$531.22	0.8804	0.9497	\$504.48	\$464.35	8.6%		
BRONZE SUBTOTAL:			215	1,308	1.3%	\$372.88	1.0061	1.0445	1.0000	\$391.84	0.5408	0.9712	0.8170	0.4293	0.9944	1.0055	1.3819	\$232.13	0.6194	0.9497	\$220.45	\$209.87	1.7%		
SILVER SUBTOTAL:			7,122	19,368	18.9%	\$372.88	1.0061	1.0445	1.0000	\$391.84	0.6485	0.9615	0.9396	0.5858	1.0123	1.0055	1.3819	\$322.91	0.7107						

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016
BlueChoice Plan Level Rate Derivation - 1/1/2016

Assumes Index Rate = Projected Pool Allowed Claims PMPM for EHB

Plan	BlueChoice HMO Platinum 0	HealthyBlue HMO Platinum 500	BlueChoice HMO Gold 500	HealthyBlue HMO Platinum 1000	BlueChoice HMO Silver 1000	HealthyBlue HMO Gold 1500	BlueChoice HMO Gold 1500	BlueChoice HMO HSA/HRA Silver 1500	HealthyBlue HMO HSA/HRA Silver 2000	BlueChoice HMO HSA/HRA Silver 2000
HIOS Product ID	86052DC046	86052DC046	86052DC046	86052DC046	86052DC046	86052DC046	86052DC046	86052DC046	86052DC046	86052DC046
HIOS Plan ID	86052DC0460011	86052DC0460016	86052DC0460010	86052DC0460017	86052DC0460020	86052DC0460015	86052DC0460009	86052DC0460012	86052DC0460018	86052DC0460013
Metal Level	Platinum	Platinum	Gold	Platinum	Silver	Gold	Gold	Silver	Silver	Silver
Metallic AV	91.09%	88.90%	81.50%	88.04%	71.45%	81.78%	78.01%	71.57%	71.91%	69.59%
On / Off Exchange	On	On	On	On	On	On	On	On	On	On
Network Type	Open Access	Open Access	Open Access	Open Access						
High Level Benefit Description										
Integrated	Y	N	N	N	N	N	N	Y	Y	Y
Individual Deductible	\$0 Med / \$0 Rx	\$500 Med / \$0 Rx	\$500 Med / \$250 Rx	\$1,000 Med / \$0 Rx	\$1,000 Med / \$100 Rx	\$1,500 Med / \$0 Rx	\$1,500 Med / \$250 Rx	\$1,500 (Integrated)	\$2,000 (Integrated)	\$2,000 (Integrated)
Individual OOP Max	\$1,500	\$1,500	\$4,000	\$1,500	\$6,850	\$5,500	\$3,000	\$6,550	\$6,550	\$6,000
Member Copay/Coinsurance	\$10 PCP/\$20 Spec/\$100 ER/\$200 IP	\$0 PCP/\$30 Spec/\$200 ER/\$500 IP	\$15 PCP/\$30 Spec/\$250 ER/\$400 IP	\$0 PCP/\$30 Spec/\$200 ER/\$500 IP	\$40 PCP/\$80 Spec/\$400 ER/\$500 IP	\$0 PCP/\$30 Spec/\$200 ER/\$500 IP	\$15 PCP/\$30 Spec/\$250 ER/\$400 IP	\$25 PCP/\$50 Spec/\$250 ER/\$500 IP	\$0 PCP/\$45 Spec/\$200 ER/\$500 IP	\$25 PCP/\$50 Spec/\$250 ER/\$500 IP
Rx Copays:										
Retail Generic	\$10	\$0	\$10	\$0	\$10	\$0	\$10	\$10	\$0	\$10
Retail Preferred Brand	\$45	\$45	\$45	\$45	\$45	\$45	\$45	\$45	\$45	\$45
Retail NonPreferred Brand	\$65	\$65	\$65	\$65	\$65	\$65	\$65	\$65	\$65	\$65
Specialty	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)
Embedded Pediatric Dental Benefit										
Deductible (Class 2-4)	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25
Class 1	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Class 2	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%
Class 3	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%
Class 4	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
Class 5	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
Out of Pocket Max	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx
Index Rate (Projected EHB Allowed PMPM)	\$372.88	\$372.88	\$372.88	\$372.88	\$372.88	\$372.88	\$372.88	\$372.88	\$372.88	\$372.88
Market Level Adjustments:										
Reinsurance	1.0061	1.0061	1.0061	1.0061	1.0061	1.0061	1.0061	1.0061	1.0061	1.0061
Risk Adjustment	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445
Exchange User Fees	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Market Adjusted Index Rate (PMPM)	\$391.84	\$391.84	\$391.84	\$391.84	\$391.84	\$391.84	\$391.84	\$391.84	\$391.84	\$391.84
Plan Level Adjustments										
Cost-Share Factor	0.9652	0.9595	0.7702	0.9249	0.6258	0.8032	0.7412	0.5902	0.5951	0.5696
Network & UIM	0.9848	0.9848	0.9848	0.9848	0.9848	0.9848	0.9848	0.9848	0.9848	0.9848
Non-EHB *	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055
Catastrophic Adj	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Distribution and Admin Cost	1.3819	1.3819	1.3819	1.3819	1.3819	1.3819	1.3819	1.3819	1.3819	1.3819
Plan Adjusted Index Rate (PMPM)	\$517.55	\$514.51	\$412.97	\$495.93	\$335.54	\$430.68	\$397.46	\$316.46	\$319.11	\$305.42
Calibrations to Consumer Level Rating Factors										
Age Calibration	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497
Geo Calibration	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Tobacco Calibration	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Consumer Level Base Rate	\$491.50	\$488.61	\$392.18	\$470.97	\$318.65	\$409.00	\$377.45	\$300.53	\$303.05	\$290.05
Pricing AV	132.1%	131.3%	105.4%	126.6%	85.6%	109.9%	101.4%	80.8%	81.4%	77.9%
Estimated Plan DICR	71.9%	71.9%	71.9%	71.9%	71.9%	71.9%	71.9%	71.9%	71.9%	71.9%
Projected Member Months	7,548	816	4,620	360	252	2,040	264	2,628	2,268	2,268
Membership Distribution	7.4%	0.8%	4.5%	0.4%	0.2%	2.0%	0.3%	2.6%	2.2%	2.2%

* Covers abortion claims for all plans.

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016
BlueChoice Plan Level Rate Derivation - 1/1/2016

Assumes Index Rate = Projected Pool Allowed Claims PMPM for EHB

Plan	BlueChoice HMO HSA/HRA Silver 3000	BlueChoice HMO HSA/HRA Bronze 5000	BlueChoice HMO Referral Platinum 0	BlueChoice HMO Referral Gold 0	BlueChoice HMO Referral Gold 500	BlueChoice HMO Referral Platinum 1000	BlueChoice HMO Referral Gold 80	BlueChoice HMO Referral Silver 70	BlueChoice HMO Referral Bronze 5500
HIOS Product ID	86052DC046	86052DC046	86052DC048	86052DC048	86052DC048	86052DC048	86052DC048	86052DC048	86052DC048
HIOS Plan ID	86052DC0460019	86052DC0460014	86052DC0480007	86052DC0480010	86052DC0480008	86052DC0480012	86052DC0480011	86052DC0480013	86052DC0480009
Metal Level	Silver	Bronze	Platinum	Gold	Gold	Platinum	Gold	Silver	Bronze
Metallic AV	68.19%	61.93%	91.09%	81.80%	81.50%	88.11%	78.22%	70.07%	61.99%
On / Off Exchange	On	On	On	On	On	On	On	On	On
Network Type	Open Access	Open Access	Lock In / Referral	Lock In / Referral	Lock In / Referral	Lock In / Referral			
High Level Benefit Description									
Integrated Individual Deductible	Y	Y	N	N	N	N	N	N	N
Individual OOP Max	\$3,000 (Integrated) \$4,750	\$5,000 (Integrated) \$6,550	\$0 Med / \$0 Rx \$1,500	\$0 Med / \$0 Rx \$6,850	\$500 Med / \$250 Rx \$4,000	\$1000 Med / \$0 Rx \$1,500	\$1000 Med / \$0 Rx \$6,000	\$2000 Med / \$500 Rx \$6,850	\$5,500 Med / \$100 Rx \$6,850
Member Copay/Coinsurance	\$25 PCP/\$50 Spec/\$250 ER/\$500 IP	\$50 PCP/\$100 Spec/\$250 ER/\$500 IP	\$10 PCP/\$20 Spec/\$100 ER/\$200 IP	\$30 PCP/\$40 Spec/\$250 ER/\$500 IP	\$15 PCP/\$30 Spec/\$250 ER/\$400 IP	\$5 PCP/\$15 Spec/\$100 ER/\$200 IP	\$20 PCP/\$40 Spec/20% ER/20% IP	\$35 PCP/\$70 Spec/30% ER/30% IP	\$25 PCP/\$50 Spec/\$300 ER/\$500 IP
Rx Copays:									
Retail Generic	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10
Retail Preferred Brand	\$45	\$45	\$45	\$45	\$45	\$45	\$45	\$45	\$75
Retail NonPreferred Brand	\$65	\$65	\$65	\$65	\$65	\$65	\$65	\$65	\$150
Specialty	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	\$150
Embedded Pediatric Dental Benefit									
Deductible (Class 2-4)	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25
Class 1	0%	0%	0%	0%	0%	0%	0%	0%	0%
Class 2	20%	20%	20%	20%	20%	20%	20%	20%	20%
Class 3	20%	20%	20%	20%	20%	20%	20%	20%	20%
Class 4	50%	50%	50%	50%	50%	50%	50%	50%	50%
Class 5	50%	50%	50%	50%	50%	50%	50%	50%	50%
Out of Pocket Max	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx
Index Rate (Projected EHB Allowed PMPM)	\$372.88	\$372.88	\$372.88	\$372.88	\$372.88	\$372.88	\$372.88	\$372.88	\$372.88
Market Level Adjustments:									
Reinsurance	1.0061	1.0061	1.0061	1.0061	1.0061	1.0061	1.0061	1.0061	1.0061
Risk Adjustment	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445
Exchange User Fees	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Market Adjusted Index Rate (PMPM)	\$391.84	\$391.84	\$391.84	\$391.84	\$391.84	\$391.84	\$391.84	\$391.84	\$391.84
Plan Level Adjustments									
Cost-Share Factor	0.5516	0.4190	0.9652	0.8057	0.7702	0.9127	0.7261	0.5933	0.4724
Network &UM	0.9848	0.9848	0.9379	0.9379	0.9379	0.9379	0.9379	0.9379	0.9379
Non-EHB *	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055
Catastrophic Adj	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Distribution and Admin Cost	1.3819	1.3819	1.3819	1.3819	1.3819	1.3819	1.3819	1.3819	1.3819
Plan Adjusted Index Rate (PMPM)	\$295.78	\$224.69	\$492.90	\$411.47	\$393.30	\$466.07	\$370.82	\$302.96	\$241.23
Calibrations to Consumer Level Rating Factors									
Age Calibration	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497
Geo Calibration	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Tobacco Calibration	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Consumer Level Base Rate	\$280.89	\$213.38	\$468.09	\$390.76	\$373.51	\$442.61	\$352.16	\$287.71	\$229.09
Pricing AV	75.5%	57.3%	125.8%	105.0%	100.4%	118.9%	94.6%	77.3%	61.6%
Estimated Plan DICR	71.9%	71.9%	71.9%	71.9%	71.9%	71.9%	71.9%	71.9%	71.9%
Projected Member Months	252	552	12,888	252	2,892	252	252	252	252
Membership Distribution	0.2%	0.5%	12.6%	0.2%	2.8%	0.2%	0.2%	0.2%	0.2%

* Covers abortion claims for all plans.

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016
BlueChoice Plan Level Rate Derivation - 1/1/2016

Assumes Index Rate = Projected Pool Allowed Claims PMPM for EHB

Plan	BlueChoice Plus Opt-Out Platinum 0	HealthyBlue Plus Platinum 500	BlueChoice Plus Gold 500	HealthyBlue Plus Platinum 1000	BlueChoice Plus Gold 1000	HealthyBlue Plus Gold 1500	BlueChoice Plus HSA/HRA Silver 1500	HealthyBlue Plus HSA/HRA Silver 2000	BlueChoice Plus HSA/HRA Silver 3000	BlueChoice Plus HSA/HRA Bronze 5000
HIOS Product ID	86052DC058	86052DC050	86052DC050	86052DC050	86052DC050	86052DC050	86052DC050	86052DC050	86052DC050	86052DC050
HIOS Plan ID	86052DC0580001	86052DC0500012	86052DC0500016	86052DC0500013	86052DC0500015	86052DC0500011	86052DC0500009	86052DC0500014	86052DC0500010	86052DC0500017
Metal Level	Platinum	Platinum	Gold	Platinum	Gold	Gold	Silver	Silver	Silver	Bronze
Metallic AV	91.09%	88.90%	81.50%	88.04%	79.07%	81.78%	71.57%	71.91%	68.19%	61.93%
On / Off Exchange	On	On	On	On	On	On	On	On	On	On
Network Type	Open Access Opt-Out	Open Access Plus	Open Access Plus	Open Access Plus	Open Access Plus	Open Access Plus	Open Access Plus	Open Access Plus	Open Access Plus	Open Access Plus
High Level Benefit Description										
Integrated	Y/N	N	N	N	N	N	Y	Y	Y	Y
Individual Deductible	\$0 Med / \$0 Rx	\$500 Med / \$0 Rx	\$500 Med / \$250 Rx	\$1,000 Med / \$0 Rx	\$1,000 Med / \$250 Rx	\$1,500 Med / \$0 Rx	\$1,500 (Integrated)	\$2,000 (Integrated)	\$3,000 (Integrated)	\$5,000 (Integrated)
Individual OOP Max	\$1,500	\$1,500	\$4,000	\$1,500	\$4,000	\$5,500	\$6,550	\$6,550	\$4,750	\$6,550
Member Copay/Coinsurance	\$10 PCP/\$20 Spec/\$100 ER/\$200 IP	\$0 PCP/\$30 Spec/\$200 ER/\$500 IP	\$15 PCP/\$30 Spec/\$250 ER/\$400 IP	\$0 PCP/\$30 Spec/\$200 ER/\$500 IP	\$15 PCP/\$30 Spec/\$250 ER/\$400 IP	\$0 PCP/\$30 Spec/\$200 ER/\$500 IP	\$25 PCP/\$50 Spec/\$250 ER/\$500 IP	\$0 PCP/\$45 Spec/\$200 ER/\$500 IP	\$25 PCP/\$50 Spec/\$250 ER/\$500 IP	\$50 PCP/\$100 Spec/\$250 ER/\$500 IP
Rx Copays:										
Retail Generic	\$10	\$0	\$10	\$0	\$10	\$0	\$10	\$0	\$10	\$10
Retail Preferred Brand	\$45	\$45	\$45	\$45	\$45	\$45	\$45	\$45	\$45	\$45
Retail NonPreferred Brand	\$65	\$65	\$65	\$65	\$65	\$65	\$65	\$65	\$65	\$65
Specialty	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)
Embedded Pediatric Dental Benefit										
Deductible (Class 2-4)	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25
Class 1	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Class 2	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%
Class 3	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%
Class 4	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
Class 5	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
Out of Pocket Max	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx
Index Rate (Projected EHB Allowed PMPM)	\$372.88	\$372.88	\$372.88	\$372.88	\$372.88	\$372.88	\$372.88	\$372.88	\$372.88	\$372.88
Market Level Adjustments:										
Reinsurance	1.0061	1.0061	1.0061	1.0061	1.0061	1.0061	1.0061	1.0061	1.0061	1.0061
Risk Adjustment	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445
Exchange User Fees	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Market Adjusted Index Rate (PMPM)	\$391.84	\$391.84	\$391.84	\$391.84	\$391.84	\$391.84	\$391.84	\$391.84	\$391.84	\$391.84
Plan Level Adjustments										
Cost-Share Factor	0.9652	0.9595	0.7702	0.9249	0.7465	0.8032	0.5902	0.5951	0.5516	0.4190
Network &UM	0.9982	1.0115	1.0115	1.0115	1.0115	1.0115	1.0115	1.0115	1.0115	1.0115
Non-EHB *	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055
Catastrophic Adj	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Distribution and Admin Cost	1.3819	1.3819	1.3819	1.3819	1.3819	1.3819	1.3819	1.3819	1.3819	1.3819
Plan Adjusted Index Rate (PMPM)	\$524.56	\$528.45	\$424.16	\$509.37	\$411.14	\$442.35	\$325.03	\$327.76	\$303.79	\$230.78
Calibrations to Consumer Level Rating Factors										
Age Calibration	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497
Geo Calibration	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Tobacco Calibration	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Consumer Level Base Rate	\$498.16	\$501.85	\$402.81	\$483.73	\$390.44	\$420.08	\$308.67	\$311.26	\$288.50	\$219.17
Pricing AV	133.9%	134.9%	108.2%	130.0%	104.9%	112.9%	82.9%	83.6%	77.5%	58.9%
Estimated Plan DICR	71.9%	71.9%	71.9%	71.9%	71.9%	71.9%	71.9%	71.9%	71.9%	71.9%
Projected Member Months	19,236	5,088	252	1,296	252	3,648	3,252	1,176	1,536	252
Membership Distribution	18.7%	5.0%	0.2%	1.3%	0.2%	3.6%	3.2%	1.1%	1.5%	0.2%

* Covers abortion claims for all plans.

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016
BlueChoice Plan Level Rate Derivation - 1/1/2016

Assumes Index Rate = Projected Pool Allowed Claims PMPM for EHB

Plan	BlueChoice Advantage Platinum 0	HealthyBlue Advantage Platinum 500	BlueChoice Advantage Gold 500	HealthyBlue Advantage Platinum 1000	BlueChoice Advantage Gold 1000	HealthyBlue Advantage Gold 1500	BlueChoice Advantage HSA/HRA Silver 1500	HealthyBlue Advantage HSA/HRA Silver 2000	BlueChoice Advantage HSA/HRA Silver 3000	BlueChoice Advantage HSA/HRA Bronze 5000
HIOS Product ID	86052DC044	86052DC044	86052DC044	86052DC044	86052DC044	86052DC044	86052DC044	86052DC044	86052DC044	86052DC044
HIOS Plan ID	86052DC0440012	86052DC0440015	86052DC0440011	86052DC0440016	86052DC0440010	86052DC0440014	86052DC0440013	86052DC0440017	86052DC0440019	86052DC0440018
Metal Level	Platinum	Platinum	Gold	Platinum	Gold	Gold	Silver	Silver	Silver	Bronze
Metallic AV	91.09%	88.90%	81.50%	88.04%	79.07%	81.78%	71.57%	71.91%	68.19%	61.93%
On / Off Exchange	On	On	On	On	On	On	On	On	On	On
Network Type	Open Access Advantage									
High Level Benefit Description										
Integrated Individual Deductible Individual OOP Max	N \$0 Med / \$0 Rx \$1,500	N \$500 Med / \$0 Rx \$1,500	N \$500 Med / \$250 Rx \$4,000	N \$1,000 Med / \$0 Rx \$1,500	N \$1,000 Med / \$250 Rx \$4,000	N \$1,500 Med / \$0 Rx \$5,500	Y \$1,500 (Integrated) \$6,550	Y \$2,000 (Integrated) \$6,550	Y \$3,000 (Integrated) \$4,750	Y \$5,000 (Integrated) \$6,550
Member Copay/Coinsurance	\$10 PCP/\$20 Spec/\$100 ER/\$200 IP	\$0 PCP/\$30 Spec/\$200 ER/\$500 IP	\$15 PCP/\$30 Spec/\$250 ER/\$400 IP	\$0 PCP/\$30 Spec/\$200 ER/\$500 IP	\$15 PCP/\$30 Spec/\$250 ER/\$400 IP	\$0 PCP/\$30 Spec/\$200 ER/\$500 IP	\$25 PCP/\$50 Spec/\$250 ER/\$500 IP	\$0 PCP/\$45 Spec/\$200 ER/\$500 IP	\$25 PCP/\$50 Spec/\$250 ER/\$500 IP	\$50 PCP/\$100 Spec/\$250 ER/\$500 IP
Rx Copays:										
Retail Generic	\$10	\$0	\$10	\$0	\$10	\$0	\$10	\$0	\$10	\$10
Retail Preferred Brand	\$45	\$45	\$45	\$45	\$45	\$45	\$45	\$45	\$45	\$45
Retail NonPreferred Brand	\$65	\$65	\$65	\$65	\$65	\$65	\$65	\$65	\$65	\$65
Specialty	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)
Embedded Pediatric Dental Benefit Deductible (Class 2-4)	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25
Class 1	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Class 2	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%
Class 3	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%
Class 4	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
Class 5	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
Out of Pocket Max	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx
Index Rate (Projected EHB Allowed PMPM)	\$372.88	\$372.88	\$372.88	\$372.88	\$372.88	\$372.88	\$372.88	\$372.88	\$372.88	\$372.88
Market Level Adjustments:										
Reinsurance	1.0061	1.0061	1.0061	1.0061	1.0061	1.0061	1.0061	1.0061	1.0061	1.0061
Risk Adjustment	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445
Exchange User Fees	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Market Adjusted Index Rate (PMPM)	\$391.84	\$391.84	\$391.84	\$391.84	\$391.84	\$391.84	\$391.84	\$391.84	\$391.84	\$391.84
Plan Level Adjustments										
Cost-Share Factor	0.9652	0.9595	0.7702	0.9249	0.7465	0.8032	0.5902	0.5951	0.5516	0.4190
Network & UIM	1.0549	1.0549	1.0549	1.0549	1.0549	1.0549	1.0549	1.0549	1.0549	1.0549
Non-EHB *	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055
Catastrophic Adj	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Distribution and Admin Cost	1.3819	1.3819	1.3819	1.3819	1.3819	1.3819	1.3819	1.3819	1.3819	1.3819
Plan Adjusted Index Rate (PMPM)	\$554.37	\$551.12	\$442.36	\$531.22	\$428.77	\$461.32	\$338.97	\$341.82	\$316.82	\$240.68
Calibrations to Consumer Level Rating Factors										
Age Calibration	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497
Geo Calibration	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Tobacco Calibration	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Consumer Level Base Rate	\$526.47	\$523.38	\$420.09	\$504.48	\$407.19	\$438.10	\$321.91	\$324.62	\$300.88	\$228.57
Pricing AV	141.5%	140.6%	112.9%	135.6%	109.4%	117.7%	86.5%	87.2%	80.9%	61.4%
Estimated Plan DICR	71.9%	71.9%	71.9%	71.9%	71.9%	71.9%	71.9%	71.9%	71.9%	71.9%
Projected Member Months	3,888	2,436	804	1,236	2,124	9,504	2,352	2,880	252	252
Membership Distribution	3.8%	2.4%	0.8%	1.2%	2.1%	9.3%	2.3%	2.8%	0.2%	0.2%

* Covers abortion claims for all plans.

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016
BlueChoice Plan Level Rate Derivation - 4/1/2016

Assumes Index Rate = Projected Pool Allowed Claims PMPM for EHB

Plan	BlueChoice HMO Platinum 0	HealthyBlue HMO Platinum 500	BlueChoice HMO Gold 500	HealthyBlue HMO Platinum 1000	BlueChoice HMO Silver 1000	HealthyBlue HMO Gold 1500	BlueChoice HMO Gold 1500	BlueChoice HMO HSA/HRA Silver 1500	HealthyBlue HMO HSA/HRA Silver 2000	BlueChoice HMO HSA/HRA Silver 2000
HIOS Product ID	86052DC046	86052DC046	86052DC046	86052DC046	86052DC046	86052DC046	86052DC046	86052DC046	86052DC046	86052DC046
HIOS Plan ID	86052DC0460011	86052DC0460016	86052DC0460010	86052DC0460017	86052DC0460020	86052DC0460015	86052DC0460009	86052DC0460012	86052DC0460018	86052DC0460013
Metal Level	Platinum	Platinum	Gold	Platinum	Silver	Gold	Gold	Silver	Silver	Silver
Metallic AV	91.09%	88.90%	81.50%	88.04%	71.45%	81.78%	78.01%	71.57%	71.91%	69.59%
On / Off Exchange	On	On	On	On	On	On	On	On	On	On
Network Type	Open Access	Open Access	Open Access	Open Access	Open Access	Open Access	Open Access	Open Access	Open Access	Open Access
High Level Benefit Description										
Integrated Individual Deductible Individual OOP Max	Y/N N \$0 Med / \$0 Rx \$1,500	N \$500 Med / \$0 Rx \$1,500	N \$500 Med / \$250 Rx \$4,000	N \$1,000 Med / \$0 Rx \$1,500	N \$1,000 Med / \$100 Rx \$6,850	N \$1,500 Med / \$0 Rx \$5,500	N \$1,500 Med / \$250 Rx \$3,000	Y \$1,500 (Integrated) \$6,550	Y \$2,000 (Integrated) \$6,550	Y \$2,000 (Integrated) \$6,000
Member Copay/Coinsurance	\$10 PCP/\$20 Spec/\$100 ER/\$200 IP	\$0 PCP/\$30 Spec/\$200 ER/\$500 IP	\$15 PCP/\$30 Spec/\$250 ER/\$400 IP	\$0 PCP/\$30 Spec/\$200 ER/\$500 IP	\$40 PCP/\$80 Spec/\$400 ER/\$500 IP	\$0 PCP/\$30 Spec/\$200 ER/\$500 IP	\$15 PCP/\$30 Spec/\$250 ER/\$400 IP	\$25 PCP/\$50 Spec/\$250 ER/\$500 IP	\$0 PCP/\$45 Spec/\$200 ER/\$500 IP	\$25 PCP/\$50 Spec/\$250 ER/\$500 IP
Rx Copays:										
Retail Generic	\$10	\$0	\$10	\$0	\$10	\$0	\$10	\$10	\$0	\$10
Retail Preferred Brand	\$45	\$45	\$45	\$45	\$45	\$45	\$45	\$45	\$45	\$45
Retail NonPreferred Brand	\$65	\$65	\$65	\$65	\$65	\$65	\$65	\$65	\$65	\$65
Specialty	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)
Embedded Pediatric Dental Benefit										
Deductible (Class 2-4)	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25
Class 1	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Class 2	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%
Class 3	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%
Class 4	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
Class 5	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
Out of Pocket Max	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx
Index Rate (Projected EHB Allowed PMPM)	\$379.54	\$379.54	\$379.54	\$379.54	\$379.54	\$379.54	\$379.54	\$379.54	\$379.54	\$379.54
Market Level Adjustments:										
Reinsurance	1.0060	1.0060	1.0060	1.0060	1.0060	1.0060	1.0060	1.0060	1.0060	1.0060
Risk Adjustment	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445
Exchange User Fees	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Market Adjusted Index Rate (PMPM)	\$398.79	\$398.79	\$398.79	\$398.79	\$398.79	\$398.79	\$398.79	\$398.79	\$398.79	\$398.79
Plan Level Adjustments										
Cost-Share Factor	0.9652	0.9595	0.7702	0.9249	0.6258	0.8032	0.7412	0.5902	0.5951	0.5696
Network &UM	0.9848	0.9848	0.9848	0.9848	0.9848	0.9848	0.9848	0.9848	0.9848	0.9848
Non-EHB *	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055
Catastrophic Adj	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Distribution and Admin Cost	1.3776	1.3776	1.3776	1.3776	1.3776	1.3776	1.3776	1.3776	1.3776	1.3776
Plan Adjusted Index Rate (PMPM)	\$525.11	\$522.03	\$419.01	\$503.18	\$340.45	\$436.97	\$403.27	\$321.08	\$323.78	\$309.89
Calibrations to Consumer Level Rating Factors										
Age Calibration	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497
Geo Calibration	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Tobacco Calibration	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Consumer Level Base Rate	\$498.68	\$495.75	\$397.92	\$477.85	\$323.31	\$414.98	\$382.97	\$304.92	\$307.48	\$294.29
Pricing AV	131.7%	130.9%	105.1%	126.2%	85.4%	109.6%	101.1%	80.5%	81.2%	77.7%
Estimated Plan DICR	72.2%	72.2%	72.2%	72.2%	72.2%	72.2%	72.2%	72.2%	72.2%	72.2%
Projected Member Months	3,084	336	1,896	144	96	828	108	1,068	924	924
Membership Distribution	7.4%	0.8%	4.5%	0.3%	0.2%	2.0%	0.3%	2.6%	2.2%	2.2%

* Covers abortion claims for all plans.

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016
BlueChoice Plan Level Rate Derivation - 4/1/2016

Assumes Index Rate = Projected Pool Allowed Claims PMPM for EHB

Plan	BlueChoice HMO HSA/HRA Silver 3000	BlueChoice HMO HSA/HRA Bronze 5000	BlueChoice HMO Referral Platinum 0	BlueChoice HMO Referral Gold 0	BlueChoice HMO Referral Gold 500	BlueChoice HMO Referral Platinum 1000	BlueChoice HMO Referral Gold 80	BlueChoice HMO Referral Silver 70	BlueChoice HMO Referral Bronze 5500
HIOS Product ID	86052DC046	86052DC046	86052DC048	86052DC048	86052DC048	86052DC048	86052DC048	86052DC048	86052DC048
HIOS Plan ID	86052DC0460019	86052DC0460014	86052DC0480007	86052DC0480010	86052DC0480008	86052DC0480012	86052DC0480011	86052DC0480013	86052DC0480009
Metal Level	Silver	Bronze	Platinum	Gold	Gold	Platinum	Gold	Silver	Bronze
Metallic AV	68.19%	61.93%	91.09%	81.80%	81.50%	88.11%	78.22%	70.07%	61.99%
On / Off Exchange	On	On	On	On	On	On	On	On	On
Network Type	Open Access	Open Access	Lock In / Referral	Lock In / Referral	Lock In / Referral	Lock In / Referral			
High Level Benefit Description									
Integrated	Y	Y	N	N	N	N	N	N	N
Individual Deductible	\$3,000 (Integrated)	\$5,000 (Integrated)	\$0 Med / \$0 Rx	\$0 Med / \$0 Rx	\$500 Med / \$250 Rx	\$1000 Med / \$0 Rx	\$1000 Med / \$0 Rx	\$2000 Med / \$500 Rx	\$5,500 Med / \$100 Rx
Individual OOP Max	\$4,750	\$6,550	\$1,500	\$6,850	\$4,000	\$1,500	\$6,000	\$6,850	\$6,850
Member Copay/Coinsurance	\$25 PCP/\$50 Spec/\$250 ER/\$500 IP	\$50 PCP/\$100 Spec/\$250 ER/\$500 IP	\$10 PCP/\$20 Spec/\$100 ER/\$200 IP	\$30 PCP/\$40 Spec/\$250 ER/\$500 IP	\$15 PCP/\$30 Spec/\$250 ER/\$400 IP	\$5 PCP/\$15 Spec/\$100 ER/\$200 IP	\$20 PCP/\$40 Spec/20% ER/20% IP	\$35 PCP/\$70 Spec/30% ER/30% IP	\$25 PCP/\$50 Spec/\$300 ER/\$500 IP
Rx Copays:									
Retail Generic	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10
Retail Preferred Brand	\$45	\$45	\$45	\$45	\$45	\$45	\$45	\$45	\$75
Retail NonPreferred Brand	\$65	\$65	\$65	\$65	\$65	\$65	\$65	\$65	\$150
Specialty	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	\$150
Embedded Pediatric Dental Benefit									
Deductible (Class 2-4)	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25
Class 1	0%	0%	0%	0%	0%	0%	0%	0%	0%
Class 2	20%	20%	20%	20%	20%	20%	20%	20%	20%
Class 3	20%	20%	20%	20%	20%	20%	20%	20%	20%
Class 4	50%	50%	50%	50%	50%	50%	50%	50%	50%
Class 5	50%	50%	50%	50%	50%	50%	50%	50%	50%
Out of Pocket Max	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx
Index Rate (Projected EHB Allowed PMPM)	\$379.54	\$379.54	\$379.54	\$379.54	\$379.54	\$379.54	\$379.54	\$379.54	\$379.54
Market Level Adjustments:									
Reinsurance	1.0060	1.0060	1.0060	1.0060	1.0060	1.0060	1.0060	1.0060	1.0060
Risk Adjustment	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445
Exchange User Fees	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Market Adjusted Index Rate (PMPM)	\$398.79	\$398.79	\$398.79	\$398.79	\$398.79	\$398.79	\$398.79	\$398.79	\$398.79
Plan Level Adjustments									
Cost-Share Factor	0.5516	0.4190	0.9652	0.8057	0.7702	0.9127	0.7261	0.5933	0.4724
Network &UM	0.9848	0.9848	0.9379	0.9379	0.9379	0.9379	0.9379	0.9379	0.9379
Non-EHB *	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055
Catastrophic Adj	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Distribution and Admin Cost	1.3776	1.3776	1.3776	1.3776	1.3776	1.3776	1.3776	1.3776	1.3776
Plan Adjusted Index Rate (PMPM)	\$300.10	\$227.98	\$500.11	\$417.48	\$399.05	\$472.89	\$376.24	\$307.39	\$244.76
Calibrations to Consumer Level Rating Factors									
Age Calibration	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497
Geo Calibration	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Tobacco Calibration	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Consumer Level Base Rate	\$285.00	\$216.51	\$474.94	\$396.47	\$378.97	\$449.09	\$357.31	\$291.92	\$232.44
Pricing AV	75.3%	57.2%	125.4%	104.7%	100.1%	118.6%	94.3%	77.1%	61.4%
Estimated Plan DICR	72.2%	72.2%	72.2%	72.2%	72.2%	72.2%	72.2%	72.2%	72.2%
Projected Member Months	96	228	5,280	96	1,188	96	96	96	96
Membership Distribution	0.2%	0.5%	12.6%	0.2%	2.8%	0.2%	0.2%	0.2%	0.2%

* Covers abortion claims for all plans.

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016
BlueChoice Plan Level Rate Derivation - 4/1/2016

Assumes Index Rate = Projected Pool Allowed Claims PMPM for EHB

Plan	BlueChoice Plus Opt-Out Platinum 0	HealthyBlue Plus Platinum 500	BlueChoice Plus Gold 500	HealthyBlue Plus Platinum 1000	BlueChoice Plus Gold 1000	HealthyBlue Plus Gold 1500	BlueChoice Plus HSA/HRA Silver 1500	HealthyBlue Plus HSA/HRA Silver 2000	BlueChoice Plus HSA/HRA Silver 3000	BlueChoice Plus HSA/HRA Bronze 5000	
HIOS Product ID	86052DC058	86052DC050	86052DC050	86052DC050	86052DC050	86052DC050	86052DC050	86052DC050	86052DC050	86052DC050	
HIOS Plan ID	86052DC0580001	86052DC0500012	86052DC0500016	86052DC0500013	86052DC0500015	86052DC0500011	86052DC0500009	86052DC0500014	86052DC0500010	86052DC0500017	
Metal Level	Platinum	Platinum	Gold	Platinum	Gold	Gold	Silver	Silver	Silver	Bronze	
Metallic AV	91.09%	88.90%	81.50%	88.04%	79.07%	81.78%	71.57%	71.91%	68.19%	61.93%	
On / Off Exchange	On	On	On	On	On	On	On	On	On	On	
Network Type	Open Access Opt-Out	Open Access Plus	Open Access Plus	Open Access Plus							
High Level Benefit Description											
Integrated Individual Deductible	Y/N	N	N	N	N	N	Y	Y	Y	Y	
Individual OOP Max		\$0 Med / \$0 Rx \$1,500	\$500 Med / \$0 Rx \$1,500	\$500 Med / \$250 Rx \$4,000	\$1,000 Med / \$0 Rx \$1,500	\$1,000 Med / \$250 Rx \$4,000	\$1,500 Med / \$0 Rx \$5,500	\$1,500 (Integrated) \$6,550	\$2,000 (Integrated) \$6,550	\$3,000 (Integrated) \$4,750	\$5,000 (Integrated) \$6,550
Member Copay/Coinsurance		\$10 PCP/\$20 Spec/\$100 ER/\$200 IP	\$0 PCP/\$30 Spec/\$200 ER/\$500 IP	\$15 PCP/\$30 Spec/\$250 ER/\$400 IP	\$0 PCP/\$30 Spec/\$200 ER/\$500 IP	\$15 PCP/\$30 Spec/\$250 ER/\$400 IP	\$0 PCP/\$30 Spec/\$200 ER/\$500 IP	\$25 PCP/\$50 Spec/\$250 ER/\$500 IP	\$0 PCP/\$45 Spec/\$200 ER/\$500 IP	\$25 PCP/\$50 Spec/\$250 ER/\$500 IP	\$50 PCP/\$100 Spec/\$250 ER/\$500 IP
Rx Copays:											
Retail Generic		\$10	\$0	\$10	\$0	\$10	\$0	\$10	\$0	\$10	\$10
Retail Preferred Brand		\$45	\$45	\$45	\$45	\$45	\$45	\$45	\$45	\$45	\$45
Retail NonPreferred Brand		\$65	\$65	\$65	\$65	\$65	\$65	\$65	\$65	\$65	\$65
Specialty		50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)
Embedded Pediatric Dental Benefit											
Deductible (Class 2-4)		\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	
Class 1		0%	0%	0%	0%	0%	0%	0%	0%	0%	
Class 2		20%	20%	20%	20%	20%	20%	20%	20%	20%	
Class 3		20%	20%	20%	20%	20%	20%	20%	20%	20%	
Class 4		50%	50%	50%	50%	50%	50%	50%	50%	50%	
Class 5		50%	50%	50%	50%	50%	50%	50%	50%	50%	
Out of Pocket Max		Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	
Index Rate (Projected EHB Allowed PMPM)		\$379.54	\$379.54	\$379.54	\$379.54	\$379.54	\$379.54	\$379.54	\$379.54	\$379.54	
Market Level Adjustments:											
Reinsurance		1.0060	1.0060	1.0060	1.0060	1.0060	1.0060	1.0060	1.0060	1.0060	
Risk Adjustment		1.0445	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445	
Exchange User Fees		1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	
Market Adjusted Index Rate (PMPM)		\$398.79	\$398.79	\$398.79	\$398.79	\$398.79	\$398.79	\$398.79	\$398.79	\$398.79	
Plan Level Adjustments											
Cost-Share Factor		0.9652	0.9595	0.7702	0.9249	0.7465	0.8032	0.5902	0.5516	0.4190	
Network & UM		0.9982	1.0115	1.0115	1.0115	1.0115	1.0115	1.0115	1.0115	1.0115	
Non-EHB *		1.0055	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055	
Catastrophic Adj		1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	
Distribution and Admin Cost		1.3776	1.3776	1.3776	1.3776	1.3776	1.3776	1.3776	1.3776	1.3776	
Plan Adjusted Index Rate (PMPM)		\$532.23	\$536.18	\$430.36	\$516.82	\$417.15	\$448.81	\$329.78	\$332.55	\$308.23	\$234.16
Calibrations to Consumer Level Rating Factors											
Age Calibration		0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	
Geo Calibration		1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	
Tobacco Calibration		1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	
Consumer Level Base Rate		\$505.44	\$509.19	\$408.70	\$490.80	\$396.15	\$426.22	\$313.18	\$315.81	\$292.72	\$222.37
Pricing AV		133.5%	134.5%	107.9%	129.6%	104.6%	112.5%	82.7%	83.4%	77.3%	58.7%
Estimated Plan DICR		72.2%	72.2%	72.2%	72.2%	72.2%	72.2%	72.2%	72.2%	72.2%	
Projected Member Months		7,872	2,076	96	528	96	1,488	1,332	480	624	96
Membership Distribution		18.8%	5.0%	0.2%	1.3%	0.2%	3.6%	3.2%	1.1%	1.5%	0.2%

* Covers abortion claims for all plans.

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016
BlueChoice Plan Level Rate Derivation - 4/1/2016

Assumes Index Rate = Projected Pool Allowed Claims PMPM for EHB

Plan	BlueChoice Advantage Platinum 0	HealthyBlue Advantage Platinum 500	BlueChoice Advantage Gold 500	HealthyBlue Advantage Platinum 1000	BlueChoice Advantage Gold 1000	HealthyBlue Advantage Gold 1500	BlueChoice Advantage HSA/HRA Silver 1500	HealthyBlue Advantage HSA/HRA Silver 2000	BlueChoice Advantage HSA/HRA Silver 3000	BlueChoice Advantage HSA/HRA Bronze 5000
HIOS Product ID	86052DC044	86052DC044	86052DC044	86052DC044	86052DC044	86052DC044	86052DC044	86052DC044	86052DC044	86052DC044
HIOS Plan ID	86052DC0440012	86052DC0440015	86052DC0440011	86052DC0440016	86052DC0440010	86052DC0440014	86052DC0440013	86052DC0440017	86052DC0440019	86052DC0440018
Metal Level	Platinum	Platinum	Gold	Platinum	Gold	Gold	Silver	Silver	Silver	Bronze
Metallic AV	91.09%	88.90%	81.50%	88.04%	79.07%	81.78%	71.57%	71.91%	68.19%	61.93%
On / Off Exchange	On	On	On	On	On	On	On	On	On	On
Network Type	Open Access Advantage	Open Access Advantage	Open Access Advantage	Open Access Advantage	Open Access Advantage	Open Access Advantage	Open Access Advantage	Open Access Advantage	Open Access Advantage	Open Access Advantage
High Level Benefit Description										
Integrated Individual Deductible Individual OOP Max	Y/N N \$0 Med / \$0 Rx \$1,500	N \$500 Med / \$0 Rx \$1,500	N \$500 Med / \$250 Rx \$4,000	N \$1,000 Med / \$0 Rx \$1,500	N \$1,000 Med / \$250 Rx \$4,000	N \$1,500 Med / \$0 Rx \$5,500	Y \$1,500 (Integrated) \$6,550	Y \$2,000 (Integrated) \$6,550	Y \$3,000 (Integrated) \$4,750	Y \$5,000 (Integrated) \$6,550
Member Copay/Coinsurance	\$10 PCP/\$20 Spec/\$100 ER/\$200 IP	\$0 PCP/\$30 Spec/\$200 ER/\$500 IP	\$15 PCP/\$30 Spec/\$250 ER/\$400 IP	\$0 PCP/\$30 Spec/\$200 ER/\$500 IP	\$15 PCP/\$30 Spec/\$250 ER/\$400 IP	\$0 PCP/\$30 Spec/\$200 ER/\$500 IP	\$25 PCP/\$50 Spec/\$250 ER/\$500 IP	\$0 PCP/\$45 Spec/\$200 ER/\$500 IP	\$25 PCP/\$50 Spec/\$250 ER/\$500 IP	\$50 PCP/\$100 Spec/\$250 ER/\$500 IP
Rx Copays:										
Retail Generic	\$10	\$0	\$10	\$0	\$10	\$0	\$10	\$0	\$10	\$10
Retail Preferred Brand	\$45	\$45	\$45	\$45	\$45	\$45	\$45	\$45	\$45	\$45
Retail NonPreferred Brand	\$65	\$65	\$65	\$65	\$65	\$65	\$65	\$65	\$65	\$65
Specialty	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)
Embedded Pediatric Dental Benefit										
Deductible (Class 2-4)	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25
Class 1	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Class 2	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%
Class 3	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%
Class 4	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
Class 5	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
Out of Pocket Max	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx
Index Rate (Projected EHB Allowed PMPM)	\$379.54	\$379.54	\$379.54	\$379.54	\$379.54	\$379.54	\$379.54	\$379.54	\$379.54	\$379.54
Market Level Adjustments:										
Reinsurance	1.0060	1.0060	1.0060	1.0060	1.0060	1.0060	1.0060	1.0060	1.0060	1.0060
Risk Adjustment	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445
Exchange User Fees	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Market Adjusted Index Rate (PMPM)	\$398.79	\$398.79	\$398.79	\$398.79	\$398.79	\$398.79	\$398.79	\$398.79	\$398.79	\$398.79
Plan Level Adjustments										
Cost-Share Factor	0.9652	0.9595	0.7702	0.9249	0.7465	0.8032	0.5902	0.5951	0.5516	0.4190
Network & UM	1.0549	1.0549	1.0549	1.0549	1.0549	1.0549	1.0549	1.0549	1.0549	1.0549
Non-EHB *	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055
Catastrophic Adj	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Distribution and Admin Cost	1.3776	1.3776	1.3776	1.3776	1.3776	1.3776	1.3776	1.3776	1.3776	1.3776
Plan Adjusted Index Rate (PMPM)	\$562.48	\$559.18	\$448.82	\$538.99	\$435.04	\$468.07	\$343.93	\$346.82	\$321.46	\$244.20
Calibrations to Consumer Level Rating Factors										
Age Calibration	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497
Geo Calibration	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Tobacco Calibration	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Consumer Level Base Rate	\$534.17	\$531.03	\$426.23	\$511.86	\$413.15	\$444.51	\$326.62	\$329.36	\$305.28	\$231.91
Pricing AV	141.0%	140.2%	112.5%	135.2%	109.1%	117.4%	86.2%	87.0%	80.6%	61.2%
Estimated Plan DICR	72.2%	72.2%	72.2%	72.2%	72.2%	72.2%	72.2%	72.2%	72.2%	72.2%
Projected Member Months	1,584	996	324	504	864	3,888	972	1,176	96	96
Membership Distribution	3.8%	2.4%	0.8%	1.2%	2.1%	9.3%	2.3%	2.8%	0.2%	0.2%

* Covers abortion claims for all plans.

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016
BlueChoice Plan Level Rate Derivation - 7/1/2016

Assumes Index Rate = Projected Pool Allowed Claims PMPM for EHB

Plan	BlueChoice HMO Platinum 0	HealthyBlue HMO Platinum 500	BlueChoice HMO Gold 500	HealthyBlue HMO Platinum 1000	BlueChoice HMO Silver 1000	HealthyBlue HMO Gold 1500	BlueChoice HMO Gold 1500	BlueChoice HMO HSA/HRA Silver 1500	HealthyBlue HMO HSA/HRA Silver 2000	BlueChoice HMO HSA/HRA Silver 2000
HIOS Product ID	86052DC046	86052DC046	86052DC046	86052DC046	86052DC046	86052DC046	86052DC046	86052DC046	86052DC046	86052DC046
HIOS Plan ID	86052DC0460011	86052DC0460016	86052DC0460010	86052DC0460017	86052DC0460020	86052DC0460015	86052DC0460009	86052DC0460012	86052DC0460018	86052DC0460013
Metal Level	Platinum	Platinum	Gold	Platinum	Silver	Gold	Gold	Silver	Silver	Silver
Metallic AV	91.09%	88.90%	81.50%	88.04%	71.45%	81.78%	78.01%	71.57%	71.91%	69.59%
On / Off Exchange	On	On	On	On	On	On	On	On	On	On
Network Type	Open Access	Open Access	Open Access	Open Access						
High Level Benefit Description										
Integrated	Y/N	N	N	N	N	N	N	Y	Y	Y
Individual Deductible	\$0 Med / \$0 Rx	\$500 Med / \$0 Rx	\$500 Med / \$250 Rx	\$1,000 Med / \$0 Rx	\$1,000 Med / \$100 Rx	\$1,500 Med / \$0 Rx	\$1,500 Med / \$250 Rx	\$1,500 (Integrated)	\$2,000 (Integrated)	\$2,000 (Integrated)
Individual OOP Max	\$1,500	\$1,500	\$4,000	\$1,500	\$6,850	\$5,500	\$3,000	\$6,550	\$6,550	\$6,000
Member Copay/Coinsurance	\$10 PCP/\$20 Spec/\$100 ER/\$200 IP	\$0 PCP/\$30 Spec/\$200 ER/\$500 IP	\$15 PCP/\$30 Spec/\$250 ER/\$400 IP	\$0 PCP/\$30 Spec/\$200 ER/\$500 IP	\$40 PCP/\$80 Spec/\$400 ER/\$500 IP	\$0 PCP/\$30 Spec/\$200 ER/\$500 IP	\$15 PCP/\$30 Spec/\$250 ER/\$400 IP	\$25 PCP/\$50 Spec/\$250 ER/\$500 IP	\$0 PCP/\$45 Spec/\$200 ER/\$500 IP	\$25 PCP/\$50 Spec/\$250 ER/\$500 IP
Rx Copays:										
Retail Generic	\$10	\$0	\$10	\$0	\$10	\$0	\$10	\$10	\$0	\$10
Retail Preferred Brand	\$45	\$45	\$45	\$45	\$45	\$45	\$45	\$45	\$45	\$45
Retail NonPreferred Brand	\$65	\$65	\$65	\$65	\$65	\$65	\$65	\$65	\$65	\$65
Specialty	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)
Embedded Pediatric Dental Benefit										
Deductible (Class 2-4)	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25
Class 1	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Class 2	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%
Class 3	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%
Class 4	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
Class 5	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
Out of Pocket Max	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx
Index Rate (Projected EHB Allowed PMPM)	\$386.30	\$386.30	\$386.30	\$386.30	\$386.30	\$386.30	\$386.30	\$386.30	\$386.30	\$386.30
Market Level Adjustments:										
Reinsurance	1.0059	1.0059	1.0059	1.0059	1.0059	1.0059	1.0059	1.0059	1.0059	1.0059
Risk Adjustment	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445
Exchange User Fees	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Market Adjusted Index Rate (PMPM)	\$405.86	\$405.86	\$405.86	\$405.86	\$405.86	\$405.86	\$405.86	\$405.86	\$405.86	\$405.86
Plan Level Adjustments										
Cost-Share Factor	0.9652	0.9595	0.7702	0.9249	0.6258	0.8032	0.7412	0.5902	0.5951	0.5696
Network &UM	0.9848	0.9848	0.9848	0.9848	0.9848	0.9848	0.9848	0.9848	0.9848	0.9848
Non-EHB *	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055
Catastrophic Adj	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Distribution and Admin Cost	1.3737	1.3737	1.3737	1.3737	1.3737	1.3737	1.3737	1.3737	1.3737	1.3737
Plan Adjusted Index Rate (PMPM)	\$532.88	\$529.75	\$425.21	\$510.63	\$345.49	\$443.44	\$409.24	\$325.83	\$328.57	\$314.47
Calibrations to Consumer Level Rating Factors										
Age Calibration	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497
Geo Calibration	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Tobacco Calibration	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Consumer Level Base Rate	\$506.06	\$503.09	\$403.81	\$484.93	\$328.10	\$421.12	\$388.64	\$309.43	\$312.03	\$298.65
Pricing AV	131.3%	130.5%	104.8%	125.8%	85.1%	109.3%	100.8%	80.3%	81.0%	77.5%
Estimated Plan DICR	72.4%	72.4%	72.4%	72.4%	72.4%	72.4%	72.4%	72.4%	72.4%	72.4%
Projected Member Months	7,020	768	4,308	336	228	1,908	240	2,448	2,124	2,112
Membership Distribution	7.3%	0.8%	4.5%	0.4%	0.2%	2.0%	0.3%	2.6%	2.2%	2.2%

* Covers abortion claims for all plans.

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016
BlueChoice Plan Level Rate Derivation - 7/1/2016

Assumes Index Rate = Projected Pool Allowed Claims PMPM for EHB

Plan	BlueChoice HMO HSA/HRA Silver 3000	BlueChoice HMO HSA/HRA Bronze 5000	BlueChoice HMO Referral Platinum 0	BlueChoice HMO Referral Gold 0	BlueChoice HMO Referral Gold 500	BlueChoice HMO Referral Platinum 1000	BlueChoice HMO Referral Gold 80	BlueChoice HMO Referral Silver 70	BlueChoice HMO Referral Bronze 5500
HIOS Product ID	86052DC046	86052DC046	86052DC048	86052DC048	86052DC048	86052DC048	86052DC048	86052DC048	86052DC048
HIOS Plan ID	86052DC0460019	86052DC0460014	86052DC0480007	86052DC0480010	86052DC0480008	86052DC0480012	86052DC0480011	86052DC0480013	86052DC0480009
Metal Level	Silver	Bronze	Platinum	Gold	Gold	Platinum	Gold	Silver	Bronze
Metallic AV	68.19%	61.93%	91.09%	81.80%	81.50%	88.11%	78.22%	70.07%	61.99%
On / Off Exchange	On	On	On	On	On	On	On	On	On
Network Type	Open Access	Open Access	Lock In / Referral	Lock In / Referral	Lock In / Referral	Lock In / Referral			
High Level Benefit Description									
Integrated	Y	Y	N	N	N	N	N	N	N
Individual Deductible	\$3,000 (Integrated)	\$5,000 (Integrated)	\$0 Med / \$0 Rx	\$0 Med / \$0 Rx	\$500 Med / \$250 Rx	\$1000 Med / \$0 Rx	\$1000 Med / \$0 Rx	\$2000 Med / \$500 Rx	\$5,500 Med / \$100 Rx
Individual OOP Max	\$4,750	\$6,550	\$1,500	\$6,850	\$4,000	\$1,500	\$6,000	\$6,850	\$6,850
Member Copay/Coinsurance	\$25 PCP/\$50 Spec/\$250 ER/\$500 IP	\$50 PCP/\$100 Spec/\$250 ER/\$500 IP	\$10 PCP/\$20 Spec/\$100 ER/\$200 IP	\$30 PCP/\$40 Spec/\$250 ER/\$500 IP	\$15 PCP/\$30 Spec/\$250 ER/\$400 IP	\$5 PCP/\$15 Spec/\$100 ER/\$200 IP	\$20 PCP/\$40 Spec/20% ER/20% IP	\$35 PCP/\$70 Spec/30% ER/30% IP	\$25 PCP/\$50 Spec/\$300 ER/\$500 IP
Rx Copays:									
Retail Generic	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10
Retail Preferred Brand	\$45	\$45	\$45	\$45	\$45	\$45	\$45	\$45	\$75
Retail NonPreferred Brand	\$65	\$65	\$65	\$65	\$65	\$65	\$65	\$65	\$150
Specialty	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	\$150
Embedded Pediatric Dental Benefit									
Deductible (Class 2-4)	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25
Class 1	0%	0%	0%	0%	0%	0%	0%	0%	0%
Class 2	20%	20%	20%	20%	20%	20%	20%	20%	20%
Class 3	20%	20%	20%	20%	20%	20%	20%	20%	20%
Class 4	50%	50%	50%	50%	50%	50%	50%	50%	50%
Class 5	50%	50%	50%	50%	50%	50%	50%	50%	50%
Out of Pocket Max	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx
Index Rate (Projected EHB Allowed PMPM)	\$386.30	\$386.30	\$386.30	\$386.30	\$386.30	\$386.30	\$386.30	\$386.30	\$386.30
Market Level Adjustments:									
Reinsurance	1.0059	1.0059	1.0059	1.0059	1.0059	1.0059	1.0059	1.0059	1.0059
Risk Adjustment	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445
Exchange User Fees	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Market Adjusted Index Rate (PMPM)	\$405.86	\$405.86	\$405.86	\$405.86	\$405.86	\$405.86	\$405.86	\$405.86	\$405.86
Plan Level Adjustments									
Cost-Share Factor	0.5516	0.4190	0.9652	0.8057	0.7702	0.9127	0.7261	0.5933	0.4724
Network &UM	0.9848	0.9848	0.9379	0.9379	0.9379	0.9379	0.9379	0.9379	0.9379
Non-EHB *	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055
Catastrophic Adj	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Distribution and Admin Cost	1.3737	1.3737	1.3737	1.3737	1.3737	1.3737	1.3737	1.3737	1.3737
Plan Adjusted Index Rate (PMPM)	\$304.54	\$231.35	\$507.51	\$423.66	\$404.96	\$479.88	\$381.81	\$311.94	\$248.38
Calibrations to Consumer Level Rating Factors									
Age Calibration	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497
Geo Calibration	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Tobacco Calibration	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Consumer Level Base Rate	\$289.21	\$219.71	\$481.96	\$402.34	\$384.58	\$455.73	\$362.59	\$296.24	\$235.88
Pricing AV	75.0%	57.0%	125.0%	104.4%	99.8%	118.2%	94.1%	76.9%	61.2%
Estimated Plan DICR	72.4%	72.4%	72.4%	72.4%	72.4%	72.4%	72.4%	72.4%	72.4%
Projected Member Months	228	516	12,012	228	2,700	228	228	228	228
Membership Distribution	0.2%	0.5%	12.6%	0.2%	2.8%	0.2%	0.2%	0.2%	0.2%

* Covers abortion claims for all plans.

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016
BlueChoice Plan Level Rate Derivation - 7/1/2016

Assumes Index Rate = Projected Pool Allowed Claims PMPM for EHB

Plan	BlueChoice Plus Opt-Out Platinum 0	HealthyBlue Plus Platinum 500	BlueChoice Plus Gold 500	HealthyBlue Plus Platinum 1000	BlueChoice Plus Gold 1000	HealthyBlue Plus Gold 1500	BlueChoice Plus HSA/HRA Silver 1500	HealthyBlue Plus HSA/HRA Silver 2000	BlueChoice Plus HSA/HRA Silver 3000	BlueChoice Plus HSA/HRA Bronze 5000
HIOS Product ID	86052DC058	86052DC050	86052DC050	86052DC050	86052DC050	86052DC050	86052DC050	86052DC050	86052DC050	86052DC050
HIOS Plan ID	86052DC0580001	86052DC0500012	86052DC0500016	86052DC0500013	86052DC0500015	86052DC0500011	86052DC0500009	86052DC0500014	86052DC0500010	86052DC0500017
Metal Level	Platinum	Platinum	Gold	Platinum	Gold	Gold	Silver	Silver	Silver	Bronze
Metallic AV	91.09%	88.90%	81.50%	88.04%	79.07%	81.78%	71.57%	71.91%	68.19%	61.93%
On / Off Exchange	On	On	On	On	On	On	On	On	On	On
Network Type	Open Access Opt-Out	Open Access Plus	Open Access Plus	Open Access Plus	Open Access Plus	Open Access Plus	Open Access Plus	Open Access Plus	Open Access Plus	Open Access Plus
High Level Benefit Description										
Integrated	Y/N	N	N	N	N	N	Y	Y	Y	Y
Individual Deductible	\$0 Med / \$0 Rx	\$500 Med / \$0 Rx	\$500 Med / \$250 Rx	\$1,000 Med / \$0 Rx	\$1,000 Med / \$250 Rx	\$1,500 Med / \$0 Rx	\$1,500 (Integrated)	\$2,000 (Integrated)	\$3,000 (Integrated)	\$5,000 (Integrated)
Individual OOP Max	\$1,500	\$1,500	\$4,000	\$1,500	\$4,000	\$5,500	\$6,550	\$6,550	\$4,750	\$6,550
Member Copay/Coinsurance	\$10 PCP/\$20 Spec/\$100 ER/\$200 IP	\$0 PCP/\$30 Spec/\$200 ER/\$500 IP	\$15 PCP/\$30 Spec/\$250 ER/\$400 IP	\$0 PCP/\$30 Spec/\$200 ER/\$500 IP	\$15 PCP/\$30 Spec/\$250 ER/\$400 IP	\$0 PCP/\$30 Spec/\$200 ER/\$500 IP	\$25 PCP/\$50 Spec/\$250 ER/\$500 IP	\$0 PCP/\$45 Spec/\$200 ER/\$500 IP	\$25 PCP/\$50 Spec/\$250 ER/\$500 IP	\$50 PCP/\$100 Spec/\$250 ER/\$500 IP
Rx Copays:										
Retail Generic	\$10	\$0	\$10	\$0	\$10	\$0	\$10	\$0	\$10	\$10
Retail Preferred Brand	\$45	\$45	\$45	\$45	\$45	\$45	\$45	\$45	\$45	\$45
Retail NonPreferred Brand	\$65	\$65	\$65	\$65	\$65	\$65	\$65	\$65	\$65	\$65
Specialty	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)
Embedded Pediatric Dental Benefit										
Deductible (Class 2-4)	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25
Class 1	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Class 2	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%
Class 3	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%
Class 4	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
Class 5	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
Out of Pocket Max	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx
Index Rate (Projected EHB Allowed PMPM)	\$386.30	\$386.30	\$386.30	\$386.30	\$386.30	\$386.30	\$386.30	\$386.30	\$386.30	\$386.30
Market Level Adjustments:										
Reinsurance	1.0059	1.0059	1.0059	1.0059	1.0059	1.0059	1.0059	1.0059	1.0059	1.0059
Risk Adjustment	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445
Exchange User Fees	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Market Adjusted Index Rate (PMPM)	\$405.86	\$405.86	\$405.86	\$405.86	\$405.86	\$405.86	\$405.86	\$405.86	\$405.86	\$405.86
Plan Level Adjustments										
Cost-Share Factor	0.9652	0.9595	0.7702	0.9249	0.7465	0.8032	0.5902	0.5951	0.5516	0.4190
Network &UM	0.9982	1.0115	1.0115	1.0115	1.0115	1.0115	1.0115	1.0115	1.0115	1.0115
Non-EHB *	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055
Catastrophic Adj	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Distribution and Admin Cost	1.3737	1.3737	1.3737	1.3737	1.3737	1.3737	1.3737	1.3737	1.3737	1.3737
Plan Adjusted Index Rate (PMPM)	\$540.10	\$544.11	\$436.73	\$524.46	\$423.32	\$455.46	\$334.66	\$337.47	\$312.79	\$237.62
Calibrations to Consumer Level Rating Factors										
Age Calibration	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497
Geo Calibration	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Tobacco Calibration	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Consumer Level Base Rate	\$512.92	\$516.72	\$414.75	\$498.07	\$402.02	\$432.53	\$317.82	\$320.49	\$297.05	\$225.66
Pricing AV	133.1%	134.1%	107.6%	129.2%	104.3%	112.2%	82.5%	83.2%	77.1%	58.5%
Estimated Plan DICR	72.4%	72.4%	72.4%	72.4%	72.4%	72.4%	72.4%	72.4%	72.4%	72.4%
Projected Member Months	17,928	4,752	228	1,200	228	3,384	3,036	1,092	1,428	228
Membership Distribution	18.8%	5.0%	0.2%	1.3%	0.2%	3.5%	3.2%	1.1%	1.5%	0.2%

* Covers abortion claims for all plans.

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016
BlueChoice Plan Level Rate Derivation - 7/1/2016

Assumes Index Rate = Projected Pool Allowed Claims PMPM for EHB

Plan	BlueChoice Advantage Platinum 0	HealthyBlue Advantage Platinum 500	BlueChoice Advantage Gold 500	HealthyBlue Advantage Platinum 1000	BlueChoice Advantage Gold 1000	HealthyBlue Advantage Gold 1500	BlueChoice Advantage HSA/HRA Silver 1500	HealthyBlue Advantage HSA/HRA Silver 2000	BlueChoice Advantage HSA/HRA Silver 3000	BlueChoice Advantage HSA/HRA Bronze 5000
HIOS Product ID	86052DC044	86052DC044	86052DC044	86052DC044	86052DC044	86052DC044	86052DC044	86052DC044	86052DC044	86052DC044
HIOS Plan ID	86052DC0440012	86052DC0440015	86052DC0440011	86052DC0440016	86052DC0440010	86052DC0440014	86052DC0440013	86052DC0440017	86052DC0440019	86052DC0440018
Metal Level	Platinum	Platinum	Gold	Platinum	Gold	Gold	Silver	Silver	Silver	Bronze
Metallic AV	91.09%	88.90%	81.50%	88.04%	79.07%	81.78%	71.57%	71.91%	68.19%	61.93%
On / Off Exchange	On	On	On	On	On	On	On	On	On	On
Network Type	Open Access Advantage									
High Level Benefit Description										
Integrated	Y/N	N	N	N	N	N	Y	Y	Y	Y
Individual Deductible	\$0 Med / \$0 Rx	\$500 Med / \$0 Rx	\$500 Med / \$250 Rx	\$1,000 Med / \$0 Rx	\$1,000 Med / \$250 Rx	\$1,500 Med / \$0 Rx	\$1,500 (Integrated)	\$2,000 (Integrated)	\$3,000 (Integrated)	\$5,000 (Integrated)
Individual OOP Max	\$1,500	\$1,500	\$4,000	\$1,500	\$4,000	\$5,500	\$6,550	\$6,550	\$4,750	\$6,550
Member Copay/Coinsurance	\$10 PCP/\$20 Spec/\$100 ER/\$200 IP	\$0 PCP/\$30 Spec/\$200 ER/\$500 IP	\$15 PCP/\$30 Spec/\$250 ER/\$400 IP	\$0 PCP/\$30 Spec/\$200 ER/\$500 IP	\$15 PCP/\$30 Spec/\$250 ER/\$400 IP	\$0 PCP/\$30 Spec/\$200 ER/\$500 IP	\$25 PCP/\$50 Spec/\$250 ER/\$500 IP	\$0 PCP/\$45 Spec/\$200 ER/\$500 IP	\$25 PCP/\$50 Spec/\$250 ER/\$500 IP	\$50 PCP/\$100 Spec/\$250 ER/\$500 IP
Rx Copays:										
Retail Generic	\$10	\$0	\$10	\$0	\$10	\$0	\$10	\$0	\$10	\$10
Retail Preferred Brand	\$45	\$45	\$45	\$45	\$45	\$45	\$45	\$45	\$45	\$45
Retail NonPreferred Brand	\$65	\$65	\$65	\$65	\$65	\$65	\$65	\$65	\$65	\$65
Specialty	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)
Embedded Pediatric Dental Benefit										
Deductible (Class 2-4)	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25
Class 1	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Class 2	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%
Class 3	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%
Class 4	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
Class 5	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
Out of Pocket Max	Embedded in Med & Rx									
Index Rate (Projected EHB Allowed PMPM)	\$386.30	\$386.30	\$386.30	\$386.30	\$386.30	\$386.30	\$386.30	\$386.30	\$386.30	\$386.30
Market Level Adjustments:										
Reinsurance	1.0059	1.0059	1.0059	1.0059	1.0059	1.0059	1.0059	1.0059	1.0059	1.0059
Risk Adjustment	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445
Exchange User Fees	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Market Adjusted Index Rate (PMPM)	\$405.86	\$405.86	\$405.86	\$405.86	\$405.86	\$405.86	\$405.86	\$405.86	\$405.86	\$405.86
Plan Level Adjustments										
Cost-Share Factor	0.9652	0.9595	0.7702	0.9249	0.7465	0.8032	0.5902	0.5951	0.5516	0.4190
Network &UM	1.0549	1.0549	1.0549	1.0549	1.0549	1.0549	1.0549	1.0549	1.0549	1.0549
Non-EHB *	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055
Catastrophic Adj	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Distribution and Admin Cost	1.3737	1.3737	1.3737	1.3737	1.3737	1.3737	1.3737	1.3737	1.3737	1.3737
Plan Adjusted Index Rate (PMPM)	\$570.80	\$567.45	\$455.47	\$546.96	\$441.48	\$474.99	\$349.02	\$351.95	\$326.21	\$247.82
Calibrations to Consumer Level Rating Factors										
Age Calibration	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497
Geo Calibration	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Tobacco Calibration	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Consumer Level Base Rate	\$542.07	\$538.89	\$432.54	\$519.43	\$419.26	\$451.09	\$331.45	\$334.24	\$309.79	\$235.34
Pricing AV	140.6%	139.8%	112.2%	134.8%	108.8%	117.0%	86.0%	86.7%	80.4%	61.1%
Estimated Plan DICR	72.4%	72.4%	72.4%	72.4%	72.4%	72.4%	72.4%	72.4%	72.4%	72.4%
Projected Member Months	3,624	2,280	744	1,152	1,980	8,856	2,196	2,676	228	228
Membership Distribution	3.8%	2.4%	0.8%	1.2%	2.1%	9.3%	2.3%	2.8%	0.2%	0.2%

* Covers abortion claims for all plans.

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016
BlueChoice Plan Level Rate Derivation - 10/1/2016

Assumes Index Rate = Projected Pool Allowed Claims PMPM for EHB

Plan	BlueChoice HMO Platinum 0	HealthyBlue HMO Platinum 500	BlueChoice HMO Gold 500	HealthyBlue HMO Platinum 1000	BlueChoice HMO Silver 1000	HealthyBlue HMO Gold 1500	BlueChoice HMO Gold 1500	BlueChoice HMO HSA/HRA Silver 1500	HealthyBlue HMO HSA/HRA Silver 2000	BlueChoice HMO HSA/HRA Silver 2000	
HIOS Product ID	86052DC046	86052DC046	86052DC046	86052DC046	86052DC046	86052DC046	86052DC046	86052DC046	86052DC046	86052DC046	
HIOS Plan ID	86052DC0460011	86052DC0460016	86052DC0460010	86052DC0460017	86052DC0460020	86052DC0460015	86052DC0460009	86052DC0460012	86052DC0460018	86052DC0460013	
Metal Level	Platinum	Platinum	Gold	Platinum	Silver	Gold	Gold	Silver	Silver	Silver	
Metallic AV	91.09%	88.90%	81.50%	88.04%	71.45%	81.78%	78.01%	71.57%	71.91%	69.59%	
On / Off Exchange	On	On	On	On	On	On	On	On	On	On	
Network Type	Open Access	Open Access	Open Access	Open Access	Open Access	Open Access	Open Access	Open Access	Open Access	Open Access	
High Level Benefit Description											
Integrated Individual Deductible	Y/N	N	N	N	N	N	N	Y	Y	Y	
Individual OOP Max		\$0 Med / \$0 Rx	\$500 Med / \$0 Rx	\$500 Med / \$250 Rx	\$1,000 Med / \$0 Rx	\$1,000 Med / \$100 Rx	\$1,500 Med / \$0 Rx	\$1,500 Med / \$250 Rx	\$1,500 (Integrated)	\$2,000 (Integrated)	\$2,000 (Integrated)
Member Copay/Coinsurance		\$10 PCP/\$20 Spec/\$100 ER/\$200 IP	\$0 PCP/\$30 Spec/\$200 ER/\$500 IP	\$15 PCP/\$30 Spec/\$250 ER/\$400 IP	\$0 PCP/\$30 Spec/\$200 ER/\$500 IP	\$40 PCP/\$80 Spec/\$400 ER/\$500 IP	\$0 PCP/\$30 Spec/\$200 ER/\$500 IP	\$15 PCP/\$30 Spec/\$250 ER/\$400 IP	\$25 PCP/\$50 Spec/\$250 ER/\$500 IP	\$0 PCP/\$45 Spec/\$200 ER/\$500 IP	\$25 PCP/\$50 Spec/\$250 ER/\$500 IP
Rx Copays:											
Retail Generic		\$10	\$0	\$10	\$0	\$10	\$0	\$10	\$10	\$0	\$10
Retail Preferred Brand		\$45	\$45	\$45	\$45	\$45	\$45	\$45	\$45	\$45	\$45
Retail NonPreferred Brand		\$65	\$65	\$65	\$65	\$65	\$65	\$65	\$65	\$65	\$65
Specialty		50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)
Embedded Pediatric Dental Benefit											
Deductible (Class 2-4)		\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	
Class 1		0%	0%	0%	0%	0%	0%	0%	0%	0%	
Class 2		20%	20%	20%	20%	20%	20%	20%	20%	20%	
Class 3		20%	20%	20%	20%	20%	20%	20%	20%	20%	
Class 4		50%	50%	50%	50%	50%	50%	50%	50%	50%	
Class 5		50%	50%	50%	50%	50%	50%	50%	50%	50%	
Out of Pocket Max		Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx
Index Rate (Projected EHB Allowed PMPM)		\$393.25	\$393.25	\$393.25	\$393.25	\$393.25	\$393.25	\$393.25	\$393.25	\$393.25	\$393.25
Market Level Adjustments:											
Reinsurance		1.0058	1.0058	1.0058	1.0058	1.0058	1.0058	1.0058	1.0058	1.0058	1.0058
Risk Adjustment		1.0445	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445
Exchange User Fees		1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Market Adjusted Index Rate (PMPM)		\$413.11	\$413.11	\$413.11	\$413.11	\$413.11	\$413.11	\$413.11	\$413.11	\$413.11	\$413.11
Plan Level Adjustments											
Cost-Share Factor		0.9652	0.9595	0.7702	0.9249	0.6258	0.8032	0.7412	0.5902	0.5951	0.5696
Network &UM		0.9848	0.9848	0.9848	0.9848	0.9848	0.9848	0.9848	0.9848	0.9848	0.9848
Non-EHB *		1.0055	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055
Catastrophic Adj		1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Distribution and Admin Cost		1.3698	1.3698	1.3698	1.3698	1.3698	1.3698	1.3698	1.3698	1.3698	1.3698
Plan Adjusted Index Rate (PMPM)		\$540.85	\$537.68	\$431.57	\$518.26	\$350.65	\$450.07	\$415.36	\$330.71	\$333.48	\$319.18
Calibrations to Consumer Level Rating Factors											
Age Calibration		0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497
Geo Calibration		1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Tobacco Calibration		1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Consumer Level Base Rate		\$513.63	\$510.61	\$409.84	\$492.18	\$333.00	\$427.42	\$394.45	\$314.06	\$316.70	\$303.11
Pricing AV		130.9%	130.2%	104.5%	125.5%	84.9%	108.9%	100.5%	80.1%	80.7%	77.3%
Estimated Plan DICR		72.6%	72.6%	72.6%	72.6%	72.6%	72.6%	72.6%	72.6%	72.6%	72.6%
Projected Member Months		19,080	2,076	11,700	900	624	5,148	660	6,648	5,736	5,724
Membership Distribution		7.4%	0.8%	4.5%	0.3%	0.2%	2.0%	0.3%	2.6%	2.2%	2.2%

* Covers abortion claims for all plans.

