

State: District of Columbia **Filing Company:** Group Hospitalization and Medical Services, Inc.
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)
Product Name: BluePreferred - ON-EXCHANGE
Project Name/Number: DC GHMSI IND64- ACA ON-EXCHANGE /2021

Filing at a Glance

Company: Group Hospitalization and Medical Services, Inc.
Product Name: BluePreferred - ON-EXCHANGE
State: District of Columbia
TOI: H16I Individual Health - Major Medical
Sub-TOI: H16I.005A Individual - Preferred Provider (PPO)
Filing Type: Rate
Date Submitted: 05/01/2015
SERFF Tr Num: CFAP-130059240
SERFF Status: Assigned
State Tr Num:
State Status:
Co Tr Num: 2021
Implementation: 01/01/2016
Date Requested:
Author(s): Dwayne Lucado, Todd Switzer, Brad Boban, Katheryn Barron, Shane Kontir, Cory Bream, Britney Tyler, Michaela Berry
Reviewer(s): John Morgan (primary), Damon Siler
Disposition Date:
Disposition Status:
Implementation Date:
State Filing Description:

State: District of Columbia **Filing Company:** Group Hospitalization and Medical Services, Inc.
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)
Product Name: BluePreferred - ON-EXCHANGE
Project Name/Number: DC GHMSI IND64- ACA ON-EXCHANGE /2021

General Information

Project Name: DC GHMSI IND64- ACA ON-EXCHANGE
 Project Number: 2021
 Requested Filing Mode: Review & Approval
 Explanation for Combination/Other:
 Submission Type: New Submission
 Overall Rate Impact: 14.5%

Status of Filing in Domicile:
 Date Approved in Domicile:
 Domicile Status Comments:
 Market Type: Individual
 Individual Market Type: Individual
 Filing Status Changed: 05/04/2015
 State Status Changed:
 Created By: Cory Bream
 Corresponding Filing Tracking Number:
 PPACA: Non-Grandfathered Immed Mkt Reforms

Deemer Date:
 Submitted By: Cory Bream

PPACA Notes: null

Include Exchange Intentions: No

Filing Description:

This filing contains the rate proposal for the portfolio of benefits to be offered by Group Hospitalization & Medical Services, Inc. to Individuals Under 65 on the D.C. Exchange. We are submitting 6 benefit plans on the D.C. Exchange.

Company and Contact

Filing Contact Information

Brad Boban, Senior Actuarial Assistant brad.boban@carefirst.com
 10455 Mill Run Circle 410-998-6230 [Phone]
 Owings Mills, MD 21117 410-998-7704 [FAX]

Filing Company Information

Group Hospitalization and Medical Services, Inc.	CoCode: 53007	State of Domicile: District of Columbia
840 First Street NE	Group Code:	Company Type: Hospital, Medical & Dental Service or Indemnity
Washington, DC 20065	Group Name:	State ID Number:
(410) 581-3000 ext. [Phone]	FEIN Number: 53-0078070	

Filing Fees

Fee Required? No
 Retaliatory? No
 Fee Explanation:

SERFF Tracking #:

CFAP-130059240

State Tracking #:

Company Tracking #:

2021

State: District of Columbia **Filing Company:** Group Hospitalization and Medical Services, Inc.
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)
Product Name: BluePreferred - ON-EXCHANGE
Project Name/Number: DC GHMSI IND64- ACA ON-EXCHANGE /2021

Rate Information

Rate data applies to filing.

Filing Method: SERFF
Rate Change Type: Increase
Overall Percentage of Last Rate Revision: 5.500%
Effective Date of Last Rate Revision: 01/01/2015
Filing Method of Last Filing: 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):
Group Hospitalization and Medical Services, Inc.	Increase	14.500%	14.500%	\$2,391,710	3,717	\$16,507,262	25.800%	2.700%

State: District of Columbia **Filing Company:** Group Hospitalization and Medical Services, Inc.
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)
Product Name: BluePreferred - ON-EXCHANGE
Project Name/Number: DC GHMSI IND64- ACA ON-EXCHANGE /2021

Rate Review Detail

COMPANY:

Company Name: Group Hospitalization and Medical Services, Inc.
 HHS Issuer Id: 78079

PRODUCTS:

Product Name	HIOS Product ID	HIOS Submission ID	Number of Covered Lives
BluePreferred	78079DC021		2828
BluePreferred Multi-State Plan	78079DC016		889

Trend Factors:

FORMS:

New Policy Forms: DC/CF/DB/INCENT (1/16), DC/CF/EXC/2016 AMEND (1/16), DC/CF/EXC/BP HSA/ SIL 1600 73 (1/16), DC/CF/EXC/BP HSA/ SIL 1600 87 (1/16), DC/CF/EXC/BP HSA/ SIL 1600 94 (1/16), DC/CF/EXC/BP HSA/SIL 1600 (1/16), DC/CF/EXC/BP STD/BRZ 4500 (1/16), DC/CF/EXC/BP STD/GOLD 500 (1/16), DC/CF/EXC/BP STD/NATAMER 0 (1/16), DC/CF/EXC/BP STD/PLAT 0 (1/16), DC/CF/EXC/BP STD/SIL 2000 (1/16), DC/CF/EXC/BP STD/SIL 2000 73 (1/16), DC/CF/EXC/BP STD/SIL 2000 87 (1/16), DC/CF/EXC/BP STD/SIL 2000 94 (1/16), DC/CF/EXC/BP/MSP PPO 750 (1/16), DC/CF/EXC/BP/NATAMER SOB (1/16)

Affected Forms:

Other Affected Forms: DC/CF/ANCILLARY AMEND (10/12), DC/CF/EXC/BP/IEA (1/14), DC/CF/EXC/MSP/BP/IEA (1/14), DC/CF/EXC/NATAMER (1/14), DC/CF/MEM/BLCRD (1/12), DC/CF/MSP/DB/APPEAL (1/14), DC/CF/MSP/EXCLUSION (1/14), DC/CF/PT PROTECT (9/10), DC/CF/SHOP/EXC/DOCS (1/14), DC/GHMSI/DOL APPEAL (R. 11/11), DC/GHMSI/HEALTH GUARANTEE 1/15

REQUESTED RATE CHANGE INFORMATION:

Change Period: Annual
 Member Months: 39,846
 Benefit Change: Increase
 Percent Change Requested: Min: 2.7 Max: 25.8 Avg: 14.5

PRIOR RATE:

Total Earned Premium: 16,507,262.00
 Total Incurred Claims: 12,412,785.00
 Annual \$: Min: 251.65 Max: 503.13 Avg: 364.36

REQUESTED RATE:

Projected Earned Premium: 18,898,972.00
 Projected Incurred Claims: 13,955,140.00
 Annual \$: Min: 285.37 Max: 569.29 Avg: 417.15

SERFF Tracking #:

CFAP-130059240

State Tracking #:

Company Tracking #:

2021

State:

District of Columbia

Filing Company:

Group Hospitalization and Medical Services, Inc.

TOI/Sub-TOI:

H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)

Product Name:

BluePreferred - ON-EXCHANGE

Project Name/Number:

DC GHMSI IND64- ACA ON-EXCHANGE /2021

Rate/Rule Schedule

State: District of Columbia

Filing Company:

Group Hospitalization and Medical Services, Inc.

TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)

Product Name: BluePreferred - ON-EXCHANGE

Project Name/Number: DC GHMSI IND64- ACA ON-EXCHANGE /2021

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		2021_DC GHMSI Exchange Filing	DC/CF/ANCILLARY AMEND (10/12), DC/CF/DB/INCENT (1/16), DC/CF/EXC/2016 AMEND (1/16), DC/CF/EXC/BP HSA/ SIL 1600 73 (1/16), DC/CF/EXC/BP HSA/ SIL 1600 87 (1/16), DC/CF/EXC/BP HSA/ SIL 1600 94 (1/16), DC/CF/EXC/BP HSA/SIL 1600 (1/16), DC/CF/EXC/BP STD/BRZ 4500 (1/16), DC/CF/EXC/BP STD/GOLD 500 (1/16), DC/CF/EXC/BP STD/NATAMER 0 (1/16), DC/CF/EXC/BP STD/PLAT 0 (1/16), DC/CF/EXC/BP STD/SIL 2000 (1/16), DC/CF/EXC/BP STD/SIL 2000 73 (1/16), DC/CF/EXC/BP STD/SIL 2000 87 (1/16), DC/CF/EXC/BP STD/SIL 2000 94 (1/16), DC/CF/EXC/BP/IEA (1/14), DC/CF/EXC/BP/MSP PPO 750 (1/16), DC/CF/EXC/BP/NATAMER SOB (1/16), DC/CF/EXC/MSP/BP/IEA (1/14), DC/CF/EXC/NATAMER (1/14), DC/CF/MEM/BLCRD (1/12), DC/CF/MSP/DB/APPEAL (1/14), DC/CF/MSP/EXCLUSION (1/14), DC/CF/PT PROTECT (9/10), DC/CF/SHOP/EXC/DOCS (1/14), DC/GHMSI/DOL APPEAL (R. 11/11), DC/GHMSI/HEALTH GUARANTEE 1/15	Revised	Previous State Filing Number: CFAP-129554331 or 1967 Percent Rate Change Request: 14.5	2021_DC_PPO - Exchange (Q1 2016) - Rate Filing - 5.1.15.pdf,

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

**DC Individual Exchange Products
Rates Effective 1/1/2016**

Rates & Factors

Group Hospitalization & Medical Services, Inc. (GHMSI)
d.b.a. CareFirst BlueCross BlueShield
(NAIC # 53007)
DC Individual Exchange Products
Rates & Factors
Table of Contents
Rates Effective 1/1/2016

Cover	1
Table of Contents	2
Form Numbers	3
Age Factors	4
BluePreferred PPO Standard Bronze \$4,500	5
BlueCross BlueShield Preferred 1600, a Multi-State Plan	6
BluePreferred PPO Standard Gold \$500	7
BlueCross BlueShield Preferred 750, a Multi-State Plan	8
BluePreferred PPO Standard Platinum \$0	9

Group Hospitalization & Medical Services, Inc. (GHMSI)
d.b.a. CareFirst BlueCross BlueShield
(NAIC # 53007)
DC Individual Exchange Products
Rates Effective 1/1/2016
Form Numbers

Form Numbers Associated With This Filing:

*This list contains the applicable forms for the ACA products.

BluePreferred PPO

DC/CF/EXC/BP/IEA (1/14)
DC/CF/SHOP/EXC/DOCS (1/14)
DC/CF/EXC/NATAMER (1/14)
DC/GHMSI/DOL APPEAL (R. 11/11)
DC/CF/MEM/BLCRD (1/12)
DC/CF/ANCILLARY AMEND (10/12)
DC/GHMSI/HEALTH GUARANTEE 1/15
DC/CF/PT PROTECT (9/10)
DC/CF/EXC/2016 AMEND (1/16)
DC/CF/DB/INCENT (1/16)
DC/CF/EXC/BP HSA/SIL 1600 (1/16)
DC/CF/EXC/BP HSA/ SIL 1600 73 (1/16)
DC/CF/EXC/BP HSA/ SIL 1600 87 (1/16)
DC/CF/EXC/BP HSA/ SIL 1600 94 (1/16)
DC/CF/EXC/BP/NATAMER SOB (1/16)

BluePreferred PPO Standard Plans

DC/CF/EXC/BP/IEA (1/14)
DC/CF/SHOP/EXC/DOCS (1/14)
DC/CF/EXC/NATAMER (1/14)
DC/GHMSI/DOL APPEAL (R. 11/11)
DC/CF/MEM/BLCRD (1/12)
DC/CF/ANCILLARY AMEND (10/12)
DC/GHMSI/HEALTH GUARANTEE 1/15
DC/CF/PT PROTECT (9/10)
DC/CF/EXC/2016 AMEND (1/16)
DC/CF/DB/INCENT (1/16)
DC/CF/EXC/BP STD/GOLD 500 (1/16)
DC/CF/EXC/BP STD/BRZ 4500 (1/16)
DC/CF/EXC/BP STD/SIL 2000 (1/16)
DC/CF/EXC/BP STD/SIL 2000 73 (1/16)
DC/CF/EXC/BP STD/SIL 2000 87 (1/16)
DC/CF/EXC/BP STD/SIL 2000 94 (1/16)
DC/CF/EXC/BP STD/PLAT 0 (1/16)
DC/CF/EXC/BP STD/NATAMER 0 (1/16)

BluePreferred Multi-State Plan

DC/CF/EXC/MSP/BP/IEA (1/14)
DC/CF/MSP/DB/APPEAL (1/14)
DC/CF/SHOP/EXC/DOCS (1/14)
DC/CF/EXC/NATAMER (1/14)
DC/CF/MSP/EXCLUSION (1/14)
DC/CF/MEM/BLCRD (1/12)
DC/CF/ANCILLARY AMEND (10/12)
DC/GHMSI/HEALTH GUARANTEE 1/15
DC/CF/PT PROTECT (9/10)
DC/CF/EXC/2016 AMEND (1/16)
DC/CF/DB/INCENT (1/16)
DC/CF/EXC/BP/MSP PPO 750 (1/16)

Group Hospitalization & Medical Services, Inc. (GHMSI)
DC Individual Exchange Products Rates Effective 1/1/2016

Age Factors

Age	Factor
0-20	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+	2.181

Group Hospitalization & Medical Services, Inc. (GHMSI)

Individual On Exchange
DISTRICT OF COLUMBIA
BluePreferred PPO Standard Bronze \$4,500
 Proposed Monthly Premium Rates Effective 1/1/2016

Base Rate **\$ 285.37**

Age	Monthly Premium
0-20	\$186.63
21	\$207.46
22	\$207.46
23	\$207.46
24	\$207.46
25	\$207.46
26	\$207.46
27	\$207.46
28	\$212.32
29	\$216.88
30	\$222.30
31	\$228.01
32	\$233.15
33	\$238.57
34	\$244.28
35	\$249.98
36	\$255.69
37	\$261.40
38	\$264.54
39	\$267.68
40	\$278.24
41	\$289.08
42	\$300.49
43	\$312.19
44	\$324.47
45	\$337.02
46	\$350.15
47	\$363.85
48	\$378.12
49	\$392.95
50	\$408.36
51	\$424.35
52	\$440.90
53	\$458.02
54	\$476.00
55	\$494.55
56	\$513.95
57	\$533.93
58	\$554.76
59	\$576.45
60	\$598.99
61	\$622.39
62	\$622.39
63	\$622.39
64+	\$622.39

Summary of Member Cost-Shares

	<u>In Network</u>	<u>Out-Of-Network</u>
DEDUCTIBLE	\$4,500	\$9,000
COINSURANCE	20%	40%
OUT-OF-POCKET MAXIMUM	\$6,850	\$13,700
Office Copays	\$50 PCP /\$50 Specialist	
Drug:	\$25 Generic, 50% Preferred Brand	
	50% Non-Preferred Brand Coinsurance	
Drug and Medical Combined for OOP Max		

Group Hospitalization & Medical Services, Inc. (GHMSI)