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016
BlueChoice Plan Level Rate Derivation - 10/1/2016

Assumes Index Rate = Projected Pool Allowed Claims PMPM for EHB

Plan	BlueChoice HMO HSA/HRA Silver 3000	BlueChoice HMO HSA/HRA Bronze 5000	BlueChoice HMO Referral Platinum 0	BlueChoice HMO Referral Gold 0	BlueChoice HMO Referral Gold 500	BlueChoice HMO Referral Platinum 1000	BlueChoice HMO Referral Gold 80	BlueChoice HMO Referral Silver 70	BlueChoice HMO Referral Bronze 5500
HIOS Product ID	86052DC046	86052DC046	86052DC048	86052DC048	86052DC048	86052DC048	86052DC048	86052DC048	86052DC048
HIOS Plan ID	86052DC0460019	86052DC0460014	86052DC0480007	86052DC0480010	86052DC0480008	86052DC0480012	86052DC0480011	86052DC0480013	86052DC0480009
Metal Level	Silver	Bronze	Platinum	Gold	Gold	Platinum	Gold	Silver	Bronze
Metallic AV	68.19%	61.93%	91.09%	81.80%	81.50%	88.11%	78.22%	70.07%	61.99%
On / Off Exchange	On	On	On	On	On	On	On	On	On
Network Type	Open Access	Open Access	Lock In / Referral	Lock In / Referral	Lock In / Referral	Lock In / Referral	Lock In / Referral	Lock In / Referral	Lock In / Referral
High Level Benefit Description									
Integrated Individual Deductible	Y	Y	N	N	N	N	N	N	N
Individual OOP Max	\$3,000 (Integrated)	\$5,000 (Integrated)	\$0 Med / \$0 Rx	\$0 Med / \$0 Rx	\$500 Med / \$250 Rx	\$1000 Med / \$0 Rx	\$1000 Med / \$0 Rx	\$2000 Med / \$500 Rx	\$5,500 Med / \$100 Rx
Member Copay/Coinsurance	\$25 PCP/\$50 Spec/\$250 ER/\$500 IP	\$50 PCP/\$100 Spec/\$250 ER/\$500 IP	\$10 PCP/\$20 Spec/\$100 ER/\$200 IP	\$30 PCP/\$40 Spec/\$250 ER/\$500 IP	\$15 PCP/\$30 Spec/\$250 ER/\$400 IP	\$5 PCP/\$15 Spec/\$100 ER/\$200 IP	\$20 PCP/\$40 Spec/20% ER/20% IP	\$35 PCP/\$70 Spec/30% ER/30% IP	\$25 PCP/\$50 Spec/\$300 ER/\$500 IP
Rx Copays:									
Retail Generic	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10
Retail Preferred Brand	\$45	\$45	\$45	\$45	\$45	\$45	\$45	\$45	\$75
Retail NonPreferred Brand	\$65	\$65	\$65	\$65	\$65	\$65	\$65	\$65	\$150
Specialty	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	\$150
Embedded Pediatric Dental Benefit									
Deductible (Class 2-4)	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25
Class 1	0%	0%	0%	0%	0%	0%	0%	0%	0%
Class 2	20%	20%	20%	20%	20%	20%	20%	20%	20%
Class 3	20%	20%	20%	20%	20%	20%	20%	20%	20%
Class 4	50%	50%	50%	50%	50%	50%	50%	50%	50%
Class 5	50%	50%	50%	50%	50%	50%	50%	50%	50%
Out of Pocket Max	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx
Index Rate (Projected EHB Allowed PMPM)	\$393.25	\$393.25	\$393.25	\$393.25	\$393.25	\$393.25	\$393.25	\$393.25	\$393.25
Market Level Adjustments:									
Reinsurance	1.0058	1.0058	1.0058	1.0058	1.0058	1.0058	1.0058	1.0058	1.0058
Risk Adjustment	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445
Exchange User Fees	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Market Adjusted Index Rate (PMPM)	\$413.11	\$413.11	\$413.11	\$413.11	\$413.11	\$413.11	\$413.11	\$413.11	\$413.11
Plan Level Adjustments									
Cost-Share Factor	0.5516	0.4190	0.9652	0.8057	0.7702	0.9127	0.7261	0.5933	0.4724
Network &UM	0.9848	0.9848	0.9379	0.9379	0.9379	0.9379	0.9379	0.9379	0.9379
Non-EHB *	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055
Catastrophic Adj	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Distribution and Admin Cost	1.3698	1.3698	1.3698	1.3698	1.3698	1.3698	1.3698	1.3698	1.3698
Plan Adjusted Index Rate (PMPM)	\$309.10	\$234.81	\$515.10	\$430.00	\$411.02	\$487.06	\$387.52	\$316.60	\$252.09
Calibrations to Consumer Level Rating Factors									
Age Calibration	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497
Geo Calibration	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Tobacco Calibration	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Consumer Level Base Rate	\$293.54	\$222.99	\$489.17	\$408.35	\$390.33	\$462.55	\$368.02	\$300.67	\$239.40
Pricing AV	74.8%	56.8%	124.7%	104.1%	99.5%	117.9%	93.8%	76.6%	61.0%
Estimated Plan DICR	72.6%	72.6%	72.6%	72.6%	72.6%	72.6%	72.6%	72.6%	72.6%
Projected Member Months	624	1,404	32,604	624	7,332	624	624	624	624
Membership Distribution	0.2%	0.5%	12.6%	0.2%	2.8%	0.2%	0.2%	0.2%	0.2%

* Covers abortion claims for all plans.

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016
BlueChoice Plan Level Rate Derivation - 10/1/2016

Assumes Index Rate = Projected Pool Allowed Claims PMPM for EHB

Plan	BlueChoice Plus Opt-Out Platinum 0	HealthyBlue Plus Platinum 500	BlueChoice Plus Gold 500	HealthyBlue Plus Platinum 1000	BlueChoice Plus Gold 1000	HealthyBlue Plus Gold 1500	BlueChoice Plus HSA/HRA Silver 1500	HealthyBlue Plus HSA/HRA Silver 2000	BlueChoice Plus HSA/HRA Silver 3000	BlueChoice Plus HSA/HRA Bronze 5000	
HIOS Product ID	86052DC058	86052DC050	86052DC050	86052DC050	86052DC050	86052DC050	86052DC050	86052DC050	86052DC050	86052DC050	
HIOS Plan ID	86052DC0580001	86052DC0500012	86052DC0500016	86052DC0500013	86052DC0500015	86052DC0500011	86052DC0500009	86052DC0500014	86052DC0500010	86052DC0500017	
Metal Level	Platinum	Platinum	Gold	Platinum	Gold	Gold	Silver	Silver	Silver	Bronze	
Metallic AV	91.09%	88.90%	81.50%	88.04%	79.07%	81.78%	71.57%	71.91%	68.19%	61.93%	
On / Off Exchange	On	On	On	On	On	On	On	On	On	On	
Network Type	Open Access Opt-Out	Open Access Plus	Open Access Plus	Open Access Plus							
High Level Benefit Description											
Integrated Individual Deductible	Y/N	N	N	N	N	N	Y	Y	Y	Y	
Individual OOP Max		\$0 Med / \$0 Rx	\$500 Med / \$0 Rx	\$500 Med / \$250 Rx	\$1,000 Med / \$0 Rx	\$1,000 Med / \$250 Rx	\$1,500 Med / \$0 Rx	\$1,500 (Integrated)	\$2,000 (Integrated)	\$3,000 (Integrated)	\$5,000 (Integrated)
Member Copay/Coinsurance		\$10 PCP/\$20 Spec/\$100 ER/\$200 IP	\$0 PCP/\$30 Spec/\$200 ER/\$500 IP	\$15 PCP/\$30 Spec/\$250 ER/\$400 IP	\$0 PCP/\$30 Spec/\$200 ER/\$500 IP	\$15 PCP/\$30 Spec/\$250 ER/\$400 IP	\$0 PCP/\$30 Spec/\$200 ER/\$500 IP	\$25 PCP/\$50 Spec/\$250 ER/\$500 IP	\$0 PCP/\$45 Spec/\$200 ER/\$500 IP	\$25 PCP/\$50 Spec/\$250 ER/\$500 IP	\$50 PCP/\$100 Spec/\$250 ER/\$500 IP
Rx Copays:											
Retail Generic		\$10	\$0	\$10	\$0	\$10	\$0	\$10	\$0	\$10	\$10
Retail Preferred Brand		\$45	\$45	\$45	\$45	\$45	\$45	\$45	\$45	\$45	\$45
Retail NonPreferred Brand		\$65	\$65	\$65	\$65	\$65	\$65	\$65	\$65	\$65	\$65
Specialty		50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)
Embedded Pediatric Dental Benefit											
Deductible (Class 2-4)		\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	
Class 1		0%	0%	0%	0%	0%	0%	0%	0%	0%	
Class 2		20%	20%	20%	20%	20%	20%	20%	20%	20%	
Class 3		20%	20%	20%	20%	20%	20%	20%	20%	20%	
Class 4		50%	50%	50%	50%	50%	50%	50%	50%	50%	
Class 5		50%	50%	50%	50%	50%	50%	50%	50%	50%	
Out of Pocket Max		Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	
Index Rate (Projected EHB Allowed PMPM)		\$393.25	\$393.25	\$393.25	\$393.25	\$393.25	\$393.25	\$393.25	\$393.25	\$393.25	
Market Level Adjustments:											
Reinsurance		1.0058	1.0058	1.0058	1.0058	1.0058	1.0058	1.0058	1.0058	1.0058	
Risk Adjustment		1.0445	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445	
Exchange User Fees		1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	
Market Adjusted Index Rate (PMPM)		\$413.11	\$413.11	\$413.11	\$413.11	\$413.11	\$413.11	\$413.11	\$413.11	\$413.11	
Plan Level Adjustments											
Cost-Share Factor		0.9652	0.9595	0.7702	0.9249	0.7465	0.8032	0.5902	0.5951	0.5516	0.4190
Network &UM		0.9982	1.0115	1.0115	1.0115	1.0115	1.0115	1.0115	1.0115	1.0115	
Non-EHB *		1.0055	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055	
Catastrophic Adj		1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	
Distribution and Admin Cost		1.3698	1.3698	1.3698	1.3698	1.3698	1.3698	1.3698	1.3698	1.3698	
Plan Adjusted Index Rate (PMPM)		\$548.18	\$552.25	\$443.26	\$532.31	\$429.65	\$462.27	\$339.67	\$342.52	\$317.47	\$241.18
Calibrations to Consumer Level Rating Factors											
Age Calibration		0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	
Geo Calibration		1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	
Tobacco Calibration		1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	
Consumer Level Base Rate		\$520.59	\$524.45	\$420.95	\$505.51	\$408.03	\$439.00	\$322.57	\$325.28	\$301.49	\$229.04
Pricing AV		132.7%	133.7%	107.3%	128.9%	104.0%	111.9%	82.2%	82.9%	76.8%	58.4%
Estimated Plan DICR		72.6%	72.6%	72.6%	72.6%	72.6%	72.6%	72.6%	72.6%	72.6%	
Projected Member Months		48,648	12,864	624	3,264	624	9,216	8,244	2,976	3,864	624
Membership Distribution		18.8%	5.0%	0.2%	1.3%	0.2%	3.6%	3.2%	1.1%	1.5%	0.2%

* Covers abortion claims for all plans.

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016
BlueChoice Plan Level Rate Derivation - 10/1/2016

Assumes Index Rate = Projected Pool Allowed Claims PMPM for EHB

Plan	BlueChoice Advantage Platinum 0	HealthyBlue Advantage Platinum 500	BlueChoice Advantage Gold 500	HealthyBlue Advantage Platinum 1000	BlueChoice Advantage Gold 1000	HealthyBlue Advantage Gold 1500	BlueChoice Advantage HSA/HRA Silver 1500	HealthyBlue Advantage HSA/HRA Silver 2000	BlueChoice Advantage HSA/HRA Silver 3000	BlueChoice Advantage HSA/HRA Bronze 5000	
HIOS Product ID	86052DC044	86052DC044	86052DC044	86052DC044	86052DC044	86052DC044	86052DC044	86052DC044	86052DC044	86052DC044	
HIOS Plan ID	86052DC0440012	86052DC0440015	86052DC0440011	86052DC0440016	86052DC0440010	86052DC0440014	86052DC0440013	86052DC0440017	86052DC0440019	86052DC0440018	
Metal Level	Platinum	Platinum	Gold	Platinum	Gold	Gold	Silver	Silver	Silver	Bronze	
Metallic AV	91.09%	88.90%	81.50%	88.04%	79.07%	81.78%	71.57%	71.91%	68.19%	61.93%	
On / Off Exchange	On	On	On	On	On	On	On	On	On	On	
Network Type	Open Access Advantage	Open Access Advantage	Open Access Advantage	Open Access Advantage	Open Access Advantage	Open Access Advantage	Open Access Advantage	Open Access Advantage	Open Access Advantage	Open Access Advantage	
High Level Benefit Description											
Integrated Individual Deductible	Y/N	N	N	N	N	N	Y	Y	Y	Y	
Individual OOP Max		\$0 Med / \$0 Rx	\$500 Med / \$0 Rx	\$500 Med / \$250 Rx	\$1,000 Med / \$0 Rx	\$1,000 Med / \$250 Rx	\$1,500 Med / \$0 Rx	\$1,500 (Integrated)	\$2,000 (Integrated)	\$3,000 (Integrated)	\$5,000 (Integrated)
		\$1,500	\$1,500	\$4,000	\$1,500	\$4,000	\$5,500	\$6,550	\$6,550	\$4,750	\$6,550
Member Copay/Coinsurance		\$10 PCP/\$20 Spec/\$100 ER/\$200 IP	\$0 PCP/\$30 Spec/\$200 ER/\$500 IP	\$15 PCP/\$30 Spec/\$250 ER/\$400 IP	\$0 PCP/\$30 Spec/\$200 ER/\$500 IP	\$15 PCP/\$30 Spec/\$250 ER/\$400 IP	\$0 PCP/\$30 Spec/\$200 ER/\$500 IP	\$25 PCP/\$50 Spec/\$250 ER/\$500 IP	\$0 PCP/\$45 Spec/\$200 ER/\$500 IP	\$25 PCP/\$50 Spec/\$250 ER/\$500 IP	\$50 PCP/\$100 Spec/\$250 ER/\$500 IP
Rx Copays:											
Retail Generic		\$10	\$0	\$10	\$0	\$10	\$0	\$10	\$0	\$10	\$10
Retail Preferred Brand		\$45	\$45	\$45	\$45	\$45	\$45	\$45	\$45	\$45	\$45
Retail NonPreferred Brand		\$65	\$65	\$65	\$65	\$65	\$65	\$65	\$65	\$65	\$65
Specialty		50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)
Embedded Pediatric Dental Benefit											
Deductible (Class 2-4)		\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	
Class 1		0%	0%	0%	0%	0%	0%	0%	0%	0%	
Class 2		20%	20%	20%	20%	20%	20%	20%	20%	20%	
Class 3		20%	20%	20%	20%	20%	20%	20%	20%	20%	
Class 4		50%	50%	50%	50%	50%	50%	50%	50%	50%	
Class 5		50%	50%	50%	50%	50%	50%	50%	50%	50%	
Out of Pocket Max		Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	
Index Rate (Projected EHB Allowed PMPM)		\$393.25	\$393.25	\$393.25	\$393.25	\$393.25	\$393.25	\$393.25	\$393.25	\$393.25	
Market Level Adjustments:											
Reinsurance		1.0058	1.0058	1.0058	1.0058	1.0058	1.0058	1.0058	1.0058	1.0058	
Risk Adjustment		1.0445	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445	
Exchange User Fees		1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	
Market Adjusted Index Rate (PMPM)		\$413.11	\$413.11	\$413.11	\$413.11	\$413.11	\$413.11	\$413.11	\$413.11	\$413.11	
Plan Level Adjustments											
Cost-Share Factor		0.9652	0.9595	0.7702	0.9249	0.7465	0.8032	0.5902	0.5951	0.5516	0.4190
Network &UM		1.0549	1.0549	1.0549	1.0549	1.0549	1.0549	1.0549	1.0549	1.0549	
Non-EHB *		1.0055	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055	
Catastrophic Adj		1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	
Distribution and Admin Cost		1.3698	1.3698	1.3698	1.3698	1.3698	1.3698	1.3698	1.3698	1.3698	
Plan Adjusted Index Rate (PMPM)		\$579.34	\$575.94	\$462.28	\$555.14	\$448.08	\$482.10	\$354.24	\$357.21	\$331.09	\$251.52
Calibrations to Consumer Level Rating Factors											
Age Calibration		0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	
Geo Calibration		1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	
Tobacco Calibration		1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	
Consumer Level Base Rate		\$550.18	\$546.95	\$439.01	\$527.20	\$425.53	\$457.83	\$336.41	\$339.23	\$314.43	\$238.86
Pricing AV		140.2%	139.4%	111.9%	134.4%	108.5%	116.7%	85.7%	86.5%	80.1%	60.9%
Estimated Plan DICR		72.6%	72.6%	72.6%	72.6%	72.6%	72.6%	72.6%	72.6%	72.6%	
Projected Member Months		9,816	6,168	2,016	3,132	5,376	24,024	5,952	7,284	624	624
Membership Distribution		3.8%	2.4%	0.8%	1.2%	2.1%	9.3%	2.3%	2.8%	0.2%	0.2%

* Covers abortion claims for all plans.

CareFirst BlueChoice, Inc.
d.b.a. CareFirst BlueCross BlueShield
(NAIC # 96202)
D.C. Small Group SHOP Exchange Products
Rates Effective 01/01/2016
Single Risk Pool Desired Incurred Claims Ratio (DICR)

	Medical	Rx	Total
Projected Allowed Claims PMPM (EHB and Non-EHB)	\$ 278.09	\$ 96.85	\$ 374.94
Projected Paid / Allowed Ratio	83.8%	83.8%	83.8%
Adjustment for Risk Transfer			\$ 16.54
Projected Paid Claims PMPM (EHB and Non-EHB), Adjusted for Risk Transfer			\$ 328.09

	Total		Total (4Q15) **		% Δ
	PMPM	%	PMPM	%	
Projected Paid Claims (+ Capitations)	\$ 328.09	71.9%	\$ 329.92	74.4%	-2.5%
Admin Costs	\$ 37.13	8.1%	\$ 33.65	7.6%	0.6%
Patient Outcome Tax	\$ 0.19	0.0%	\$ 0.18	0.0%	0.0%
Reinsurance	\$ 2.26	0.5%	\$ 2.63	0.6%	-0.1%
Risk Adjustment User Fees	\$ 0.15	0.0%	\$ 0.08	0.0%	0.0%
Broker Commissions & Fees	\$ 31.82	7.0%	\$ 29.06	6.5%	0.4%
Contrib to Reserve	\$ 11.86	2.6%	\$ 5.77	1.3%	1.3%
Invst Income Credit **	\$ (0.00)	0.0%	\$ (0.00)	0.0%	0.0%
State Premium Tax **	\$ 9.13	2.0%	\$ 8.87	2.0%	0.0%
Assessment Fees **	\$ 0.52	0.1%	\$ 0.51	0.1%	0.0%
Federal Income Tax	\$ 6.39	1.4%	\$ 3.11	0.7%	0.7%
State Income Tax	\$ -	0.0%	\$ -	0.0%	0.0%
Exchange Assessment Fee	\$ 4.56	1.0%	\$ 4.44	1.0%	0.0%
Health Insurer Fee	\$ 14.60	3.2%	\$ 14.20	3.2%	0.0%
Exchange Fees	\$ -	0.0%	\$ -	0.0%	0.0%
Incentive Program *	\$ 9.60	2.1%	\$ 11.06	2.5%	-0.4%
CDH Expenses	\$ -	0.0%	\$ 0.26	0.1%	-0.1%
Total	\$ 456.32	100.0%	\$ 443.73	100.0%	

* The incentive program included in medical products is projected to be cost neutral such that the value of the member incentives is offset by the expected claims reduction.

** From approved BlueChoice DC Small Group filing effective 1/1/2015, SERFF tracking # CFAP-129567877.

Note: The Contribution to Reserve shown is post-tax. The pre-tax contribution is 4.0%.

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016

Support for DICR Components

Estimated Breakdown of Admin Costs

	% of Revenue
Salaries/Wages/Benefits	3.6%
Quality Improvement Activities	1.4%
Other General Admin	3.1%
Total Admin Costs	8.1%

ACA Fees

Patient Outcome Tax (PCORI):

Policy years ending 10/1/2015 - 9/30-2016	\$	2.25		PMPY
Divide by 12:	\$	0.19		PMPM
Policy years ending 10/1/2016 forward	\$	2.34		PMPY
Divide by 12:	\$	0.20		PMPM

Reinsurance Contribution 2016	\$	2.25		PMPM
Reinsurance Contribution 2017	\$	2.25		PMPM

Reinsurance Administrative Fee	\$	0.17		PMPY
Divide by 12:	\$	0.01		PMPM

Risk Adjustment User Fees	\$	1.75		PMPY
Divide by 12:	\$	0.15		PMPM

Health Insurer Fee 2016		3.2% of premium
Health Insurer Fee 2017		3.2% of premium

Exchange Fees		0.0% of premium
Exchange Assessment Fee 2016		1.0% of premium

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016
DICR & MLR

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
	SG DC BC Projected 1Q16			SG DC BC Projected 2Q16			SG DC BC Projected 3Q16			SG DC BC Projected 4Q16			SG DC BC Projected 2016				
	PMPM	%	\$s	PMPM	%	\$s	PMPM	%	\$s	PMPM	%	\$s	PMPM	%	\$s		
TRADITIONAL LOSS RATIO																	
Allowed Claims & Captns (EHB Only)	Medical		\$ 276.03			\$ 279.69			\$ 283.35			\$ 287.10			\$ 283.49		
	RX		\$ 96.85			\$ 99.85			\$ 102.95			\$ 106.14			\$ 103.10		
TOTAL			\$ 372.88			\$ 379.54			\$ 386.30			\$ 393.25			\$ 386.59		
Allowed Claims & Captns (EHB & Non-EHB)	Medical		\$ 278.09			\$ 281.77			\$ 285.47			\$ 289.25			\$ 285.61		
	RX		\$ 96.85			\$ 99.85			\$ 102.95			\$ 106.14			\$ 103.10		
TOTAL			\$ 374.94			\$ 381.63			\$ 388.42			\$ 395.39			\$ 388.70		
Projected EMMs			102,624			41,868			95,556			259,344			499,392		
Average Members			8,552			3,489			7,963			21,612			41,616		
%			21%			8%			19%			52%			100%		
Paid/Allowed Ratio			83.8%			83.9%			83.8%			83.8%			83.8%		
Paid Claims & Captns			\$ 314.23			\$ 320.00			\$ 325.60			\$ 331.41			\$ 325.81		
"3Rs"																	
Risk Corridor			n/a			n/a			n/a			n/a			n/a		
Risk Adjustment/Transfer (Paid Claims Basis)			\$ 13.86			\$ 14.12			\$ 14.37			\$ 14.62			\$ 14.38		
Reinsurance Recoveries (State & Federal)			\$ -			\$ -			\$ -			\$ -			\$ -		
(Individual Only, Paid Claims Basis)			\$ -			\$ -			\$ -			\$ -			\$ -		
Subtotal:			\$ 13.86			\$ 14.12			\$ 14.37			\$ 14.62			\$ 14.38		
Paid Claims & Captns (Post-3Rs)			\$ 328.09	71.9%	\$ 33,670,093	\$334.12	72.1%	\$ 13,988,828	\$339.96	72.3%	\$ 32,485,558	\$346.03	72.6%	\$ 89,741,854	\$ 340.19	72.4%	\$ 169,886,333
Administrative Expense			\$ 37.13	8.1%	\$ 3,810,578	\$ 37.13	8.0%	\$ 1,554,620	\$ 37.13	7.9%	\$ 3,548,133	\$ 37.13	7.8%	\$ 9,629,819	\$ 37.13	7.9%	\$ 18,543,149
Broker Commissions & Fee			\$ 31.82	7.0%	\$ 3,265,568	\$ 31.82	6.9%	\$ 1,332,269	\$ 31.82	6.8%	\$ 3,040,659	\$ 31.82	6.7%	\$ 8,252,508	\$ 31.82	6.8%	\$ 15,891,003
Contribution to Reserve (CR) - Post-FIT			\$ 11.86	2.6%	\$ 1,217,557	\$ 12.04	2.6%	\$ 504,250	\$ 12.22	2.6%	\$ 1,167,507	\$ 12.40	2.6%	\$ 3,215,649	\$ 12.22	2.6%	\$ 6,104,964
Investment Income Credit			\$ (0.00)	0.0%	\$ (46)	\$ (0.00)	0.0%	\$ (19)	\$ (0.00)	0.0%	\$ (44)	\$ (0.00)	0.0%	\$ (120)	\$ (0.00)	0.0%	\$ (229)
Non-ACA Taxes & Fees																	
State Premium Tax			\$ 9.13	2.0%	\$ 936,582	\$ 9.26	2.0%	\$ 387,885	\$ 9.40	2.0%	\$ 898,083	\$ 9.54	2.0%	\$ 2,473,576	\$ 9.40	2.0%	\$ 4,696,126
State Assessment Fees			\$ 0.52	0.1%	\$ 53,841	\$ 0.53	0.1%	\$ 22,298	\$ 0.54	0.1%	\$ 51,628	\$ 0.55	0.1%	\$ 142,198	\$ 0.54	0.1%	\$ 269,965
State Income Tax (SIT)			\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -
Federal Income Tax (FIT)			\$ 6.39	1.4%	\$ 655,608	\$ 6.49	1.4%	\$ 271,519	\$ 6.58	1.4%	\$ 628,658	\$ 6.68	1.4%	\$ 1,731,504	\$ 6.58	1.4%	\$ 3,287,288
ACA Taxes & Fees																	
Health Insurer Fee			\$ 14.60	3.2%	\$ 1,498,532	\$ 14.82	3.2%	\$ 620,615	\$ 15.04	3.2%	\$ 1,436,932	\$ 15.26	3.2%	\$ 3,957,722	\$ 15.05	3.2%	\$ 7,513,802
Reinsurance Contribution			\$ 2.25	0.5%	\$ 230,904	\$ 2.25	0.5%	\$ 94,203	\$ 2.25	0.5%	\$ 215,001	\$ 2.25	0.5%	\$ 583,524	\$ 2.25	0.5%	\$ 1,123,632
Reinsurance Administrative Fee			\$ 0.01	0.0%	\$ 1,454	\$ 0.01	0.0%	\$ 593	\$ 0.01	0.0%	\$ 1,354	\$ 0.01	0.0%	\$ 3,674	\$ 0.01	0.0%	\$ 7,075
Risk Adjustment User Fee			\$ 0.15	0.0%	\$ 15,394	\$ 0.15	0.0%	\$ 6,280	\$ 0.15	0.0%	\$ 14,333	\$ 0.15	0.0%	\$ 38,902	\$ 0.15	0.0%	\$ 74,909
Exchange Assessment Fee			\$ 4.56	1.0%	\$ 468,291	\$ 4.63	1.0%	\$ 193,942	\$ 4.70	1.0%	\$ 449,041	\$ 4.77	1.0%	\$ 1,236,788	\$ 4.70	1.0%	\$ 2,348,063
Exchange User Fees (FFEs Only)			\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -
Patient-Centered Outcomes Research Institute (PCORI) Tax			\$ 0.19	0.0%	\$ 19,242	\$ 0.19	0.0%	\$ 7,850	\$ 0.19	0.0%	\$ 17,917	\$ 0.19	0.0%	\$ 50,367	\$ 0.19	0.0%	\$ 95,376
BlueRewards/Incentive Program-Medical Debit Cards			\$ 9.60	2.1%	\$ 985,520	\$ 9.77	2.1%	\$ 409,097	\$ 9.94	2.1%	\$ 949,371	\$ 10.11	2.1%	\$ 2,620,858	\$ 9.94	2.1%	\$ 4,964,845
Other			\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -
TOTAL			\$ 456.32	100.0%	\$ 46,829,118	\$ 463.22	100.0%	\$ 19,394,230	\$ 469.92	100.0%	\$ 44,904,131	\$ 476.89	100.0%	\$ 123,678,822	\$ 470.18	100.0%	\$ 234,806,301
Contribution to Reserve (Ctr) - Pre-FIT				4.0%			4.0%			4.0%			4.0%		4.0%		
FHCR MEDICAL LOSS RATIO																	
Risk Adjustment			\$ 15.46		\$ 1,586,441	\$ 15.74		\$ 659,131	\$ 16.02		\$ 1,530,703	\$ 16.31		\$ 4,228,694	\$ 16.03		\$ 8,004,969
Reinsurance Receipts (Individual Only)			\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		
BlueRewards/Incentive Program-Medical Debit Cards			\$ 9.60		\$ 985,520	\$ 9.77		\$ 409,097	\$ 9.94		\$ 949,371	\$ 10.11		\$ 2,620,858	\$ 9.94		\$ 4,964,845
Quality Improvement Expenses			\$ 6.39		\$ 656,027	\$ 6.39		\$ 267,643	\$ 6.39		\$ 610,845	\$ 6.39		\$ 1,657,866	\$ 6.39		\$ 3,192,381
Removal of costs which we book as care, but are not considered care under MLR guidelines (including ITS fees)			\$ (3.55)		\$ (364,237)	\$ (3.55)		\$ (148,600)	\$ (3.55)		\$ (339,151)	\$ (3.55)		\$ (920,475)	\$ (3.55)		\$ (1,772,463)
Numerator (Claims) Adjustment			\$ 27.91		\$ 2,863,752	\$ 28.36		\$ 1,187,270	\$ 28.80		\$ 2,751,767	\$ 29.25		\$ 7,586,942	\$ 28.81		\$ 14,389,731
Non-ACA: Taxes & Regulatory Fees																	
State Premium Tax			\$ 9.13		\$ 936,582	\$ 9.26		\$ 387,885	\$ 9.40		\$ 898,083	\$ 9.54		\$ 2,473,576	\$ 9.40		\$ 4,696,126
State Assmt Fee			\$ 0.52		\$ 53,841	\$ 0.53		\$ 22,298	\$ 0.54		\$ 51,628	\$ 0.55		\$ 142,198	\$ 0.54		\$ 269,965
State Income Tax			\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		
Federal Income Tax			\$ 6.39		\$ 655,608	\$ 6.49		\$ 271,519	\$ 6.58		\$ 628,658	\$ 6.68		\$ 1,731,504	\$ 6.58		\$ 3,287,288
ACA: Taxes & Regulatory Fees																	
Health Insurer Fee			\$ 14.60		\$ 1,498,532	\$ 14.82		\$ 620,615	\$ 15.04		\$ 1,436,932	\$ 15.26		\$ 3,957,722	\$ 15.05		\$ 7,513,802
Reinsurance Contribution			\$ 2.25		\$ 230,904	\$ 2.25		\$ 94,203	\$ 2.25		\$ 215,001	\$ 2.25		\$ 583,524	\$ 2.25		\$ 1,123,632
Reinsurance Admin. Fee			\$ 0.01		\$ 1,454	\$ 0.01		\$ 593	\$ 0.01		\$ 1,354	\$ 0.01		\$ 3,674	\$ 0.01		\$ 7,075
Risk Adj User Fees			\$ 0.15		\$ 15,394	\$ 0.15		\$ 6,280	\$ 0.15		\$ 14,333	\$ 0.15		\$ 38,902	\$ 0.15		\$ 74,909
Exchange Assessment Fee			\$ 4.56		\$ 468,291	\$ 4.63		\$ 193,942	\$ 4.70		\$ 449,041	\$ 4.77		\$ 1,236,788	\$ 4.70		\$ 2,348,063
Exchange User Fee			\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		
PCORI			\$ 0.19		\$ 19,242	\$ 0.19		\$ 7,850	\$ 0.19		\$ 17,917	\$ 0.19		\$ 50,367	\$ 0.19		\$ 95,376
Denominator (Premium) Adjustment			\$ 37.81		\$ 3,879,847	\$ 38.34		\$ 1,605,186	\$ 38.86		\$ 3,712,947	\$ 39.40		\$ 10,218,255	\$ 38.88		\$ 19,416,235
FHCR Claims			\$ 342.13		\$ 35,111,043	\$ 348.36		\$ 14,584,956	\$ 354.39		\$ 33,864,512	\$ 360.66		\$ 93,536,287	\$ 354.62		\$ 177,096,798
FHCR MLR Premium			\$ 418.51		\$ 42,949,271	\$ 424.88		\$ 17,789,044	\$ 431.07		\$ 41,191,184	\$ 437.49		\$ 113,460,567	\$ 431.30		\$ 215,390,065
FHCR Loss Ratio			81.8%			82.0%			82.2%			82.4%			82.2%		

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016
DICR & MLR

	1	2	3	4
				Ind 64- DC BC Projected 2016
				PMPM % \$s
TRADITIONAL LOSS RATIO				
1	Allowed Claims & Captns (EHB Only)	Medical \$	276.03	
2		RX \$	96.85	
3		TOTAL \$	372.88	
4				
5	Allowed Claims & Captns (EHB & Non-EHB)	Medical \$	278.87	
6		RX \$	96.85	
7		TOTAL \$	375.72	
8				
9	Projected EMMs		169,332	
10	Average Members		14,111	
11				
12	Paid/Allowed Ratio		61.6%	
13	Paid Claims & Captns	\$	231.57	
14				
15				
16	"3Rs"			
17	Risk Corridor		n/a	
18	Risk Adjustment/Transfer (Paid Claims Basis)	\$	14.47	
19	Reinsurance Recoveries (State & Federal)	\$	(7.59)	
20	(Individual Only, Paid Claims Basis)			
21	Subtotal:	\$	6.88	
22				
23	Paid Claims & Captns (Post-3Rs)	\$	238.45	71.9% \$ 40,376,629
24	Administrative Expense	\$	48.95	14.8% \$ 8,288,209
25	Broker Commissions & Fee	\$	9.75	2.9% \$ 1,650,225
26	Contribution to Reserve (CR) - Post-FIT	\$	4.31	1.3% \$ 730,445
27	Investment Income Credit	\$	(0.00)	0.0% \$ (55)
28				
29	Non-ACA Taxes & Fees			
30	State Premium Tax	\$	6.64	2.0% \$ 1,123,761
31	State Assessment Fees	\$	0.14	0.0% \$ 24,366
32	State Income Tax (SIT)	\$	-	0.0% \$ -
33	Federal Income Tax (FIT)	\$	2.32	0.7% \$ 393,316
34				
35	ACA Taxes & Fees			
36	Health Insurer Fee	\$	10.62	3.2% \$ 1,798,018
37	Risk Adjustment User Fee	\$	0.15	0.0% \$ 25,400
38	Exchange Assessment Fee	\$	3.32	1.0% \$ 561,881
39	Exchange User Fees (FFEs Only)	\$	-	0.0% \$ -
40	Patient-Centered Outcomes Research Institute (PCORI) Tax	\$	0.18	0.1% \$ 30,549
41				
42	BlueRewards/Incentive Program-Medical Debit Cards	\$	7.00	2.1% \$ 1,185,324
43				
44	Other	\$	-	0.0% \$ -
45	TOTAL	\$	331.82	100.0% \$ 56,188,068
46				
47	Contribution to Reserve (CTR) - Pre-FIT			2.0%
48				
49	FHCR MEDICAL LOSS RATIO			
50	Risk Adjustment	\$	16.56	\$ 2,804,875
51	Reinsurance Receipts (Individual Only)	\$	(9.82)	\$ (1,663,094)
52	BlueRewards/Incentive Program-Medical Debit Cards	\$	7.00	\$ 1,185,324
53	Quality Improvement Expenses (net after MLR reclass from care)	\$	5.26	\$ 890,017
54	Removal of costs which we book as care, but are not considered care under MLR guidelines (including ITS fees)	\$	(1.25)	\$ (212,075)
55	Numerator (Claims) Adjustment	\$	17.75	\$ 3,005,046
56				
57	Non-ACA: Taxes & Regulatory Fees	State Premium Tax \$	6.64	\$ 1,123,761
58		State Assmt Fee \$	0.14	\$ 24,366
59		State Income Tax \$	-	\$ -
60		Federal Income Tax \$	2.32	\$ 393,316
61				
62	ACA: Taxes & Regulatory Fees	Health Insurer Fee \$	10.62	\$ 1,798,018
63		Reinsurance Contribution \$	2.25	\$ 380,997
64		Reinsurance Admin. Fee \$	0.01	\$ 2,399
65		Risk Adj User Fees \$	0.15	\$ 25,400
66		Exchange Assessment Fee \$	3.32	\$ 561,881
67		Exchange User Fee \$	-	\$ -
68		PCORI \$	0.18	\$ 30,549
69	Denominator (Premium) Adjustment	\$	25.63	\$ 4,340,688
70				
71	FHCR Claims	\$	249.31	\$ 42,216,947
72	FHCR MLR Premium	\$	306.19	\$ 51,847,381
73	FHCR Loss Ratio		81.4%	

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016
DICR & MLR

	1	2	3	4
		SG & Ind DC BC Projected 2016		
		PMPM	%	\$s
TRADITIONAL LOSS RATIO				
1 Allowed Claims & Captns (EHB Only)	Medical \$	281.60		
2	RX \$	101.51		
3	TOTAL \$	383.12		
4				
5 Allowed Claims & Captns (EHB & Non-EHB)	Medical \$	283.90		
6	RX \$	101.51		
7	TOTAL \$	385.41		
8				
9 Projected EMMs		668,724		
10 Average Members		55,727		
11				
12 Paid/Allowed Ratio		78.3%		
13 Paid Claims & Captns	\$	301.95		
14				
15 "3Rs"				
16 Risk Corridor		n/a		
17 Risk Adjustment/Transfer (Paid Claims Basis)	\$	14.40		
18 Reinsurance Recoveries (State & Federal) (Individual Only, Paid Claims Basis)	\$	(1.92)		
19 Subtotal:	\$	12.48		
20				
21 Paid Claims & Captns (Post-3Rs)	\$	314.42	72.3%	\$ 210,262,961
22 Administrative Expense	\$	40.12	9.2%	\$ 26,831,358
23 Broker Commissions & Fee	\$	26.23	6.0%	\$ 17,541,228
24 Contribution to Reserve (CTR) - Post-FIT	\$	10.22	2.3%	\$ 6,835,409
25 Investment Income Credit	\$	(0.00)	0.0%	\$ (283)
26				
27 Non-ACA Taxes & Fees				
28 State Premium Tax	\$	8.70	2.0%	\$ 5,819,887
29 State Assessment Fees	\$	0.44	0.1%	\$ 294,330
30 State Income Tax (SIT)	\$	-	0.0%	\$ -
31 Federal Income Tax (FIT)	\$	5.50	1.3%	\$ 3,680,605
32				
33 ACA Taxes & Fees				
34 Health Insurer Fee	\$	13.92	3.2%	\$ 9,311,820
35 Reinsurance Contribution	\$	1.68	0.4%	\$ 1,123,632
36 Reinsurance Administrative Fee	\$	0.01	0.0%	\$ 7,075
37 Risk Adjustment User Fee	\$	0.15	0.0%	\$ 100,309
38 Exchange Assessment Fee	\$	4.35	1.0%	\$ 2,909,944
39 Exchange User Fees (FEs Only)	\$	-	0.0%	\$ -
40 Patient-Centered Outcomes Research Institute (PCORI) Tax	\$	0.19	0.0%	\$ 125,926
41				
42 BlueRewards/Incentive Program-Medical Debit Cards	\$	9.20	2.1%	\$ 6,150,169
43				
44 Other	\$	-	0.0%	\$ -
45 TOTAL	\$	435.15	100.0%	\$ 290,994,369
46				
47 Contribution to Reserve (Ctr) - Pre-FIT			3.6%	
48				
49 FHCR MEDICAL LOSS RATIO				
50 Risk Adjustment	\$	16.16		\$ 10,809,843
51 Reinsurance Receipts (Individual Only)	\$	(2.49)		\$ (1,663,094)
52 BlueRewards/Incentive Program-Medical Debit Cards	\$	9.20		\$ 6,150,169
53 Quality Improvement Expenses	\$	6.10		\$ 4,082,397
54 Removal of costs which we book as care, but are not considered care under MLR guidelines (including ITS fees)	\$	(2.97)		\$ (1,984,538)
55 Numerator (Claims) Adjustment	\$	26.01		\$ 17,394,778
56				
57 Non-ACA: Taxes & Regulatory Fees	State Premium Tax \$	8.70		\$ 5,819,887
58	State Assmt Fee \$	0.44		\$ 294,330
59	State Income Tax \$	-		\$ -
60	Federal Income Tax \$	5.50		\$ 3,680,605
61				\$ -
62 ACA: Taxes & Regulatory Fees	Health Insurer Fee \$	13.92		\$ 9,311,820
63	Reinsurance Contribution \$	2.25		\$ 1,504,629
64	Reinsurance Admin. Fee \$	0.01		\$ 9,474
65	Risk Adj User Fees \$	0.15		\$ 100,309
66	Exchange Assessment Fee \$	4.35		\$ 2,909,944
67	Exchange User Fee \$	-		\$ -
68	PCORI \$	0.19		\$ 125,926
69 Denominator (Premium) Adjustment	\$	35.53		\$ 23,756,923
70				
71 FHCR Claims	\$	327.96		\$ 219,313,745
72 FHCR MLR Premium	\$	399.62		\$ 267,237,446
73 FHCR Loss Ratio			82.1%	

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016

Summary of Wakely Small Group Modeling

		(1)	(2)	(3)	(4) = (2) x 1.00	(5)	(6)	(7) = ((4)+(5))/(6) + 1
		Projected	Estimated Risk	Calculated	Proposed Risk	Risk	Projected Index	
		Index Rate	Adjustment PMPM	Risk	Adjustment PMPM	Adjustment	Rate After	
			(Applied to Projected	Adjustment	Applied to Projected	User Fee	Reinsurance	Proposed Value for
			Index Rate)	Factor	Index Rate	PMPM **	Adjustment	Rate Filing
BlueChoice	1Q16	\$ 372.88	\$ 16.54	1.044	\$ 16.54	\$ 0.15	\$ 375.15	1.0445
	2Q16	\$ 379.54	\$ 16.84	1.044	\$ 16.84	\$ 0.15	\$ 381.80	1.0445
	3Q16	\$ 386.30	\$ 17.14	1.044	\$ 17.14	\$ 0.15	\$ 388.57	1.0445
	4Q16	\$ 393.25	\$ 17.45	1.044	\$ 17.45	\$ 0.15	\$ 395.51	1.0445

* Assumes market risk score = 1.00.

** Risk Adjustment User Fee = \$1.75 PMPY / 12 = \$0.15 PMPM.

The proposed risk adjustment was developed based on a multi-carrier study conducted by Wakely Consulting Group.

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016
Support for Induced Demand Adjustment - Small Group/Individual Combined

		Item Calculation
2013 AV	87.17%	(1)
2013 Induced Demand Factor	1.272	(2)
2014 AV	84.12%	(3)
2014 Induced Demand Factor	1.241	(4)
2 Year Induced Demand Adjustment Implied in Utilization Trends	-4.7%	(5) $=\frac{(4)}{(2)}^2 - 1$
Projected 2016 AV	82.24%	(6)
2016 Induced Demand Factor	1.222	(7)
Induced Demand Impact Implied by Base Period and Projected Average AVs	-1.5%	(8) $=\frac{(7)}{(4)} - 1$
Explicit Induced Demand Adjustment Needed *	3.2%	(9) $=\frac{(8)}{(5)}$

Our selected utilization trends are based in large part on our rolling 12 experience trends. Inherent in these experience trends is a change in level of benefit generosity that has been experienced as groups / individuals have moved to more or less rich plans over time. This change in benefit generosity theoretically would have an induced demand impact similar to any projected changes in average benefit richness between the base and projection periods in this filing. As such, we feel that the only explicit induced demand adjustment needed is for projected changes in benefit richness above and beyond what is implied in our base experience.

Using the HHS Actuarial Value calculator, and valuing our plan designs in 2013 and 2014 we have derived the above “average AVs” to quantify the annual change in benefit richness implied in recent experience. Using the induced demand curve we have in this filing we have also estimated the amount of induced demand adjustment implied by these values over a two year period. Similarly we have estimated the amount of induced demand adjustment implied by the change in average AV between our experience period and projection period. The differential between these two estimates represents the needed explicit adjustment to the projected allowed PMPM. Please note that the HHS AV calculator was used in all cases in order to have a consistent measure of AV (benefit richness), to remove the impact of modeling error, and to maintain consistency with the plan level induced demand factors used.

* Applied under Projection Factors: Other in the Allowed PMPM Projection exhibits.

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016
Description of "Other" Adjustments to Experience Period Data

The adjustment descriptions below detail the build up of our "Other" multiplicative factors used in adjusting the experience period allowed PMPM amounts to the projection period. These adjustments coincide with those used in worksheet I section II of the URRT. Please see pages 43 - 49 for support of these factors.

Service Category	Other Factor	Description of Adjustment
Inpatient	1.011	Multiplicative factors of 1.010 for changes in average age of the pool, 0.971 to reflect the impact of the new Incentive Program, 1.000 to reflect decreased utilization in Ind 64- maternity, 1.031 to adjust for differences in induced demand between the experience period and projection period.
Outpatient	1.011	Multiplicative factors of 1.010 for changes in average age of the pool, 0.971 to reflect the impact of the new Incentive Program, 1.000 to reflect decreased utilization in Ind 64- maternity, 1.031 to adjust for differences in induced demand between the experience period and projection period.
Professional	1.044	Multiplicative factors of 1.010 for changes in average age of the pool, 1.028 for changes in treatment of ABA services, 0.971 to reflect the impact of the new Incentive Program, 1.000 to reflect decreased utilization in Ind 64- maternity, 1.031 to adjust for differences in induced demand between the experience period and projection period, and 1.004 to adjust for shifting of certain behavioral health capitation to being claims based.
Other	1.171	Multiplicative factors of 1.010 for changes in average age of the pool, 1.158 to reflect the impact of embedded pediatric dental benefit, 0.971 to reflect the impact of the new Incentive Program, 1.031 to adjust for differences in induced demand between the experience period and projection period.
Rx	0.984	Multiplicative factors of 1.004 to reflect changes in our Mandatory Generic policy. Also includes multiplicative factors of 1.010 for changes in average age of the pool, 0.971 to reflect the impact of the new Incentive Program, 1.000 to reflect decreased utilization in Ind 64- maternity, 1.031 to adjust for differences in induced demand between the experience period and projection period, and 0.970 to reflect a projected increase in pharmacy rebates.
Capitation	0.690	Multiplicative factor of 0.690 to adjust for changes in behavioral health capitations and the replacement of pre-ACA core vision with embedded pediatric and embedded adult vision.

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016

Support for "Other" Adjustment Factors

1. Factors to adjust for capitation schedule changes

	Allowed Claims	Item	Calculation
Experience Period Professional Allowed PMPM	\$ 104.54	(1)	
Experience Period Capitation PMPM	\$ 1.68	(2)	
Projected Difference in Professional Capitations PMPM due to Contractual Changes *	\$ (0.43)	(3)	
Projected Difference in Vision Capitations PMPM **	\$ (0.09)	(4)	

* Note: Case management of behavioral health will no longer be a capitated service and will instead be processed as a professional claim.

Adjustment Factor - Impact to Professional only (Blended Across Single Risk Pool)	0.4%	(5) = [(1)-(3)] / (1) -1
Adjustment Factor - Impact to Capitations only (Blended Across Single Risk Pool)	-31.0%	(6) = [(2)+(3)+(4)] / (2) -1

2. Pharmacy Rebates Adjustment

Ind 64-

CareFirst changed its Pharmacy Benefits Manager (PBM) in 2014 and has received increased pharmacy rebates as a result of this move. The 2014 experience period rebates are a blend of those received from the two different PBMs. In 2016 the rebates will be entirely from the new PBM. The adjustment below is the ratio of the rebate PMPM for the last 3 months of 2014, which is primarily the new PBM with higher rebates, over the average rebate PMPM for all of 2014.

Experience Period Allowed Rx PMPM (Pre-Rebate)	\$ 97.78	(1)
Experience Period Pharmacy Rebates PMPM	(\$2.04)	(2)
Projection Period Pharmacy Rebates PMPM	(\$3.22)	(3)
Rebate adjustment factor - Impact to Rx only (Ind64- Only)	-1.2%	(4) = [(3)-(2)] / (1)

Small Group

Experience Period Allowed Rx PMPM (Pre-Rebate)	\$ 74.84	(1)
Experience Period Pharmacy Rebates PMPM	(\$6.49)	(2)
Projection Period Pharmacy Rebates PMPM	(\$9.03)	(3)
Rebate adjustment factor - Impact to Rx only (Small Group Only)	-3.4%	(4) = [(3)-(2)] / (1)

Rebate adjustment factor - Impact to Rx only (Blended Across Single Risk Pool)	-3.0%
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3. Mandatory Generic Factor Derivation (Based on CFI Total Book of Business Data)

Total \$ Impact Due to expansion of list of Mandatory Generic Drugs	\$ 4,594,160	(1)
Total 2013 Drug Claims	\$ 1,249,560,894	(2)
% Increase in Paid Drug \$ - Impact to Rx only	0.4%	(3) = (1)/(2)

4. Changes in treatment of ABA services (see page 44 for details)

Ind64-

\$ Impact to Experience Period Allowed PMPM	\$ 0.58	(1)
Experience Period Allowed PMPM for Professional Services	\$ 105.29	(2)
Changes in treatment of ABA services - Impact (to Ind64- Professional only)	0.6%	(3) = (1)/(2)

Small Group

\$ Impact to Experience Period Allowed PMPM	\$ 3.32	(4)
Experience Period Allowed PMPM for Professional Services	\$ 104.41	(5)
Changes in treatment of ABA services - Impact (to Small Group Professional only)	3.2%	(6) = (4)/(5)

Changes in treatment of ABA services - Impact to Professional only (Blended Across Single Risk Pool)	2.8%
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5. Demographic Factor Derivation (see page 45 for details)

Demographic Impact (Blended Across Single Risk Pool)	1.0%
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6. Changes in Maternity Utilization (Ind64- Only) (see pages 46 - 47 for details)

\$ Impact to total experience period allowed PMPM	\$ 0.24	(1)
Total Experience Period Allowed	\$ 331.98	(2)
Impact of Changes in Maternity Utilization - (Ind64- Only)	0.1%	(3) = (1)/(2)

Impact of Changes in Maternity Utilization - (Blended Across Single Risk Pool)	0.0%
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7. Incentive Program Factor Derivation

Ind 64-

Total Allowed PMPM (with incentive program)	\$ 326.90
Total Allowed PMPM (without incentive program)	\$ 334.26
Expected Impact - Applied to all service categories excluding capitation (Ind64- Only)	-2.2%

Small Group

Total Allowed PMPM (with incentive program)	\$ 285.61
Total Allowed PMPM (without incentive program)	\$ 294.45
Expected Impact - Applied to all service categories excluding capitation (Small Group Only)	-3.0%

Expected Impact - Applied to all service categories excluding capitation (Blended Across Single Risk Pool)	-2.9%
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** Please see page 49 for the derivation of this PMPM difference.

Note: Blended adjustments are an average of Ind64- and Small Group adjustments, weighted by claims.

Note: Please see pages 41 and 48 for the derivation of the adjustments for induced demand and embedded pediatric dental coverage, both of which are applied under the 'Other' projection factors field in the Allowed PMPM Projection exhibits.

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016
Autism Cost Model

Average Cost:	Assume treatment cost per hour for intensive ABA therapy	\$47
	Assume treatment of \$75 per hour for non-intensive therapy	\$100

	ABA Therapy hrs/wk	Other Therapy hrs/wk	Hrs/Yr Therapy	Cost Per Year Therapy
Children 2-5:	40	0	2080	97,400
Children 6-7:	15	5	1040	62,547
Children 8-12:	0	10	520	52,043
Children 13-21:	0	8	416	41,635

Utilization:	Assume 1 in every 68 children age 1-21 have Autism or Asperger's. Assume 1 in 3 seek ABA treatment	0.49%	SG	Ind64-
	children age 2-5 as a % of total population	====>	4.7%	2.6%
	children age 6 as a % of total population	====>	1.1%	0.6%
	children age 7 as % total population		1.1%	0.5%
	children age 8 as % total population		1.2%	0.5%
	children age 9-12 as a % of total population	====>	4.4%	1.8%
	children age 13-21 as a % of total population	====>	8.6%	3.4%

	Small Group		Ind64-	
Cost PMPM: Children 2-5:	\$	1.89	\$	1.03
Children age 6	\$	0.29	\$	0.15
Children age 7	\$	0.29	\$	0.13
Children age 8	\$	0.26	\$	0.10
Children 9-12:	\$	0.93	\$	0.38
Children 13-21:	\$	1.47	\$	0.57
Total	\$	5.12	\$	2.35
% of Population Pre-ACA		64.9%		24.8%
Adjusted PMPM	\$	3.32	\$	0.58

	Small Group	Ind64-	Blended
Adjustment (to Professional Only)	3.2%	0.6%	2.8%

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016
Demographic Factor Derivation

		Non-Metaled		Metaled & Non-Metaled		Proposed			
		ACA	Average	Non-Metaled	Average		Average		
		Members	Age	Members	Age		Members	Age	
		<u>12/31/13</u>	<u>12/31/13</u>	<u>12/31/14</u>	<u>12/31/14</u>	<u>Δ</u>	<u>12/31/16</u>	<u>12/31/16</u>	<u>Δ</u>
Ind 64-	BC	3,733	34.1	6,827	36.6	2.4	8,839	37.4	3.3
Small Group	BC	36,110	33.5	35,294	33.5	(0.0)	41,616	33.5	(0.0)
Ind64- & SG	BC	39,843	33.5	42,121	34.0	0.4	50,455	34.1	0.6

	Age	Age	Proposed	Age	Δ Age
	<u>12/31/13</u>	<u>Factor *</u>	<u>12/31/16</u>	<u>Factor *</u>	<u>Factor</u>
Ind64- & SG	33.5	0.795	34.1	0.803	1.0%
	33.0	0.790	34.0	0.800	
	34.0	0.800	35.0	0.820	

* From internally developed 4.5:1 age curve.

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016
Impact of New Essential Health Benefits in Individual, Non-Medigap Market

Maternity

The current experience period (2014 Year to Date) contains experience from our new ACA pool and some still remaining from the PPACA pool. For BlueChoice, the Maternity PMPM for PPACA is lower than ACA. In 2016 all of our subscribers will have ACA benefits and therefore we assume will resemble the ACA Maternity PMPM. So the calculations below are simply showing the percentage change in PMPM when we compare the 2014 weighted cost of maternity vs the cost of ACA only maternity.

2014 - BlueChoice Maternity Data

	Member Months	Maternity Claims	PMPM
PPACA	19,023	33,800	1.78
ACA	57,556	195,330	3.39
	76,579	229,130	2.99

\$ 3.15 = claims weighted PPACA/ACA PMPM
 \$ 0.24 = PMPM change between combined PPACA/ACA and ACA only, = \$3.39 - \$3.15 = \$0.24
 \$ 331.98 = Combined 2014 Medical + Drug PMPM
 0.07% = % change when -\$0.24 is removed from total Medical + Drug PMPM, = \$332.22 / \$331.98

Change in Individual Allowed Cost PMPM \$ **0.24**
 % Impact **0.07%**

Impact of Maternity on Individual Market PMPM \$ 0.24
Impact on Individual & Small Group Market Combined PMPM \$ 0.03

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016
Experience - Maternity

Experience Period Incurred 10/1/12 - 9/30/13

Cost/Case	Cases/1000		Claims PMPM		% of Total PMPM		Allowed Amounts		
		<u>Maternity</u>		<u>Maternity</u>		<u>Maternity</u>			
Ind PPO HSA	\$966	Ind PPO HSA	16	Ind PPO HSA	\$1.35	Ind PPO HSA	0.6%	Ind PPO HSA	\$65,033,416
Ind PPO non-CDH	\$726	Ind PPO non-CDH	18	Ind PPO non-CDH	\$1.07	Ind PPO non-CDH	0.5%	Ind PPO non-CDH	\$107,693,483
Ind Indemnity	\$2,102	Ind Indemnity	12	Ind Indemnity	\$2.06	Ind Indemnity	0.8%	Ind Indemnity	\$153,151,968
Ind HMO HSA	\$1,799	Ind HMO HSA	30	Ind HMO HSA	\$4.56	Ind HMO HSA	2.1%	Ind HMO HSA	\$23,110,865
Ind HMO non-CDH	\$1,904	Ind HMO non-CDH	23	Ind HMO non-CDH	\$3.70	Ind HMO non-CDH	1.5%	Ind HMO non-CDH	\$17,588,018
Ind HB Triple Option	\$1,882	Ind HB Triple Option	74	Ind HB Triple Option	\$11.69	Ind HB Triple Option	4.3%	Ind HB Triple Option	\$9,779,889
Ind HB HSA	\$2,121	Ind HB HSA	53	Ind HB HSA	\$9.44	Ind HB HSA	2.4%	Ind HB HSA	\$874,503
<u>Ind HB 2.0</u>	<u>\$1,984</u>	<u>Ind HB 2.0</u>	<u>25</u>	<u>Ind HB 2.0</u>	<u>\$4.17</u>	<u>Ind HB 2.0</u>	<u>1.9%</u>	<u>Ind HB 2.0</u>	<u>\$33,682,459</u>
DC 50- PPO HRA	\$3,007	DC 50- PPO HRA	16	DC 50- PPO HRA	\$4.07	DC 50- PPO HRA	0.9%	DC 50- PPO HRA	\$5,097,753
DC 50- PPO	\$2,305	DC 50- PPO	18	DC 50- PPO	\$3.54	DC 50- PPO	0.8%	DC 50- PPO	\$199,548,699
DC 50- HMO HSA	\$2,122	DC 50- HMO HSA	17	DC 50- HMO HSA	\$3.01	DC 50- HMO HSA	1.5%	DC 50- HMO HSA	\$4,398,977
DC 50- HMO HRA	\$1,674	DC 50- HMO HRA	7	DC 50- HMO HRA	\$0.97	DC 50- HMO HRA	0.4%	DC 50- HMO HRA	\$1,182,741
DC 50- HMO	\$1,988	DC 50- HMO	18	DC 50- HMO	\$3.09	DC 50- HMO	1.1%	DC 50- HMO	\$32,207,977
DC 50- HMO OO	\$2,111	DC 50- HMO OO	21	DC 50- HMO OO	\$3.80	DC 50- HMO OO	1.1%	DC 50- HMO OO	\$36,230,801
DC 50- BC Adv	\$2,472	DC 50- BC Adv	32	DC 50- BC Adv	\$6.49	DC 50- BC Adv	1.7%	DC 50- BC Adv	\$4,655,884
DC 50- HB Non-CDH	\$2,730	DC 50- HB Non-CDH	15	DC 50- HB Non-CDH	\$3.37	DC 50- HB Non-CDH	1.6%	DC 50- HB Non-CDH	\$168,439
<u>MD 2-50 PPO HSA</u>	<u>\$1,697</u>	<u>MD 2-50 PPO HSA</u>	<u>41</u>	<u>MD 2-50 PPO HSA</u>	<u>\$5.76</u>	<u>MD 2-50 PPO HSA</u>	<u>0.8%</u>	<u>MD 2-50 PPO HSA</u>	<u>\$3,448,897</u>
Average Group	\$2,269	Average Group	18	Average Group	\$3.52	Average Group	0.9%		
Average Individual	\$1,521	Average Individual	18	Average Individual	\$2.32	Average Individual	1.0%		

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016
Derivation of Embedded Pediatric Dental Rate

#	Formula	Description	%	PMPM
1		Base D.C. Dental Allowed PMPM For Members Age 19 and Under, Classes 1 -4		\$ 14.64
2		Adjustment to D.C. Benchmark Plan (D.C. FEDVIP)	-0.71%	
3	(3) = (1)*(1+(2))	Adjusted Allowed PMPM Classes 1 - 4		\$ 14.54
4		Base D.C. Dental Allowed PMPM For Members Age 19 and Under, Class 5 (Ortho)		\$ 3.25
5		Adjustment to D.C. Benchmark Plan	-40%	
6	(6) = (4*(1+(5))	Adjusted Allowed PMPM Classes 5 (Ortho)		\$ 1.95
7		Estimated Base Period Allowed PMPM Adjusted to D.C. Benchmark		\$ 16.49
8		Completion Factor (Incurred 12, Paid 14)		0.982
9	(9) = (7)/(8)	Ultimate Base Period Allowed PMPM Adjusted to D.C. Benchmark		\$ 16.80
10		Adjustment to Dental PPO Fee Schedule	0.908	
11	(11) = (9)*(10)	Projected Allowed Pediatric PMPM Based on PPO Fee Schedule		\$ 15.25
12		% of D.C. Small Group & Individual, Non-Medigap Market Age 19 and Under	13.4%	
13	(13) = (11)*(12)	Projected Allowed Pediatric Dental PMPM Spread Over Single Risk Pool		\$ 2.04
14		Base Period Other Medical PMPM		\$ 12.92
15		Projection Factor Entered To Adjust Other Medical Category		1.158
16		Impact on Total Medical and Rx Base Period PMPM		1.007

Notes:

- Row 1** Allowed PMPM for experience period of 1/1/2014 - 12/31/2014, pd through 2/28/2015 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 01/2014 - 12/2014, pd through 2/28/2015 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 Network Director. No change to the factor used in the approved 2015 filing.
- Row 10** Adjustment to Preferred plan basis from blended product basis implicit in base experience data.

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016
Vision Embedded in Medical Plan

Derivation of Embedded Pediatric Vision Rate (EHB)

Small Group Embedded PMPM (Vision Capitation)	\$	1.25
% of 2014 D.C. Small Group Market in Pre-ACA plans, Age 19 and Under *		13.4%
Additional Pediatric Vision PMPM Spread Over Small Group Market	\$	0.17
Individual, non-Medigap Embedded PMPM (Vision Capitation)	\$	1.77
% of D.C. Individual, non-Medigap Market Age 19 and Under		8.9%
Pediatric Vision PMPM Spread Over Individual Market	\$	0.16
Blended EHB Pediatric Vision PMPM Spread Over Entire Single Risk Pool	\$	0.17

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

Individual, non-Medigap Embedded PMPM (Vision Capitation)	\$	1.16
% of D.C. Individual, non-Medigap Market Over Age 19		91.1%
Embedded Adult Vision PMPM Spread Over Individual Market	\$	1.06
Blended Non-EHB Adult Vision PMPM Spread Over Entire Single Risk Pool	\$	0.15

Derivation of Projection Factor

Total Embedded Vision PMPM	\$	0.32
Experience Period Pre-ACA Core Vision Capitation PMPM Spread Over Entire Single Risk Pool	\$	0.41
\$ Change from Experience to Projection Period PMPM	\$	(0.09)

* This represents the portion of experience period enrollment which is not yet subject to the embedded pediatric vision capitation.

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016

Derivation of Age Calibration Factor
Based on Approved DC Age Factors from 1/1/2015

Average Age Factor		1.037
Non-Integer Average Age (Implied by Average Age Factor)		41.6
Needed Calibration Adjustment	= 1/1.037 =	0.964
Integer Average Age (Implied by Average Age Factor)		42.0
Closest Federal Age Factor for Weighted Average Age		1.053
Calibration Factor	= 1/1.053 =	0.950

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016

Derivation of Small Group Network Factors

BlueChoice Small Group Network Variations

Network Type	Proposed Products Using This Network	Description
Lock In / Referral	BlueChoice HMO Referral	Referrals needed for Specialist Care, No Out of Network Coverage.
Open Access	BlueChoice HMO	No Referrals needed for Specialist, No Out of Network Coverage.
Open Access Opt-Out	BlueChoice Plus Out-Out	No Referrals needed for Specialist, Out of Network Benefits pay up to In Network allowance, Member may be balance billed.
Open Access Plus	BlueChoice Plus	No Referrals needed, Out of Network allowances pay up to Regional Preferred Network (RPN) allowance.
Open Access Advantage	BlueChoice Advantage	No Referrals needed, Out of Network allowance pay up to RPN allowance, Out of Area BlueCard considered In Network for cost-sharing.

Network Type	Raw Factor	Assumed Network Factor * (Scaled to 1.000)
Lock In / Referral	1.000	0.938
Open Access	1.050	0.985
Open Access Opt-Out	1.064	0.998
Open Access Plus	1.078	1.012
Open Access Advantage	1.125	1.055

Derivation of Open Access Plus Factor Relative to Lock In / Referral

The Open Access Plus products use the BlueChoice Fee allowances for In Network services.

Out of Network services pay up to our Regional Preferred Network allowances. Members can be balance billed.

	In Network	Out of Network
Estimated Utilization Split for Open Access Plus	88.9%	11.1%
Allowances Relativity	1.050	1.306
Final Factor for Open Access Plus		1.078

Derivation of Open Access Advantage Factor Relative to Lock In / Referral

Open Access Advantage plans pay Out Of Area BlueCard Services as In Network.

Out of Network, Out of Area services pay up to our Regional Preferred Network allowances. Members can be balance billed.

	In Area In Network	Out of Area In Network	In Area Out of Network	Out of Area Out of Network
Assumed Utilization Split	75.52%	19.98%	4.48%	0.02%
Allowances Relativity	1.050	1.366	1.306	1.366
Final Factor for Open Access Advantage				1.125

* Please refer to page 53 for normalization.

**CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016**

Small Group Impact of Expected Differences in Utilization of Services Based on Differences in Cost-Sharing

The factors below are intended to be multiplicative adjustments to the pure cost-sharing factors derived over the pool. These factors represent the expected impact on:

Total BlueChoice Small Group

	Midpoint AV	Projected Member Months	Utilization Impact Relative to Bronze	Impact Relative to Average **
Platinum	90%	268,020	1.300	1.062
Gold	80%	130,872	1.200	0.980
Silver	70%	94,200	1.150	0.940
Bronze	60%	6,300	1.000	0.817
Subtotal:		499,392		
Average	83.2%		1.242	

	Impact of Health Savings/Reimbursement Account *	Projected Member Months
HSA/HRA	0.960	96,900
All Other **	1.018	402,492
Total	1.007	499,392

* Historical Small Group HRA rates were approximately 8% higher than HSA rates. For the same person, regardless of health status, the addition of an HRA to a plan induces costs relative to HSA and the addition of an HSA reduces costs. Since current Small Group CDH members are enrolled primarily in HSA plans, we assume an overall impact of -4% for CDH plans.

** Please refer to page 53 for normalization.

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016

Support for Normalization Across Individual (Ind) and Small Group (SG) Markets

Metal Level	Market	Initial Factor	Projected MMs	Normalized Factors
Platinum	SG & Ind	1.300	287,209	1.062
Gold	SG & Ind	1.200	152,762	0.980
Silver	SG & Ind	1.150	126,441	0.940
Silver 200	Ind	1.046	2,498	0.855
Catastrophic	Ind	1.000	3,966	0.817
Bronze	SG & Ind	1.000	33,636	0.817
Subtotal:		1.224	606,512	

Network	Market	Initial Factor	Projected MMs	Normalized Factors
Lock In / Referral	SG	1.000	82,896	0.938
Open Access	SG	1.050	116,160	0.985
BlueChoice Open Access	Ind	1.050	94,304	0.985
Open Access Plus	SG	1.078	81,444	1.012
Open Access Opt-Out	SG	1.064	93,684	0.998
Open Access Advantage	SG	1.125	138,024	1.055
Subtotal:		1.066	606,512	

	Market	Initial Factor	Projected MMs	Normalized Factors
HSA/HRA	SG	0.960	109,716	0.960
HSA	Ind	0.850	23,499	0.850
Other	SG & Ind		463,659	1.017
Subtotal:			596,874	

**CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016**

Rating Methodology & Sample Calculation

Methodology:

- For each subscriber in a group, identify:
All dependents associated with the subscriber including the following categories:
Spouse/Domestic Partner
of children ages 21 or older
of children ages under 21 (if more than 3, select 3 oldest children)

Group ABC

Selects BlueChoice HMO Referral Gold 0 Bronze Plan

Employee 1

A spouse, and 1 child

1
0
1

Employee 2

5 children

0
1
4

- For each subscriber and dependent, identify their age.

Subscriber	Spouse	Child 1	Subscriber	Child 1 *	Child 2	Child 3	Child 4	Child 5
46	34	15	52	6	10	13	18	22

- Determine appropriate age factor.

1.227	0.856	0.654	1.545		0.654	0.654	0.654	0.727
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- Identify the appropriate consumer level base rate.

\$390.76	\$390.76	\$390.76	\$390.76		\$390.76	\$390.76	\$390.76	\$390.76
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- Multiply the (base rate x age factor) and round to the nearest whole cent to determine the member's individual rate.

\$479.46	\$334.49	\$255.56	\$603.72		\$255.56	\$255.56	\$255.56	\$284.08
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- The group's total rate is the sum of individual rates for all members combined.

\$2,723.99

* Note that this subscriber has 4 children under the age of 21. Due to the dependent cap, only the oldest 3 are rated. As such, Child 1 is covered at no additional cost.

**CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016**

Age Factors

Age	Proposed Factor *
<= 20	0.654
21	0.727
22	0.727
23	0.727
24	0.727
25	0.727
26	0.727
27	0.727
28	0.744
29	0.760
30	0.779
31	0.799
32	0.817
33	0.836
34	0.856
35	0.876
36	0.896
37	0.916
38	0.927
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 and over	2.181

* From approved filing CFAP-129567877, effective 1/1/2015.

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016

Network Factors

Network Type	Proposed Products Using This Network	Assumed Network Factor
Lock In / Referral	BlueChoice HMO Referral	0.938
Open Access	BlueChoice HMO	0.985
Open Access Opt-Out	BlueChoice Plus Out-Out	0.998
Open Access Plus	BlueChoice Plus	1.012
Open Access Advantage	BlueChoice Advantage	1.055

APPENDIX

CareFirst BlueChoice, Inc.
d.b.a. CareFirst BlueCross BlueShield
(NAIC # 96202)
D.C. Small Group Products - On Exchange
Rate Filing Effective 1/1/2016
Non-Grandfathered Experience for Pre-ACA Plans

Existing Closed Pre-ACA Products Included in Experience Period

HIOS Product ID	HIOS Product Name	On/Off Exchange	Member Months	Total Premium	Total Allowed Claims *	Incurred Claims *
86052DC024	BlueChoice Advantage HRA	N/A	778	\$ 192,933	\$ 317,638	\$ 268,378
86052DC023	BlueChoice Advantage HSA	N/A	3,809	\$ 756,671	\$ 760,125	\$ 503,067
86052DC008	BlueChoice HMO	N/A	60,479	\$ 21,905,897	\$ 17,671,613	\$ 16,338,940
86052DC018	BlueChoice Opt-Out Open Access	N/A	67,895	\$ 25,706,783	\$ 21,575,692	\$ 19,711,863
86052DC017	BlueChoice HMO Open Access	N/A	40,785	\$ 14,161,450	\$ 11,374,290	\$ 10,509,838
86052DC019	BlueChoice Opt-Out Plus Open Access	N/A	12,929	\$ 5,426,211	\$ 4,015,843	\$ 3,651,069
86052DC025	HealthyBlue 2.0	N/A	45,924	\$ 15,172,251	\$ 14,779,233	\$ 13,007,690
86052DC031	HealthyBlue 2.0 HRA	N/A	294	\$ 96,394	\$ 47,403	\$ 38,565
86052DC030	HealthyBlue 2.0 HSA	N/A	842	\$ 190,009	\$ 175,705	\$ 125,434
86052DC035	HealthyBlue Advantage	N/A	19,476	\$ 6,014,129	\$ 5,917,070	\$ 5,273,450
86052DC037	HealthyBlue Advantage HRA	N/A	1,756	\$ 616,782	\$ 1,735,463	\$ 1,648,998
86052DC036	HealthyBlue Advantage HSA	N/A	2,958	\$ 714,930	\$ 901,865	\$ 690,598
86052DC014	HealthyBlue Triple Option	N/A	43	\$ 14,569	\$ 2,033	\$ 1,420
86052DC016	HealthyBlue Triple Option HRA	N/A	-	\$ -	\$ -	\$ -
86052DC015	HealthyBlue Triple Option HSA	N/A	-	\$ -	\$ -	\$ -
86052DC010	BlueChoice HMO HRA Open Access	N/A	3,690	\$ 1,100,127	\$ 725,837	\$ 508,515
86052DC009	BlueChoice HMO HSA Open Access	N/A	13,591	\$ 3,427,929	\$ 3,480,606	\$ 2,701,333
86052DC013	BlueChoice Advantage	N/A	12,782	\$ 4,436,560	\$ 3,753,935	\$ 3,344,543
86052DC012	BlueChoice Opt-Out Plus HRA Open Access	N/A	1,172	\$ 345,013	\$ 995,984	\$ 850,119
86052DC011	BlueChoice Opt-Out Plus HSA Open Access	N/A	3,966	\$ 1,192,141	\$ 1,705,386	\$ 1,401,747
86052DC038	BlueChoice HMO Open Access HDHP	N/A	2,312	\$ 676,692	\$ 525,876	\$ 398,934
86052DC039	BlueChoice Opt-Out Plus Open Access HDHP	N/A	346	\$ 150,011	\$ 69,898	\$ 47,874
Subtotal Termed Non-ACA for URRT			295,827	\$ 102,297,483	\$ 90,531,494	\$ 81,022,372

* These amounts do not include pharmacy rebates or capitations.

CareFirst BlueChoice, Inc.
d.b.a. CareFirst BlueCross BlueShield
(NAIC # 96202)
D.C. Small Group Products - On Exchange
Rate Filing Effective 1/1/2016
Non-Grandfathered Experience for ACA Plans

Existing ACA Products Included in Experience Period

2014 HIOS Plan ID	2014 HIOS Plan Name	2016 HIOS Plan ID *	2016 HIOS Plan Name	On/Off Exchange (2014/2016)	Contracts a/o Dec 2014	Member Months	Total Premium	Total Allowed Claims ***	Incurred Claims ***	
86052DC0490001	BlueChoice HMO Referral HSA/HRA \$4,000	86052DC0460014	BlueChoice HMO HSA/HRA Bronze 5000	On/On	17	160	\$ 30,893	\$ 4,765	\$ 898	
86052DC0490002	BlueChoice HMO Referral HSA/HRA \$4,000 - SE	86052DC0460014	BlueChoice HMO HSA/HRA Bronze 5000	Off/On	100	578	\$ 121,700	\$ 100,763	\$ 33,004	
86052DC0470002	BlueChoice HMO HSA/HRA \$2,000, 80%	86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000	On/On	4	33	\$ 12,858	\$ 1,374	\$ 318	
86052DC0470003	BlueChoice HMO HSA/HRA \$2,000, 80% - SE	86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000	Off/On	1	18	\$ 2,878	\$ 6,772	\$ 2,309	
86052DC0470005	BlueChoice HMO HSA/HRA \$1,500	86052DC0460012	BlueChoice HMO HSA/HRA Silver 1500	On/On	52	663	\$ 188,403	\$ 54,326	\$ 34,806	
86052DC0470001	BlueChoice HMO HSA/HRA \$1,500	86052DC0460012	BlueChoice HMO HSA/HRA Silver 1500	Off/On	580	3,689	\$ 1,388,299	\$ 958,943	\$ 661,086	
86052DC0470006	BlueChoice HMO HSA/HRA \$2,000	86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000	On/On	3	10	\$ 3,564	\$ 36,918	\$ 32,593	
86052DC0470004	BlueChoice HMO HSA/HRA \$2,000	86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000	Off/On	522	3,955	\$ 943,076	\$ 687,424	\$ 397,626	
86052DC0460008	BlueChoice HMO \$1,800	86052DC0460009	BlueChoice HMO Gold 1500	On/On	17	218	\$ 70,861	\$ 11,622	\$ 6,313	
86052DC0460005	BlueChoice HMO \$1,800	86052DC0460009	BlueChoice HMO Gold 1500	Off/On	14	106	\$ 29,836	\$ 28,525	\$ 16,293	
86052DC0460003	BlueChoice HMO \$1,000	86052DC0460009	BlueChoice HMO Gold 1500	On/On	33	426	\$ 115,929	\$ 30,653	\$ 17,799	
86052DC0460001	BlueChoice HMO \$1,000 - SE	86052DC0460009	BlueChoice HMO Gold 1500	Off/On	1	24	\$ 3,506	\$ 1,317	\$ 580	
86052DC0480004	BlueChoice HMO Referral \$10/\$20	86052DC0480007	BlueChoice HMO Referral Platinum 0	On/On	18	73	\$ 27,360	\$ 4,463	\$ 3,949	
86052DC0480001	BlueChoice HMO Referral \$10/\$20	86052DC0480007	BlueChoice HMO Referral Platinum 0	Off/On	775	4,639	\$ 2,148,378	\$ 1,510,251	\$ 1,399,739	
86052DC0480006	BlueChoice HMO Referral \$30/\$40	86052DC0480007	BlueChoice HMO Referral Platinum 0	On/On	12	86	\$ 36,136	\$ 31,753	\$ 28,202	
86052DC0480003	BlueChoice HMO Referral \$30/\$40	86052DC0480007	BlueChoice HMO Referral Platinum 0	Off/On	1,814	10,386	\$ 4,976,737	\$ 3,324,890	\$ 3,025,413	
86052DC0480005	BlueChoice HMO Referral \$500	86052DC0480008	BlueChoice HMO Referral Gold 500	On/On	33	597	\$ 179,294	\$ 52,129	\$ 41,779	
86052DC0480002	BlueChoice HMO Referral \$500	86052DC0480008	BlueChoice HMO Referral Gold 500	Off/On	603	3,456	\$ 1,084,634	\$ 1,745,930	\$ 1,559,299	
86052DC0460006	BlueChoice HMO \$250	86052DC0460010	BlueChoice HMO Gold 500	On/On	210	3,622	\$ 1,092,868	\$ 789,776	\$ 676,017	
86052DC0460002	BlueChoice HMO \$250	86052DC0460010	BlueChoice HMO Gold 500	Off/On	960	7,237	\$ 2,134,768	\$ 2,075,817	\$ 1,749,497	
86052DC0460007	BlueChoice HMO \$30/\$40	86052DC0460011	BlueChoice HMO Platinum 0	On/On	19	127	\$ 63,933	\$ 42,761	\$ 38,011	
86052DC0460004	BlueChoice HMO \$30/\$40	86052DC0460011	BlueChoice HMO Platinum 0	Off/On	1,365	8,656	\$ 4,276,693	\$ 1,903,394	\$ 1,673,456	
86052DC0440004	BlueChoice Advantage 90%/70%	86052DC0440012	BlueChoice Advantage Platinum 0	On/On	2	20	\$ 13,618	\$ 36,148	\$ 33,521	
86052DC0440003	BlueChoice Advantage 90%/70% - SE	86052DC0440012	BlueChoice Advantage Platinum 0	Off/On	5	119	\$ 57,300	\$ 21,063	\$ 16,684	
86052DC0440006	BlueChoice Advantage 80%/50%	86052DC0440012	BlueChoice Advantage Platinum 0	On/On	7	92	\$ 39,961	\$ 10,516	\$ 9,506	
86052DC0440001	BlueChoice Advantage 80%/50%	86052DC0440012	BlueChoice Advantage Platinum 0	Off/On	67	470	\$ 248,075	\$ 155,657	\$ 134,078	
86052DC0440007	BlueChoice Advantage 100%/70%	86052DC0440012	BlueChoice Advantage Platinum 0	On/On	8	83	\$ 30,941	\$ 27,051	\$ 22,785	
86052DC0440002	BlueChoice Advantage 100%/70%	86052DC0440012	BlueChoice Advantage Platinum 0	Off/On	583	3,431	\$ 1,433,875	\$ 968,840	\$ 844,230	
86052DC0440009	BlueChoice Advantage \$500 \$20/\$30 **	86052DC0440011	BlueChoice Advantage Gold 500	On/On	-	-	\$ -	\$ -	\$ -	
86052DC0440008	BlueChoice Advantage \$1000	86052DC0440010	BlueChoice Advantage Gold 1000	On/On	317	7,416	\$ 2,736,577	\$ 2,114,689	\$ 1,664,481	
86052DC0440005	BlueChoice Advantage \$1000	86052DC0440010	BlueChoice Advantage Gold 1000	Off/On	165	877	\$ 197,421	\$ 196,542	\$ 128,932	
86052DC0450002	BlueChoice Advantage HSA/HRA \$1500	86052DC0440013	BlueChoice Advantage HSA/HRA Silver 1500	On/On	17	146	\$ 37,263	\$ 85,115	\$ 72,784	
86052DC0450001	BlueChoice Advantage HSA/HRA \$1500	86052DC0440013	BlueChoice Advantage HSA/HRA Silver 1500	Off/On	479	2,460	\$ 565,578	\$ 547,537	\$ 357,155	
86052DC0500005	BlueChoice Plus \$2000	86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000	On/On	7	76	\$ 24,638	\$ 18,232	\$ 11,921	
86052DC0500001	BlueChoice Plus \$2000	86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000	Off/On	67	381	\$ 84,737	\$ 137,385	\$ 91,186	
86052DC0500008	BlueChoice Plus 100%/80%, \$10/\$20	86052DC0580001	BlueChoice Plus Opt-Out Platinum 0	On/On	18	168	\$ 64,422	\$ 23,023	\$ 17,478	
86052DC0500004	BlueChoice Plus 100%/80%, \$10/\$20	86052DC0580001	BlueChoice Plus Opt-Out Platinum 0	Off/On	748	4,208	\$ 2,075,109	\$ 1,154,835	\$ 1,002,000	
86052DC0500006	BlueChoice Plus 100%/80%, \$20/\$30	86052DC0580001	BlueChoice Plus Opt-Out Platinum 0	On/On	33	256	\$ 124,606	\$ 109,237	\$ 93,372	
86052DC0500002	BlueChoice Plus 100%/80%, \$20/\$30	86052DC0580001	BlueChoice Plus Opt-Out Platinum 0	Off/On	2,562	15,710	\$ 7,511,343	\$ 5,573,511	\$ 4,941,316	
86052DC0500007	BlueChoice Plus 100%/60%, \$20/\$30	86052DC0580001	BlueChoice Plus Opt-Out Platinum 0	On/On	27	240	\$ 98,746	\$ 46,014	\$ 36,725	
86052DC0500003	BlueChoice Plus 100%/60%, \$20/\$30	86052DC0580001	BlueChoice Plus Opt-Out Platinum 0	Off/On	931	5,397	\$ 2,391,542	\$ 1,976,477	\$ 1,773,439	
86052DC0510004	BlueChoice Plus HSA/HRA \$1500	86052DC0500009	BlueChoice Plus HSA/HRA Silver 1500	On/On	8	144	\$ 35,069	\$ 18,999	\$ 9,145	
86052DC0510001	BlueChoice Plus HSA/HRA \$1500	86052DC0500009	BlueChoice Plus HSA/HRA Silver 1500	Off/On	639	4,393	\$ 1,053,138	\$ 1,080,381	\$ 623,164	
86052DC0510005	BlueChoice Plus HSA/HRA \$2000	86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000	On/On	2	18	\$ 5,746	\$ 729	\$ 396	
86052DC0510002	BlueChoice Plus HSA/HRA \$2000	86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000	Off/On	94	481	\$ 115,860	\$ 91,868	\$ 36,990	
86052DC0510006	BlueChoice Plus HSA/HRA \$3500	86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000	On/On	14	129	\$ 35,015	\$ 11,501	\$ 1,063	
86052DC0510003	BlueChoice Plus HSA/HRA \$3500	86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000	Off/On	103	1,398	\$ 313,225	\$ 263,464	\$ 135,480	
86052DC0540005	HealthyBlue HMO \$300	86052DC0460016	HealthyBlue HMO Platinum 500	On/On	5	58	\$ 19,428	\$ 4,244	\$ 3,889	
86052DC0540002	HealthyBlue HMO \$300	86052DC0460016	HealthyBlue HMO Platinum 500	Off/On	208	1,031	\$ 317,872	\$ 235,910	\$ 212,418	
86052DC0540006	HealthyBlue HMO \$600	86052DC0460017	HealthyBlue HMO Platinum 1000	On/On	4	16	\$ 5,221	\$ 1,306	\$ 1,037	
86052DC0540003	HealthyBlue HMO \$600	86052DC0460017	HealthyBlue HMO Platinum 1000	Off/On	77	278	\$ 76,575	\$ 63,343	\$ 58,812	
86052DC0540004	HealthyBlue HMO \$1,500	86052DC0460015	HealthyBlue HMO Gold 1500	On/On	60	969	\$ 309,420	\$ 211,357	\$ 190,329	
86052DC0540001	HealthyBlue HMO \$1,500	86052DC0460015	HealthyBlue HMO Gold 1500	Off/On	478	3,068	\$ 913,399	\$ 905,024	\$ 796,895	
86052DC0550002	HealthyBlue HMO HSA/HRA \$2,000	86052DC0460018	HealthyBlue HMO HSA/HRA Silver 2000	On/On	35	234	\$ 52,379	\$ 20,340	\$ 7,544	
86052DC0550001	HealthyBlue HMO HSA/HRA \$2,000	86052DC0460018	HealthyBlue HMO HSA/HRA Silver 2000	Off/On	534	2,781	\$ 611,472	\$ 594,309	\$ 335,751	
86052DC0560005	HealthyBlue Plus \$300	86052DC0500012	HealthyBlue Plus Platinum 500	On/On	9	84	\$ 42,530	\$ 36,019	\$ 34,525	
86052DC0560002	HealthyBlue Plus \$300	86052DC0500012	HealthyBlue Plus Platinum 500	Off/On	1,050	7,886	\$ 4,143,204	\$ 2,516,311	\$ 2,242,340	
86052DC0560006	HealthyBlue Plus \$600	86052DC0500013	HealthyBlue Plus Platinum 1000	On/On	16	94	\$ 34,018	\$ 21,559	\$ 17,711	
86052DC0560003	HealthyBlue Plus \$600	86052DC0500013	HealthyBlue Plus Platinum 1000	Off/On	342	1,934	\$ 1,126,928	\$ 555,677	\$ 468,413	
86052DC0560004	HealthyBlue Plus \$1,500	86052DC0500011	HealthyBlue Plus Gold 1500	On/On	115	1,863	\$ 600,857	\$ 676,047	\$ 606,752	
86052DC0560001	HealthyBlue Plus \$1,500	86052DC0500011	HealthyBlue Plus Gold 1500	Off/On	788	4,648	\$ 1,277,287	\$ 1,423,887	\$ 1,183,452	
86052DC0570002	HealthyBlue Plus HSA/HRA \$2,000	86052DC0500014	HealthyBlue Plus HSA/HRA Silver 2000	On/On	6	36	\$ 11,050	\$ 3,667	\$ 1,224	
86052DC0570001	HealthyBlue Plus HSA/HRA \$2,000	86052DC0500014	HealthyBlue Plus HSA/HRA Silver 2000	Off/On	235	1,595	\$ 344,938	\$ 411,802	\$ 240,750	
86052DC0520005	HealthyBlue Advantage \$300	86052DC0440015	HealthyBlue Advantage Platinum 500	On/On	14	202	\$ 69,267	\$ 32,557	\$ 28,561	
86052DC0520002	HealthyBlue Advantage \$300	86052DC0440015	HealthyBlue Advantage Platinum 500	Off/On	573	2,365	\$ 980,239	\$ 704,963	\$ 630,576	
86052DC0520006	HealthyBlue Advantage \$600	86052DC0440016	HealthyBlue Advantage Platinum 1000	On/On	4	27	\$ 10,505	\$ 11,467	\$ 8,356	
86052DC0520003	HealthyBlue Advantage \$600	86052DC0440016	HealthyBlue Advantage Platinum 1000	Off/On	290	1,253	\$ 654,803	\$ 429,140	\$ 379,150	
86052DC0520004	HealthyBlue Advantage \$1,500	86052DC0440014	HealthyBlue Advantage Gold 1500	On/On	1,259	27,474	\$ 9,225,846	\$ 7,709,481	\$ 6,768,453	
86052DC0520001	HealthyBlue Advantage \$1,500	86052DC0440014	HealthyBlue Advantage Gold 1500	Off/On	676	2,913	\$ 676,234	\$ 728,274	\$ 598,422	
86052DC0530002	HealthyBlue Advantage HSA/HRA \$2,000	86052DC0440017	HealthyBlue Advantage HSA/HRA Silver 2000	On/On	11	65	\$ 15,269	\$ 14,064	\$ 5,019	
86052DC0530001	HealthyBlue Advantage HSA/HRA \$2,000	86052DC0440017	HealthyBlue Advantage HSA/HRA Silver 2000	Off/On	564	2,460	\$ 532,407	\$ 603,116	\$ 320,444	
Total						21,409	\$ 160,206	\$ 60,277,554	\$ 45,987,694	\$ 38,597,637

* Experience for mapped plans will be listed in the URRT under these 2016 HIOS Plan IDs.

** This plan was introduced in 2015. As a result it has no experience in this filing's experience period.

*** These amounts do not include pharmacy rebates or capitations.

Note: All 2014 Off Exchange plan IDs were Uniformly Modified into the corresponding On Exchange ID for 2015.

**CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016**

**D.C. BlueChoice Small Group Experience
Experience Period: 1/1/2014 - 12/31/2014, Paid Through 2/28/2015**

Service Category	Non-Grandfathered Small Group		
	Allowed Amount	Units	Allowed PMPM
Inpatient	\$ 22,522,391	1,842	\$ 49.39
Outpatient	\$ 26,590,037	19,866	\$ 58.31
Professional	\$ 47,616,617	330,523	\$ 104.41
Other	\$ 5,662,078	30,790	\$ 12.42
Rx *	\$ 34,128,065	298,659	\$ 74.84
Capitation	\$ 719,511		\$ 1.58
Total (Including Capitations) **	\$ 137,238,699		\$ 300.94
Member Months	456,033		

*These allowed amounts do not account for pharmacy rebates.

** This total is greater than the combined totals from pages 58 and 59 due to the inclusion of capitations.

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016
Blended Index Rate

Effective Date	Index Rate	Total Member Months
1/1/2016	\$ 372.88	102,624
4/1/2016	\$ 379.54	41,868
7/1/2016	\$ 386.30	95,556
10/1/2016	\$ 393.25	259,344
Blended	\$ 386.59	499,392

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016
BlueChoice Non-Grandfathered D.C. Small Group & Individual Base Experience Medical Inpatient
Experience Period: Incurred 201401 - 201412, Paid through 201502

Month	Contracts	Members	Allowed	Admits	Completion Factor	Completed		Rolling 12 PMPM			Rolling 12 Trend			
						Allowed	Admits	Allowed	Admits/1000	Unit Cost	Allowed	Admits/1000	Unit Cost	
201204	18,927	29,947	\$1,352,416	118	1.00	\$1,352,416	118							
201205	18,931	30,011	\$1,566,114	128	1.00	\$1,566,114	128							
201206	19,349	30,670	\$1,372,730	124	1.00	\$1,372,730	124							
201207	19,464	30,872	\$1,854,598	134	1.00	\$1,854,598	134							
201208	19,823	31,386	\$1,532,139	138	1.00	\$1,532,139	138							
201209	20,064	31,742	\$1,860,846	137	1.00	\$1,860,846	137							
201210	20,264	32,044	\$2,021,059	144	1.00	\$2,021,059	144							
201211	20,841	32,962	\$1,096,691	123	1.00	\$1,096,691	123							
201212	21,164	33,424	\$1,388,252	129	1.00	\$1,388,252	129							
201301	21,705	34,343	\$1,923,723	150	1.00	\$1,923,751	150							
201302	21,744	34,392	\$1,674,256	162	1.00	\$1,674,307	162							
201303	21,951	34,732	\$3,797,381	155	1.00	\$3,797,793	155	\$55.47	50.98	\$13,057.48				
201304	22,199	35,135	\$2,580,463	146	1.00	\$2,580,781	146	\$57.87	51.16	\$13,573.95				
201305	22,328	35,161	\$1,900,521	155	1.00	\$1,900,808	155	\$57.96	51.31	\$13,555.02				
201306	22,753	35,868	\$1,497,305	148	1.00	\$1,497,618	148	\$57.53	51.37	\$13,438.32				
201307	23,068	36,380	\$3,035,867	186	1.00	\$3,036,624	186	\$59.65	52.21	\$13,710.49				
201308	23,547	37,237	\$2,153,733	187	1.00	\$2,154,370	187	\$60.31	52.89	\$13,682.87				
201309	23,813	37,625	\$2,248,127	177	1.00	\$2,249,038	177	\$60.39	53.30	\$13,596.89				
201310	23,796	37,653	\$2,085,277	154	1.00	\$2,086,237	154	\$59.74	52.88	\$13,558.58				
201311	24,074	38,221	\$1,927,448	171	1.00	\$1,928,469	171	\$60.95	53.57	\$13,652.22				
201312	25,031	39,843	\$2,226,044	156	1.00	\$2,227,361	156	\$61.97	53.53	\$13,893.15				
201401	27,206	43,465	\$2,681,929	194	1.00	\$2,684,046	194	\$62.41	53.62	\$13,966.90				
201402	27,601	44,007	\$2,016,284	186	1.00	\$2,018,082	186	\$61.85	53.13	\$13,970.02				
201403	27,832	44,140	\$2,393,464	207	1.00	\$2,397,152	207	\$57.58	53.40	\$12,939.49	3.8%	4.8%	-0.9%	
201404	28,327	44,733	\$1,791,283	164	1.00	\$1,795,065	164	\$54.76	52.78	\$12,449.23	-5.4%	3.2%	-8.3%	
201405	29,569	45,924	\$2,296,617	195	1.00	\$2,303,650	196	\$54.38	52.62	\$12,401.14	-6.2%	2.5%	-8.5%	
201406	29,310	45,593	\$2,623,980	190	1.00	\$2,635,972	191	\$55.61	52.62	\$12,680.89	-3.3%	2.4%	-5.6%	
201407	29,064	45,241	\$2,196,737	177	0.99	\$2,211,084	178	\$52.99	51.51	\$12,345.33	-11.2%	-1.3%	-10.0%	
201408	29,006	45,084	\$1,613,197	184	0.99	\$1,627,750	186	\$51.15	50.69	\$12,109.63	-15.2%	-4.2%	-11.5%	
201409	28,651	44,519	\$2,859,479	175	0.99	\$2,899,674	177	\$51.72	50.02	\$12,408.49	-14.3%	-6.1%	-8.7%	
201410	28,379	44,054	\$2,202,003	179	0.98	\$2,244,952	182	\$51.39	50.06	\$12,319.92	-14.0%	-5.3%	-9.1%	
201411	28,170	43,731	\$2,217,395	176	0.96	\$2,316,488	184	\$51.59	49.83	\$12,424.29	-15.3%	-7.0%	-9.0%	
201412	27,173	42,121	\$1,991,670	161	0.94	\$2,130,069	172	\$51.19	49.98	\$12,290.06	-17.4%	-6.6%	-11.5%	

Experience Period	Contracts	Members	Allowed	Admits	Completion Factor	Allowed	Admits	Allowed	Admits/1000	Unit Cost	Allowed	Admits/1000	Unit Cost
Experience Period	340,288	532,612	\$26,884,038	2,188	0.99	\$27,263,984	2,218						
201403	27,832	44,140									3.8%	4.8%	-0.9%
201409	28,651	44,519									-14.3%	-6.1%	-8.7%
201412	27,173	42,121									-17.4%	-6.6%	-11.5%
Avg last 6 months	28,407	44,125									-14.6%	-5.1%	-10.0%
Selected Pricing Trend												0.0%	0.0%

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016
BlueChoice Non-Grandfathered D.C. Small Group & Individual Base Experience Medical Outpatient
Experience Period: Incurred 201401 - 201412, Paid through 201502

Month	Contracts	Members	Allowed	Visits	Completion Factor	Completed		Rolling 12 PMPM			Rolling 12 Trend			
						Allowed	Visits	Allowed	Visits/1000	Unit Cost	Allowed	Visits/1000	Unit Cost	
201204	18,927	29,947	\$1,313,869	1,315	1.00	\$1,313,869	1,315							
201205	18,931	30,011	\$1,540,705	1,503	1.00	\$1,540,705	1,503							
201206	19,349	30,670	\$1,727,753	1,416	1.00	\$1,727,753	1,416							
201207	19,464	30,872	\$1,668,475	1,499	1.00	\$1,668,475	1,499							
201208	19,823	31,386	\$1,850,484	1,525	1.00	\$1,850,484	1,525							
201209	20,064	31,742	\$1,424,277	1,451	1.00	\$1,424,277	1,451							
201210	20,264	32,044	\$1,598,230	1,542	1.00	\$1,598,230	1,542							
201211	20,841	32,962	\$1,520,991	1,431	1.00	\$1,520,991	1,431							
201212	21,164	33,424	\$1,789,951	1,500	1.00	\$1,789,966	1,500							
201301	21,705	34,343	\$1,785,586	1,649	1.00	\$1,785,605	1,649							
201302	21,744	34,392	\$1,948,992	1,537	1.00	\$1,949,015	1,537							
201303	21,951	34,732	\$1,684,821	1,599	1.00	\$1,685,016	1,599	\$51.37	557.81	\$1,105.03				
201304	22,199	35,135	\$1,832,813	1,704	1.00	\$1,833,047	1,704	\$52.01	562.34	\$1,109.88				
201305	22,328	35,161	\$2,310,575	1,762	1.00	\$2,310,919	1,762	\$53.28	562.89	\$1,135.80				
201306	22,753	35,868	\$1,950,434	1,636	1.00	\$1,950,840	1,636	\$53.14	562.19	\$1,134.36				
201307	23,068	36,380	\$2,183,432	1,666	1.00	\$2,183,976	1,666	\$53.69	559.52	\$1,151.49				
201308	23,547	37,237	\$1,951,020	1,607	1.00	\$1,951,611	1,608	\$53.17	553.99	\$1,151.81				
201309	23,813	37,625	\$1,945,312	1,650	1.00	\$1,946,091	1,651	\$53.67	551.94	\$1,166.94				
201310	23,796	37,653	\$2,105,169	1,787	1.00	\$2,106,098	1,788	\$54.16	551.59	\$1,178.26				
201311	24,074	38,221	\$2,171,249	1,711	1.00	\$2,172,383	1,712	\$55.01	552.68	\$1,194.44				
201312	25,031	39,843	\$2,231,152	1,684	1.00	\$2,232,570	1,685	\$55.22	549.64	\$1,205.52				
201401	27,206	43,465	\$2,758,525	1,916	1.00	\$2,760,609	1,917	\$56.27	545.62	\$1,237.66				
201402	27,601	44,007	\$2,668,594	1,848	1.00	\$2,670,897	1,850	\$56.67	542.34	\$1,253.94				
201403	27,832	44,140	\$2,548,671	1,897	1.00	\$2,552,470	1,900	\$57.39	539.12	\$1,277.43	11.7%	-3.4%	15.6%	
201404	28,327	44,733	\$2,622,608	1,973	1.00	\$2,628,136	1,977	\$57.91	535.12	\$1,298.53	11.3%	-4.8%	17.0%	
201405	29,569	45,924	\$2,709,079	2,128	1.00	\$2,717,172	2,134	\$57.46	532.45	\$1,294.95	7.8%	-5.4%	14.0%	
201406	29,310	45,593	\$2,383,594	1,977	1.00	\$2,394,566	1,986	\$57.23	530.47	\$1,294.53	7.7%	-5.6%	14.1%	
201407	29,064	45,241	\$2,804,256	2,025	0.99	\$2,822,490	2,038	\$57.49	530.00	\$1,301.60	7.1%	-5.3%	13.0%	
201408	29,006	45,084	\$2,440,051	1,872	0.99	\$2,461,900	1,889	\$57.60	528.46	\$1,308.00	8.3%	-4.6%	13.6%	
201409	28,651	44,519	\$2,325,981	1,951	0.99	\$2,358,777	1,979	\$57.63	529.03	\$1,307.29	7.4%	-4.2%	12.0%	
201410	28,379	44,054	\$2,670,357	2,016	0.98	\$2,722,341	2,055	\$58.10	528.69	\$1,318.82	7.3%	-4.2%	11.9%	
201411	28,170	43,731	\$2,248,135	1,734	0.96	\$2,350,092	1,816	\$57.84	525.55	\$1,320.57	5.1%	-4.9%	10.6%	
201412	27,173	42,121	\$2,148,106	1,701	0.94	\$2,297,416	1,819	\$57.71	526.32	\$1,315.76	4.5%	-4.2%	9.1%	

Experience Period	Contracts	Members	Allowed	Visits	Completion Factor	Allowed	Visits	Allowed	Visits/1000	Unit Cost	Allowed	Visits/1000	Unit Cost
Experience Period	340,288	532,612	\$30,327,958	23,038	0.99	\$30,736,866	23,360						
201403	27,832	44,140									11.7%	-3.4%	15.6%
201409	28,651	44,519									7.4%	-4.2%	12.0%
201412	27,173	42,121									4.5%	-4.2%	9.1%
Avg last 6 months	28,407	44,125									6.6%	-4.6%	11.7%
Selected Pricing Trend												0.0%	11.0%

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016
BlueChoice Non-Grandfathered D.C. Small Group & Individual Base Experience Medical Professional
Experience Period: Incurred 201401 - 201412, Paid through 201502

Month	Contracts	Members	Allowed	Visits	Completion Factor	Completed		Rolling 12 PMPM			Rolling 12 Trend			
						Allowed	Visits	Allowed	Visits/1000	Unit Cost	Allowed	Visits/1000	Unit Cost	
201204	18,927	29,947	\$2,973,560	21,248	1.00	\$2,973,560	21,248							
201205	18,931	30,011	\$3,191,235	22,686	1.00	\$3,191,235	22,686							
201206	19,349	30,670	\$3,028,133	21,842	1.00	\$3,028,133	21,842							
201207	19,464	30,872	\$3,125,376	21,279	1.00	\$3,125,376	21,279							
201208	19,823	31,386	\$3,413,945	24,039	1.00	\$3,413,945	24,039							
201209	20,064	31,742	\$3,010,507	20,820	1.00	\$3,010,507	20,820							
201210	20,264	32,044	\$3,314,635	23,254	1.00	\$3,314,635	23,254							
201211	20,841	32,962	\$3,143,901	22,557	1.00	\$3,143,901	22,557							
201212	21,164	33,424	\$3,090,699	21,899	1.00	\$3,090,725	21,899							
201301	21,705	34,343	\$3,983,879	27,122	1.00	\$3,983,924	27,122							
201302	21,744	34,392	\$3,638,582	24,369	1.00	\$3,638,644	24,369							
201303	21,951	34,732	\$3,723,854	24,797	1.00	\$3,724,286	24,800	\$102.55	8,566.04	\$143.66				
201304	22,199	35,135	\$3,918,600	27,747	1.00	\$3,919,106	27,751	\$103.61	8,651.79	\$143.70				
201305	22,328	35,161	\$3,895,203	26,939	1.00	\$3,895,794	26,943	\$104.04	8,668.24	\$144.03				
201306	22,753	35,868	\$3,521,846	24,830	1.00	\$3,522,607	24,835	\$103.92	8,645.51	\$144.25				
201307	23,068	36,380	\$3,886,391	27,140	1.00	\$3,887,385	27,147	\$104.39	8,701.44	\$143.96				
201308	23,547	37,237	\$3,886,403	27,457	1.00	\$3,887,593	27,465	\$104.06	8,677.75	\$143.89				
201309	23,813	37,625	\$3,816,916	27,139	1.00	\$3,818,480	27,150	\$104.52	8,737.16	\$143.56				
201310	23,796	37,653	\$4,245,237	30,932	1.00	\$4,247,147	30,946	\$105.34	8,839.05	\$143.01				
201311	24,074	38,221	\$3,821,434	26,790	1.00	\$3,823,376	26,804	\$105.63	8,849.45	\$143.24				
201312	25,031	39,843	\$3,701,684	25,732	1.00	\$3,703,946	25,748	\$105.48	8,825.12	\$143.43				
201401	27,206	43,465	\$4,836,164	32,025	1.00	\$4,840,033	32,051	\$105.24	8,777.19	\$143.89				
201402	27,601	44,007	\$4,251,250	29,116	1.00	\$4,254,959	29,141	\$104.37	8,717.61	\$143.67				
201403	27,832	44,140	\$4,553,342	31,217	1.00	\$4,560,218	31,264	\$104.06	8,708.05	\$143.40	1.5%	1.7%	-0.2%	
201404	28,327	44,733	\$4,802,478	32,856	1.00	\$4,812,722	32,926	\$103.84	8,662.78	\$143.84	0.2%	0.1%	0.1%	
201405	29,569	45,924	\$4,718,405	32,869	1.00	\$4,732,649	32,968	\$103.26	8,619.62	\$143.76	-0.7%	-0.6%	-0.2%	
201406	29,310	45,593	\$4,640,441	32,770	1.00	\$4,661,920	32,922	\$103.53	8,646.31	\$143.69	-0.4%	0.0%	-0.4%	
201407	29,064	45,241	\$4,787,155	32,657	0.99	\$4,818,360	32,870	\$103.56	8,630.55	\$143.99	-0.8%	-0.8%	0.0%	
201408	29,006	45,084	\$4,473,905	30,862	0.99	\$4,513,922	31,138	\$103.20	8,584.30	\$144.26	-0.8%	-1.1%	0.3%	
201409	28,651	44,519	\$4,669,946	32,014	0.99	\$4,735,697	32,465	\$103.59	8,593.17	\$144.66	-0.9%	-1.6%	0.8%	
201410	28,379	44,054	\$5,012,048	36,036	0.98	\$5,109,657	36,738	\$103.97	8,620.80	\$144.73	-1.3%	-2.5%	1.2%	
201411	28,170	43,731	\$4,128,834	29,269	0.96	\$4,319,160	30,631	\$103.83	8,617.83	\$144.58	-1.7%	-2.6%	0.9%	
201412	27,173	42,121	\$4,038,947	28,540	0.93	\$4,320,549	30,528	\$104.54	8,688.68	\$144.38	-0.9%	-1.5%	0.7%	
Experience Period	340,288	532,612	\$54,912,914	380,231	0.99	\$55,679,844	385,641							
201403	27,832	44,140									1.5%	1.7%	-0.2%	
201409	28,651	44,519									-0.9%	-1.6%	0.8%	
201412	27,173	42,121									-0.9%	-1.5%	0.7%	
Avg last 6 months	28,407	44,125									-1.1%	-1.7%	0.6%	
Selected Pricing Trend													1.0%	3.0%

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016
BlueChoice Non-Grandfathered D.C. Small Group & Individual Base Experience Medical Other
Experience Period: Incurred 201401 - 201412, Paid through 201502

Month	Contracts	Members	Allowed	Services	Completion Factor	Completed		Rolling 12 PMPM			Rolling 12 Trend		
						Allowed	Services	Allowed	Services/1000	Unit Cost	Allowed	Services/1000	Unit Cost
201204	18,927	29,947	\$370,650	1,425	1.00	\$370,650	1,425						
201205	18,931	30,011	\$346,626	1,464	1.00	\$346,626	1,464						
201206	19,349	30,670	\$321,803	1,422	1.00	\$321,803	1,422						
201207	19,464	30,872	\$326,660	1,337	1.00	\$326,660	1,337						
201208	19,823	31,386	\$313,759	1,319	1.00	\$313,759	1,319						
201209	20,064	31,742	\$377,954	1,552	1.00	\$377,954	1,552						
201210	20,264	32,044	\$397,861	1,732	1.00	\$397,861	1,732						
201211	20,841	32,962	\$398,450	1,582	1.00	\$398,450	1,582						
201212	21,164	33,424	\$345,256	1,484	1.00	\$345,259	1,484						
201301	21,705	34,343	\$525,748	2,033	1.00	\$525,755	2,033						
201302	21,744	34,392	\$542,721	1,752	1.00	\$542,732	1,752						
201303	21,951	34,732	\$458,964	1,678	1.00	\$459,018	1,678	\$12.23	583.05	\$251.68			
201304	22,199	35,135	\$385,163	1,827	1.00	\$385,213	1,827	\$12.10	587.65	\$247.16			
201305	22,328	35,161	\$432,784	1,830	1.00	\$432,854	1,830	\$12.16	591.10	\$246.94			
201306	22,753	35,868	\$422,268	1,864	1.00	\$422,358	1,864	\$12.26	596.66	\$246.50			
201307	23,068	36,380	\$480,741	1,908	1.00	\$480,870	1,908	\$12.47	605.42	\$247.15			
201308	23,547	37,237	\$494,712	1,987	1.00	\$494,865	1,988	\$12.73	616.26	\$247.90			
201309	23,813	37,625	\$487,080	1,860	1.00	\$487,283	1,861	\$12.81	616.45	\$249.42			
201310	23,796	37,653	\$553,898	2,085	1.00	\$554,156	2,086	\$13.01	618.30	\$252.53			
201311	24,074	38,221	\$427,481	1,744	1.00	\$427,694	1,745	\$12.92	615.29	\$251.99			
201312	25,031	39,843	\$511,574	1,633	1.00	\$511,909	1,634	\$13.11	610.36	\$257.79			
201401	27,206	43,465	\$470,962	1,925	1.00	\$471,343	1,926	\$12.72	595.00	\$256.58			
201402	27,601	44,007	\$440,635	2,068	1.00	\$441,025	2,070	\$12.23	590.80	\$248.41			
201403	27,832	44,140	\$538,580	2,523	1.00	\$539,406	2,527	\$12.16	600.75	\$242.80	-0.6%	3.0%	-3.5%
201404	28,327	44,733	\$505,364	2,402	1.00	\$506,460	2,407	\$12.16	603.26	\$241.98	0.5%	2.7%	-2.1%
201405	29,569	45,924	\$620,523	2,617	1.00	\$622,408	2,625	\$12.29	609.53	\$241.88	1.0%	3.1%	-2.1%
201406	29,310	45,593	\$637,259	2,487	1.00	\$640,247	2,498	\$12.48	612.92	\$244.43	1.9%	2.7%	-0.8%
201407	29,064	45,241	\$656,490	3,006	0.99	\$660,790	3,025	\$12.62	628.75	\$240.90	1.2%	3.9%	-2.5%
201408	29,006	45,084	\$679,536	3,045	0.99	\$685,615	3,072	\$12.80	644.54	\$238.34	0.6%	4.6%	-3.9%
201409	28,651	44,519	\$555,113	2,736	0.99	\$562,967	2,774	\$12.78	657.11	\$233.34	-0.3%	6.6%	-6.5%
201410	28,379	44,054	\$530,641	3,301	0.98	\$540,993	3,366	\$12.60	678.36	\$222.82	-3.2%	9.7%	-11.8%
201411	28,170	43,731	\$595,948	2,729	0.96	\$623,424	2,872	\$12.83	696.83	\$221.02	-0.7%	13.3%	-12.3%
201412	27,173	42,121	\$546,154	3,029	0.93	\$584,243	3,244	\$12.92	730.12	\$212.27	-1.5%	19.6%	-17.7%

Experience Period	340,288	532,612	\$6,777,204	31,868	0.99	\$6,878,923	32,406						
201403	27,832	44,140									-0.6%	3.0%	-3.5%
201409	28,651	44,519									-0.3%	6.6%	-6.5%
201412	27,173	42,121									-1.5%	19.6%	-17.7%
Avg last 6 months	28,407	44,125									-0.6%	9.6%	-9.1%
Selected Pricing Trend												8.0%	0.0%

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016
BlueChoice Non-Grandfathered D.C. Small Group & Individual Base Experience Rx
Experience Period: Incurred 201401 - 201412, Paid through 201502

Month	Contracts	Members	Allowed	Scripts	Completion Factor	Completed		Rolling 12 PMPM			Rolling 12 Trend		
						Allowed	Scripts	Allowed	Scripts/1000	Unit Cost	Allowed	Scripts/1000	Unit Cost
201204	18,927	29,947	\$2,323,500	20,912	1.00	\$2,323,500	20,912						
201205	18,931	30,011	\$2,408,033	21,595	1.00	\$2,408,033	21,595						
201206	19,349	30,670	\$2,286,624	20,568	1.00	\$2,286,624	20,568						
201207	19,464	30,872	\$2,367,272	21,193	1.00	\$2,367,272	21,193						
201208	19,823	31,386	\$2,377,507	21,756	1.00	\$2,377,507	21,756						
201209	20,064	31,742	\$2,238,116	20,677	1.00	\$2,238,116	20,677						
201210	20,264	32,044	\$2,446,647	22,322	1.00	\$2,446,647	22,322						
201211	20,841	32,962	\$2,563,370	22,730	1.00	\$2,563,370	22,730						
201212	21,164	33,424	\$2,472,120	23,371	1.00	\$2,472,120	23,371						
201301	21,705	34,343	\$2,878,916	25,750	1.00	\$2,878,916	25,750						
201302	21,744	34,392	\$2,530,130	23,080	1.00	\$2,530,130	23,080						
201303	21,951	34,732	\$2,777,080	24,125	1.00	\$2,777,080	24,125	\$76.76	8,322.74	\$110.67			
201304	22,199	35,135	\$2,768,917	25,164	1.00	\$2,768,917	25,164	\$76.88	8,342.77	\$110.58			
201305	22,328	35,161	\$3,033,995	25,222	1.00	\$3,033,995	25,222	\$77.46	8,344.18	\$111.40			
201306	22,753	35,868	\$2,800,449	24,033	1.00	\$2,800,449	24,033	\$77.74	8,339.72	\$111.85			
201307	23,068	36,380	\$3,004,084	25,434	1.00	\$3,004,084	25,434	\$78.25	8,351.88	\$112.43			
201308	23,547	37,237	\$3,225,415	25,331	1.00	\$3,225,415	25,331	\$79.19	8,337.45	\$113.98			
201309	23,813	37,625	\$2,989,669	24,620	1.00	\$2,989,669	24,620	\$79.87	8,333.32	\$115.02			
201310	23,796	37,653	\$3,381,249	26,473	1.00	\$3,381,249	26,473	\$81.02	8,340.54	\$116.56			
201311	24,074	38,221	\$3,186,695	25,216	1.00	\$3,186,695	25,216	\$81.48	8,307.92	\$117.68			
201312	25,031	39,843	\$3,474,844	26,991	1.00	\$3,474,844	26,991	\$82.58	8,285.27	\$119.60			
201401	27,206	43,465	\$3,340,884	28,993	1.00	\$3,340,884	28,993	\$81.92	8,203.02	\$119.84			
201402	27,601	44,007	\$3,102,320	27,237	1.00	\$3,102,320	27,237	\$81.45	8,139.35	\$120.08			
201403	27,832	44,140	\$3,508,710	29,929	1.00	\$3,508,710	29,929	\$81.37	8,124.45	\$120.19	6.0%	-2.4%	8.6%
201404	28,327	44,733	\$3,575,345	31,107	1.00	\$3,575,345	31,107	\$81.43	8,110.40	\$120.48	5.9%	-2.8%	8.9%
201405	29,569	45,924	\$3,524,435	31,103	1.00	\$3,524,435	31,103	\$80.63	8,075.94	\$119.81	4.1%	-3.2%	7.6%
201406	29,310	45,593	\$3,544,630	30,293	1.00	\$3,544,630	30,293	\$80.55	8,069.03	\$119.79	3.6%	-3.2%	7.1%
201407	29,064	45,241	\$3,783,011	30,440	1.00	\$3,783,011	30,440	\$80.68	8,046.34	\$120.32	3.1%	-3.7%	7.0%
201408	29,006	45,084	\$3,482,417	29,452	1.00	\$3,482,417	29,452	\$79.95	8,019.58	\$119.62	1.0%	-3.8%	5.0%
201409	28,651	44,519	\$3,436,039	29,181	1.00	\$3,436,039	29,181	\$79.74	8,018.51	\$119.34	-0.2%	-3.8%	3.8%
201410	28,379	44,054	\$3,684,045	30,501	1.00	\$3,684,045	30,501	\$79.35	8,012.81	\$118.83	-2.1%	-3.9%	1.9%
201411	28,170	43,731	\$3,187,891	27,893	1.00	\$3,187,891	27,893	\$78.53	7,990.13	\$117.93	-3.6%	-3.8%	0.2%
201412	27,173	42,121	\$3,446,524	29,483	1.00	\$3,446,524	29,483	\$78.14	8,012.11	\$117.03	-5.4%	-3.3%	-2.1%

Experience Period **340,288** **532,612** **\$41,616,251** **355,612** **1.00** **\$41,616,251** **355,612**

201403	27,832	44,140									6.0%	-2.4%	8.6%
201409	28,651	44,519									-0.2%	-3.8%	3.8%
201412	27,173	42,121									-5.4%	-3.3%	-2.1%
Avg last 6 months	28,407	44,125									-1.2%	-3.7%	2.6%

Selected Pricing Trend **0.0%** **13.0%**

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016
BlueChoice Non-Grandfathered D.C. Small Group & Individual Base Experience Medical and Rx Total
Experience Period: Incurred 201401 - 201412, Paid through 201502

Month	Contracts	Members	Allowed	Completion Factor	Completed	Rolling 12 PMPM	Rolling 12 Trend
					Allowed	Allowed	Allowed
201204	18,927	29,947	\$8,333,994	1.00	\$8,333,994		
201205	18,931	30,011	\$9,052,712	1.00	\$9,052,712		
201206	19,349	30,670	\$8,737,043	1.00	\$8,737,043		
201207	19,464	30,872	\$9,342,380	1.00	\$9,342,380		
201208	19,823	31,386	\$9,487,834	1.00	\$9,487,834		
201209	20,064	31,742	\$8,911,700	1.00	\$8,911,700		
201210	20,264	32,044	\$9,778,431	1.00	\$9,778,431		
201211	20,841	32,962	\$8,723,403	1.00	\$8,723,403		
201212	21,164	33,424	\$9,086,278	1.00	\$9,086,327		
201301	21,705	34,343	\$11,097,851	1.00	\$11,097,951		
201302	21,744	34,392	\$10,334,681	1.00	\$10,334,828		
201303	21,951	34,732	\$12,442,101	1.00	\$12,443,193	\$298.38	
201304	22,199	35,135	\$11,485,956	1.00	\$11,487,064	\$302.47	
201305	22,328	35,161	\$11,573,078	1.00	\$11,574,371	\$304.90	
201306	22,753	35,868	\$10,192,302	1.00	\$10,193,871	\$304.58	
201307	23,068	36,380	\$12,590,515	1.00	\$12,592,940	\$308.44	
201308	23,547	37,237	\$11,711,283	1.00	\$11,713,853	\$309.46	
201309	23,813	37,625	\$11,487,103	1.00	\$11,490,560	\$311.27	
201310	23,796	37,653	\$12,370,829	1.00	\$12,374,887	\$313.27	
201311	24,074	38,221	\$11,534,306	1.00	\$11,538,617	\$315.99	
201312	25,031	39,843	\$12,145,299	1.00	\$12,150,629	\$318.36	
201401	27,206	43,465	\$14,088,463	1.00	\$14,096,915	\$318.57	
201402	27,601	44,007	\$12,479,083	1.00	\$12,487,283	\$316.57	
201403	27,832	44,140	\$13,542,768	1.00	\$13,557,956	\$312.56	4.8%
201404	28,327	44,733	\$13,297,077	1.00	\$13,317,729	\$310.10	2.5%
201405	29,569	45,924	\$13,869,059	1.00	\$13,900,315	\$308.01	1.0%
201406	29,310	45,593	\$13,829,903	1.00	\$13,877,335	\$309.40	1.6%
201407	29,064	45,241	\$14,227,650	1.00	\$14,295,735	\$307.34	-0.4%
201408	29,006	45,084	\$12,689,107	0.99	\$12,771,604	\$304.69	-1.5%
201409	28,651	44,519	\$13,846,557	0.99	\$13,993,153	\$305.47	-1.9%
201410	28,379	44,054	\$14,099,093	0.99	\$14,301,987	\$305.42	-2.5%
201411	28,170	43,731	\$12,378,203	0.97	\$12,797,056	\$304.62	-3.6%
201412	27,173	42,121	\$12,171,401	0.95	\$12,778,801	\$304.49	-4.4%

Experience Period	Contracts	Members	Allowed	Completion Factor	Completed Allowed	Rolling 12 PMPM	Rolling 12 Trend
	340,288	532,612	\$160,518,365	0.99	\$162,175,869		
201403	27,832	44,140					4.8%
201409	28,651	44,519					-1.9%
201412	27,173	42,121					-4.4%
Avg last 6 months	28,407	44,125					-2.4%

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016
Combined SRP MORBIDITY - DC

				2013 Single Risk Pool for 2015 Rates				2014 Single Risk Pool for 2016 Rates								2016 FILING					
				2013 Ave.	2013 ALW Claims	2013 Ratio to CF IND64-ACA	2014 Ave.	2014 ALW Claims	2014 Ratio to CF IND64-ACA	2/28/15 Members	%	LifeID Data Available	"Line of Sight"	2014 ALW Claims	2014 Ratio to CF IND64-ACA	2016 Ave.	%	ALW Claims	Ratio to CF IND64-ACA		
				Members	%	PMPM	Members	%	PMPM	ACA				PMPM	ACA	Members	%	PMPM	ACA		
1	CFI	IND64-ACA/Metaled	UW, HIPAA, GC, QTC	7,400	8%	\$ 289	0.78	2,216	3%	\$434	1.173	3,015	4%	2,367	78%	\$469	1.267	2,412	3%	\$469	1.267
2	CF	IND64-PPACA/Non-Metaled						3,239	4%	\$340	0.920	0				0		0			0.000
3		Small Group SRP Subtotal	PPACA/ACA/Congress	65,300	69%	\$379	1.02	77,464	90%	\$397	1.073	68,624	87%			\$401	1.085	61,762	78%	\$401	1.085
4				72,700	77%	\$370	1.00	82,920	96%	\$396	1.070	71,639	90%			\$404	1.093	64,174	81%	\$404	1.093
5	CF	IND64-	GF UW, HIPAA, GC, QTC	1,100	1%	\$644	1.74														
6																					
7	CF	SG		500	1%	\$398	1.08	437	1%	\$540	1.461	681	1%	521	77%	\$534	1.444	715	1%	\$534	1.444
10	CF	LG		2,000	2%	\$431	1.17	158	0%	\$551	1.490	255	0%	178	70%	\$541	1.462	268	0%	\$541	1.462
11																					
12	OTHER	IND64-		4,600	5%	\$370	1.00														
13	Competitors																				
14	51-100 FTE																				
15	Congress			10,100	11%	\$324	0.88											8,624	11%	\$494	1.336
16	Uninsured	FPL 100% - 138%	\$11,670	0	0%																
17	Uninsured	FPL 138% - 200%	\$16,105	0	0%																
18	Uninsured	FPL 201%+	\$23,340	3,000	3%	\$363	0.98	2,841	3%	\$441	1.192	6,608	8%	2,398	36%	\$447	1.210	8,203	10%	\$447	1.210
19	Other			0	0%			0	0%			0	0%					0	0%		0.00
20	TOTAL:			94,000	100%	\$369	1.00	86,356	100%	\$398	1.08	79,200	100%	5,464	52%	\$409	1.11	82,000	103%	\$420	1.135
21																					1.054
22																					1.136
23																					
24																					
25																					
26																					
27																					
28	BC	IND64-ACA/Metaled	UW, HIPAA, GC, QTC	3,500	8%	\$ 375	1.17	1,488	3%	\$392	1.229	2,077	5%	1,581	76%	\$449	1.406	1,662	4%	\$449	1.406
29	CF	IND64-PPACA/Non-Metaled						1,585	4%	\$404	1.267										
30		Small Group SRP Subtotal	PPACA/ACA/Congress	31,600	69%	\$313	0.98	38,003	87%	\$314	0.983	32,674	81%			\$316	0.991	29,407	70%	\$316	0.991
31				35,100	76%	\$319	1.00	41,076	94%	\$320	1.003	34,751	86%			\$324	1.016	31,069	74%	\$324	1.016
32	CF	IND64-	GF UW, HIPAA, GC, QTC	100	0%	\$556	1.74														
33																					
34	CF	SG		200	0%	\$343	1.08	338	1%	\$400	1.254	508	1%	377	74%	\$432	1.354	533	1%	\$432	1.354
35	CF	LG		1,500	3%	\$372	1.17	113	0%	\$337	1.057	182	0%	121	67%	\$321	1.005	191	0%	\$321	1.005
36																					
37	OTHER	IND64-		3,500	8%	\$319	1.00														
38	Competitors																				
39	51-100 FTE																				
40	Congress			3,400	7%	\$280	0.88														
41	Uninsured	FPL 100% - 138%	\$11,670	0	0%																
42	Uninsured	FPL 138% - 200%	\$16,105	0	0%																
43	Uninsured	FPL 201%+	\$23,340	2,200	5%	\$313	0.98	2,105	5%	\$366	1.147	5,013	12%	1,757	35%	\$382	1.196	5,500	13%	\$382	1.196
44	Other			0	0%			0	0%			0	0%					0	0%		0.00
45	TOTAL:			46,000	100%	\$318	1.00	43,641	100%	\$323	1.01	40,466	100%	3,836	49%	\$333	1.04	42,000	100%	\$345	1.080
46																					1.068
47																					1.083
48																					
49																					
50																					
51																					
52																					
53																					
54																					
55	GHMSI	IND64-ACA/Metaled	UW, HIPAA, GC, QTC	3,900	8%	\$ 219	0.52	728	2%	\$519	1.239	938	2%	786	84%	\$513	1.224	750	2%	\$513	1.224
56	CF	IND64-PPACA/Non-Metaled						1,654	4%	\$279	0.665										
57		Small Group SRP Subtotal	PPACA/ACA/Congress	33,600	70%	\$442	1.06	39,461	92%	\$477	1.139	35,950	93%			\$478	1.142	32,355	81%	\$478	1.142
58				37,500	78%	\$419	1.00	41,843	98%	\$470	1.122	36,888	95%			\$479	1.144	33,105	83%	\$479	1.144
59	CF	IND64-	GF UW, HIPAA, GC, QTC	1,000	2%	\$729	1.74														
60																					
61	CF	SG		300	1%	\$451	1.08	98	0%	\$1,023	2.442	173	0%	144	83%	\$833	1.989	182	0%	\$833	1.989
62	CF	LG		500	1%	\$488	1.17	45	0%	\$1,085	2.590	73	0%	57	78%	\$1,089	2.600	77	0%	\$1,089	2.600
63																					
64	OTHER	IND64-		1,200	3%	\$419	1.00														
65	Competitors																				
66	51-100 FTE																				
67	Congress			6,700	14%	\$367	0.88														
68	Uninsured	FPL 100% - 138%	\$11,670	0	0%																
69	Uninsured	FPL 138% - 200%	\$16,105	0	0%																
70	Uninsured	FPL 201%+	\$23,340	800	2%	\$411	0.98	737	2%	\$655	1.564	1,595	4%	642	40%	\$654	1.561	2,704	7%	\$654	1.561
71	Other			0	0%			0	0%			0	0%					0	0%		0.00
72	TOTAL:			48,000	100%	\$419	1.00	42,726	100%	\$475	1.13	38,734	100%	1,629	59%	\$489	1.17	40,000	100%	\$503	1.201
73																					1.059
74																					1.201
75																					
76																					
77																					
78																					
79																					

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016
BlueChoice Projected Morbidity

2016 Change in Morbidity Projection						
		2014 Actual		2016 Projected		
		Risk Score	Average Members	Risk Score	Projected Members	Δ
IND64-	ACA/Metaled	1.23	1,488	1.41	1,662	
IND64-	PPACA/Non-Metaled	1.27	1,585	0.00	0	
Small Group	PPACA/ACA/Congress	0.98	38,003	0.99	29,407	
Small Group		1.25	338	1.35	533	
Large Group		1.06	113	1.01	191	
Other	51-100 FTE			1.34	4,696	
Congress						
FPL 201%+	Uninsured	1.15	2,105	1.20	5,500	
Grand Total Single Risk Pool		1.01	43,641	1.08	42,000	6.8%

**CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016**

DC ACA Combined - Small Group & Individual Capitations

<u>BlueChoice</u>	<u>Description</u>	<u>1/1/14 PMPM</u>	<u>1/1/15 PMPM</u>	<u>1/1/16 PMPM</u>
	Mental Health UR	\$0.94	\$0.60	\$0.53
	Nurse Hotline	\$0.04	\$0.04	\$0.05
	Wellness *	\$0.22	\$0.22	\$0.22
	Embedded Pediatric Vision **	\$0.23	\$0.23	\$0.23
	Embedded Adult Vision ***	\$0.28	\$0.28	\$0.28
	AVERAGE PMPM:	\$1.71	\$1.37	\$1.31

* The total capitation for Wellness is \$0.26, but only applies to members age 18+.

** Only applies to members age 19 and under.

*** Ind64- only and only applies to members over the age of 19.

CAREFIRST BLUECROSS BLUESHIELD **PART III ACTUARIAL MEMORANDUM**

1. REDACTED ACTUARIAL MEMORANDUM: CareFirst (CF) is making no redactions so both actuarial memoranda (AM) are the same.

2. GENERAL INFORMATION:

Company Legal Name: CareFirst BlueChoice, Inc. (NAIC # 96202) (CFBC).

State: District of Columbia.

HIOS Issuer ID: 86052.

Market: Small Group (SG) – On Exchange.

Effective Date: 1/1/16 and quarterly incremental “trend” increases effective 4/1/16, 7/1/16 and 10/1/16.

Primary Contact Name: Mr. Dwayne Lucado, F.S.A., M.A.A.A.

Primary Contact Telephone Number: 410-998-7519.

Primary Contact E-Mail Address: Dwayne.Lucado@CareFirst.com.

3. PROPOSED RATE INCREASE(S): CFBC is proposing to raise premiums by 5.5% on average for 1Q16, prior to age band changes. Without risk adjustment, this CFBC renewal would have been approximately 1.0%. Without a merged index rate (Individual Non-Medigap (INM) and SG), this 5.5% renewal would have been approximately 3.7% (1.8 points lower) due to the dominance of the SG business (with typically higher index rate than INM products) in the merged pool. (For CF overall (including the SG PPO business) the proposed average renewal is 10.4%.) The range for CFBC is -9.8% to 15.8% for 1Q16. For renewing customers, an age band change adds 2.6% to the renewal, on average, with a range of 0.0% to 3.9% for ages 22 and upwards per the DC age curve. The estimated average renewals for 2Q16, 3Q16, and 4Q16 will be 5.6%, 5.7% and 5.9%, respectively. Consistent with 45 CFR Part § 155.705(b)(6) and Market Standards Proposed Rules 78 FR 13406 and 37032, we understand that we may subsequently file for changes to the post-1Q16 quarterly rate changes proposed herein if deemed necessary. This filing applies to all new and renewing, in-force business in the guaranteed renewable, non-grandfathered, ACA, metaleed benefit plans.

Reason for Rate Increase(s): The main driver of the 2016 rate increase is the actual claims experience of the 2014 single risk pool (SRP) that documents a morbidity risk factor that is higher than assumed in the approved 2015 rates. An analysis of the membership composition as of February 2015 indicates that the percentage of the pool that was previously medically underwritten has declined significantly. Additionally, the morbidity of the new SGs size 51-100 that migrate to the SG pool is projected to be higher than the morbidity of existing SGs. Both of these shifts in the enrollment composition produce a morbidity estimate that is materially higher than the 2014 actual morbidity risk factor and the 2015 rate filing assumption. In addition, medical cost and utilization trends and estimated risk adjustment transfers (provided by Wakely Consulting Group) also impact the rate increases. The range of the renewals is driven heavily by the impact of changes in member cost-sharing resulting from the mapping of 2015 plans to our proposed 2016 plans.

The out-of-area (OOA) utilization for our BlueChoice Advantage and HealthyBlue Advantage plans which are tailored to groups with employees outside of our service area has been revised to 20% due to changes in eligibility requirements. This change is reflected in the Open Access Advantage network factor and is included in the renewal range mentioned above.

4. MARKET EXPERIENCE:

4.1 - EXPERIENCE PERIOD PREMIUM AND CLAIMS: The incurred period is 1/1/14 through 12/31/14, as required.

Paid Through Date: 2/28/15.

Premiums (Net of MLR Rebate) in Experience Period: \$182,666,488 (Merged).

Allowed and Incurred Claims From Experience Period: \$159,874,493 (Merged Index Rate).

4.2 - BENEFIT CATEGORIES:

Inpatient (hospital).

Outpatient (hospital) (OP).

Professional.
Other Medical (non-capitated ambulance, home health care, durable medical equipment, prosthetics, supplies, vision exams, dental services and other).
Prescription drug (Rx).
Capitations.

4.3 - PROJECTION FACTORS:

Changes in the Morbidity of the Population Insured: The morbidity risk factor projections are based upon 2014 known age-normalized allowed claims costs per member per month (PMPM), projected for various categories of the estimated 2016 membership. These categories are based upon the prior status of the members in the 2013 year – previous CF members (medically underwritten Individual PPACA experience, ACA experience for those previously underwritten members who chose an ACA product, SG, large group), and Other new entrants (either previously uninsured or previously insured with a competitor). The risk factor for each category is expressed in terms of age-normalized allowed claims PMPM cost, and is calculated by comparing the PMPM claims cost by category to the 2013 CFBC INM membership PMPM cost.

In projecting the 2016 SRP, we examined 2014 claims-based experience by categories described above of only the cohort as of 2/28/15. This cohort represented 79,200 CF members (including PPO business) and we had empirical data for ~89% of them. The exact risk scores for this cohort were used for 2016, neither worsening nor improving. The enrollment of each cohort was projected by looking at the actual membership distribution as of 2/28/15 and making projections that the previously underwritten cohorts would decline an additional 10% while the SG cohort would grow by approximately 15% because of the expansion to groups of size 51-100 employees. Although the DISB Bulletin 15-IB-05-04/28 released 4/28/15 allows 51-100 groups to renew their current policies through policy years beginning on or before 10/1/16, we still expect some migration. We have assumed 50% of those eligible will migrate with relatively worse morbidity.

Changes in Benefits: For 2016 we have redesigned our SG portfolio. These new designs include cost-sharing elements that differ for some services based on the setting in which care is delivered (called “Site of Service”). For example, members seeking imaging services in a freestanding facility will have lower cost-sharing than those seeking similar treatment in a hospital setting. This is done in order to encourage members to seek treatment in the most efficient setting. Our 2015 plans will be uniformly modified into the 2016 plans based on the mapping included in this filing. The changes to our plan designs have been accounted for in each specific plan level cost-share factor.

The projected induced demand of our 2016 portfolio is materially lower than that of the 2014 base period. As such we are including an adjustment to projected allowed costs to account for the expected utilization impact due to projected “leaner” benefits. A detailed exhibit to support this induced demand adjustment is included in the AM.

Related to autism benefits, per the “Better Prices, Better Quality, Better Choices for Health Coverage Amendment Act of 2013” passed on 6/4/13 (D.C. Official Code § 31-3171.01, et seq.) we have calculated an increase in claims PMPM of \$0.58 for INM and \$3.32 for SG PMPM for 2016 over 2014. This is largely for “Applied Behavioral Analysis” (ABA) treatments and is a D.C.-mandated benefit.

Attached exhibits detail adjustments for pediatric dental, pediatric vision, embedded adult vision (for INM only) and a change in our mandatory generic policy.

Changes in Demographics: Comparing the overall CFBC member-level age as of 12/31/13 to 12/31/14, we have seen an increase of 0.4 years from 33.5 to 34.0. For INM CFBC, the average age increased by 2.4 years from 34.1 to 36.6.

Age factors will account for a portion of the corresponding increase in claims cost. We find the CMS age curve spread of “3 to 1” to be lower than the “4.5 to 1” that is more correlated with expected claims costs. We have therefore adjusted expected claims costs accordingly in the experience period (EP) index rate projection, through the use of ‘Other’ projection factors.

Other Adjustments: Started in 2015, CF is continuing its incentive program, called BlueRewards, whereby members earn medical expense debit cards of as much as \$450 annually, for an individual (\$1,050 for a family). In the group market, the \$450 amount includes an additional wellness benefit of as much as \$100 annually for an individual (\$250 for a family). These amounts are increases from last year. The cards must be utilized for qualified medical expenses such as deductibles, copays and out-of-pocket maximums. The scope includes all benefit plans within CF's portfolio, on and off the exchange. This is being done in a revenue-neutral way. That is, the cost to CF of the incentive payments was chosen such that it matches the expected savings to CF from more efficacious health care delivery. The savings has been incorporated in the "Other" projection factors when developing the index rate. The cost of the incentive has been included as a retention item in the build-up of our desired incurred claims ratio. Our aim is that this incentive program will improve our members' health.

This calculation also includes the following:

1. A decrease to prescription drug claims costs due to an increase in rebates realized by the move to a new "Pharmacy Benefits Manager" (PBM) in 2014.
2. A shift in costs associated with case management of behavioral health, which was a capitated service in 2014 but will instead be processed as a professional claim going forward.

Trend Factors (Cost/Utilization): The proposed trend of 7.0% is the same as 2015's 7.0%.

4.4 - CREDIBILITY MANUAL RATE DEVELOPMENT: Not applicable.

4.5 - CREDIBILITY OF EXPERIENCE: The calendar 2014 base data includes 532,612 member months (average monthly of 44,384) and is therefore considered 100% credible.

4.6 - PAID TO ALLOWED RATIO: Projected at 83.8%, on average, for all quarters.

4.7 - RISK ADJUSTMENT AND REINSURANCE:

Experience Period Risk Adjustment and Reinsurance Adjustments PMPM: The estimates of the experience period Risk Adjustment transfers in the URRT are based on a multi-carrier analysis by Wakely Consulting Group. Since this is a SG filing, Reinsurance Claims Adjustments do not apply.

Projected Risk Adjustments PMPM: +\$17 PMPM for 1Q16. This is based on an analysis of the market by Wakely Consulting Group. Wakely provided CF's normalized risk scores for its legal entities, which were used to develop a projected transfer payment as a percentage of premium. We converted this to a percentage of our projected index rate for each quarter of 2016 to translate the estimated payment into a PMPM. A risk transfer payment has been shown on our exhibit demonstrating MLR compliance. Wakely's method isolated the experience of all non-grandfathered (ACA and PPACA) members for all of 2014.

Projected ACA Reinsurance Recoveries Net of Reinsurance Premium (Individual Market and Combined Markets Only): Since this is a SG filing, reinsurance recoveries do not apply. The reinsurance premium for 2016 is \$2.25 PMPM, plus an additional administrative fee of \$0.17 PMPY.

4.8 - NON-BENEFIT EXPENSES AND CONTRIBUTION TO RESERVE (CtR) & RISK: The "desired incurred claims ratio" (DICR) has changed from 74.4% (4Q 2015) to 71.9% (1Q 2016).

Administrative Expense Load: Administrative Expense and Broker Commissions and Fees PMPM increased by a composite 9.5% versus 2015.

Contribution to Reserve & Risk Margin: 4.0% prior to income taxes.

Taxes and Fees:

- 1) Premium Tax of 2.0%.
- 2) Federal Income Tax (FIT) of 1.4% (35% tax rate).
- 3) Health Insurer Fee of 3.2%, considering non-deductibility for tax purposes.
- 4) PCORI increased from \$2.11 PMPY to \$2.25 PMPY for 1Q – 3Q 2016 and \$2.34 for 4Q 2016.
- 5) Reinsurance Payments decreased from \$2.63 PMPM for 4Q 2015 to \$2.25 PMPM for 2016.
- 6) Reinsurance Administrative Fee is \$0.17 PMPY.

- 7) Risk Adjustment User Fees are \$0.15 PMPM.
- 8) Exchange User Fees remained at \$0.
- 9) Exchange Assessment Fee of 1.0% for 2016 per the "Health Benefit Exchange Authority Financial Sustainability Emergency Amendment Act of 2014" (D.C. Act 20-329) approved on 5/22/14. In addition, there is also a state assessment fee of 0.1%.

5. PROJECTED LOSS RATIO: Our projected loss ratio for ACA MLR rebate purposes is 82.1%, meeting the 80.0% minimum of the "Public Health Service Act" (PHSA) 218. Please note that this is based on the combined experience of INM and SG.

6. APPLICATION OF MARKET REFORM RATING RULES:

6.1 - SINGLE RISK POOL (SRP): Our SRP reflects all covered lives for every non-grandfathered product in our market per 45 CFR Part § 156.80 (d). This encompasses INM Open Enrollment, HIPAA, Group Conversion, and formerly medically underwritten coverages as well as SGs.

6.2 - INDEX RATE: Last year's implicit 2014 index rate was \$332.70 ((\$312.41 EP allowed claims PMPM - \$1.48 Non-EHB) x trend of 7.0%). As shown on Worksheet 1 of the URRT, the actual index rate for 2014 is \$298 for a favorable variance of -10%.

After applying projection factors, the allowed claims PMPM for 1Q16 is \$375.03. This includes projected claims for non-EHBs, estimated at \$2.15 PMPM. The proposed 1Q16 index rate is \$372.88.

6.2.1 - Small Group Quarterly Rate Filings: This filing includes quarterly incremental "trend" increases. Index rates are \$379.54, \$386.30 and \$393.25 for 2Q, 3Q and 4Q16, respectively. As required, the index rate entered in the URRT reflects a member weighted blend of the quarterly index rates.

6.3 - MARKET ADJUSTED INDEX RATE:

Federal Reinsurance Program Adjustment: 1.0061 for 1Q16, reflecting the reinsurance contribution and administrative fee.

Risk Adjustment: 1.0445 for 1Q16. A summary exhibit is provided.

Marketplace User Fee Adjustment: 1.0000. A summary exhibit is provided.

6.4 - PLAN ADJUSTED INDEX RATES: The Cost-Share factor includes 1) internally-developed pricing AVs, 2) CDH/Non-CDH induced demand and 3) metal-level induced demand. Regarding the second item, as discussed in the past, we maintain that this factor is allowable under 45 C.F.R. § 156.80 for the same reason that the third item is allowed. There are 5 types of network factors: Lock In / Referral, Open Access, Open Access Opt-Out, Open Access Plus and Open Access Advantage. Network factors composite to 1.00 across SG and INM. Cost-Share factors, Network Factors and Non-EHBs vary by plan. All other factors applying to the Index Rate are the same across all plans.

6.5 - CALIBRATION: Done for age, but we have elected not to rate for tobacco usage. Geographic rating does not apply, as D.C. has only one rating area.

Age Curve Calibration – We have calibrated to an average age of 42 from the DC age curve.

6.6 - CONSUMER ADJUSTED PREMIUM RATE DEVELOPMENT: A sample group rate development is included in this filing.

SG Plan Premium Rates – Our rates are developed from base experience for quarterly trend increases as shown on the allowed PMPM projection exhibits in the filing. We also include the derivation of quarterly Plan Adjusted Index and Consumer Level Base rates.

7. PLAN PRODUCT INFORMATION:

7.1 - HHS ACTUARIAL METAL VALUES (AV): The majority of our 2016 plans include varying cost-share levels for some services that depend on the setting in which care is delivered. The Federal AV calculator was used to compute two separate AVs for each impacted plan – one which applied the higher level of cost-share, and one which applied the lower. The results were blended assuming 2/3 of the designated

services are rendered in higher cost-share setting and the remaining 1/3 at the lower, consistent with 2014 experience for our SG and INM markets. Plans without these features used the AV calculator without modification.

Printouts for each plan are provided in the "Actuarial Memorandum" section of the Supporting Documentation tab of the SERFF filing, and also as part of the QHP binder submission under separate cover.

7.2 - AV PRICING VALUES: The breakdown of the AV Pricing values is shown on the Plan Level derivation pages.

7.3 - MEMBERSHIP PROJECTIONS: Projected enrollment is based on actual enrollment by plan as of 2/28/15. Final 2016 plan-level enrollment results from the underlying mapping of our 2015 plans into the proposed 2016 plan designs, as well as an adjustment for the expansion of SG to include groups with up to 100 employees.

7.4 - TERMINATED PLANS AND PRODUCTS: A listing of all terminated non-SRP plans, and SRP plans being uniformly modified is included in the AM.

7.5 - PLAN TYPE: HMO and POS.

7.6 - WARNING ALERTS:

1. Worksheet 1, Section I & II

- a. **Allowed Claims PMPM** – A warning is triggered on Worksheet 1 which says "WARNING – Wksh 1 – Market Experience Total PMPM (Cell H30) is not equal to Allowed Claims (Cell G16)." Per URRT instructions, cell G16 reflects the experience period allowed claims PMPM adjusted for risk transfers. Cell H30 is a worksheet-computed PMPM that is derived from actual experience period utilization and cost statistics by service category and does not reflect risk adjustment. As such, we do not believe these two cells should be equal.

2. Worksheet 2

- a. **General:** Per the District's instructions, the index rate was developed with combined SG/INM experience which is entered on Worksheet 1 of the URRT, but the plan level rates were developed separately as the markets are remaining separate from the Federal perspective. Therefore, Worksheet 2 has only the SG market's plan data, and most of the warnings have been triggered because the SG totals on Worksheet 2 are less than the combined SG/INM totals on Worksheet 1.
- b. **Section III: Plan Adjusted Index Rate, Total Premium (TP)** – Per URRT guidelines, the Plan Adjusted Index Rate should reflect zero for terminated non-SRP compliant plans. These plans represent approximately 65% of 2014 SG member months. Since the Premium PMPM (net of MLR Rebate) in Experience Period field shown on Worksheet 1 is inclusive of all 2014 non-grandfathered members in this market (including those in non-SRP compliant plans), it will not match the average Plan Adjusted Index Rate PMPM. Similarly, since the Total Premium on Worksheet 2 is calculated as Plan Adjusted Index Rate x Member Months, it will not match the Premium (net of MLR Rebate) in Experience Period field from Worksheet 1.
- c. **Section IV: Plan Adjusted Index Rate, Total Premium (TP)** – Per URRT guidelines, the Plan Adjusted Index Rate must reflect the member weighted average of the Plan Adjusted Index Rates for all effective dates in the submission (1Q – 4Q16). As such, the average rate shown on Worksheet 2 will not match the SRP Gross Premium Avg. Rate on Worksheet 1, which reflects only the effective date of the change in Index Rate (January 1). Similarly, since the Total Premium on Worksheet 2 is calculated as Plan Adjusted Index Rate x Member Months, it will not match the Projected Period Total Premium from Worksheet 1.

8. MISCELLANEOUS INSTRUCTIONS:

8.1 – Effective Rate Review Information: We have nothing additional to provide.

8.2 - Reliance: Risk adjustment analyses were provided to us by Wakely Consulting Group.

8.3 – Actuarial Certification: Included in the AM.

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

**Rate Filing # 2035
D.C. Small Group Products - On Exchange
Rate Filing Effective 1/1/2016**

Actuarial Memorandum

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016

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CareFirst BlueChoice, Inc.
d.b.a. CareFirst BlueCross BlueShield
(NAIC # 96202)
D.C. Small Group Products - On Exchange
Rate Filing Effective 1/1/2016

Form Numbers

Form Numbers Associated With This Filing:

This list contains the applicable forms for the new and renewing 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.