Individual On Exchange

DISTRICT OF COLUMBIA

BlueCross BlueShield Preferred 1600, a Multi-State Plan

Proposed Monthly Premium Rates Effective 1/1/2016

Base Rate **\$ 306.76**

Age	Monthly Premium
0-20	\$200.62
21	\$223.01
22	\$223.01
23	\$223.01
24	\$223.01
25	\$223.01
26	\$223.01
27	\$223.01
28	\$228.23
29	\$233.14
30	\$238.97
31	\$245.10
32	\$250.62
33	\$256.45
34	\$262.59
35	\$268.72
36	\$274.86
37	\$280.99
38	\$284.37
39	\$287.74
40	\$299.09
41	\$310.75
42	\$323.02
43	\$335.60
44	\$348.79
45	\$362.28
46	\$376.39
47	\$391.12
48	\$406.46
49	\$422.41
50	\$438.97
51	\$456.15
52	\$473.94
53	\$492.35
54	\$511.68
55	\$531.62
56	\$552.47
57	\$573.95
58	\$596.34
59	\$619.66
60	\$643.89
61	\$669.04
62	\$669.04
63	\$669.04
64+	\$669.04

Summary of Member Cost-Shares

	<u>In Network</u>	<u>Out-Of-Network</u>
DEDUCTIBLE	\$1,600	\$3,200
COINSURANCE	0%	0%
OUT-OF-POCKET MAXIMUM	\$6,550	\$13,100
Office Copays	\$30 PCP /\$40 Specialist	
Drug:	\$10 Generic, \$50 Preferred Brand	
	\$70 Non-Preferred Brand Coinsurance	
Drug and Medical Combined for Ded & OOP Max		

Group Hospitalization & Medical Services, Inc. (GHMSI)

Individual On Exchange
DISTRICT OF COLUMBIA
BluePreferred PPO Standard Silver \$2,000
 Proposed Monthly Premium Rates Effective 1/1/2016

Base Rate **\$ 375.85**

Age	Monthly Premium
0-20	\$245.81
21	\$273.24
22	\$273.24
23	\$273.24
24	\$273.24
25	\$273.24
26	\$273.24
27	\$273.24
28	\$279.63
29	\$285.65
30	\$292.79
31	\$300.30
32	\$307.07
33	\$314.21
34	\$321.73
35	\$329.24
36	\$336.76
37	\$344.28
38	\$348.41
39	\$352.55
40	\$366.45
41	\$380.74
42	\$395.77
43	\$411.18
44	\$427.34
45	\$443.88
46	\$461.17
47	\$479.21
48	\$498.00
49	\$517.55
50	\$537.84
51	\$558.89
52	\$580.69
53	\$603.24
54	\$626.92
55	\$651.35
56	\$676.91
57	\$703.22
58	\$730.65
59	\$759.22
60	\$788.91
61	\$819.73
62	\$819.73
63	\$819.73
64+	\$819.73

Summary of Member Cost-Shares

	<u>In Network</u>	<u>Out-Of-Network</u>
DEDUCTIBLE	\$2,000	\$1,000
COINSURANCE	20%	40%
OUT-OF-POCKET MAXIMUM	\$6,250	\$12,500
Office Copays	\$25 PCP /\$50 Specialist	
Drug:	\$15 Generic, \$50 Preferred Brand	
	\$70 Non-Preferred Brand Coinsurance	
Drug and Medical Combined for OOP Max		

Group Hospitalization & Medical Services, Inc. (GHMSI)

Individual On Exchange
DISTRICT OF COLUMBIA
BluePreferred PPO Standard Gold \$500
 Proposed Monthly Premium Rates Effective 1/1/2016

Base Rate **\$ 475.17**

Age	Monthly Premium
0-20	\$310.76
21	\$345.45
22	\$345.45
23	\$345.45
24	\$345.45
25	\$345.45
26	\$345.45
27	\$345.45
28	\$353.53
29	\$361.13
30	\$370.16
31	\$379.66
32	\$388.21
33	\$397.24
34	\$406.75
35	\$416.25
36	\$425.75
37	\$435.26
38	\$440.48
39	\$445.71
40	\$463.29
41	\$481.35
42	\$500.35
43	\$519.84
44	\$540.27
45	\$561.18
46	\$583.03
47	\$605.84
48	\$629.60
49	\$654.31
50	\$679.97
51	\$706.58
52	\$734.14
53	\$762.65
54	\$792.58
55	\$823.47
56	\$855.78
57	\$889.04
58	\$923.73
59	\$959.84
60	\$997.38
61	\$1,036.35
62	\$1,036.35
63	\$1,036.35
64+	\$1,036.35

Summary of Member Cost-Shares

	<u>In Network</u>	<u>Out-Of-Network</u>
DEDUCTIBLE	\$500	\$1,000
COINSURANCE	20%	40%
OUT-OF-POCKET MAXIMUM	\$3,500	\$7,000
Office Copays	\$25 PCP /\$50 Specialist	
Drug:	\$15 Generic, \$50 Preferred Brand	
	\$70 Non-Preferred Brand Coinsurance	
Drug and Medical Combined for OOP Max		

Group Hospitalization & Medical Services, Inc. (GHMSI)

Individual On Exchange
DISTRICT OF COLUMBIA

BlueCross BlueShield Preferred 750, a Multi-State Plan
Proposed Monthly Premium Rates Effective 1/1/2016

Base Rate **\$ 473.00**

Age	Monthly Premium
0-20	\$309.34
21	\$343.87
22	\$343.87
23	\$343.87
24	\$343.87
25	\$343.87
26	\$343.87
27	\$343.87
28	\$351.91
29	\$359.48
30	\$368.47
31	\$377.93
32	\$386.44
33	\$395.43
34	\$404.89
35	\$414.35
36	\$423.81
37	\$433.27
38	\$438.47
39	\$443.67
40	\$461.18
41	\$479.15
42	\$498.07
43	\$517.46
44	\$537.80
45	\$558.61
46	\$580.37
47	\$603.08
48	\$626.73
49	\$651.32
50	\$676.86
51	\$703.35
52	\$730.79
53	\$759.17
54	\$788.96
55	\$819.71
56	\$851.87
57	\$884.98
58	\$919.51
59	\$955.46
60	\$992.83
61	\$1,031.61
62	\$1,031.61
63	\$1,031.61
64+	\$1,031.61

Summary of Member Cost-Shares

	In Network	Out-Of-Network
DEDUCTIBLE	\$750	\$1,500
COINSURANCE	0%	0%
OUT-OF-POCKET MAXIMUM	\$4,000	\$8,000
Office Copays	\$0 PCP /\$30 Specialist	
Drug:	\$0 Generic, \$50 Preferred Brand	
	\$70 Non-Preferred Brand Coinsurance	
Drug and Medical Combined for OOP Max		

Group Hospitalization & Medical Services, Inc. (GHMSI)

Individual On Exchange
DISTRICT OF COLUMBIA
BluePreferred PPO Standard Platinum \$0
 Proposed Monthly Premium Rates Effective 1/1/2016

Base Rate **\$ 569.29**

Age	Monthly Premium
0-20	\$372.32
21	\$413.87
22	\$413.87
23	\$413.87
24	\$413.87
25	\$413.87
26	\$413.87
27	\$413.87
28	\$423.55
29	\$432.66
30	\$443.48
31	\$454.86
32	\$465.11
33	\$475.93
34	\$487.31
35	\$498.70
36	\$510.08
37	\$521.47
38	\$527.73
39	\$533.99
40	\$555.06
41	\$576.69
42	\$599.46
43	\$622.80
44	\$647.28
45	\$672.33
46	\$698.52
47	\$725.84
48	\$754.31
49	\$783.91
50	\$814.65
51	\$846.53
52	\$879.55
53	\$913.71
54	\$949.58
55	\$986.58
56	\$1,025.29
57	\$1,065.14
58	\$1,106.70
59	\$1,149.97
60	\$1,194.94
61	\$1,241.62
62	\$1,241.62
63	\$1,241.62
64+	\$1,241.62

Summary of Member Cost-Shares

	In Network	Out-Of-Network
DEDUCTIBLE	\$0	\$1,000
COINSURANCE	10%	30%
OUT-OF-POCKET MAXIMUM	\$2,000	\$4,000
Office Copays	\$20 PCP /\$40 Specialist	
Drug:	\$5 Generic, \$15 Preferred Brand	
	\$25 Non-Preferred Brand Coinsurance	
Drug and Medical Combined for OOP Max		

State: District of Columbia **Filing Company:** Group Hospitalization and Medical Services, Inc.
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)
Product Name: BluePreferred - ON-EXCHANGE
Project Name/Number: DC GHMSI IND64- ACA ON-EXCHANGE /2021

Supporting Document Schedules

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

Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	2021_DC_PPO - Exchange (Q1 2016) - Actuarial Memorandum - 5.1.15.pdf 2021_DC_PPO - Exchange (Q1 2016) - Actuarial Value Calculations.pdf 2015 ACA_Actl Memo_CD_DC_GH - 5.1.15.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	2021_DC_PPO - Exchange (Q1 2016) - Actuarial Memorandum - 5.1.15.pdf 2021_DC_PPO - Exchange (Q1 2016) - Actuarial Value Calculations.pdf 2015 ACA_Actl Memo_CD_DC_GH - 5.1.15.pdf
Item Status:	
Status Date:	

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

Bypassed - Item:	Consumer Disclosure Form
Bypass Reason:	As noted, we are bypassing this Requirement.
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Cover Letter All Filings
Comments:	Please see the Actuarial Memorandum for these items.

State: District of Columbia **Filing Company:** Group Hospitalization and Medical Services, Inc.
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)
Product Name: BluePreferred - ON-EXCHANGE
Project Name/Number: DC GHMSI IND64- ACA ON-EXCHANGE /2021

Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	DISB Actuarial Memorandum Dataset
Bypass Reason:	Please see the Dataset attached below.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	District of Columbia and Countrywide Experience for the Last 5 Years (P&C)
Bypass Reason:	n/a
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	District of Columbia and Countrywide Loss Ratio Analysis (P&C)
Bypass Reason:	n/a
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Unified Rate Review Template
Comments:	
Attachment(s):	2021_DC_PPO - URRT - SERFF - 5.1.15.pdf 2021_DC_PPO - URRT - SERFF - 5.1.15.xlsm UnifiedRateReviewSubmission_2015050115262.xml
Item Status:	
Status Date:	

Satisfied - Item:	2016 DISB Actuarial Memorandum Dataset
Comments:	
Attachment(s):	DISB Actuarial Memo Dataset - GHMSI_2021 - 5.1.15.xlsx
Item Status:	
Status Date:	

Satisfied - Item:	District of Columbia Plain Language Summary
Comments:	

SERFF Tracking #:

CFAP-130059240

State Tracking #:

Company Tracking #:

2021

State:

District of Columbia

Filing Company:

Group Hospitalization and Medical Services, Inc.

TOI/Sub-TOI:

H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)

Product Name:

BluePreferred - ON-EXCHANGE

Project Name/Number:

DC GHMSI IND64- ACA ON-EXCHANGE /2021

Attachment(s):	Part_II_DC-CD-GH-2021-5-1-15.pdf
Item Status:	
Status Date:	

SERFF Tracking #:

CFAP-130059240

State Tracking #:

Company Tracking #:

2021

State:

District of Columbia

Filing Company:

Group Hospitalization and Medical Services, Inc.

TOI/Sub-TOI:

H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)

Product Name:

BluePreferred - ON-EXCHANGE

Project Name/Number:

DC GHMSI IND64- ACA ON-EXCHANGE /2021

Attachment 2021_DC_PPO - URRT - SERFF - 5.1.15.xlsm is not a PDF document and cannot be reproduced here.

Attachment UnifiedRateReviewSubmission_2015050115262.xml is not a PDF document and cannot be reproduced here.

Attachment DISB Actuarial Memo Dataset - GHMSI_2021 - 5.1.15.xlsx is not a PDF document and cannot be reproduced here.

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

**DC Individual Exchange Products
Rates Effective 1/1/2016**

Actuarial Memorandum

**Group Hospitalization & Medical Services, Inc. (GHMSI)
DC Individual Exchange Products Rates Effective 1/1/2016**

Table of Contents

Cover	1
Table of Contents	2
Actuarial Certification	3
Form Numbers	4
HIOS Product IDs	5
Definitions of Acronyms	6
GHMSI Rate Change Summary	7
CFI Rate Change Summary	8
Support for Morbidity Adjustment CFI	9
Support for Morbidity Adjustment GHMSI	10
Allowed PMPM Projection	11
Trend Support	12
Reinsurance Estimate	13
Calculation for Risk Adjustment Factor	14
DICR & MLR (Individual Non-Medigap, Small Group, Combined)	15-17
GHMSI Plan Level Summary	18
Support for Utilization Impact	19
Other Projection Factors	20
Support For Other Projection Factors	21
Derivation of Pediatric Dental Rate	22
Derivation of Embedded Vision Rates	23
Allowed Maternity Summary Support	24
Autism Cost Model	25
Derivation of Demographic Factor	26
Estimated Non-EHB Claims in Experience Period	27
Current Non-Essential Health Benefits	28
Non-Essential Health Benefits - Abortion Charge	29
Plan Level Derivations	30
Enrollment Projections	31
Pricing AV	32
Support for Normalization	33
Derivation of Calibration Factors	34
Appendix	35
Rating Methodology	36
Reserving Methodology	37
DC Age Rating Factors	38
Experience by Category (IP, OP, Prof, Other, Rx, Med & Rx Total)	39 - 44
Capitations Summary	45
Summary of Existing Non-ACA HIOS Data	46
Summary of Existing ACA HIOS Data	47

Group Hospitalization & Medical Services, Inc. (GHMSI)
d.b.a. CareFirst BlueCross BlueShield
(NAIC # 53007)
DC Individual Exchange Products
Rates Effective 1/1/2016
Actuarial Certification

I, Kenny Kan, am the Senior Vice President and Chief Actuary with GHMSI doing business as CareFirst BlueChoice. 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
- vi. ASOP No. 26, Compliance with Statutory and Regulatory Requirements for the Actuarial
- 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. 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.
 - d. Based on a plausible scenario of the projected morbidity. Given the significant changes in this market, it is possible that the projected index rate could miss the true costs by a considerable margin up or down.
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

Group Hospitalization & Medical Services, Inc. (GHMSI)
d.b.a. CareFirst BlueCross BlueShield
(NAIC # 53007)
DC Individual Exchange Products
Rates Effective 1/1/2016
Form Numbers

Form Numbers Associated With This Filing:

*This list contains the applicable forms for the ACA products.

BluePreferred PPO

DC/CF/EXC/BP/IEA (1/14)
DC/CF/SHOP/EXC/DOCS (1/14)
DC/CF/EXC/NATAMER (1/14)
DC/GHMSI/DOL APPEAL (R. 11/11)
DC/CF/MEM/BLCRD (1/12)
DC/CF/ANCILLARY AMEND (10/12)
DC/GHMSI/HEALTH GUARANTEE 1/15
DC/CF/PT PROTECT (9/10)
DC/CF/EXC/2016 AMEND (1/16)
DC/CF/DB/INCENT (1/16)
DC/CF/EXC/BP HSA/SIL 1600 (1/16)
DC/CF/EXC/BP HSA/ SIL 1600 73 (1/16)
DC/CF/EXC/BP HSA/ SIL 1600 87 (1/16)
DC/CF/EXC/BP HSA/ SIL 1600 94 (1/16)
DC/CF/EXC/BP/NATAMER SOB (1/16)

BluePreferred PPO Standard Plans

DC/CF/EXC/BP/IEA (1/14)
DC/CF/SHOP/EXC/DOCS (1/14)
DC/CF/EXC/NATAMER (1/14)
DC/GHMSI/DOL APPEAL (R. 11/11)
DC/CF/MEM/BLCRD (1/12)
DC/CF/ANCILLARY AMEND (10/12)
DC/GHMSI/HEALTH GUARANTEE 1/15
DC/CF/PT PROTECT (9/10)
DC/CF/EXC/2016 AMEND (1/16)
DC/CF/DB/INCENT (1/16)
DC/CF/EXC/BP STD/GOLD 500 (1/16)
DC/CF/EXC/BP STD/BRZ 4500 (1/16)
DC/CF/EXC/BP STD/SIL 2000 (1/16)
DC/CF/EXC/BP STD/SIL 2000 73 (1/16)
DC/CF/EXC/BP STD/SIL 2000 87 (1/16)
DC/CF/EXC/BP STD/SIL 2000 94 (1/16)
DC/CF/EXC/BP STD/PLAT 0 (1/16)
DC/CF/EXC/BP STD/NATAMER 0 (1/16)

BluePreferred Multi-State Plan

DC/CF/EXC/MSP/BP/IEA (1/14)
DC/CF/MSP/DB/APPEAL (1/14)
DC/CF/SHOP/EXC/DOCS (1/14)
DC/CF/EXC/NATAMER (1/14)
DC/CF/MSP/EXCLUSION (1/14)
DC/CF/MEM/BLCRD (1/12)
DC/CF/ANCILLARY AMEND (10/12)
DC/GHMSI/HEALTH GUARANTEE 1/15
DC/CF/PT PROTECT (9/10)
DC/CF/EXC/2016 AMEND (1/16)
DC/CF/DB/INCENT (1/16)
DC/CF/EXC/BP/MSP PPO 750 (1/16)

Group Hospitalization & Medical Services, Inc. (GHMSI)
d.b.a. CareFirst BlueCross BlueShield
(NAIC # 53007)
DC Individual Exchange Products
Rates Effective 1/1/2016
HIOS Product IDs

ACA Products Projection Period

HIOS Product ID	HIOS Product Name	HIOS Plan ID	Suffix	HIOS Plan Name	On/Off Exchange	Product Type	Abortion Coverage	Actuarial Value	Metal Level	Unique Plan	Projected Members 12/31/2016
78079DC021	BluePreferred	78079DC0210002	01	BluePreferred PPO Standard Bronze \$4,500	On	PPO	Yes	61.4%	Bronze	No	921
78079DC016	BluePreferred Multi-State Plan	78079DC0160002	01	BlueCross BlueShield Preferred 1600, a Multi-State Plan Base	On	PPO	No	71.9%	Silver	No	487
78079DC016	BluePreferred Multi-State Plan	78079DC0160002	04	BlueCross BlueShield Preferred 1600, a Multi-State Plan 73%	On	PPO	No	73.9%	Silver	No	21
78079DC016	BluePreferred Multi-State Plan	78079DC0160001	01	BlueCross BlueShield Preferred 750, a Multi-State Plan	On	PPO	No	80.6%	Gold	No	381
78079DC021	BluePreferred	78079DC0210004	01	BluePreferred PPO Standard Silver \$2,000 Base	On	PPO	Yes	70.4%	Silver	No	487
78079DC021	BluePreferred	78079DC0210004	04	BluePreferred PPO Standard Silver \$2,000 73%	On	PPO	Yes	73.0%	Silver	No	21
78079DC021	BluePreferred	78079DC0210003	01	BluePreferred PPO Standard Gold \$500	On	PPO	Yes	80.2%	Gold	No	381
78079DC021	BluePreferred	78079DC0210001	01	BluePreferred PPO Standard Platinum \$0	On	PPO	Yes	90.5%	Platinum	No	1,018
Total											3,717

**Group Hospitalization & Medical Services, Inc. (GHMSI)
DC Individual Exchange Products Rates Effective 1/1/2016**

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

Group Hospitalization & Medical Services, Inc. (GHMSI)
DC Individual On & Off Exchange Products Rates Effective 1/1/2016
IND64- District of Columbia GHMSI RATE CHANGE SUMMARY

	1	2	3	4		5		6	7	8	9	10	11	12	13
				2015 RATE FILING Projected Members 12/31/15		ACTUALS A/O 2/28/15					HHS AV 2015	Base Rate 1/1/15	HHS AV 2016	Base Rate 1/1/16	Δ
	<u>Benefit Plan</u>	<u>Subsidies</u>	<u>FPL</u>	<u>TOTAL</u>	<u>%</u>	<u>TOTAL</u>	<u>%</u>			<u>Δ</u>					
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															
12															
13															
14															
15															
16															
17															
18															
19															
20															
21															
22															
23															
24															
25															
26															
27															
28															
29															
30															
31															
32															
33															
34															
35															
36															
37															
38															
39															

CareFirst, Inc. (CFI)
 DC Individual On & Off Exchange Products Rates Effective 1/1/2016
 IND64- District of Columbia CFI RATE CHANGE SUMMARY

1	2	3	4	5	6	7	8	9	10	11	12	13	
			2015 RATE FILING Projected Members 12/31/15		ACTUALS A/O 2/28/15		Actual- Filing	HHS AV 2015	Base Rate 1/1/15	HHS AV 2016	Base Rate 1/1/16	Δ	
	Benefit Plan	Subsidies	FPL	TOTAL	%	TOTAL	%	Δ	2015	1/1/15	2016	1/1/16	Δ
1	BlueChoice HMO Young Adult \$6,850			1,507	7%	363	3%	-3%	0.598	\$111	0.616	\$124	11.5%
2													
3	Bronze Plans												
4	BluePreferred PPO Standard Bronze \$4,500			1,061	5%	689	7%	2%	0.612	\$252	0.614	\$285	13.4%
5	BlueChoice HMO Bronze \$6,850			2,457	11%	987	9%	-1%	0.601	\$190	0.590	\$165	-13.3%
6	BlueChoice HMO Standard Bronze \$4,500			743	3%	405	4%	1%	0.615	\$223	0.614	\$225	0.9%
7	BlueChoice HMO HSA Bronze \$6,000			2,090	9%	852	8%	-1%	0.592	\$185	0.618	\$162	-12.7%
8	Subtotal:			6,351	28%	2,933	28%	0%	0.603	\$208	0.607	\$201	-3.4%
9													
10	Silver Plans												
11	BlueChoice HMO HSA Silver \$1,350	APTC & CSR	100-150%	0	0%	37	0%	0%	0.932	\$245	0.938	\$251	2.1%
12		APTC & CSR	151%-200%	0	0%	33	0%	0%	0.879	\$245	0.867	\$251	2.1%
13		APTC & CSR	201-250%	329	1%	76	1%	-1%	0.735	\$245	0.736	\$251	2.1%
14			401%+	2,125	9%	942	9%	0%	0.696	\$245	0.705	\$251	2.1%
15	Subtotal:			2,454	11%	1,088	10%	0%	0.713	\$245	0.720	\$251	2.1%
16													
17	BlueCross BlueShield Preferred \$1,600	APTC & CSR	100-150%	0	0%	1	0%	0%	0.932	\$299	0.950	\$307	2.7%
18		APTC & CSR	151%-200%	0	0%	2	0%	0%	0.876	\$299	0.879	\$307	2.7%
19		APTC & CSR	201-250%	75	0%	13	0%	0%	0.737	\$299	0.739	\$307	2.7%
20			401%+	485	2%	365	3%	1%	0.684	\$299	0.719	\$307	2.7%
21	Subtotal:			560	2%	380	4%	1%	0.688	\$299	0.721	\$307	2.7%
22													
23	BluePreferred Standard Silver \$2000	APTC & CSR	100-150%	0	0%	1	0%	0%	0.932	\$299	0.939	\$376	25.8%
24		APTC & CSR	151%-200%	0	0%	2	0%	0%	0.876	\$299	0.869	\$376	25.8%
25		APTC & CSR	201-250%	75	0%	13	0%	0%	0.737	\$299	0.730	\$376	25.8%
26			401%+	485	2%	365	3%	1%	0.684	\$299	0.704	\$376	25.8%
27	Subtotal:			560	2%	380	4%	1%	0.688	\$299	0.706	\$376	25.8%
28													
29	BlueChoice HMO Standard Silver \$2000	APTC & CSR	100-150%	0	0%	15	0%	0%	0.932	\$267	0.944	\$301	12.8%
30		APTC & CSR	151%-200%	0	0%	6	0%	0%	0.877	\$267	0.873	\$301	12.8%
31		APTC & CSR	201-250%	139	1%	19	0%	0%	0.728	\$267	0.730	\$301	12.8%
32			401%+	901	4%	344	3%	-1%	0.690	\$267	0.704	\$301	12.8%
33	Subtotal:			1,040	5%	384	4%	-1%	0.704	\$267	0.717	\$301	12.8%
34													
35	BlueChoice Plus Silver \$2,500***	APTC & CSR	100-150%	0	0%	5	0%	0%	0.937	\$272	0.944	\$301	10.6%
36		APTC & CSR	151%-200%	0	0%	4	0%	0%	0.879	\$272	0.873	\$301	10.6%
37		APTC & CSR	201-250%	72	0%	10	0%	0%	0.739	\$272	0.730	\$301	10.6%
38			401%+	465	2%	309	3%	1%	0.702	\$272	0.704	\$301	10.6%
39	Subtotal:			537	2%	328	3%	1%	0.709	\$272	0.710	\$301	10.6%
40													
41		APTC & CSR	100-150%	0	0%	59	1%	1%	0.933	\$255	0.940	\$271	6.2%
42		APTC & CSR	151%-200%	0	0%	47	0%	0%	0.879	\$255	0.869	\$269	5.5%
43		APTC & CSR	201-250%	690	3%	130	1%	-2%	0.734	\$261	0.734	\$279	7.1%
44			401%+	4,461	19%	2,324	22%	3%	0.692	\$269	0.706	\$293	9.1%
45	Silver Subtotal:			5,151	22%	2,560	24%	2%	0.703	\$268	0.716	\$292	8.8%
46													
47	Gold Plans												
48	BlueChoice HMO Standard Gold \$500			904	4%	607	6%	2%	0.793	\$326	0.802	\$387	18.9%
49	BluePreferred PPO Standard Gold \$500			601	3%	286	3%	0%	0.783	\$403	0.802	\$475	18.1%
50	BlueCross BlueShield Preferred 750, a Multi-State Plan			601	3%	286	3%	0%	0.783	\$403	0.806	\$473	17.5%
51	HealthyBlue HMO Gold \$1,000			1,578	7%	615	6%	-1%	0.783	\$318	0.781	\$373	17.4%
52	HealthyBlue Gold \$1500***			1,004	4%	574	5%	1%	0.820	\$353	0.781	\$373	5.8%
53	Subtotal:			4,688	20%	2,367	22%	2%	0.795	\$349	0.792	\$401	15.0%
54													
55	Platinum Plans												
56	BlueChoice HMO Standard Platinum \$0			3,568	16%	1,575	15%	-1%	0.898	\$425	0.905	\$470	10.6%
57	BluePreferred PPO Standard Platinum \$0			1,735	8%	762	7%	0%	0.882	\$503	0.905	\$569	13.1%
58	Subtotal:			5,303	23%	2,337	22%	-1%	0.893	\$450	0.905	\$502	11.5%
59	TOTAL:			23,000	100%	10,560	100%	0%	0.000	\$304	0.000	\$332	9.0%
60													
61													
62	BlueChoice			17,882	78%	7,778	74%	-4%	0.732	\$283	0.735	\$301	6.5%
63	GHMSI			5,118	22%	2,782	26%	4%	0.742	\$364	0.760	\$417	14.5%
64	Subtotal:			23,000	100%	10,560	100%	0%	0.734	\$304	0.741	\$332	9.0%
65													
66	PPO/HMO Ratio:									1.29		1.38	
67	LOW RENEWAL (Minimum):												-13.3%
68	HIGH RENEWAL (Maximum):												25.8%
69													
70													

***Exiting these plans in 2016

2016 ACA
Combined SRP MORBIDITY - DC

1	2	3	4	5 6 7 8				9 10 11 12				15 16 17 18				19 20 21 22				23		
				2013 Single Risk Pool for 2015 Rates				2014 Single Risk Pool for 2016 Rates				2016 FILING										
				2015	2013	2013	2014	2014	2014	2014	2/28/15	LifeID	2014	2014	2016	ALW	Ratio to					
				Ave.	Claims	Ratio to	Ave.	ALW	Claims	CF IND64-	Members	%	Available	Line of	ALW	Ratio to	CF IND64-					
				Members	%	PMPM	ACA	Members	%	PMPM	ACA	Members	%	Sight	ACA	Members	%	PMPM				
				ACA	CF IND64-	ACA	Members	%	PMPM	ACA	Members	%	78%	ACA	Members	%	PMPM	ACA				
CF	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	1,287	
CF	IND64-	PPACA/Non-Metaled						2,216	3%	\$434	1,173	3,015	4%	2,367	78%	\$469	1,267	2,412	3%	\$469	1,287	
		Small Group	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	
		SRP Subtotal		72,700	77%	\$370	1.00	82,920	96%	\$396	1,070	71,639	90%			\$404	1,093	64,174	81%	\$404	1,093	
CF	IND64-	GF	UW, HIPAA, GC, QTC	1,100	1%	\$644	1.74															
CF	SG			500	1%	\$398	1.08	437	1%	\$540	1,461	681	1%	521	77%	\$534	1,444	715	1%	\$534	1,444	
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	
OTHER																						
Competitors				4,600	5%	\$370	1.00															
51-100 FTE																						
Congress				10,100	11%	\$324	0.88												8,624	11%	\$494	1,336
	Uninsured	FPL 100% - 138%	\$11,670	New Entrants	0	0%																
	Uninsured	FPL 138% - 200%	\$16,105	New Entrants	0	0%																
	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
		Other			0	0%		0	0%				0	0%			0.00		0%		0.00	
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	
				Δ 2016 Rating Factor Impact				Pool Members (Ind Only)				10,559										
				Δ 2016 Premium Impact												1,136						
BC																						
CF	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	
CF	IND64-	PPACA/Non-Metaled						1,585	4%	\$404	1,267											
		Small Group	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	
		SRP Subtotal		35,100	76%	\$319	1.00	41,076	94%	\$320	1.003	34,751	86%			\$324	1.016	31,069	74%	\$324	1.016	
CF	IND64-	GF	UW, HIPAA, GC, QTC	100	0%	\$556	1.74															
CF	SG			200	0%	\$343	1.08	338	1%	\$400	1,254	508	1%	377	74%	\$432	1,354	533	1%	\$432	1,354	
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	
OTHER																						
Competitors				3,500	8%	\$319	1.00															
51-100 FTE																						
Congress				3,400	7%	\$280	0.88												4,696	11%	\$428	1,342
	Uninsured	FPL 100% - 138%	\$11,670	New Entrants	0	0%																
	Uninsured	FPL 138% - 200%	\$16,105	New Entrants	0	0%																
	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
		Other			0	0%		0	0%				0	0%			0.00		0%		0.00	
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	
				Δ 2016 Rating Factor Impact				Pool Members (Ind Only)				7,780										
				Δ 2016 Premium Impact												1,083						
GHMSI																						
CF	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	
CF	IND64-	PPACA/Non-Metaled						1,654	4%	\$279	0.665											
		Small Group	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	
		SRP Subtotal		37,500	78%	\$419	1.00	41,843	98%	\$470	1.122	36,888	95%			\$479	1.144	33,105	83%	\$479	1.144	
CF	IND64-	GF	UW, HIPAA, GC, QTC	1,000	2%	\$729	1.74															
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	
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	
OTHER																						
Competitors				1,200	3%	\$419	1.00															
51-100 FTE																						
Congress				6,700	14%	\$367	0.88												3,928	10%	\$573	1,368
	Uninsured	FPL 100% - 138%	\$11,670	New Entrants	0	0%																
	Uninsured	FPL 138% - 200%	\$16,105	New Entrants	0	0%																
	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
		Other			0	0%		0	0%				0	0%			0.00		0%		0.00	
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	
				Δ 2016 Rating Factor Impact				Pool Members (Ind Only)				2,779										
				Δ 2016 Premium Impact												1,201						