The SERFF Tracking # for the corresponding form filing On Exchange is as follows:
 CFBC-130004663

Forms Used for ALL ON-Exchange BlueChoice Group Products

DC/CFBC/SHOP/GC (1/14)
 DC/CFBC/DOL APPEAL (R. 7/11)
 DC/CFBC/SHOP/ELIG (1/14)
 DC/CFBC/FAM PLAN (8/12)
 DC/CFBC/PARTNER (R. 7/09)
 DC/CFBC/PT PROTECT (9/10)
 DC/CFBC/SHOP/2015 GC AMEND (1/15)
 DC/CFBC/SHOP/2016 AMEND (1/16)
 DC/CFBC/SG/INCENT (1/16)

Forms Used for ALL ON-Exchange BlueChoice Group Products: Out-of-Network Forms (GHMSI)

DC/CF/SHOP/GC (1/14)
 DC/CF/SHOP/ADV OON/EOC (1/14)
 DC/GHMSI/DOL APPEAL (R. 11/11)
 DC/CF/SHOP/EXC/DOCS (1/14)
 DC/GHMSI/FAM PLAN (8/12)
 DC/CF/PARTNER (R. 7/09)
 DC/CF/BLCRD (1/12)
 DC/CF/MEM/BLCRD (1/12)
 DC/CF/ANCILLARY AMEND (10/12)
 DC/CF/PT PROTECT (9/10)
 DC/GHMSI-HEALTH GUARANTEE 1/15
 DC/CF/SHOP/2015 GC AMEND (1/15)
 DC/CF/SHOP/2016 AMEND (1/16)

Product: BlueChoice Plus Opt-Out

Network: Open Access

DC/CFBC/SHOP/EOC (1/14)
 DC/CFBC/BCOO/DOCS (1/14)
 DC/CFBC/BLCRD (1/12)
 DC/CFBC/MEM/BLCRD (1/12)
 DC/CFBC/SG/BC+(OO)/PLAT 0 (1/16)

ON-Exchange

Product: BlueChoice Advantage

In-Network

DC/CFBC/SHOP/ADV IN/EOC (1/14)
 DC/CFBC/HB/SHOP/EXC/DOCS (1/14)
 DC/CFBC/SHOP/ADV IN/PLAT SOB (1/14)
 DC/CFBC/ADV IN/IPP GRP (1/14)
 DC/CFBC/ADV IN/IPP MEM (1/14)
 DC/CFBC/ANCILLARY AMEND (10/12)
 DC/CFBC/SG/POS IN CDH/BRZ 5000 (1/16)
 DC/CFBC/SG/POS IN CDH/SIL 1500 (1/16)
 DC/CFBC/SG/POS IN CDH/SIL 3000 (1/16)
 DC/CFBC/SG/POS IN/GOLD 500 (1/16)
 DC/CFBC/SG/POS IN/GOLD 1000 (1/16)
 DC/CFBC/SG/POS IN/PLAT 0 (1/16)

Product: BlueChoice Plus

In-Network

DC/CFBC/SHOP/EOC (1/14)
 DC/CFBC/SHOP/EXC/DOCS (1/14)
 DC/CFBC/BLCRD (1/12)
 DC/CFBC/MEM/BLCRD (1/12)
 DC/CFBC/SG/POS IN CDH/BRZ 5000 (1/16)
 DC/CFBC/SG/POS IN CDH/SIL 1500 (1/16)
 DC/CFBC/SG/POS IN CDH/SIL 3000 (1/16)
 DC/CFBC/SG/POS IN/GOLD 500 (1/16)
 DC/CFBC/SG/POS IN/GOLD 1000 (1/16)

Product: HealthyBlue Plus

In-Network

DC/CFBC/SHOP/ADV IN/EOC (1/14)
 DC/CFBC/HB/SHOP/EXC/DOCS (1/14)
 DC/CFBC/BLCRD (1/12)
 DC/CFBC/MEM/BLCRD (1/12)
 DC/CFBC/SG/POS IN CDH/SIL 2000 (1/16)
 DC/CFBC/SG/POS IN/GOLD 1500 (1/16)
 DC/CFBC/SG/POS IN/PLAT 500 (1/16)
 DC/CFBC/SG/POS IN/PLAT 1000 (1/16)

Product: BlueChoice Advantage

Out-of-Network (GHMSI)

DC/CF/SG/POS OON CDH/BRZ 5000 (1/16)
 DC/CF/SG/POS OON CDH/SIL 1500 (1/16)
 DC/CF/SG/POS OON CDH/SIL 3000 (1/16)
 DC/CF/SG/POS OON/GOLD 500 (1/16)
 DC/CF/SG/POS OON/GOLD 1000 (1/16)
 DC/CF/SG/POS OON/PLAT 0 (1/16)

Product: BlueChoice Plus

Out-of-Network (GHMSI)

DC/CF/SG/POS OON CDH/BRZ 5000 (1/16)
 DC/CF/SG/POS OON CDH/SIL 1500 (1/16)
 DC/CF/SG/POS OON CDH/SIL 3000 (1/16)
 DC/CF/SG/POS OON/GOLD 500 (1/16)
 DC/CF/SG/POS OON/GOLD 1000 (1/16)

Product: HealthyBlue Plus

Out-of-Network (GHMSI)

DC/CF/SG/POS OON/SIL 2000 (1/16)
 DC/CF/SG/POS OON/GOLD 1500 (1/16)
 DC/CF/SG/POS OON/PLAT 500 (1/16)
 DC/CF/SG/POS OON/PLAT 1000 (1/16)

CareFirst BlueChoice, Inc.
d.b.a. CareFirst BlueCross BlueShield
(NAIC # 96202)
D.C. Small Group Products - On Exchange
Rate Filing Effective 1/1/2016

Form Numbers

Form Numbers Associated With This Filing:

This list contains the applicable forms for the new and renewing 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.

The SERFF Tracking # for the corresponding form filing On Exchange is as follows:
 CFBC-130004663

ON-Exchange (continued)

Product: BlueChoice HMO and BlueChoice HMO Open Access
Network: Lock In / Referral (HMO), Open Access (HMO Open Access)

DC/CFBC/SHOP/EOC (1/14)
 DC/CFBC/SHOP/EXC/DOCS (1/14)
 DC/CFBC/BLCRD (1/12)
 DC/CFBC/MEM/BLCRD (1/12)
 DC/CFBC/SG/HMO CDH/BRZ 5000 (1/16)
 DC/CFBC/SG/HMO CDH/SIL 1500 (1/16)
 DC/CFBC/SG/HMO CDH/SIL 2000 (1/16)
 DC/CFBC/SG/HMO CDH/SIL 3000 (1/16)
 DC/CFBC/SG/HMO OA/GOLD 500 (1/16)
 DC/CFBC/SG/HMO OA/GOLD 1500 (1/16)
 DC/CFBC/SG/HMO OA/PLAT 0 (1/16)
 DC/CFBC/SG/HMO OA/SIL 1000 (1/16)
 DC/CFBC/SG/HMO REF/BRZ 5500 (1/16)
 DC/CFBC/SG/HMO REF/GOLD 0 (1/16)
 DC/CFBC/SG/HMO REF/GOLD 80 (1/16)
 DC/CFBC/SG/HMO REF/GOLD 500 (1/16)
 DC/CFBC/SG/HMO REF/PLAT 0 (1/16)
 DC/CFBC/SG/HMO REF/PLAT 1000 (1/16)
 DC/CFBC/SG/HMO REF/SIL 70 (1/16)

Product: HealthyBlue HMO
Network: Open Access

DC/CFBC/SHOP/EOC (1/14)
 DC/CFBC/HMO/DOCS (1/14)
 DC/CFBC/BLCRD (1/12)
 DC/CFBC/MEM/BLCRD (1/12)
 DC/CFBC/SG/HB HMO CDH/SIL 2000 (1/16)
 DC/CFBC/SG/HB HMO/GOLD 1500 (1/16)
 DC/CFBC/SG/HB HMO/PLAT 500 (1/16)
 DC/CFBC/SG/HB HMO/PLAT 1000 (1/16)

Product: HealthyBlue Advantage
In-Network

DC/CFBC/SHOP/ADV IN/EOC (1/14)
 DC/CFBC/HB/SHOP/EXC/DOCS (1/14)
 DC/CFBC/ADV IN/IPP GRP (1/14)
 DC/CFBC/ADV IN/IPP MEM (1/14)
 DC/CFBC/ANCILLARY AMEND (10/12)
 DC/CFBC/SG/POS IN CDH/SIL 2000 (1/16)
 DC/CFBC/SG/POS IN/GOLD 1500 (1/16)
 DC/CFBC/SG/POS IN/PLAT 500 (1/16)
 DC/CFBC/SG/POS IN/PLAT 1000 (1/16)

Product: HealthyBlue Advantage
Out-of-Network (GHMSI)

DC/CF/SG/POS OON/SIL 2000 (1/16)
 DC/CF/SG/POS OON/GOLD 1500 (1/16)
 DC/CF/SG/POS OON/PLAT 500 (1/16)
 DC/CF/SG/POS OON/PLAT 1000 (1/16)

**CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016**

Acronym	Definition
SHOP	Small Business Health Options Program
CF, CFI	CareFirst, Incorporated
BC, CFBC	CareFirst BlueChoice, Inc.
GHMSI	Group Hospitalization and Medical Services, Inc.
SG	Small Group
IND64-, INM	Individual, Non-Medigap
CD	Consumer Direct (Individual, Non-Medigap)
PPACA	Patient Protection and Affordable Care Act
AV	Actuarial Value
EHB	Essential Health Benefits
FPL	Federal Poverty Level
FIT	Federal Income Tax
SIT	State Income Tax
GF	Grandfathered
FTE	Full-time Equivalent
HIPAA	Health Insurance Portability and Accountability Act
RBC	Risk-based Capital
SRP	Single Risk Pool
UW	Underwritten
Med	Medical
Rx	Prescription Drugs
CDH	Consumer Driven Health
Non-CDH	Non-Consumer Driven Health
HSA	Health Savings Account
HRA	Health Reimbursement Account
HDHP	High Deductible Health Plan
HMO	Health Maintenance Organization
HMO OA	Health Maintenance Organization Open Access
OO OA	Opt Out Open Access
POS OA	Point of Service Open Access (aka Opt-Out Plus Open Access)
HB	HealthyBlue
MSP	Multi-State Plan
EP	Experience Period
DICR	Desired Incurred Claims Ratio
MLR	Medical Loss Ratio (as defined by PPACA)
IBNR	Incurred But Not Reported
PCP	Primary Care Physician
ER	Emergency Room
In-Net	In-Network
OON	Out of Network
IP, In Pat	Inpatient
OP	Outpatient
Prof	Professional
OOP	Out of Pocket
Co-ins	Coinsurance
MHSA	Mental Health & Substance Abuse
DXL	Diagnostic X-ray and Lab
RPN	Regional Preferred Network
ABA	Applied Behavioral Analysis

CareFirst BlueChoice, Inc.
(NAIC # 96202)
H.R. 3950 - Public Law 111-148 - Patient Protection and Affordable Care Act (ACA)
D.C. Small Group Products - On Exchange
Rate Filing Effective 1/1/2016
Actuarial Certification

I, Kenny W. Kan, am the Senior Vice President and Chief Actuary with CareFirst BlueChoice, Inc. doing business as CareFirst BlueCross BlueShield. I am a member of the American Academy of Actuaries (AAA) in good standing and have the education and experience necessary to perform the work. Rates were developed in accordance with the appropriate Actuarial Standards of Practice (ASOPs) and the AAA's Code of Professional Conduct. While other ASOPs apply, a sample listing is below.

- i. ASOP No. 5, Incurred Health and Disability Claims
- ii. ASOP No. 8, Regulatory Filings for Health Plan Entities
- iii. ASOP No. 12, Risk Classification
- iv. ASOP No. 23, Data Quality
- v. ASOP No. 25, Credibility Procedures Applicable to Accident and Health, Group Term Life, and Property/Casualty Coverages
- vi. ASOP No. 26, Compliance with Statutory and Regulatory Requirements for the Actuarial Certification of Small Employer Health and Benefit Plans
- vii. ASOP No. 41, Actuarial Communications

I have been involved in the development of these rates, and to the best of my knowledge and understanding, the rates in this filing have been developed in accordance with the available regulations and guidance. Should new guidance be released, this filing may be revised. I certify that this filing has been prepared based on sound and commonly accepted actuarial principles, practices and assumptions in the aggregate for the legal entity.

I further certify the following:

1. The projected Index Rate is:
 - a. In compliance with all applicable state and Federal statutes and regulations (45 CFR § 156.80(d)(1))
 - b. Reasonable in relation to the benefits provided and the population anticipated to be covered.
 - c. Neither excessive nor deficient.
2. The Index Rate and only the allowable modifiers as described in 45 CFR § 156.80(d)(1) and 45 CFR § 156.80(d)(2) were used to generate plan level rates. These rates have been calibrated to account for age (geography and tobacco are not applicable).
3. The percentage of total premium that represents essential health benefits (EHBs) included in Worksheet 2, Sections III and IV, was calculated in accordance with ASOPs.
4. Consistent with 45 CFR § 156.135, the 2016 HHS Actuarial Values (AV) Calculator was used to determine the AV metal values shown in Worksheet 2 of Part I of the Unified Rate Review Template (URRT) for all plans except those specified. Where necessary, the AVs of the benefits proposed have been calculated with minimal modifications to the AV calculator as described in the Actuarial Memorandum.

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CareFirst BlueChoice, Inc.
d.b.a. CareFirst BlueCross BlueShield
(NAIC # 96202)
D.C. Small Group Products - On Exchange
Rate Filing Effective 1/1/2016

2016 HIOS IDs

HIOS Product ID	HIOS Product Name	HIOS Plan ID	HIOS Plan Name	On/Off Exchange	Product Type	Abortion Coverage	Actuarial Value	Metal Level	Unique Plan	Projected Contracts 12/31/16
86052DC046	BlueChoice HMO	86052DC0460011	BlueChoice HMO Platinum 0	On	HMO	Yes	91.09%	Platinum	Yes	1,865
86052DC046	BlueChoice HMO	86052DC0460010	BlueChoice HMO Gold 500	On	HMO	Yes	81.50%	Gold	Yes	1,144
86052DC046	BlueChoice HMO	86052DC0460020	BlueChoice HMO Silver 1000	On	HMO	Yes	71.45%	Silver	Yes	61
86052DC046	BlueChoice HMO	86052DC0460009	BlueChoice HMO Gold 1500	On	HMO	Yes	78.01%	Gold	Yes	65
86052DC046	BlueChoice HMO	86052DC0460012	BlueChoice HMO HSA/HRA Silver 1500	On	HMO	Yes	71.57%	Silver	Yes	649
86052DC046	BlueChoice HMO	86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000	On	HMO	Yes	69.59%	Silver	Yes	560
86052DC046	BlueChoice HMO	86052DC0460019	BlueChoice HMO HSA/HRA Silver 3000	On	HMO	Yes	68.19%	Silver	Yes	61
86052DC046	BlueChoice HMO	86052DC0460014	BlueChoice HMO HSA/HRA Bronze 5000	On	HMO	Yes	61.93%	Bronze	Yes	137
86052DC048	BlueChoice HMO Referral	86052DC0480007	BlueChoice HMO Referral Platinum 0	On	HMO	Yes	91.09%	Platinum	Yes	3,187
86052DC048	BlueChoice HMO Referral	86052DC0480010	BlueChoice HMO Referral Gold 0	On	HMO	Yes	81.80%	Gold	Yes	61
86052DC048	BlueChoice HMO Referral	86052DC0480008	BlueChoice HMO Referral Gold 500	On	HMO	Yes	81.50%	Gold	Yes	716
86052DC048	BlueChoice HMO Referral	86052DC0480012	BlueChoice HMO Referral Platinum 1000	On	HMO	Yes	88.11%	Platinum	Yes	61
86052DC048	BlueChoice HMO Referral	86052DC0480011	BlueChoice HMO Referral Gold 80	On	HMO	Yes	78.22%	Gold	Yes	61
86052DC048	BlueChoice HMO Referral	86052DC0480013	BlueChoice HMO Referral Silver 70	On	HMO	Yes	70.07%	Silver	Yes	61
86052DC048	BlueChoice HMO Referral	86052DC0480009	BlueChoice HMO Referral Bronze 5500	On	HMO	Yes	61.99%	Bronze	Yes	61
86052DC058	BlueChoice Plus Opt-Out	86052DC0580001	BlueChoice Plus Opt-Out Platinum 0	On	POS	Yes	91.09%	Platinum	Yes	4,756
86052DC050	BlueChoice Plus	86052DC0500016	BlueChoice Plus Gold 500	On	POS	Yes	81.50%	Gold	Yes	61
86052DC050	BlueChoice Plus	86052DC0500015	BlueChoice Plus Gold 1000	On	POS	Yes	79.07%	Gold	Yes	61
86052DC050	BlueChoice Plus	86052DC0500009	BlueChoice Plus HSA/HRA Silver 1500	On	POS	Yes	71.57%	Silver	Yes	805
86052DC050	BlueChoice Plus	86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000	On	POS	Yes	68.19%	Silver	Yes	378
86052DC050	BlueChoice Plus	86052DC0500017	BlueChoice Plus HSA/HRA Bronze 5000	On	POS	Yes	61.93%	Bronze	Yes	61
86052DC044	BlueChoice Advantage	86052DC0440012	BlueChoice Advantage Platinum 0	On	POS	Yes	91.09%	Platinum	Yes	960
86052DC044	BlueChoice Advantage	86052DC0440011	BlueChoice Advantage Gold 500	On	POS	Yes	81.50%	Gold	Yes	197
86052DC044	BlueChoice Advantage	86052DC0440010	BlueChoice Advantage Gold 1000	On	POS	Yes	79.07%	Gold	Yes	525
86052DC044	BlueChoice Advantage	86052DC0440013	BlueChoice Advantage HSA/HRA Silver 1500	On	POS	Yes	71.57%	Silver	Yes	582
86052DC044	BlueChoice Advantage	86052DC0440019	BlueChoice Advantage HSA/HRA Silver 3000	On	POS	Yes	68.19%	Silver	Yes	61
86052DC044	BlueChoice Advantage	86052DC0440018	BlueChoice Advantage HSA/HRA Bronze 5000	On	POS	Yes	61.93%	Bronze	Yes	61
86052DC046	BlueChoice HMO	86052DC0460016	HealthyBlue HMO Platinum 500	On	HMO	Yes	88.90%	Platinum	Yes	203
86052DC046	BlueChoice HMO	86052DC0460017	HealthyBlue HMO Platinum 1000	On	HMO	Yes	88.04%	Platinum	Yes	88
86052DC046	BlueChoice HMO	86052DC0460015	HealthyBlue HMO Gold 1500	On	HMO	Yes	81.78%	Gold	Yes	504
86052DC046	BlueChoice HMO	86052DC0460018	HealthyBlue HMO HSA/HRA Silver 2000	On	HMO	Yes	71.91%	Silver	Yes	561
86052DC050	BlueChoice Plus	86052DC0500012	HealthyBlue Plus Platinum 500	On	POS	Yes	88.90%	Platinum	Yes	1,258
86052DC050	BlueChoice Plus	86052DC0500013	HealthyBlue Plus Platinum 1000	On	POS	Yes	88.04%	Platinum	Yes	319
86052DC050	BlueChoice Plus	86052DC0500011	HealthyBlue Plus Gold 1500	On	POS	Yes	81.78%	Gold	Yes	900
86052DC050	BlueChoice Plus	86052DC0500014	HealthyBlue Plus HSA/HRA Silver 2000	On	POS	Yes	71.91%	Silver	Yes	291
86052DC044	BlueChoice Advantage	86052DC0440015	HealthyBlue Advantage Platinum 500	On	POS	Yes	88.90%	Platinum	Yes	603
86052DC044	BlueChoice Advantage	86052DC0440016	HealthyBlue Advantage Platinum 1000	On	POS	Yes	88.04%	Platinum	Yes	306
86052DC044	BlueChoice Advantage	86052DC0440014	HealthyBlue Advantage Gold 1500	On	POS	Yes	81.78%	Gold	Yes	2,349
86052DC044	BlueChoice Advantage	86052DC0440017	HealthyBlue Advantage HSA/HRA Silver 2000	On	POS	Yes	71.91%	Silver	Yes	712
TOTAL										25,352

**CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016**

**2016 ACA – RATE CHANGES AT METAL/PLAN LEVEL
SMALL GROUP - DC BC**

1	2	3	4	5		6	8				11	13				19	20	21			
				Members	% of Actual		HHS	Plan Adjusted Index Rates				HHS	Plan Adjusted Index Rates								
Metal	2015 Plans	Metal	2016 Plans	Actual	% of Actual	2015	1Q15	2Q15	3Q15	4Q15	2016	1Q16	RNL	2Q16	RNL	3Q16	RNL	4Q16	RNL	1Q16 Incremental Inc vs 4Q15	
	Plan		Plan	2/28/2015	Total	AV					AV										
1	Platinum	BlueChoice HMO \$30/\$40	Platinum	BlueChoice HMO Platinum 0	2,066	5.9%	0.883	\$488.58	\$495.46	\$502.20	\$509.00	0.911	\$517.55	5.9%	\$525.11	6.0%	\$532.88	6.1%	\$540.85	6.3%	1.7%
2	Platinum	BlueChoice HMO Referral \$10/\$20	Platinum	BlueChoice HMO Referral Platinum 0	1,145	3.3%	0.906	\$474.51	\$481.19	\$487.74	\$494.35	0.911	\$492.90	3.9%	\$500.11	3.9%	\$507.51	4.1%	\$515.10	4.2%	-0.3%
3	Platinum	BlueChoice HMO Referral \$30/\$40	Platinum	BlueChoice HMO Referral Platinum 0	2,433	7.0%	0.883	\$465.32	\$471.87	\$478.29	\$484.77	0.911	\$492.90	5.9%	\$500.11	6.0%	\$507.51	6.1%	\$515.10	6.3%	1.7%
4	Platinum	BlueChoice Plus 100%/80%, \$10/\$20	Platinum	BlueChoice Plus Opt-Out Platinum 0	1,134	3.3%	0.891	\$509.51	\$516.69	\$523.71	\$530.81	0.911	\$524.56	3.0%	\$532.23	3.0%	\$540.10	3.1%	\$548.18	3.3%	-1.2%
5	Platinum	BlueChoice Plus 100%/80%, \$20/\$30	Platinum	BlueChoice Plus Opt-Out Platinum 0	4,025	11.6%	0.886	\$493.70	\$500.65	\$507.46	\$514.34	0.911	\$524.56	6.2%	\$532.23	6.3%	\$540.10	6.4%	\$548.18	6.6%	2.0%
6	Platinum	BlueChoice Plus 100%/60%, \$20/\$30	Platinum	BlueChoice Plus Opt-Out Platinum 0	1,501	4.3%	0.886	\$482.19	\$488.98	\$495.63	\$502.35	0.911	\$524.56	8.8%	\$532.23	8.8%	\$540.10	9.0%	\$548.18	9.1%	4.4%
7	Platinum	BlueChoice Advantage 100%/70%	Platinum	BlueChoice Advantage Platinum 0	1,102	3.2%	0.884	\$512.45	\$519.66	\$526.73	\$533.87	0.911	\$554.37	8.2%	\$562.48	8.2%	\$570.80	8.4%	\$579.34	8.5%	3.8%
8	Platinum	BlueChoice Advantage 90%/70%	Platinum	BlueChoice Advantage Platinum 0	12	0.0%	0.903	\$499.56	\$506.59	\$513.48	\$520.44	0.911	\$554.37	11.0%	\$562.48	11.0%	\$570.80	11.2%	\$579.34	11.3%	6.5%
9	Platinum	BlueChoice Advantage 80%/50%	Platinum	BlueChoice Advantage Platinum 0	96	0.3%	0.888	\$517.55	\$524.83	\$531.97	\$539.18	0.911	\$554.37	7.1%	\$562.48	7.2%	\$570.80	7.3%	\$579.34	7.4%	2.8%
10	Platinum	HealthyBlue HMO \$300	Platinum	HealthyBlue HMO Platinum 500	333	1.0%	0.903	\$480.57	\$487.34	\$493.97	\$500.66	0.889	\$514.51	7.1%	\$522.03	7.1%	\$529.75	7.2%	\$537.68	7.4%	2.8%
11	Platinum	HealthyBlue HMO \$600	Platinum	HealthyBlue HMO Platinum 1000	106	0.3%	0.898	\$464.90	\$471.45	\$477.86	\$484.34	0.880	\$495.93	6.7%	\$503.18	6.7%	\$510.63	6.9%	\$518.26	7.0%	2.4%
12	Platinum	HealthyBlue Plus \$300	Platinum	HealthyBlue Plus Platinum 500	1,642	4.7%	0.903	\$494.50	\$501.46	\$508.28	\$515.16	0.889	\$528.45	6.9%	\$536.18	6.9%	\$544.11	7.0%	\$552.25	7.2%	2.6%
13	Platinum	HealthyBlue Plus \$600	Platinum	HealthyBlue Plus Platinum 1000	496	1.4%	0.898	\$478.37	\$485.11	\$491.71	\$498.37	0.880	\$509.37	6.5%	\$516.82	6.5%	\$524.46	6.7%	\$532.31	6.8%	2.2%
14	Platinum	HealthyBlue Advantage \$300	Platinum	HealthyBlue Advantage Platinum 500	911	2.6%	0.903	\$505.45	\$512.56	\$519.53	\$526.57	0.889	\$551.12	9.0%	\$559.18	9.1%	\$567.45	9.2%	\$575.94	9.4%	4.4%
15	Platinum	HealthyBlue Advantage \$600	Platinum	HealthyBlue Advantage Platinum 1000	460	1.3%	0.898	\$488.97	\$495.85	\$502.59	\$509.40	0.880	\$531.22	8.6%	\$538.99	8.7%	\$546.96	8.8%	\$555.14	9.0%	4.3%
PLATINUM SUBTOTAL					17,462	50.2%	0.890	\$488.94	\$495.82	\$502.57	\$509.38	0.905	\$520.44	6.4%	\$528.05	6.5%	\$535.86	6.6%	\$543.87	6.8%	2.2%
16	Gold	BlueChoice HMO \$250	Gold	BlueChoice HMO Gold 500	1,805	5.2%	0.819	\$421.31	\$427.25	\$433.06	\$438.92	0.815	\$412.97	-2.0%	\$419.01	-1.9%	\$425.21	-1.8%	\$431.57	-1.7%	-5.9%
17	Gold	BlueChoice HMO \$1,000	Gold	BlueChoice HMO Gold 1500	60	0.2%	0.785	\$361.96	\$367.05	\$372.04	\$377.08	0.780	\$397.46	9.8%	\$403.27	9.9%	\$409.24	10.0%	\$415.36	10.1%	5.4%
18	Gold	BlueChoice HMO \$1,800	Gold	BlueChoice HMO Gold 1500	46	0.1%	0.781	\$358.57	\$363.62	\$368.57	\$373.56	0.780	\$397.46	10.8%	\$403.27	10.9%	\$409.24	11.0%	\$415.36	11.2%	6.4%
19	Gold	BlueChoice HMO HSA/HRA \$1,500	Silver	BlueChoice HMO HSA/HRA Silver 1500	964	2.8%	0.797	\$345.91	\$350.75	\$355.50	\$360.29	0.716	\$316.46	-8.5%	\$321.08	-8.5%	\$325.83	-8.3%	\$330.71	-8.2%	-12.2%
20	Gold	BlueChoice HMO Referral \$500	Gold	BlueChoice HMO Referral Gold 500	905	2.6%	0.788	\$380.79	\$386.15	\$391.40	\$396.70	0.815	\$393.30	3.3%	\$399.05	3.3%	\$404.96	3.5%	\$411.02	3.6%	-0.9%
21	Gold	BlueChoice Advantage \$500 \$20/\$30	Gold	BlueChoice Advantage Gold 500	200	0.6%	0.785	\$417.26	\$423.14	\$428.89	\$434.70	0.815	\$442.36	6.0%	\$448.82	6.1%	\$455.47	6.2%	\$462.28	6.3%	1.8%
22	Gold	BlueChoice Advantage \$1000	Gold	BlueChoice Advantage Gold 1000	862	2.5%	0.787	\$398.39	\$404.00	\$409.50	\$415.04	0.791	\$428.77	7.6%	\$435.04	7.7%	\$441.48	7.8%	\$448.08	8.0%	3.3%
23	Gold	HealthyBlue HMO \$1,500	Gold	HealthyBlue HMO Gold 1500	822	2.4%	0.819	\$399.46	\$405.08	\$410.59	\$416.16	0.818	\$430.68	7.8%	\$436.97	7.9%	\$443.44	8.0%	\$450.07	8.1%	3.5%
24	Gold	HealthyBlue Plus \$1,500	Gold	HealthyBlue Plus Gold 1500	1,477	4.2%	0.819	\$411.03	\$416.82	\$422.49	\$428.21	0.818	\$442.35	7.6%	\$448.81	7.7%	\$455.46	7.8%	\$462.27	8.0%	3.3%
25	Gold	HealthyBlue Advantage \$1,500	Gold	HealthyBlue Advantage Gold 1500	3,820	11.0%	0.819	\$420.13	\$426.05	\$431.84	\$437.69	0.818	\$461.32	9.8%	\$468.07	9.9%	\$474.99	10.0%	\$482.10	10.1%	5.4%
GOLD SUBTOTAL					10,961	31.5%	0.811	\$405.44	\$411.14	\$416.73	\$422.37	0.806	\$426.62	5.0%	\$432.86	5.1%	\$439.27	5.2%	\$445.84	5.4%	0.8%
26	Silver	BlueChoice HMO HSA/HRA \$2,000, 80%	Silver	BlueChoice HMO HSA/HRA Silver 2000	9	0.0%	0.709	\$287.41	\$291.43	\$295.37	\$299.35	0.696	\$305.42	6.3%	\$309.89	6.3%	\$314.47	6.5%	\$319.18	6.6%	2.0%
27	Silver	BlueChoice HMO HSA/HRA \$2,000	Silver	BlueChoice HMO HSA/HRA Silver 2000	877	2.5%	0.719	\$302.59	\$306.83	\$310.98	\$315.16	0.696	\$305.42	0.9%	\$309.89	1.0%	\$314.47	1.1%	\$319.18	1.3%	-3.1%
28	Silver	BlueChoice Plus \$2000	Silver	BlueChoice Plus HSA/HRA Silver 3000	128	0.4%	0.719	\$336.70	\$341.44	\$346.08	\$350.77	0.682	\$303.79	-9.8%	\$308.23	-9.7%	\$312.79	-9.6%	\$317.47	-9.5%	-13.4%
29	Silver	BlueChoice Plus HSA/HRA \$1500	Silver	BlueChoice Plus HSA/HRA Silver 1500	1,195	3.4%	0.717	\$322.12	\$326.63	\$331.05	\$335.51	0.716	\$325.03	0.9%	\$329.78	1.0%	\$334.66	1.1%	\$339.67	1.2%	-3.1%
30	Silver	BlueChoice Plus HSA/HRA \$2000	Silver	BlueChoice Plus HSA/HRA Silver 3000	218	0.6%	0.689	\$309.98	\$314.32	\$318.57	\$322.86	0.682	\$303.79	-2.0%	\$308.23	-1.9%	\$312.79	-1.8%	\$317.47	-1.7%	-5.9%
31	Silver	BlueChoice Advantage HSA/HRA \$1500	Silver	BlueChoice Advantage HSA/HRA Silver 1500	956	2.7%	0.703	\$327.31	\$331.89	\$336.38	\$340.91	0.716	\$338.97	3.6%	\$343.93	3.6%	\$349.02	3.8%	\$354.24	3.9%	-0.6%
32	Silver	HealthyBlue HMO HSA/HRA \$2,000	Silver	HealthyBlue HMO HSA/HRA Silver 2000	921	2.6%	0.708	\$302.19	\$306.42	\$310.56	\$314.74	0.719	\$319.11	5.6%	\$323.78	5.7%	\$328.57	5.8%	\$333.48	6.0%	1.4%
33	Silver	HealthyBlue Plus HSA/HRA \$2,000	Silver	HealthyBlue Plus HSA/HRA Silver 2000	454	1.3%	0.708	\$310.94	\$315.29	\$319.56	\$323.86	0.719	\$327.76	5.4%	\$332.55	5.5%	\$337.47	5.6%	\$342.52	5.8%	1.2%
34	Silver	HealthyBlue Advantage HSA/HRA \$2,000	Silver	HealthyBlue Advantage HSA/HRA Silver 2000	1,125	3.2%	0.708	\$317.83	\$322.27	\$326.63	\$331.03	0.719	\$341.82	7.5%	\$346.82	7.6%	\$351.95	7.8%	\$357.21	7.9%	3.3%
SILVER SUBTOTAL					5,883	16.9%	0.710	\$315.06	\$319.47	\$323.79	\$328.16	0.712	\$325.59	3.4%	\$330.35	3.4%	\$335.24	3.6%	\$340.25	3.7%	-0.8%
35	Bronze	BlueChoice Plus HSA/HRA \$3500	Silver	BlueChoice Plus HSA/HRA Silver 3000	275	0.8%	0.616	\$262.43	\$266.11	\$269.71	\$273.34	0.682	\$303.79	15.8%	\$308.23	15.8%	\$312.79	16.0%	\$317.47	16.1%	11.1%
36	Bronze	BlueChoice HMO Referral HSA/HRA \$4,000	Bronze	BlueChoice HMO HSA/HRA Bronze 5000	215	0.6%	0.612	\$221.00	\$224.09	\$227.12	\$230.18	0.619	\$224.69	1.7%	\$227.98	1.7%	\$231.35	1.9%	\$234.81	2.0%	-2.4%
BRONZE SUBTOTAL					490	1.4%	0.614	\$244.25	\$247.67	\$251.02	\$254.40	0.654	\$269.09	9.6%	\$273.02	9.6%	\$277.06	9.8%	\$281.20	9.9%	5.2%
BlueChoice Total					34,796	100%	0.831	\$429.79	\$435.84	\$441.76	\$447.74	0.838	\$454.40	5.5%	\$461.05	5.6%	\$467.87	5.7%	\$474.87	5.9%	1.3%
LOW RENEWAL (Minimum):													-9.8%	-9.7%	-9.6%	-9.5%					
HIGH RENEWAL (Maximum):													15.8%	15.8%	16.0%	16.1%					

Note: The previous SERFF tracking number for BlueChoice DC Small Group (effective 1/1/2015) is CFAP-129567877 (On Exchange).

**CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016**

**2016 ACA – RATE CHANGES AT METAL/PLAN LEVEL
SMALL GROUP - DC**

1	2015 Plans		3	2016 Plans		5		10				15				18	19	20	21		
	Metal	Plan		Metal	Plan	Members	HHS	Plan Adjusted Index Rates				Plan Adjusted Index Rates									
					Actual	% of Actual	2015	1Q15	2Q15	3Q15	4Q15	2016	1Q16	RNL	2Q16	RNL	3Q16	RNL	4Q16	RNL	1016 Incremental Inc vs 4Q15
					2/28/2015	Total	AV					AV									
1	Platinum	BlueChoice HMO \$30/\$40	Platinum	BlueChoice HMO Platinum 0	2,066	3.0%	0.883	\$488.58	\$495.46	\$502.20	\$509.00	0.911	\$517.55	5.9%	\$525.11	6.0%	\$532.88	6.1%	\$540.85	6.3%	1.7%
2	Platinum	BlueChoice HMO Referral \$10/\$20	Platinum	BlueChoice HMO Referral Platinum 0	1,145	1.6%	0.906	\$474.51	\$481.19	\$487.74	\$494.35	0.911	\$492.90	3.9%	\$500.11	3.9%	\$507.51	4.1%	\$515.10	4.2%	-0.3%
3	Platinum	BlueChoice HMO Referral \$30/\$40	Platinum	BlueChoice HMO Referral Platinum 0	2,433	3.5%	0.883	\$465.32	\$471.87	\$478.29	\$484.77	0.911	\$492.90	5.9%	\$500.11	6.0%	\$507.51	6.1%	\$515.10	6.3%	1.7%
4	Platinum	BlueChoice Plus 100%/80%, \$10/\$20	Platinum	BlueChoice Plus Opt-Out Platinum 0	1,134	1.6%	0.891	\$509.51	\$510.69	\$523.71	\$530.81	0.911	\$524.56	3.0%	\$532.23	3.0%	\$540.10	3.1%	\$548.18	3.3%	-1.2%
5	Platinum	BlueChoice Plus 100%/80%, \$20/\$30	Platinum	BlueChoice Plus Opt-Out Platinum 0	4,025	5.8%	0.886	\$493.70	\$506.65	\$507.46	\$514.34	0.911	\$524.56	6.2%	\$532.23	6.3%	\$540.10	6.4%	\$548.18	6.6%	2.0%
6	Platinum	BlueChoice Plus 100%/60%, \$20/\$30	Platinum	BlueChoice Plus Opt-Out Platinum 0	1,501	2.2%	0.886	\$482.19	\$488.98	\$495.63	\$502.35	0.911	\$524.56	8.8%	\$532.23	8.8%	\$540.10	9.0%	\$548.18	9.1%	4.4%
7	Platinum	BlueChoice Advantage 100%/70%	Platinum	BlueChoice Advantage Platinum 0	1,102	1.6%	0.884	\$512.45	\$519.66	\$526.73	\$533.87	0.911	\$554.37	8.2%	\$562.48	8.2%	\$570.80	8.4%	\$579.34	8.5%	3.8%
8	Platinum	BlueChoice Advantage 90%/70%	Platinum	BlueChoice Advantage Platinum 0	12	0.0%	0.903	\$499.56	\$506.59	\$513.48	\$520.44	0.911	\$554.37	11.0%	\$562.48	11.0%	\$570.80	11.2%	\$579.34	11.3%	6.5%
9	Platinum	BlueChoice Advantage 80%/50%	Platinum	BlueChoice Advantage Platinum 0	96	0.1%	0.888	\$517.55	\$524.83	\$531.97	\$539.18	0.911	\$554.37	7.1%	\$562.48	7.2%	\$570.80	7.3%	\$579.34	7.4%	2.8%
10	Platinum	HealthyBlue HMO \$300	Platinum	HealthyBlue HMO Platinum 500	333	0.5%	0.903	\$480.57	\$487.34	\$493.97	\$500.66	0.889	\$514.51	7.1%	\$522.03	7.1%	\$529.75	7.2%	\$537.68	7.4%	2.8%
11	Platinum	HealthyBlue HMO \$600	Platinum	HealthyBlue HMO Platinum 1000	106	0.2%	0.898	\$464.90	\$471.45	\$477.86	\$484.34	0.880	\$495.93	6.7%	\$503.18	6.7%	\$510.63	6.9%	\$518.26	7.0%	2.4%
12	Platinum	HealthyBlue Plus \$300	Platinum	HealthyBlue Plus Platinum 500	1,642	2.4%	0.903	\$494.50	\$501.46	\$508.28	\$515.16	0.889	\$528.45	6.9%	\$536.18	6.9%	\$544.11	7.0%	\$552.25	7.2%	2.6%
13	Platinum	HealthyBlue Plus \$600	Platinum	HealthyBlue Plus Platinum 1000	496	0.7%	0.898	\$478.37	\$485.11	\$491.71	\$498.37	0.880	\$509.37	6.5%	\$516.82	6.5%	\$524.66	6.7%	\$532.31	6.8%	2.2%
14	Platinum	HealthyBlue Advantage \$300	Platinum	HealthyBlue Advantage Platinum 500	911	1.3%	0.903	\$505.45	\$512.56	\$519.53	\$526.57	0.889	\$551.12	9.0%	\$559.18	9.1%	\$567.45	9.2%	\$575.94	9.4%	4.7%
15	Platinum	HealthyBlue Advantage \$600	Platinum	HealthyBlue Advantage Platinum 1000	460	0.7%	0.898	\$488.97	\$495.85	\$502.59	\$509.40	0.880	\$531.22	8.6%	\$539.99	8.7%	\$549.86	8.8%	\$559.14	9.0%	4.3%
16	Platinum	BluePreferred PPO 100%/80%, Rx: \$10/\$45/\$65/50%	Platinum	BluePreferred PPO Platinum 0	12,346	17.8%	0.890	\$591.79	\$599.84	\$608.16	\$616.62	0.911	\$678.51	14.7%	\$688.58	14.8%	\$698.81	14.9%	\$709.28	15.0%	10.0%
17	Platinum	BluePreferred PPO 100%/80%, Rx: \$10/\$20%/40%/50%	Platinum	BluePreferred PPO Platinum 0	99	0.1%	0.894	\$577.64	\$585.50	\$593.62	\$601.88	0.911	\$678.51	17.5%	\$688.58	17.6%	\$698.81	17.7%	\$709.28	17.8%	12.7%
18	Platinum	BluePreferred PPO \$500	Platinum	BluePreferred PPO Platinum 500	5,321	7.6%	0.883	\$549.22	\$556.70	\$564.42	\$572.26	0.884	\$651.02	18.5%	\$660.68	18.7%	\$670.50	18.8%	\$680.55	18.9%	13.8%
19	Platinum	HealthyBlue PPO \$300	Platinum	HealthyBlue PPO Platinum 500	350	0.5%	0.903	\$568.31	\$576.05	\$584.04	\$592.16	0.889	\$672.52	18.3%	\$682.50	18.5%	\$692.64	18.6%	\$703.02	18.7%	13.6%
20	Platinum	HealthyBlue PPO \$600	Platinum	HealthyBlue PPO Platinum 1000	200	0.3%	0.898	\$553.38	\$560.91	\$568.69	\$576.60	0.880	\$652.35	17.9%	\$662.03	18.0%	\$671.87	18.1%	\$681.94	18.3%	13.1%
PLATINUM SUBTOTAL					35,868	51.5%	0.889	\$534.92	\$542.31	\$549.77	\$557.33	0.904	\$597.27	11.3%	\$606.08	11.4%	\$615.07	11.5%	\$624.28	11.6%	6.8%
21	Gold	BlueChoice HMO \$250	Gold	BlueChoice HMO Gold 500	1,805	2.6%	0.819	\$421.31	\$427.25	\$433.06	\$438.92	0.815	\$412.97	-2.0%	\$419.01	-1.9%	\$425.21	-1.8%	\$431.57	-1.7%	-5.9%
22	Gold	BlueChoice HMO \$1,000	Gold	BlueChoice HMO Gold 1500	60	0.1%	0.785	\$361.96	\$367.05	\$372.04	\$377.08	0.780	\$397.46	9.8%	\$403.27	9.9%	\$409.24	10.0%	\$415.36	10.1%	5.4%
23	Gold	BlueChoice HMO \$1,800	Gold	BlueChoice HMO Gold 1500	46	0.1%	0.781	\$358.57	\$363.62	\$368.57	\$373.56	0.780	\$397.46	10.8%	\$403.27	10.9%	\$409.24	11.0%	\$415.36	11.2%	6.4%
24	Gold	BlueChoice HMO HSA/HRA \$1,500	Silver	BlueChoice HMO HSA/HRA Silver 1500	964	1.4%	0.797	\$345.91	\$350.75	\$355.50	\$360.29	0.716	\$316.46	-8.5%	\$321.08	-8.5%	\$325.83	-8.3%	\$330.71	-8.2%	-12.2%
25	Gold	BlueChoice HMO Referral \$500	Gold	BlueChoice HMO Referral Gold 500	905	1.3%	0.788	\$380.79	\$386.15	\$391.40	\$396.70	0.815	\$393.30	3.3%	\$399.05	3.3%	\$404.96	3.5%	\$411.02	3.6%	-0.9%
26	Gold	BlueChoice Advantage \$500 \$20/\$30	Gold	BlueChoice Advantage Gold 500	200	0.3%	0.785	\$417.26	\$423.14	\$428.89	\$434.70	0.815	\$442.36	6.0%	\$448.82	6.1%	\$455.47	6.2%	\$462.28	6.3%	1.8%
27	Gold	BlueChoice Advantage \$1000	Gold	BlueChoice Advantage Gold 1000	862	1.2%	0.787	\$398.39	\$404.00	\$409.50	\$415.04	0.791	\$428.77	7.6%	\$435.04	7.7%	\$441.48	7.8%	\$448.08	8.0%	3.3%
28	Gold	HealthyBlue HMO \$1,500	Gold	HealthyBlue HMO Gold 1500	822	1.2%	0.819	\$399.46	\$405.08	\$410.59	\$416.16	0.818	\$430.68	7.8%	\$436.97	7.9%	\$443.44	8.0%	\$450.07	8.1%	3.5%
29	Gold	HealthyBlue Plus \$1,500	Gold	HealthyBlue Plus Gold 1500	1,477	2.1%	0.819	\$411.03	\$416.82	\$422.49	\$428.21	0.818	\$442.35	7.6%	\$448.81	7.7%	\$455.46	7.8%	\$462.27	8.0%	3.3%
30	Gold	HealthyBlue Advantage \$1,500	Gold	HealthyBlue Advantage Gold 1500	3,820	5.5%	0.819	\$420.13	\$426.05	\$431.84	\$437.69	0.818	\$461.32	9.8%	\$468.07	9.9%	\$474.99	10.0%	\$482.10	10.1%	5.4%
31	Gold	BlueCross BlueShield Preferred 1000, A Multi-State Plan	Gold	BlueCross BlueShield Preferred 1000, a Multi-State Plan	340	0.5%	0.799	\$452.12	\$458.28	\$464.63	\$471.09	0.816	\$542.92	20.1%	\$550.98	20.2%	\$559.16	20.3%	\$567.55	20.5%	15.2%
32	Gold	BluePreferred PPO \$500 \$20/\$30	Gold	BluePreferred PPO Gold 500	368	0.5%	0.785	\$479.51	\$486.04	\$492.78	\$499.63	0.815	\$555.77	15.9%	\$564.02	16.0%	\$572.40	16.2%	\$580.98	16.3%	11.2%
33	Gold	BluePreferred PPO \$1,000 100%/80%	Gold	BluePreferred PPO Gold 1000	4,317	6.2%	0.818	\$470.84	\$477.25	\$483.87	\$490.60	0.791	\$545.45	15.0%	\$549.48	15.1%	\$557.65	15.2%	\$566.01	15.4%	10.4%
34	Gold	BluePreferred PPO \$1,000 80%/60%	Gold	BluePreferred PPO Gold 1000	854	1.2%	0.807	\$451.06	\$457.20	\$463.54	\$469.99	0.791	\$541.45	20.0%	\$549.48	20.2%	\$557.65	20.3%	\$566.01	20.4%	15.2%
35	Gold	BluePreferred PPO \$1,200	Gold	BluePreferred PPO Gold 1500	2,042	2.9%	0.799	\$456.72	\$462.94	\$469.36	\$475.89	0.780	\$538.93	18.0%	\$546.92	18.1%	\$555.05	18.3%	\$563.37	18.4%	13.2%
36	Gold	BluePreferred PPO \$2,000	Gold	BluePreferred PPO Gold 1500	1,158	1.7%	0.792	\$433.41	\$439.31	\$445.40	\$451.59	0.780	\$538.93	24.3%	\$546.92	24.5%	\$555.05	24.6%	\$563.37	24.8%	19.3%
37	Gold	BluePreferred PPO HSA/HRA \$1,400	Silver	BluePreferred PPO HSA/HRA Silver 1500	2,874	4.1%	0.781	\$433.90	\$439.77	\$445.83	\$451.99	0.716	\$442.20	1.9%	\$448.76	2.0%	\$455.43	2.2%	\$462.26	2.3%	-2.2%
38	Gold	HealthyBlue PPO \$1,500	Gold	HealthyBlue PPO Gold 1500	2,367	3.4%	0.819	\$477.02	\$483.51	\$490.22	\$497.04	0.818	\$546.26	14.5%	\$554.36	14.7%	\$562.60	14.8%	\$571.03	14.9%	9.9%
GOLD SUBTOTAL					25,281	36.3%	0.807	\$435.21	\$441.21	\$447.28	\$453.43	0.791	\$480.74	10.1%	\$487.83	10.2%	\$495.07	10.3%	\$502.49	10.4%	5.6%
39	Silver	BlueChoice HMO HSA/HRA \$2,000, 80%	Silver	BlueChoice HMO HSA/HRA Silver 2000	9	0.0%	0.709	\$287.41	\$291.43	\$295.37	\$299.35	0.696	\$305.42	6.3%	\$309.89	6.3%	\$314.47	6.3%	\$319.18	6.4%	2.0%
40	Silver	BlueChoice HMO HSA/HRA \$2,000	Silver	BlueChoice HMO HSA/HRA Silver 2000	877	1.3%	0.719	\$302.59	\$306.83	\$310.98	\$315.16	0.696	\$305.42	0.9%	\$309.89	1.0%	\$314.47	1.1%	\$319.18	1.3%	-3.1%
41	Silver	BlueChoice Plus \$2000	Silver	BlueChoice Plus HSA/HRA Silver 3000	128	0.2%	0.719	\$336.70	\$341.44	\$346.08	\$350.77	0.682	\$303.79	-9.8%	\$308.23	-9.7%	\$312.79	-9.6%	\$317.47	-9.5%	-13.4%
42	Silver	BlueChoice Plus HSA/HRA \$1500	Silver	BlueChoice Plus HSA/HRA Silver 1500	2,195	1.7%	0.717	\$322.12	\$326.63	\$331.05	\$335.51	0.716	\$325.03	0.9%	\$329.78	1.0%	\$334.66	1.1%	\$339.67	1.2%	-3.1%
43	Silver	BlueChoice Plus HSA/HRA \$2000	Silver	BlueChoice Plus HSA/HRA Silver 3000	1,218	0.3%	0.689	\$309.98	\$314.32	\$318.57	\$322.86	0.682	\$303.79	-2.0%	\$308.23	-1.9%	\$312.79	-1.8%	\$317.47	-1.7%	-5.9%
44	Silver	BlueChoice Advantage HSA/HRA \$1500	Silver	BlueChoice Advantage HSA/HRA Silver 1500	956	1.4%	0.703	\$327.31	\$331.89	\$336.38	\$340.91	0.716	\$338.97	3.6%	\$343.93	3.6%	\$349.02	3.8%	\$354.24	3.9%	-0.6%
45	Silver	HealthyBlue HMO HSA/HRA \$2,000	Silver	HealthyBlue HMO HSA/HRA Silver 2000	921	1.3%	0.708	\$302.19	\$306.42	\$310.56	\$314.74	0.719	\$319.11	5.6%	\$323.78	5.7%	\$328.57	5.8%	\$333.48	6.0%	1.4

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016
BlueChoice D.C. Small Group & Individual, Non-Medigap Allowed PMPM Projection (Includes EHB and Non-EHB Claims) & Derivation of Index Rate - Non-Grandfathered Business Only - 1/1/2016

Experience Period Rating Period	Begin	End	Mid-point	Months of Trend	pd through	2/28/2015
	1/1/2014	12/31/2014	7/2/2014			
	1/1/2016	12/31/2016	7/1/2016	24.0		

Experience Period Summary	Total	
Experience Period Premiums	\$	182,666,488
MLR Rebates	\$	-
Net Experience Period Premiums	\$	182,666,488
Experience Period Paid Claims (Non-Capitated)	\$	138,928,727
Completion Factor		0.99
Experience Period Incurred Claims (Non-Capitated)	\$	140,339,780
Capitations	\$	893,726
Rx Rebates	\$	(3,195,102)
Other Manual Claims	\$	-
Total Experience Period Claims	\$	138,038,404
Experience Period Loss Ratio (Before MLR Rebates)		75.6%
Experience Period Loss Ratio (After MLR Rebates)		75.6%
Experience Period Loss Ratio (System Claims Only)		76.8%
Experience Period Member Months		532,612
Average Members		44,384
End of Experience Period Contract		27,173
End of Experience Period Members		42,121
Experience Period Allowed Claims (System Only)	\$	162,175,869
Adjustments	\$	(2,301,376)
Total Adjusted EP Allowed Claims	\$	159,874,493
EP Paid / Allowed Ratio		86.3%

Service Category Level Projection

Service Category Experience Period Allowed	Utilization Measure	EP Units	EP Allowed \$	Other	Rx Rebates	Net Allowed
Inpatient	Admits	2,212	\$ 27,263,984	\$ -	\$ -	\$ 27,263,984
Outpatient	Visits	23,310	\$ 30,736,866	\$ -	\$ -	\$ 30,736,866
Professional	Visits	384,853	\$ 55,679,844	\$ -	\$ -	\$ 55,679,844
Other	Services	32,077	\$ 6,878,923	\$ -	\$ -	\$ 6,878,923
Rx	Scripts	355,612	\$ 41,616,251	\$ -	\$ (3,195,102)	\$ 38,421,149
Capitation	Member Months	532,612	\$ 893,726	\$ -	\$ -	\$ 893,726
Total			\$ 163,069,595	\$ -	\$ (3,195,102)	\$ 159,874,493
PMPM			\$ 306.17	\$ -	\$ (6.00)	\$ 300.17
Non-EHB Claims In Experience PMPM ***						\$ 2.20
EP Index Rate for EHB (Rounded to Nearest Whole Dollar)						\$ 298.00

Annual Trend Inputs	
Cost Trend	Utilization Trend
0.0%	0.0%
11.0%	0.0%
3.0%	1.0%
0.0%	8.0%
13.0%	0.0%
0.0%	0.0%

Service Category Experience Period Allowed	Utilization Measure	Experience Period			Projection Factors		Cost Factor	Utilization Factor	Total Factor	Projected			Effective Allowed PMPM
		Util / 1000	Unit Cost	PMPM	Population Risk / Morbidity *	Other				Util / 1000	Unit Cost	PMPM	
Inpatient	Admits	49.85	\$ 12,323.61	\$ 51.19	1.068	1.011	1.000	1.000	1.08	53.23	\$ 12,463.12	\$ 55.29	0.0%
Outpatient	Visits	525.19	\$ 1,318.61	\$ 57.71	1.068	1.011	1.232	1.000	1.33	560.90	\$ 1,643.05	\$ 76.80	11.0%
Professional	Visits	8,670.92	\$ 144.68	\$ 104.54	1.068	1.044	1.061	1.020	1.21	9,446.68	\$ 160.18	\$ 126.10	4.0%
Other	Services	722.72	\$ 214.45	\$ 12.92	1.068	1.171	1.000	1.166	1.46	900.30	\$ 251.11	\$ 18.84	8.0%
Rx	Scripts	8,012.11	\$ 108.04	\$ 72.14	1.068	0.984	1.277	1.000	1.34	8,556.93	\$ 135.82	\$ 96.85	13.0%
Capitation	Member Months	12,000.00	\$ 1.68	\$ 1.68	1.000	0.690	1.000	1.000	0.69	12,000.00	\$ 1.16	\$ 1.16	0.0%
Total				\$ 300.17									
Projected Allowed Claims PMPM (EHB + Non-EHB)											\$ 375.03	7.0%	
Non-EHB Claims In Projected PMPM **											\$ 2.15		
Index Rate for EHB											\$ 372.88		

* Please refer to pages 68-69 for more information.

** Includes abortion claims and capitation for embedded adult vision benefit.

*** Includes abortion claims and capitations for embedded adult vision benefit and pre-ACA core vision.

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016
BlueChoice D.C. Small Group & Individual, Non-Medigap Allowed PMPM Projection (Includes EHB and Non-EHB Claims) & Derivation of Index Rate - Non-Grandfathered Business Only - 4/1/2016

Experience Period	Begin	End	Mid-point	Months of Trend	pd through	2/28/2015
	1/1/2014	12/31/2014	7/2/2014			
Rating Period	4/1/2016	3/31/2017	9/30/2016	27.0		
Experience Period Summary	Total					
Experience Period Premiums	\$	182,666,488				
MLR Rebates	\$	-				
Net Experience Period Premiums	\$	182,666,488				
Experience Period Paid Claims (Non-Capitated)	\$	138,928,727				
Completion Factor		0.99				
Experience Period Incurred Claims (Non-Capitated)	\$	140,339,780				
Capitations	\$	893,726				
Rx Rebates	\$	(3,195,102)				
Other Manual Claims	\$	-				
Total Experience Period Claims	\$	138,038,404				
Experience Period Loss Ratio (Before MLR Rebates)		75.6%				
Experience Period Loss Ratio (After MLR Rebates)		75.6%				
Experience Period Loss Ratio (System Claims Only)		76.8%				
Experience Period Member Months		532,612				
Average Members		44,384				
End of Experience Period Contract		27,173				
End of Experience Period Members		42,121				
Experience Period Allowed Claims (System Only)	\$	162,175,869				
Adjustments	\$	(2,301,376)				
Total Adjusted EP Allowed Claims	\$	159,874,493				
EP Paid / Allowed Ratio		86.3%				

Service Category Level Projection

Service Category	Experience Period Allowed	Utilization Measure	EP Units	EP Allowed \$	Other	Rx Rebates	Net Allowed
Inpatient	Admits	2,212	\$ 27,263,984	\$ -	\$ -	\$ -	\$ 27,263,984
Outpatient	Visits	23,310	\$ 30,736,866	\$ -	\$ -	\$ -	\$ 30,736,866
Professional	Visits	384,853	\$ 55,679,844	\$ -	\$ -	\$ -	\$ 55,679,844
Other	Services	32,077	\$ 6,878,923	\$ -	\$ -	\$ -	\$ 6,878,923
Rx	Scripts	355,612	\$ 41,616,251	\$ -	\$ -	\$ (3,195,102)	\$ 38,421,149
Capitation	Member Months	532,612	\$ 893,726	\$ -	\$ -	\$ -	\$ 893,726
Total			\$ 163,069,595	\$ -	\$ -	\$ (3,195,102)	\$ 159,874,493
PMPM			\$ 306.17	\$ -	\$ -	\$ (6.00)	\$ 300.17

Annual Trend Inputs	
Cost Trend	Utilization Trend
0.0%	0.0%
11.0%	0.0%
3.0%	1.0%
0.0%	8.0%
13.0%	0.0%
2.0%	0.0%

Service Category	Experience Period Allowed	Utilization Measure	Experience Period			Projection Factors			Projected				Effective Allowed
			Util / 1000	Unit Cost	PMPM	Population Risk / Morbidity *	Other	Cost Factor	Utilization Factor	Total Factor	Util / 1000	Unit Cost	PMPM
Inpatient	Admits	49.85	\$ 12,323.61	\$ 51.19	1.068	1.011	1.000	1.000	1.08	53.23	\$ 12,463.12	\$ 55.29	0.0%
Outpatient	Visits	525.19	\$ 1,318.61	\$ 57.71	1.068	1.011	1.265	1.000	1.37	560.90	\$ 1,686.48	\$ 78.83	11.0%
Professional	Visits	8,670.92	\$ 144.68	\$ 104.54	1.068	1.044	1.069	1.023	1.22	9,470.21	\$ 161.37	\$ 127.35	4.0%
Other	Services	722.72	\$ 214.45	\$ 12.92	1.068	1.171	1.000	1.189	1.49	917.79	\$ 251.11	\$ 19.21	8.0%
Rx	Scripts	8,012.11	\$ 108.04	\$ 72.14	1.068	0.984	1.317	1.000	1.38	8,556.93	\$ 140.03	\$ 99.85	13.0%
Capitation	Member Months	12,000.00	\$ 1.68	\$ 1.68	1.000	0.690	1.046	1.000	0.72	12,000.00	\$ 1.21	\$ 1.21	2.0%
Total			\$ 300.17										
Projected Allowed Claims PMPM (EHB + Non-EHB)												\$ 381.74	7.1%
Non-EHB Claims In Projected PMPM **												\$ 2.20	
Index Rate for EHB												\$ 379.54	

* Please refer to pages 68-69 for more information.

** Includes abortion claims and capitation for embedded adult vision benefit.

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016
BlueChoice D.C. Small Group & Individual, Non-Medigap Allowed PMPM Projection (Includes EHB and Non-EHB Claims) & Derivation of Index Rate - Non-Grandfathered Business Only - 7/1/2016

Experience Period Rating Period	Begin	End	Mid-point	Months of Trend	pd through	2/28/2015
	1/1/2014 7/1/2016	12/31/2014 6/30/2017	7/2/2014 12/30/2016	30.0		

Experience Period Summary	Total	
Experience Period Premiums	\$	182,666,488
MLR Rebates	\$	-
Net Experience Period Premiums	\$	182,666,488
Experience Period Paid Claims (Non-Capitated)	\$	138,928,727
Completion Factor		0.99
Experience Period Incurred Claims (Non-Capitated)	\$	140,339,780
Capitations	\$	893,726
Rx Rebates	\$	(3,195,102)
Other Manual Claims	\$	-
Total Experience Period Claims	\$	138,038,404
Experience Period Loss Ratio (Before MLR Rebates)		75.6%
Experience Period Loss Ratio (After MLR Rebates)		75.6%
Experience Period Loss Ratio (System Claims Only)		76.8%
Experience Period Member Months		532,612
Average Members		44,384
End of Experience Period Contract		27,173
End of Experience Period Members		42,121
Experience Period Allowed Claims (System Only)	\$	162,175,869
Adjustments	\$	(2,301,376)
Total Adjusted EP Allowed Claims	\$	159,874,493
EP Paid / Allowed Ratio		86.3%

Service Category Level Projection

Service Category Experience Period Allowed	Utilization Measure	EP Units	EP Allowed \$	Other	Rx Rebates	Net Allowed
Inpatient	Admits	2,212	\$ 27,263,984	\$ -	\$ -	\$ 27,263,984
Outpatient	Visits	23,310	\$ 30,736,866	\$ -	\$ -	\$ 30,736,866
Professional	Visits	384,853	\$ 55,679,844	\$ -	\$ -	\$ 55,679,844
Other	Services	32,077	\$ 6,878,923	\$ -	\$ -	\$ 6,878,923
Rx	Scripts	355,612	\$ 41,616,251	\$ -	\$ (3,195,102)	\$ 38,421,149
Capitation	Member Months	532,612	\$ 893,726	\$ -	\$ -	\$ 893,726
Total			\$ 163,069,595	\$ -	\$ (3,195,102)	\$ 159,874,493
PMPM			\$ 306.17	\$ -	\$ (6.00)	\$ 300.17

Annual Trend Inputs	
Cost Trend	Utilization Trend
0.0%	0.0%
11.0%	0.0%
3.0%	1.0%
0.0%	8.0%
13.0%	0.0%
2.0%	0.0%

Service Category Experience Period Allowed	Utilization Measure	Experience Period			Projection Factors			Cost Factor	Utilization Factor	Total Factor	Projected			Effective Allowed PMPM Annual Trend
		Util / 1000	Unit Cost	PMPM	Population Risk / Morbidity *	Other	Util / 1000				Unit Cost	PMPM		
Inpatient	Admits	49.85	\$ 12,323.61	\$ 51.19	1.068	1.011	1.000	1.000	1.08	53.23	\$ 12,463.12	\$ 55.29	0.0%	
Outpatient	Visits	525.19	\$ 1,318.61	\$ 57.71	1.068	1.011	1.298	1.000	1.40	560.90	\$ 1,731.06	\$ 80.91	11.0%	
Professional	Visits	8,670.92	\$ 144.68	\$ 104.54	1.068	1.044	1.077	1.025	1.23	9,493.79	\$ 162.57	\$ 128.62	4.0%	
Other	Services	722.72	\$ 214.45	\$ 12.92	1.068	1.171	1.000	1.212	1.52	935.62	\$ 251.11	\$ 19.58	8.0%	
Rx	Scripts	8,012.11	\$ 108.04	\$ 72.14	1.068	0.984	1.357	1.000	1.43	8,556.93	\$ 144.38	\$ 102.95	13.0%	
Capitation	Member Months	12,000.00	\$ 1.68	\$ 1.68	1.000	0.690	1.051	1.000	0.73	12,000.00	\$ 1.22	\$ 1.22	2.0%	
Total				\$ 300.17										
												Projected Allowed Claims PMPM (EHB + Non-EHB)	\$ 388.56	7.1%
												Non-EHB Claims In Projected PMPM **	\$ 2.26	
												Index Rate for EHB	\$ 386.30	

* Please refer to pages 68-69 for more information.

** Includes abortion claims and capitation for embedded adult vision benefit.

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016
BlueChoice D.C. Small Group & Individual, Non-Medigap Allowed PMPM Projection (Includes EHB and Non-EHB Claims) & Derivation of Index Rate - Non-Grandfathered Business Only - 10/1/2016

Experience Period Rating Period	Begin	End	Mid-point	Months of Trend	pd through	2/28/2015
	1/1/2014	12/31/2014	7/2/2014			
	10/1/2016	9/30/2017	4/1/2017	33.0		

Experience Period Summary	Total	
Experience Period Premiums	\$	182,666,488
MLR Rebates	\$	-
Net Experience Period Premiums	\$	182,666,488
Experience Period Paid Claims (Non-Capitated)	\$	138,928,727
Completion Factor		0.99
Experience Period Incurred Claims (Non-Capitated)	\$	140,339,780
Capitations	\$	893,726
Rx Rebates	\$	(3,195,102)
Other Manual Claims	\$	-
Total Experience Period Claims	\$	138,038,404
Experience Period Loss Ratio (Before MLR Rebates)		75.6%
Experience Period Loss Ratio (After MLR Rebates)		75.6%
Experience Period Loss Ratio (System Claims Only)		76.8%
Experience Period Member Months		532,612
Average Members		44,384
End of Experience Period Contract		27,173
End of Experience Period Members		42,121
Experience Period Allowed Claims (System Only)	\$	162,175,869
Adjustments	\$	(2,301,376)
Total Adjusted EP Allowed Claims	\$	159,874,493
EP Paid / Allowed Ratio		86.3%

Service Category Level Projection

Service Category Experience Period Allowed	Utilization Measure	EP Units	EP Allowed \$	Other	Rx Rebates	Net Allowed
Inpatient	Admits	2,212	\$ 27,263,984	\$ -	\$ -	\$ 27,263,984
Outpatient	Visits	23,310	\$ 30,736,866	\$ -	\$ -	\$ 30,736,866
Professional	Visits	384,853	\$ 55,679,844	\$ -	\$ -	\$ 55,679,844
Other	Services	32,077	\$ 6,878,923	\$ -	\$ -	\$ 6,878,923
Rx	Scripts	355,612	\$ 41,616,251	\$ -	\$ (3,195,102)	\$ 38,421,149
Capitation	Member Months	532,612	\$ 893,726	\$ -	\$ -	\$ 893,726
Total			\$ 163,069,595	\$ -	\$ (3,195,102)	\$ 159,874,493
PMPM			\$ 306.17	\$ -	\$ (6.00)	\$ 300.17

Annual Trend Inputs	
Cost Trend	Utilization Trend
0.0%	0.0%
11.0%	0.0%
3.0%	1.0%
0.0%	8.0%
13.0%	0.0%
2.0%	0.0%

Service Category Experience Period Allowed	Utilization Measure	Experience Period			Projection Factors			Cost Factor	Utilization Factor	Total Factor	Projected			Effective Allowed PMPM Annual Trend
		Util / 1000	Unit Cost	PMPM	Population Risk / Morbidity *	Other	Util / 1000				Unit Cost	PMPM		
Inpatient	Admits	49.85	\$ 12,323.61	\$ 51.19	1.068	1.011	1.000	1.000	1.08	53.23	\$ 12,463.12	\$ 55.29	0.0%	
Outpatient	Visits	525.19	\$ 1,318.61	\$ 57.71	1.068	1.011	1.332	1.000	1.44	560.90	\$ 1,776.81	\$ 83.05	11.0%	
Professional	Visits	8,670.92	\$ 144.68	\$ 104.54	1.068	1.044	1.085	1.028	1.24	9,517.44	\$ 163.77	\$ 129.89	4.0%	
Other	Services	722.72	\$ 214.45	\$ 12.92	1.068	1.171	1.000	1.236	1.55	953.79	\$ 251.11	\$ 19.96	8.0%	
Rx	Scripts	8,012.11	\$ 108.04	\$ 72.14	1.068	0.984	1.399	1.000	1.47	8,556.93	\$ 148.85	\$ 106.14	13.0%	
Capitation	Member Months	12,000.00	\$ 1.68	\$ 1.68	1.000	0.690	1.056	1.000	0.73	12,000.00	\$ 1.22	\$ 1.22	2.0%	
Total				\$ 300.17										
												Projected Allowed Claims PMPM (EHB + Non-EHB)	\$ 395.56	7.1%
												Non-EHB Claims in Projected PMPM **	\$ 2.31	
												Index Rate for EHB	\$ 393.25	

* Please refer to pages 68-69 for more information.

** Includes abortion claims and capitation for embedded adult vision benefit.

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016
Estimate of Non-EHB Claims - Individual, non-Medigap & Small Group Markets Combined

Abortion Coverage (Applies to Individual, Non-Medigap & Small Group Markets)

Total Abortion Related	Allowed Amount	2014 Member Months	Exp Period PMPM	Projected PMPM								
BlueChoice	\$942,517	575,716	\$1.64	<table border="1"> <tr><td>1Q16</td><td>\$2.00</td></tr> <tr><td>2Q16</td><td>\$2.05</td></tr> <tr><td>3Q16</td><td>\$2.11</td></tr> <tr><td>4Q16</td><td>\$2.16</td></tr> </table>	1Q16	\$2.00	2Q16	\$2.05	3Q16	\$2.11	4Q16	\$2.16
1Q16	\$2.00											
2Q16	\$2.05											
3Q16	\$2.11											
4Q16	\$2.16											

Embedded Adult Vision Coverage (Applies to Individual, Non-Medigap Market Only)
Refer to page 49 for details.

Projected PMPM Spread Over Individual Market	Blended with Small Group	Projected PMPM								
\$1.06	\$0.15	<table border="1"> <tr><td>1Q16</td><td>\$0.15</td></tr> <tr><td>2Q16</td><td>\$0.15</td></tr> <tr><td>3Q16</td><td>\$0.15</td></tr> <tr><td>4Q16</td><td>\$0.15</td></tr> </table>	1Q16	\$0.15	2Q16	\$0.15	3Q16	\$0.15	4Q16	\$0.15
1Q16	\$0.15									
2Q16	\$0.15									
3Q16	\$0.15									
4Q16	\$0.15									

Projected Non-EHB PMPM	
1Q16	\$2.15
2Q16	\$2.20
3Q16	\$2.26
4Q16	\$2.31

**CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016**

Adjustments for Small Group Benefits in Excess of EHB

<u>1Q16</u>	Med	Rx	Total
Index Rate for EHB	\$ 276.03	\$ 96.85	\$ 372.88
<u>Benefits to be Covered in Excess of EHB On Exchange (PMPM)</u>			
Abortion *	\$ 2.06	\$ -	\$ 2.06
Total Adjustment to Index Rate	0.75%	0.00%	0.55%
<u>2Q16</u>	Med	Rx	Total
Index Rate for EHB	\$ 279.69	\$ 99.85	\$ 379.54
<u>Benefits to be Covered in Excess of EHB On Exchange (PMPM)</u>			
Abortion *	\$ 2.09	\$ -	\$ 2.09
Total Adjustment to Index Rate	0.75%	0.00%	0.55%
<u>3Q16</u>	Med	Rx	Total
Index Rate for EHB	\$ 283.35	\$ 102.95	\$ 386.30
<u>Benefits to be Covered in Excess of EHB On Exchange (PMPM)</u>			
Abortion *	\$ 2.11	\$ -	\$ 2.11
Total Adjustment to Index Rate	0.75%	0.00%	0.55%
<u>4Q16</u>	Med	Rx	Total
Index Rate for EHB	\$ 287.10	\$ 106.14	\$ 393.25
<u>Benefits to be Covered in Excess of EHB On Exchange (PMPM)</u>			
Abortion *	\$ 2.14	\$ -	\$ 2.14
Total Adjustment to Index Rate	0.75%	0.00%	0.55%

* Based on calendar year 2014 experience for DC BlueChoice Small Group business, trended to 2016.

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016
DC BC Index Rate History

Month	Index Rate	% Change	% Change Year to Year
201401	\$ 362.28		
201404	\$ 369.86	2.09%	
201407	\$ 377.62	2.10%	
201410	\$ 385.56	2.10%	
201501	\$ 348.44	-9.63%	-3.82%
201504	\$ 354.39	1.71%	-4.18%
201507	\$ 360.45	1.71%	-4.55%
201510	\$ 366.63	1.72%	-4.91%
201601	\$ 372.88	1.70%	7.02%
201604	\$ 379.54	1.78%	7.10%
201607	\$ 386.30	1.78%	7.17%
201610	\$ 393.25	1.80%	7.26%

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016

2016 ACA - TREND ANALYSIS SUMMARY - DC BlueChoice

1	2	3	4			5			8	9	10			11			13	14	15	16
			2015 FILING			2016 FILING					2016 FILING			2016 FILING						
BC-DC			Allowed Claims *	%	PROJECTED			Allowed Claims	%	EXPERIENCE PERIOD			PROJECTED			vs 2015 Δ				
					Cost	Utilization	Claims			Cost	Utilization	Claims	Cost	Utilization	Claims		Trend	Trend	Trend **	
					Trend	Trend	Trend			Trend	Trend	Trend	Trend	Trend	Trend					
1	Inpatient	Hospital	\$29,354,475	19%	7.0%	1.0%	8.1%	\$27,263,984	17%	-11.5%	-6.6%	-17.4%	0.0%	0.0%	0.0%	-8.1%				
2	Outpatient	Hospital	\$26,666,931	17%	9.5%	0.0%	9.5%	\$30,736,866	19%	9.1%	-4.2%	4.5%	11.0%	0.0%	11.0%	1.5%				
3	Professional		\$51,117,073	33%	0.0%	4.5%	4.5%	\$55,679,844	34%	0.7%	-1.5%	-0.9%	3.0%	1.0%	4.0%	-0.5%				
4	Other Medical	Non-Capitated Ambulance	\$6,249,527	4%	0.0%	6.0%	6.0%	\$6,878,923	4%	-17.7%	19.6%	-1.5%	0.0%	8.0%	8.0%	2.0%				
5		Home Health																		
6		DME																		
7		Prosthetics																		
8		Supplies																		
9		Vision Exams																		
10		Dental Services																		
11		Other Services																		
12	Medical	Subtotal (Clms-Wgtd):	\$113,388,006	74%	4.0%	2.6%	6.7%	\$120,559,618	74%	-1.0%	-2.2%	-3.3%	4.2%	0.9%	5.1%	-1.6%				
13																				
14	RX	Claims-Weighted	\$39,738,141	26%	7.0%	1.0%	8.1%	\$41,616,251	26%	-2.1%	-3.3%	-5.4%	13.0%	0.0%	13.0%	4.9%				
15	TOTAL	Claims-Weighted	\$153,126,148	100%	4.8%	2.2%	7.1%	\$162,175,869	100%	-1.3%	-2.5%	-3.7%	6.5%	0.7%	7.2%	0.1%				
16																				
17	Weighted Total DC (BlueChoice & GHMSI Combined)															7.2%				

* Includes grandfathered Small Group business.

** Note: The total trend shown is claims-weighted. The actual pricing trend utilized is 7.0%, calculated on a PMPM basis.

**CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016**

**2016 ACA - PLAN LEVEL DERIVATIONS
SG DC BLUECHOICE**

Benefit Plan	Ded.	OOP Max	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	
			Actual 2/28/2015	ON- Exchange 1Q16 Cohort	INDEX RATE	Market-Level Adjustments (MLA)	INDEX RATE	CF Pricing Value	CDH Factor	Induced Demand	Plan-Level Adjustments (PLA)	INDEX RATE	2016 HHS AV	Calibration Allowable Rating Factors (ARFs) *	BASE PREMIUM	BASE PREMIUM	Change in Plan Level Index Rate								
	Mapped Mems	Projected EMMs	%	(Ave ALW EHB)	Reins.	Risk Adj	Exch Fees	(Post- MLA)	CF Value	CDH Factor	Induced Demand	Cost- Share	Network & UM	Non- EHB	Distrib & Admin	(Plan- Level)	2016 HHS AV	Age	1Q16	1Q15	1Q16 / 1Q15				
Bronze Plans																									
BlueChoice HMO HSA/HRA Bronze 5000	\$5,000 (Integrated)	\$6,550	215	552	0.5%	\$372.88	1.0061	1.0445	1.0000	\$391.84	0.5343	0.9600	0.8170	0.4190	0.9848	1.0055	1.3819	\$224.69	0.6193	0.9497	\$213.38	\$209.87	1.7%		
BlueChoice HMO Referral Bronze 5500	\$5,500 Med / \$100 Rx	\$6,850	0	252	0.2%	\$372.88	1.0061	1.0445	1.0000	\$391.84	0.5679	1.0180	0.8170	0.4724	0.9379	1.0055	1.3819	\$241.23	0.6199	0.9497	\$229.09	NA	NA		
BlueChoice Plus HSA/HRA Bronze 5000	\$5,000 (Integrated)	\$6,550	0	252	0.2%	\$372.88	1.0061	1.0445	1.0000	\$391.84	0.5343	0.9600	0.8170	0.4190	1.0115	1.0055	1.3819	\$230.78	0.6193	0.9497	\$219.17	NA	NA		
BlueChoice Advantage HSA/HRA Bronze 5000	\$5,000 (Integrated)	\$6,550	0	252	0.2%	\$372.88	1.0061	1.0445	1.0000	\$391.84	0.5343	0.9600	0.8170	0.4190	1.0549	1.0055	1.3819	\$240.68	0.6193	0.9497	\$228.57	NA	NA		
Silver Plans																									
BlueChoice HMO Silver 1000	\$1,000 Med / \$100 Rx	\$6,850	0	252	0.2%	\$372.88	1.0061	1.0445	1.0000	\$391.84	0.6542	1.0180	0.9396	0.6258	0.9848	1.0055	1.3819	\$335.54	0.7145	0.9497	\$318.65	NA	NA		
BlueChoice HMO HSA/HRA Silver 1500	\$1,500 (Integrated)	\$6,550	964	2,628	2.6%	\$372.88	1.0061	1.0445	1.0000	\$391.84	0.6543	0.9600	0.9396	0.5902	0.9848	1.0055	1.3819	\$316.46	0.7157	0.9497	\$300.53	\$328.50	-8.5%		
BlueChoice HMO HSA/HRA Silver 2000	\$2,000 (Integrated)	\$6,000	886	2,268	2.2%	\$372.88	1.0061	1.0445	1.0000	\$391.84	0.6315	0.9600	0.9396	0.5696	0.9848	1.0055	1.3819	\$305.42	0.6959	0.9497	\$290.05	\$287.21	1.0%		
BlueChoice HMO HSA/HRA Silver 3000	\$3,000 (Integrated)	\$4,750	0	252	0.2%	\$372.88	1.0061	1.0445	1.0000	\$391.84	0.6115	0.9600	0.9396	0.5516	0.9848	1.0055	1.3819	\$295.78	0.6819	0.9497	\$280.89	NA	NA		
BlueChoice HMO Referral Silver 70	\$2000 Med / \$500 Rx	\$6,850	0	252	0.2%	\$372.88	1.0061	1.0445	1.0000	\$391.84	0.6202	1.0180	0.9396	0.5933	0.9379	1.0055	1.3819	\$302.96	0.7007	0.9497	\$287.71	NA	NA		
BlueChoice Plus HSA/HRA Silver 1500	\$1,500 (Integrated)	\$6,550	1,195	3,252	3.2%	\$372.88	1.0061	1.0445	1.0000	\$391.84	0.6543	0.9600	0.9396	0.5902	1.0115	1.0055	1.3819	\$325.03	0.7157	0.9497	\$308.67	\$305.91	0.9%		
BlueChoice Plus HSA/HRA Silver 3000	\$3,000 (Integrated)	\$4,750	621	1,536	1.5%	\$372.88	1.0061	1.0445	1.0000	\$391.84	0.6115	0.9600	0.9396	0.5516	1.0115	1.0055	1.3819	\$303.79	0.6819	0.9497	\$288.50	\$279.62	3.2%		
BlueChoice Advantage HSA/HRA Silver 1500	\$1,500 (Integrated)	\$6,550	956	2,352	2.3%	\$372.88	1.0061	1.0445	1.0000	\$391.84	0.6543	0.9600	0.9396	0.5902	1.0549	1.0055	1.3819	\$338.97	0.7157	0.9497	\$321.91	\$310.84	3.6%		
BlueChoice Advantage HSA/HRA Silver 3000	\$3,000 (Integrated)	\$4,750	0	252	0.2%	\$372.88	1.0061	1.0445	1.0000	\$391.84	0.6115	0.9600	0.9396	0.5516	1.0549	1.0055	1.3819	\$316.82	0.6819	0.9497	\$300.88	NA	NA		
HealthyBlue HMO HSA/HRA Silver 2000	\$2,000 (Integrated)	\$6,550	921	2,268	2.2%	\$372.88	1.0061	1.0445	1.0000	\$391.84	0.6598	0.9600	0.9396	0.5951	0.9848	1.0055	1.3819	\$319.11	0.7191	0.9497	\$303.05	\$286.98	5.6%		
HealthyBlue Plus HSA/HRA Silver 2000	\$2,000 (Integrated)	\$6,550	454	1,176	1.1%	\$372.88	1.0061	1.0445	1.0000	\$391.84	0.6598	0.9600	0.9396	0.5951	1.0115	1.0055	1.3819	\$327.76	0.7191	0.9497	\$311.26	\$295.29	5.4%		
HealthyBlue Advantage HSA/HRA Silver 2000	\$2,000 (Integrated)	\$6,550	1,125	2,880	2.8%	\$372.88	1.0061	1.0445	1.0000	\$391.84	0.6598	0.9600	0.9396	0.5951	1.0549	1.0055	1.3819	\$341.82	0.7191	0.9497	\$324.62	\$301.83	7.6%		
Gold Plans																									
BlueChoice HMO Gold 500	\$500 Med / \$250 Rx	\$4,000	1,805	4,620	4.5%	\$372.88	1.0061	1.0445	1.0000	\$391.84	0.7717	1.0180	0.9804	0.7702	0.9848	1.0055	1.3819	\$412.97	0.8150	0.9497	\$392.18	\$400.11	-2.0%		
BlueChoice HMO Gold 1500	\$1,500 Med / \$250 Rx	\$3,000	106	264	0.3%	\$372.88	1.0061	1.0445	1.0000	\$391.84	0.7427	1.0180	0.9804	0.7412	0.9848	1.0055	1.3819	\$397.46	0.7801	0.9497	\$377.45	\$342.35	10.3%		
BlueChoice HMO Referral Gold 0	\$0 Med / \$0 Rx	\$6,850	0	252	0.2%	\$372.88	1.0061	1.0445	1.0000	\$391.84	0.8073	1.0180	0.9804	0.8057	0.9379	1.0055	1.3819	\$411.47	0.8180	0.9497	\$390.76	NA	NA		
BlueChoice HMO Referral Gold 500	\$500 Med / \$250 Rx	\$4,000	905	2,892	2.8%	\$372.88	1.0061	1.0445	1.0000	\$391.84	0.7717	1.0180	0.9804	0.7702	0.9379	1.0055	1.3819	\$393.30	0.8150	0.9497	\$373.51	\$361.62	3.3%		
BlueChoice HMO Referral Gold 80	\$1000 Med / \$0 Rx	\$6,000	0	252	0.2%	\$372.88	1.0061	1.0445	1.0000	\$391.84	0.7275	1.0180	0.9804	0.7261	0.9379	1.0055	1.3819	\$370.82	0.7822	0.9497	\$352.16	NA	NA		
BlueChoice Plus Gold 500	\$500 Med / \$250 Rx	\$4,000	0	252	0.2%	\$372.88	1.0061	1.0445	1.0000	\$391.84	0.7717	1.0180	0.9804	0.7702	1.0115	1.0055	1.3819	\$424.16	0.8150	0.9497	\$402.81	NA	NA		
BlueChoice Plus Gold 1000	\$1,000 Med / \$250 Rx	\$4,000	0	252	0.2%	\$372.88	1.0061	1.0445	1.0000	\$391.84	0.7480	1.0180	0.9804	0.7465	1.0115	1.0055	1.3819	\$411.14	0.7907	0.9497	\$390.44	NA	NA		
BlueChoice Advantage Gold 500	\$500 Med / \$250 Rx	\$4,000	200	804	0.8%	\$372.88	1.0061	1.0445	1.0000	\$391.84	0.7717	1.0180	0.9804	0.7702	1.0549	1.0055	1.3819	\$442.36	0.8150	0.9497	\$420.09	\$396.26	6.0%		
BlueChoice Advantage Gold 1000	\$1,000 Med / \$250 Rx	\$4,000	862	2,124	2.1%	\$372.88	1.0061	1.0445	1.0000	\$391.84	0.7480	1.0180	0.9804	0.7465	1.0549	1.0055	1.3819	\$428.77	0.7907	0.9497	\$407.19	\$378.34	7.6%		
HealthyBlue HMO Gold 1500	\$1,500 Med / \$0 Rx	\$5,500	822	2,040	2.0%	\$372.88	1.0061	1.0445	1.0000	\$391.84	0.8047	1.0180	0.9804	0.8032	0.9848	1.0055	1.3819	\$430.68	0.8178	0.9497	\$409.00	\$379.35	7.8%		
HealthyBlue Plus Gold 1500	\$1,500 Med / \$0 Rx	\$5,500	1,477	3,648	3.6%	\$372.88	1.0061	1.0445	1.0000	\$391.84	0.8047	1.0180	0.9804	0.8032	1.0115	1.0055	1.3819	\$442.35	0.8178	0.9497	\$420.08	\$390.34	7.6%		
HealthyBlue Advantage Gold 1500	\$1,500 Med / \$0 Rx	\$5,500	3,820	9,504	9.3%	\$372.88	1.0061	1.0445	1.0000	\$391.84	0.8047	1.0180	0.9804	0.8032	1.0549	1.0055	1.3819	\$461.32	0.8178	0.9497	\$438.10	\$398.99	9.8%		
Platinum Plans																									
BlueChoice HMO Platinum 0	\$0 Med / \$0 Rx	\$1,500	2,066	7,548	7.4%	\$372.88	1.0061	1.0445	1.0000	\$391.84	0.8927	1.0180	1.0621	0.9652	0.9848	1.0055	1.3819	\$517.55	0.9109	0.9497	\$491.50	\$463.99	5.9%		
BlueChoice HMO Referral Platinum 0	\$0 Med / \$0 Rx	\$1,500	3,578	12,888	12.6%	\$372.88	1.0061	1.0445	1.0000	\$391.84	0.8927	1.0180	1.0621	0.9652	0.9379	1.0055	1.3819	\$492.90	0.9109	0.9497	\$468.09	\$444.69	5.3%		
BlueChoice Plus Opt-Out Platinum 0	\$0 Med / \$0 Rx	\$1,500	6,660	19,236	18.8%	\$372.88	1.0061	1.0445	1.0000	\$391.84	0.8927	1.0180	1.0621	0.9652	0.9982	1.0055	1.3819	\$524.56	0.9109	0.9497	\$498.16	\$468.94	6.2%		
BlueChoice Advantage Platinum 0	\$0 Med / \$0 Rx	\$1,500	1,210	3,888	3.8%	\$372.88	1.0061	1.0445	1.0000	\$391.84	0.8927	1.0180	1.0621	0.9652	1.0549	1.0055	1.3819	\$554.37	0.9109	0.9497	\$526.47	\$486.91	8.1%		
HealthyBlue HMO Platinum 500	\$500 Med / \$0 Rx	\$1,500	333	816	0.8%	\$372.88	1.0061	1.0445	1.0000	\$391.84	0.8874	1.0180	1.0621	0.9595	0.9848	1.0055	1.3819	\$514.51	0.8890	0.9497	\$488.61	\$456.39	7.1%		
HealthyBlue HMO Platinum 1000	\$1,000 Med / \$0 Rx	\$1,500	106	360	0.4%	\$372.88	1.0061	1.0445	1.0000	\$391.84	0.8554	1.0180	1.0621	0.9249	0.9848	1.0055	1.3819	\$495.93	0.8804	0.9497	\$470.97	\$441.50	6.7%		
HealthyBlue Plus Platinum 500	\$500 Med / \$0 Rx	\$1,500	1,642	5,088	5.0%	\$372.88	1.0061	1.0445	1.0000	\$391.84	0.8874	1.0180	1.0621	0.9595	1.0115	1.0055	1.3819	\$528.45	0.8890	0.9497	\$501.85	\$469.61	6.9%		
HealthyBlue Plus Platinum 1000	\$1,000 Med / \$0 Rx	\$1,500	496	1,296	1.3%	\$372.88	1.0061	1.0445	1.0000	\$391.84	0.8554	1.0180	1.0621	0.9249	1.0115	1.0055	1.3819	\$509.37	0.8804	0.9497	\$483.73	\$454.30	6.5%		
HealthyBlue Advantage Platinum 500	\$500 Med / \$0 Rx	\$1,500	911	2,436	2.4%	\$372.88	1.0061	1.0445	1.0000	\$391.84	0.8874	1.0180	1.0621	0.9595	1.0549	1.0055	1.3819	\$551.12	0.8890	0.9497	\$523.38	\$480.01	9.0%		
HealthyBlue Advantage Platinum 1000	\$1,000 Med / \$0 Rx	\$1,500	460	1,236	1.2%	\$372.88	1.0061	1.0445	1.0000	\$391.84	0.8554	1.0180	1.0621	0.9249	1.0549	1.0055	1.3819	\$531.22	0.8804	0.9497	\$504.48	\$464.35	8.6%		
BRONZE SUBTOTAL:			215	1,308	1.3%	\$372.88	1.0061	1.0445	1.0000	\$391.84	0.5408	0.9712	0.8170	0.4293	0.9944	1.0055	1.3819	\$232.13	0.6194	0.9497	\$220.45	\$209.87	1.7%		
SILVER SUBTOTAL:			7,122	19,368	18.9%	\$372.88	1.0061	1.0445	1.0000	\$391.84	0.6485	0.9615	0.9396	0.5858	1.0123	1.0055	1								

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016
BlueChoice Plan Level Rate Derivation - 1/1/2016

Assumes Index Rate = Projected Pool Allowed Claims PMPM for EHB

Plan	BlueChoice HMO Platinum 0	HealthyBlue HMO Platinum 500	BlueChoice HMO Gold 500	HealthyBlue HMO Platinum 1000	BlueChoice HMO Silver 1000	HealthyBlue HMO Gold 1500	BlueChoice HMO Gold 1500	BlueChoice HMO HSA/HRA Silver 1500	HealthyBlue HMO HSA/HRA Silver 2000	BlueChoice HMO HSA/HRA Silver 2000
HIOS Product ID	86052DC046	86052DC046	86052DC046	86052DC046	86052DC046	86052DC046	86052DC046	86052DC046	86052DC046	86052DC046
HIOS Plan ID	86052DC0460011	86052DC0460016	86052DC0460010	86052DC0460017	86052DC0460020	86052DC0460015	86052DC0460009	86052DC0460012	86052DC0460018	86052DC0460013
Metal Level	Platinum	Platinum	Gold	Platinum	Silver	Gold	Gold	Silver	Silver	Silver
Metallic AV	91.09%	88.90%	81.50%	88.04%	71.45%	81.78%	78.01%	71.57%	71.91%	69.59%
On / Off Exchange	On	On	On	On	On	On	On	On	On	On
Network Type	Open Access	Open Access	Open Access	Open Access						
High Level Benefit Description										
Integrated	Y	N	N	N	N	N	N	Y	Y	Y
Individual Deductible	\$0 Med / \$0 Rx	\$500 Med / \$0 Rx	\$500 Med / \$250 Rx	\$1,000 Med / \$0 Rx	\$1,000 Med / \$100 Rx	\$1,500 Med / \$0 Rx	\$1,500 Med / \$250 Rx	\$1,500 (Integrated)	\$2,000 (Integrated)	\$2,000 (Integrated)
Individual OOP Max	\$1,500	\$1,500	\$4,000	\$1,500	\$6,850	\$5,500	\$3,000	\$6,550	\$6,550	\$6,000
Member Copay/Coinsurance	\$10 PCP/\$20 Spec/\$100 ER/\$200 IP	\$0 PCP/\$30 Spec/\$200 ER/\$500 IP	\$15 PCP/\$30 Spec/\$250 ER/\$400 IP	\$0 PCP/\$30 Spec/\$200 ER/\$500 IP	\$40 PCP/\$80 Spec/\$400 ER/\$500 IP	\$0 PCP/\$30 Spec/\$200 ER/\$500 IP	\$15 PCP/\$30 Spec/\$250 ER/\$400 IP	\$25 PCP/\$50 Spec/\$250 ER/\$500 IP	\$0 PCP/\$45 Spec/\$200 ER/\$500 IP	\$25 PCP/\$50 Spec/\$250 ER/\$500 IP
Rx Copays:										
Retail Generic	\$10	\$0	\$10	\$0	\$10	\$0	\$10	\$10	\$0	\$10
Retail Preferred Brand	\$45	\$45	\$45	\$45	\$45	\$45	\$45	\$45	\$45	\$45
Retail NonPreferred Brand	\$65	\$65	\$65	\$65	\$65	\$65	\$65	\$65	\$65	\$65
Specialty	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)
Embedded Pediatric Dental Benefit										
Deductible (Class 2-4)	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25
Class 1	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Class 2	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%
Class 3	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%
Class 4	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
Class 5	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
Out of Pocket Max	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx
Index Rate (Projected EHB Allowed PMPM)	\$372.88	\$372.88	\$372.88	\$372.88	\$372.88	\$372.88	\$372.88	\$372.88	\$372.88	\$372.88
Market Level Adjustments:										
Reinsurance	1.0061	1.0061	1.0061	1.0061	1.0061	1.0061	1.0061	1.0061	1.0061	1.0061
Risk Adjustment	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445
Exchange User Fees	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Market Adjusted Index Rate (PMPM)	\$391.84	\$391.84	\$391.84	\$391.84	\$391.84	\$391.84	\$391.84	\$391.84	\$391.84	\$391.84
Plan Level Adjustments										
Cost-Share Factor	0.9652	0.9595	0.7702	0.9249	0.6258	0.8032	0.7412	0.5902	0.5951	0.5696
Network &UM	0.9848	0.9848	0.9848	0.9848	0.9848	0.9848	0.9848	0.9848	0.9848	0.9848
Non-EHB *	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055
Catastrophic Adj	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Distribution and Admin Cost	1.3819	1.3819	1.3819	1.3819	1.3819	1.3819	1.3819	1.3819	1.3819	1.3819
Plan Adjusted Index Rate (PMPM)	\$517.55	\$514.51	\$412.97	\$495.93	\$335.54	\$430.68	\$397.46	\$316.46	\$319.11	\$305.42
Calibrations to Consumer Level Rating Factors										
Age Calibration	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497
Geo Calibration	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Tobacco Calibration	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Consumer Level Base Rate	\$491.50	\$488.61	\$392.18	\$470.97	\$318.65	\$409.00	\$377.45	\$300.53	\$303.05	\$290.05
Pricing AV	132.1%	131.3%	105.4%	126.6%	85.6%	109.9%	101.4%	80.8%	81.4%	77.9%
Estimated Plan DICR	71.9%	71.9%	71.9%	71.9%	71.9%	71.9%	71.9%	71.9%	71.9%	71.9%
Projected Member Months	7,548	816	4,620	360	252	2,040	264	2,628	2,268	2,268
Membership Distribution	7.4%	0.8%	4.5%	0.4%	0.2%	2.0%	0.3%	2.6%	2.2%	2.2%

* Covers abortion claims for all plans.

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016
BlueChoice Plan Level Rate Derivation - 1/1/2016

Assumes Index Rate = Projected Pool Allowed Claims PMPM for EHB

Plan	BlueChoice HMO HSA/HRA Silver 3000	BlueChoice HMO HSA/HRA Bronze 5000	BlueChoice HMO Referral Platinum 0	BlueChoice HMO Referral Gold 0	BlueChoice HMO Referral Gold 500	BlueChoice HMO Referral Platinum 1000	BlueChoice HMO Referral Gold 80	BlueChoice HMO Referral Silver 70	BlueChoice HMO Referral Bronze 5500
HIOS Product ID	86052DC046	86052DC046	86052DC048	86052DC048	86052DC048	86052DC048	86052DC048	86052DC048	86052DC048
HIOS Plan ID	86052DC0460019	86052DC0460014	86052DC0480007	86052DC0480010	86052DC0480008	86052DC0480012	86052DC0480011	86052DC0480013	86052DC0480009
Metal Level	Silver	Bronze	Platinum	Gold	Gold	Platinum	Gold	Silver	Bronze
Metallic AV	68.19%	61.93%	91.09%	81.80%	81.50%	88.11%	78.22%	70.07%	61.99%
On / Off Exchange	On	On	On	On	On	On	On	On	On
Network Type	Open Access	Open Access	Lock In / Referral	Lock In / Referral	Lock In / Referral	Lock In / Referral			
High Level Benefit Description									
Integrated Individual Deductible	Y	Y	N	N	N	N	N	N	N
Individual OOP Max	\$3,000 (Integrated) \$4,750	\$5,000 (Integrated) \$6,550	\$0 Med / \$0 Rx \$1,500	\$0 Med / \$0 Rx \$6,850	\$500 Med / \$250 Rx \$4,000	\$1000 Med / \$0 Rx \$1,500	\$1000 Med / \$0 Rx \$6,000	\$2000 Med / \$500 Rx \$6,850	\$5,500 Med / \$100 Rx \$6,850
Member Copay/Coinsurance	\$25 PCP/\$50 Spec/\$250 ER/\$500 IP	\$50 PCP/\$100 Spec/\$250 ER/\$500 IP	\$10 PCP/\$20 Spec/\$100 ER/\$200 IP	\$30 PCP/\$40 Spec/\$250 ER/\$500 IP	\$15 PCP/\$30 Spec/\$250 ER/\$400 IP	\$5 PCP/\$15 Spec/\$100 ER/\$200 IP	\$20 PCP/\$40 Spec/20% ER/20% IP	\$35 PCP/\$70 Spec/30% ER/30% IP	\$25 PCP/\$50 Spec/\$300 ER/\$500 IP
Rx Copays:									
Retail Generic	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10
Retail Preferred Brand	\$45	\$45	\$45	\$45	\$45	\$45	\$45	\$45	\$75
Retail NonPreferred Brand	\$65	\$65	\$65	\$65	\$65	\$65	\$65	\$65	\$150
Specialty	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	\$150
Embedded Pediatric Dental Benefit									
Deductible (Class 2-4)	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25
Class 1	0%	0%	0%	0%	0%	0%	0%	0%	0%
Class 2	20%	20%	20%	20%	20%	20%	20%	20%	20%
Class 3	20%	20%	20%	20%	20%	20%	20%	20%	20%
Class 4	50%	50%	50%	50%	50%	50%	50%	50%	50%
Class 5	50%	50%	50%	50%	50%	50%	50%	50%	50%
Out of Pocket Max	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx
Index Rate (Projected EHB Allowed PMPM)	\$372.88	\$372.88	\$372.88	\$372.88	\$372.88	\$372.88	\$372.88	\$372.88	\$372.88
Market Level Adjustments:									
Reinsurance	1.0061	1.0061	1.0061	1.0061	1.0061	1.0061	1.0061	1.0061	1.0061
Risk Adjustment	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445
Exchange User Fees	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Market Adjusted Index Rate (PMPM)	\$391.84	\$391.84	\$391.84	\$391.84	\$391.84	\$391.84	\$391.84	\$391.84	\$391.84
Plan Level Adjustments									
Cost-Share Factor	0.5516	0.4190	0.9652	0.8057	0.7702	0.9127	0.7261	0.5933	0.4724
Network &UM	0.9848	0.9848	0.9379	0.9379	0.9379	0.9379	0.9379	0.9379	0.9379
Non-EHB *	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055
Catastrophic Adj	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Distribution and Admin Cost	1.3819	1.3819	1.3819	1.3819	1.3819	1.3819	1.3819	1.3819	1.3819
Plan Adjusted Index Rate (PMPM)	\$295.78	\$224.69	\$492.90	\$411.47	\$393.30	\$466.07	\$370.82	\$302.96	\$241.23
Calibrations to Consumer Level Rating Factors									
Age Calibration	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497
Geo Calibration	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Tobacco Calibration	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Consumer Level Base Rate	\$280.89	\$213.38	\$468.09	\$390.76	\$373.51	\$442.61	\$352.16	\$287.71	\$229.09
Pricing AV	75.5%	57.3%	125.8%	105.0%	100.4%	118.9%	94.6%	77.3%	61.6%
Estimated Plan DICR	71.9%	71.9%	71.9%	71.9%	71.9%	71.9%	71.9%	71.9%	71.9%
Projected Member Months	252	552	12,888	252	2,892	252	252	252	252
Membership Distribution	0.2%	0.5%	12.6%	0.2%	2.8%	0.2%	0.2%	0.2%	0.2%

* Covers abortion claims for all plans.

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016
BlueChoice Plan Level Rate Derivation - 1/1/2016

Assumes Index Rate = Projected Pool Allowed Claims PMPM for EHB

Plan	BlueChoice Plus Opt-Out Platinum 0	HealthyBlue Plus Platinum 500	BlueChoice Plus Gold 500	HealthyBlue Plus Platinum 1000	BlueChoice Plus Gold 1000	HealthyBlue Plus Gold 1500	BlueChoice Plus HSA/HRA Silver 1500	HealthyBlue Plus HSA/HRA Silver 2000	BlueChoice Plus HSA/HRA Silver 3000	BlueChoice Plus HSA/HRA Bronze 5000
HIOS Product ID	86052DC058	86052DC050	86052DC050	86052DC050	86052DC050	86052DC050	86052DC050	86052DC050	86052DC050	86052DC050
HIOS Plan ID	86052DC0580001	86052DC0500012	86052DC0500016	86052DC0500013	86052DC0500015	86052DC0500011	86052DC0500009	86052DC0500014	86052DC0500010	86052DC0500017
Metal Level	Platinum	Platinum	Gold	Platinum	Gold	Gold	Silver	Silver	Silver	Bronze
Metallic AV	91.09%	88.90%	81.50%	88.04%	79.07%	81.78%	71.57%	71.91%	68.19%	61.93%
On / Off Exchange	On	On	On	On	On	On	On	On	On	On
Network Type	Open Access Opt-Out	Open Access Plus	Open Access Plus	Open Access Plus	Open Access Plus	Open Access Plus	Open Access Plus	Open Access Plus	Open Access Plus	Open Access Plus
High Level Benefit Description										
Integrated	Y/N	N	N	N	N	N	Y	Y	Y	Y
Individual Deductible	\$0 Med / \$0 Rx	\$500 Med / \$0 Rx	\$500 Med / \$250 Rx	\$1,000 Med / \$0 Rx	\$1,000 Med / \$250 Rx	\$1,500 Med / \$0 Rx	\$1,500 (Integrated)	\$2,000 (Integrated)	\$3,000 (Integrated)	\$5,000 (Integrated)
Individual OOP Max	\$1,500	\$1,500	\$4,000	\$1,500	\$4,000	\$5,500	\$6,550	\$6,550	\$4,750	\$6,550
Member Copay/Coinsurance	\$10 PCP/\$20 Spec/\$100 ER/\$200 IP	\$0 PCP/\$30 Spec/\$200 ER/\$500 IP	\$15 PCP/\$30 Spec/\$250 ER/\$400 IP	\$0 PCP/\$30 Spec/\$200 ER/\$500 IP	\$15 PCP/\$30 Spec/\$250 ER/\$400 IP	\$0 PCP/\$30 Spec/\$200 ER/\$500 IP	\$25 PCP/\$50 Spec/\$250 ER/\$500 IP	\$0 PCP/\$45 Spec/\$200 ER/\$500 IP	\$25 PCP/\$50 Spec/\$250 ER/\$500 IP	\$50 PCP/\$100 Spec/\$250 ER/\$500 IP
Rx Copays:										
Retail Generic	\$10	\$0	\$10	\$0	\$10	\$0	\$10	\$0	\$10	\$10
Retail Preferred Brand	\$45	\$45	\$45	\$45	\$45	\$45	\$45	\$45	\$45	\$45
Retail NonPreferred Brand	\$65	\$65	\$65	\$65	\$65	\$65	\$65	\$65	\$65	\$65
Specialty	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)
Embedded Pediatric Dental Benefit Deductible (Class 2-4)	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25
Class 1	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Class 2	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%
Class 3	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%
Class 4	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
Class 5	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
Out of Pocket Max	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx
Index Rate (Projected EHB Allowed PMPM)	\$372.88	\$372.88	\$372.88	\$372.88	\$372.88	\$372.88	\$372.88	\$372.88	\$372.88	\$372.88
Market Level Adjustments:										
Reinsurance	1.0061	1.0061	1.0061	1.0061	1.0061	1.0061	1.0061	1.0061	1.0061	1.0061
Risk Adjustment	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445
Exchange User Fees	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Market Adjusted Index Rate (PMPM)	\$391.84	\$391.84	\$391.84	\$391.84	\$391.84	\$391.84	\$391.84	\$391.84	\$391.84	\$391.84
Plan Level Adjustments										
Cost-Share Factor	0.9652	0.9595	0.7702	0.9249	0.7465	0.8032	0.5902	0.5951	0.5516	0.4190
Network &UM	0.9982	1.0115	1.0115	1.0115	1.0115	1.0115	1.0115	1.0115	1.0115	1.0115
Non-EHB *	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055
Catastrophic Adj	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Distribution and Admin Cost	1.3819	1.3819	1.3819	1.3819	1.3819	1.3819	1.3819	1.3819	1.3819	1.3819
Plan Adjusted Index Rate (PMPM)	\$524.56	\$528.45	\$424.16	\$509.37	\$411.14	\$442.35	\$325.03	\$327.76	\$303.79	\$230.78
Calibrations to Consumer Level Rating Factors										
Age Calibration	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497
Geo Calibration	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Tobacco Calibration	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Consumer Level Base Rate	\$498.16	\$501.85	\$402.81	\$483.73	\$390.44	\$420.08	\$308.67	\$311.26	\$288.50	\$219.17
Pricing AV	133.9%	134.9%	108.2%	130.0%	104.9%	112.9%	82.9%	83.6%	77.5%	58.9%
Estimated Plan DICR	71.9%	71.9%	71.9%	71.9%	71.9%	71.9%	71.9%	71.9%	71.9%	71.9%
Projected Member Months	19,236	5,088	252	1,296	252	3,648	3,252	1,176	1,536	252
Membership Distribution	18.7%	5.0%	0.2%	1.3%	0.2%	3.6%	3.2%	1.1%	1.5%	0.2%

* Covers abortion claims for all plans.

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016
BlueChoice Plan Level Rate Derivation - 1/1/2016

Assumes Index Rate = Projected Pool Allowed Claims PMPM for EHB

Plan	BlueChoice Advantage Platinum 0	HealthyBlue Advantage Platinum 500	BlueChoice Advantage Gold 500	HealthyBlue Advantage Platinum 1000	BlueChoice Advantage Gold 1000	HealthyBlue Advantage Gold 1500	BlueChoice Advantage HSA/HRA Silver 1500	HealthyBlue Advantage HSA/HRA Silver 2000	BlueChoice Advantage HSA/HRA Silver 3000	BlueChoice Advantage HSA/HRA Bronze 5000
HIOS Product ID	86052DC044	86052DC044	86052DC044	86052DC044	86052DC044	86052DC044	86052DC044	86052DC044	86052DC044	86052DC044
HIOS Plan ID	86052DC0440012	86052DC0440015	86052DC0440011	86052DC0440016	86052DC0440010	86052DC0440014	86052DC0440013	86052DC0440017	86052DC0440019	86052DC0440018
Metal Level	Platinum	Platinum	Gold	Platinum	Gold	Gold	Silver	Silver	Silver	Bronze
Metallic AV	91.09%	88.90%	81.50%	88.04%	79.07%	81.78%	71.57%	71.91%	68.19%	61.93%
On / Off Exchange	On	On	On	On	On	On	On	On	On	On
Network Type	Open Access Advantage									
High Level Benefit Description										
Integrated Individual Deductible Individual OOP Max	N \$0 Med / \$0 Rx \$1,500	N \$500 Med / \$0 Rx \$1,500	N \$500 Med / \$250 Rx \$4,000	N \$1,000 Med / \$0 Rx \$1,500	N \$1,000 Med / \$250 Rx \$4,000	N \$1,500 Med / \$0 Rx \$5,500	Y \$1,500 (Integrated) \$6,550	Y \$2,000 (Integrated) \$6,550	Y \$3,000 (Integrated) \$4,750	Y \$5,000 (Integrated) \$6,550
Member Copay/Coinsurance	\$10 PCP/\$20 Spec/\$100 ER/\$200 IP	\$0 PCP/\$30 Spec/\$200 ER/\$500 IP	\$15 PCP/\$30 Spec/\$250 ER/\$400 IP	\$0 PCP/\$30 Spec/\$200 ER/\$500 IP	\$15 PCP/\$30 Spec/\$250 ER/\$400 IP	\$0 PCP/\$30 Spec/\$200 ER/\$500 IP	\$25 PCP/\$50 Spec/\$250 ER/\$500 IP	\$0 PCP/\$45 Spec/\$200 ER/\$500 IP	\$25 PCP/\$50 Spec/\$250 ER/\$500 IP	\$50 PCP/\$100 Spec/\$250 ER/\$500 IP
Rx Copays:										
Retail Generic	\$10	\$0	\$10	\$0	\$10	\$0	\$10	\$0	\$10	\$10
Retail Preferred Brand	\$45	\$45	\$45	\$45	\$45	\$45	\$45	\$45	\$45	\$45
Retail NonPreferred Brand	\$65	\$65	\$65	\$65	\$65	\$65	\$65	\$65	\$65	\$65
Specialty	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)
Embedded Pediatric Dental Benefit Deductible (Class 2-4)	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25
Class 1	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Class 2	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%
Class 3	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%
Class 4	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
Class 5	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
Out of Pocket Max	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx
Index Rate (Projected EHB Allowed PMPM)	\$372.88	\$372.88	\$372.88	\$372.88	\$372.88	\$372.88	\$372.88	\$372.88	\$372.88	\$372.88
Market Level Adjustments:										
Reinsurance	1.0061	1.0061	1.0061	1.0061	1.0061	1.0061	1.0061	1.0061	1.0061	1.0061
Risk Adjustment	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445
Exchange User Fees	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Market Adjusted Index Rate (PMPM)	\$391.84	\$391.84	\$391.84	\$391.84	\$391.84	\$391.84	\$391.84	\$391.84	\$391.84	\$391.84
Plan Level Adjustments										
Cost-Share Factor	0.9652	0.9595	0.7702	0.9249	0.7465	0.8032	0.5902	0.5951	0.5516	0.4190
Network & UIM	1.0549	1.0549	1.0549	1.0549	1.0549	1.0549	1.0549	1.0549	1.0549	1.0549
Non-EHB *	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055
Catastrophic Adj	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Distribution and Admin Cost	1.3819	1.3819	1.3819	1.3819	1.3819	1.3819	1.3819	1.3819	1.3819	1.3819
Plan Adjusted Index Rate (PMPM)	\$554.37	\$551.12	\$442.36	\$531.22	\$428.77	\$461.32	\$338.97	\$341.82	\$316.82	\$240.68
Calibrations to Consumer Level Rating Factors										
Age Calibration	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497
Geo Calibration	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Tobacco Calibration	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Consumer Level Base Rate	\$526.47	\$523.38	\$420.09	\$504.48	\$407.19	\$438.10	\$321.91	\$324.62	\$300.88	\$228.57
Pricing AV	141.5%	140.6%	112.9%	135.6%	109.4%	117.7%	86.5%	87.2%	80.9%	61.4%
Estimated Plan DICR	71.9%	71.9%	71.9%	71.9%	71.9%	71.9%	71.9%	71.9%	71.9%	71.9%
Projected Member Months	3,888	2,436	804	1,236	2,124	9,504	2,352	2,880	252	252
Membership Distribution	3.8%	2.4%	0.8%	1.2%	2.1%	9.3%	2.3%	2.8%	0.2%	0.2%

* Covers abortion claims for all plans.

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016
BlueChoice Plan Level Rate Derivation - 4/1/2016

Assumes Index Rate = Projected Pool Allowed Claims PMPM for EHB

Plan	BlueChoice HMO Platinum 0	HealthyBlue HMO Platinum 500	BlueChoice HMO Gold 500	HealthyBlue HMO Platinum 1000	BlueChoice HMO Silver 1000	HealthyBlue HMO Gold 1500	BlueChoice HMO Gold 1500	BlueChoice HMO HSA/HRA Silver 1500	HealthyBlue HMO HSA/HRA Silver 2000	BlueChoice HMO HSA/HRA Silver 2000
HIOS Product ID	86052DC046	86052DC046	86052DC046	86052DC046	86052DC046	86052DC046	86052DC046	86052DC046	86052DC046	86052DC046
HIOS Plan ID	86052DC0460011	86052DC0460016	86052DC0460010	86052DC0460017	86052DC0460020	86052DC0460015	86052DC0460009	86052DC0460012	86052DC0460018	86052DC0460013
Metal Level	Platinum	Platinum	Gold	Platinum	Silver	Gold	Gold	Silver	Silver	Silver
Metallic AV	91.09%	88.90%	81.50%	88.04%	71.45%	81.78%	78.01%	71.57%	71.91%	69.59%
On / Off Exchange	On	On	On	On	On	On	On	On	On	On
Network Type	Open Access	Open Access	Open Access	Open Access	Open Access	Open Access	Open Access	Open Access	Open Access	Open Access
High Level Benefit Description										
Integrated Individual Deductible Individual OOP Max	Y/N N \$0 Med / \$0 Rx \$1,500	N \$500 Med / \$0 Rx \$1,500	N \$500 Med / \$250 Rx \$4,000	N \$1,000 Med / \$0 Rx \$1,500	N \$1,000 Med / \$100 Rx \$6,850	N \$1,500 Med / \$0 Rx \$5,500	N \$1,500 Med / \$250 Rx \$3,000	Y \$1,500 (Integrated) \$6,550	Y \$2,000 (Integrated) \$6,550	Y \$2,000 (Integrated) \$6,000
Member Copay/Coinsurance	\$10 PCP/\$20 Spec/\$100 ER/\$200 IP	\$0 PCP/\$30 Spec/\$200 ER/\$500 IP	\$15 PCP/\$30 Spec/\$250 ER/\$400 IP	\$0 PCP/\$30 Spec/\$200 ER/\$500 IP	\$40 PCP/\$80 Spec/\$400 ER/\$500 IP	\$0 PCP/\$30 Spec/\$200 ER/\$500 IP	\$15 PCP/\$30 Spec/\$250 ER/\$400 IP	\$25 PCP/\$50 Spec/\$250 ER/\$500 IP	\$0 PCP/\$45 Spec/\$200 ER/\$500 IP	\$25 PCP/\$50 Spec/\$250 ER/\$500 IP
Rx Copays:										
Retail Generic	\$10	\$0	\$10	\$0	\$10	\$0	\$10	\$10	\$0	\$10
Retail Preferred Brand	\$45	\$45	\$45	\$45	\$45	\$45	\$45	\$45	\$45	\$45
Retail NonPreferred Brand	\$65	\$65	\$65	\$65	\$65	\$65	\$65	\$65	\$65	\$65
Specialty	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)
Embedded Pediatric Dental Benefit										
Deductible (Class 2-4)	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25
Class 1	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Class 2	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%
Class 3	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%
Class 4	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
Class 5	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
Out of Pocket Max	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx
Index Rate (Projected EHB Allowed PMPM)	\$379.54	\$379.54	\$379.54	\$379.54	\$379.54	\$379.54	\$379.54	\$379.54	\$379.54	\$379.54
Market Level Adjustments:										
Reinsurance	1.0060	1.0060	1.0060	1.0060	1.0060	1.0060	1.0060	1.0060	1.0060	1.0060
Risk Adjustment	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445
Exchange User Fees	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Market Adjusted Index Rate (PMPM)	\$398.79	\$398.79	\$398.79	\$398.79	\$398.79	\$398.79	\$398.79	\$398.79	\$398.79	\$398.79
Plan Level Adjustments										
Cost-Share Factor	0.9652	0.9595	0.7702	0.9249	0.6258	0.8032	0.7412	0.5902	0.5951	0.5696
Network &UM	0.9848	0.9848	0.9848	0.9848	0.9848	0.9848	0.9848	0.9848	0.9848	0.9848
Non-EHB *	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055
Catastrophic Adj	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Distribution and Admin Cost	1.3776	1.3776	1.3776	1.3776	1.3776	1.3776	1.3776	1.3776	1.3776	1.3776
Plan Adjusted Index Rate (PMPM)	\$525.11	\$522.03	\$419.01	\$503.18	\$340.45	\$436.97	\$403.27	\$321.08	\$323.78	\$309.89
Calibrations to Consumer Level Rating Factors										
Age Calibration	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497
Geo Calibration	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Tobacco Calibration	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Consumer Level Base Rate	\$498.68	\$495.75	\$397.92	\$477.85	\$323.31	\$414.98	\$382.97	\$304.92	\$307.48	\$294.29
Pricing AV	131.7%	130.9%	105.1%	126.2%	85.4%	109.6%	101.1%	80.5%	81.2%	77.7%
Estimated Plan DICR	72.2%	72.2%	72.2%	72.2%	72.2%	72.2%	72.2%	72.2%	72.2%	72.2%
Projected Member Months	3,084	336	1,896	144	96	828	108	1,068	924	924
Membership Distribution	7.4%	0.8%	4.5%	0.3%	0.2%	2.0%	0.3%	2.6%	2.2%	2.2%

* Covers abortion claims for all plans.

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016
BlueChoice Plan Level Rate Derivation - 4/1/2016

Assumes Index Rate = Projected Pool Allowed Claims PMPM for EHB

Plan	BlueChoice HMO HSA/HRA Silver 3000	BlueChoice HMO HSA/HRA Bronze 5000	BlueChoice HMO Referral Platinum 0	BlueChoice HMO Referral Gold 0	BlueChoice HMO Referral Gold 500	BlueChoice HMO Referral Platinum 1000	BlueChoice HMO Referral Gold 80	BlueChoice HMO Referral Silver 70	BlueChoice HMO Referral Bronze 5500
HIOS Product ID	86052DC046	86052DC046	86052DC048	86052DC048	86052DC048	86052DC048	86052DC048	86052DC048	86052DC048
HIOS Plan ID	86052DC0460019	86052DC0460014	86052DC0480007	86052DC0480010	86052DC0480008	86052DC0480012	86052DC0480011	86052DC0480013	86052DC0480009
Metal Level	Silver	Bronze	Platinum	Gold	Gold	Platinum	Gold	Silver	Bronze
Metallic AV	68.19%	61.93%	91.09%	81.80%	81.50%	88.11%	78.22%	70.07%	61.99%
On / Off Exchange	On	On	On	On	On	On	On	On	On
Network Type	Open Access	Open Access	Lock In / Referral	Lock In / Referral	Lock In / Referral	Lock In / Referral			
High Level Benefit Description									
Integrated	Y	Y	N	N	N	N	N	N	N
Individual Deductible	\$3,000 (Integrated)	\$5,000 (Integrated)	\$0 Med / \$0 Rx	\$0 Med / \$0 Rx	\$500 Med / \$250 Rx	\$1000 Med / \$0 Rx	\$1000 Med / \$0 Rx	\$2000 Med / \$500 Rx	\$5,500 Med / \$100 Rx
Individual OOP Max	\$4,750	\$6,550	\$1,500	\$6,850	\$4,000	\$1,500	\$6,000	\$6,850	\$6,850
Member Copay/Coinsurance	\$25 PCP/\$50 Spec/\$250 ER/\$500 IP	\$50 PCP/\$100 Spec/\$250 ER/\$500 IP	\$10 PCP/\$20 Spec/\$100 ER/\$200 IP	\$30 PCP/\$40 Spec/\$250 ER/\$500 IP	\$15 PCP/\$30 Spec/\$250 ER/\$400 IP	\$5 PCP/\$15 Spec/\$100 ER/\$200 IP	\$20 PCP/\$40 Spec/20% ER/20% IP	\$35 PCP/\$70 Spec/30% ER/30% IP	\$25 PCP/\$50 Spec/\$300 ER/\$500 IP
Rx Copays:									
Retail Generic	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10
Retail Preferred Brand	\$45	\$45	\$45	\$45	\$45	\$45	\$45	\$45	\$75
Retail NonPreferred Brand	\$65	\$65	\$65	\$65	\$65	\$65	\$65	\$65	\$150
Specialty	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	\$150
Embedded Pediatric Dental Benefit									
Deductible (Class 2-4)	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25
Class 1	0%	0%	0%	0%	0%	0%	0%	0%	0%
Class 2	20%	20%	20%	20%	20%	20%	20%	20%	20%
Class 3	20%	20%	20%	20%	20%	20%	20%	20%	20%
Class 4	50%	50%	50%	50%	50%	50%	50%	50%	50%
Class 5	50%	50%	50%	50%	50%	50%	50%	50%	50%
Out of Pocket Max	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx
Index Rate (Projected EHB Allowed PMPM)	\$379.54	\$379.54	\$379.54	\$379.54	\$379.54	\$379.54	\$379.54	\$379.54	\$379.54
Market Level Adjustments:									
Reinsurance	1.0060	1.0060	1.0060	1.0060	1.0060	1.0060	1.0060	1.0060	1.0060
Risk Adjustment	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445
Exchange User Fees	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Market Adjusted Index Rate (PMPM)	\$398.79	\$398.79	\$398.79	\$398.79	\$398.79	\$398.79	\$398.79	\$398.79	\$398.79
Plan Level Adjustments									
Cost-Share Factor	0.5516	0.4190	0.9652	0.8057	0.7702	0.9127	0.7261	0.5933	0.4724
Network &UM	0.9848	0.9848	0.9379	0.9379	0.9379	0.9379	0.9379	0.9379	0.9379
Non-EHB *	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055
Catastrophic Adj	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Distribution and Admin Cost	1.3776	1.3776	1.3776	1.3776	1.3776	1.3776	1.3776	1.3776	1.3776
Plan Adjusted Index Rate (PMPM)	\$300.10	\$227.98	\$500.11	\$417.48	\$399.05	\$472.89	\$376.24	\$307.39	\$244.76
Calibrations to Consumer Level Rating Factors									
Age Calibration	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497
Geo Calibration	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Tobacco Calibration	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Consumer Level Base Rate	\$285.00	\$216.51	\$474.94	\$396.47	\$378.97	\$449.09	\$357.31	\$291.92	\$232.44
Pricing AV	75.3%	57.2%	125.4%	104.7%	100.1%	118.6%	94.3%	77.1%	61.4%
Estimated Plan DICR	72.2%	72.2%	72.2%	72.2%	72.2%	72.2%	72.2%	72.2%	72.2%
Projected Member Months	96	228	5,280	96	1,188	96	96	96	96
Membership Distribution	0.2%	0.5%	12.6%	0.2%	2.8%	0.2%	0.2%	0.2%	0.2%

* Covers abortion claims for all plans.

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016
BlueChoice Plan Level Rate Derivation - 4/1/2016

Assumes Index Rate = Projected Pool Allowed Claims PMPM for EHB

Plan	BlueChoice Plus Opt-Out Platinum 0	HealthyBlue Plus Platinum 500	BlueChoice Plus Gold 500	HealthyBlue Plus Platinum 1000	BlueChoice Plus Gold 1000	HealthyBlue Plus Gold 1500	BlueChoice Plus HSA/HRA Silver 1500	HealthyBlue Plus HSA/HRA Silver 2000	BlueChoice Plus HSA/HRA Silver 3000	BlueChoice Plus HSA/HRA Bronze 5000	
HIOS Product ID	86052DC058	86052DC050	86052DC050	86052DC050	86052DC050	86052DC050	86052DC050	86052DC050	86052DC050	86052DC050	
HIOS Plan ID	86052DC0580001	86052DC0500012	86052DC0500016	86052DC0500013	86052DC0500015	86052DC0500011	86052DC0500009	86052DC0500014	86052DC0500010	86052DC0500017	
Metal Level	Platinum	Platinum	Gold	Platinum	Gold	Gold	Silver	Silver	Silver	Bronze	
Metallic AV	91.09%	88.90%	81.50%	88.04%	79.07%	81.78%	71.57%	71.91%	68.19%	61.93%	
On / Off Exchange	On	On	On	On	On	On	On	On	On	On	
Network Type	Open Access Opt-Out	Open Access Plus	Open Access Plus	Open Access Plus							
High Level Benefit Description											
Integrated Individual Deductible	Y/N	N	N	N	N	N	Y	Y	Y	Y	
Individual OOP Max		\$0 Med / \$0 Rx \$1,500	\$500 Med / \$0 Rx \$1,500	\$500 Med / \$250 Rx \$4,000	\$1,000 Med / \$0 Rx \$1,500	\$1,000 Med / \$250 Rx \$4,000	\$1,500 Med / \$0 Rx \$5,500	\$1,500 (Integrated) \$6,550	\$2,000 (Integrated) \$6,550	\$3,000 (Integrated) \$4,750	\$5,000 (Integrated) \$6,550
Member Copay/Coinsurance		\$10 PCP/\$20 Spec/\$100 ER/\$200 IP	\$0 PCP/\$30 Spec/\$200 ER/\$500 IP	\$15 PCP/\$30 Spec/\$250 ER/\$400 IP	\$0 PCP/\$30 Spec/\$200 ER/\$500 IP	\$15 PCP/\$30 Spec/\$250 ER/\$400 IP	\$0 PCP/\$30 Spec/\$200 ER/\$500 IP	\$25 PCP/\$50 Spec/\$250 ER/\$500 IP	\$0 PCP/\$45 Spec/\$200 ER/\$500 IP	\$25 PCP/\$50 Spec/\$250 ER/\$500 IP	\$50 PCP/\$100 Spec/\$250 ER/\$500 IP
Rx Copays:											
Retail Generic		\$10	\$0	\$10	\$0	\$10	\$0	\$10	\$0	\$10	\$10
Retail Preferred Brand		\$45	\$45	\$45	\$45	\$45	\$45	\$45	\$45	\$45	\$45
Retail NonPreferred Brand		\$65	\$65	\$65	\$65	\$65	\$65	\$65	\$65	\$65	\$65
Specialty		50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)
Embedded Pediatric Dental Benefit											
Deductible (Class 2-4)		\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	
Class 1		0%	0%	0%	0%	0%	0%	0%	0%	0%	
Class 2		20%	20%	20%	20%	20%	20%	20%	20%	20%	
Class 3		20%	20%	20%	20%	20%	20%	20%	20%	20%	
Class 4		50%	50%	50%	50%	50%	50%	50%	50%	50%	
Class 5		50%	50%	50%	50%	50%	50%	50%	50%	50%	
Out of Pocket Max		Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	
Index Rate (Projected EHB Allowed PMPM)		\$379.54	\$379.54	\$379.54	\$379.54	\$379.54	\$379.54	\$379.54	\$379.54	\$379.54	
Market Level Adjustments:											
Reinsurance		1.0060	1.0060	1.0060	1.0060	1.0060	1.0060	1.0060	1.0060	1.0060	
Risk Adjustment		1.0445	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445	
Exchange User Fees		1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	
Market Adjusted Index Rate (PMPM)		\$398.79	\$398.79	\$398.79	\$398.79	\$398.79	\$398.79	\$398.79	\$398.79	\$398.79	
Plan Level Adjustments											
Cost-Share Factor		0.9652	0.9595	0.7702	0.9249	0.7465	0.8032	0.5902	0.5516	0.4190	
Network & UM		0.9982	1.0115	1.0115	1.0115	1.0115	1.0115	1.0115	1.0115	1.0115	
Non-EHB *		1.0055	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055	
Catastrophic Adj		1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	
Distribution and Admin Cost		1.3776	1.3776	1.3776	1.3776	1.3776	1.3776	1.3776	1.3776	1.3776	
Plan Adjusted Index Rate (PMPM)		\$532.23	\$536.18	\$430.36	\$516.82	\$417.15	\$448.81	\$329.78	\$332.55	\$308.23	\$234.16
Calibrations to Consumer Level Rating Factors											
Age Calibration		0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	
Geo Calibration		1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	
Tobacco Calibration		1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	
Consumer Level Base Rate		\$505.44	\$509.19	\$408.70	\$490.80	\$396.15	\$426.22	\$313.18	\$315.81	\$292.72	\$222.37
Pricing AV		133.5%	134.5%	107.9%	129.6%	104.6%	112.5%	82.7%	83.4%	77.3%	58.7%
Estimated Plan DICR		72.2%	72.2%	72.2%	72.2%	72.2%	72.2%	72.2%	72.2%	72.2%	
Projected Member Months		7,872	2,076	96	528	96	1,488	1,332	480	624	96
Membership Distribution		18.8%	5.0%	0.2%	1.3%	0.2%	3.6%	3.2%	1.1%	1.5%	0.2%

* Covers abortion claims for all plans.

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016
BlueChoice Plan Level Rate Derivation - 4/1/2016

Assumes Index Rate = Projected Pool Allowed Claims PMPM for EHB

Plan	BlueChoice Advantage Platinum 0	HealthyBlue Advantage Platinum 500	BlueChoice Advantage Gold 500	HealthyBlue Advantage Platinum 1000	BlueChoice Advantage Gold 1000	HealthyBlue Advantage Gold 1500	BlueChoice Advantage HSA/HRA Silver 1500	HealthyBlue Advantage HSA/HRA Silver 2000	BlueChoice Advantage HSA/HRA Silver 3000	BlueChoice Advantage HSA/HRA Bronze 5000
HIOS Product ID	86052DC044	86052DC044	86052DC044	86052DC044	86052DC044	86052DC044	86052DC044	86052DC044	86052DC044	86052DC044
HIOS Plan ID	86052DC0440012	86052DC0440015	86052DC0440011	86052DC0440016	86052DC0440010	86052DC0440014	86052DC0440013	86052DC0440017	86052DC0440019	86052DC0440018
Metal Level	Platinum	Platinum	Gold	Platinum	Gold	Gold	Silver	Silver	Silver	Bronze
Metallic AV	91.09%	88.90%	81.50%	88.04%	79.07%	81.78%	71.57%	71.91%	68.19%	61.93%
On / Off Exchange	On	On	On	On	On	On	On	On	On	On
Network Type	Open Access Advantage	Open Access Advantage	Open Access Advantage	Open Access Advantage	Open Access Advantage	Open Access Advantage	Open Access Advantage	Open Access Advantage	Open Access Advantage	Open Access Advantage
High Level Benefit Description										
Integrated Individual Deductible Individual OOP Max	Y/N N \$0 Med / \$0 Rx \$1,500	N \$500 Med / \$0 Rx \$1,500	N \$500 Med / \$250 Rx \$4,000	N \$1,000 Med / \$0 Rx \$1,500	N \$1,000 Med / \$250 Rx \$4,000	N \$1,500 Med / \$0 Rx \$5,500	Y \$1,500 (Integrated) \$6,550	Y \$2,000 (Integrated) \$6,550	Y \$3,000 (Integrated) \$4,750	Y \$5,000 (Integrated) \$6,550
Member Copay/Coinsurance	\$10 PCP/\$20 Spec/\$100 ER/\$200 IP	\$0 PCP/\$30 Spec/\$200 ER/\$500 IP	\$15 PCP/\$30 Spec/\$250 ER/\$400 IP	\$0 PCP/\$30 Spec/\$200 ER/\$500 IP	\$15 PCP/\$30 Spec/\$250 ER/\$400 IP	\$0 PCP/\$30 Spec/\$200 ER/\$500 IP	\$25 PCP/\$50 Spec/\$250 ER/\$500 IP	\$0 PCP/\$45 Spec/\$200 ER/\$500 IP	\$25 PCP/\$50 Spec/\$250 ER/\$500 IP	\$50 PCP/\$100 Spec/\$250 ER/\$500 IP
Rx Copays:										
Retail Generic	\$10	\$0	\$10	\$0	\$10	\$0	\$10	\$0	\$10	\$10
Retail Preferred Brand	\$45	\$45	\$45	\$45	\$45	\$45	\$45	\$45	\$45	\$45
Retail NonPreferred Brand	\$65	\$65	\$65	\$65	\$65	\$65	\$65	\$65	\$65	\$65
Specialty	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)
Embedded Pediatric Dental Benefit										
Deductible (Class 2-4)	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25
Class 1	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Class 2	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%
Class 3	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%
Class 4	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
Class 5	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
Out of Pocket Max	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx
Index Rate (Projected EHB Allowed PMPM)	\$379.54	\$379.54	\$379.54	\$379.54	\$379.54	\$379.54	\$379.54	\$379.54	\$379.54	\$379.54
Market Level Adjustments:										
Reinsurance	1.0060	1.0060	1.0060	1.0060	1.0060	1.0060	1.0060	1.0060	1.0060	1.0060
Risk Adjustment	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445
Exchange User Fees	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Market Adjusted Index Rate (PMPM)	\$398.79	\$398.79	\$398.79	\$398.79	\$398.79	\$398.79	\$398.79	\$398.79	\$398.79	\$398.79
Plan Level Adjustments										
Cost-Share Factor	0.9652	0.9595	0.7702	0.9249	0.7465	0.8032	0.5902	0.5951	0.5516	0.4190
Network & UM	1.0549	1.0549	1.0549	1.0549	1.0549	1.0549	1.0549	1.0549	1.0549	1.0549
Non-EHB *	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055
Catastrophic Adj	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Distribution and Admin Cost	1.3776	1.3776	1.3776	1.3776	1.3776	1.3776	1.3776	1.3776	1.3776	1.3776
Plan Adjusted Index Rate (PMPM)	\$562.48	\$559.18	\$448.82	\$538.99	\$435.04	\$468.07	\$343.93	\$346.82	\$321.46	\$244.20
Calibrations to Consumer Level Rating Factors										
Age Calibration	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497
Geo Calibration	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Tobacco Calibration	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Consumer Level Base Rate	\$534.17	\$531.03	\$426.23	\$511.86	\$413.15	\$444.51	\$326.62	\$329.36	\$305.28	\$231.91
Pricing AV	141.0%	140.2%	112.5%	135.2%	109.1%	117.4%	86.2%	87.0%	80.6%	61.2%
Estimated Plan DICR	72.2%	72.2%	72.2%	72.2%	72.2%	72.2%	72.2%	72.2%	72.2%	72.2%
Projected Member Months	1,584	996	324	504	864	3,888	972	1,176	96	96
Membership Distribution	3.8%	2.4%	0.8%	1.2%	2.1%	9.3%	2.3%	2.8%	0.2%	0.2%

* Covers abortion claims for all plans.

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016
BlueChoice Plan Level Rate Derivation - 7/1/2016

Assumes Index Rate = Projected Pool Allowed Claims PMPM for EHB

Plan	BlueChoice HMO Platinum 0	HealthyBlue HMO Platinum 500	BlueChoice HMO Gold 500	HealthyBlue HMO Platinum 1000	BlueChoice HMO Silver 1000	HealthyBlue HMO Gold 1500	BlueChoice HMO Gold 1500	BlueChoice HMO HSA/HRA Silver 1500	HealthyBlue HMO HSA/HRA Silver 2000	BlueChoice HMO HSA/HRA Silver 2000
HIOS Product ID	86052DC046	86052DC046	86052DC046	86052DC046	86052DC046	86052DC046	86052DC046	86052DC046	86052DC046	86052DC046
HIOS Plan ID	86052DC0460011	86052DC0460016	86052DC0460010	86052DC0460017	86052DC0460020	86052DC0460015	86052DC0460009	86052DC0460012	86052DC0460018	86052DC0460013
Metal Level	Platinum	Platinum	Gold	Platinum	Silver	Gold	Gold	Silver	Silver	Silver
Metallic AV	91.09%	88.90%	81.50%	88.04%	71.45%	81.78%	78.01%	71.57%	71.91%	69.59%
On / Off Exchange	On	On	On	On	On	On	On	On	On	On
Network Type	Open Access	Open Access	Open Access	Open Access						
High Level Benefit Description										
Integrated	Y/N	N	N	N	N	N	N	Y	Y	Y
Individual Deductible	\$0 Med / \$0 Rx	\$500 Med / \$0 Rx	\$500 Med / \$250 Rx	\$1,000 Med / \$0 Rx	\$1,000 Med / \$100 Rx	\$1,500 Med / \$0 Rx	\$1,500 Med / \$250 Rx	\$1,500 (Integrated)	\$2,000 (Integrated)	\$2,000 (Integrated)
Individual OOP Max	\$1,500	\$1,500	\$4,000	\$1,500	\$6,850	\$5,500	\$3,000	\$6,550	\$6,550	\$6,000
Member Copay/Coinsurance	\$10 PCP/\$20 Spec/\$100 ER/\$200 IP	\$0 PCP/\$30 Spec/\$200 ER/\$500 IP	\$15 PCP/\$30 Spec/\$250 ER/\$400 IP	\$0 PCP/\$30 Spec/\$200 ER/\$500 IP	\$40 PCP/\$80 Spec/\$400 ER/\$500 IP	\$0 PCP/\$30 Spec/\$200 ER/\$500 IP	\$15 PCP/\$30 Spec/\$250 ER/\$400 IP	\$25 PCP/\$50 Spec/\$250 ER/\$500 IP	\$0 PCP/\$45 Spec/\$200 ER/\$500 IP	\$25 PCP/\$50 Spec/\$250 ER/\$500 IP
Rx Copays:										
Retail Generic	\$10	\$0	\$10	\$0	\$10	\$0	\$10	\$10	\$0	\$10
Retail Preferred Brand	\$45	\$45	\$45	\$45	\$45	\$45	\$45	\$45	\$45	\$45
Retail NonPreferred Brand	\$65	\$65	\$65	\$65	\$65	\$65	\$65	\$65	\$65	\$65
Specialty	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)
Embedded Pediatric Dental Benefit										
Deductible (Class 2-4)	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25
Class 1	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Class 2	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%
Class 3	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%
Class 4	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
Class 5	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
Out of Pocket Max	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx
Index Rate (Projected EHB Allowed PMPM)	\$386.30	\$386.30	\$386.30	\$386.30	\$386.30	\$386.30	\$386.30	\$386.30	\$386.30	\$386.30
Market Level Adjustments:										
Reinsurance	1.0059	1.0059	1.0059	1.0059	1.0059	1.0059	1.0059	1.0059	1.0059	1.0059
Risk Adjustment	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445
Exchange User Fees	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Market Adjusted Index Rate (PMPM)	\$405.86	\$405.86	\$405.86	\$405.86	\$405.86	\$405.86	\$405.86	\$405.86	\$405.86	\$405.86
Plan Level Adjustments										
Cost-Share Factor	0.9652	0.9595	0.7702	0.9249	0.6258	0.8032	0.7412	0.5902	0.5951	0.5696
Network &UM	0.9848	0.9848	0.9848	0.9848	0.9848	0.9848	0.9848	0.9848	0.9848	0.9848
Non-EHB *	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055
Catastrophic Adj	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Distribution and Admin Cost	1.3737	1.3737	1.3737	1.3737	1.3737	1.3737	1.3737	1.3737	1.3737	1.3737
Plan Adjusted Index Rate (PMPM)	\$532.88	\$529.75	\$425.21	\$510.63	\$345.49	\$443.44	\$409.24	\$325.83	\$328.57	\$314.47
Calibrations to Consumer Level Rating Factors										
Age Calibration	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497
Geo Calibration	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Tobacco Calibration	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Consumer Level Base Rate	\$506.06	\$503.09	\$403.81	\$484.93	\$328.10	\$421.12	\$388.64	\$309.43	\$312.03	\$298.65
Pricing AV	131.3%	130.5%	104.8%	125.8%	85.1%	109.3%	100.8%	80.3%	81.0%	77.5%
Estimated Plan DICR	72.4%	72.4%	72.4%	72.4%	72.4%	72.4%	72.4%	72.4%	72.4%	72.4%
Projected Member Months	7,020	768	4,308	336	228	1,908	240	2,448	2,124	2,112
Membership Distribution	7.3%	0.8%	4.5%	0.4%	0.2%	2.0%	0.3%	2.6%	2.2%	2.2%

* Covers abortion claims for all plans.

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016
BlueChoice Plan Level Rate Derivation - 7/1/2016

Assumes Index Rate = Projected Pool Allowed Claims PMPM for EHB

Plan	BlueChoice HMO HSA/HRA Silver 3000	BlueChoice HMO HSA/HRA Bronze 5000	BlueChoice HMO Referral Platinum 0	BlueChoice HMO Referral Gold 0	BlueChoice HMO Referral Gold 500	BlueChoice HMO Referral Platinum 1000	BlueChoice HMO Referral Gold 80	BlueChoice HMO Referral Silver 70	BlueChoice HMO Referral Bronze 5500
HIOS Product ID	86052DC046	86052DC046	86052DC048	86052DC048	86052DC048	86052DC048	86052DC048	86052DC048	86052DC048
HIOS Plan ID	86052DC0460019	86052DC0460014	86052DC0480007	86052DC0480010	86052DC0480008	86052DC0480012	86052DC0480011	86052DC0480013	86052DC0480009
Metal Level	Silver	Bronze	Platinum	Gold	Gold	Platinum	Gold	Silver	Bronze
Metallic AV	68.19%	61.93%	91.09%	81.80%	81.50%	88.11%	78.22%	70.07%	61.99%
On / Off Exchange	On	On	On	On	On	On	On	On	On
Network Type	Open Access	Open Access	Lock In / Referral	Lock In / Referral	Lock In / Referral	Lock In / Referral			
High Level Benefit Description									
Integrated	Y	Y	N	N	N	N	N	N	N
Individual Deductible	\$3,000 (Integrated)	\$5,000 (Integrated)	\$0 Med / \$0 Rx	\$0 Med / \$0 Rx	\$500 Med / \$250 Rx	\$1000 Med / \$0 Rx	\$1000 Med / \$0 Rx	\$2000 Med / \$500 Rx	\$5,500 Med / \$100 Rx
Individual OOP Max	\$4,750	\$6,550	\$1,500	\$6,850	\$4,000	\$1,500	\$6,000	\$6,850	\$6,850
Member Copay/Coinsurance	\$25 PCP/\$50 Spec/\$250 ER/\$500 IP	\$50 PCP/\$100 Spec/\$250 ER/\$500 IP	\$10 PCP/\$20 Spec/\$100 ER/\$200 IP	\$30 PCP/\$40 Spec/\$250 ER/\$500 IP	\$15 PCP/\$30 Spec/\$250 ER/\$400 IP	\$5 PCP/\$15 Spec/\$100 ER/\$200 IP	\$20 PCP/\$40 Spec/20% ER/20% IP	\$35 PCP/\$70 Spec/30% ER/30% IP	\$25 PCP/\$50 Spec/\$300 ER/\$500 IP
Rx Copays:									
Retail Generic	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10
Retail Preferred Brand	\$45	\$45	\$45	\$45	\$45	\$45	\$45	\$45	\$75
Retail NonPreferred Brand	\$65	\$65	\$65	\$65	\$65	\$65	\$65	\$65	\$150
Specialty	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	\$150
Embedded Pediatric Dental Benefit									
Deductible (Class 2-4)	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25
Class 1	0%	0%	0%	0%	0%	0%	0%	0%	0%
Class 2	20%	20%	20%	20%	20%	20%	20%	20%	20%
Class 3	20%	20%	20%	20%	20%	20%	20%	20%	20%
Class 4	50%	50%	50%	50%	50%	50%	50%	50%	50%
Class 5	50%	50%	50%	50%	50%	50%	50%	50%	50%
Out of Pocket Max	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx
Index Rate (Projected EHB Allowed PMPM)	\$386.30	\$386.30	\$386.30	\$386.30	\$386.30	\$386.30	\$386.30	\$386.30	\$386.30
Market Level Adjustments:									
Reinsurance	1.0059	1.0059	1.0059	1.0059	1.0059	1.0059	1.0059	1.0059	1.0059
Risk Adjustment	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445
Exchange User Fees	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Market Adjusted Index Rate (PMPM)	\$405.86	\$405.86	\$405.86	\$405.86	\$405.86	\$405.86	\$405.86	\$405.86	\$405.86
Plan Level Adjustments									
Cost-Share Factor	0.5516	0.4190	0.9652	0.8057	0.7702	0.9127	0.7261	0.5933	0.4724
Network &UM	0.9848	0.9848	0.9379	0.9379	0.9379	0.9379	0.9379	0.9379	0.9379
Non-EHB *	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055
Catastrophic Adj	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Distribution and Admin Cost	1.3737	1.3737	1.3737	1.3737	1.3737	1.3737	1.3737	1.3737	1.3737
Plan Adjusted Index Rate (PMPM)	\$304.54	\$231.35	\$507.51	\$423.66	\$404.96	\$479.88	\$381.81	\$311.94	\$248.38
Calibrations to Consumer Level Rating Factors									
Age Calibration	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497
Geo Calibration	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Tobacco Calibration	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Consumer Level Base Rate	\$289.21	\$219.71	\$481.96	\$402.34	\$384.58	\$455.73	\$362.59	\$296.24	\$235.88
Pricing AV	75.0%	57.0%	125.0%	104.4%	99.8%	118.2%	94.1%	76.9%	61.2%
Estimated Plan DICR	72.4%	72.4%	72.4%	72.4%	72.4%	72.4%	72.4%	72.4%	72.4%
Projected Member Months	228	516	12,012	228	2,700	228	228	228	228
Membership Distribution	0.2%	0.5%	12.6%	0.2%	2.8%	0.2%	0.2%	0.2%	0.2%

* Covers abortion claims for all plans.

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016
BlueChoice Plan Level Rate Derivation - 7/1/2016

Assumes Index Rate = Projected Pool Allowed Claims PMPM for EHB

Plan	BlueChoice Plus Opt-Out Platinum 0	HealthyBlue Plus Platinum 500	BlueChoice Plus Gold 500	HealthyBlue Plus Platinum 1000	BlueChoice Plus Gold 1000	HealthyBlue Plus Gold 1500	BlueChoice Plus HSA/HRA Silver 1500	HealthyBlue Plus HSA/HRA Silver 2000	BlueChoice Plus HSA/HRA Silver 3000	BlueChoice Plus HSA/HRA Bronze 5000
HIOS Product ID	86052DC058	86052DC050	86052DC050	86052DC050	86052DC050	86052DC050	86052DC050	86052DC050	86052DC050	86052DC050
HIOS Plan ID	86052DC0580001	86052DC0500012	86052DC0500016	86052DC0500013	86052DC0500015	86052DC0500011	86052DC0500009	86052DC0500014	86052DC0500010	86052DC0500017
Metal Level	Platinum	Platinum	Gold	Platinum	Gold	Gold	Silver	Silver	Silver	Bronze
Metallic AV	91.09%	88.90%	81.50%	88.04%	79.07%	81.78%	71.57%	71.91%	68.19%	61.93%
On / Off Exchange	On	On	On	On	On	On	On	On	On	On
Network Type	Open Access Opt-Out	Open Access Plus	Open Access Plus	Open Access Plus	Open Access Plus	Open Access Plus	Open Access Plus	Open Access Plus	Open Access Plus	Open Access Plus
High Level Benefit Description										
Integrated	Y/N	N	N	N	N	N	Y	Y	Y	Y
Individual Deductible	\$0 Med / \$0 Rx	\$500 Med / \$0 Rx	\$500 Med / \$250 Rx	\$1,000 Med / \$0 Rx	\$1,000 Med / \$250 Rx	\$1,500 Med / \$0 Rx	\$1,500 (Integrated)	\$2,000 (Integrated)	\$3,000 (Integrated)	\$5,000 (Integrated)
Individual OOP Max	\$1,500	\$1,500	\$4,000	\$1,500	\$4,000	\$5,500	\$6,550	\$6,550	\$4,750	\$6,550
Member Copay/Coinsurance	\$10 PCP/\$20 Spec/\$100 ER/\$200 IP	\$0 PCP/\$30 Spec/\$200 ER/\$500 IP	\$15 PCP/\$30 Spec/\$250 ER/\$400 IP	\$0 PCP/\$30 Spec/\$200 ER/\$500 IP	\$15 PCP/\$30 Spec/\$250 ER/\$400 IP	\$0 PCP/\$30 Spec/\$200 ER/\$500 IP	\$25 PCP/\$50 Spec/\$250 ER/\$500 IP	\$0 PCP/\$45 Spec/\$200 ER/\$500 IP	\$25 PCP/\$50 Spec/\$250 ER/\$500 IP	\$50 PCP/\$100 Spec/\$250 ER/\$500 IP
Rx Copays:										
Retail Generic	\$10	\$0	\$10	\$0	\$10	\$0	\$10	\$0	\$10	\$10
Retail Preferred Brand	\$45	\$45	\$45	\$45	\$45	\$45	\$45	\$45	\$45	\$45
Retail NonPreferred Brand	\$65	\$65	\$65	\$65	\$65	\$65	\$65	\$65	\$65	\$65
Specialty	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)
Embedded Pediatric Dental Benefit										
Deductible (Class 2-4)	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25
Class 1	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Class 2	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%
Class 3	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%
Class 4	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
Class 5	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
Out of Pocket Max	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx
Index Rate (Projected EHB Allowed PMPM)	\$386.30	\$386.30	\$386.30	\$386.30	\$386.30	\$386.30	\$386.30	\$386.30	\$386.30	\$386.30
Market Level Adjustments:										
Reinsurance	1.0059	1.0059	1.0059	1.0059	1.0059	1.0059	1.0059	1.0059	1.0059	1.0059
Risk Adjustment	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445
Exchange User Fees	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Market Adjusted Index Rate (PMPM)	\$405.86	\$405.86	\$405.86	\$405.86	\$405.86	\$405.86	\$405.86	\$405.86	\$405.86	\$405.86
Plan Level Adjustments										
Cost-Share Factor	0.9652	0.9595	0.7702	0.9249	0.7465	0.8032	0.5902	0.5951	0.5516	0.4190
Network &UM	0.9982	1.0115	1.0115	1.0115	1.0115	1.0115	1.0115	1.0115	1.0115	1.0115
Non-EHB *	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055
Catastrophic Adj	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Distribution and Admin Cost	1.3737	1.3737	1.3737	1.3737	1.3737	1.3737	1.3737	1.3737	1.3737	1.3737
Plan Adjusted Index Rate (PMPM)	\$540.10	\$544.11	\$436.73	\$524.46	\$423.32	\$455.46	\$334.66	\$337.47	\$312.79	\$237.62
Calibrations to Consumer Level Rating Factors										
Age Calibration	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497
Geo Calibration	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Tobacco Calibration	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Consumer Level Base Rate	\$512.92	\$516.72	\$414.75	\$498.07	\$402.02	\$432.53	\$317.82	\$320.49	\$297.05	\$225.66
Pricing AV	133.1%	134.1%	107.6%	129.2%	104.3%	112.2%	82.5%	83.2%	77.1%	58.5%
Estimated Plan DICR	72.4%	72.4%	72.4%	72.4%	72.4%	72.4%	72.4%	72.4%	72.4%	72.4%
Projected Member Months	17,928	4,752	228	1,200	228	3,384	3,036	1,092	1,428	228
Membership Distribution	18.8%	5.0%	0.2%	1.3%	0.2%	3.5%	3.2%	1.1%	1.5%	0.2%

* Covers abortion claims for all plans.