Group Hospitalization & Medical Services, Inc. (GHMSI)
DC Individual Exchange Products Rates Effective 1/1/2016
BluePreferred Projected Morbidity

2016 Change in Morbidity Projection						
		2014 Actual		2016 Projected		
		Risk Score	Average Members	Risk Score	Projected Members	Δ
IND64-	ACA/Metaled	1.24	728	1.22	750	
IND64-	PPACA/Non-Metaled	0.67	1,654			
Small Group	PPACA/ACA/Congress	1.14	39,461	1.14	32,355	
MHIP		2.57	2	1.58	5	
Small Group		2.44	98	1.99	182	
Large Group		2.59	45	2.60	77	
Other	51-100 FTE			1.37	3,928	
Congress						
Other	Uninsured	1.56	737	1.56	2,704	
Grand Total Single Risk Pool		1.13	42,726	1.20	40,000	5.9%

Group Hospitalization & Medical Services, Inc. (GHMSI)
D.C. Individual & Small Group Products - Rate Filing Effective 1/1/2014
GHMSI D.C. Individual Non-Medigap & Small Group Allowed PMPM Projection (Includes EHB and Non-EHB Claims) - Non-Grandfathered Business Only - 1/1/2015 (MERGED)

	Begin	End	Mid-point	Months of Trend		
Experience Period	1/1/2014	12/31/2014	7/1/2014		pd through	2/28/2015
Rating Period	1/1/2016	12/31/2016	6/30/2016	24.0		
Experience Period Summary	Total					
Experience Period Premiums	\$ 233,946,407					
MLR Rebates	\$ -					
Net Experience Period Premiums	\$ 233,946,407	233.9				
Experience Period Paid Claims (Non-Capitated)	\$ 199,294,998					
Completion Factor	0.99					
Experience Period Incurred Claims (Non-Capitated)	\$ 201,550,409					
Capitations	\$ 647,160					
Rx Rebates	\$ (5,342,431)					
Other Manual Claims	\$ -					
Total Experience Period Claims	\$ 196,855,138	196.9	84.2%			
Experience Period Loss Ratio (Before MLR Rebates)	84.15%					
Experience Period Loss Ratio (After MLR Rebates)	84.15%					
Experience Period Loss Ratio (System Claims Only)	86.15%					
Experience Period Member Months	512,656					
Average Members	42,721					
End of Experience Period Contracts	21,579					
End of Experience Period Members	38,192					
Experience Period Allowed Claims (Non-Capitated)	\$ 228,912,864					
Adjustments	\$ (4,695,271)					
Total Adjusted EP Allowed Claims	\$ 224,217,593					
EP Paid / Allowed Ratio	87.8%					

Service Category Level Projection

Service Category	Experience Period Allowed	Utilization Measure	EP Units	EP Allowed \$	Other	Rx Rebates	Net Allowed
Inpatient	Admits	2,454	\$ 40,005,763	\$ -	\$ -	\$ 40,005,763	
Outpatient	Visits	37,641	\$ 47,122,116	\$ -	\$ -	\$ 47,122,116	
Professional	Visits	452,011	\$ 74,124,676	\$ -	\$ -	\$ 74,124,676	
Other	Services	47,470	\$ 13,002,211	\$ -	\$ -	\$ 13,002,211	
Rx	Scripts	399,767	\$ 54,658,099	\$ -	\$ (5,342,431)	\$ 49,315,668	
Capitation	Average Members	42,721	\$ 647,160	\$ -	\$ -	\$ 647,160	
Total			\$ 229,560,024	\$ -	\$ (5,342,431)	\$ 224,217,593	
PMPM			\$ 447.79	\$ -	\$ (10.42)	\$ 437.36	
					Non-EHB Claims In Experience PMPM ***	\$ 2.92	
					EP Index Rate for EHB	\$ 434.44	

Annual Trend Inputs	
Cost Trend	Utilization Trend
7.0%	0.0%
3.5%	3.0%
2.5%	1.0%
4.0%	2.0%
13.0%	0.0%
0.0%	0.0%

Service Category	Experience Period Allowed	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			
Inpatient	Admits	57.43	\$ 16,305.46	\$ 78.04	1.059	0.987	1.145	1.000	1.20	60.82	\$ 18,430.01	\$ 93.41	7.0%	
Outpatient	Visits	881.08	\$ 1,251.88	\$ 91.92	1.059	0.987	1.071	1.061	1.19	989.89	\$ 1,323.94	\$ 109.21	6.6%	
Professional	Visits	10,580.46	\$ 163.99	\$ 144.59	1.059	1.009	1.051	1.020	1.15	11,429.92	\$ 173.91	\$ 165.65	3.5%	
Other	Services	1,111.16	\$ 273.90	\$ 25.36	1.059	1.070	1.082	1.040	1.28	1,224.26	\$ 317.05	\$ 32.35	6.1%	
Rx	Scripts	9,357.55	\$ 123.36	\$ 96.20	1.059	0.955	1.277	1.000	1.29	9,909.65	\$ 150.41	\$ 124.21	13.0%	
Capitation	Benefit Period	1,000.00	\$ 15.15	\$ 1.26	1.000	0.763	1.000	1.000	0.76	1,000.00	\$ 11.56	\$ 0.96	0.0%	
Total				\$ 437.36								\$ 525.79	7.0%	
												\$ 3.07		
												\$ 522.72		

* Please refer to pages 19, 9-10 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.

ACA ALLOWED - TREND ANALYSIS SUMMARY - DC GHMSI

1	2	3	4	5	6	7	8	9	10	11	12	13
2015 FILING							2016 FILING					
GHMSI - DC		Allowed Claims	%	Cost	Utilization	Claims	EXPERIENCE PERIOD		PROJECTED			vs 2014 Δ
				Trend	Trend	Trend	Allowed Claims	%	Trend	Trend	Trend	
Inpatient	Hospital	\$32,308,552	17%	5.0%	0.0%	5.0%	\$40,005,763	17%	7.0%	0.0%	7.0%	2.0%
Outpatient	Hospital	\$38,455,250	20%	8.0%	2.0%	10.2%	\$47,122,116	21%	3.5%	3.0%	6.6%	-3.6%
Professional		\$63,889,209	33%	2.5%	2.5%	5.1%	\$74,124,676	32%	2.5%	1.0%	3.5%	-1.5%
Other	Non-Capitated Ambulance	\$9,933,413	5%	10.0%	6.0%	16.6%	\$13,002,211	6%	4.0%	2.0%	6.1%	-10.5%
	Home Health											
	DME											
	Prosthetics											
	Supplies											
	Vision Exams											
	Dental Services											
	Other Services											
Medical	Subtotal (Clms-Wgtd):	\$144,586,425	75%	5.0%	2.0%	7.2%	\$174,254,765	76%	3.9%	1.4%	5.3%	-1.9%
Rx	Claims-Weighted	\$48,650,833	25%	7.5%	-1.5%	5.9%	\$54,658,099	24%	13.0%	0.0%	13.0%	7.1%
Total	Claims Weighted	\$193,237,257	100%	5.7%	1.2%	6.9%	\$228,912,864	100%	6.0%	1.0%	7.0%	0.1%
Weighted Total DC (BC & GHMSI)											7.0%	

Group Hospitalization & Medical Services, Inc. (GHMSI)
DC Individual Exchange Products Rates Effective 1/1/2016
Reinsurance Estimate

BC Benefit Factor Modeling

Base 2013 MSGR CPD

PMPM	\$	280.88
	\$	280.88
	99.92%	\$ 3,370.57

Projected 2015 Total CPD

Proj PMPM	\$	401.12	From DICR tabs
Calc PMPM	\$	400.19	Computed from assume reins
	100.00%	\$ 4,802.22	distribution

	Frequency	Total Paid	Frequency	Total Paid	Reinsured
No Claims	18.56%	\$ -	-13.09%	\$ -	\$ -
\$ 0 - \$ 49	3.50%	\$ 19.65	4.86%	\$ 20.14	\$ -
\$ 50 - \$ 99	3.29%	\$ 78.28	4.57%	\$ 80.24	\$ -
\$ 100 - \$ 149	3.86%	\$ 124.83	5.37%	\$ 127.95	\$ -
\$ 150 - \$ 199	3.27%	\$ 174.47	4.55%	\$ 178.83	\$ -
\$ 200 - \$ 249	2.85%	\$ 225.38	3.96%	\$ 231.01	\$ -
\$ 24,000 - \$ 24,999	0.13%	\$ 24,578.29	0.17%	\$ 25,192.75	\$ -
\$ 25,000 - \$ 29,999	0.49%	\$ 27,509.24	0.68%	\$ 28,196.98	\$ -
\$ 30,000 - \$ 34,999	0.35%	\$ 32,446.11	0.49%	\$ 33,257.27	\$ -
\$ 35,000 - \$ 39,999	0.27%	\$ 37,474.94	0.38%	\$ 38,411.81	\$ -
\$ 40,000 - \$ 44,999	0.19%	\$ 42,497.79	0.27%	\$ 43,560.23	\$ -
\$ 45,000 - \$ 49,999	0.15%	\$ 47,627.49	0.20%	\$ 48,818.17	\$ -
\$ 50,000 - \$ 54,999	0.12%	\$ 52,595.92	0.16%	\$ 53,910.82	\$ -
\$ 55,000 - \$ 59,999	0.10%	\$ 57,587.06	0.14%	\$ 59,026.74	\$ -
\$ 60,000 - \$ 64,999	0.08%	\$ 62,670.17	0.12%	\$ 64,236.93	\$ -
\$ 65,000 - \$ 69,999	0.06%	\$ 67,656.07	0.09%	\$ 69,347.47	\$ -
\$ 70,000 - \$ 74,999	0.05%	\$ 72,784.83	0.07%	\$ 74,604.45	\$ 2,302.23
\$ 75,000 - \$ 79,999	0.04%	\$ 77,675.06	0.06%	\$ 79,616.93	\$ 4,808.47
\$ 80,000 - \$ 84,999	0.04%	\$ 82,894.46	0.05%	\$ 84,966.82	\$ 7,483.41
\$ 85,000 - \$ 89,999	0.03%	\$ 87,825.27	0.04%	\$ 90,020.90	\$ 10,010.45
\$ 90,000 - \$ 94,999	0.03%	\$ 92,957.06	0.04%	\$ 95,280.98	\$ 12,640.49
\$ 95,000 - \$ 99,999	0.03%	\$ 97,721.12	0.04%	\$ 100,164.14	\$ 15,082.07
\$100,000 - \$104,999	0.02%	\$ 103,261.63	0.03%	\$ 105,843.17	\$ 17,921.59
\$105,000 - \$109,999	0.02%	\$ 107,835.25	0.03%	\$ 110,531.13	\$ 20,265.57
\$110,000 - \$114,999	0.02%	\$ 113,176.34	0.03%	\$ 116,005.75	\$ 23,002.88
\$115,000 - \$119,999	0.01%	\$ 117,663.98	0.02%	\$ 120,605.58	\$ 25,302.79
\$120,000 - \$124,999	0.02%	\$ 123,001.76	0.02%	\$ 126,076.80	\$ 28,038.40
\$125,000 - \$129,999	0.01%	\$ 127,981.00	0.02%	\$ 131,180.53	\$ 30,590.26
\$130,000 - \$134,999	0.01%	\$ 133,624.21	0.02%	\$ 136,964.82	\$ 33,482.41
\$135,000 - \$139,999	0.01%	\$ 137,757.12	0.01%	\$ 141,201.05	\$ 35,600.53
\$140,000 - \$144,999	0.01%	\$ 142,633.69	0.02%	\$ 146,199.53	\$ 38,099.77
\$145,000 - \$149,999	0.01%	\$ 147,890.87	0.02%	\$ 151,588.14	\$ 40,794.07
\$150,000 - \$154,999	0.01%	\$ 153,070.20	0.01%	\$ 156,896.96	\$ 43,448.48
\$155,000 - \$159,999	0.01%	\$ 157,927.92	0.01%	\$ 161,876.12	\$ 45,938.06
\$160,000 - \$164,999	0.01%	\$ 163,808.96	0.01%	\$ 167,904.18	\$ 48,952.09
\$165,000 - \$169,999	0.01%	\$ 167,769.12	0.01%	\$ 171,963.34	\$ 50,981.67
\$170,000 - \$174,999	0.01%	\$ 172,068.51	0.01%	\$ 176,370.22	\$ 53,185.11
\$175,000 - \$179,999	0.00%	\$ 178,392.63	0.00%	\$ 182,852.45	\$ 56,426.22
\$180,000 - \$184,999	0.00%	\$ 184,483.77	0.01%	\$ 189,095.87	\$ 59,547.93
\$185,000 - \$189,999	0.00%	\$ 189,160.14	0.01%	\$ 193,889.14	\$ 61,944.57
\$190,000 - \$194,999	0.00%	\$ 192,795.68	0.00%	\$ 197,615.57	\$ 63,807.79
\$195,000 - \$199,999	0.00%	\$ 197,706.50	0.01%	\$ 202,649.16	\$ 66,324.58
\$200,000 - \$204,999	0.00%	\$ 202,424.91	0.01%	\$ 207,485.54	\$ 68,742.77
\$205,000 - \$209,999	0.00%	\$ 209,467.86	0.00%	\$ 214,704.56	\$ 72,352.28
\$210,000 - \$214,999	0.00%	\$ 214,030.78	0.00%	\$ 219,381.55	\$ 74,690.77
\$215,000 - \$219,999	0.00%	\$ 220,014.30	0.01%	\$ 225,514.65	\$ 77,757.33
\$220,000 - \$224,999	0.00%	\$ 223,270.38	0.00%	\$ 228,852.14	\$ 79,426.07
\$225,000 - \$229,999	0.00%	\$ 230,287.35	0.00%	\$ 236,044.54	\$ 83,022.27
\$230,000 - \$234,999	0.00%	\$ 233,979.65	0.00%	\$ 239,829.15	\$ 84,914.57
\$235,000 - \$239,999	0.00%	\$ 241,934.50	0.00%	\$ 247,982.86	\$ 88,991.43
\$240,000 - \$244,999	0.00%	\$ 245,076.41	0.00%	\$ 251,203.32	\$ 90,000.00
\$245,000 - \$249,999	0.00%	\$ 244,035.39	0.00%	\$ 250,136.27	\$ 90,000.00
\$250,000 - \$254,999	0.00%	\$ 254,077.38	0.00%	\$ 260,429.31	\$ 90,000.00
\$255,000 - \$259,999	0.00%	\$ 258,268.42	0.00%	\$ 264,725.13	\$ 90,000.00
\$260,000 - \$264,999	0.00%	\$ 263,897.19	0.00%	\$ 270,494.61	\$ 90,000.00
\$265,000 - \$269,999	0.00%	\$ 268,043.00	0.00%	\$ 274,744.08	\$ 90,000.00
\$270,000 - \$274,999	0.00%	\$ 275,786.33	0.00%	\$ 282,680.98	\$ 90,000.00
\$275,000 - \$279,999	0.00%	\$ 277,849.94	0.00%	\$ 284,796.18	\$ 90,000.00
\$280,000 - \$284,999	0.00%	\$ 283,203.22	0.00%	\$ 290,283.30	\$ 90,000.00
\$285,000 - \$289,999	0.00%	\$ 287,482.62	0.00%	\$ 294,669.68	\$ 90,000.00
\$290,000 - \$294,999	0.00%	\$ 293,362.02	0.00%	\$ 300,696.07	\$ 90,000.00
\$295,000 - \$299,999	0.00%	\$ 298,293.04	0.00%	\$ 305,750.37	\$ 90,000.00
\$300,000 - \$9,999,999	0.03%	\$ 460,496.96	0.04%	\$ 472,009.38	\$ 90,000.00

% Claims (DICR)

Reinsurance Recoveries	\$	17.06	4.3%
Less Reinsurance Contribution		(\$2.25)	
Less Reinsurance Administration Fee		(\$0.01)	
Net Reinsurance for Plan Derivation Tab	\$	14.80	3.7%

CFI, Inc.
 DC Individual On Exchange Products Rates Effective 1/1/2016
 Calculation for Risk Adjustment Factor

		(1)	(2)	(3)	(4)	(5)	(6)
	Year	Projected Index Rate	Risk Adjustment % of Prem	Paid Claims x Reins	Fixed \$ Admin	Paid Claim x Reins + Fixed \$ Admin = (3) + (4)	Index Rate Adjustment = ((5)*(1-(2))-(4)) / (3)
BlueChoice	2016	\$ 372.88	5.0%	\$224.24	\$66.02	\$290.26	1.065
GHMSI	2016	\$ 522.72	-8.0%	\$388.42	\$ 87.80	\$476.22	0.901

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

	1	2	3	4
		Ind 64- DC GHMSI Projected 2016 PMPM	%	\$
TRADITIONAL LOSS RATIO				
Allowed Claims & Captns (EHB Only)	Medical \$	398.51		
	RX \$	124.21		
	TOTAL \$	522.72		
Allowed Claims & Captns (EHB & Non-EHB)	Medical \$	401.35		
	RX \$	124.21		
	TOTAL \$	525.55		
Projected EMMs		39,846		
Average Members		3,321		
Paid/Allowed Ratio		76.7%		
Paid Claims & Captns	\$	403.30		
"3Rs"				
Risk Corridor		n/a		
Risk Adjustment/Transfer (Paid Claims Basis)	\$	(38.27)		
Reinsurance Recoveries (State & Federal) (Individual Only, Paid Claims Basis)	\$	(14.88)		
Subtotal:	\$	(53.15)		
Paid Claims & Captns (Post-3Rs)	\$	350.14	73.8%	\$ 13,951,737
Administrative Expense	\$	61.32	12.9%	\$ 2,443,357
Broker Commissions & Fee	\$	15.40	3.2%	\$ 613,612
Contribution to Reserve (CTR) - Post-FIT	\$	7.59	1.6%	\$ 302,310
Investment Income Credit	\$	(0.00)	0.0%	\$ (18)
Non-ACA Taxes & Fees				
State Premium Tax	\$	9.48	2.0%	\$ 377,887
State Assessment Fees	\$	0.21	0.0%	\$ 8,194
State Income Tax (SIT)	\$	-	0.0%	\$ -
Federal Income Tax (FIT)	\$	1.90	0.4%	\$ 75,577
ACA Taxes & Fees				
Health Insurer Fee	\$	12.33	2.6%	\$ 491,253
Risk Adjustment User Fee	\$	0.15	0.0%	\$ 5,977
Exchange Assessment Fee	\$	4.74	1.0%	\$ 188,944
Exchange User Fees (FFEs Only)	\$	-	0.0%	\$ -
Patient-Centered Outcomes Research Institute (PCORI) Tax	\$	0.18	0.0%	\$ 7,189
BlueRewards/Incentive Program-Medical Debit Cards	\$	10.75	2.3%	\$ 428,345
Other	\$	-	0.0%	\$ -
TOTAL	\$	474.18	100.0%	\$ 18,894,363
Contribution to Reserve (CTR) - Pre-FIT			2.0%	
FHCR MEDICAL LOSS RATIO				
Risk Adjustment	\$	(38.11)		\$ (1,518,549)
Reinsurance Receipts	\$	(17.06)		\$ (679,966)
BlueRewards/Incentive Program-Medical Debit Cards	\$	10.75		\$ 428,345
Quality Improvement Expenses (net after MLR reclass from care)	\$	5.08		\$ 202,327
Removal of costs which we book as care, but are not considered care under MLR guidelines (including ITS fees)	\$	(3.88)		\$ (154,643)
Numerator (Claims) Adjustment	\$	(43.23)		\$ (1,722,487)
Non-ACA: Taxes & Regulatory Fees				
State Premium Tax	\$	9.48		\$ 377,887
State Assmt Fee	\$	0.21		\$ 8,194
State Income Tax	\$	-		\$ -
Federal Income Tax	\$	1.90		\$ 75,577
ACA: Taxes & Regulatory Fees				
Health Insurer Fee	\$	12.33		\$ 491,253
Reinsurance Contribution	\$	2.25		\$ 89,654
Reinsurance Admin. Fee	\$	0.01		\$ 564
Risk Adj User Fees	\$	0.15		\$ 5,977
Exchange Assessment Fee	\$	4.74		\$ 188,944
Exchange User Fee	\$	-		\$ -
PCORI	\$	0.18		\$ 7,189
Denominator (Premium) Adjustment	\$	31.25		\$ 1,245,239
FHCR Claims	\$	360.07		\$ 14,347,250
FHCR MLR Premium	\$	442.93		\$ 17,649,124
FHCR Loss Ratio		81.3%		

CareFirst BlueCross BlueShield (GHMSI)
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 GHMSI Projected 1Q16			SG DC GHMSI Projected 2Q16			SG DC GHMSI Projected 3Q16			SG DC GHMSI Projected 4Q16			SG DC GHMSI Projected 2016			
	PMPM	%	\$s	PMPM	%	\$s	PMPM	%	\$s	PMPM	%	\$s	PMPM	%	\$s	
TRADITIONAL LOSS RATIO																
Allowed Claims & Captns (EHB Only)	Medical \$ 398.51			\$ 403.76			\$ 409.05			\$ 414.43			\$ 409.23			
	RX \$ 124.21			\$ 128.06			\$ 132.04			\$ 136.13			\$ 132.22			
TOTAL	\$ 522.72			\$ 531.82			\$ 541.09			\$ 550.56			\$ 541.46			
Allowed Claims & Captns (EHB & Non-EHB)	Medical \$ 401.49			\$ 406.78			\$ 412.11			\$ 417.53			\$ 412.29			
	RX \$ 124.21			\$ 128.06			\$ 132.04			\$ 136.13			\$ 132.22			
TOTAL	\$ 525.70			\$ 534.84			\$ 544.15			\$ 553.66			\$ 544.52			
Projected EMMs	96,252			39,324			89,700			243,396			468,672			
Average Members	8,021			3,277			7,475			20,283			39,056			
%	21%			8%			19%			52%			100%			
Paid/Allowed Ratio	92.4%			92.4%			92.4%			92.4%			92.4%			
Paid Claims & Captns	\$ 485.76			\$ 494.20			\$ 502.84			\$ 511.59			\$ 503.15			
"3Rs"																
Risk Corridor	n/a			n/a			n/a			n/a			n/a			
Risk Adjustment/Transfer (Paid Claims Basis)	\$ (38.68)		(\$3,722,645)	\$ (39.35)		(\$1,547,338)	\$ (40.04)		(\$3,591,373)	\$ (40.74)		(\$9,914,883)	\$ (40.06)		(\$18,776,239)	
Reinsurance Recoveries (State & Federal) (Individual Only, Paid Claims Basis)	\$ -		\$0	\$ -		\$0	\$ -		\$0	\$ -		\$0	\$ -		\$0	
Subtotal:	\$ (38.68)		(\$3,722,645)	\$ (39.35)		(\$3,787,366)	\$ (40.04)		(\$3,853,700)	\$ (40.74)		(\$3,920,883)	\$ (32.61)		(\$15,284,594)	
Paid Claims & Captns (Post-3Rs)	\$ 447.09	74.7%	\$ 43,032,932	\$454.85	74.9%	\$ 17,886,417	\$462.80	75.1%	\$ 41,513,319	\$ 470.86	75.3%	\$ 114,604,882	\$ 463.09	75.1%	\$ 217,037,550	
Administrative Expense	\$ 46.34	7.7%	\$ 4,460,356	\$ 46.34	7.6%	\$ 1,822,290	\$ 46.34	7.5%	\$ 4,156,734	\$ 46.34	7.4%	\$ 11,279,068	\$ 46.34	7.5%	\$ 21,718,448	
Broker Commissions & Fee	\$ 30.59	5.1%	\$ 2,944,763	\$ 30.59	5.0%	\$ 1,203,090	\$ 30.59	5.0%	\$ 2,744,309	\$ 30.59	4.9%	\$ 7,446,530	\$ 30.59	5.0%	\$ 14,338,692	
Contribution to Reserve (CR) - Post-FIT	\$ 19.15	3.2%	\$ 1,843,302	\$ 19.43	3.2%	\$ 764,224	\$ 19.72	3.2%	\$ 1,769,249	\$ 20.02	3.2%	\$ 4,872,311	\$ 19.73	3.2%	\$ 9,249,087	
Investment Income Credit	\$ (0.00)	0.0%	\$ (56)	\$ (0.00)	0.0%	\$ (23)	\$ (0.00)	0.0%	\$ (54)	\$ (0.00)	0.0%	\$ (148)	\$ (0.00)	0.0%	\$ (281)	
Non-ACA Taxes & Fees																
State Premium Tax	\$ 11.97	2.0%	\$ 1,152,064	\$ 12.15	2.0%	\$ 477,640	\$ 12.33	2.0%	\$ 1,105,781	\$ 12.51	2.0%	\$ 3,045,195	\$ 12.33	2.0%	\$ 5,780,679	
State Assessment Fees	\$ 0.69	0.1%	\$ 66,228	\$ 0.70	0.1%	\$ 27,458	\$ 0.71	0.1%	\$ 63,568	\$ 0.72	0.1%	\$ 175,058	\$ 0.71	0.1%	\$ 332,312	
State Income Tax (SIT)	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	
Federal Income Tax (FIT)	\$ 4.79	0.8%	\$ 460,826	\$ 4.86	0.8%	\$ 191,056	\$ 4.93	0.8%	\$ 442,312	\$ 5.00	0.8%	\$ 1,218,078	\$ 4.93	0.8%	\$ 2,312,272	
ACA Taxes & Fees																
Health Insurer Fee	\$ 15.56	2.6%	\$ 1,497,683	\$ 15.79	2.6%	\$ 620,932	\$ 16.03	2.6%	\$ 1,437,515	\$ 16.26	2.6%	\$ 3,958,753	\$ 16.03	2.6%	\$ 7,514,883	
Reinsurance Contribution	\$ 2.25	0.4%	\$ 216,567	\$ 2.25	0.4%	\$ 88,479	\$ 2.25	0.4%	\$ 201,825	\$ 2.25	0.4%	\$ 547,641	\$ 2.25	0.4%	\$ 1,054,512	
Reinsurance Administrative Fee	\$ 0.01	0.0%	\$ 1,364	\$ 0.01	0.0%	\$ 557	\$ 0.01	0.0%	\$ 1,271	\$ 0.01	0.0%	\$ 3,448	\$ 0.01	0.0%	\$ 6,640	
Risk Adjustment User Fee	\$ 0.15	0.0%	\$ 14,438	\$ 0.15	0.0%	\$ 5,899	\$ 0.15	0.0%	\$ 13,455	\$ 0.15	0.0%	\$ 36,509	\$ 0.15	0.0%	\$ 70,301	
Exchange Assessment Fee	\$ 5.98	1.0%	\$ 576,032	\$ 6.07	1.0%	\$ 238,820	\$ 6.16	1.0%	\$ 552,890	\$ 6.26	1.0%	\$ 1,522,597	\$ 6.17	1.0%	\$ 2,890,340	
Exchange User Fees (FEs Only)	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	
Patient-Centered Outcomes Research Institute (PCORI) Tax	\$ 0.19	0.0%	\$ 18,047	\$ 0.19	0.0%	\$ 7,373	\$ 0.19	0.0%	\$ 16,819	\$ 0.19	0.0%	\$ 47,270	\$ 0.19	0.0%	\$ 89,509	
BlueRewards/Incentive Program-Medical Debit Cards	\$ 13.70	2.3%	\$ 1,318,657	\$ 13.93	2.3%	\$ 547,798	\$ 14.16	2.3%	\$ 1,270,035	\$ 14.39	2.3%	\$ 3,502,535	\$ 14.17	2.3%	\$ 6,639,025	
Other	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	
TOTAL	\$ 598.46	100.0%	\$ 57,603,203	\$ 607.31	100.0%	\$ 23,882,010	\$ 616.38	100.0%	\$ 55,289,026	\$ 625.56	100.0%	\$ 152,259,727	\$ 616.71	100.0%	\$ 289,033,967	
Contribution to Reserve (CR) - Pre-FIT		4.0%			4.0%			4.0%			4.0%			4.0%		
FHCR MEDICAL LOSS RATIO																
Risk Adjustment	\$ (42.84)		\$ (4,123,209)	\$ (43.58)		\$ (1,713,835)	\$ (44.35)		\$ (3,977,813)	\$ (45.12)		\$ (10,981,746)	\$ (44.37)		\$ (20,796,603)	
Reinsurance Receipts (Individual Only)	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	
BlueRewards/Incentive Program-Medical Debit Cards	\$ 13.70		\$ 1,318,657	\$ 13.93		\$ 547,798	\$ 14.16		\$ 1,270,035	\$ 14.39		\$ 3,502,535	\$ 14.17		\$ 6,639,025	
Quality Improvement Expenses	\$ 7.71		\$ 741,631	\$ 7.71		\$ 302,995	\$ 7.71		\$ 691,147	\$ 7.71		\$ 1,875,390	\$ 7.71		\$ 3,611,163	
Removal of costs which we book as care, but are not considered care under MLR guidelines (including ITS fees)	\$ (9.81)		\$ (944,392)	\$ (9.81)		\$ (385,834)	\$ (9.81)		\$ (880,106)	\$ (9.81)		\$ (2,388,119)	\$ (9.81)		\$ (4,598,450)	
Numerator (Claims) Adjustment	\$ (31.24)		\$ (3,007,314)	\$ (31.76)		\$ (1,248,876)	\$ (32.29)		\$ (2,896,737)	\$ (32.84)		\$ (7,991,940)	\$ (32.31)		\$ (15,144,866)	
Non-ACA: Taxes & Regulatory Fees	State Premium Tax \$ 11.97		\$ 1,152,064	\$ 12.15		\$ 477,640	\$ 12.33		\$ 1,105,781	\$ 12.51		\$ 3,045,195	\$ 12.33		\$ 5,780,679	
	State Assmt Fee \$ 0.69		\$ 66,228	\$ 0.70		\$ 27,458	\$ 0.71		\$ 63,568	\$ 0.72		\$ 175,058	\$ 0.71		\$ 332,312	
	State Income Tax \$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	
	Federal Income Tax \$ 4.79		\$ 460,826	\$ 4.86		\$ 191,056	\$ 4.93		\$ 442,312	\$ 5.00		\$ 1,218,078	\$ 4.93		\$ 2,312,272	
ACA: Taxes & Regulatory Fees	Health Insurer Fee \$ 15.56		\$ 1,497,683	\$ 15.79		\$ 620,932	\$ 16.03		\$ 1,437,515	\$ 16.26		\$ 3,958,753	\$ 16.03		\$ 7,514,883	
	Reinsurance Contribution \$ 2.25		\$ 216,567	\$ 2.25		\$ 88,479	\$ 2.25		\$ 201,825	\$ 2.25		\$ 547,641	\$ 2.25		\$ 1,054,512	
	Reinsurance Admin. Fee \$ 0.01		\$ 1,364	\$ 0.01		\$ 557	\$ 0.01		\$ 1,271	\$ 0.01		\$ 3,448	\$ 0.01		\$ 6,640	
	Risk Adj User Fees \$ 0.15		\$ 14,438	\$ 0.15		\$ 5,899	\$ 0.15		\$ 13,455	\$ 0.15		\$ 36,509	\$ 0.15		\$ 70,301	
	Exchange Assessment Fee \$ 5.98		\$ 576,032	\$ 6.07		\$ 238,820	\$ 6.16		\$ 552,890	\$ 6.26		\$ 1,522,597	\$ 6.17		\$ 2,890,340	
	Exchange User Fee \$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	
	PCORI \$ 0.19		\$ 18,047	\$ 0.19		\$ 7,373	\$ 0.19		\$ 16,819	\$ 0.19		\$ 47,270	\$ 0.19		\$ 89,509	
Denominator (Premium) Adjustment	\$ 41.59		\$ 4,003,249	\$ 42.17		\$ 1,658,215	\$ 42.76		\$ 3,835,435	\$ 43.36		\$ 10,554,549	\$ 42.78		\$ 20,051,447	
FHCR Claims	\$ 454.52		\$ 43,748,263	\$ 462.44		\$ 18,184,879	\$ 470.55		\$ 42,207,956	\$ 478.76		\$ 116,527,825	\$ 470.84		\$ 220,668,924	
FHCR MLR Premium	\$ 556.87		\$ 53,599,954	\$ 565.15		\$ 22,223,796	\$ 573.62		\$ 51,453,592	\$ 582.20		\$ 141,705,178	\$ 573.92		\$ 268,982,520	
FHCR Loss Ratio	81.6%			81.8%			82.0%			82.2%			82.0%			