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016
BlueChoice Plan Level Rate Derivation - 7/1/2016

Assumes Index Rate = Projected Pool Allowed Claims PMPM for EHB

Plan	BlueChoice Advantage Platinum 0	HealthyBlue Advantage Platinum 500	BlueChoice Advantage Gold 500	HealthyBlue Advantage Platinum 1000	BlueChoice Advantage Gold 1000	HealthyBlue Advantage Gold 1500	BlueChoice Advantage HSA/HRA Silver 1500	HealthyBlue Advantage HSA/HRA Silver 2000	BlueChoice Advantage HSA/HRA Silver 3000	BlueChoice Advantage HSA/HRA Bronze 5000
HIOS Product ID	86052DC044	86052DC044	86052DC044	86052DC044	86052DC044	86052DC044	86052DC044	86052DC044	86052DC044	86052DC044
HIOS Plan ID	86052DC0440012	86052DC0440015	86052DC0440011	86052DC0440016	86052DC0440010	86052DC0440014	86052DC0440013	86052DC0440017	86052DC0440019	86052DC0440018
Metal Level	Platinum	Platinum	Gold	Platinum	Gold	Gold	Silver	Silver	Silver	Bronze
Metallic AV	91.09%	88.90%	81.50%	88.04%	79.07%	81.78%	71.57%	71.91%	68.19%	61.93%
On / Off Exchange	On	On	On	On	On	On	On	On	On	On
Network Type	Open Access Advantage									
High Level Benefit Description										
Integrated	Y/N	N	N	N	N	N	Y	Y	Y	Y
Individual Deductible	\$0 Med / \$0 Rx	\$500 Med / \$0 Rx	\$500 Med / \$250 Rx	\$1,000 Med / \$0 Rx	\$1,000 Med / \$250 Rx	\$1,500 Med / \$0 Rx	\$1,500 (Integrated)	\$2,000 (Integrated)	\$3,000 (Integrated)	\$5,000 (Integrated)
Individual OOP Max	\$1,500	\$1,500	\$4,000	\$1,500	\$4,000	\$5,500	\$6,550	\$6,550	\$4,750	\$6,550
Member Copay/Coinsurance	\$10 PCP/\$20 Spec/\$100 ER/\$200 IP	\$0 PCP/\$30 Spec/\$200 ER/\$500 IP	\$15 PCP/\$30 Spec/\$250 ER/\$400 IP	\$0 PCP/\$30 Spec/\$200 ER/\$500 IP	\$15 PCP/\$30 Spec/\$250 ER/\$400 IP	\$0 PCP/\$30 Spec/\$200 ER/\$500 IP	\$25 PCP/\$50 Spec/\$250 ER/\$500 IP	\$0 PCP/\$45 Spec/\$200 ER/\$500 IP	\$25 PCP/\$50 Spec/\$250 ER/\$500 IP	\$50 PCP/\$100 Spec/\$250 ER/\$500 IP
Rx Copays:										
Retail Generic	\$10	\$0	\$10	\$0	\$10	\$0	\$10	\$0	\$10	\$10
Retail Preferred Brand	\$45	\$45	\$45	\$45	\$45	\$45	\$45	\$45	\$45	\$45
Retail NonPreferred Brand	\$65	\$65	\$65	\$65	\$65	\$65	\$65	\$65	\$65	\$65
Specialty	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)
Embedded Pediatric Dental Benefit										
Deductible (Class 2-4)	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25
Class 1	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Class 2	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%
Class 3	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%
Class 4	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
Class 5	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
Out of Pocket Max	Embedded in Med & Rx									
Index Rate (Projected EHB Allowed PMPM)	\$386.30	\$386.30	\$386.30	\$386.30	\$386.30	\$386.30	\$386.30	\$386.30	\$386.30	\$386.30
Market Level Adjustments:										
Reinsurance	1.0059	1.0059	1.0059	1.0059	1.0059	1.0059	1.0059	1.0059	1.0059	1.0059
Risk Adjustment	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445
Exchange User Fees	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Market Adjusted Index Rate (PMPM)	\$405.86	\$405.86	\$405.86	\$405.86	\$405.86	\$405.86	\$405.86	\$405.86	\$405.86	\$405.86
Plan Level Adjustments										
Cost-Share Factor	0.9652	0.9595	0.7702	0.9249	0.7465	0.8032	0.5902	0.5951	0.5516	0.4190
Network &UM	1.0549	1.0549	1.0549	1.0549	1.0549	1.0549	1.0549	1.0549	1.0549	1.0549
Non-EHB *	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055
Catastrophic Adj	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Distribution and Admin Cost	1.3737	1.3737	1.3737	1.3737	1.3737	1.3737	1.3737	1.3737	1.3737	1.3737
Plan Adjusted Index Rate (PMPM)	\$570.80	\$567.45	\$455.47	\$546.96	\$441.48	\$474.99	\$349.02	\$351.95	\$326.21	\$247.82
Calibrations to Consumer Level Rating Factors										
Age Calibration	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497
Geo Calibration	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Tobacco Calibration	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Consumer Level Base Rate	\$542.07	\$538.89	\$432.54	\$519.43	\$419.26	\$451.09	\$331.45	\$334.24	\$309.79	\$235.34
Pricing AV	140.6%	139.8%	112.2%	134.8%	108.8%	117.0%	86.0%	86.7%	80.4%	61.1%
Estimated Plan DICR	72.4%	72.4%	72.4%	72.4%	72.4%	72.4%	72.4%	72.4%	72.4%	72.4%
Projected Member Months	3,624	2,280	744	1,152	1,980	8,856	2,196	2,676	228	228
Membership Distribution	3.8%	2.4%	0.8%	1.2%	2.1%	9.3%	2.3%	2.8%	0.2%	0.2%

* Covers abortion claims for all plans.

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016
BlueChoice Plan Level Rate Derivation - 10/1/2016

Assumes Index Rate = Projected Pool Allowed Claims PMPM for EHB

Plan	BlueChoice HMO Platinum 0	HealthyBlue HMO Platinum 500	BlueChoice HMO Gold 500	HealthyBlue HMO Platinum 1000	BlueChoice HMO Silver 1000	HealthyBlue HMO Gold 1500	BlueChoice HMO Gold 1500	BlueChoice HMO HSA/HRA Silver 1500	HealthyBlue HMO HSA/HRA Silver 2000	BlueChoice HMO HSA/HRA Silver 2000	
HIOS Product ID	86052DC046	86052DC046	86052DC046	86052DC046	86052DC046	86052DC046	86052DC046	86052DC046	86052DC046	86052DC046	
HIOS Plan ID	86052DC0460011	86052DC0460016	86052DC0460010	86052DC0460017	86052DC0460020	86052DC0460015	86052DC0460009	86052DC0460012	86052DC0460018	86052DC0460013	
Metal Level	Platinum	Platinum	Gold	Platinum	Silver	Gold	Gold	Silver	Silver	Silver	
Metallic AV	91.09%	88.90%	81.50%	88.04%	71.45%	81.78%	78.01%	71.57%	71.91%	69.59%	
On / Off Exchange	On	On	On	On	On	On	On	On	On	On	
Network Type	Open Access	Open Access	Open Access	Open Access	Open Access	Open Access	Open Access	Open Access	Open Access	Open Access	
High Level Benefit Description											
Integrated Individual Deductible	Y/N	N	N	N	N	N	N	Y	Y	Y	
Individual OOP Max		\$0 Med / \$0 Rx \$1,500	\$500 Med / \$0 Rx \$1,500	\$500 Med / \$250 Rx \$4,000	\$1,000 Med / \$0 Rx \$1,500	\$1,000 Med / \$100 Rx \$6,850	\$1,500 Med / \$0 Rx \$5,500	\$1,500 Med / \$250 Rx \$3,000	\$1,500 (Integrated) \$6,550	\$2,000 (Integrated) \$6,550	\$2,000 (Integrated) \$6,000
Member Copay/Coinsurance		\$10 PCP/\$20 Spec/\$100 ER/\$200 IP	\$0 PCP/\$30 Spec/\$200 ER/\$500 IP	\$15 PCP/\$30 Spec/\$250 ER/\$400 IP	\$0 PCP/\$30 Spec/\$200 ER/\$500 IP	\$40 PCP/\$80 Spec/\$400 ER/\$500 IP	\$0 PCP/\$30 Spec/\$200 ER/\$500 IP	\$15 PCP/\$30 Spec/\$250 ER/\$400 IP	\$25 PCP/\$50 Spec/\$250 ER/\$500 IP	\$0 PCP/\$45 Spec/\$200 ER/\$500 IP	\$25 PCP/\$50 Spec/\$250 ER/\$500 IP
Rx Copays:											
Retail Generic		\$10	\$0	\$10	\$0	\$10	\$0	\$10	\$10	\$0	\$10
Retail Preferred Brand		\$45	\$45	\$45	\$45	\$45	\$45	\$45	\$45	\$45	\$45
Retail NonPreferred Brand		\$65	\$65	\$65	\$65	\$65	\$65	\$65	\$65	\$65	\$65
Specialty		50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)
Embedded Pediatric Dental Benefit											
Deductible (Class 2-4)		\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25
Class 1		0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Class 2		20%	20%	20%	20%	20%	20%	20%	20%	20%	20%
Class 3		20%	20%	20%	20%	20%	20%	20%	20%	20%	20%
Class 4		50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
Class 5		50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
Out of Pocket Max		Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx
Index Rate (Projected EHB Allowed PMPM)		\$393.25	\$393.25	\$393.25	\$393.25	\$393.25	\$393.25	\$393.25	\$393.25	\$393.25	\$393.25
Market Level Adjustments:											
Reinsurance		1.0058	1.0058	1.0058	1.0058	1.0058	1.0058	1.0058	1.0058	1.0058	1.0058
Risk Adjustment		1.0445	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445
Exchange User Fees		1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Market Adjusted Index Rate (PMPM)		\$413.11	\$413.11	\$413.11	\$413.11	\$413.11	\$413.11	\$413.11	\$413.11	\$413.11	\$413.11
Plan Level Adjustments											
Cost-Share Factor		0.9652	0.9595	0.7702	0.9249	0.6258	0.8032	0.7412	0.5902	0.5951	0.5696
Network &UM		0.9848	0.9848	0.9848	0.9848	0.9848	0.9848	0.9848	0.9848	0.9848	0.9848
Non-EHB *		1.0055	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055
Catastrophic Adj		1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Distribution and Admin Cost		1.3698	1.3698	1.3698	1.3698	1.3698	1.3698	1.3698	1.3698	1.3698	1.3698
Plan Adjusted Index Rate (PMPM)		\$540.85	\$537.68	\$431.57	\$518.26	\$350.65	\$450.07	\$415.36	\$330.71	\$333.48	\$319.18
Calibrations to Consumer Level Rating Factors											
Age Calibration		0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497
Geo Calibration		1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Tobacco Calibration		1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Consumer Level Base Rate		\$513.63	\$510.61	\$409.84	\$492.18	\$333.00	\$427.42	\$394.45	\$314.06	\$316.70	\$303.11
Pricing AV		130.9%	130.2%	104.5%	125.5%	84.9%	108.9%	100.5%	80.1%	80.7%	77.3%
Estimated Plan DICR		72.6%	72.6%	72.6%	72.6%	72.6%	72.6%	72.6%	72.6%	72.6%	72.6%
Projected Member Months		19,080	2,076	11,700	900	624	5,148	660	6,648	5,736	5,724
Membership Distribution		7.4%	0.8%	4.5%	0.3%	0.2%	2.0%	0.3%	2.6%	2.2%	2.2%

* Covers abortion claims for all plans.

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016
BlueChoice Plan Level Rate Derivation - 10/1/2016

Assumes Index Rate = Projected Pool Allowed Claims PMPM for EHB

Plan	BlueChoice HMO HSA/HRA Silver 3000	BlueChoice HMO HSA/HRA Bronze 5000	BlueChoice HMO Referral Platinum 0	BlueChoice HMO Referral Gold 0	BlueChoice HMO Referral Gold 500	BlueChoice HMO Referral Platinum 1000	BlueChoice HMO Referral Gold 80	BlueChoice HMO Referral Silver 70	BlueChoice HMO Referral Bronze 5500
HIOS Product ID	86052DC046	86052DC046	86052DC048	86052DC048	86052DC048	86052DC048	86052DC048	86052DC048	86052DC048
HIOS Plan ID	86052DC0460019	86052DC0460014	86052DC0480007	86052DC0480010	86052DC0480008	86052DC0480012	86052DC0480011	86052DC0480013	86052DC0480009
Metal Level	Silver	Bronze	Platinum	Gold	Gold	Platinum	Gold	Silver	Bronze
Metallic AV	68.19%	61.93%	91.09%	81.80%	81.50%	88.11%	78.22%	70.07%	61.99%
On / Off Exchange	On	On	On	On	On	On	On	On	On
Network Type	Open Access	Open Access	Lock In / Referral	Lock In / Referral	Lock In / Referral	Lock In / Referral	Lock In / Referral	Lock In / Referral	Lock In / Referral
High Level Benefit Description									
Integrated Individual Deductible	Y	Y	N	N	N	N	N	N	N
Individual OOP Max	\$3,000 (Integrated)	\$5,000 (Integrated)	\$0 Med / \$0 Rx	\$0 Med / \$0 Rx	\$500 Med / \$250 Rx	\$1000 Med / \$0 Rx	\$1000 Med / \$0 Rx	\$2000 Med / \$500 Rx	\$5,500 Med / \$100 Rx
Member Copay/Coinsurance	\$25 PCP/\$50 Spec/\$250 ER/\$500 IP	\$50 PCP/\$100 Spec/\$250 ER/\$500 IP	\$10 PCP/\$20 Spec/\$100 ER/\$200 IP	\$30 PCP/\$40 Spec/\$250 ER/\$500 IP	\$15 PCP/\$30 Spec/\$250 ER/\$400 IP	\$5 PCP/\$15 Spec/\$100 ER/\$200 IP	\$20 PCP/\$40 Spec/20% ER/20% IP	\$35 PCP/\$70 Spec/30% ER/30% IP	\$25 PCP/\$50 Spec/\$300 ER/\$500 IP
Rx Copays:									
Retail Generic	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10
Retail Preferred Brand	\$45	\$45	\$45	\$45	\$45	\$45	\$45	\$45	\$75
Retail NonPreferred Brand	\$65	\$65	\$65	\$65	\$65	\$65	\$65	\$65	\$150
Specialty	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	\$150
Embedded Pediatric Dental Benefit									
Deductible (Class 2-4)	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25
Class 1	0%	0%	0%	0%	0%	0%	0%	0%	0%
Class 2	20%	20%	20%	20%	20%	20%	20%	20%	20%
Class 3	20%	20%	20%	20%	20%	20%	20%	20%	20%
Class 4	50%	50%	50%	50%	50%	50%	50%	50%	50%
Class 5	50%	50%	50%	50%	50%	50%	50%	50%	50%
Out of Pocket Max	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx
Index Rate (Projected EHB Allowed PMPM)	\$393.25	\$393.25	\$393.25	\$393.25	\$393.25	\$393.25	\$393.25	\$393.25	\$393.25
Market Level Adjustments:									
Reinsurance	1.0058	1.0058	1.0058	1.0058	1.0058	1.0058	1.0058	1.0058	1.0058
Risk Adjustment	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445
Exchange User Fees	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Market Adjusted Index Rate (PMPM)	\$413.11	\$413.11	\$413.11	\$413.11	\$413.11	\$413.11	\$413.11	\$413.11	\$413.11
Plan Level Adjustments									
Cost-Share Factor	0.5516	0.4190	0.9652	0.8057	0.7702	0.9127	0.7261	0.5933	0.4724
Network &UM	0.9848	0.9848	0.9379	0.9379	0.9379	0.9379	0.9379	0.9379	0.9379
Non-EHB *	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055
Catastrophic Adj	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Distribution and Admin Cost	1.3698	1.3698	1.3698	1.3698	1.3698	1.3698	1.3698	1.3698	1.3698
Plan Adjusted Index Rate (PMPM)	\$309.10	\$234.81	\$515.10	\$430.00	\$411.02	\$487.06	\$387.52	\$316.60	\$252.09
Calibrations to Consumer Level Rating Factors									
Age Calibration	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497
Geo Calibration	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Tobacco Calibration	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Consumer Level Base Rate	\$293.54	\$222.99	\$489.17	\$408.35	\$390.33	\$462.55	\$368.02	\$300.67	\$239.40
Pricing AV	74.8%	56.8%	124.7%	104.1%	99.5%	117.9%	93.8%	76.6%	61.0%
Estimated Plan DICR	72.6%	72.6%	72.6%	72.6%	72.6%	72.6%	72.6%	72.6%	72.6%
Projected Member Months	624	1,404	32,604	624	7,332	624	624	624	624
Membership Distribution	0.2%	0.5%	12.6%	0.2%	2.8%	0.2%	0.2%	0.2%	0.2%

* Covers abortion claims for all plans.

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016
BlueChoice Plan Level Rate Derivation - 10/1/2016

Assumes Index Rate = Projected Pool Allowed Claims PMPM for EHB

Plan	BlueChoice Plus Opt-Out Platinum 0	HealthyBlue Plus Platinum 500	BlueChoice Plus Gold 500	HealthyBlue Plus Platinum 1000	BlueChoice Plus Gold 1000	HealthyBlue Plus Gold 1500	BlueChoice Plus HSA/HRA Silver 1500	HealthyBlue Plus HSA/HRA Silver 2000	BlueChoice Plus HSA/HRA Silver 3000	BlueChoice Plus HSA/HRA Bronze 5000	
HIOS Product ID	86052DC058	86052DC050	86052DC050	86052DC050	86052DC050	86052DC050	86052DC050	86052DC050	86052DC050	86052DC050	
HIOS Plan ID	86052DC0580001	86052DC0500012	86052DC0500016	86052DC0500013	86052DC0500015	86052DC0500011	86052DC0500009	86052DC0500014	86052DC0500010	86052DC0500017	
Metal Level	Platinum	Platinum	Gold	Platinum	Gold	Gold	Silver	Silver	Silver	Bronze	
Metallic AV	91.09%	88.90%	81.50%	88.04%	79.07%	81.78%	71.57%	71.91%	68.19%	61.93%	
On / Off Exchange	On	On	On	On	On	On	On	On	On	On	
Network Type	Open Access Opt-Out	Open Access Plus	Open Access Plus	Open Access Plus							
High Level Benefit Description											
Integrated Individual Deductible	Y/N	N	N	N	N	N	Y	Y	Y	Y	
Individual OOP Max		\$0 Med / \$0 Rx	\$500 Med / \$0 Rx	\$500 Med / \$250 Rx	\$1,000 Med / \$0 Rx	\$1,000 Med / \$250 Rx	\$1,500 Med / \$0 Rx	\$1,500 (Integrated)	\$2,000 (Integrated)	\$3,000 (Integrated)	\$5,000 (Integrated)
Member Copay/Coinsurance		\$10 PCP/\$20 Spec/\$100 ER/\$200 IP	\$0 PCP/\$30 Spec/\$200 ER/\$500 IP	\$15 PCP/\$30 Spec/\$250 ER/\$400 IP	\$0 PCP/\$30 Spec/\$200 ER/\$500 IP	\$15 PCP/\$30 Spec/\$250 ER/\$400 IP	\$0 PCP/\$30 Spec/\$200 ER/\$500 IP	\$25 PCP/\$50 Spec/\$250 ER/\$500 IP	\$0 PCP/\$45 Spec/\$200 ER/\$500 IP	\$25 PCP/\$50 Spec/\$250 ER/\$500 IP	\$50 PCP/\$100 Spec/\$250 ER/\$500 IP
Rx Copays:											
Retail Generic		\$10	\$0	\$10	\$0	\$10	\$0	\$10	\$0	\$10	\$10
Retail Preferred Brand		\$45	\$45	\$45	\$45	\$45	\$45	\$45	\$45	\$45	\$45
Retail NonPreferred Brand		\$65	\$65	\$65	\$65	\$65	\$65	\$65	\$65	\$65	\$65
Specialty		50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)
Embedded Pediatric Dental Benefit											
Deductible (Class 2-4)		\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	
Class 1		0%	0%	0%	0%	0%	0%	0%	0%	0%	
Class 2		20%	20%	20%	20%	20%	20%	20%	20%	20%	
Class 3		20%	20%	20%	20%	20%	20%	20%	20%	20%	
Class 4		50%	50%	50%	50%	50%	50%	50%	50%	50%	
Class 5		50%	50%	50%	50%	50%	50%	50%	50%	50%	
Out of Pocket Max		Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	
Index Rate (Projected EHB Allowed PMPM)		\$393.25	\$393.25	\$393.25	\$393.25	\$393.25	\$393.25	\$393.25	\$393.25	\$393.25	
Market Level Adjustments:											
Reinsurance		1.0058	1.0058	1.0058	1.0058	1.0058	1.0058	1.0058	1.0058	1.0058	
Risk Adjustment		1.0445	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445	
Exchange User Fees		1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	
Market Adjusted Index Rate (PMPM)		\$413.11	\$413.11	\$413.11	\$413.11	\$413.11	\$413.11	\$413.11	\$413.11	\$413.11	
Plan Level Adjustments											
Cost-Share Factor		0.9652	0.9595	0.7702	0.9249	0.7465	0.8032	0.5902	0.5951	0.5516	0.4190
Network &UM		0.9982	1.0115	1.0115	1.0115	1.0115	1.0115	1.0115	1.0115	1.0115	
Non-EHB *		1.0055	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055	
Catastrophic Adj		1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	
Distribution and Admin Cost		1.3698	1.3698	1.3698	1.3698	1.3698	1.3698	1.3698	1.3698	1.3698	
Plan Adjusted Index Rate (PMPM)		\$548.18	\$552.25	\$443.26	\$532.31	\$429.65	\$462.27	\$339.67	\$342.52	\$317.47	\$241.18
Calibrations to Consumer Level Rating Factors											
Age Calibration		0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	
Geo Calibration		1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	
Tobacco Calibration		1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	
Consumer Level Base Rate		\$520.59	\$524.45	\$420.95	\$505.51	\$408.03	\$439.00	\$322.57	\$325.28	\$301.49	\$229.04
Pricing AV		132.7%	133.7%	107.3%	128.9%	104.0%	111.9%	82.2%	82.9%	76.8%	58.4%
Estimated Plan DICR		72.6%	72.6%	72.6%	72.6%	72.6%	72.6%	72.6%	72.6%	72.6%	
Projected Member Months		48,648	12,864	624	3,264	624	9,216	8,244	2,976	3,864	624
Membership Distribution		18.8%	5.0%	0.2%	1.3%	0.2%	3.6%	3.2%	1.1%	1.5%	0.2%

* Covers abortion claims for all plans.

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016
BlueChoice Plan Level Rate Derivation - 10/1/2016

Assumes Index Rate = Projected Pool Allowed Claims PMPM for EHB

Plan	BlueChoice Advantage Platinum 0	HealthyBlue Advantage Platinum 500	BlueChoice Advantage Gold 500	HealthyBlue Advantage Platinum 1000	BlueChoice Advantage Gold 1000	HealthyBlue Advantage Gold 1500	BlueChoice Advantage HSA/HRA Silver 1500	HealthyBlue Advantage HSA/HRA Silver 2000	BlueChoice Advantage HSA/HRA Silver 3000	BlueChoice Advantage HSA/HRA Bronze 5000	
HIOS Product ID	86052DC044	86052DC044	86052DC044	86052DC044	86052DC044	86052DC044	86052DC044	86052DC044	86052DC044	86052DC044	
HIOS Plan ID	86052DC0440012	86052DC0440015	86052DC0440011	86052DC0440016	86052DC0440010	86052DC0440014	86052DC0440013	86052DC0440017	86052DC0440019	86052DC0440018	
Metal Level	Platinum	Platinum	Gold	Platinum	Gold	Gold	Silver	Silver	Silver	Bronze	
Metallic AV	91.09%	88.90%	81.50%	88.04%	79.07%	81.78%	71.57%	71.91%	68.19%	61.93%	
On / Off Exchange	On	On	On	On	On	On	On	On	On	On	
Network Type	Open Access Advantage										
High Level Benefit Description											
Integrated Individual Deductible	Y/N	N	N	N	N	N	Y	Y	Y	Y	
Individual OOP Max		\$0 Med / \$0 Rx	\$500 Med / \$0 Rx	\$500 Med / \$250 Rx	\$1,000 Med / \$0 Rx	\$1,000 Med / \$250 Rx	\$1,500 Med / \$0 Rx	\$1,500 (Integrated)	\$2,000 (Integrated)	\$3,000 (Integrated)	\$5,000 (Integrated)
Member Copay/Coinsurance		\$10 PCP/\$20 Spec/\$100 ER/\$200 IP	\$0 PCP/\$30 Spec/\$200 ER/\$500 IP	\$15 PCP/\$30 Spec/\$250 ER/\$400 IP	\$0 PCP/\$30 Spec/\$200 ER/\$500 IP	\$15 PCP/\$30 Spec/\$250 ER/\$400 IP	\$0 PCP/\$30 Spec/\$200 ER/\$500 IP	\$25 PCP/\$50 Spec/\$250 ER/\$500 IP	\$0 PCP/\$45 Spec/\$200 ER/\$500 IP	\$25 PCP/\$50 Spec/\$250 ER/\$500 IP	\$50 PCP/\$100 Spec/\$250 ER/\$500 IP
Rx Copays:											
Retail Generic		\$10	\$0	\$10	\$0	\$10	\$0	\$10	\$0	\$10	\$10
Retail Preferred Brand		\$45	\$45	\$45	\$45	\$45	\$45	\$45	\$45	\$45	\$45
Retail NonPreferred Brand		\$65	\$65	\$65	\$65	\$65	\$65	\$65	\$65	\$65	\$65
Specialty		50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)	50% (\$150 Max Copay)
Embedded Pediatric Dental Benefit											
Deductible (Class 2-4)		\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	
Class 1		0%	0%	0%	0%	0%	0%	0%	0%	0%	
Class 2		20%	20%	20%	20%	20%	20%	20%	20%	20%	
Class 3		20%	20%	20%	20%	20%	20%	20%	20%	20%	
Class 4		50%	50%	50%	50%	50%	50%	50%	50%	50%	
Class 5		50%	50%	50%	50%	50%	50%	50%	50%	50%	
Out of Pocket Max		Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	Embedded in Med & Rx	
Index Rate (Projected EHB Allowed PMPM)		\$393.25	\$393.25	\$393.25	\$393.25	\$393.25	\$393.25	\$393.25	\$393.25	\$393.25	
Market Level Adjustments:											
Reinsurance		1.0058	1.0058	1.0058	1.0058	1.0058	1.0058	1.0058	1.0058	1.0058	
Risk Adjustment		1.0445	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445	1.0445	
Exchange User Fees		1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	
Market Adjusted Index Rate (PMPM)		\$413.11	\$413.11	\$413.11	\$413.11	\$413.11	\$413.11	\$413.11	\$413.11	\$413.11	
Plan Level Adjustments											
Cost-Share Factor		0.9652	0.9595	0.7702	0.9249	0.7465	0.8032	0.5902	0.5951	0.5516	0.4190
Network &UM		1.0549	1.0549	1.0549	1.0549	1.0549	1.0549	1.0549	1.0549	1.0549	
Non-EHB *		1.0055	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055	1.0055	
Catastrophic Adj		1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	
Distribution and Admin Cost		1.3698	1.3698	1.3698	1.3698	1.3698	1.3698	1.3698	1.3698	1.3698	
Plan Adjusted Index Rate (PMPM)		\$579.34	\$575.94	\$462.28	\$555.14	\$448.08	\$482.10	\$354.24	\$357.21	\$331.09	\$251.52
Calibrations to Consumer Level Rating Factors											
Age Calibration		0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	
Geo Calibration		1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	
Tobacco Calibration		1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	
Consumer Level Base Rate		\$550.18	\$546.95	\$439.01	\$527.20	\$425.53	\$457.83	\$336.41	\$339.23	\$314.43	\$238.86
Pricing AV		140.2%	139.4%	111.9%	134.4%	108.5%	116.7%	85.7%	86.5%	80.1%	60.9%
Estimated Plan DICR		72.6%	72.6%	72.6%	72.6%	72.6%	72.6%	72.6%	72.6%	72.6%	
Projected Member Months		9,816	6,168	2,016	3,132	5,376	24,024	5,952	7,284	624	624
Membership Distribution		3.8%	2.4%	0.8%	1.2%	2.1%	9.3%	2.3%	2.8%	0.2%	0.2%

* Covers abortion claims for all plans.

CareFirst BlueChoice, Inc.
d.b.a. CareFirst BlueCross BlueShield
(NAIC # 96202)
D.C. Small Group SHOP Exchange Products
Rates Effective 01/01/2016
Single Risk Pool Desired Incurred Claims Ratio (DICR)

	Medical	Rx	Total
Projected Allowed Claims PMPM (EHB and Non-EHB)	\$ 278.09	\$ 96.85	\$ 374.94
Projected Paid / Allowed Ratio	83.8%	83.8%	83.8%
Adjustment for Risk Transfer			\$ 16.54
Projected Paid Claims PMPM (EHB and Non-EHB), Adjusted for Risk Transfer			\$ 328.09

	Total		Total (4Q15) **		% Δ
	PMPM	%	PMPM	%	
Projected Paid Claims (+ Capitations)	\$ 328.09	71.9%	\$ 329.92	74.4%	-2.5%
Admin Costs	\$ 37.13	8.1%	\$ 33.65	7.6%	0.6%
Patient Outcome Tax	\$ 0.19	0.0%	\$ 0.18	0.0%	0.0%
Reinsurance	\$ 2.26	0.5%	\$ 2.63	0.6%	-0.1%
Risk Adjustment User Fees	\$ 0.15	0.0%	\$ 0.08	0.0%	0.0%
Broker Commissions & Fees	\$ 31.82	7.0%	\$ 29.06	6.5%	0.4%
Contrib to Reserve	\$ 11.86	2.6%	\$ 5.77	1.3%	1.3%
Invst Income Credit **	\$ (0.00)	0.0%	\$ (0.00)	0.0%	0.0%
State Premium Tax **	\$ 9.13	2.0%	\$ 8.87	2.0%	0.0%
Assessment Fees **	\$ 0.52	0.1%	\$ 0.51	0.1%	0.0%
Federal Income Tax	\$ 6.39	1.4%	\$ 3.11	0.7%	0.7%
State Income Tax	\$ -	0.0%	\$ -	0.0%	0.0%
Exchange Assessment Fee	\$ 4.56	1.0%	\$ 4.44	1.0%	0.0%
Health Insurer Fee	\$ 14.60	3.2%	\$ 14.20	3.2%	0.0%
Exchange Fees	\$ -	0.0%	\$ -	0.0%	0.0%
Incentive Program *	\$ 9.60	2.1%	\$ 11.06	2.5%	-0.4%
CDH Expenses	\$ -	0.0%	\$ 0.26	0.1%	-0.1%
Total	\$ 456.32	100.0%	\$ 443.73	100.0%	

* The incentive program included in medical products is projected to be cost neutral such that the value of the member incentives is offset by the expected claims reduction.

** From approved BlueChoice DC Small Group filing effective 1/1/2015, SERFF tracking # CFAP-129567877.

Note: The Contribution to Reserve shown is post-tax. The pre-tax contribution is 4.0%.

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016

Support for DICR Components

Estimated Breakdown of Admin Costs

	% of Revenue
Salaries/Wages/Benefits	3.6%
Quality Improvement Activities	1.4%
Other General Admin	3.1%
Total Admin Costs	8.1%

ACA Fees

Patient Outcome Tax (PCORI):

Policy years ending 10/1/2015 - 9/30-2016	\$	2.25		PMPY
Divide by 12:	\$	0.19		PMPM
Policy years ending 10/1/2016 forward	\$	2.34		PMPY
Divide by 12:	\$	0.20		PMPM

Reinsurance Contribution 2016	\$	2.25		PMPM
Reinsurance Contribution 2017	\$	2.25		PMPM

Reinsurance Administrative Fee	\$	0.17		PMPY
Divide by 12:	\$	0.01		PMPM

Risk Adjustment User Fees	\$	1.75		PMPY
Divide by 12:	\$	0.15		PMPM

Health Insurer Fee 2016		3.2% of premium
Health Insurer Fee 2017		3.2% of premium

Exchange Fees		0.0% of premium
Exchange Assessment Fee 2016		1.0% of premium

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016
DICR & MLR

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
	SG DC BC Projected 1Q16			SG DC BC Projected 2Q16			SG DC BC Projected 3Q16			SG DC BC Projected 4Q16			SG DC BC Projected 2016				
	PMPM	%	\$s	PMPM	%	\$s	PMPM	%	\$s	PMPM	%	\$s	PMPM	%	\$s		
TRADITIONAL LOSS RATIO																	
Allowed Claims & Captns (EHB Only)	Medical		\$ 276.03			\$ 279.69			\$ 283.35			\$ 287.10			\$ 283.49		
	RX		\$ 96.85			\$ 99.85			\$ 102.95			\$ 106.14			\$ 103.10		
TOTAL			\$ 372.88			\$ 379.54			\$ 386.30			\$ 393.25			\$ 386.59		
Allowed Claims & Captns (EHB & Non-EHB)	Medical		\$ 278.09			\$ 281.77			\$ 285.47			\$ 289.25			\$ 285.61		
	RX		\$ 96.85			\$ 99.85			\$ 102.95			\$ 106.14			\$ 103.10		
TOTAL			\$ 374.94			\$ 381.63			\$ 388.42			\$ 395.39			\$ 388.70		
Projected EMMs			102,624			41,868			95,556			259,344			499,392		
Average Members			8,552			3,489			7,963			21,612			41,616		
%			21%			8%			19%			52%			100%		
Paid/Allowed Ratio			83.8%			83.9%			83.8%			83.8%			83.8%		
Paid Claims & Captns			\$ 314.23			\$ 320.00			\$ 325.60			\$ 331.41			\$ 325.81		
"3Rs"																	
Risk Corridor			n/a			n/a			n/a			n/a			n/a		
Risk Adjustment/Transfer (Paid Claims Basis)			\$ 13.86			\$ 14.12			\$ 14.37			\$ 14.62			\$ 14.38		
Reinsurance Recoveries (State & Federal)			\$ -			\$ -			\$ -			\$ -			\$ -		
(Individual Only, Paid Claims Basis)			\$ -			\$ -			\$ -			\$ -			\$ -		
Subtotal:			\$ 13.86			\$ 14.12			\$ 14.37			\$ 14.62			\$ 14.38		
Paid Claims & Captns (Post-3Rs)			\$ 328.09	71.9%	\$ 33,670,093	\$334.12	72.1%	\$ 13,988,828	\$339.96	72.3%	\$ 32,485,558	\$346.03	72.6%	\$ 89,741,854	\$ 340.19	72.4%	\$ 169,886,333
Administrative Expense			\$ 37.13	8.1%	\$ 3,810,578	\$ 37.13	8.0%	\$ 1,554,620	\$ 37.13	7.9%	\$ 3,548,133	\$ 37.13	7.8%	\$ 9,629,819	\$ 37.13	7.9%	\$ 18,543,149
Broker Commissions & Fee			\$ 31.82	7.0%	\$ 3,265,568	\$ 31.82	6.9%	\$ 1,332,269	\$ 31.82	6.8%	\$ 3,040,659	\$ 31.82	6.7%	\$ 8,252,508	\$ 31.82	6.8%	\$ 15,891,003
Contribution to Reserve (CtR) - Post-FIT			\$ 11.86	2.6%	\$ 1,217,557	\$ 12.04	2.6%	\$ 504,250	\$ 12.22	2.6%	\$ 1,167,507	\$ 12.40	2.6%	\$ 3,215,649	\$ 12.22	2.6%	\$ 6,104,964
Investment Income Credit			\$ (0.00)	0.0%	\$ (46)	\$ (0.00)	0.0%	\$ (19)	\$ (0.00)	0.0%	\$ (44)	\$ (0.00)	0.0%	\$ (120)	\$ (0.00)	0.0%	\$ (229)
Non-ACA Taxes & Fees																	
State Premium Tax			\$ 9.13	2.0%	\$ 936,582	\$ 9.26	2.0%	\$ 387,885	\$ 9.40	2.0%	\$ 898,083	\$ 9.54	2.0%	\$ 2,473,576	\$ 9.40	2.0%	\$ 4,696,126
State Assessment Fees			\$ 0.52	0.1%	\$ 53,841	\$ 0.53	0.1%	\$ 22,298	\$ 0.54	0.1%	\$ 51,628	\$ 0.55	0.1%	\$ 142,198	\$ 0.54	0.1%	\$ 269,965
State Income Tax (SIT)			\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -
Federal Income Tax (FIT)			\$ 6.39	1.4%	\$ 655,608	\$ 6.49	1.4%	\$ 271,519	\$ 6.58	1.4%	\$ 628,658	\$ 6.68	1.4%	\$ 1,731,504	\$ 6.58	1.4%	\$ 3,287,288
ACA Taxes & Fees																	
Health Insurer Fee			\$ 14.60	3.2%	\$ 1,498,532	\$ 14.82	3.2%	\$ 620,615	\$ 15.04	3.2%	\$ 1,436,932	\$ 15.26	3.2%	\$ 3,957,722	\$ 15.05	3.2%	\$ 7,513,802
Reinsurance Contribution			\$ 2.25	0.5%	\$ 230,904	\$ 2.25	0.5%	\$ 94,203	\$ 2.25	0.5%	\$ 215,001	\$ 2.25	0.5%	\$ 583,524	\$ 2.25	0.5%	\$ 1,123,632
Reinsurance Administrative Fee			\$ 0.01	0.0%	\$ 1,454	\$ 0.01	0.0%	\$ 593	\$ 0.01	0.0%	\$ 1,354	\$ 0.01	0.0%	\$ 3,674	\$ 0.01	0.0%	\$ 7,075
Risk Adjustment User Fee			\$ 0.15	0.0%	\$ 15,394	\$ 0.15	0.0%	\$ 6,280	\$ 0.15	0.0%	\$ 14,333	\$ 0.15	0.0%	\$ 38,902	\$ 0.15	0.0%	\$ 74,909
Exchange Assessment Fee			\$ 4.56	1.0%	\$ 468,291	\$ 4.63	1.0%	\$ 193,942	\$ 4.70	1.0%	\$ 449,041	\$ 4.77	1.0%	\$ 1,236,788	\$ 4.70	1.0%	\$ 2,348,063
Exchange User Fees (FFEs Only)			\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -
Patient-Centered Outcomes Research Institute (PCORI) Tax			\$ 0.19	0.0%	\$ 19,242	\$ 0.19	0.0%	\$ 7,850	\$ 0.19	0.0%	\$ 17,917	\$ 0.19	0.0%	\$ 50,367	\$ 0.19	0.0%	\$ 95,376
BlueRewards/Incentive Program-Medical Debit Cards			\$ 9.60	2.1%	\$ 985,520	\$ 9.77	2.1%	\$ 409,097	\$ 9.94	2.1%	\$ 949,371	\$ 10.11	2.1%	\$ 2,620,858	\$ 9.94	2.1%	\$ 4,964,845
Other			\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -
TOTAL			\$ 456.32	100.0%	\$ 46,829,118	\$ 463.22	100.0%	\$ 19,394,230	\$ 469.92	100.0%	\$ 44,904,131	\$ 476.89	100.0%	\$ 123,678,822	\$ 470.18	100.0%	\$ 234,806,301
Contribution to Reserve (CtR) - Pre-FIT				4.0%			4.0%			4.0%			4.0%		4.0%		
FHCR MEDICAL LOSS RATIO																	
Risk Adjustment			\$ 15.46		\$ 1,586,441	\$ 15.74		\$ 659,131	\$ 16.02		\$ 1,530,703	\$ 16.31		\$ 4,228,694	\$ 16.03		\$ 8,004,969
Reinsurance Receipts (Individual Only)			\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		
BlueRewards/Incentive Program-Medical Debit Cards			\$ 9.60		\$ 985,520	\$ 9.77		\$ 409,097	\$ 9.94		\$ 949,371	\$ 10.11		\$ 2,620,858	\$ 9.94		\$ 4,964,845
Quality Improvement Expenses			\$ 6.39		\$ 656,027	\$ 6.39		\$ 267,643	\$ 6.39		\$ 610,845	\$ 6.39		\$ 1,657,866	\$ 6.39		\$ 3,192,381
Removal of costs which we book as care, but are not considered care under MLR guidelines (including ITS fees)			\$ (3.55)		\$ (364,237)	\$ (3.55)		\$ (148,600)	\$ (3.55)		\$ (339,151)	\$ (3.55)		\$ (920,475)	\$ (3.55)		\$ (1,772,463)
Numerator (Claims) Adjustment			\$ 27.91		\$ 2,863,752	\$ 28.36		\$ 1,187,270	\$ 28.80		\$ 2,751,767	\$ 29.25		\$ 7,586,942	\$ 28.81		\$ 14,389,731
Non-ACA: Taxes & Regulatory Fees																	
State Premium Tax			\$ 9.13		\$ 936,582	\$ 9.26		\$ 387,885	\$ 9.40		\$ 898,083	\$ 9.54		\$ 2,473,576	\$ 9.40		\$ 4,696,126
State Assmt Fee			\$ 0.52		\$ 53,841	\$ 0.53		\$ 22,298	\$ 0.54		\$ 51,628	\$ 0.55		\$ 142,198	\$ 0.54		\$ 269,965
State Income Tax			\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		
Federal Income Tax			\$ 6.39		\$ 655,608	\$ 6.49		\$ 271,519	\$ 6.58		\$ 628,658	\$ 6.68		\$ 1,731,504	\$ 6.58		\$ 3,287,288
ACA: Taxes & Regulatory Fees																	
Health Insurer Fee			\$ 14.60		\$ 1,498,532	\$ 14.82		\$ 620,615	\$ 15.04		\$ 1,436,932	\$ 15.26		\$ 3,957,722	\$ 15.05		\$ 7,513,802
Reinsurance Contribution			\$ 2.25		\$ 230,904	\$ 2.25		\$ 94,203	\$ 2.25		\$ 215,001	\$ 2.25		\$ 583,524	\$ 2.25		\$ 1,123,632
Reinsurance Admin. Fee			\$ 0.01		\$ 1,454	\$ 0.01		\$ 593	\$ 0.01		\$ 1,354	\$ 0.01		\$ 3,674	\$ 0.01		\$ 7,075
Risk Adj User Fees			\$ 0.15		\$ 15,394	\$ 0.15		\$ 6,280	\$ 0.15		\$ 14,333	\$ 0.15		\$ 38,902	\$ 0.15		\$ 74,909
Exchange Assessment Fee			\$ 4.56		\$ 468,291	\$ 4.63		\$ 193,942	\$ 4.70		\$ 449,041	\$ 4.77		\$ 1,236,788	\$ 4.70		\$ 2,348,063
Exchange User Fee			\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		
PCORI			\$ 0.19		\$ 19,242	\$ 0.19		\$ 7,850	\$ 0.19		\$ 17,917	\$ 0.19		\$ 50,367	\$ 0.19		\$ 95,376
Denominator (Premium) Adjustment			\$ 37.81		\$ 3,879,847	\$ 38.34		\$ 1,605,186	\$ 38.86		\$ 3,712,947	\$ 39.40		\$ 10,218,255	\$ 38.88		\$ 19,416,235
FHCR Claims			\$ 342.13		\$ 35,111,043	\$ 348.36		\$ 14,584,956	\$ 354.39		\$ 33,864,512	\$ 360.66		\$ 93,536,287	\$ 354.62		\$ 177,096,798
FHCR MLR Premium			\$ 418.51		\$ 42,949,271	\$ 424.88		\$ 17,789,044	\$ 431.07		\$ 41,191,184	\$ 437.49		\$ 113,460,567	\$ 431.30		\$ 215,390,065
FHCR Loss Ratio			81.8%			82.0%			82.2%			82.4%			82.2%		

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016
DICR & MLR

	1	2	3	4
				Ind 64- DC BC Projected 2016
				PMPM % \$s
TRADITIONAL LOSS RATIO				
1	Allowed Claims & Captns (EHB Only)	Medical \$	276.03	
2		RX \$	96.85	
3		TOTAL \$	372.88	
4				
5	Allowed Claims & Captns (EHB & Non-EHB)	Medical \$	278.87	
6		RX \$	96.85	
7		TOTAL \$	375.72	
8				
9	Projected EMMs		169,332	
10	Average Members		14,111	
11				
12	Paid/Allowed Ratio		61.6%	
13	Paid Claims & Captns	\$	231.57	
14				
15				
16	"3Rs"			
17	Risk Corridor		n/a	
18	Risk Adjustment/Transfer (Paid Claims Basis)	\$	14.47	
19	Reinsurance Recoveries (State & Federal)	\$	(7.59)	
20	(Individual Only, Paid Claims Basis)			
21	Subtotal:	\$	6.88	
22				
23	Paid Claims & Captns (Post-3Rs)	\$	238.45	71.9% \$ 40,376,629
24	Administrative Expense	\$	48.95	14.8% \$ 8,288,209
25	Broker Commissions & Fee	\$	9.75	2.9% \$ 1,650,225
26	Contribution to Reserve (CR) - Post-FIT	\$	4.31	1.3% \$ 730,445
27	Investment Income Credit	\$	(0.00)	0.0% \$ (55)
28				
29	Non-ACA Taxes & Fees			
30	State Premium Tax	\$	6.64	2.0% \$ 1,123,761
31	State Assessment Fees	\$	0.14	0.0% \$ 24,366
32	State Income Tax (SIT)	\$	-	0.0% \$ -
33	Federal Income Tax (FIT)	\$	2.32	0.7% \$ 393,316
34				
35	ACA Taxes & Fees			
36	Health Insurer Fee	\$	10.62	3.2% \$ 1,798,018
37	Risk Adjustment User Fee	\$	0.15	0.0% \$ 25,400
38	Exchange Assessment Fee	\$	3.32	1.0% \$ 561,881
39	Exchange User Fees (FFEs Only)	\$	-	0.0% \$ -
40	Patient-Centered Outcomes Research Institute (PCORI) Tax	\$	0.18	0.1% \$ 30,549
41				
42	BlueRewards/Incentive Program-Medical Debit Cards	\$	7.00	2.1% \$ 1,185,324
43				
44	Other	\$	-	0.0% \$ -
45	TOTAL	\$	331.82	100.0% \$ 56,188,068
46				
47	Contribution to Reserve (CTR) - Pre-FIT			2.0%
48				
49	FHCR MEDICAL LOSS RATIO			
50	Risk Adjustment	\$	16.56	\$ 2,804,875
51	Reinsurance Receipts (Individual Only)	\$	(9.82)	\$ (1,663,094)
52	BlueRewards/Incentive Program-Medical Debit Cards	\$	7.00	\$ 1,185,324
53	Quality Improvement Expenses (net after MLR reclass from care)	\$	5.26	\$ 890,017
54	Removal of costs which we book as care, but are not considered care under MLR guidelines (including ITS fees)	\$	(1.25)	\$ (212,075)
55	Numerator (Claims) Adjustment	\$	17.75	\$ 3,005,046
56				
57	Non-ACA: Taxes & Regulatory Fees	State Premium Tax \$	6.64	\$ 1,123,761
58		State Assmt Fee \$	0.14	\$ 24,366
59		State Income Tax \$	-	\$ -
60		Federal Income Tax \$	2.32	\$ 393,316
61				
62	ACA: Taxes & Regulatory Fees	Health Insurer Fee \$	10.62	\$ 1,798,018
63		Reinsurance Contribution \$	2.25	\$ 380,997
64		Reinsurance Admin. Fee \$	0.01	\$ 2,399
65		Risk Adj User Fees \$	0.15	\$ 25,400
66		Exchange Assessment Fee \$	3.32	\$ 561,881
67		Exchange User Fee \$	-	\$ -
68		PCORI \$	0.18	\$ 30,549
69	Denominator (Premium) Adjustment	\$	25.63	\$ 4,340,688
70				
71	FHCR Claims	\$	249.31	\$ 42,216,947
72	FHCR MLR Premium	\$	306.19	\$ 51,847,381
73	FHCR Loss Ratio		81.4%	

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016
DICR & MLR

	1	2	3	4
		SG & Ind DC BC Projected 2016		
		PMPM	%	\$s
TRADITIONAL LOSS RATIO				
1 Allowed Claims & Captns (EHB Only)	Medical \$	281.60		
2	RX \$	101.51		
3	TOTAL \$	383.12		
4				
5 Allowed Claims & Captns (EHB & Non-EHB)	Medical \$	283.90		
6	RX \$	101.51		
7	TOTAL \$	385.41		
8				
9 Projected EMMs		668,724		
10 Average Members		55,727		
11				
12 Paid/Allowed Ratio		78.3%		
13 Paid Claims & Captns	\$	301.95		
14				
15 "3Rs"				
16 Risk Corridor		n/a		
17 Risk Adjustment/Transfer (Paid Claims Basis)	\$	14.40		
18 Reinsurance Recoveries (State & Federal) (Individual Only, Paid Claims Basis)	\$	(1.92)		
19 Subtotal:	\$	12.48		
20				
21 Paid Claims & Captns (Post-3Rs)	\$	314.42	72.3%	\$ 210,262,961
22 Administrative Expense	\$	40.12	9.2%	\$ 26,831,358
23 Broker Commissions & Fee	\$	26.23	6.0%	\$ 17,541,228
24 Contribution to Reserve (CTR) - Post-FIT	\$	10.22	2.3%	\$ 6,835,409
25 Investment Income Credit	\$	(0.00)	0.0%	\$ (283)
26				
27 Non-ACA Taxes & Fees				
28 State Premium Tax	\$	8.70	2.0%	\$ 5,819,887
29 State Assessment Fees	\$	0.44	0.1%	\$ 294,330
30 State Income Tax (SIT)	\$	-	0.0%	\$ -
31 Federal Income Tax (FIT)	\$	5.50	1.3%	\$ 3,680,605
32				
33 ACA Taxes & Fees				
34 Health Insurer Fee	\$	13.92	3.2%	\$ 9,311,820
35 Reinsurance Contribution	\$	1.68	0.4%	\$ 1,123,632
36 Reinsurance Administrative Fee	\$	0.01	0.0%	\$ 7,075
37 Risk Adjustment User Fee	\$	0.15	0.0%	\$ 100,309
38 Exchange Assessment Fee	\$	4.35	1.0%	\$ 2,909,944
39 Exchange User Fees (FEs Only)	\$	-	0.0%	\$ -
40 Patient-Centered Outcomes Research Institute (PCORI) Tax	\$	0.19	0.0%	\$ 125,926
41				
42 BlueRewards/Incentive Program-Medical Debit Cards	\$	9.20	2.1%	\$ 6,150,169
43				
44 Other	\$	-	0.0%	\$ -
45 TOTAL	\$	435.15	100.0%	\$ 290,994,369
46				
47 Contribution to Reserve (CTR) - Pre-FIT			3.6%	
48				
49 FHCR MEDICAL LOSS RATIO				
50 Risk Adjustment	\$	16.16		\$ 10,809,843
51 Reinsurance Receipts (Individual Only)	\$	(2.49)		\$ (1,663,094)
52 BlueRewards/Incentive Program-Medical Debit Cards	\$	9.20		\$ 6,150,169
53 Quality Improvement Expenses	\$	6.10		\$ 4,082,397
54 Removal of costs which we book as care, but are not considered care under MLR guidelines (including ITS fees)	\$	(2.97)		\$ (1,984,538)
55 Numerator (Claims) Adjustment	\$	26.01		\$ 17,394,778
56				
57 Non-ACA: Taxes & Regulatory Fees	State Premium Tax \$	8.70		\$ 5,819,887
58	State Assmt Fee \$	0.44		\$ 294,330
59	State Income Tax \$	-		\$ -
60	Federal Income Tax \$	5.50		\$ 3,680,605
61				\$ -
62 ACA: Taxes & Regulatory Fees	Health Insurer Fee \$	13.92		\$ 9,311,820
63	Reinsurance Contribution \$	2.25		\$ 1,504,629
64	Reinsurance Admin. Fee \$	0.01		\$ 9,474
65	Risk Adj User Fees \$	0.15		\$ 100,309
66	Exchange Assessment Fee \$	4.35		\$ 2,909,944
67	Exchange User Fee \$	-		\$ -
68	PCORI \$	0.19		\$ 125,926
69 Denominator (Premium) Adjustment	\$	35.53		\$ 23,756,923
70				
71 FHCR Claims	\$	327.96		\$ 219,313,745
72 FHCR MLR Premium	\$	399.62		\$ 267,237,446
73 FHCR Loss Ratio			82.1%	

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016

Summary of Wakely Small Group Modeling

		(1)	(2)	(3)	(4) = (2) x 1.00	(5)	(6)	(7) = ((4)+(5))/(6) + 1
		Projected	Estimated Risk	Calculated	Proposed Risk	Risk	Projected Index	
		Index Rate	Adjustment PMPM	Risk	Adjustment PMPM	Adjustment	Rate After	
			(Applied to Projected	Adjustment	Applied to Projected	User Fee	Reinsurance	Proposed Value for
			Index Rate)	Factor	Index Rate	PMPM **	Adjustment	Rate Filing
BlueChoice	1Q16	\$ 372.88	\$ 16.54	1.044	\$ 16.54	\$ 0.15	\$ 375.15	1.0445
	2Q16	\$ 379.54	\$ 16.84	1.044	\$ 16.84	\$ 0.15	\$ 381.80	1.0445
	3Q16	\$ 386.30	\$ 17.14	1.044	\$ 17.14	\$ 0.15	\$ 388.57	1.0445
	4Q16	\$ 393.25	\$ 17.45	1.044	\$ 17.45	\$ 0.15	\$ 395.51	1.0445

* Assumes market risk score = 1.00.

** Risk Adjustment User Fee = \$1.75 PMPY / 12 = \$0.15 PMPM.

The proposed risk adjustment was developed based on a multi-carrier study conducted by Wakely Consulting Group.

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016
Support for Induced Demand Adjustment - Small Group/Individual Combined

		Item Calculation
2013 AV	87.17%	(1)
2013 Induced Demand Factor	1.272	(2)
2014 AV	84.12%	(3)
2014 Induced Demand Factor	1.241	(4)
2 Year Induced Demand Adjustment Implied in Utilization Trends	-4.7%	(5) =[(4)/(2)]^2 - 1
Projected 2016 AV	82.24%	(6)
2016 Induced Demand Factor	1.222	(7)
Induced Demand Impact Implied by Base Period and Projected Average AVs	-1.5%	(8) =(7)/(4) - 1
Explicit Induced Demand Adjustment Needed *	3.2%	(9) =(8) - (5)

Our selected utilization trends are based in large part on our rolling 12 experience trends. Inherent in these experience trends is a change in level of benefit generosity that has been experienced as groups / individuals have moved to more or less rich plans over time. This change in benefit generosity theoretically would have an induced demand impact similar to any projected changes in average benefit richness between the base and projection periods in this filing. As such, we feel that the only explicit induced demand adjustment needed is for projected changes in benefit richness above and beyond what is implied in our base experience.

Using the HHS Actuarial Value calculator, and valuing our plan designs in 2013 and 2014 we have derived the above “average AVs” to quantify the annual change in benefit richness implied in recent experience. Using the induced demand curve we have in this filing we have also estimated the amount of induced demand adjustment implied by these values over a two year period. Similarly we have estimated the amount of induced demand adjustment implied by the change in average AV between our experience period and projection period. The differential between these two estimates represents the needed explicit adjustment to the projected allowed PMPM. Please note that the HHS AV calculator was used in all cases in order to have a consistent measure of AV (benefit richness), to remove the impact of modeling error, and to maintain consistency with the plan level induced demand factors used.

* Applied under Projection Factors: Other in the Allowed PMPM Projection exhibits.

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016
Description of "Other" Adjustments to Experience Period Data

The adjustment descriptions below detail the build up of our "Other" multiplicative factors used in adjusting the experience period allowed PMPM amounts to the projection period. These adjustments coincide with those used in worksheet I section II of the URRT. Please see pages 43 - 49 for support of these factors.

Service Category	Other Factor	Description of Adjustment
Inpatient	1.011	Multiplicative factors of 1.010 for changes in average age of the pool, 0.971 to reflect the impact of the new Incentive Program, 1.000 to reflect decreased utilization in Ind 64- maternity, 1.031 to adjust for differences in induced demand between the experience period and projection period.
Outpatient	1.011	Multiplicative factors of 1.010 for changes in average age of the pool, 0.971 to reflect the impact of the new Incentive Program, 1.000 to reflect decreased utilization in Ind 64- maternity, 1.031 to adjust for differences in induced demand between the experience period and projection period.
Professional	1.044	Multiplicative factors of 1.010 for changes in average age of the pool, 1.028 for changes in treatment of ABA services, 0.971 to reflect the impact of the new Incentive Program, 1.000 to reflect decreased utilization in Ind 64- maternity, 1.031 to adjust for differences in induced demand between the experience period and projection period, and 1.004 to adjust for shifting of certain behavioral health capitation to being claims based.
Other	1.171	Multiplicative factors of 1.010 for changes in average age of the pool, 1.158 to reflect the impact of embedded pediatric dental benefit, 0.971 to reflect the impact of the new Incentive Program, 1.031 to adjust for differences in induced demand between the experience period and projection period.
Rx	0.984	Multiplicative factors of 1.004 to reflect changes in our Mandatory Generic policy. Also includes multiplicative factors of 1.010 for changes in average age of the pool, 0.971 to reflect the impact of the new Incentive Program, 1.000 to reflect decreased utilization in Ind 64- maternity, 1.031 to adjust for differences in induced demand between the experience period and projection period, and 0.970 to reflect a projected increase in pharmacy rebates.
Capitation	0.690	Multiplicative factor of 0.690 to adjust for changes in behavioral health capitations and the replacement of pre-ACA core vision with embedded pediatric and embedded adult vision.

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016

Support for "Other" Adjustment Factors

1. Factors to adjust for capitation schedule changes

	Allowed Claims	Item	Calculation
Experience Period Professional Allowed PMPM	\$ 104.54	(1)	
Experience Period Capitation PMPM	\$ 1.68	(2)	
Projected Difference in Professional Capitations PMPM due to Contractual Changes *	\$ (0.43)	(3)	
Projected Difference in Vision Capitations PMPM **	\$ (0.09)	(4)	

* Note: Case management of behavioral health will no longer be a capitated service and will instead be processed as a professional claim.

Adjustment Factor - Impact to Professional only (Blended Across Single Risk Pool)	0.4%	(5) = [(1)-(3)] / (1) -1
Adjustment Factor - Impact to Capitations only (Blended Across Single Risk Pool)	-31.0%	(6) = [(2)+(3)+(4)] / (2) -1

2. Pharmacy Rebates Adjustment

Ind 64-

CareFirst changed its Pharmacy Benefits Manager (PBM) in 2014 and has received increased pharmacy rebates as a result of this move. The 2014 experience period rebates are a blend of those received from the two different PBMs. In 2016 the rebates will be entirely from the new PBM. The adjustment below is the ratio of the rebate PMPM for the last 3 months of 2014, which is primarily the new PBM with higher rebates, over the average rebate PMPM for all of 2014.

Experience Period Allowed Rx PMPM (Pre-Rebate)	\$ 97.78	(1)
Experience Period Pharmacy Rebates PMPM	(\$2.04)	(2)
Projection Period Pharmacy Rebates PMPM	(\$3.22)	(3)
Rebate adjustment factor - Impact to Rx only (Ind64- Only)	-1.2%	(4) = [(3)-(2)] / (1)

Small Group

Experience Period Allowed Rx PMPM (Pre-Rebate)	\$ 74.84	(1)
Experience Period Pharmacy Rebates PMPM	(\$6.49)	(2)
Projection Period Pharmacy Rebates PMPM	(\$9.03)	(3)
Rebate adjustment factor - Impact to Rx only (Small Group Only)	-3.4%	(4) = [(3)-(2)] / (1)

Rebate adjustment factor - Impact to Rx only (Blended Across Single Risk Pool)	-3.0%
---	--------------

3. Mandatory Generic Factor Derivation (Based on CFI Total Book of Business Data)

Total \$ Impact Due to expansion of list of Mandatory Generic Drugs	\$ 4,594,160	(1)
Total 2013 Drug Claims	\$ 1,249,560,894	(2)
% Increase in Paid Drug \$ - Impact to Rx only	0.4%	(3) = (1)/(2)

4. Changes in treatment of ABA services (see page 44 for details)

Ind64-

\$ Impact to Experience Period Allowed PMPM	\$ 0.58	(1)
Experience Period Allowed PMPM for Professional Services	\$ 105.29	(2)
Changes in treatment of ABA services - Impact (to Ind64- Professional only)	0.6%	(3) = (1)/(2)

Small Group

\$ Impact to Experience Period Allowed PMPM	\$ 3.32	(4)
Experience Period Allowed PMPM for Professional Services	\$ 104.41	(5)
Changes in treatment of ABA services - Impact (to Small Group Professional only)	3.2%	(6) = (4)/(5)

Changes in treatment of ABA services - Impact to Professional only (Blended Across Single Risk Pool)	2.8%
---	-------------

5. Demographic Factor Derivation (see page 45 for details)

Demographic Impact (Blended Across Single Risk Pool)	1.0%
---	-------------

6. Changes in Maternity Utilization (Ind64- Only) (see pages 46 - 47 for details)

\$ Impact to total experience period allowed PMPM	\$ 0.24	(1)
Total Experience Period Allowed	\$ 331.98	(2)
Impact of Changes in Maternity Utilization - (Ind64- Only)	0.1%	(3) = (1)/(2)

Impact of Changes in Maternity Utilization - (Blended Across Single Risk Pool)	0.0%
---	-------------

7. Incentive Program Factor Derivation

Ind 64-

Total Allowed PMPM (with incentive program)	\$ 326.90
Total Allowed PMPM (without incentive program)	\$ 334.26
Expected Impact - Applied to all service categories excluding capitation (Ind64- Only)	-2.2%

Small Group

Total Allowed PMPM (with incentive program)	\$ 285.61
Total Allowed PMPM (without incentive program)	\$ 294.45
Expected Impact - Applied to all service categories excluding capitation (Small Group Only)	-3.0%

Expected Impact - Applied to all service categories excluding capitation (Blended Across Single Risk Pool)	-2.9%
---	--------------

** Please see page 49 for the derivation of this PMPM difference.

Note: Blended adjustments are an average of Ind64- and Small Group adjustments, weighted by claims.

Note: Please see pages 41 and 48 for the derivation of the adjustments for induced demand and embedded pediatric dental coverage, both of which are applied under the 'Other' projection factors field in the Allowed PMPM Projection exhibits.

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016
Autism Cost Model

Average Cost:	Assume treatment cost per hour for intensive ABA therapy	\$47
	Assume treatment of \$75 per hour for non-intensive therapy	\$100

	ABA Therapy hrs/wk	Other Therapy hrs/wk	Hrs/Yr Therapy	Cost Per Year Therapy
Children 2-5:	40	0	2080	97,400
Children 6-7:	15	5	1040	62,547
Children 8-12:	0	10	520	52,043
Children 13-21:	0	8	416	41,635

Utilization:	Assume 1 in every 68 children age 1-21 have Autism or Asperger's. Assume 1 in 3 seek ABA treatment	0.49%	SG	Ind64-
	children age 2-5 as a % of total population	====>	4.7%	2.6%
	children age 6 as a % of total population	====>	1.1%	0.6%
	children age 7 as % total population		1.1%	0.5%
	children age 8 as % total population		1.2%	0.5%
	children age 9-12 as a % of total population	====>	4.4%	1.8%
	children age 13-21 as a % of total population	====>	8.6%	3.4%

	Small Group	Ind64-
Cost PMPM: Children 2-5:	\$ 1.89	\$ 1.03
Children age 6	\$ 0.29	\$ 0.15
Children age 7	\$ 0.29	\$ 0.13
Children age 8	\$ 0.26	\$ 0.10
Children 9-12:	\$ 0.93	\$ 0.38
Children 13-21:	\$ 1.47	\$ 0.57
Total	\$ 5.12	\$ 2.35
% of Population Pre-ACA	64.9%	24.8%
Adjusted PMPM	\$ 3.32	\$ 0.58

	Small Group	Ind64-	Blended
Adjustment (to Professional Only)	3.2%	0.6%	2.8%

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016
Demographic Factor Derivation

		Non-Metaled		Metaled & Non-Metaled		Proposed			
		ACA	Average	Non-Metaled	Average		Average		
		Members	Age	Members	Age		Members	Age	
		<u>12/31/13</u>	<u>12/31/13</u>	<u>12/31/14</u>	<u>12/31/14</u>	<u>Δ</u>	<u>12/31/16</u>	<u>12/31/16</u>	<u>Δ</u>
Ind 64-	BC	3,733	34.1	6,827	36.6	2.4	8,839	37.4	3.3
Small Group	BC	36,110	33.5	35,294	33.5	(0.0)	41,616	33.5	(0.0)
Ind64- & SG	BC	39,843	33.5	42,121	34.0	0.4	50,455	34.1	0.6

	Age	Age	Proposed	Age	Δ Age
	<u>12/31/13</u>	Factor *	<u>12/31/16</u>	Factor *	Factor
Ind64- & SG	33.5	0.795	34.1	0.803	1.0%
	33.0	0.790	34.0	0.800	
	34.0	0.800	35.0	0.820	

* From internally developed 4.5:1 age curve.

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016
Impact of New Essential Health Benefits in Individual, Non-Medigap Market

Maternity

The current experience period (2014 Year to Date) contains experience from our new ACA pool and some still remaining from the PPACA pool. For BlueChoice, the Maternity PMPM for PPACA is lower than ACA. In 2016 all of our subscribers will have ACA benefits and therefore we assume will resemble the ACA Maternity PMPM. So the calculations below are simply showing the percentage change in PMPM when we compare the 2014 weighted cost of maternity vs the cost of ACA only maternity.

2014 - BlueChoice Maternity Data

	Member Months	Maternity Claims	PMPM
PPACA	19,023	33,800	1.78
ACA	57,556	195,330	3.39
	76,579	229,130	2.99

\$ 3.15 = claims weighted PPACA/ACA PMPM
 \$ 0.24 = PMPM change between combined PPACA/ACA and ACA only, = \$3.39 - \$3.15 = \$0.24
 \$ 331.98 = Combined 2014 Medical + Drug PMPM
 0.07% = % change when -\$0.24 is removed from total Medical + Drug PMPM, = \$332.22 / \$331.98

Change in Individual Allowed Cost PMPM \$ **0.24**
 % Impact **0.07%**

Impact of Maternity on Individual Market PMPM \$ 0.24
Impact on Individual & Small Group Market Combined PMPM \$ 0.03

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016
Experience - Maternity

Experience Period Incurred 10/1/12 - 9/30/13

Cost/Case	Cases/1000		Claims PMPM		% of Total PMPM		Allowed Amounts		
		<u>Maternity</u>		<u>Maternity</u>		<u>Maternity</u>			
Ind PPO HSA	\$966	Ind PPO HSA	16	Ind PPO HSA	\$1.35	Ind PPO HSA	0.6%	Ind PPO HSA	\$65,033,416
Ind PPO non-CDH	\$726	Ind PPO non-CDH	18	Ind PPO non-CDH	\$1.07	Ind PPO non-CDH	0.5%	Ind PPO non-CDH	\$107,693,483
Ind Indemnity	\$2,102	Ind Indemnity	12	Ind Indemnity	\$2.06	Ind Indemnity	0.8%	Ind Indemnity	\$153,151,968
Ind HMO HSA	\$1,799	Ind HMO HSA	30	Ind HMO HSA	\$4.56	Ind HMO HSA	2.1%	Ind HMO HSA	\$23,110,865
Ind HMO non-CDH	\$1,904	Ind HMO non-CDH	23	Ind HMO non-CDH	\$3.70	Ind HMO non-CDH	1.5%	Ind HMO non-CDH	\$17,588,018
Ind HB Triple Option	\$1,882	Ind HB Triple Option	74	Ind HB Triple Option	\$11.69	Ind HB Triple Option	4.3%	Ind HB Triple Option	\$9,779,889
Ind HB HSA	\$2,121	Ind HB HSA	53	Ind HB HSA	\$9.44	Ind HB HSA	2.4%	Ind HB HSA	\$874,503
<u>Ind HB 2.0</u>	<u>\$1,984</u>	<u>Ind HB 2.0</u>	<u>25</u>	<u>Ind HB 2.0</u>	<u>\$4.17</u>	<u>Ind HB 2.0</u>	<u>1.9%</u>	<u>Ind HB 2.0</u>	<u>\$33,682,459</u>
DC 50- PPO HRA	\$3,007	DC 50- PPO HRA	16	DC 50- PPO HRA	\$4.07	DC 50- PPO HRA	0.9%	DC 50- PPO HRA	\$5,097,753
DC 50- PPO	\$2,305	DC 50- PPO	18	DC 50- PPO	\$3.54	DC 50- PPO	0.8%	DC 50- PPO	\$199,548,699
DC 50- HMO HSA	\$2,122	DC 50- HMO HSA	17	DC 50- HMO HSA	\$3.01	DC 50- HMO HSA	1.5%	DC 50- HMO HSA	\$4,398,977
DC 50- HMO HRA	\$1,674	DC 50- HMO HRA	7	DC 50- HMO HRA	\$0.97	DC 50- HMO HRA	0.4%	DC 50- HMO HRA	\$1,182,741
DC 50- HMO	\$1,988	DC 50- HMO	18	DC 50- HMO	\$3.09	DC 50- HMO	1.1%	DC 50- HMO	\$32,207,977
DC 50- HMO OO	\$2,111	DC 50- HMO OO	21	DC 50- HMO OO	\$3.80	DC 50- HMO OO	1.1%	DC 50- HMO OO	\$36,230,801
DC 50- BC Adv	\$2,472	DC 50- BC Adv	32	DC 50- BC Adv	\$6.49	DC 50- BC Adv	1.7%	DC 50- BC Adv	\$4,655,884
DC 50- HB Non-CDH	\$2,730	DC 50- HB Non-CDH	15	DC 50- HB Non-CDH	\$3.37	DC 50- HB Non-CDH	1.6%	DC 50- HB Non-CDH	\$168,439
<u>MD 2-50 PPO HSA</u>	<u>\$1,697</u>	<u>MD 2-50 PPO HSA</u>	<u>41</u>	<u>MD 2-50 PPO HSA</u>	<u>\$5.76</u>	<u>MD 2-50 PPO HSA</u>	<u>0.8%</u>	<u>MD 2-50 PPO HSA</u>	<u>\$3,448,897</u>
Average Group	\$2,269	Average Group	18	Average Group	\$3.52	Average Group	0.9%		
Average Individual	\$1,521	Average Individual	18	Average Individual	\$2.32	Average Individual	1.0%		

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016
Derivation of Embedded Pediatric Dental Rate

#	Formula	Description	%	PMPM
1		Base D.C. Dental Allowed PMPM For Members Age 19 and Under, Classes 1 -4		\$ 14.64
2		Adjustment to D.C. Benchmark Plan (D.C. FEDVIP)	-0.71%	
3	(3) = (1)*(1+(2))	Adjusted Allowed PMPM Classes 1 - 4		\$ 14.54
4		Base D.C. Dental Allowed PMPM For Members Age 19 and Under, Class 5 (Ortho)		\$ 3.25
5		Adjustment to D.C. Benchmark Plan	-40%	
6	(6) = (4*(1+(5))	Adjusted Allowed PMPM Classes 5 (Ortho)		\$ 1.95
7		Estimated Base Period Allowed PMPM Adjusted to D.C. Benchmark		\$ 16.49
8		Completion Factor (Incurred 12, Paid 14)		0.982
9	(9) = (7)/(8)	Ultimate Base Period Allowed PMPM Adjusted to D.C. Benchmark		\$ 16.80
10		Adjustment to Dental PPO Fee Schedule	0.908	
11	(11) = (9)*(10)	Projected Allowed Pediatric PMPM Based on PPO Fee Schedule		\$ 15.25
12		% of D.C. Small Group & Individual, Non-Medigap Market Age 19 and Under	13.4%	
13	(13) = (11)*(12)	Projected Allowed Pediatric Dental PMPM Spread Over Single Risk Pool		\$ 2.04
14		Base Period Other Medical PMPM		\$ 12.92
15		Projection Factor Entered To Adjust Other Medical Category		1.158
16		Impact on Total Medical and Rx Base Period PMPM		1.007

Notes:

- Row 1** Allowed PMPM for experience period of 1/1/2014 - 12/31/2014, pd through 2/28/2015 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 01/2014 - 12/2014, pd through 2/28/2015 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 Network Director. No change to the factor used in the approved 2015 filing.
- Row 10** Adjustment to Preferred plan basis from blended product basis implicit in base experience data.