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

	1	2	3	4
		SG & Ind DC GHMSI Projected 2016		
		PMPM	%	\$
TRADITIONAL LOSS RATIO				
1 Allowed Claims & Captns (EHB Only)	Medical \$	408.39		
2	RX \$	131.59		
3	TOTAL \$	539.99		
4				
5 Allowed Claims & Captns (EHB & Non-EHB)	Medical \$	411.44		
6	RX \$	131.59		
7	TOTAL \$	543.03		
8				
9 Projected EMMs		508,518		
10 Average Members		42,377		
11				
12 Paid/Allowed Ratio		91.2%		
13 Paid Claims & Captns	\$	495.33		
14				
15 "3Rs"				
16 Risk Corridor		n/a		
17 Risk Adjustment/Transfer (Paid Claims Basis)	\$	(39.92)		
18 Reinsurance Recoveries (State & Federal) (Individual Only, Paid Claims Basis)	\$	(1.17)		
19 Subtotal:	\$	(41.09)		
20				
21 Paid Claims & Captns (Post-3Rs)	\$	454.24	75.0%	\$ 230,989,287
22 Administrative Expense	\$	47.51	7.8%	\$ 24,161,805
23 Broker Commissions & Fee	\$	29.40	4.9%	\$ 14,952,304
24 Contribution to Reserve (CTR) - Post-FIT	\$	18.78	3.1%	\$ 9,551,397
25 Investment Income Credit	\$	(0.00)	0.0%	\$ (300)
26				
27 Non-ACA Taxes & Fees				
28 State Premium Tax	\$	12.11	2.0%	\$ 6,158,567
29 State Assessment Fees	\$	0.67	0.1%	\$ 340,505
30 State Income Tax (SIT)	\$	-	0.0%	\$ -
31 Federal Income Tax (FIT)	\$	4.70	0.8%	\$ 2,387,849
32				
33 ACA Taxes & Fees				
34 Health Insurer Fee	\$	15.74	2.6%	\$ 8,006,137
35 Reinsurance Contribution	\$	2.07	0.3%	\$ 1,054,512
36 Reinsurance Administrative Fee	\$	0.01	0.0%	\$ 6,640
37 Risk Adjustment User Fee	\$	0.15	0.0%	\$ 76,278
38 Exchange Assessment Fee	\$	6.06	1.0%	\$ 3,079,283
39 Exchange User Fees (FFEs Only)	\$	-	0.0%	\$ -
40 Patient-Centered Outcomes Research Institute (PCORI) Tax	\$	0.19	0.0%	\$ 96,698
41				
42 BlueRewards/Incentive Program-Medical Debit Cards	\$	13.90	2.3%	\$ 7,067,369
43				
44 Other	\$	-	0.0%	\$ -
45 TOTAL	\$	605.54	100.0%	\$ 307,928,330
46				
47 Contribution to Reserve (CTR) - Pre-FIT			4.0%	
48				
49 FHCR MEDICAL LOSS RATIO				
50 Risk Adjustment	\$	(43.88)		\$ (22,315,152)
51 Reinsurance Receipts (Individual Only)	\$	(1.34)		\$ (679,966)
52 BlueRewards/Incentive Program-Medical Debit Cards	\$	13.90		\$ 7,067,369
53 Quality Improvement Expenses	\$	7.50		\$ 3,813,490
54 Removal of costs which we book as care, but are not considered care under MLR guidelines (including ITS fees)	\$	(9.35)		\$ (4,753,093)
55 Numerator (Claims) Adjustment	\$	(33.17)		\$ (16,867,352)
56				
57 Non-ACA: Taxes & Regulatory Fees	State Premium Tax \$	12.11		\$ 6,158,567
58	State Assmt Fee \$	0.67		\$ 340,505
59	State Income Tax \$	-		\$ -
60	Federal Income Tax \$	4.70		\$ 2,387,849
61				\$ -
62 ACA: Taxes & Regulatory Fees	Health Insurer Fee \$	15.74		\$ 8,006,137
63	Reinsurance Contribution	\$ 52.25		\$ 1,144,166
64	Reinsurance Admin. Fee	\$ 50.01		\$ 7,204
65	Risk Adj User Fees	\$ 0.15		\$ 76,278
66	Exchange Assessment Fee	\$ 6.06		\$ 3,079,283
67	Exchange User Fee	\$ -		\$ -
68	PCORI	\$ 0.19		\$ 96,698
69 Denominator (Premium) Adjustment	\$	41.88		\$ 21,296,686
70				
71 FHCR Claims	\$	462.16		\$ 235,016,174
72 FHCR MLR Premium	\$	563.66		\$ 286,631,644
73 FHCR Loss Ratio			82.0%	

**Group Hospitalization & Medical Services, Inc. (GHMSI)
DC Individual Exchange Products Rates Effective 1/1/2016**

IND64- DC GHMSI PLAN LEVEL DERIVATIONS

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22		
TOTAL		PROJ	Market-Level Adjustments (MLA)				Mkt-Adj	Plan-Level Adjustments (PLA)							Plan-Adj	Normalization/Calibration Allowable Rating Factors				Consumer			
2015 Projected		INDEX	Reins.	Risk	Exch		INDEX	CF	CDH	Induced	Cost	Network	Non-	("HBS")			HHS	Age	Geo	Cumul.	Adjusted		
Benefit Plan	EMMs	(AVE		Adj	User		(Post-	Pricing	Factor	Demand	Share	& UM	EHB	Catas	Distrib	Cumul.	AV				PREMIUM		
BluePreferred PPO Standard Bronze \$4,500	9,873	ALW	0.963	0.901	1.000	0.868	MLA)	Value							& Admin						RATES		
25%		EHB)																			1Q16		
Subtotal:	9,873	25%	\$523	0.963	0.901	1.000	0.868	\$454	0.592	1.007	0.878	0.523	1.000	1.009	1.000	1.354	0.715	\$324	61.4%	0.880	1.000	0.880	\$285
Bronze Plans																							
BlueCross BlueShield Preferred 1600, a Multi-State Plan	5,446	14%	\$523	0.963	0.901	1.000	0.868	\$454	0.656	1.008	0.856	0.566	1.000	1.002	1.000	1.354	0.769	\$349	71.9%	0.880	1.000	0.880	\$307
BluePreferred PPO Standard Silver \$2,000	5,446	14%	\$523	0.963	0.901	1.000	0.868	\$454	0.680	1.008	1.007	0.690	1.000	1.007	1.000	1.354	0.942	\$427	70.4%	0.880	1.000	0.880	\$376
Subtotal:	10,892	27%	\$523	0.963	0.901	1.000	0.868	\$454	0.668	1.008	0.932	0.628	1.000	1.005	1.000	1.354	0.855	\$388	71.1%	0.880	1.000	0.880	\$341
Silver Plans																							
BlueCross BlueShield Preferred 750, a Multi-State Plan	4,084	10%	\$523	0.963	0.901	1.000	0.868	\$454	0.823	1.007	1.054	0.873	1.000	1.002	1.000	1.354	1.185	\$538	80.6%	0.880	1.000	0.880	\$473
BluePreferred PPO Standard Gold \$500	4,084	10%	\$523	0.963	0.901	1.000	0.868	\$454	0.823	1.007	1.054	0.874	1.000	1.006	1.000	1.354	1.190	\$540	80.2%	0.880	1.000	0.880	\$475
Subtotal:	8,168	20%	\$523	0.963	0.901	1.000	0.868	\$454	0.823	1.007	1.054	0.873	1.000	1.004	1.000	1.354	1.188	\$539	80.4%	0.880	1.000	0.880	\$474
Gold Plans																							
BluePreferred PPO Standard Platinum \$0	10,913	27%	\$523	0.963	0.901	1.000	0.868	\$454	0.911	1.007	1.142	1.047	1.000	1.005	1.000	1.354	1.426	\$647	90.5%	0.880	1.000	0.880	\$569
Subtotal:	10,913	27%	\$523	0.963	0.901	1.000	0.868	\$454	0.911	1.007	1.142	1.047	1.000	1.005	1.000	1.354	1.426	\$647	90.5%	0.880	1.000	0.880	\$569
Platinum Plans																							
TOTAL:	39,846	100%	\$523	0.963	0.901	1.000	0.868	\$454	0.747	1.007	1.001	0.767	1.000	1.006	1.000	1.354	1.045	\$474	75.9%	0.880	1.000	0.880	\$417
Average:	3,321															73.8%							

22 Cost-Share Factor = Internal/Carrier-Specific Pricing AV, H.S.A/Non-H.S.A., Benefit Generosity/Induced Demand.
 23 Catastrophic Factor = Adjusting rate downwards for inaccuracy of compressed CMS "3:1" curve versus internal ratio of "4.5:1."
 24 Network = HMO Open Access and PPO/RPN.

Group Hospitalization & Medical Services, Inc. (GHMSI)
DC Individual Exchange Products Rates Effective 1/1/2016
Support for Utilization Impact Due to Change in Benefit Generosity on Small Group/Individual Combined

		Item Calculation
2013 AV	86.28%	(1)
2013 Induced Demand Factor	1.263	(2)
2014 AV	85.01%	(3)
2014 Induced Demand Factor	1.250	(4)
2 Year Buydown Implied in Utilization Trends	-2.0%	(5) =[(4)/(2)]^2 - 1
2016 AV	83.66%	(6)
2016 Induced Demand Factor	1.237	(7)
Buydown Impact Implied by Base Period and Projected Average AVs	-1.1%	(8) =(7)/(4) - 1
Explicit Utilization Adjustment Needed*	0.9%	(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 certain level of “benefit buy-down” that has been experienced as groups / individuals have moved to less rich plans over time. This “buy-down” 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 2012 and 2013 we have derived the following “average AVs” to quantify the annual change in benefit richness implied in recent experience. Using the federal risk adjustment induced demand curve 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: Population Risk/Morbidity on the Allowed PMPM Projection tabs.

Group Hospitalization & Medical Services, Inc. (GHMSI)
DC Individual Exchange Products Rates Effective 1/1/2016
Calculation of Other Projection Factors

Ind<65	Projection Factor									
Service Category	Pediatric			Autism	Mandatory	Incentive	Utilization	Capitation		Total Other
	Maternity	Dental	Demographics	Benefit	Generics	Program	Adjustment	Adjustment	Rx Rebates	Projection Factor
Inpatient	1.000	1.000	1.008	1.000	1.000	0.978	1.000	1.000	1.000	0.985
Outpatient	1.000	1.000	1.008	1.000	1.000	0.978	1.000	1.000	1.000	0.985
Professional	1.000	1.000	1.008	1.009	1.000	0.978	1.000	1.002	1.000	0.996
Other	1.000	1.084	1.008	1.000	1.000	0.978	1.000	1.000	1.000	1.068
Rx	1.000	1.000	1.008	1.000	1.004	0.978	1.000	1.000	0.955	0.945
Capitation	1.000	1.000	1.000	1.000	1.000	1.000	1.000	0.763	1.000	0.763

Group Hospitalization & Medical Services, Inc. (GHMSI)
DC Small Group On & Off Exchange Products Rates Effective 1/1/2015
Calculation of Other Projection Factors

Small Group	Projection Factor									
Service Category	Pediatric			Autism	Mandatory	Incentive	Utilization	Capitation		Total Other
	Maternity	Dental	Demographics	Benefit	Generics	Program	Adjustment	Adjustment	Rx Rebates	Projection Factor
Inpatient	1.000	1.000	1.008	1.000	1.000	0.970	1.000	1.000	1.000	0.978
Outpatient	1.000	1.000	1.008	1.000	1.000	0.970	1.000	1.000	1.000	0.978
Professional	1.000	1.000	1.008	1.021	1.000	0.970	1.000	1.002	1.000	1.001
Other	1.000	1.084	1.008	1.000	1.000	0.970	1.000	1.000	1.000	1.060
Rx	1.000	1.000	1.008	1.000	1.004	0.970	1.000	1.000	0.964	0.946
Capitation	1.000	1.000	1.000	1.000	1.000	1.000	1.000	0.763	1.000	0.763

Group Hospitalization & Medical Services, Inc. (GHMSI)
DC Combined On & Off Exchange Products Rates Effective 1/1/2015
Calculation of Other Projection Factors

Combined	Projection Factor									
Service Category	Pediatric			Autism	Mandatory	Incentive	Utilization	Capitation		Total Other
	Maternity	Dental	Demographics	Benefit	Generics	Program	Adjustment	Adjustment	Rx Rebates	Projection Factor
Inpatient	1.000	1.000	1.008	1.000	1.000	0.971	1.009	1.000	1.000	0.987
Outpatient	1.000	1.000	1.008	1.000	1.000	0.971	1.009	1.000	1.000	0.987
Professional	1.000	1.000	1.008	1.020	1.000	0.971	1.009	1.002	1.000	1.009
Other	1.000	1.084	1.008	1.000	1.000	0.971	1.009	1.000	1.000	1.070
Rx	1.000	1.000	1.008	1.000	1.004	0.971	1.009	1.000	0.963	0.955
Capitation	1.000	1.000	1.000	1.000	1.000	1.000	1.000	0.763	1.000	0.763

**Group Hospitalization & Medical Services, Inc. (GHMSI)
DC Individual Exchange Products Rates 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	\$ 144.59	(1)	
Experience Period Capitation PMPM	\$ 1.26	(2)	
Projected Difference in Professional Capitations PMPM due to Contractual Changes*	(\$0.25)	(3)	
Projected Difference in Vision Capitations PMPM*	\$ (0.05)	(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)	0.2%	(5) = [(1)-(3)] / (1) -1
Adjustment Factor - Impact to Capitations only (Blended Across Single Risk Pool)	-23.7%	(6) = [(2)+(3)+(4)] / (2) -1

2. Rx Rebates Adjustment

Ind64-

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)	\$ 106.70	(1)	
Experience Period Rx Rebates PMPM	(\$6.31)	(2)	
Projection Period Rx Rebates PMPM	(\$11.08)	(3)	
Rebate adjustment factor - Impact to Rx only (Ind64- Only)	-4.5%	(4) = [(3)-(2)] / (1)	

Small Group

Experience Period Allowed Rx PMPM (Pre-Rebate)	\$ 106.61	(1)	
Experience Period Rx Rebates PMPM	(\$10.48)	(2)	
Projection Period Rx Rebates PMPM	(\$14.32)	(3)	
Rebate adjustment factor - Impact to Rx only (Small Group Only)	-3.6%	(4) = [(3)-(2)] / (1)	

Rebate adjustment factor - Impact to Rx only (Blended Across Single Risk Pool)	-3.7%
---	--------------

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 25 for details)

Ind64-

\$ Impact to Experience Period Allowed PMPM	\$ 1.19	(1)	
Experience Period Allowed PMPM for Professional Services	\$ 136.96	(2)	
Changes in treatment of ABA services - Impact (to Ind64- Professional only)	0.9%	(3) = (1)/(2)	

Small Group

\$ Impact to Experience Period Allowed PMPM	\$ 3.10	(4)	
Experience Period Allowed PMPM for Professional Services	\$ 145.22	(5)	
Changes in treatment of ABA services - Impact (to Small Group Professional only)	2.1%	(6) = (4)/(5)	

Changes in treatment of ABA services - Impact to Professional only (Blended Across Single Risk Pool)	2.0%
---	-------------

5. Demographic Factor Derivation (see page 19 for details)

Demographic Impact (Blended Across Single Risk Pool)	0.8%
---	-------------

6. Changes in Maternity Utilization (Ind64- Only)

\$ Impact to total experience period allowed PMPM	\$ (0.14)	(1)	
Total Experience Period Allowed	\$ 443.81	(2)	
Impact of Changes in Maternity Utilization - (Ind64- Only)	-0.032%	(3) = (1)/(2)	

Impact of Changes in Maternity Utilization - (Blended Across Single Risk Pool)	-0.002%
---	----------------

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

Note: Please see pages 19 and 22 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.

Group Hospitalization & Medical Services, Inc. (GHMSI)
DC Individual Exchange Products Rates Effective 1/1/2016
Derivation of Embedded Pediatric Dental Rate
Projection Period: 1/1/2016 - 12/31/2016

#	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 Class 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	13.9%	
13	(13) = (11)*(12)	Projected Allowed Pediatric Dental PMPM Spread Over Single Risk Pool		\$ 2.12
14		Base Period Other Medical PMPM		\$ 25.36
15		Projection Factor Entered To Adjust Other Medical Category		1.084
16		Impact on Total Medical and Rx Base Period PMPM		1.005

Notes:

- Row 1** Allowed PMPM for experience period of 01/2014 - 12/2014, pd through 02/28/2015 for Classes 1- 4.
- Row 2** Adjustment factor to account for coverage differences between current plans and DC Benchmark plan for Classes 1 - 4.
- Row 4** Allowed PMPM for experience period of 01/2014 - 12/2014, pd through 02/28/2015 for Class 5 (Ortho).
- Row 5** Adjustment factor to account for coverage differences between current plans and DC Benchmark plan for Class 5 (Ortho), as provided by CareFirst's Dental Network Director.

	Begin	End	Mid-point	Months of Trend
Experience period	1/1/2014	12/31/2014	7/1/2014	
Rating Period	1/1/2016	12/31/2016	7/1/2016	24.0

Group Hospitalization & Medical Services, Inc. (GHMSI)
DC Individual Exchange Products Rates Effective 1/1/2016
Vision Embedded in Medical Plan
Projection Period: 1/1/2015 - 12/31/2015

Derivation of Embedded Pediatric Vision Rate

Small Group Embedded PMPM (Vision Capitation)	\$ 1.25
% of 2014 D.C. Small Group Market in Pre-ACA plans, Age 19 and Under*	13.9%
Additional Pediatric Vision PMPM Spread Over Small Group Market	\$ 0.17
<hr/>	
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
<hr/>	
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
<hr/>	
Blended Non-EHB Adult Vision PMPM Spread Over Entire Single Risk Pool	\$ 0.08

Derivation of Projection Factor

Total Embedded Vision PMPM	\$ 0.25
Experience Period Pre-ACA Core Vision Capitation PMPM Spread Over Entire Single Risk Pool	\$ 0.30
\$ Change from Experience to Projection Period PMPM	\$ (0.05)

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

**Group Hospitalization & Medical Services, Inc. (GHMSI)
DC Individual Exchange Products Rates Effective 1/1/2016**

Autism Cost Model

Average Cost:	Assume treatment cost per hour for intensive ABA therapy	\$47				
	Assume treatment cost per hour for other 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%	
			Ind	SG
	children age 2-5 as a % of total population	==>	2.6%	4.7%
	children age 6 as a % of total population	==>	0.6%	1.1%
	children age 7 as % total population	==>	0.5%	1.1%
	children age 8 as % total population	==>	0.5%	1.2%
	children age 9-12 as a % of total population	==>	1.8%	4.4%
	children age 13-21 as a % of total population	==>	3.4%	8.6%

	Ind64-	Small Group	
Cost PMPM:			
children 2-5:	\$ 1.03	\$ 1.89	
Children age 6	\$ 0.15	\$ 0.29	
Children age 7	\$ 0.13	\$ 0.29	
Children age 8	\$ 0.10	\$ 0.26	
children 9-12:	\$ 0.38	\$ 0.93	
children 13-21:	\$ 0.57	\$ 1.47	
total	\$ 2.35	\$ 5.12	
% of Population Pre-ACA	50.7%	60.6%	
Adjusted PMPM	\$ 1.19	\$ 3.10	
Adjustment	Ind64- 0.9%	Small Group 2.1%	Blended 2.0%

**Group Hospitalization & Medical Services, Inc. (GHMSI)
DC Individual Exchange Products Rates Effective 1/1/2016
Demographic Factor Derivation**

		Non-Metaled		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>12/31/16</u>	<u>12/31/16</u>	<u>Δ</u>
Ind 64-	GHMSI	4,067	33.5	2,329	37.3	3,717	38.5	5.0
Small Group	GHMSI	34,141	34.0	35,863	33.9	39,056	33.9	(0.0)
Ind64- & SG	GHMSI	38,208	33.9	38,192	34.1	42,773	34.3	0.4

	Average	Age	Proposed	Age	Δ Age
	<u>12/31/13</u>	Factor**	<u>12/31/16</u>	Factor**	<u>Factor</u>
Ind64- & SG	33.9	0.799	34.3	0.807	0.9%
	33.0	0.790	34.0	0.800	
	34.0	0.800	35.0	0.820	

** From internally developed 4.5:1 age curve.

Group Hospitalization & Medical Services, Inc. (GHMSI)
DC Individual Exchange Products Rates 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 GHMSI	Allowed Amount	2014 Member Months	Exp Period PMPM	Projected PMPM
		1,597,909	629,664	\$2.54
				1Q16 \$2.99
				2Q16 \$3.06
				3Q16 \$3.12
				4Q16 \$3.18

Embedded Adult Vision Coverage (Applies to Individual, Non-Medigap Market Only)
Refer to page 23 for details.

Projected PMPM Spread Over Individual Market	Blended with Small Group	Projected PMPM
\$1.06	\$0.08	1Q16 \$0.08
		2Q16 \$0.08
		3Q16 \$0.08
		4Q16 \$0.08
		Projection Period Non-EHB
		1Q16 \$3.07
		2Q16 \$3.14
		3Q16 \$3.20
		4Q16 \$3.26

**Group Hospitalization & Medical Services, Inc. (GHMSI)
DC Individual Exchange Products Rates Effective 1/1/2016
Estimate of non-EHB in Experience and Projection Periods**

Abortion:

Total - Abortion Related

	Allowed Amount	2014 Member Months	Exp Period PMPM	Projected Allowed	Projected 2015 Member Months (On-Exchange)	Projected PMPM
GHMSI	\$203,309	87,069	\$2.34	\$102,716	39,846	\$2.58
BlueChoice	\$103,736	85,799	\$1.21	\$118,484	84,667	\$1.40
SUM:	\$307,045	172,868	\$1.78	\$221,200	124,513	\$1.78

Core Vision

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

	% Membership	Experience Period Capitation	Future Capitation PMPM
		\$0.30	\$1.21
% pediatric members	14%	\$0.04 EHB portion of capitation	\$0.17
% non-pediatric	86%	\$0.26 non-EHB portion of capitation	\$1.06

Group Hospitalization & Medical Services, Inc. (GHMSI)
DC Individual Exchange Products Rates Effective 1/1/2016
GHMSI - Abortion Cost Test > \$1.00

Plan Name	BluePreferred PPO Standard Bronze \$4,500	BlueCross BlueShield Preferred 1600, a Multi-State Plan	BlueCross BlueShield Preferred 750, a Multi-State Plan	BluePreferred PPO Standard Silver \$2,000	BluePreferred PPO Standard Gold \$500	BluePreferred PPO Standard Platinum \$0
HIOS Product ID	78079DC021	78079DC016	78079DC016			78079DC021
HIOS Plan ID	78079DC0210002	78079DC0160002	78079DC0160001			78079DC0210001
<i>Metal Level</i>	Bronze	Silver	Gold	Silver	Gold	Platinum
Metallic AV	61.4%	71.9%	80.6%	70.4%	80.2%	90.5%
Index Rate (Average Allowed EHB)	\$ 2.82	\$ 2.62	\$ 1.70	\$ 2.15	\$ 1.70	\$ 1.42
Market Level Adjustments:						
Reinsurance	0.963	0.963	0.963	0.963	0.963	0.963
Risk Adjustment	0.901	0.901	0.901	0.901	0.901	0.901
Exchange User Fees	1.000	1.000	1.000	1.000	1.000	1.000
Index Rate - Post Market Level Adj.	\$2.45	\$2.27	\$1.48	\$1.87	\$1.48	\$1.23
Cost-Share Factor	0.523	0.566	0.873	0.690	0.874	1.047
Network & UM	1.000	1.000	1.000	1.000	1.000	1.000
Non-EHB	1.000	1.000	1.000	1.000	1.000	1.000
Catastrophic Adj	1.000	1.000	1.000	1.000	1.000	1.000
Distribution & Admin Cost	1.354	1.354	1.354	1.354	1.354	1.354
Index Rate - Plan Level	\$1.74	\$1.74	\$1.75	\$1.75	\$1.75	\$1.74
Pricing AV	70.9%	76.7%	118.2%	93.5%	118.3%	141.9%
Age Calibration	0.880	0.880	0.880	0.880	0.880	0.880
Geo Calibration	1.000	1.000	1.000	1.000	1.000	1.000
Smoking Calibration	1.000	1.000	1.000	1.000	1.000	1.000
Base Premium	\$1.53	\$1.53	\$1.54	\$1.54	\$1.54	\$1.53
Projected Member Months	9,873	5,446	4,084	5,446	4,084	10,913
Lowest Age Factor	0.65	0.65	0.65	0.65	0.65	0.65
>= \$1.00	\$1.001	\$1.001	\$1.007	\$1.007	\$1.007	\$1.001

Group Hospitalization & Medical Services, Inc. (GHMSI)
DC Individual Exchange Products Rates Effective 1/1/2016
GHMSI Plan Level Rate Derivation - On Exchange

Plan Name	BluePreferred PPO Standard Bronze \$4,500	BlueCross BlueShield Preferred 1600, a Multi-State Plan	BlueCross BlueShield Preferred 750, a Multi-State Plan	BluePreferred PPO Standard Silver \$2,000	BluePreferred PPO Standard Gold \$500	BluePreferred PPO Standard Platinum \$0	Overall
HIOS Product ID	78079DC021	78079DC016	78079DC016	78079DC021	78079DC021	78079DC021	
HIOS Plan ID	78079DC0210002	78079DC0160002	78079DC0160001	78079DC0210004	78079DC0210003	78079DC0210001	
Metal Level	Bronze	Silver	Gold	Silver	Gold	Platinum	
Metallic AV	61.4%	71.9%	80.6%	70.4%	80.2%	90.5%	
Index Rate (Average Allowed EHB)	\$ 522.72	\$ 522.72	\$ 522.72	\$ 522.72	\$ 522.72	\$ 522.72	\$ 522.72
Market Level Adjustments:							
Reinsurance	0.963	0.963	0.963	0.963	0.963	0.963	0.963
Risk Adjustment	0.901	0.901	0.901	0.901	0.901	0.901	0.901
Exchange User Fees	1.000	1.000	1.000	1.000	1.000	1.000	1.000
Index Rate - Post Market Level Adj.	\$453.82	\$453.82	\$453.82	\$453.82	\$453.82	\$453.82	\$ 453.82
Cost-Share Factor	0.523	0.566	0.873	0.690	0.874	1.047	0.767
Network & UM	1.000	1.000	1.000	1.000	1.000	1.000	1.000
Non-EHB	1.009	1.002	1.002	1.007	1.006	1.005	1.006
Catastrophic Adj	1.000	1.000	1.000	1.000	1.000	1.000	1.000
Distribution & Admin Cost	1.354	1.354	1.354	1.354	1.354	1.354	1.354
Index Rate - Plan Level	\$324.47	\$348.79	\$537.80	\$427.34	\$540.27	\$647.28	\$474.25
Pricing AV	71.5%	76.9%	118.5%	94.2%	119.0%	142.6%	
Age Calibration	0.880	0.880	0.880	0.880	0.880	0.880	
Geo Calibration	1.000	1.000	1.000	1.000	1.000	1.000	
Smoking Calibration	1.000	1.000	1.000	1.000	1.000	1.000	
Base Premium	\$285.37	\$306.76	\$473.00	\$375.85	\$475.17	\$569.29	\$417.10
Projected Member Months	9,873	5,446	4,084	5,446	4,084	10,913	39,846
2015 Index Rate - Plan Level	\$ 275.31	\$ 326.82	\$ 440.35	\$ 326.82	\$ 440.35	\$ 550.42	\$ 398.57
% Change	17.9%	6.7%	22.1%	30.8%	22.7%	17.6%	19.0%
2015 Base Premium	\$ 251.65	\$ 298.74	\$ 402.51	\$ 298.74	\$ 402.51	\$ 503.13	\$ 364.32
% Change	13.4%	2.7%	17.5%	25.8%	18.1%	13.1%	14.5%
Non-EHB							
Core Vision (Adult)	\$1.06	\$1.06	\$1.06	\$1.06	\$1.06	\$1.06	
Abortion	\$2.82	\$0.00	\$0.00	\$2.15	\$1.70	\$1.42	