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016
Vision Embedded in Medical Plan

Derivation of Embedded Pediatric Vision Rate (EHB)

Small Group Embedded PMPM (Vision Capitation)	\$	1.25
% of 2014 D.C. Small Group Market in Pre-ACA plans, Age 19 and Under *		13.4%
Additional Pediatric Vision PMPM Spread Over Small Group Market	\$	0.17
Individual, non-Medigap Embedded PMPM (Vision Capitation)	\$	1.77
% of D.C. Individual, non-Medigap Market Age 19 and Under		8.9%
Pediatric Vision PMPM Spread Over Individual Market	\$	0.16
Blended EHB Pediatric Vision PMPM Spread Over Entire Single Risk Pool	\$	0.17

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

Individual, non-Medigap Embedded PMPM (Vision Capitation)	\$	1.16
% of D.C. Individual, non-Medigap Market Over Age 19		91.1%
Embedded Adult Vision PMPM Spread Over Individual Market	\$	1.06
Blended Non-EHB Adult Vision PMPM Spread Over Entire Single Risk Pool	\$	0.15

Derivation of Projection Factor

Total Embedded Vision PMPM	\$	0.32
Experience Period Pre-ACA Core Vision Capitation PMPM Spread Over Entire Single Risk Pool	\$	0.41
\$ Change from Experience to Projection Period PMPM	\$	(0.09)

* This represents the portion of experience period enrollment which is not yet subject to the embedded pediatric vision capitation.

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016

Derivation of Age Calibration Factor
Based on Approved DC Age Factors from 1/1/2015

Average Age Factor		1.037
Non-Integer Average Age (Implied by Average Age Factor)		41.6
Needed Calibration Adjustment	= 1/1.037 =	0.964
Integer Average Age (Implied by Average Age Factor)		42.0
Closest Federal Age Factor for Weighted Average Age		1.053
Calibration Factor	= 1/1.053 =	0.950

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016

Derivation of Small Group Network Factors

BlueChoice Small Group Network Variations

Network Type	Proposed Products Using This Network	Description
Lock In / Referral	BlueChoice HMO Referral	Referrals needed for Specialist Care, No Out of Network Coverage.
Open Access	BlueChoice HMO	No Referrals needed for Specialist, No Out of Network Coverage.
Open Access Opt-Out	BlueChoice Plus Out-Out	No Referrals needed for Specialist, Out of Network Benefits pay up to In Network allowance, Member may be balance billed.
Open Access Plus	BlueChoice Plus	No Referrals needed, Out of Network allowances pay up to Regional Preferred Network (RPN) allowance.
Open Access Advantage	BlueChoice Advantage	No Referrals needed, Out of Network allowance pay up to RPN allowance, Out of Area BlueCard considered In Network for cost-sharing.

Network Type	Raw Factor	Assumed Network Factor * (Scaled to 1.000)
Lock In / Referral	1.000	0.938
Open Access	1.050	0.985
Open Access Opt-Out	1.064	0.998
Open Access Plus	1.078	1.012
Open Access Advantage	1.125	1.055

Derivation of Open Access Plus Factor Relative to Lock In / Referral

The Open Access Plus products use the BlueChoice Fee allowances for In Network services.

Out of Network services pay up to our Regional Preferred Network allowances. Members can be balance billed.

	In Network	Out of Network
Estimated Utilization Split for Open Access Plus	88.9%	11.1%
Allowances Relativity	1.050	1.306
Final Factor for Open Access Plus		1.078

Derivation of Open Access Advantage Factor Relative to Lock In / Referral

Open Access Advantage plans pay Out Of Area BlueCard Services as In Network.

Out of Network, Out of Area services pay up to our Regional Preferred Network allowances. Members can be balance billed.

	In Area In Network	Out of Area In Network	In Area Out of Network	Out of Area Out of Network
Assumed Utilization Split	75.52%	19.98%	4.48%	0.02%
Allowances Relativity	1.050	1.366	1.306	1.366
Final Factor for Open Access Advantage				1.125

* Please refer to page 53 for normalization.

**CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016**

Small Group Impact of Expected Differences in Utilization of Services Based on Differences in Cost-Sharing

The factors below are intended to be multiplicative adjustments to the pure cost-sharing factors derived over the pool. These factors represent the expected impact on:

Total BlueChoice Small Group

	Midpoint AV	Projected Member Months	Utilization Impact Relative to Bronze	Impact Relative to Average **
Platinum	90%	268,020	1.300	1.062
Gold	80%	130,872	1.200	0.980
Silver	70%	94,200	1.150	0.940
Bronze	60%	6,300	1.000	0.817
Subtotal:		499,392		
Average	83.2%		1.242	

	Impact of Health Savings/Reimbursement Account *	Projected Member Months
HSA/HRA	0.960	96,900
All Other **	1.018	402,492
Total	1.007	499,392

* Historical Small Group HRA rates were approximately 8% higher than HSA rates. For the same person, regardless of health status, the addition of an HRA to a plan induces costs relative to HSA and the addition of an HSA reduces costs. Since current Small Group CDH members are enrolled primarily in HSA plans, we assume an overall impact of -4% for CDH plans.

** Please refer to page 53 for normalization.

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016

Support for Normalization Across Individual (Ind) and Small Group (SG) Markets

Metal Level	Market	Initial Factor	Projected MMs	Normalized Factors
Platinum	SG & Ind	1.300	287,209	1.062
Gold	SG & Ind	1.200	152,762	0.980
Silver	SG & Ind	1.150	126,441	0.940
Silver 200	Ind	1.046	2,498	0.855
Catastrophic	Ind	1.000	3,966	0.817
Bronze	SG & Ind	1.000	33,636	0.817
Subtotal:		1.224	606,512	

Network	Market	Initial Factor	Projected MMs	Normalized Factors
Lock In / Referral	SG	1.000	82,896	0.938
Open Access	SG	1.050	116,160	0.985
BlueChoice Open Access	Ind	1.050	94,304	0.985
Open Access Plus	SG	1.078	81,444	1.012
Open Access Opt-Out	SG	1.064	93,684	0.998
Open Access Advantage	SG	1.125	138,024	1.055
Subtotal:		1.066	606,512	

	Market	Initial Factor	Projected MMs	Normalized Factors
HSA/HRA	SG	0.960	109,716	0.960
HSA	Ind	0.850	23,499	0.850
Other	SG & Ind		463,659	1.017
Subtotal:			596,874	

**CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016**

Rating Methodology & Sample Calculation

Methodology:

- For each subscriber in a group, identify:
All dependents associated with the subscriber including the following categories:
Spouse/Domestic Partner
of children ages 21 or older
of children ages under 21 (if more than 3, select 3 oldest children)

Group ABC

Selects BlueChoice HMO Referral Gold 0 Bronze Plan

Employee 1

A spouse, and 1 child

1
0
1

Employee 2

5 children

0
1
4

- For each subscriber and dependent, identify their age.

Subscriber	Spouse	Child 1	Subscriber	Child 1 *	Child 2	Child 3	Child 4	Child 5
46	34	15	52	6	10	13	18	22

- Determine appropriate age factor.

1.227	0.856	0.654	1.545		0.654	0.654	0.654	0.727
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- Identify the appropriate consumer level base rate.

\$390.76	\$390.76	\$390.76	\$390.76		\$390.76	\$390.76	\$390.76	\$390.76
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- Multiply the (base rate x age factor) and round to the nearest whole cent to determine the member's individual rate.

\$479.46	\$334.49	\$255.56	\$603.72		\$255.56	\$255.56	\$255.56	\$284.08
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- The group's total rate is the sum of individual rates for all members combined.

\$2,723.99

* Note that this subscriber has 4 children under the age of 21. Due to the dependent cap, only the oldest 3 are rated. As such, Child 1 is covered at no additional cost.

**CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016**

Age Factors

Age	Proposed Factor *
<= 20	0.654
21	0.727
22	0.727
23	0.727
24	0.727
25	0.727
26	0.727
27	0.727
28	0.744
29	0.760
30	0.779
31	0.799
32	0.817
33	0.836
34	0.856
35	0.876
36	0.896
37	0.916
38	0.927
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 and over	2.181

* From approved filing CFAP-129567877, effective 1/1/2015.

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016

Network Factors

Network Type	Proposed Products Using This Network	Assumed Network Factor
Lock In / Referral	BlueChoice HMO Referral	0.938
Open Access	BlueChoice HMO	0.985
Open Access Opt-Out	BlueChoice Plus Out-Out	0.998
Open Access Plus	BlueChoice Plus	1.012
Open Access Advantage	BlueChoice Advantage	1.055

APPENDIX

CareFirst BlueChoice, Inc.
d.b.a. CareFirst BlueCross BlueShield
(NAIC # 96202)
D.C. Small Group Products - On Exchange
Rate Filing Effective 1/1/2016
Non-Grandfathered Experience for Pre-ACA Plans

Existing Closed Pre-ACA Products Included in Experience Period

HIOS Product ID	HIOS Product Name	On/Off Exchange	Member Months	Total Premium	Total Allowed Claims *	Incurred Claims *
86052DC024	BlueChoice Advantage HRA	N/A	778	\$ 192,933	\$ 317,638	\$ 268,378
86052DC023	BlueChoice Advantage HSA	N/A	3,809	\$ 756,671	\$ 760,125	\$ 503,067
86052DC008	BlueChoice HMO	N/A	60,479	\$ 21,905,897	\$ 17,671,613	\$ 16,338,940
86052DC018	BlueChoice Opt-Out Open Access	N/A	67,895	\$ 25,706,783	\$ 21,575,692	\$ 19,711,863
86052DC017	BlueChoice HMO Open Access	N/A	40,785	\$ 14,161,450	\$ 11,374,290	\$ 10,509,838
86052DC019	BlueChoice Opt-Out Plus Open Access	N/A	12,929	\$ 5,426,211	\$ 4,015,843	\$ 3,651,069
86052DC025	HealthyBlue 2.0	N/A	45,924	\$ 15,172,251	\$ 14,779,233	\$ 13,007,690
86052DC031	HealthyBlue 2.0 HRA	N/A	294	\$ 96,394	\$ 47,403	\$ 38,565
86052DC030	HealthyBlue 2.0 HSA	N/A	842	\$ 190,009	\$ 175,705	\$ 125,434
86052DC035	HealthyBlue Advantage	N/A	19,476	\$ 6,014,129	\$ 5,917,070	\$ 5,273,450
86052DC037	HealthyBlue Advantage HRA	N/A	1,756	\$ 616,782	\$ 1,735,463	\$ 1,648,998
86052DC036	HealthyBlue Advantage HSA	N/A	2,958	\$ 714,930	\$ 901,865	\$ 690,598
86052DC014	HealthyBlue Triple Option	N/A	43	\$ 14,569	\$ 2,033	\$ 1,420
86052DC016	HealthyBlue Triple Option HRA	N/A	-	\$ -	\$ -	\$ -
86052DC015	HealthyBlue Triple Option HSA	N/A	-	\$ -	\$ -	\$ -
86052DC010	BlueChoice HMO HRA Open Access	N/A	3,690	\$ 1,100,127	\$ 725,837	\$ 508,515
86052DC009	BlueChoice HMO HSA Open Access	N/A	13,591	\$ 3,427,929	\$ 3,480,606	\$ 2,701,333
86052DC013	BlueChoice Advantage	N/A	12,782	\$ 4,436,560	\$ 3,753,935	\$ 3,344,543
86052DC012	BlueChoice Opt-Out Plus HRA Open Access	N/A	1,172	\$ 345,013	\$ 995,984	\$ 850,119
86052DC011	BlueChoice Opt-Out Plus HSA Open Access	N/A	3,966	\$ 1,192,141	\$ 1,705,386	\$ 1,401,747
86052DC038	BlueChoice HMO Open Access HDHP	N/A	2,312	\$ 676,692	\$ 525,876	\$ 398,934
86052DC039	BlueChoice Opt-Out Plus Open Access HDHP	N/A	346	\$ 150,011	\$ 69,898	\$ 47,874
Subtotal Termed Non-ACA for URRT			295,827	\$ 102,297,483	\$ 90,531,494	\$ 81,022,372

* These amounts do not include pharmacy rebates or capitations.

CareFirst BlueChoice, Inc.
d.b.a. CareFirst BlueCross BlueShield
(NAIC # 96202)
D.C. Small Group Products - On Exchange
Rate Filing Effective 1/1/2016
Non-Grandfathered Experience for ACA Plans

Existing ACA Products Included in Experience Period

2014 HIOS Plan ID	2014 HIOS Plan Name	2016 HIOS Plan ID *	2016 HIOS Plan Name	On/Off Exchange (2014/2016)	Contracts a/o Dec 2014	Member Months	Total Premium	Total Allowed Claims ***	Incurred Claims ***	
86052DC0490001	BlueChoice HMO Referral HSA/HRA \$4,000	86052DC0460014	BlueChoice HMO HSA/HRA Bronze 5000	On/On	17	160	\$ 30,893	\$ 4,765	\$ 898	
86052DC0490002	BlueChoice HMO Referral HSA/HRA \$4,000 - SE	86052DC0460014	BlueChoice HMO HSA/HRA Bronze 5000	Off/On	100	578	\$ 121,700	\$ 100,763	\$ 33,004	
86052DC0470002	BlueChoice HMO HSA/HRA \$2,000, 80%	86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000	On/On	4	33	\$ 12,858	\$ 1,374	\$ 318	
86052DC0470003	BlueChoice HMO HSA/HRA \$2,000, 80% - SE	86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000	Off/On	1	18	\$ 2,878	\$ 6,772	\$ 2,309	
86052DC0470005	BlueChoice HMO HSA/HRA \$1,500	86052DC0460012	BlueChoice HMO HSA/HRA Silver 1500	On/On	52	663	\$ 188,403	\$ 54,326	\$ 34,806	
86052DC0470001	BlueChoice HMO HSA/HRA \$1,500	86052DC0460012	BlueChoice HMO HSA/HRA Silver 1500	Off/On	580	3,689	\$ 1,388,299	\$ 958,943	\$ 661,086	
86052DC0470006	BlueChoice HMO HSA/HRA \$2,000	86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000	On/On	3	10	\$ 3,564	\$ 36,918	\$ 32,593	
86052DC0470004	BlueChoice HMO HSA/HRA \$2,000	86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000	Off/On	522	3,955	\$ 943,076	\$ 687,424	\$ 397,626	
86052DC0460008	BlueChoice HMO \$1,800	86052DC0460009	BlueChoice HMO Gold 1500	On/On	17	218	\$ 70,861	\$ 11,622	\$ 6,313	
86052DC0460005	BlueChoice HMO \$1,800	86052DC0460009	BlueChoice HMO Gold 1500	Off/On	14	106	\$ 29,836	\$ 28,525	\$ 16,293	
86052DC0460003	BlueChoice HMO \$1,000	86052DC0460009	BlueChoice HMO Gold 1500	On/On	33	426	\$ 115,929	\$ 30,653	\$ 17,799	
86052DC0460001	BlueChoice HMO \$1,000 - SE	86052DC0460009	BlueChoice HMO Gold 1500	Off/On	1	24	\$ 3,506	\$ 1,317	\$ 580	
86052DC0480004	BlueChoice HMO Referral \$10/\$20	86052DC0480007	BlueChoice HMO Referral Platinum 0	On/On	18	73	\$ 27,360	\$ 4,463	\$ 3,949	
86052DC0480001	BlueChoice HMO Referral \$10/\$20	86052DC0480007	BlueChoice HMO Referral Platinum 0	Off/On	775	4,639	\$ 2,148,378	\$ 1,510,251	\$ 1,399,739	
86052DC0480006	BlueChoice HMO Referral \$30/\$40	86052DC0480007	BlueChoice HMO Referral Platinum 0	On/On	12	86	\$ 36,136	\$ 31,753	\$ 28,202	
86052DC0480003	BlueChoice HMO Referral \$30/\$40	86052DC0480007	BlueChoice HMO Referral Platinum 0	Off/On	1,814	10,386	\$ 4,976,737	\$ 3,324,890	\$ 3,025,413	
86052DC0480005	BlueChoice HMO Referral \$500	86052DC0480008	BlueChoice HMO Referral Gold 500	On/On	33	597	\$ 179,294	\$ 52,129	\$ 41,779	
86052DC0480002	BlueChoice HMO Referral \$500	86052DC0480008	BlueChoice HMO Referral Gold 500	Off/On	603	3,456	\$ 1,084,634	\$ 1,745,930	\$ 1,559,299	
86052DC0460006	BlueChoice HMO \$250	86052DC0460010	BlueChoice HMO Gold 500	On/On	210	3,622	\$ 1,092,868	\$ 789,776	\$ 676,017	
86052DC0460002	BlueChoice HMO \$250	86052DC0460010	BlueChoice HMO Gold 500	Off/On	960	7,237	\$ 2,134,768	\$ 2,075,817	\$ 1,749,497	
86052DC0460007	BlueChoice HMO \$30/\$40	86052DC0460011	BlueChoice HMO Platinum 0	On/On	19	127	\$ 63,933	\$ 42,761	\$ 38,011	
86052DC0460004	BlueChoice HMO \$30/\$40	86052DC0460011	BlueChoice HMO Platinum 0	Off/On	1,365	8,656	\$ 4,276,693	\$ 1,903,394	\$ 1,673,456	
86052DC0440004	BlueChoice Advantage 90%/70%	86052DC0440012	BlueChoice Advantage Platinum 0	On/On	2	20	\$ 13,618	\$ 36,148	\$ 33,521	
86052DC0440003	BlueChoice Advantage 90%/70% - SE	86052DC0440012	BlueChoice Advantage Platinum 0	Off/On	5	119	\$ 57,300	\$ 21,063	\$ 16,684	
86052DC0440006	BlueChoice Advantage 80%/50%	86052DC0440012	BlueChoice Advantage Platinum 0	On/On	7	92	\$ 39,961	\$ 10,516	\$ 9,506	
86052DC0440001	BlueChoice Advantage 80%/50%	86052DC0440012	BlueChoice Advantage Platinum 0	Off/On	67	470	\$ 248,075	\$ 155,657	\$ 134,078	
86052DC0440007	BlueChoice Advantage 100%/70%	86052DC0440012	BlueChoice Advantage Platinum 0	On/On	8	83	\$ 30,941	\$ 27,051	\$ 22,785	
86052DC0440002	BlueChoice Advantage 100%/70%	86052DC0440012	BlueChoice Advantage Platinum 0	Off/On	583	3,431	\$ 1,433,875	\$ 968,840	\$ 844,230	
86052DC0440009	BlueChoice Advantage \$500 \$20/\$30 **	86052DC0440011	BlueChoice Advantage Gold 500	On/On	-	-	\$ -	\$ -	\$ -	
86052DC0440008	BlueChoice Advantage \$1000	86052DC0440010	BlueChoice Advantage Gold 1000	On/On	317	7,416	\$ 2,736,577	\$ 2,114,689	\$ 1,664,481	
86052DC0440005	BlueChoice Advantage \$1000	86052DC0440010	BlueChoice Advantage Gold 1000	Off/On	165	877	\$ 197,421	\$ 196,542	\$ 128,932	
86052DC0450002	BlueChoice Advantage HSA/HRA \$1500	86052DC0440013	BlueChoice Advantage HSA/HRA Silver 1500	On/On	17	146	\$ 37,263	\$ 85,115	\$ 72,784	
86052DC0450001	BlueChoice Advantage HSA/HRA \$1500	86052DC0440013	BlueChoice Advantage HSA/HRA Silver 1500	Off/On	479	2,460	\$ 565,578	\$ 547,537	\$ 357,155	
86052DC0500005	BlueChoice Plus \$2000	86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000	On/On	7	76	\$ 24,638	\$ 18,232	\$ 11,921	
86052DC0500001	BlueChoice Plus \$2000	86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000	Off/On	67	381	\$ 84,737	\$ 137,385	\$ 91,186	
86052DC0500008	BlueChoice Plus 100%/80%, \$10/\$20	86052DC0580001	BlueChoice Plus Opt-Out Platinum 0	On/On	18	168	\$ 64,422	\$ 23,023	\$ 17,478	
86052DC0500004	BlueChoice Plus 100%/80%, \$10/\$20	86052DC0580001	BlueChoice Plus Opt-Out Platinum 0	Off/On	748	4,208	\$ 2,075,109	\$ 1,154,835	\$ 1,002,000	
86052DC0500006	BlueChoice Plus 100%/80%, \$20/\$30	86052DC0580001	BlueChoice Plus Opt-Out Platinum 0	On/On	33	256	\$ 124,606	\$ 109,237	\$ 93,372	
86052DC0500002	BlueChoice Plus 100%/80%, \$20/\$30	86052DC0580001	BlueChoice Plus Opt-Out Platinum 0	Off/On	2,562	15,710	\$ 7,511,343	\$ 5,573,511	\$ 4,941,316	
86052DC0500007	BlueChoice Plus 100%/60%, \$20/\$30	86052DC0580001	BlueChoice Plus Opt-Out Platinum 0	On/On	27	240	\$ 98,746	\$ 46,014	\$ 36,725	
86052DC0500003	BlueChoice Plus 100%/60%, \$20/\$30	86052DC0580001	BlueChoice Plus Opt-Out Platinum 0	Off/On	931	5,397	\$ 2,391,542	\$ 1,976,477	\$ 1,773,439	
86052DC0510004	BlueChoice Plus HSA/HRA \$1500	86052DC0500009	BlueChoice Plus HSA/HRA Silver 1500	On/On	8	144	\$ 35,069	\$ 18,999	\$ 9,145	
86052DC0510001	BlueChoice Plus HSA/HRA \$1500	86052DC0500009	BlueChoice Plus HSA/HRA Silver 1500	Off/On	639	4,393	\$ 1,053,138	\$ 1,080,381	\$ 623,164	
86052DC0510005	BlueChoice Plus HSA/HRA \$2000	86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000	On/On	2	18	\$ 5,746	\$ 729	\$ 396	
86052DC0510002	BlueChoice Plus HSA/HRA \$2000	86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000	Off/On	94	481	\$ 115,860	\$ 91,868	\$ 36,990	
86052DC0510006	BlueChoice Plus HSA/HRA \$3500	86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000	On/On	14	129	\$ 35,015	\$ 11,501	\$ 1,063	
86052DC0510003	BlueChoice Plus HSA/HRA \$3500	86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000	Off/On	103	1,398	\$ 313,225	\$ 263,464	\$ 135,480	
86052DC0540005	HealthyBlue HMO \$300	86052DC0460016	HealthyBlue HMO Platinum 500	On/On	5	58	\$ 19,428	\$ 4,244	\$ 3,889	
86052DC0540002	HealthyBlue HMO \$300	86052DC0460016	HealthyBlue HMO Platinum 500	Off/On	208	1,031	\$ 317,872	\$ 235,910	\$ 212,418	
86052DC0540006	HealthyBlue HMO \$600	86052DC0460017	HealthyBlue HMO Platinum 1000	On/On	4	16	\$ 5,221	\$ 1,306	\$ 1,037	
86052DC0540003	HealthyBlue HMO \$600	86052DC0460017	HealthyBlue HMO Platinum 1000	Off/On	77	278	\$ 76,575	\$ 63,343	\$ 58,812	
86052DC0540004	HealthyBlue HMO \$1,500	86052DC0460015	HealthyBlue HMO Gold 1500	On/On	60	969	\$ 309,420	\$ 211,357	\$ 190,329	
86052DC0540001	HealthyBlue HMO \$1,500	86052DC0460015	HealthyBlue HMO Gold 1500	Off/On	478	3,068	\$ 913,399	\$ 905,024	\$ 796,895	
86052DC0550002	HealthyBlue HMO HSA/HRA \$2,000	86052DC0460018	HealthyBlue HMO HSA/HRA Silver 2000	On/On	35	234	\$ 52,379	\$ 20,340	\$ 7,544	
86052DC0550001	HealthyBlue HMO HSA/HRA \$2,000	86052DC0460018	HealthyBlue HMO HSA/HRA Silver 2000	Off/On	534	2,781	\$ 611,472	\$ 594,309	\$ 335,751	
86052DC0560005	HealthyBlue Plus \$300	86052DC0500012	HealthyBlue Plus Platinum 500	On/On	9	84	\$ 42,530	\$ 36,019	\$ 34,525	
86052DC0560002	HealthyBlue Plus \$300	86052DC0500012	HealthyBlue Plus Platinum 500	Off/On	1,050	7,886	\$ 4,143,204	\$ 2,516,311	\$ 2,242,340	
86052DC0560006	HealthyBlue Plus \$600	86052DC0500013	HealthyBlue Plus Platinum 1000	On/On	16	94	\$ 34,018	\$ 21,559	\$ 17,711	
86052DC0560003	HealthyBlue Plus \$600	86052DC0500013	HealthyBlue Plus Platinum 1000	Off/On	342	1,934	\$ 1,126,928	\$ 555,677	\$ 468,413	
86052DC0560004	HealthyBlue Plus \$1,500	86052DC0500011	HealthyBlue Plus Gold 1500	On/On	115	1,863	\$ 600,857	\$ 676,047	\$ 606,752	
86052DC0560001	HealthyBlue Plus \$1,500	86052DC0500011	HealthyBlue Plus Gold 1500	Off/On	788	4,648	\$ 1,277,287	\$ 1,423,887	\$ 1,183,452	
86052DC0570002	HealthyBlue Plus HSA/HRA \$2,000	86052DC0500014	HealthyBlue Plus HSA/HRA Silver 2000	On/On	6	36	\$ 11,050	\$ 3,667	\$ 1,224	
86052DC0570001	HealthyBlue Plus HSA/HRA \$2,000	86052DC0500014	HealthyBlue Plus HSA/HRA Silver 2000	Off/On	235	1,595	\$ 344,938	\$ 411,802	\$ 240,750	
86052DC0520005	HealthyBlue Advantage \$300	86052DC0440015	HealthyBlue Advantage Platinum 500	On/On	14	202	\$ 69,267	\$ 32,557	\$ 28,561	
86052DC0520002	HealthyBlue Advantage \$300	86052DC0440015	HealthyBlue Advantage Platinum 500	Off/On	573	2,365	\$ 980,239	\$ 704,963	\$ 630,576	
86052DC0520006	HealthyBlue Advantage \$600	86052DC0440016	HealthyBlue Advantage Platinum 1000	On/On	4	27	\$ 10,505	\$ 11,467	\$ 8,356	
86052DC0520003	HealthyBlue Advantage \$600	86052DC0440016	HealthyBlue Advantage Platinum 1000	Off/On	290	1,253	\$ 654,803	\$ 429,140	\$ 379,150	
86052DC0520004	HealthyBlue Advantage \$1,500	86052DC0440014	HealthyBlue Advantage Gold 1500	On/On	1,259	27,474	\$ 9,225,846	\$ 7,709,481	\$ 6,768,453	
86052DC0520001	HealthyBlue Advantage \$1,500	86052DC0440014	HealthyBlue Advantage Gold 1500	Off/On	676	2,913	\$ 676,234	\$ 728,274	\$ 598,422	
86052DC0530002	HealthyBlue Advantage HSA/HRA \$2,000	86052DC0440017	HealthyBlue Advantage HSA/HRA Silver 2000	On/On	11	65	\$ 15,269	\$ 14,064	\$ 5,019	
86052DC0530001	HealthyBlue Advantage HSA/HRA \$2,000	86052DC0440017	HealthyBlue Advantage HSA/HRA Silver 2000	Off/On	564	2,460	\$ 532,407	\$ 603,116	\$ 320,444	
Total						21,409	\$ 160,206	\$ 60,277,554	\$ 45,987,694	\$ 38,597,637

* Experience for mapped plans will be listed in the URRT under these 2016 HIOS Plan IDs.

** This plan was introduced in 2015. As a result it has no experience in this filing's experience period.

*** These amounts do not include pharmacy rebates or capitations.

Note: All 2014 Off Exchange plan IDs were Uniformly Modified into the corresponding On Exchange ID for 2015.

**CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016**

**D.C. BlueChoice Small Group Experience
Experience Period: 1/1/2014 - 12/31/2014, Paid Through 2/28/2015**

Service Category	Non-Grandfathered Small Group		
	Allowed Amount	Units	Allowed PMPM
Inpatient	\$ 22,522,391	1,842	\$ 49.39
Outpatient	\$ 26,590,037	19,866	\$ 58.31
Professional	\$ 47,616,617	330,523	\$ 104.41
Other	\$ 5,662,078	30,790	\$ 12.42
Rx *	\$ 34,128,065	298,659	\$ 74.84
Capitation	\$ 719,511		\$ 1.58
Total (Including Capitations) **	\$ 137,238,699		\$ 300.94
Member Months	456,033		

*These allowed amounts do not account for pharmacy rebates.

** This total is greater than the combined totals from pages 58 and 59 due to the inclusion of capitations.

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016
Blended Index Rate

Effective Date	Index Rate	Total Member Months
1/1/2016	\$ 372.88	102,624
4/1/2016	\$ 379.54	41,868
7/1/2016	\$ 386.30	95,556
10/1/2016	\$ 393.25	259,344
Blended	\$ 386.59	499,392

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016
BlueChoice Non-Grandfathered D.C. Small Group & Individual Base Experience Medical Inpatient
Experience Period: Incurred 201401 - 201412, Paid through 201502

Month	Contracts	Members	Allowed	Admits	Completion Factor	Completed		Rolling 12 PMPM			Rolling 12 Trend			
						Allowed	Admits	Allowed	Admits/1000	Unit Cost	Allowed	Admits/1000	Unit Cost	
201204	18,927	29,947	\$1,352,416	118	1.00	\$1,352,416	118							
201205	18,931	30,011	\$1,566,114	128	1.00	\$1,566,114	128							
201206	19,349	30,670	\$1,372,730	124	1.00	\$1,372,730	124							
201207	19,464	30,872	\$1,854,598	134	1.00	\$1,854,598	134							
201208	19,823	31,386	\$1,532,139	138	1.00	\$1,532,139	138							
201209	20,064	31,742	\$1,860,846	137	1.00	\$1,860,846	137							
201210	20,264	32,044	\$2,021,059	144	1.00	\$2,021,059	144							
201211	20,841	32,962	\$1,096,691	123	1.00	\$1,096,691	123							
201212	21,164	33,424	\$1,388,252	129	1.00	\$1,388,252	129							
201301	21,705	34,343	\$1,923,723	150	1.00	\$1,923,751	150							
201302	21,744	34,392	\$1,674,256	162	1.00	\$1,674,307	162							
201303	21,951	34,732	\$3,797,381	155	1.00	\$3,797,793	155	\$55.47	50.98	\$13,057.48				
201304	22,199	35,135	\$2,580,463	146	1.00	\$2,580,781	146	\$57.87	51.16	\$13,573.95				
201305	22,328	35,161	\$1,900,521	155	1.00	\$1,900,808	155	\$57.96	51.31	\$13,555.02				
201306	22,753	35,868	\$1,497,305	148	1.00	\$1,497,618	148	\$57.53	51.37	\$13,438.32				
201307	23,068	36,380	\$3,035,867	186	1.00	\$3,036,624	186	\$59.65	52.21	\$13,710.49				
201308	23,547	37,237	\$2,153,733	187	1.00	\$2,154,370	187	\$60.31	52.89	\$13,682.87				
201309	23,813	37,625	\$2,248,127	177	1.00	\$2,249,038	177	\$60.39	53.30	\$13,596.89				
201310	23,796	37,653	\$2,085,277	154	1.00	\$2,086,237	154	\$59.74	52.88	\$13,558.58				
201311	24,074	38,221	\$1,927,448	171	1.00	\$1,928,469	171	\$60.95	53.57	\$13,652.22				
201312	25,031	39,843	\$2,226,044	156	1.00	\$2,227,361	156	\$61.97	53.53	\$13,893.15				
201401	27,206	43,465	\$2,681,929	194	1.00	\$2,684,046	194	\$62.41	53.62	\$13,966.90				
201402	27,601	44,007	\$2,016,284	186	1.00	\$2,018,082	186	\$61.85	53.13	\$13,970.02				
201403	27,832	44,140	\$2,393,464	207	1.00	\$2,397,152	207	\$57.58	53.40	\$12,939.49	3.8%	4.8%	-0.9%	
201404	28,327	44,733	\$1,791,283	164	1.00	\$1,795,065	164	\$54.76	52.78	\$12,449.23	-5.4%	3.2%	-8.3%	
201405	29,569	45,924	\$2,296,617	195	1.00	\$2,303,650	196	\$54.38	52.62	\$12,401.14	-6.2%	2.5%	-8.5%	
201406	29,310	45,593	\$2,623,980	190	1.00	\$2,635,972	191	\$55.61	52.62	\$12,680.89	-3.3%	2.4%	-5.6%	
201407	29,064	45,241	\$2,196,737	177	0.99	\$2,211,084	178	\$52.99	51.51	\$12,345.33	-11.2%	-1.3%	-10.0%	
201408	29,006	45,084	\$1,613,197	184	0.99	\$1,627,750	186	\$51.15	50.69	\$12,109.63	-15.2%	-4.2%	-11.5%	
201409	28,651	44,519	\$2,859,479	175	0.99	\$2,899,674	177	\$51.72	50.02	\$12,408.49	-14.3%	-6.1%	-8.7%	
201410	28,379	44,054	\$2,202,003	179	0.98	\$2,244,952	182	\$51.39	50.06	\$12,319.92	-14.0%	-5.3%	-9.1%	
201411	28,170	43,731	\$2,217,395	176	0.96	\$2,316,488	184	\$51.59	49.83	\$12,424.29	-15.3%	-7.0%	-9.0%	
201412	27,173	42,121	\$1,991,670	161	0.94	\$2,130,069	172	\$51.19	49.98	\$12,290.06	-17.4%	-6.6%	-11.5%	

Experience Period	Contracts	Members	Allowed	Admits	Completion Factor	Allowed	Admits	Allowed	Admits/1000	Unit Cost	Allowed	Admits/1000	Unit Cost
Experience Period	340,288	532,612	\$26,884,038	2,188	0.99	\$27,263,984	2,218						
201403	27,832	44,140									3.8%	4.8%	-0.9%
201409	28,651	44,519									-14.3%	-6.1%	-8.7%
201412	27,173	42,121									-17.4%	-6.6%	-11.5%
Avg last 6 months	28,407	44,125									-14.6%	-5.1%	-10.0%
Selected Pricing Trend												0.0%	0.0%

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016
BlueChoice Non-Grandfathered D.C. Small Group & Individual Base Experience Medical Outpatient
Experience Period: Incurred 201401 - 201412, Paid through 201502

Month	Contracts	Members	Allowed	Visits	Completion Factor	Completed		Rolling 12 PMPM			Rolling 12 Trend			
						Allowed	Visits	Allowed	Visits/1000	Unit Cost	Allowed	Visits/1000	Unit Cost	
201204	18,927	29,947	\$1,313,869	1,315	1.00	\$1,313,869	1,315							
201205	18,931	30,011	\$1,540,705	1,503	1.00	\$1,540,705	1,503							
201206	19,349	30,670	\$1,727,753	1,416	1.00	\$1,727,753	1,416							
201207	19,464	30,872	\$1,668,475	1,499	1.00	\$1,668,475	1,499							
201208	19,823	31,386	\$1,850,484	1,525	1.00	\$1,850,484	1,525							
201209	20,064	31,742	\$1,424,277	1,451	1.00	\$1,424,277	1,451							
201210	20,264	32,044	\$1,598,230	1,542	1.00	\$1,598,230	1,542							
201211	20,841	32,962	\$1,520,991	1,431	1.00	\$1,520,991	1,431							
201212	21,164	33,424	\$1,789,951	1,500	1.00	\$1,789,966	1,500							
201301	21,705	34,343	\$1,785,586	1,649	1.00	\$1,785,605	1,649							
201302	21,744	34,392	\$1,948,992	1,537	1.00	\$1,949,015	1,537							
201303	21,951	34,732	\$1,684,821	1,599	1.00	\$1,685,016	1,599	\$51.37	557.81	\$1,105.03				
201304	22,199	35,135	\$1,832,813	1,704	1.00	\$1,833,047	1,704	\$52.01	562.34	\$1,109.88				
201305	22,328	35,161	\$2,310,575	1,762	1.00	\$2,310,919	1,762	\$53.28	562.89	\$1,135.80				
201306	22,753	35,868	\$1,950,434	1,636	1.00	\$1,950,840	1,636	\$53.14	562.19	\$1,134.36				
201307	23,068	36,380	\$2,183,432	1,666	1.00	\$2,183,976	1,666	\$53.69	559.52	\$1,151.49				
201308	23,547	37,237	\$1,951,020	1,607	1.00	\$1,951,611	1,608	\$53.17	553.99	\$1,151.81				
201309	23,813	37,625	\$1,945,312	1,650	1.00	\$1,946,091	1,651	\$53.67	551.94	\$1,166.94				
201310	23,796	37,653	\$2,105,169	1,787	1.00	\$2,106,098	1,788	\$54.16	551.59	\$1,178.26				
201311	24,074	38,221	\$2,171,249	1,711	1.00	\$2,172,383	1,712	\$55.01	552.68	\$1,194.44				
201312	25,031	39,843	\$2,231,152	1,684	1.00	\$2,232,570	1,685	\$55.22	549.64	\$1,205.52				
201401	27,206	43,465	\$2,758,525	1,916	1.00	\$2,760,609	1,917	\$56.27	545.62	\$1,237.66				
201402	27,601	44,007	\$2,668,594	1,848	1.00	\$2,670,897	1,850	\$56.67	542.34	\$1,253.94				
201403	27,832	44,140	\$2,548,671	1,897	1.00	\$2,552,470	1,900	\$57.39	539.12	\$1,277.43	11.7%	-3.4%	15.6%	
201404	28,327	44,733	\$2,622,608	1,973	1.00	\$2,628,136	1,977	\$57.91	535.12	\$1,298.53	11.3%	-4.8%	17.0%	
201405	29,569	45,924	\$2,709,079	2,128	1.00	\$2,717,172	2,134	\$57.46	532.45	\$1,294.95	7.8%	-5.4%	14.0%	
201406	29,310	45,593	\$2,383,594	1,977	1.00	\$2,394,566	1,986	\$57.23	530.47	\$1,294.53	7.7%	-5.6%	14.1%	
201407	29,064	45,241	\$2,804,256	2,025	0.99	\$2,822,490	2,038	\$57.49	530.00	\$1,301.60	7.1%	-5.3%	13.0%	
201408	29,006	45,084	\$2,440,051	1,872	0.99	\$2,461,900	1,889	\$57.60	528.46	\$1,308.00	8.3%	-4.6%	13.6%	
201409	28,651	44,519	\$2,325,981	1,951	0.99	\$2,358,777	1,979	\$57.63	529.03	\$1,307.29	7.4%	-4.2%	12.0%	
201410	28,379	44,054	\$2,670,357	2,016	0.98	\$2,722,341	2,055	\$58.10	528.69	\$1,318.82	7.3%	-4.2%	11.9%	
201411	28,170	43,731	\$2,248,135	1,734	0.96	\$2,350,092	1,816	\$57.84	525.55	\$1,320.57	5.1%	-4.9%	10.6%	
201412	27,173	42,121	\$2,148,106	1,701	0.94	\$2,297,416	1,819	\$57.71	526.32	\$1,315.76	4.5%	-4.2%	9.1%	

Experience Period	Contracts	Members	Allowed	Visits	Completion Factor	Allowed	Visits	Allowed	Visits/1000	Unit Cost	Allowed	Visits/1000	Unit Cost
Experience Period	340,288	532,612	\$30,327,958	23,038	0.99	\$30,736,866	23,360						
201403	27,832	44,140									11.7%	-3.4%	15.6%
201409	28,651	44,519									7.4%	-4.2%	12.0%
201412	27,173	42,121									4.5%	-4.2%	9.1%
Avg last 6 months	28,407	44,125									6.6%	-4.6%	11.7%
Selected Pricing Trend												0.0%	11.0%

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016
BlueChoice Non-Grandfathered D.C. Small Group & Individual Base Experience Medical Professional
Experience Period: Incurred 201401 - 201412, Paid through 201502

Month	Contracts	Members	Allowed	Visits	Completion Factor	Completed		Rolling 12 PMPM			Rolling 12 Trend			
						Allowed	Visits	Allowed	Visits/1000	Unit Cost	Allowed	Visits/1000	Unit Cost	
201204	18,927	29,947	\$2,973,560	21,248	1.00	\$2,973,560	21,248							
201205	18,931	30,011	\$3,191,235	22,686	1.00	\$3,191,235	22,686							
201206	19,349	30,670	\$3,028,133	21,842	1.00	\$3,028,133	21,842							
201207	19,464	30,872	\$3,125,376	21,279	1.00	\$3,125,376	21,279							
201208	19,823	31,386	\$3,413,945	24,039	1.00	\$3,413,945	24,039							
201209	20,064	31,742	\$3,010,507	20,820	1.00	\$3,010,507	20,820							
201210	20,264	32,044	\$3,314,635	23,254	1.00	\$3,314,635	23,254							
201211	20,841	32,962	\$3,143,901	22,557	1.00	\$3,143,901	22,557							
201212	21,164	33,424	\$3,090,699	21,899	1.00	\$3,090,725	21,899							
201301	21,705	34,343	\$3,983,879	27,122	1.00	\$3,983,924	27,122							
201302	21,744	34,392	\$3,638,582	24,369	1.00	\$3,638,644	24,369							
201303	21,951	34,732	\$3,723,854	24,797	1.00	\$3,724,286	24,800	\$102.55	8,566.04	\$143.66				
201304	22,199	35,135	\$3,918,600	27,747	1.00	\$3,919,106	27,751	\$103.61	8,651.79	\$143.70				
201305	22,328	35,161	\$3,895,203	26,939	1.00	\$3,895,794	26,943	\$104.04	8,668.24	\$144.03				
201306	22,753	35,868	\$3,521,846	24,830	1.00	\$3,522,607	24,835	\$103.92	8,645.51	\$144.25				
201307	23,068	36,380	\$3,886,391	27,140	1.00	\$3,887,385	27,147	\$104.39	8,701.44	\$143.96				
201308	23,547	37,237	\$3,886,403	27,457	1.00	\$3,887,593	27,465	\$104.06	8,677.75	\$143.89				
201309	23,813	37,625	\$3,816,916	27,139	1.00	\$3,818,480	27,150	\$104.52	8,737.16	\$143.56				
201310	23,796	37,653	\$4,245,237	30,932	1.00	\$4,247,147	30,946	\$105.34	8,839.05	\$143.01				
201311	24,074	38,221	\$3,821,434	26,790	1.00	\$3,823,376	26,804	\$105.63	8,849.45	\$143.24				
201312	25,031	39,843	\$3,701,684	25,732	1.00	\$3,703,946	25,748	\$105.48	8,825.12	\$143.43				
201401	27,206	43,465	\$4,836,164	32,025	1.00	\$4,840,033	32,051	\$105.24	8,777.19	\$143.89				
201402	27,601	44,007	\$4,251,250	29,116	1.00	\$4,254,959	29,141	\$104.37	8,717.61	\$143.67				
201403	27,832	44,140	\$4,553,342	31,217	1.00	\$4,560,218	31,264	\$104.06	8,708.05	\$143.40	1.5%	1.7%	-0.2%	
201404	28,327	44,733	\$4,802,478	32,856	1.00	\$4,812,722	32,926	\$103.84	8,662.78	\$143.84	0.2%	0.1%	0.1%	
201405	29,569	45,924	\$4,718,405	32,869	1.00	\$4,732,649	32,968	\$103.26	8,619.62	\$143.76	-0.7%	-0.6%	-0.2%	
201406	29,310	45,593	\$4,640,441	32,770	1.00	\$4,661,920	32,922	\$103.53	8,646.31	\$143.69	-0.4%	0.0%	-0.4%	
201407	29,064	45,241	\$4,787,155	32,657	0.99	\$4,818,360	32,870	\$103.56	8,630.55	\$143.99	-0.8%	-0.8%	0.0%	
201408	29,006	45,084	\$4,473,905	30,862	0.99	\$4,513,922	31,138	\$103.20	8,584.30	\$144.26	-0.8%	-1.1%	0.3%	
201409	28,651	44,519	\$4,669,946	32,014	0.99	\$4,735,697	32,465	\$103.59	8,593.17	\$144.66	-0.9%	-1.6%	0.8%	
201410	28,379	44,054	\$5,012,048	36,036	0.98	\$5,109,657	36,738	\$103.97	8,620.80	\$144.73	-1.3%	-2.5%	1.2%	
201411	28,170	43,731	\$4,128,834	29,269	0.96	\$4,319,160	30,631	\$103.83	8,617.83	\$144.58	-1.7%	-2.6%	0.9%	
201412	27,173	42,121	\$4,038,947	28,540	0.93	\$4,320,549	30,528	\$104.54	8,688.68	\$144.38	-0.9%	-1.5%	0.7%	

Experience Period	340,288	532,612	\$54,912,914	380,231	0.99	\$55,679,844	385,641							
201403	27,832	44,140									1.5%	1.7%	-0.2%	
201409	28,651	44,519									-0.9%	-1.6%	0.8%	
201412	27,173	42,121									-0.9%	-1.5%	0.7%	
Avg last 6 months	28,407	44,125									-1.1%	-1.7%	0.6%	
Selected Pricing Trend													1.0%	3.0%

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016
BlueChoice Non-Grandfathered D.C. Small Group & Individual Base Experience Medical Other
Experience Period: Incurred 201401 - 201412, Paid through 201502

Month	Contracts	Members	Allowed	Services	Completion Factor	Completed		Rolling 12 PMPM			Rolling 12 Trend			
						Allowed	Services	Allowed	Services/1000	Unit Cost	Allowed	Services/1000	Unit Cost	
201204	18,927	29,947	\$370,650	1,425	1.00	\$370,650	1,425							
201205	18,931	30,011	\$346,626	1,464	1.00	\$346,626	1,464							
201206	19,349	30,670	\$321,803	1,422	1.00	\$321,803	1,422							
201207	19,464	30,872	\$326,660	1,337	1.00	\$326,660	1,337							
201208	19,823	31,386	\$313,759	1,319	1.00	\$313,759	1,319							
201209	20,064	31,742	\$377,954	1,552	1.00	\$377,954	1,552							
201210	20,264	32,044	\$397,861	1,732	1.00	\$397,861	1,732							
201211	20,841	32,962	\$398,450	1,582	1.00	\$398,450	1,582							
201212	21,164	33,424	\$345,256	1,484	1.00	\$345,259	1,484							
201301	21,705	34,343	\$525,748	2,033	1.00	\$525,755	2,033							
201302	21,744	34,392	\$542,721	1,752	1.00	\$542,732	1,752							
201303	21,951	34,732	\$458,964	1,678	1.00	\$459,018	1,678	\$12.23	583.05	\$251.68				
201304	22,199	35,135	\$385,163	1,827	1.00	\$385,213	1,827	\$12.10	587.65	\$247.16				
201305	22,328	35,161	\$432,784	1,830	1.00	\$432,854	1,830	\$12.16	591.10	\$246.94				
201306	22,753	35,868	\$422,268	1,864	1.00	\$422,358	1,864	\$12.26	596.66	\$246.50				
201307	23,068	36,380	\$480,741	1,908	1.00	\$480,870	1,908	\$12.47	605.42	\$247.15				
201308	23,547	37,237	\$494,712	1,987	1.00	\$494,865	1,988	\$12.73	616.26	\$247.90				
201309	23,813	37,625	\$487,080	1,860	1.00	\$487,283	1,861	\$12.81	616.45	\$249.42				
201310	23,796	37,653	\$553,898	2,085	1.00	\$554,156	2,086	\$13.01	618.30	\$252.53				
201311	24,074	38,221	\$427,481	1,744	1.00	\$427,694	1,745	\$12.92	615.29	\$251.99				
201312	25,031	39,843	\$511,574	1,633	1.00	\$511,909	1,634	\$13.11	610.36	\$257.79				
201401	27,206	43,465	\$470,962	1,925	1.00	\$471,343	1,926	\$12.72	595.00	\$256.58				
201402	27,601	44,007	\$440,635	2,068	1.00	\$441,025	2,070	\$12.23	590.80	\$248.41				
201403	27,832	44,140	\$538,580	2,523	1.00	\$539,406	2,527	\$12.16	600.75	\$242.80	-0.6%	3.0%	-3.5%	
201404	28,327	44,733	\$505,364	2,402	1.00	\$506,460	2,407	\$12.16	603.26	\$241.98	0.5%	2.7%	-2.1%	
201405	29,569	45,924	\$620,523	2,617	1.00	\$622,408	2,625	\$12.29	609.53	\$241.88	1.0%	3.1%	-2.1%	
201406	29,310	45,593	\$637,259	2,487	1.00	\$640,247	2,498	\$12.48	612.92	\$244.43	1.9%	2.7%	-0.8%	
201407	29,064	45,241	\$656,490	3,006	0.99	\$660,790	3,025	\$12.62	628.75	\$240.90	1.2%	3.9%	-2.5%	
201408	29,006	45,084	\$679,536	3,045	0.99	\$685,615	3,072	\$12.80	644.54	\$238.34	0.6%	4.6%	-3.9%	
201409	28,651	44,519	\$555,113	2,736	0.99	\$562,967	2,774	\$12.78	657.11	\$233.34	-0.3%	6.6%	-6.5%	
201410	28,379	44,054	\$530,641	3,301	0.98	\$540,993	3,366	\$12.60	678.36	\$222.82	-3.2%	9.7%	-11.8%	
201411	28,170	43,731	\$595,948	2,729	0.96	\$623,424	2,872	\$12.83	696.83	\$221.02	-0.7%	13.3%	-12.3%	
201412	27,173	42,121	\$546,154	3,029	0.93	\$584,243	3,244	\$12.92	730.12	\$212.27	-1.5%	19.6%	-17.7%	

Experience Period	340,288	532,612	\$6,777,204	31,868	0.99	\$6,878,923	32,406								
201403	27,832	44,140									-0.6%	3.0%	-3.5%		
201409	28,651	44,519									-0.3%	6.6%	-6.5%		
201412	27,173	42,121									-1.5%	19.6%	-17.7%		
Avg last 6 months	28,407	44,125									-0.6%	9.6%	-9.1%		
Selected Pricing Trend														8.0%	0.0%

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016
BlueChoice Non-Grandfathered D.C. Small Group & Individual Base Experience Rx
Experience Period: Incurred 201401 - 201412, Paid through 201502

Month	Contracts	Members	Allowed	Scripts	Completion Factor	Completed		Rolling 12 PMPM			Rolling 12 Trend		
						Allowed	Scripts	Allowed	Scripts/1000	Unit Cost	Allowed	Scripts/1000	Unit Cost
201204	18,927	29,947	\$2,323,500	20,912	1.00	\$2,323,500	20,912						
201205	18,931	30,011	\$2,408,033	21,595	1.00	\$2,408,033	21,595						
201206	19,349	30,670	\$2,286,624	20,568	1.00	\$2,286,624	20,568						
201207	19,464	30,872	\$2,367,272	21,193	1.00	\$2,367,272	21,193						
201208	19,823	31,386	\$2,377,507	21,756	1.00	\$2,377,507	21,756						
201209	20,064	31,742	\$2,238,116	20,677	1.00	\$2,238,116	20,677						
201210	20,264	32,044	\$2,446,647	22,322	1.00	\$2,446,647	22,322						
201211	20,841	32,962	\$2,563,370	22,730	1.00	\$2,563,370	22,730						
201212	21,164	33,424	\$2,472,120	23,371	1.00	\$2,472,120	23,371						
201301	21,705	34,343	\$2,878,916	25,750	1.00	\$2,878,916	25,750						
201302	21,744	34,392	\$2,530,130	23,080	1.00	\$2,530,130	23,080						
201303	21,951	34,732	\$2,777,080	24,125	1.00	\$2,777,080	24,125	\$76.76	8,322.74	\$110.67			
201304	22,199	35,135	\$2,768,917	25,164	1.00	\$2,768,917	25,164	\$76.88	8,342.77	\$110.58			
201305	22,328	35,161	\$3,033,995	25,222	1.00	\$3,033,995	25,222	\$77.46	8,344.18	\$111.40			
201306	22,753	35,868	\$2,800,449	24,033	1.00	\$2,800,449	24,033	\$77.74	8,339.72	\$111.85			
201307	23,068	36,380	\$3,004,084	25,434	1.00	\$3,004,084	25,434	\$78.25	8,351.88	\$112.43			
201308	23,547	37,237	\$3,225,415	25,331	1.00	\$3,225,415	25,331	\$79.19	8,337.45	\$113.98			
201309	23,813	37,625	\$2,989,669	24,620	1.00	\$2,989,669	24,620	\$79.87	8,333.32	\$115.02			
201310	23,796	37,653	\$3,381,249	26,473	1.00	\$3,381,249	26,473	\$81.02	8,340.54	\$116.56			
201311	24,074	38,221	\$3,186,695	25,216	1.00	\$3,186,695	25,216	\$81.48	8,307.92	\$117.68			
201312	25,031	39,843	\$3,474,844	26,991	1.00	\$3,474,844	26,991	\$82.58	8,285.27	\$119.60			
201401	27,206	43,465	\$3,340,884	28,993	1.00	\$3,340,884	28,993	\$81.92	8,203.02	\$119.84			
201402	27,601	44,007	\$3,102,320	27,237	1.00	\$3,102,320	27,237	\$81.45	8,139.35	\$120.08			
201403	27,832	44,140	\$3,508,710	29,929	1.00	\$3,508,710	29,929	\$81.37	8,124.45	\$120.19	6.0%	-2.4%	8.6%
201404	28,327	44,733	\$3,575,345	31,107	1.00	\$3,575,345	31,107	\$81.43	8,110.40	\$120.48	5.9%	-2.8%	8.9%
201405	29,569	45,924	\$3,524,435	31,103	1.00	\$3,524,435	31,103	\$80.63	8,075.94	\$119.81	4.1%	-3.2%	7.6%
201406	29,310	45,593	\$3,544,630	30,293	1.00	\$3,544,630	30,293	\$80.55	8,069.03	\$119.79	3.6%	-3.2%	7.1%
201407	29,064	45,241	\$3,783,011	30,440	1.00	\$3,783,011	30,440	\$80.68	8,046.34	\$120.32	3.1%	-3.7%	7.0%
201408	29,006	45,084	\$3,482,417	29,452	1.00	\$3,482,417	29,452	\$79.95	8,019.58	\$119.62	1.0%	-3.8%	5.0%
201409	28,651	44,519	\$3,436,039	29,181	1.00	\$3,436,039	29,181	\$79.74	8,018.51	\$119.34	-0.2%	-3.8%	3.8%
201410	28,379	44,054	\$3,684,045	30,501	1.00	\$3,684,045	30,501	\$79.35	8,012.81	\$118.83	-2.1%	-3.9%	1.9%
201411	28,170	43,731	\$3,187,891	27,893	1.00	\$3,187,891	27,893	\$78.53	7,990.13	\$117.93	-3.6%	-3.8%	0.2%
201412	27,173	42,121	\$3,446,524	29,483	1.00	\$3,446,524	29,483	\$78.14	8,012.11	\$117.03	-5.4%	-3.3%	-2.1%

Experience Period **340,288** **532,612** **\$41,616,251** **355,612** **1.00** **\$41,616,251** **355,612**

201403	27,832	44,140									6.0%	-2.4%	8.6%
201409	28,651	44,519									-0.2%	-3.8%	3.8%
201412	27,173	42,121									-5.4%	-3.3%	-2.1%
Avg last 6 months	28,407	44,125									-1.2%	-3.7%	2.6%

Selected Pricing Trend **0.0%** **13.0%**

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016
BlueChoice Non-Grandfathered D.C. Small Group & Individual Base Experience Medical and Rx Total
Experience Period: Incurred 201401 - 201412, Paid through 201502

Month	Contracts	Members	Allowed	Completion Factor	Completed	Rolling 12 PMPM	Rolling 12 Trend
					Allowed	Allowed	Allowed
201204	18,927	29,947	\$8,333,994	1.00	\$8,333,994		
201205	18,931	30,011	\$9,052,712	1.00	\$9,052,712		
201206	19,349	30,670	\$8,737,043	1.00	\$8,737,043		
201207	19,464	30,872	\$9,342,380	1.00	\$9,342,380		
201208	19,823	31,386	\$9,487,834	1.00	\$9,487,834		
201209	20,064	31,742	\$8,911,700	1.00	\$8,911,700		
201210	20,264	32,044	\$9,778,431	1.00	\$9,778,431		
201211	20,841	32,962	\$8,723,403	1.00	\$8,723,403		
201212	21,164	33,424	\$9,086,278	1.00	\$9,086,327		
201301	21,705	34,343	\$11,097,851	1.00	\$11,097,951		
201302	21,744	34,392	\$10,334,681	1.00	\$10,334,828		
201303	21,951	34,732	\$12,442,101	1.00	\$12,443,193	\$298.38	
201304	22,199	35,135	\$11,485,956	1.00	\$11,487,064	\$302.47	
201305	22,328	35,161	\$11,573,078	1.00	\$11,574,371	\$304.90	
201306	22,753	35,868	\$10,192,302	1.00	\$10,193,871	\$304.58	
201307	23,068	36,380	\$12,590,515	1.00	\$12,592,940	\$308.44	
201308	23,547	37,237	\$11,711,283	1.00	\$11,713,853	\$309.46	
201309	23,813	37,625	\$11,487,103	1.00	\$11,490,560	\$311.27	
201310	23,796	37,653	\$12,370,829	1.00	\$12,374,887	\$313.27	
201311	24,074	38,221	\$11,534,306	1.00	\$11,538,617	\$315.99	
201312	25,031	39,843	\$12,145,299	1.00	\$12,150,629	\$318.36	
201401	27,206	43,465	\$14,088,463	1.00	\$14,096,915	\$318.57	
201402	27,601	44,007	\$12,479,083	1.00	\$12,487,283	\$316.57	
201403	27,832	44,140	\$13,542,768	1.00	\$13,557,956	\$312.56	4.8%
201404	28,327	44,733	\$13,297,077	1.00	\$13,317,729	\$310.10	2.5%
201405	29,569	45,924	\$13,869,059	1.00	\$13,900,315	\$308.01	1.0%
201406	29,310	45,593	\$13,829,903	1.00	\$13,877,335	\$309.40	1.6%
201407	29,064	45,241	\$14,227,650	1.00	\$14,295,735	\$307.34	-0.4%
201408	29,006	45,084	\$12,689,107	0.99	\$12,771,604	\$304.69	-1.5%
201409	28,651	44,519	\$13,846,557	0.99	\$13,993,153	\$305.47	-1.9%
201410	28,379	44,054	\$14,099,093	0.99	\$14,301,987	\$305.42	-2.5%
201411	28,170	43,731	\$12,378,203	0.97	\$12,797,056	\$304.62	-3.6%
201412	27,173	42,121	\$12,171,401	0.95	\$12,778,801	\$304.49	-4.4%

Experience Period	Contracts	Members	Allowed	Completion Factor	Completed Allowed	Rolling 12 PMPM	Rolling 12 Trend
	340,288	532,612	\$160,518,365	0.99	\$162,175,869		
201403	27,832	44,140					4.8%
201409	28,651	44,519					-1.9%
201412	27,173	42,121					-4.4%
Avg last 6 months	28,407	44,125					-2.4%

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016
Combined SRP MORBIDITY - DC

				2013 Single Risk Pool for 2015 Rates				2014 Single Risk Pool for 2016 Rates								2016 FILING						
				2013 Ave.	2013 ALW Claims	2013 Ratio to CF IND64-ACA	2014 Ave.	2014 ALW Claims	2014 Ratio to CF IND64-ACA	2/28/15 Members	%	LifeID Data Available	"Line of Sight"	2014 ALW Claims	2014 Ratio to CF IND64-ACA	2016 Ave.	%	ALW Claims	Ratio to CF IND64-ACA			
				Members	%	PMPM	Members	%	PMPM	ACA	ACA	Members	%	PMPM	ACA	Members	%	PMPM	ACA			
1	CFI	IND64-ACA/Metaled	UW, HIPAA, GC, QTC	7,400	8%	\$ 289	0.78	2,216	3%	\$434	1.173	3,015	4%	2,367	78%	\$469	1.267	2,412	3%	\$469	1.267	
2	CF	IND64-PPACA/Non-Metaled						3,239	4%	\$340	0.920	0				0		0			0.000	
3		Small Group SRP Subtotal	PPACA/ACA/Congress	65,300	69%	\$379	1.02	77,464	90%	\$397	1.073	68,624	87%			\$401	1.085	61,762	78%	\$401	1.085	
4				72,700	77%	\$370	1.00	82,920	96%	\$396	1.070	71,639	90%			\$404	1.093	64,174	81%	\$404	1.093	
5	CF	IND64-GF	UW, HIPAA, GC, QTC	1,100	1%	\$644	1.74															
6																						
7	CF	SG		500	1%	\$398	1.08	437	1%	\$540	1.461	681	1%	521	77%	\$534	1.444	715	1%	\$534	1.444	
10	CF	LG		2,000	2%	\$431	1.17	158	0%	\$551	1.490	255	0%	178	70%	\$541	1.462	268	0%	\$541	1.462	
11																						
12	OTHER	IND64-Competitors		4,600	5%	\$370	1.00															
13		51-100 FTE																				
14		Congress		10,100	11%	\$324	0.88											8,624	11%	\$494	1.336	
15																						
16		Uninsured FPL 100% - 138%	\$11,670	New Entrants	0	0%																
17		Uninsured FPL 138% - 200%	\$16,105	New Entrants	0	0%																
18		Uninsured FPL 201%+	\$23,340	New Entrants	3,000	3%	\$363	0.98	2,841	3%	\$441	1.192	6,608	8%	2,398	36%	\$447	1.210	8,203	10%	\$447	1.210
19		Other		0	0%			0	0%			0	0%			0	0%		0	0%	0.00	
20		TOTAL:		94,000	100%	\$369	1.00	86,356	100%	\$398	1.08	79,200	100%	5,464	52%	\$409	1.11	82,000	103%	\$420	1.135	
21																						
22																						
23																						
24																						
25																						
26																						
27																						
28	BC	IND64-ACA/Metaled	UW, HIPAA, GC, QTC	3,500	8%	\$ 375	1.17	1,488	3%	\$392	1.229	2,077	5%	1,581	76%	\$449	1.406	1,662	4%	\$449	1.406	
29	CF	IND64-PPACA/Non-Metaled						1,585	4%	\$404	1.267											
30		Small Group SRP Subtotal	PPACA/ACA/Congress	31,600	69%	\$313	0.98	38,003	87%	\$314	0.983	32,674	81%			\$316	0.991	29,407	70%	\$316	0.991	
31				35,100	76%	\$319	1.00	41,076	94%	\$320	1.003	34,751	86%			\$324	1.016	31,069	74%	\$324	1.016	
32																						
33	CF	IND64-GF	UW, HIPAA, GC, QTC	100	0%	\$556	1.74															
34																						
35	CF	SG		200	0%	\$343	1.08	338	1%	\$400	1.254	508	1%	377	74%	\$432	1.354	533	1%	\$432	1.354	
36	CF	LG		1,500	3%	\$372	1.17	113	0%	\$337	1.057	182	0%	121	67%	\$321	1.005	191	0%	\$321	1.005	
37																						
38																						
39																						
40	OTHER	IND64-Competitors		3,500	8%	\$319	1.00															
41		51-100 FTE																				
42		Congress		3,400	7%	\$280	0.88															
43																						
44		Uninsured FPL 100% - 138%	\$11,670	New Entrants	0	0%																
45		Uninsured FPL 138% - 200%	\$16,105	New Entrants	0	0%																
46		Uninsured FPL 201%+	\$23,340	New Entrants	2,200	5%	\$313	0.98	2,105	5%	\$366	1.147	5,013	12%	1,757	35%	\$382	1.196	5,500	13%	\$382	1.196
47		Other		0	0%			0	0%			0	0%			0	0%		0	0%	0.00	
48		TOTAL:		46,000	100%	\$318	1.00	43,641	100%	\$323	1.01	40,466	100%	3,836	49%	\$333	1.04	42,000	100%	\$345	1.080	
49																						
50																						
51																						
52																						
53																						
54																						
55	GHMSI	IND64-ACA/Metaled	UW, HIPAA, GC, QTC	3,900	8%	\$ 219	0.52	728	2%	\$519	1.239	938	2%	786	84%	\$513	1.224	750	2%	\$513	1.224	
56	CF	IND64-PPACA/Non-Metaled						1,654	4%	\$279	0.665											
57		Small Group SRP Subtotal	PPACA/ACA/Congress	33,600	70%	\$442	1.06	39,461	92%	\$477	1.139	35,950	93%			\$478	1.142	32,355	81%	\$478	1.142	
58				37,500	78%	\$419	1.00	41,843	98%	\$470	1.122	36,888	95%			\$479	1.144	33,105	83%	\$479	1.144	
59																						
60	CF	IND64-GF	UW, HIPAA, GC, QTC	1,000	2%	\$729	1.74															
61																						
62	CF	SG		300	1%	\$451	1.08	98	0%	\$1,023	2.442	173	0%	144	83%	\$833	1.989	182	0%	\$833	1.989	
63	CF	LG		500	1%	\$488	1.17	45	0%	\$1,085	2.590	73	0%	57	78%	\$1,089	2.600	77	0%	\$1,089	2.600	
64																						
65																						
66																						
67	OTHER	IND64-Competitors		1,200	3%	\$419	1.00															
68		51-100 FTE																				
69		Congress		6,700	14%	\$367	0.88															
70																						
71		Uninsured FPL 100% - 138%	\$11,670	New Entrants	0	0%																
72		Uninsured FPL 138% - 200%	\$16,105	New Entrants	0	0%																
73		Uninsured FPL 201%+	\$23,340	New Entrants	800	2%	\$411	0.98	737	2%	\$655	1.564	1,595	4%	642	40%	\$654	1.561	2,704	7%	\$654	1.561
74		Other		0	0%			0	0%			0	0%			0	0%		0	0%	0.00	
75		TOTAL:		48,000	100%	\$419	1.00	42,726	100%	\$475	1.13	38,734	100%	1,629	59%	\$489	1.17	40,000	100%	\$503	1.201	
76																						
77																						
78																						
79																						

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016
BlueChoice Projected Morbidity

2016 Change in Morbidity Projection						
		2014 Actual		2016 Projected		
		Risk Score	Average Members	Risk Score	Projected Members	Δ
IND64-	ACA/Metaled	1.23	1,488	1.41	1,662	
IND64-	PPACA/Non-Metaled	1.27	1,585	0.00	0	
Small Group	PPACA/ACA/Congress	0.98	38,003	0.99	29,407	
Small Group		1.25	338	1.35	533	
Large Group		1.06	113	1.01	191	
Other	51-100 FTE			1.34	4,696	
Congress						
FPL 201%+	Uninsured	1.15	2,105	1.20	5,500	
Grand Total Single Risk Pool		1.01	43,641	1.08	42,000	6.8%

**CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016**

DC ACA Combined - Small Group & Individual Capitations

<u>BlueChoice</u>	<u>Description</u>	<u>1/1/14 PMPM</u>	<u>1/1/15 PMPM</u>	<u>1/1/16 PMPM</u>
	Mental Health UR	\$0.94	\$0.60	\$0.53
	Nurse Hotline	\$0.04	\$0.04	\$0.05
	Wellness *	\$0.22	\$0.22	\$0.22
	Embedded Pediatric Vision **	\$0.23	\$0.23	\$0.23
	Embedded Adult Vision ***	\$0.28	\$0.28	\$0.28
	AVERAGE PMPM:	\$1.71	\$1.37	\$1.31

* The total capitation for Wellness is \$0.26, but only applies to members age 18+.

** Only applies to members age 19 and under.

*** Ind64- only and only applies to members over the age of 19.

Rate Filing Justification Part II (Plain Language Summary)

Pursuant to 45 CFR 154.215, health insurance issuers are required to file Rate Filing Justifications. Part II of the Rate Filing Justification for rate increases and new submissions must contain a written description that includes a simple and brief narrative describing the data and assumptions that were used to develop the proposed rates. The Part II template below must be filled out and uploaded as an Adobe PDF file under the Consumer Disclosure Form section of the Supporting Documentation tab.

Name of Company

SERFF tracking number

Submission Date

Product Name

Market Type Individual Small Group

Rate Filing Type Rate Increase New Filing

Scope and Range of the Increase:

The % increase is requested because:

This filing will impact:

of policyholder's

of covered lives

The average, minimum and maximum rate changes increases are:

- Average Rate Change: The average premium change, by percentage, across all policy holders if the filing is approved %
- Minimum Rate Change: The smallest premium increase (or largest decrease), by percentage, that any one policy holder would experience if the filing is approved %
- Maximum Rate Change: The largest premium increase, by percentage, that any one policy holder would experience if the filing is approved %

Individuals within the group may vary from the aggregate of the above increase components as a result of:

Financial Experience of Product

The overall financial experience of the product includes:

The rate increase will affect the projected financial experience of the product by:

Components of Increase

The request is made up of the following components:

Trend Increases – % of the % total filed increase

- 1. Medical Utilization Changes –Defined as the increase in total plan claim costs not attributable to changes in the unit cost of underlying services, or renegotiation of provider contracts. Examples include changes in the mix of services utilized, or an increase/decrease in the frequency of service utilization.

This component is % of the % total filed increase.

- 2. Medical Price Changes – Defined as the increase in total plan claim costs attributable to changes in the unit cost of underlying services, or renegotiation of provider contracts.

This component is % of the % total filed increase.

Other Increases – % of the % total filed increase

- 1. Medical Benefit Changes Required by Law – Defined as any new mandated plan benefit changes, as mandated by either State or Federal Regulation.

This component is % of the % total filed increase.

- 2. Medical Benefit Changes Not Required by Law – Defined as changes in plan benefit design made by the company, which are not required by either State or Federal Regulation.

This component is % of the % total filed increase.

- 3. Changes to Administration Costs – Defined as increases in the costs of providing insurance coverage. Examples include claims payment expenses, distribution costs, taxes, and general business expenses such as rent, salaries, and overhead.

This component is % of the % total filed increase.

- 4. Changes to Profit Margin – Defined as increases to company surplus or changes as an additional margin to cover the risk of the company.

This component is % of the % total filed increase.

- 5. Other – Defined as:

This component is % of the % total filed increase.

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	X	Y	
1	Unified Rate Review v2.0.4																							
2																								
3	Company Legal Name:	BlueChoice, Inc.				State:	DC																	
4	HIOS Issuer ID:	86052				Market:	Small Group																	
5	Effective Date of Rate Change(s):	1/1/2016																						
6																								
7																								
8	Market Level Calculations (Same for all Plans)																							
9																								
10																								
11	Section I: Experience period data																							
12	Experience Period:	1/1/2014	to	12/31/2014																				
13		Experience Period		Aggregate Amount	PMPM	% of Prem																		
14	Premiums (net of MLR Rebate) in Experience Period:	\$182,666,488	\$342.96	100.00%																				
15	Incurred Claims in Experience Period	\$138,038,404	259.17	75.57%																				
16	Allowed Claims:	\$ 154,106,007.59	289.34	84.36%																				
17	Index Rate of Experience Period	\$ 298.00																						
18	Experience Period Member Months	532,612																						
19																								
20	Section II: Allowed Claims, PMPM basis																							
21		Experience Period	Projection Period:	1/1/2016	to	12/31/2016	Mid-point to Mid-point, Experience to Projection:	24	months															
22		on Actual Experience Allowed			Adj't. from Experience to	Annualized Trend	Projections, before credibility Adjustment				Credibility Manual													
23	Benefit Category	Utilization per	Average	PMPM	Projection Period	Factors	Utilization per	Average	PMPM	Utilization	Average	PMPM												
24	Inpatient Hospital	Admits	49.85	\$ 12,323.61	551.19	Pop'l risk	1,000	Cost/Service	53.23	per 1,000	Cost/Service	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000
25	Outpatient Hospital	Visits	525.19	\$ 1,318.61	57.71	Morbidity	1.068	Other	1.011	1.110	1.110	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
26	Professional	Visits	8,670.92	\$ 144.68	104.54	Cost	1.068	1.044	1.030	1.010	9,446.68	160.18	126.10	126.10	126.10	126.10	126.10	126.10	126.10	126.10	126.10	126.10	126.10	126.10
27	Other Medical	Services	722.72	\$ 214.45	12.92	Util	1.068	1.171	1.000	1.080	900.30	251.11	18.84	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
28	Capitation	Other	12,000.00	\$ 1.68	1.68	Util	1.000	0.690	1.000	1.000	12,000.00	1.16	1.16	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
29	Prescription Drug	Prescriptions	8,012.11	\$ 108.04	72.14	Util	1.068	0.984	1.130	1.000	8,556.93	135.82	96.85	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
30	Total				\$300.17						\$375.03											\$0.00		
31																								
32	Section III: Projected Experience:																							
33		Projected Allowed Experience Claims PMPM (w/applied credibility if applicable)																						
34		Paid to Allowed Average Factor in Projection Period																						
35		Projected Incurred Claims, before ACA rein & Risk Adj't, PMPM																						
36		Projected Risk Adjustments PMPM																						
37		Projected Incurred Claims, before reinsurance recoveries, net of rein prem, PMPM																						
38		Projected ACA reinsurance recoveries, net of rein prem, PMPM																						
39		Projected Incurred Claims																						
40		Administrative Expense Load																						
41		Profit & Risk Load																						
42		Taxes & Fees																						
43		Single Risk Pool Gross Premium Avg. Rate, PMPM																						
44		Index Rate for Projection Period																						
45		% increase over Experience Period																						
46		% Increase, annualized:																						
47		Projected Member Months																						
48																								
49	Information Not Releasable to the Public Unless Authorized by Law: This information has not been publically disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.																							
50																								

Product-Plan Data Collection

Company Legal Name:
HIOS Issuer ID:
Effective Date of Rate Change(s):

BlueChoice, Inc.
86052
1/1/2016

State: **DC**
Market: **Small Group**

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product	Terminated Products 86052DC018	BlueChoice HMO 86052DC046													
		Catastrophic	Platinum 91.09%	Platinum 88.90%	Gold 81.50%	Platinum 88.04%	Silver 71.45%	Gold 81.78%	Gold 78.01%	Silver 71.57%	Silver 71.91%	Silver 69.59%	Silver 68.19%	Bronze 61.93%	
Product ID:															
Metal:															
AV Metal Value	0.00%	132.08%	131.31%	105.39%	126.56%	85.63%	109.91%	101.43%	80.76%	81.44%	77.95%	75.48%	57.34%		
AV Pricing Value	0.00%	HMO	POS	HMO	POS	HMO	POS	HMO	HMO	POS	HMO	HMO	HMO		
Plan Type:	HMO														
Plan Name	Terminated Products 2014 Experience	BlueChoice HMO Platinum 0	HealthyBlue HMO Platinum 500	BlueChoice HMO Gold 500	HealthyBlue HMO Platinum 1000	BlueChoice HMO Silver 1000	HealthyBlue HMO Gold 1500	BlueChoice HMO Gold 1500	HSA/HRA Silver 1500	HealthyBlue HMO HSA/HRA Silver 2000	BlueChoice HMO HSA/HRA Silver 3000	BlueChoice HMO HSA/HRA Silver 3000	BlueChoice HMO HSA/HRA Bronze 5000		
Plan ID (Standard Component ID):	86052DC0180001	86052DC0460011	86052DC0460016	86052DC0460010	86052DC0460017	86052DC0460020	86052DC0460015	86052DC0460009	86052DC0460012	86052DC0460018	86052DC0460013	86052DC0460019	86052DC0460014		
Exchange Plan?	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes		
Historical Rate Increase - Calendar Year - 1	0.00%	0.00%													
Historical Rate Increase - Calendar Year - 2	0.00%	0.00%													
Historical Rate Increase - Calendar Year 0	0.00%	10.33%													
Effective Date of Proposed Rates	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016		
Rate Change % (over prior filing)	0.00%	1.68%	2.77%	-5.91%	2.39%	0.00%	3.49%	5.82%	-12.16%	1.39%	-3.03%	0.00%	-2.38%		
Cumulative Rate Change % (over 12 mos prior)	0.00%	5.93%	7.06%	-1.98%	6.67%	0.00%	7.82%	10.24%	-8.51%	5.60%	1.00%	0.00%	1.67%		
Proj'd Per Rate Change % (over Exper. Period)	#DIV/0!	17.10%	19.88%	11.46%	18.22%	#DIV/0!	24.68%	18.89%	-3.26%	18.90%	11.27%	#DIV/0!	7.77%		
Product Threshold Rate Increase %	#DIV/0!	2.75%													

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

Plan ID (Standard Component ID):	Total	86052DC0180001	86052DC0460011	86052DC0460016	86052DC0460010	86052DC0460017	86052DC0460020	86052DC0460015	86052DC0460009	86052DC0460012	86052DC0460018	86052DC0460013	86052DC0460019	86052DC0460014
Inpatient	-\$5.81	\$0.00	-\$18.84	-\$18.01	-\$19.48	-\$17.60	-\$14.68	-\$14.68	-\$12.40	-\$11.74	-\$11.74	-\$11.74	\$0.00	-\$9.43
Outpatient	\$1.61	\$0.00	\$5.19	\$5.84	-\$0.02	\$5.40	\$0.00	\$5.26	\$5.92	-\$3.05	\$3.08	\$1.21	\$0.00	-\$1.09
Professional	\$0.79	\$0.00	\$2.55	\$3.71	-\$5.18	\$3.19	\$0.00	\$3.75	\$5.32	-\$9.24	\$1.37	-\$1.71	\$0.00	-\$0.92
Prescription Drug	\$2.00	\$0.00	\$6.47	\$7.29	-\$0.09	\$6.74	\$0.00	\$6.57	\$7.42	-\$3.90	\$3.84	\$1.48	\$0.00	-\$1.34
Other	-\$0.22	\$0.00	-\$0.71	-\$0.52	-\$1.71	-\$0.56	-\$0.33	-\$0.01	-\$2.15	-\$0.47	-\$0.93	-\$0.93	\$0.00	-\$0.63
Capitation	-\$0.14	\$0.00	-\$0.45	-\$0.43	-\$0.46	-\$0.42	\$0.00	-\$0.35	-\$0.30	-\$0.42	-\$0.28	-\$0.31	\$0.00	-\$0.22
Administration	\$1.00	\$0.00	\$3.22	\$3.57	\$0.29	\$3.32	\$0.00	\$3.19	\$3.53	-\$1.44	\$1.92	\$0.89	\$0.00	\$0.76
Taxes & Fees	\$1.28	\$0.00	\$4.15	\$4.94	-\$1.72	\$4.49	\$0.00	\$4.59	\$5.53	-\$5.00	\$2.42	\$0.21	\$0.00	\$0.39
Risk & Profit Charge	\$1.93	\$0.00	\$6.26	\$6.29	\$4.61	\$6.04	\$0.00	\$5.30	\$4.99	\$3.25	\$3.85	\$3.52	\$0.00	\$2.61
Total Rate Increase	\$2.45	\$0.00	\$7.83	\$12.68	-\$23.77	\$10.62	\$0.00	\$13.30	\$20.01	-\$40.13	\$4.00	-\$8.74	\$0.00	-\$5.02
Member Cost Share Increase	\$2.63	\$0.00	\$7.55	\$3.75	-\$25.83	\$4.99	\$0.00	-\$2.47	-\$8.28	\$22.47	\$6.12	-\$15.71	\$0.00	-\$6.49
Average Current Rate PMPM	\$402.93	\$343.73	\$466.10	\$458.46	\$401.93	\$443.52	\$0.00	\$381.08	\$343.95	\$329.92	\$288.21	\$288.42	\$0.00	\$210.78
Projected Member Months	499,392	0	36,732	3,996	22,524	1,740	1,200	9,924	1,272	12,792	11,052	11,028	1,200	2,700

Section III: Experience Period Information

Plan ID (Standard Component ID):	Total	86052DC0180001	86052DC0460011	86052DC0460016	86052DC0460010	86052DC0460017	86052DC0460020	86052DC0460015	86052DC0460009	86052DC0460012	86052DC0460018	86052DC0460013	86052DC0460019	86052DC0460014
Plan Adjusted Index Rate	\$138.62	\$0.00	\$455.35	\$442.21	\$381.74	\$432.16	\$0.00	\$355.89	\$344.41	\$337.02	\$276.51	\$282.79	\$0.00	\$214.82
Member Months	456,033	295,827	8,783	1,089	10,859	294	0	4,037	774	4,352	3,015	4,016	0	738
Total Premium (TP)	\$63,214,780	\$0	\$3,999,301	\$481,572	\$4,145,273	\$127,055	\$0	\$1,436,733	\$266,572	\$1,466,713	\$833,682	\$1,135,684	\$0	\$158,539
EHB Percent of TP, [see instructions]	99.68%	99.68%	99.68%	99.68%	99.68%	99.68%	99.68%	99.68%	99.68%	99.68%	99.68%	99.68%	99.68%	99.68%
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%	0.00%	0.00%
Other benefits portion of TP	0.32%	0.32%	0.32%	0.32%	0.32%	0.32%	0.32%	0.32%	0.32%	0.32%	0.32%	0.32%	0.32%	0.32%
Total Allowed Claims (TAC)	\$128,065,859	\$89,055,179	\$1,601,987	\$197,506	\$2,540,742	\$53,140	\$0	\$994,505	\$51,829	\$886,010	\$339,873	\$368,357	\$0	\$23,102
EHB Percent of TAC, [see instructions]	99.68%	99.68%	99.68%	99.68%	99.68%	99.68%	99.68%	99.68%	99.68%	99.68%	99.68%	99.68%	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%	0.00%
Other benefits portion of TAC	0.32%	0.32%	0.32%	0.32%	0.32%	0.32%	0.32%	0.32%	0.32%	0.32%	0.32%	0.32%	0.32%	0.32%
Allowed Claims which are not the issuer's obligation:	\$10,687,523	\$9,509,122	-\$79,993	-\$15,170	\$161,650	-\$5,733	\$0	\$25,647	\$11,287	\$205,790	\$5,542	-\$54,420	\$0	-\$9,580
Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Portion of above payable by HHS on behalf of insured person, as %	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	#DIV/0!	0.00%	0.00%	0.00%	0.00%	0.00%	#DIV/0!	0.00%
Total Incurred Claims, payable with issuer funds	\$117,378,336	\$79,546,057	\$1,681,980	\$212,676	\$2,379,092	\$58,872	\$0	\$968,858	\$40,541	\$680,220	\$334,332	\$422,777	\$0	\$32,682
Net Amt of Rein	-\$579,485.28	\$0.00	-\$31,769.22	-\$3,939.05	-\$39,278.37	-\$1,063.44	\$0.00	-\$14,602.34	-\$2,799.66	-\$15,741.73	-\$10,905.63	-\$14,526.38	\$0.00	-\$2,669.44
Net Amt of Risk Adj	-\$6,224,472.08	\$0.00	-\$315,383.65	-\$39,104.27	-\$279,298.33	-\$10,557.08	\$0.00	-\$103,833.44	-\$19,907.63	-\$111,935.38	-\$266,052.97	-\$354,384.33	\$0.00	-\$81,265.92
Incurred Claims PMPM	\$257.39	\$268.89	\$191.50	\$195.29	\$219.09	\$200.25	#DIV/0!	\$239.99	\$52.38	\$156.30	\$110.89	\$105.27	#DIV/0!	\$44.28
Allowed Claims PMPM	\$280.83	\$301.04	\$182.40	\$181.36	\$233.98	\$180.75	#DIV/0!	\$246.35	\$66.96	\$203.59	\$112.73	\$91.72	#DIV/0!	\$31.30
EHB portion of Allowed Claims, PMPM	\$279.93	\$300.08	\$181.82	\$180.79	\$233.23	\$180.17	#DIV/0!	\$245.56	\$66.75	\$202.94	\$112.37	\$91.43	#DIV/0!	\$31.20

Section IV: Projected (12 months following effective date)

Plan ID (Standard Component ID):	Total	86052DC0180001	86052DC0460011	86052DC0460016	86052DC0460010	86052DC0460017	86052DC0460020	86052DC0460015	86052DC0460009	86052DC0460012	86052DC0460018	86052DC0460013	86052DC0460019	86052DC0460014
Plan Adjusted Index Rate	\$470.19	\$0.00	\$533.22	\$530.11	\$425.48	\$510.92	\$0.00	\$345.68	\$443.72	\$409.46	\$326.04	\$328.78	\$314.67	\$231.51
Member Months	499,392	0	36,732	3,996	22,524	1,740	1,200	9,924	1,272	12,792	11,052	11,028	1,200	2,700

Product-Plan Data Collection

Company Legal Name:
 HIOS Issuer ID:
 Effective Date of Rate Change(s):

BlueChoice, Inc.
86052
1/1/2016

State: **DC**
 Market: **Small Group**

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product		BlueChoice HMO													
Product ID:		86052DC046													
Metal:		Catastrophic													
AV Metal Value		91.09%													
AV Pricing Value		132.08%													
Plan Type:		HMO													
Plan Name		Terminated Products 2014 Experience													
Plan ID (Standard Component ID):		86052DC0180001													
Exchange Plan?		No													
Historical Rate Increase - Calendar Year - 2		0.00%													
Historical Rate Increase - Calendar Year - 1		0.00%													
Historical Rate Increase - Calendar Year 0		0.00%													
Effective Date of Proposed Rates		1/1/2016													
Rate Change % (over prior filing)		0.00%													
Cumulative Rate Change % (over 12 mos prior)		0.00%													
Proj'd Per Rate Change % (over Exper. Period)		#DIV/0!													
Product Threshold Rate Increase %		#DIV/0!													
Total Premium (TP)		\$234,810,778													
EHB Percent of TP, [see instructions]		99.45%													
state mandated benefits portion of TP that are other than EHB		0.00%													
Other benefits portion of TP		0.55%													
Total Allowed Claims (TAC)		\$191,571,036													
EHB Percent of TAC, [see instructions]		99.45%													
state mandated benefits portion of TAC that are other than EHB		0.00%													
Other benefits portion of TAC		0.55%													
Allowed Claims which are not the issuer's obligation		\$27,699,369													
Portion of above payable by HHS's funds on behalf of insured person, in dollars		\$0													
Portion of above payable by HHS on behalf of insured person, as %		0.00%													
Total Incurred claims, payable with issuer funds		\$163,871,667													
Net Amt of Rein		-\$1,130,707													
Net Amt of Risk Adj		\$6,848,773													
Incurred Claims PMPM		\$328.14													
Allowed Claims PMPM		\$383.61													
EHB portion of Allowed Claims, PMPM		\$381.50													
		Terminated Products 86052DC018	Platinum 91.09% HMO	Platinum 88.90% POS	Gold 81.50% HMO	Platinum 88.04% POS	Silver 71.45% HMO	Gold 81.78% POS	Gold 78.01% HMO	Silver 71.57% HMO	Silver 71.91% POS	Silver 69.59% HMO	Silver 68.19% HMO	Bronze 61.93% HMO	
		Terminated Products 2014 Experience	BlueChoice HMO Platinum 0	HealthyBlue HMO Platinum 500	BlueChoice HMO Gold 500	HealthyBlue HMO Platinum 1000	BlueChoice HMO Silver 1000	HealthyBlue HMO Gold 1500	BlueChoice HMO Gold 1500	HSA/HRA Silver 1500	HealthyBlue HMO HSA/HRA Silver 2000	BlueChoice HMO HSA/HRA Silver 2000	BlueChoice HMO HSA/HRA Silver 3000	BlueChoice HMO HSA/HRA Bronze 5000	
		86052DC0180001	86052DC0460011	86052DC0460016	86052DC0460010	86052DC0460017	86052DC0460020	86052DC0460015	86052DC0460009	86052DC0460012	86052DC0460018	86052DC0460013	86052DC0460019	86052DC0460014	
		No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
		0.00%	1.68%	2.77%	-5.91%	2.39%	0.00%	3.49%	5.82%	-12.16%	1.39%	-3.03%	0.00%	-2.38%	
		0.00%	5.93%	7.06%	-1.98%	6.67%	0.00%	7.82%	10.24%	-8.51%	5.60%	1.00%	0.00%	1.67%	
		0.00%	17.10%	19.88%	11.46%	18.22%	#DIV/0!	24.68%	18.89%	-3.26%	18.90%	11.27%	#DIV/0!	7.77%	
		#DIV/0!	\$19,586,173	\$2,118,303	\$9,583,469	\$888,998	\$414,820	\$4,403,438	\$520,834	\$4,170,736	\$3,633,664	\$3,470,179	\$365,656	\$625,066	
		99.45%	99.45%	99.45%	99.45%	99.45%	99.45%	99.45%	99.45%	99.45%	99.45%	99.45%	99.45%	99.45%	
		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%	
		0.55%	0.55%	0.55%	0.55%	0.55%	0.55%	0.55%	0.55%	0.55%	0.55%	0.55%	0.55%	0.55%	
		\$191,571,036	\$14,665,483	\$1,595,428	\$8,301,092	\$694,706	\$423,826	\$3,657,434	\$468,788	\$4,260,575	\$3,681,041	\$3,673,047	\$399,679	\$781,980	
		99.45%	99.45%	99.45%	99.45%	99.45%	99.45%	99.45%	99.45%	99.45%	99.45%	99.45%	99.45%	99.45%	
		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%	
		0.55%	0.55%	0.55%	0.55%	0.55%	0.55%	0.55%	0.55%	0.55%	0.55%	0.55%	0.55%	0.55%	
		\$27,699,369	\$1,064,786	\$124,200	\$1,583,254	\$76,341	\$129,905	\$576,564	\$102,998	\$1,295,529	\$1,099,081	\$1,200,659	\$138,621	\$326,764	
		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
		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%	
		\$163,871,667	\$13,600,697	\$1,471,228	\$6,717,838	\$618,365	\$293,921	\$3,080,870	\$365,790	\$2,965,046	\$2,581,960	\$2,472,389	\$261,058	\$455,216	
		-\$1,130,707	-\$83,167	-\$9,048	-\$50,998	-\$3,940	-\$2,717	-\$22,470	-\$2,880	-\$28,963	-\$25,024	-\$24,969	-\$2,717	-\$6,113	
		\$6,848,773	\$503,751	\$54,802	\$308,899	\$23,863	\$16,457	\$136,100	\$17,444	\$175,432	\$151,570	\$151,240	\$16,457	\$37,028	
		\$328.14	\$370.27	\$368.18	\$298.25	\$355.38	\$244.93	\$310.45	\$287.57	\$231.79	\$233.62	\$224.19	\$217.55	\$168.60	
		\$383.61	\$399.26	\$399.26	\$368.54	\$399.26	\$353.19	\$368.54	\$368.54	\$333.07	\$333.07	\$333.07	\$333.07	\$289.62	
		\$381.50	\$397.06	\$397.06	\$366.52	\$397.06	\$351.25	\$366.52	\$366.52	\$331.24	\$331.24	\$331.24	\$331.24	\$288.03	

Product-Plan Data Collection

Company Legal Name:
HIOS Issuer ID:
Effective Date of Rate Change(s):

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product	BlueChoice HMO Referral 86052DC048								jeChoice Plus Opt-C 86052DC058	BlueChoice Plus Opt-C 86052DC050						
	Platinum	Gold	Gold	Platinum	Gold	Silver	Bronze		Platinum	Platinum	Gold	Platinum	Gold	Gold	Silver	
Product ID:	86052DC0480007															
Metal:	91.09%	81.80%	81.50%	88.11%	78.22%	70.07%	61.99%	91.09%	88.90%	81.50%	88.04%	79.07%	81.78%	71.57%		
AV Metal Value	125.79%	105.01%	100.37%	118.94%	94.64%	77.32%	61.56%	133.87%	134.86%	108.25%	129.99%	104.92%	112.89%	82.95%		
AV Pricing Value	HMO	HMO	HMO	HMO	HMO	HMO	HMO	POS	POS	POS	POS	POS	POS	POS		
Plan Type:	BlueChoice HMO Referral Platinum 0	BlueChoice HMO Referral Gold 500	BlueChoice HMO Referral Gold 500	BlueChoice HMO Referral Platinum 1000	BlueChoice HMO Referral Gold 80	BlueChoice HMO Referral Silver 70	BlueChoice HMO Referral Bronze 5500	BlueChoice Plus Opt-Out Platinum 0	HealthyBlue Plus Platinum 500	BlueChoice Plus Gold 500	HealthyBlue Plus Platinum 1000	BlueChoice Plus Gold 1000	HealthyBlue Plus Gold 1500	BlueChoice Plus HSA/HRA Silver 1500		
Plan ID (Standard Component ID):	86052DC0480007	86052DC0480010	86052DC0480008	86052DC0480012	86052DC0480011	86052DC0480013	86052DC0480009	86052DC0580001	86052DC0500012	86052DC0500016	86052DC0500013	86052DC0500015	86052DC0500011	86052DC0500009		
Exchange Plan?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes		
Historical Rate Increase - Calendar Year - 2	0.00%								0.00%	0.00%						
Historical Rate Increase - Calendar Year - 1	0.00%								0.00%	0.00%						
Historical Rate Increase - Calendar Year 0	9.01%								8.68%	10.75%						
Effective Date of Proposed Rates	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016		
Rate Change % (over prior filing)	1.06%	0.00%	-0.86%	0.00%	0.00%	0.00%	0.00%	1.95%	2.58%	0.00%	2.21%	0.00%	3.30%	-3.12%		
Cum'lve Rate Change % (over 12 mos prior)	5.28%	0.00%	3.29%	0.00%	0.00%	0.00%	0.00%	6.22%	6.87%	0.00%	6.48%	0.00%	7.62%	0.90%		
Proj'd Per Rate Change % (over Exper. Period)	15.95%	#DIV/0!	15.16%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	16.87%	19.32%	#DIV/0!	17.69%	#DIV/0!	24.11%	9.15%		
Product Threshold Rate Increase %	4.97%								6.21%	5.92%						

Section II: Components of Premium Increase (PMPM Dollar Amount ab

Plan ID (Standard Component ID):	Total	86052DC0480007	86052DC0480010	86052DC0480008	86052DC0480012	86052DC0480011	86052DC0480013	86052DC0480009	86052DC0580001	86052DC0500012	86052DC0500016	86052DC0500013	86052DC0500015	86052DC0500011	86052DC0500009
Inpatient	\$-58.81	\$-18.35	\$0.00	\$-15.66	\$0.00	\$0.00	\$0.00	\$0.00	\$-18.91	\$-18.62	\$0.00	\$-18.19	\$0.00	\$-15.19	\$-13.99
Outpatient	\$1.61	\$4.56	\$0.00	\$2.69	\$0.00	\$0.00	\$0.00	\$5.43	\$5.87	\$0.00	\$5.43	\$0.00	\$5.30	\$1.25	
Professional	\$0.79	\$1.77	\$0.00	\$0.24	\$0.00	\$0.00	\$0.00	\$2.89	\$3.60	\$0.00	\$3.08	\$0.00	\$3.68	-\$1.89	
Prescription Drug	\$2.00	\$5.68	\$0.00	\$3.33	\$0.00	\$0.00	\$0.00	\$6.78	\$7.33	\$0.00	\$6.78	\$0.00	\$6.62	\$1.52	
Other	\$-0.22	\$-0.78	\$0.00	\$-0.89	\$0.00	\$0.00	\$0.00	\$-0.67	\$-0.56	\$0.00	\$-0.61	\$0.00	\$-0.37	-\$1.00	
Capitation	\$-0.14	\$-0.44	\$0.00	\$-0.37	\$0.00	\$0.00	\$0.00	\$-0.45	\$-0.45	\$0.00	\$-0.44	\$0.00	\$-0.37	-\$0.33	
Administration	\$1.00	\$2.86	\$0.00	\$1.76	\$0.00	\$0.00	\$0.00	\$3.36	\$3.60	\$0.00	\$3.35	\$0.00	\$3.23	\$0.92	
Taxes & Fees	\$1.28	\$3.49	\$0.00	\$1.63	\$0.00	\$0.00	\$0.00	\$4.41	\$4.93	\$0.00	\$4.48	\$0.00	\$4.59	\$0.74	
Risk & Profit Charge	\$1.93	\$5.93	\$0.00	\$4.64	\$0.00	\$0.00	\$0.00	\$6.36	\$6.45	\$0.00	\$6.19	\$0.00	\$5.43	\$3.74	
Total Rate Increase	\$2.45	\$4.72	\$0.00	\$3.11	\$0.00	\$0.00	\$0.00	\$9.21	\$12.16	\$0.00	\$10.08	\$0.00	\$12.94	-\$9.59	
Member Cost Share Increase	\$2.63	\$9.30	\$0.00	\$9.52	\$0.00	\$0.00	\$0.00	\$10.09	\$3.77	\$0.00	\$5.03	\$0.00	\$-2.68	\$16.16	

Average Current Rate PMPM	\$402.93	\$446.63	\$0.00	\$363.27	\$0.00	\$0.00	\$0.00	\$0.00	\$471.15	\$471.75	\$0.00	\$456.36	\$0.00	\$392.12	\$307.23
Projected Member Months	499,392	62,784	1,200	14,112	1,200	1,200	1,200	1,200	93,684	24,780	1,200	6,288	1,200	17,736	15,864

Section III: Experience Period Information

Plan ID (Standard Component ID):	Total	86052DC0480007	86052DC0480010	86052DC0480008	86052DC0480012	86052DC0480011	86052DC0480013	86052DC0480009	86052DC0580001	86052DC0500012	86052DC0500016	86052DC0500013	86052DC0500015	86052DC0500011	86052DC0500009
Plan Adjusted Index Rate	\$138.62	\$437.96	\$0.00	\$351.87	\$0.00	\$0.00	\$0.00	\$0.00	\$462.42	\$456.28	\$0.00	\$445.91	\$0.00	\$367.21	\$306.80
Member Months	456,033	15,184	0	4,053	0	0	0	0	25,979	7,970	0	2,028	0	6,511	4,537
Total Premium (TP)	\$63,214,780	\$6,649,970	\$0	\$1,426,142	\$0	\$0	\$0	\$0	\$12,013,294	\$3,636,578	\$0	\$904,297	\$0	\$2,390,894	\$1,391,953
EHB Percent of TP, [see instructions]	99.68%	99.68%	99.68%	99.68%	99.68%	99.68%	99.68%	99.68%	99.68%	99.68%	99.68%	99.68%	99.68%	99.68%	99.68%
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%	0.00%	0.00%	
Other benefits portion of TP	0.32%	0.32%	0.32%	0.32%	0.32%	0.32%	0.32%	0.32%	0.32%	0.32%	0.32%	0.32%	0.32%	0.32%	
Total Allowed Claims (TAC)	\$128,065,859	\$4,243,678	\$0	\$1,661,010	\$0	\$0	\$0	\$0	\$7,797,275	\$2,222,964	\$0	\$494,994	\$0	\$1,896,875	\$682,112
EHB Percent of TAC, [see instructions]	99.68%	99.68%	99.68%	99.68%	99.68%	99.68%	99.68%	99.68%	99.68%	99.68%	99.68%	99.68%	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%	0.00%	
Other benefits portion of TAC	0.32%	0.32%	0.32%	0.32%	0.32%	0.32%	0.32%	0.32%	0.32%	0.32%	0.32%	0.32%	0.32%	0.32%	
Allowed Claims which are not the issuer's obligation:	\$10,687,523	-\$129,965	\$0	\$93,061	\$0	\$0	\$0	\$0	\$87,981	-\$10,088	\$0	\$18,452	\$0	\$142,785	\$67,075
Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Portion of above payable by HHS on behalf of insured person, as %	0.00%	0.00%	#DIV/0!	0.00%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	0.00%	0.00%	#DIV/0!	0.00%	#DIV/0!	0.00%	
Total Incurred Claims, payable with issuer funds	\$117,378,336	\$4,373,643	\$0	\$1,567,949	\$0	\$0	\$0	\$0	\$7,709,294	\$2,233,052	\$0	\$476,542	\$0	\$1,754,090	\$615,037
Net Amt of Rein	-\$579,485.28	-\$54,922.44	\$0.00	-\$14,660.21	\$0.00	\$0.00	\$0.00	\$0.00	-\$93,969.32	-\$28,828.49	\$0.00	-\$7,335.53	\$0.00	-\$23,551.11	-\$16,410.90
Net Amt of Risk Adj	-\$6,224,472.08	-\$545,233.44	\$0.00	-\$104,244.97	\$0.00	\$0.00	\$0.00	\$0.00	-\$93,864.83	-\$286,190.10	\$0.00	-\$72,822.27	\$0.00	-\$167,465.83	-\$400,358.99
Incurring Claims PMPM	\$257.39	\$288.04	#DIV/0!	\$386.86	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$296.75	\$280.18	#DIV/0!	\$234.98	#DIV/0!	\$269.40	\$135.56
Allowed Claims PMPM	\$280.83	\$279.48	#DIV/0!	\$409.82	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$300.14	\$278.92	#DIV/0!	\$244.08	#DIV/0!	\$291.33	\$150.34
EHB portion of Allowed Claims, PMPM	\$279.93	\$278.59	#DIV/0!	\$408.52	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$299.18	\$278.03	#DIV/0!	\$243.30	#DIV/0!	\$290.41	\$149.87

Section IV: Projected (12 months following effective date)

Plan ID (Standard Component ID):	Total	86052DC0480007	86052DC0480010	86052DC0480008	86052DC0480012	86052DC0480011	86052DC0480013	86052DC0480009	86052DC0580001	86052DC0500012	86052DC0500016	86052DC0500013	86052DC0500015	86052DC0500011	86052DC0500009
Plan Adjusted Index Rate	\$470.19	\$507.83	\$423.90	\$405.22	\$480.16	\$382.03	\$312.11	\$248.52	\$540.44	\$544.45	\$436.98	\$524.78	\$423.56	\$455.74	\$334.88
Member Months	499,392	62,784	1,200	14,112	1,200	1,200	1,200	1,200	93,684	24,780	1,200	6,288	1,200	17,736	15,864

Product-Plan Data Collection

Company Legal Name:
 HIOS Issuer ID:
 Effective Date of Rate Change(s):

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product	BlueChoice HMO Referral 86052DC048								jeChoice Plus Opt-C 86052DC058	BlueChoice Plus 86052DC050						
	Platinum 91.09% 125.79% HMO	Gold 81.80% 105.01% HMO	Gold 81.50% 100.37% HMO	Platinum 88.11% 118.94% HMO	Gold 78.22% 94.64% HMO	Silver 70.07% 77.32% HMO	Bronze 61.99% 61.56% HMO	BlueChoice HMO Referral Gold 500	BlueChoice Plus Opt-Out Platinum 0	Platinum 88.90% 134.86% POS	Gold 81.50% 108.25% POS	Platinum 88.04% 129.99% POS	Gold 79.07% 104.92% POS	Gold 81.78% 112.89% POS	Silver 71.57% 82.95% POS	
Product ID:	86052DC0480007	86052DC0480010	86052DC0480008	86052DC0480012	86052DC0480011	86052DC0480013	86052DC0480009	86052DC0580001	86052DC0500012	86052DC0500016	86052DC0500013	86052DC0500015	86052DC0500011	86052DC0500009		
Plan Name	BlueChoice HMO Referral Platinum 0	BlueChoice HMO Referral Gold 0	BlueChoice HMO Referral Gold 500	BlueChoice HMO Referral Platinum 1000	BlueChoice HMO Referral Gold 80	BlueChoice HMO Referral Silver 70	BlueChoice HMO Referral Bronze 5500	BlueChoice Plus Opt-Out Platinum 0	HealthyBlue Plus Platinum 500	BlueChoice Plus Gold 500	HealthyBlue Plus Platinum 1000	BlueChoice Plus Gold 1000	HealthyBlue Plus Gold 1500	BlueChoice Plus HSA/HRA Silver 1500		
Exchange Plan?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes		
Historical Rate Increase - Calendar Year - 2	0.00%								0.00%	0.00%						
Historical Rate Increase - Calendar Year - 1	0.00%								0.00%	0.00%						
Historical Rate Increase - Calendar Year 0	9.01%								8.68%	10.75%						
Effective Date of Proposed Rates	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016		
Rate Change % (over prior filing)	1.06%	0.00%	-0.86%	0.00%	0.00%	0.00%	0.00%	1.95%	2.58%	0.00%	2.21%	0.00%	3.30%	-3.12%		
Cum'tive Rate Change % (over 12 mos prior)	5.28%	0.00%	3.29%	0.00%	0.00%	0.00%	0.00%	6.22%	6.87%	0.00%	6.48%	0.00%	7.62%	0.90%		
Proj'd Per Rate Change % (over Exper. Period)	15.95%	#DIV/0!	15.16%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	16.87%	19.32%	#DIV/0!	17.69%	#DIV/0!	24.11%	9.15%		
Product Threshold Rate Increase %	4.97%								6.21%	5.92%						
Total Premium (TP)	\$234,810,778	\$31,883,472	\$508,681	\$5,718,465	\$576,187	\$458,432	\$374,534	\$298,223	\$50,630,913	\$13,491,534	\$524,372	\$3,299,820	\$508,273	\$8,083,028	\$5,312,530	
EHB Percent of TP, [see instructions]	99.45%	99.45%	99.45%	99.45%	99.45%	99.45%	99.45%	99.45%	99.45%	99.45%	99.45%	99.45%	99.45%	99.45%	99.45%	
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%	0.00%	0.00%	0.00%	
Other benefits portion of TP	0.55%	0.55%	0.55%	0.55%	0.55%	0.55%	0.55%	0.55%	0.55%	0.55%	0.55%	0.55%	0.55%	0.55%	0.55%	
Total Allowed Claims (TAC)	\$191,571,036	\$23,873,247	\$421,193	\$4,953,235	\$456,293	\$421,193	\$403,644	\$350,995	\$37,910,720	\$10,161,670	\$454,237	\$2,578,555	\$454,237	\$6,713,630	\$5,426,933	
EHB Percent of TAC, [see instructions]	99.45%	99.45%	99.45%	99.45%	99.45%	99.45%	99.45%	99.45%	99.45%	99.45%	99.45%	99.45%	99.45%	99.45%	99.45%	
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%	0.00%	0.00%	
Other benefits portion of TAC	0.55%	0.55%	0.55%	0.55%	0.55%	0.55%	0.55%	0.55%	0.55%	0.55%	0.55%	0.55%	0.55%	0.55%	0.55%	
Allowed Claims which are not the issuer's obligation	\$27,699,369	\$1,691,865	\$64,531	\$935,406	\$54,507	\$98,120	\$136,651	\$135,012	\$2,770,103	\$800,371	\$87,087	\$285,719	\$97,848	\$1,065,011	\$1,656,148	
Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Portion of above payable by HHS on behalf of insured person, as %	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%	0.00%	0.00%	
Total Incurred claims, payable with issuer funds	\$163,871,667	\$22,181,382	\$356,662	\$4,017,830	\$401,786	\$323,074	\$266,993	\$215,983	\$35,140,618	\$9,361,299	\$367,151	\$2,292,836	\$356,389	\$5,648,619	\$3,770,785	
Net Amt of Rein	-\$1,130,707	-\$142,153	-\$2,717	-\$31,952	-\$2,717	-\$2,717	-\$2,717	-\$2,717	-\$212,116	-\$56,106	-\$2,717	-\$14,237	-\$2,717	-\$40,157	-\$35,919	
Net Amt of Risk Adj	\$6,848,773	\$861,034	\$16,457	\$193,535	\$16,457	\$16,457	\$16,457	\$16,457	\$1,284,803	\$339,838	\$16,457	\$86,235	\$16,457	\$243,235	\$217,562	
Incurred Claims PMPM	\$328.14	\$353.30	\$297.22	\$284.71	\$334.82	\$269.23	\$222.49	\$179.99	\$375.10	\$377.78	\$305.96	\$364.64	\$296.99	\$318.48	\$237.69	
Allowed Claims PMPM	\$383.61	\$380.24	\$350.99	\$350.99	\$380.24	\$350.99	\$336.37	\$292.50	\$404.67	\$410.08	\$378.53	\$410.08	\$378.53	\$378.53	\$342.09	
EHB portion of Allowed Claims, PMPM	\$381.50	\$378.15	\$349.07	\$349.07	\$378.15	\$349.07	\$334.52	\$290.89	\$402.44	\$407.82	\$376.45	\$407.82	\$376.45	\$376.45	\$340.21	

Product-Plan Data Collection

Company Legal Name:
HIOS Issuer ID:
Effective Date of Rate Change(s):

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product		BlueChoice Advantage 86052DC044													
Product ID:															
Metal:		Silver	Silver	Bronze	Platinum	Platinum	Gold	Platinum	Gold	Gold	Gold	Silver	Silver	Silver	Bronze
AV Metal Value		71.91%	68.19%	61.93%	91.09%	88.90%	81.50%	88.04%	79.07%	81.78%	71.57%	71.91%	68.19%	61.93%	
AV Pricing Value		83.65%	77.53%	58.90%	141.48%	140.65%	112.89%	109.43%	109.43%	117.73%	86.51%	87.23%	80.86%	61.42%	
Plan Type:		POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	
Plan Name		HealthyBlue Plus HSA/HRA Silver 2000	BlueChoice Plus HSA/HRA Silver 3000	BlueChoice Plus HSA/HRA Bronze 5000	BlueChoice Advantage Platinum 0	HealthyBlue Advantage Platinum 500	BlueChoice Advantage Gold 500	HealthyBlue Advantage Platinum 1000	BlueChoice Advantage Gold 1000	BlueChoice Advantage Gold 1500	HSA/HRA Silver 1500	HSA/HRA Silver 2000	HSA/HRA Silver 3000	HSA/HRA Bronze 5000	
Plan ID (Standard Component ID):		86052DC0500014	86052DC0500010	86052DC0500017	86052DC0440012	86052DC0440015	86052DC0440011	86052DC0440016	86052DC0440010	86052DC0440014	86052DC0440013	86052DC0440017	86052DC0440019	86052DC0440018	
Exchange Plan?		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Historical Rate Increase - Calendar Year - 2		0.00%													
Historical Rate Increase - Calendar Year - 1		0.00%													
Historical Rate Increase - Calendar Year 0		13.62%													
Effective Date of Proposed Rates		1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	
Rate Change % (over prior filing)		1.20%	2.10%	0.00%	3.79%	4.66%	1.76%	4.28%	3.31%	5.40%	-0.57%	3.26%	0.00%	0.00%	
Cumulative Rate Change % (over 12 mos prior)		5.41%	6.35%	0.00%	8.13%	9.04%	6.01%	8.64%	7.63%	9.80%	3.56%	7.55%	0.00%	0.00%	
Proj'd Per Rate Change % (over Exper. Period)		18.36%	15.89%	#DIV/0!	21.05%	23.14%	#DIV/0!	21.46%	19.36%	28.08%	14.99%	22.14%	#DIV/0!	#DIV/0!	
Product Threshold Rate Increase %		8.40%													

Section II: Components of Premium Increase (PMPM Dollar Amount ab

Plan ID (Standard Component ID):	Total	86052DC0500014	86052DC0500010	86052DC0500017	86052DC0440012	86052DC0440015	86052DC0440011	86052DC0440016	86052DC0440010	86052DC0440014	86052DC0440013	86052DC0440017	86052DC0440019	86052DC0440018
Inpatient	-\$5.81	-\$12.14	-\$10.89	\$0.00	-\$18.68	-\$17.97	-\$16.06	-\$17.57	-\$14.71	-\$14.62	-\$13.36	-\$11.75	\$0.00	\$0.00
Outpatient	\$1.61	\$3.09	\$3.20	\$0.00	\$6.96	\$7.48	\$4.48	\$6.98	\$5.14	\$6.66	\$2.44	\$4.08	\$0.00	\$0.00
Professional	\$0.79	\$1.28	\$1.77	\$0.00	\$5.17	\$6.11	\$2.25	\$5.49	\$3.57	\$5.79	\$0.01	\$2.82	\$0.00	\$0.00
Prescription Drug	\$2.00	\$3.85	\$3.99	\$0.00	\$8.71	\$9.36	\$5.59	\$8.73	\$6.42	\$8.33	\$3.03	\$5.10	\$0.00	\$0.00
Other	-\$0.22	-\$0.50	-\$0.37	\$0.00	-\$0.37	-\$0.21	-\$0.59	-\$0.35	-\$0.35	-\$0.07	-\$0.73	-\$0.29	\$0.00	\$0.00
Capitation	-\$0.14	-\$0.29	-\$0.26	\$0.00	-\$0.45	-\$0.44	-\$0.39	-\$0.43	-\$0.36	-\$0.36	-\$0.32	-\$0.28	\$0.00	\$0.00
Administration	\$1.00	\$1.93	\$1.98	\$0.00	\$4.22	\$4.50	\$2.78	\$4.21	\$3.13	\$3.98	\$1.59	\$2.48	\$0.00	\$0.00
Taxes & Fees	\$1.28	\$2.39	\$2.62	\$0.00	\$6.14	\$6.78	\$3.60	\$6.26	\$4.45	\$6.15	\$1.56	\$3.53	\$0.00	\$0.00
Risk & Profit Charge	\$1.93	\$3.95	\$3.69	\$0.00	\$6.84	\$6.85	\$5.36	\$6.58	\$5.27	\$5.77	\$4.01	\$4.20	\$0.00	\$0.00
Total Rate Increase	\$2.45	\$3.57	\$5.72	\$0.00	\$18.54	\$22.48	\$7.01	\$19.98	\$12.57	\$21.64	-\$1.77	\$9.88	\$0.00	\$0.00
Member Cost Share Increase	\$2.63	\$6.09	\$6.16	\$0.00	\$7.92	\$4.81	\$9.74	\$6.27	\$5.19	-\$1.20	\$17.55	\$8.64	\$0.00	\$0.00

Average Current Rate PMPM	\$402.93	\$296.56	\$272.46	\$0.00	\$489.11	\$482.19	\$398.06	\$466.47	\$380.06	\$400.80	\$312.18	\$303.13	\$0.00	\$0.00
Projected Member Months	499,392	5,724	7,452	1,200	18,912	11,880	3,888	6,024	10,344	46,272	11,472	14,016	1,200	1,200

Section III: Experience Period Information

Plan ID (Standard Component ID):	Total	86052DC0500014	86052DC0500010	86052DC0500017	86052DC0440012	86052DC0440015	86052DC0440011	86052DC0440016	86052DC0440010	86052DC0440014	86052DC0440013	86052DC0440017	86052DC0440019	86052DC0440018
Plan Adjusted Index Rate	\$138.62	\$285.31	\$270.07	\$0.00	\$471.83	\$461.12	\$0.00	\$450.63	\$370.10	\$371.10	\$303.70	\$288.33	\$0.00	\$0.00
Member Months	456,033	1,631	2,483	0	4,215	2,567	0	1,280	8,293	30,387	2,606	2,525	0	0
Total Premium (TP)	\$63,214,780	\$465,344	\$670,587	\$0	\$1,988,758	\$1,183,694	\$0	\$576,805	\$3,069,219	\$11,276,641	\$791,438	\$728,043	\$0	\$0
EHB Percent of TP, [see instructions]	99.68%	99.68%	99.68%	99.68%	99.68%	99.68%	99.68%	99.68%	99.68%	99.68%	99.68%	99.68%	99.68%	99.68%
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%	0.00%	0.00%
Other benefits portion of TP	0.32%	0.32%	0.32%	0.32%	0.32%	0.32%	0.32%	0.32%	0.32%	0.32%	0.32%	0.32%	0.32%	0.32%
Total Allowed Claims (TAC)	\$128,065,859	\$265,026	\$263,119	\$0	\$1,047,919	\$633,272	\$0	\$387,044	\$2,060,480	\$7,520,070	\$392,952	\$384,840	\$0	\$0
EHB Percent of TAC, [see instructions]	99.68%	99.68%	99.68%	99.68%	99.68%	99.68%	99.68%	99.68%	99.68%	99.68%	99.68%	99.68%	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%	0.00%
Other benefits portion of TAC	0.32%	0.32%	0.32%	0.32%	0.32%	0.32%	0.32%	0.32%	0.32%	0.32%	0.32%	0.32%	0.32%	0.32%
Allowed Claims which are not the issuer's obligation:	\$10,687,523	\$29,701	-\$6,168	\$0	\$7,455	-\$13,588	\$0	\$7,240	\$305,183	\$292,194	-\$27,040	\$69,104	\$0	\$0
Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Portion of above payable by HHS on behalf of insured person, as %	0.00%	0.00%	0.00%	#DIV/0!	0.00%	0.00%	#DIV/0!	0.00%	0.00%	0.00%	0.00%	0.00%	#DIV/0!	#DIV/0!
Total Incurred Claims, payable with issuer funds	\$117,378,336	\$235,326	\$269,286	\$0	\$1,040,464	\$646,860	\$0	\$379,804	\$1,755,297	\$7,227,876	\$419,992	\$315,735	\$0	\$0
Net Amt of Rein	-\$579,485.28	-\$5,899.53	-\$8,981.32	\$0.00	-\$15,246.19	-\$9,285.16	\$0.00	-\$4,629.92	-\$29,996.83	-\$109,913.61	-\$9,426.23	-\$9,133.24	\$0.00	\$0.00
Net Amt of Risk Adj	-\$6,224,472.08	-\$143,924.51	-\$252,508.20	\$0.00	-\$151,353.99	-\$92,176.91	\$0.00	-\$45,962.78	-\$213,299.66	-\$781,567.21	-\$229,961.54	-\$222,813.85	\$0.00	\$0.00
Incurred Claims PMPM	\$257.39	\$144.28	\$108.45	#DIV/0!	\$246.85	\$251.99	#DIV/0!	\$296.72	\$211.66	\$237.86	\$161.16	\$125.04	#DIV/0!	#DIV/0!
Allowed Claims PMPM	\$280.83	\$162.49	\$105.97	#DIV/0!	\$248.62	\$246.70	#DIV/0!	\$302.38	\$248.46	\$247.48	\$150.79	\$152.41	#DIV/0!	#DIV/0!
EHB portion of Allowed Claims, PMPM	\$279.93	\$161.98	\$105.63	#DIV/0!	\$247.83	\$245.91	#DIV/0!	\$301.42	\$247.67	\$246.69	\$150.31	\$151.93	#DIV/0!	#DIV/0!

Section IV: Projected (12 months following effective date)

Plan ID (Standard Component ID):	Total	86052DC0500014	86052DC0500010	86052DC0500017	86052DC0440012	86052DC0440015	86052DC0440011	86052DC0440016	86052DC0440010	86052DC0440014	86052DC0440013	86052DC0440017	86052DC0440019	86052DC0440018
Plan Adjusted Index Rate	\$470.19	\$337.69	\$312.98	\$237.76	\$571.16	\$567.81	\$455.73	\$547.32	\$441.72	\$475.29	\$349.24	\$352.17	\$326.40	\$247.96
Member Months	499,392	5,724	7,452	1,200	18,912	11,880	3,888	6,024	10,344	46,272	11,472	14,016	1,200	1,200

Product-Plan Data Collection

Company Legal Name:
 HIOS Issuer ID:
 Effective Date of Rate Change(s):

Product/Plan Level Calculations

Section I: General Product and Plan Information

		BlueChoice Advantage 86052DC044													
Product		Silver	Silver	Bronze	Platinum	Platinum	Gold	Platinum	Gold	Gold	Silver	Silver	Silver	Bronze	
Product ID:		71.91%	68.19%	61.93%	91.09%	88.90%	81.50%	88.04%	79.07%	81.78%	71.57%	71.91%	68.19%	61.93%	
Metal:		POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	
AV Metal Value		83.65%	77.53%	58.90%	141.48%	140.65%	112.89%	135.57%	109.43%	117.73%	86.51%	87.23%	80.86%	61.42%	
AV Pricing Value															
Plan Type:															
Plan Name		HealthyBlue Plus HSA/HRA Silver 2000	BlueChoice Plus HSA/HRA Silver 3000	BlueChoice Plus HSA/HRA Bronze 5000	BlueChoice Advantage Platinum 0	HealthyBlue Advantage Platinum 500	BlueChoice Advantage Gold 500	HealthyBlue Advantage Platinum 1000	BlueChoice Advantage Gold 1000	HealthyBlue Advantage Gold 1500	HSA/HRA Silver 1500	HSA/HRA Silver 2000	HSA/HRA Silver 3000	HSA/HRA Bronze 5000	
Plan ID (Standard Component ID):		86052DC0500014	86052DC0500010	86052DC0500017	86052DC0440012	86052DC0440015	86052DC0440011	86052DC0440016	86052DC0440010	86052DC0440014	86052DC0440013	86052DC0440017	86052DC0440019	86052DC0440018	
Exchange Plan?		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Historical Rate Increase - Calendar Year - 2		0.00%													
Historical Rate Increase - Calendar Year - 1		0.00%													
Historical Rate Increase - Calendar Year 0		13.62%													
Effective Date of Proposed Rates		1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	
Rate Change % (over prior filing)		1.20%	2.10%	0.00%	3.79%	4.66%	1.76%	4.28%	3.31%	5.40%	-0.57%	3.26%	0.00%	0.00%	
Cum'tive Rate Change % (over 12 mos prior)		5.41%	6.35%	0.00%	8.13%	9.04%	6.01%	8.64%	7.63%	9.80%	3.56%	7.55%	0.00%	0.00%	
Proj'd Per Rate Change % (over Exper. Period)		18.36%	15.89%	#DIV/0!	21.05%	23.14%	#DIV/0!	21.46%	19.36%	28.08%	14.99%	22.14%	#DIV/0!	#DIV/0!	
Product Threshold Rate Increase %		8.40%													
Total Premium (TP)	\$234,810,778	\$1,932,933	\$2,332,340	\$285,308	\$10,801,753	\$6,745,625	\$1,771,888	\$3,297,038	\$4,569,625	\$21,992,723	\$4,006,448	\$4,936,073	\$391,676	\$297,548	
EHB Percent of TP, [see instructions]	99.45%	99.45%	99.45%	99.45%	99.45%	99.45%	99.45%	99.45%	99.45%	99.45%	99.45%	99.45%	99.45%	99.45%	
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%	0.00%	0.00%	
Other benefits portion of TP	0.55%	0.55%	0.55%	0.55%	0.55%	0.55%	0.55%	0.55%	0.55%	0.55%	0.55%	0.55%	0.55%	0.55%	
Total Allowed Claims (TAC)	\$191,571,036	\$1,958,129	\$2,549,263	\$356,965	\$8,088,045	\$5,080,688	\$1,534,865	\$2,576,268	\$4,083,499	\$18,266,791	\$4,092,825	\$5,000,439	\$428,120	\$372,278	
EHB Percent of TAC, [see instructions]	99.45%	99.45%	99.45%	99.45%	99.45%	99.45%	99.45%	99.45%	99.45%	99.45%	99.45%	99.45%	99.45%	99.45%	
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%	0.00%	
Other benefits portion of TAC	0.55%	0.55%	0.55%	0.55%	0.55%	0.55%	0.55%	0.55%	0.55%	0.55%	0.55%	0.55%	0.55%	0.55%	
Allowed Claims which are not the issuer's obligation	\$27,699,369	\$586,807	\$886,961	\$149,615	\$605,890	\$407,240	\$296,578	\$289,048	\$885,787	\$2,925,257	\$1,255,839	\$1,506,853	\$149,669	\$156,747	
Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Portion of above payable by HHS on behalf of insured person, as %	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%	0.00%	
Total Incurred claims, payable with issuer funds	\$163,871,667	\$1,371,323	\$1,662,301	\$207,350	\$7,482,155	\$4,673,448	\$1,238,287	\$2,287,220	\$3,197,713	\$15,341,533	\$2,836,986	\$3,493,586	\$278,451	\$215,531	
Net Amt of Rein	-\$1,130,707	-\$12,960	-\$16,873	-\$2,717	-\$42,820	-\$26,898	-\$8,803	-\$13,639	-\$23,421	-\$104,768	-\$25,975	-\$31,735	-\$2,717	-\$2,717	
Net Amt of Risk Adj	\$6,848,773	\$78,500	\$102,198	\$16,457	\$259,363	\$162,925	\$53,321	\$82,614	\$141,860	\$634,584	\$157,330	\$192,219	\$16,457	\$16,457	
Incurred Claims PMPM	\$328.14	\$239.57	\$223.07	\$172.79	\$395.63	\$393.39	\$318.49	\$379.68	\$309.14	\$331.55	\$247.30	\$249.26	\$232.04	\$179.61	
Allowed Claims PMPM	\$383.61	\$342.09	\$342.09	\$297.47	\$427.67	\$427.67	\$394.77	\$427.67	\$394.77	\$394.77	\$356.77	\$356.77	\$356.77	\$310.23	
EHB portion of Allowed Claims, PMPM	\$381.50	\$340.21	\$340.21	\$295.84	\$425.32	\$425.32	\$392.60	\$425.32	\$392.60	\$392.60	\$354.81	\$354.81	\$354.81	\$308.53	

Rate Filing Justification Part II (Plain Language Summary)

Pursuant to 45 CFR 154.215, health insurance issuers are required to file Rate Filing Justifications. Part II of the Rate Filing Justification for rate increases and new submissions must contain a written description that includes a simple and brief narrative describing the data and assumptions that were used to develop the proposed rates. The Part II template below must be filled out and uploaded as an Adobe PDF file under the Consumer Disclosure Form section of the Supporting Documentation tab.

Name of Company

SERFF tracking number

Submission Date

Product Name

Market Type Individual Small Group

Rate Filing Type Rate Increase New Filing

Scope and Range of the Increase:

The % increase is requested because:

This filing will impact:

of policyholder's

of covered lives

The average, minimum and maximum rate changes increases are:

- Average Rate Change: The average premium change, by percentage, across all policy holders if the filing is approved %
- Minimum Rate Change: The smallest premium increase (or largest decrease), by percentage, that any one policy holder would experience if the filing is approved %
- Maximum Rate Change: The largest premium increase, by percentage, that any one policy holder would experience if the filing is approved %

Individuals within the group may vary from the aggregate of the above increase components as a result of:

Financial Experience of Product

The overall financial experience of the product includes:

The rate increase will affect the projected financial experience of the product by:

Components of Increase

The request is made up of the following components:

Trend Increases – % of the % total filed increase

1. Medical Utilization Changes – Defined as the increase in total plan claim costs not attributable to changes in the unit cost of underlying services, or renegotiation of provider contracts. Examples include changes in the mix of services utilized, or an increase/decrease in the frequency of service utilization.

This component is % of the % total filed increase.

2. Medical Price Changes – Defined as the increase in total plan claim costs attributable to changes in the unit cost of underlying services, or renegotiation of provider contracts.

This component is % of the % total filed increase.

Other Increases – % of the % total filed increase

1. Medical Benefit Changes Required by Law – Defined as any new mandated plan benefit changes, as mandated by either State or Federal Regulation.

This component is % of the % total filed increase.

2. Medical Benefit Changes Not Required by Law – Defined as changes in plan benefit design made by the company, which are not required by either State or Federal Regulation.

This component is % of the % total filed increase.

3. Changes to Administration Costs – Defined as increases in the costs of providing insurance coverage. Examples include claims payment expenses, distribution costs, taxes, and general business expenses such as rent, salaries, and overhead.

This component is % of the % total filed increase.

4. Changes to Profit Margin – Defined as increases to company surplus or changes as an additional margin to cover the risk of the company.

This component is % of the % total filed increase.

5. Other – Defined as:

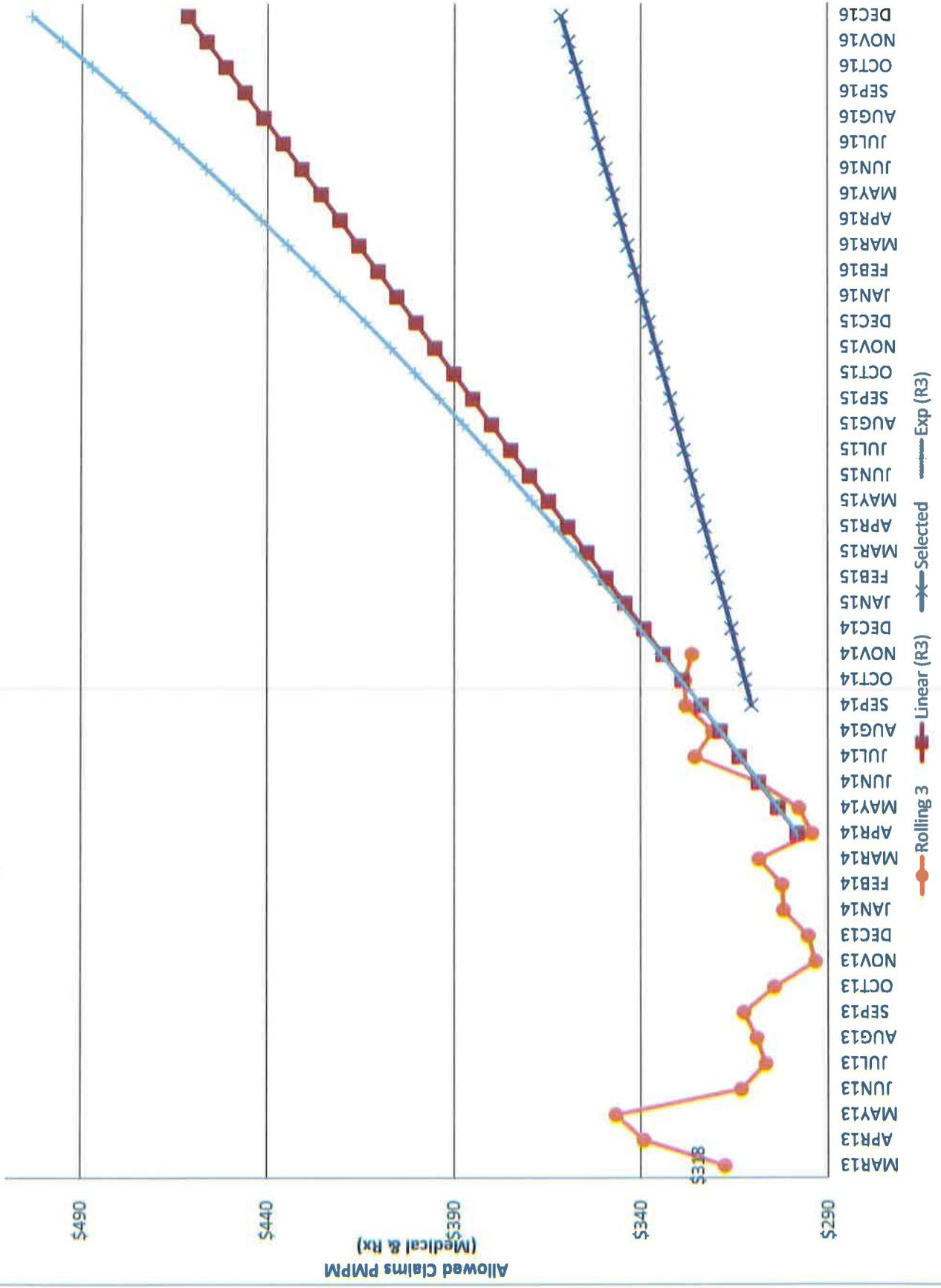
This component is % of the % total filed increase.

2016 ACA - TREND ANALYSIS SUMMARY - D.C. IND64- & SG BLUECHOICE

ACA & Pre-ACA Experience Combined

	1	2	14	15	30	31	32	33	34	35
	TOTAL (Medical & RX)									
	ROLLING 3						Linear Regression (R3)		Exp Regression (R3)	
				Δ			Y = MX + B		Y = BM^X	
		Allowed	Annual		Selected	Selected	M	M		
		Claims	Claims	Claims			5.100	1.016		
							B	B		
							293.201	293.470		
							R2 =	R2 =		
							0.872	0.865		
							R12 Trend	R12 Trend		
							PMPM -	PMPM -Exp		
							Linear Reg	Reg		
							Projected	Projected		
							PMPMs	PMPMs		
	Date	Members	PMPM	Trend	Trends	Trends \$s				
1	APR12	13,072								
2	MAY12	13,260								
3	JUN12	13,321	\$281							
4	JUL12	13,321	\$288							
5	AUG12	13,340	\$299							
6	SEP12	13,348	\$296							
7	OCT12	13,454	\$304							
8	NOV12	13,754	\$283							
9	DEC12	13,872	\$280							
10	JAN13	14,267	\$271		6.8%					
11	FEB13	14,176	\$284		6.8%					
12	MAR13	14,355	\$318		6.8%					
13	APR13	14,585	\$339		6.8%					
14	MAY13	14,689	\$347		6.8%					
15	JUN13	14,972	\$313	-11.3%	6.8%					
16	JUL13	15,193	\$307	6.5%	6.8%					
17	AUG13	15,488	\$309	3.5%	6.8%					
18	SEP13	15,763	\$312	5.5%	6.8%					
19	OCT13	16,055	\$304	0.1%	6.8%					
20	NOV13	16,393	\$293	3.5%	6.8%					
21	DEC13	17,209	\$295	5.4%	6.8%					
22	JAN14	17,238	\$302	-11.5%	7.0%					
23	FEB14	17,254	\$302	6.5%	7.0%					
24	MAR14	17,187	\$308	-2.9%	7.0%					
25	APR14	17,220	\$294	-13.2%	7.0%		\$298		\$298	
26	MAY14	17,188	\$298	-14.1%	7.0%		\$303		\$303	
27	JUN14	17,253	\$309	-1.5%	7.0%		\$309		\$308	
28	JUL14	17,263	\$325	6.1%	7.0%		\$314		\$313	
29	AUG14	17,306	\$321	3.8%	7.0%		\$319		\$318	
30	SEP14	17,448	\$328	4.9%	7.0%	\$310	\$324		\$324	
31	OCT14	17,524	\$328	7.8%	7.0%	\$312	\$329		\$329	
32	NOV14	17,478	\$326	11.2%	7.0%	\$314	\$334		\$334	
33	DEC14	18,034	\$306	3.7%	7.0%	\$316	\$339		\$340	
34	JAN15	17,948	\$309	2.2%	7.0%	\$317	\$344		\$346	
35	FEB15	17,944	\$315	4.3%	7.0%	\$319	\$349		\$351	
36	MAR15				7.0%	\$321	\$354		\$357	
37	APR15				7.0%	\$323	\$360		\$363	
38	MAY15				7.0%	\$325	\$365		\$369	
39	JUN15				7.0%	\$326	\$370		\$375	
40	JUL15				7.0%	\$328	\$375		\$381	
41	AUG15				7.0%	\$330	\$380	19.2%	\$388	21.7%
42	SEP15				7.0%	\$332	\$385	18.9%	\$394	21.7%
43	OCT15				7.0%	\$334	\$390	18.6%	\$400	21.7%
44	NOV15				7.0%	\$336	\$395	18.3%	\$407	21.7%
45	DEC15				7.0%	\$338	\$400	18.0%	\$414	21.7%
46	JAN16				7.0%	\$340	\$405	17.8%	\$421	21.7%
47	FEB16				7.0%	\$342	\$411	17.5%	\$427	21.7%
48	MAR16				7.0%	\$343	\$416	17.3%	\$434	21.7%
49	APR16				7.0%	\$345	\$421	17.0%	\$442	21.7%
50	MAY16				7.0%	\$347	\$426	16.8%	\$449	21.7%
51	JUN16				7.0%	\$349	\$431	16.6%	\$456	21.7%
52	JUL16				7.0%	\$351	\$436	16.3%	\$464	21.7%
53	AUG16				7.0%	\$353	\$441	16.1%	\$472	21.7%
54	SEP16				7.0%	\$355	\$446	15.9%	\$479	21.7%
55	OCT16				7.0%	\$357	\$451	15.7%	\$487	21.7%
56	NOV16				7.0%	\$359	\$456	15.5%	\$495	21.7%
57	DEC16				7.0%	\$361	\$462	15.3%	\$503	21.7%

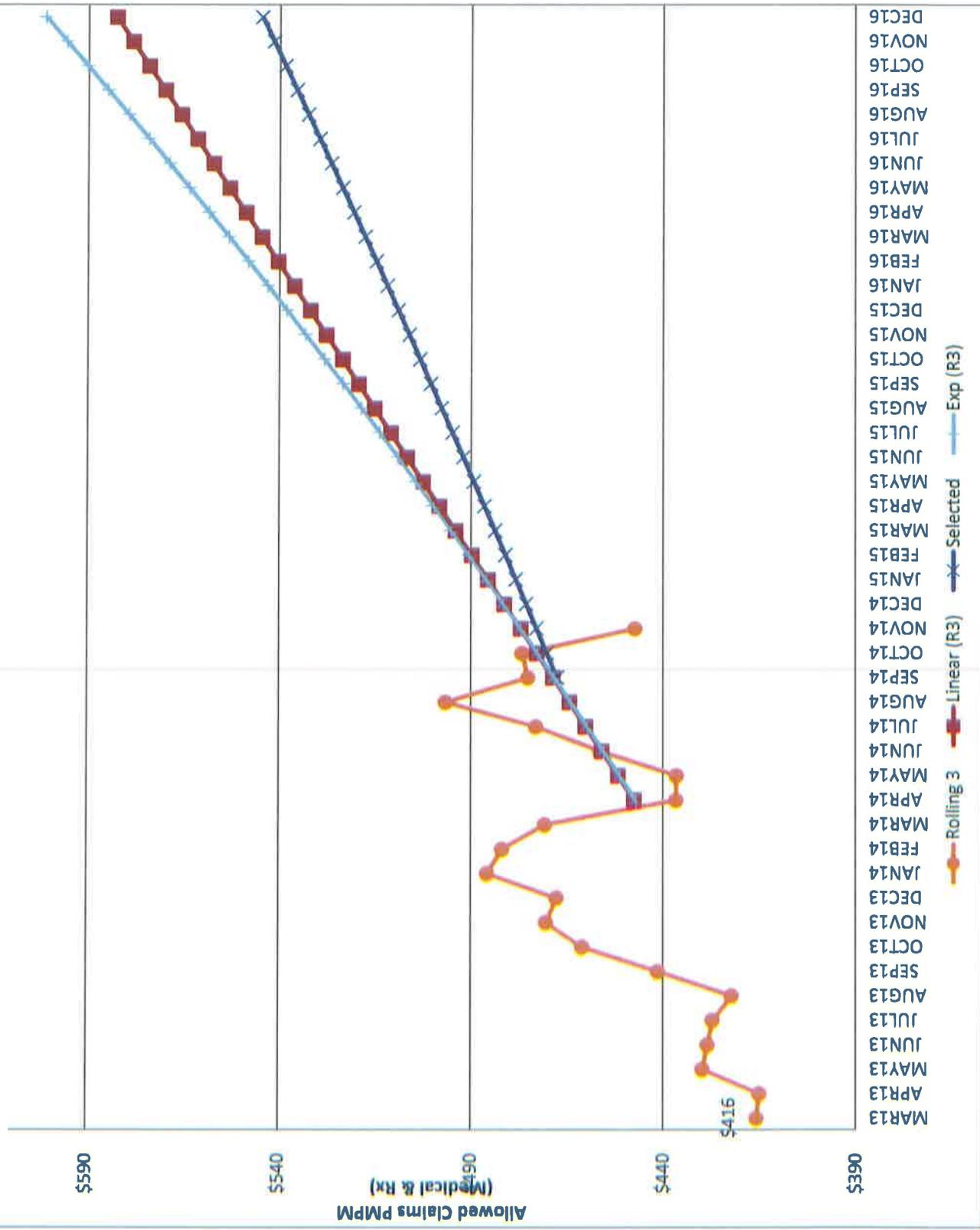
IND64- & Small Group - D.C. - BC - PMPMs



2016 ACA - TREND ANALYSIS SUMMARY - D.C. IND64- & SG GHMSI
 ACA & Pre-ACA Experience Combined

	1	2	14	15	30	31	32	33	34	35
	TOTAL (Medical & RX) ROLLING 3						Linear Regression (R3) Y = MX + B		Exp Regression (R3) Y = BM^X	
		Allowed	Annual	Δ	Selected	Selected	M	4.221	M	1.009
		Claims	Claims				B	443.311	B	443.043
							R2 =	0.423	R2 =	0.418
								R12 Trend		R12 Trend
	Date	Members	PMPM	Trend	Trends	Trends \$s	PMPM - Linear Reg	Projected PMPMs	PMPM -Exp Reg	Projected PMPMs
1	APR12	17,361								
2	MAY12	17,497								
3	JUN12	17,460	\$396							
4	JUL12	17,518	\$400							
5	AUG12	17,587	\$393							
6	SEP12	17,726	\$394							
7	OCT12	17,856	\$392							
8	NOV12	17,948	\$391							
9	DEC12	17,924	\$391							
10	JAN13	17,778	\$405		6.8%					
11	FEB13	17,642	\$407		6.8%					
12	MAR13	17,774	\$416		6.8%					
13	APR13	17,687	\$415		6.8%					
14	MAY13	17,697	\$430		6.8%					
15	JUN13	17,472	\$429	8.3%	6.8%					
16	JUL13	17,747	\$427	6.7%	6.8%					
17	AUG13	17,940	\$422	7.3%	6.8%					
18	SEP13	17,857	\$441	12.2%	6.8%					
19	OCT13	17,972	\$461	17.5%	6.8%					
20	NOV13	18,185	\$470	20.3%	6.8%					
21	DEC13	18,221	\$468	19.6%	6.8%					
22	JAN14	18,211	\$486	20.0%	7.0%					
23	FEB14	18,127	\$482	18.5%	7.0%					
24	MAR14	18,059	\$471	13.2%	7.0%					
25	APR14	17,968	\$437	5.2%	7.0%		\$448		\$447	
26	MAY14	17,944	\$437	1.6%	7.0%		\$452		\$451	
27	JUN14	17,923	\$456	6.5%	7.0%		\$456		\$456	
28	JUL14	17,785	\$473	10.7%	7.0%		\$460		\$460	
29	AUG14	17,712	\$497	17.6%	7.0%		\$464		\$464	
30	SEP14	17,629	\$475	7.6%	7.0%	\$468	\$469		\$468	
31	OCT14	17,481	\$477	3.4%	7.0%	\$470	\$473		\$473	
32	NOV14	17,484	\$447	-4.9%	7.0%	\$473	\$477		\$477	
33	DEC14	16,929	\$466	-0.4%	7.0%	\$476	\$481		\$481	
34	JAN15	16,778	\$466	-4.1%	7.0%	\$478	\$486		\$486	
35	FEB15	16,836	\$494	2.5%	7.0%	\$481	\$490		\$490	
36	MAR15				7.0%	\$484	\$494		\$495	
37	APR15				7.0%	\$486	\$498		\$500	
38	MAY15				7.0%	\$489	\$502		\$504	
39	JUN15				7.0%	\$492	\$507		\$509	
40	JUL15				7.0%	\$495	\$511		\$514	
41	AUG15				7.0%	\$498	\$515	10.9%	\$518	11.7%
42	SEP15				7.0%	\$500	\$519	10.8%	\$523	11.7%
43	OCT15				7.0%	\$503	\$524	10.7%	\$528	11.7%
44	NOV15				7.0%	\$506	\$528	10.6%	\$533	11.7%
45	DEC15				7.0%	\$509	\$532	10.5%	\$538	11.7%
46	JAN16				7.0%	\$512	\$536	10.4%	\$543	11.7%
47	FEB16				7.0%	\$515	\$540	10.3%	\$548	11.7%
48	MAR16				7.0%	\$518	\$545	10.3%	\$553	11.7%
49	APR16				7.0%	\$521	\$549	10.2%	\$558	11.7%
50	MAY16				7.0%	\$523	\$553	10.1%	\$563	11.7%
51	JUN16				7.0%	\$526	\$557	10.0%	\$569	11.7%
52	JUL16				7.0%	\$529	\$562	9.9%	\$574	11.7%
53	AUG16				7.0%	\$532	\$566	9.8%	\$579	11.7%
54	SEP16				7.0%	\$535	\$570	9.8%	\$585	11.7%
55	OCT16				7.0%	\$538	\$574	9.7%	\$590	11.7%
56	NOV16				7.0%	\$542	\$578	9.6%	\$596	11.7%
57	DEC16				7.0%	\$545	\$583	9.5%	\$601	11.7%

IND64- & Small Group - D.C. - GHMSI - PMPMs



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INDUSTRY TRENDS a/o 2/27/15

	1	2	3	4	5		6	7	8	9		10	11	12	13	14
					Medical Only	Non-CDH				RX	DENTAL					
				Effective Time Period	Non-CDH	HMO	Non-CDH	CDH	General	Specialty	Overall	DHMO	PPO	TRAD	Vision	
1	AON Hewitt	CD+GP	Mean	7/1/14 - 12/31/14	8.3%	8.3%	9.0%	8.3%	6.3%	18.2%	9.2%	4.3%	4.9%	5.7%	2.5%	
2	BCBSA	IND64-GROUP	Median	1/1/14 - 12/31/14	7.1%	7.1%	7.1%	8.3%	6.3%	18.2%	9.1%	4.3%	4.9%	5.7%	2.5%	
3	Oliver Wyman	IND64-GROUP	Median	1/1/14 - 12/31/14	7.0%	7.0%	7.0%	8.3%	6.3%	18.2%	9.1%	4.3%	4.9%	5.7%	2.5%	
4			Median	1/1/15	7.4%	7.4%	6.5%	9.0%	6.3%	18.2%	9.1%	4.3%	4.9%	5.7%	2.5%	
5			Median	1/1/15	6.6%	6.6%	8.1%	9.0%	6.3%	18.2%	9.1%	4.3%	4.9%	5.7%	2.5%	
6	Buck		Mean	1/1/14 - 12/31/14	8.0%	8.0%	8.6%	8.4%	6.3%	18.2%	11.0%	4.5%	5.0%	5.0%	4.0%	
7	Willis		Mean	1/1/15-12/31/15	8.4%	8.4%	8.9%	8.7%	6.3%	18.2%	10.3%	4.1%	4.9%	5.5%	3.0%	
8	Deloitte		Mean	1/1/14 - 12/31/14	9.2%	9.2%	9.8%	9.2%	6.3%	18.2%	7.9%	4.1%	5.2%	4.4%	3.0%	
9	Deloitte		Median	1/1/14 - 12/31/14	8.9%	8.9%	9.5%	8.9%	6.3%	18.2%	7.9%	4.5%	5.2%	4.4%	3.0%	
10	AVERAGE:				7.9%	7.9%	8.3%	8.8%	6.3%	18.2%	9.5%	4.3%	5.0%	5.1%	3.2%	
11	Low:				6.6%	6.6%	6.5%	8.3%	6.3%	18.2%	7.9%	4.1%	4.9%	4.4%	2.5%	
12	High:				9.2%	9.2%	9.8%	9.2%	6.3%	18.2%	11.0%	4.5%	5.2%	5.7%	4.0%	

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