Group Hospitalization & Medical Services, Inc. (GHMSI)
DC Individual Exchange Products Rates Effective 1/1/2016
2015 Enrollment Projections by Product (BlueChoice & GHMSI)

Total Members	GF Members	PPACA Members
14,385	2,770	11,615
On Exchange	100%	11,615

*Stonagate study used to project % purchasing by metal level

% by FPL Estimate	
<150%	0.0%
151%-200%	0.0%
201%-250%	2.2%
251%+	97.8%
Total	100.0%

Metal Level	% purchased	Members Purchased
Catastrophic	3%	370
Bronze	28%	3,199
Silver	24%	2,844
Gold	22%	2,585
Platinum	23%	2,617
Total	100%	11,615

	% purchased	Members Purchased	Distribution of Non-GF Membership												Member Months		
			January 60%	February 10%	March 10%	April 10%	May 3.0%	June 1.0%	July 1.0%	August 1.0%	September 1.0%	October 1.0%	November 1.0%	December 1.0%			
Total	100%	11,615															100.0%
BlueChoice HMO Young Adult \$6,850	370	370	2,664	407	370	333	89	26	22	19	15	11	7	4			3,966
Bronze Plans	3,199																
BluePreferred PPO Standard Bronze \$4,500	23%	921	6631	1013	921	829	221	64	55	46	37	28	18	9			9,873
BlueChoice HMO Bronze \$6,850	34%	1,002	7214	1102	1002	902	240	70	60	50	40	30	20	10			10,741
BlueChoice HMO Standard Bronze \$4,500	14%	411	2959	452	411	370	99	29	25	21	16	12	8	4			4,406
BlueChoice HMO HSA Bronze \$6,000	29%	865	6228	952	865	779	208	61	52	43	35	26	17	9			9,273
Silver Plans	1,106																
BlueChoice HMO HSA Silver \$1,350	37%	957	6890	1053	957	861	230	67	57	48	38	29	19	10			10,259
CSR 200-250%	6%	149	1073	164	149	134	36	10	9	7	6	4	3	1			1,597
CSR 150-200%	0%	0	0	0	0	0	0	0	0	0	0	0	0	0			0
CSR 100-150%	0%	0	0	0	0	0	0	0	0	0	0	0	0	0			0
BlueCross BlueShield Preferred 1600, a Multi-State Plan	14%	487	3506	536	487	438	117	34	29	24	19	15	10	5			5,221
CSR 200-250%	1%	21	151	23	21	19	5	1	1	1	1	1	0	0			225
CSR 150-200%	0%	0	0	0	0	0	0	0	0	0	0	0	0	0			0
CSR 100-150%	0%	0	0	0	0	0	0	0	0	0	0	0	0	0			0
BlueChoice HMO Standard Silver \$2000	26%	663	4774	729	663	597	159	46	40	33	27	20	13	7			7,107
CSR 200-250%	2%	59	425	65	59	53	14	4	4	3	2	2	1	1			632
CSR 150-200%	0%	0	0	0	0	0	0	0	0	0	0	0	0	0			0
CSR 100-150%	0%	0	0	0	0	0	0	0	0	0	0	0	0	0			0
BluePreferred PPO Standard Silver \$2,000	14%	487	3506	536	487	438	117	34	29	24	19	15	10	5			5,221
CSR 200-250%	1%	21	151	23	21	19	5	1	1	1	1	1	0	0			225
CSR 150-200%	0%	0	0	0	0	0	0	0	0	0	0	0	0	0			0
CSR 100-150%	0%	0	0	0	0	0	0	0	0	0	0	0	0	0			0
Gold Plans	2,585																
BlueChoice HMO Standard Gold \$500	26%	616	4435	678	616	554	148	43	37	31	25	18	12	6			6,604
BlueCross BlueShield Preferred 750, a Multi-State Plan	12%	381	2743	419	381	343	91	27	23	19	15	11	8	4			4,084
BluePreferred PPO Standard Gold \$500	12%	381	2743	419	381	343	91	27	23	19	15	11	8	4			4,084
HealthyBlue HMO Gold \$1,000	50%	1,207	8690	1328	1207	1086	290	84	72	60	48	36	24	12			12,939
Platinum Plans	2,617																
BlueChoice HMO Standard Platinum \$0	67%	1,599	11513	1759	1599	1439	384	112	96	80	64	48	32	16			17,141
BluePreferred PPO Standard Platinum \$0	33%	1,018	7330	1120	1018	916	244	71	61	51	41	31	20	10			10,913
BluePreferred Subtotal	32.0%	3,717	26,762	4,089	3,717	3,345	892	260	223	186	149	112	74	37			39,846 Member Months
BlueChoice Subtotal	68.0%	7,898	56,866	8,688	7,898	7,108	1,896	553	474	395	316	237	158	79			84,667 Member Months
Grand Total	100.0%	11,615	83,628	12,777	11,615	10,454	2,788	813	697	581	465	348	232	116			124,513 Member Months

**Group Hospitalization & Medical Services, Inc. (GHMSI)
DC Individual Exchange Products Rates Effective 1/1/2016
Pricing AV**

Projected EMMS (PPO)	Projected EMMs (PPO)	Plan Name	AV w/ Federal model (Different allowed per metal)	AV from internal Model (Fixed allowed per metal)	AV from internal Model All Silver at Base	Induced Utilization (Adj. allowed per fed Model)	Induced Utilization Scaled	HSA vs Non- HSA Scaled
9,873	9,873	BluePreferred PPO Standard Bronze \$4,500	61.4%	59.2%	59.2%	1.00	0.88	1.01
5,221	5,221	BlueCross BlueShield Preferred 1600, a Multi-State Plan	71.9%	65.6%	65.6%	1.15	1.01	0.85
225	225	CSR 200-250%	73.9%	67.5%	65.6%	1.10	0.97	1.01
5,221	5,221	BluePreferred PPO Standard Silver \$2,000	70.4%	68.0%	68.0%	1.15	1.01	1.01
225	225	CSR 200-250%	73.0%	70.5%	68.0%	1.10	0.97	1.01
4,084	4,084	BlueCross BlueShield Preferred 750, a Multi-State Plan	80.6%	82.3%	82.3%	1.20	1.05	1.01
4,084	4,084	BluePreferred PPO Standard Gold \$500	80.2%	82.3%	82.3%	1.20	1.05	1.01
10,913	10,913	BluePreferred PPO Standard Platinum \$0	90.5%	91.1%	91.1%	1.30	1.14	1.01
39,846	39,846		75.9%	74.8%	74.7%	1.16	1.02	0.99
		Silver Average		66.9%			1.01	0.93
		Fed Ave subsidy on Silver		0.1%				

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

Support for the normalization of factors can be found on page 33.

**Group Hospitalization & Medical Services, Inc. (GHMSI)
DC Individual Exchange Products Rates Effective 1/1/2016**

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

Metal Level	Market	Initial Factor	Projected MMs	Normalized Factors
Platinum	SG & Ind	1.300	95,336	1.142
Gold	SG & Ind	1.200	148,258	1.054
Silver	SG & Ind	1.150	75,968	1.010
Silver 200	Ind	1.100	386	0.966
Bronze	SG & Ind	1.000	182,610	0.878
		1.139	502,558	
<hr/>				
	Market	Initial Factor	Projected MMs	Normalized Factors
HSA/HRA	SG	0.960	63,324	0.960
HSA	Ind	0.850	4,438	0.850
Other	SG & Ind		434,796	1.007
			502,558	

**Group Hospitalization & Medical Services, Inc. (GHMSI)
DC Individual Exchange Products Rates Effective 1/1/2016
Age Factor Calibration**

District of Columbia
GHMSI

Member Age	Member Count	Total*Age Factor	Age Rate
0-20	347	227	\$ 295.34
21	15	11	\$ 328.30
22	12	9	\$ 328.30
23	19	14	\$ 328.30
24	14	10	\$ 328.30
25	20	15	\$ 328.30
26	33	24	\$ 328.30
27	101	73	\$ 328.30
28	100	74	\$ 335.98
29	81	62	\$ 343.21
30	84	65	\$ 351.79
31	81	65	\$ 360.82
32	86	70	\$ 368.95
33	79	66	\$ 377.53
34	68	58	\$ 386.56
35	78	68	\$ 395.59
36	82	73	\$ 404.62
37	72	66	\$ 413.65
38	66	61	\$ 418.62
39	60	56	\$ 423.59
40	54	53	\$ 440.30
41	62	63	\$ 457.46
42	55	58	\$ 475.52
43	36	39	\$ 494.03
44	47	53	\$ 513.45
45	58	68	\$ 533.32
46	53	65	\$ 554.10
47	60	77	\$ 575.77
48	51	68	\$ 598.35
49	48	66	\$ 621.83
50	37	53	\$ 646.22
51	50	74	\$ 671.51
52	50	77	\$ 697.70
53	44	71	\$ 724.80
54	49	82	\$ 753.25
55	46	80	\$ 782.60
56	49	88	\$ 813.31
57	39	73	\$ 844.92
58	44	86	\$ 877.88
59	47	95	\$ 912.20
60	44	92	\$ 947.88
61	52	113	\$ 984.91
62	37	81	\$ 984.91
63	53	116	\$ 984.91
64+	121	264	\$ 984.91
Grand Total	2,784	3,223	

Avg Age Factor: 1.158 = 3,223/2,784

\$ 522.72

Interpolated Age: 44.47 (based on DC Age Curve)
Closest Age: 44.0 (as an Integer, based on DC Age Curve)

Avg Age Factor: 1.158
DC Factor: 1.137 (matching above integer)
1/1.158 = 0.864
Calibration Factor: 1/1.137 = 0.880

Value of calibration factor - adjustment to DC Factor
 1.8%
 = 0.880/0.864 - 1

Appendix

Group Hospitalization & Medical Services, Inc. (GHMSI)
DC Individual Exchange Products Rates Effective 1/1/2016

Rating Methodology

Rates in 2016 will be developed using a member-level build-up.

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

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

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

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

Group Hospitalization & Medical Services, Inc. (GHMSI)
DC Individual Exchange Products Rates Effective 1/1/2016
Reserve Calculation Methodology

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

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

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

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

The claims in this experience period of data run from January 2010 and are paid through March 2014. The claims are also incurred through the same time period. All of the months are completed using the methodology described above. Please see the paid, completion factors and corresponding reserve on the next pages. But, for purposes of pricing we only consider an experience period of January 2013 with paid through March 2014 and incurred through December 2013, or an Incurred 12, Paid 15 experience period. Thus we do not include the most recent 2 months in our rating estimates since these months have a higher probability of recasting.

Group Hospitalization & Medical Services, Inc. (GHMSI)
DC Individual Exchange Products Rates Effective 1/1/2016
2015 DC Age Rating Factors

Age Band	Age Factor	Age Factor % Δ
0-20	0.654	
21	0.727	11.2%
22	0.727	0.0%
23	0.727	0.0%
24	0.727	0.0%
25	0.727	0.0%
26	0.727	0.0%
27	0.727	0.0%
28	0.744	2.3%
29	0.760	2.2%
30	0.779	2.5%
31	0.799	2.6%
32	0.817	2.3%
33	0.836	2.3%
34	0.856	2.4%
35	0.876	2.3%
36	0.896	2.3%
37	0.916	2.2%
38	0.927	1.2%
39	0.938	1.2%
40	0.975	3.9%
41	1.013	3.9%
42	1.053	3.9%
43	1.094	3.9%
44	1.137	3.9%
45	1.181	3.9%
46	1.227	3.9%
47	1.275	3.9%
48	1.325	3.9%
49	1.377	3.9%
50	1.431	3.9%
51	1.487	3.9%
52	1.545	3.9%
53	1.605	3.9%
54	1.668	3.9%
55	1.733	3.9%
56	1.801	3.9%
57	1.871	3.9%
58	1.944	3.9%
59	2.020	3.9%
60	2.099	3.9%
61	2.181	3.9%
62	2.181	0.0%
63	2.181	0.0%
64+	2.181	0.0%

Group Hospitalization & Medical Services, Inc. (GHMSI)
DC Individual Exchange Products Rates Effective 1/1/2016
D.C. GHMSI Small Group & Individual Base Experience Medical Inpatient
Experience Period: Incurred 201301 - 201312, Paid through 201403

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	21,223	37,910	2,181,765	163	1.00	2,181,765	163							
201205	21,164	37,866	2,651,489	190	1.00	2,651,489	190							
201206	21,448	38,442	2,353,838	163	1.00	2,353,838	163							
201207	21,448	38,550	2,703,814	194	1.00	2,703,814	194							
201208	21,531	38,819	2,594,104	165	1.00	2,594,104	165							
201209	21,608	38,950	2,215,783	182	1.00	2,215,783	182							
201210	21,734	39,163	2,725,151	205	1.00	2,725,151	205							
201211	21,713	39,147	2,787,006	185	1.00	2,787,006	185							
201212	21,646	39,205	1,943,251	167	1.00	1,943,251	167							
201301	21,402	38,693	2,571,502	191	1.00	2,571,502	191							
201302	21,266	38,330	2,316,652	155	1.00	2,316,652	155							
201303	21,204	38,141	2,299,775	176	1.00	2,300,189	176	63.35	55.34	\$13,737.88				
201304	21,200	38,093	2,706,146	158	1.00	2,706,811	158	64.46	55.19	\$14,016.24				
201305	21,198	37,974	2,269,037	182	1.00	2,269,768	182	63.62	54.97	\$13,888.87				
201306	21,064	37,765	2,618,228	182	1.00	2,619,227	182	64.29	55.54	\$13,889.12				
201307	21,058	37,791	2,445,537	183	1.00	2,446,628	183	63.83	55.35	\$13,839.60				
201308	21,257	38,112	2,527,545	181	1.00	2,528,773	181	63.79	55.85	\$13,705.50				
201309	21,087	37,745	4,260,455	167	1.00	4,262,569	167	68.41	55.61	\$14,761.20				
201310	21,121	37,766	2,806,086	163	1.00	2,808,202	163	68.80	54.68	\$15,096.61				
201311	21,168	37,942	2,943,169	184	1.00	2,945,674	184	69.32	54.81	\$15,178.63				
201312	21,264	38,208	2,862,884	181	1.00	2,865,452	181	71.49	55.30	\$15,514.78				
201401	24,850	44,008	5,320,702	243	1.00	5,325,580	243	76.63	56.02	\$16,416.42				
201402	25,039	44,351	3,011,214	225	1.00	3,014,836	225	77.14	57.10	\$16,211.85				
201403	24,893	44,058	3,088,838	230	1.00	3,093,423	230	77.85	57.76	\$16,173.58	22.9%	4.4%	17.7%	
201404	24,744	43,879	3,493,126	224	1.00	3,501,905	225	78.57	58.73	\$16,053.93	21.9%	6.4%	14.5%	
201405	24,773	43,903	2,543,925	205	1.00	2,554,082	206	78.20	58.60	\$16,012.96	22.9%	6.6%	15.3%	
201406	24,685	43,842	3,572,730	211	0.99	3,594,543	212	79.21	58.61	\$16,217.56	23.2%	5.5%	16.8%	
201407	24,295	43,134	2,980,046	195	0.99	3,004,173	197	79.48	58.31	\$16,357.71	24.5%	5.3%	18.2%	
201408	24,024	42,778	4,270,440	193	0.99	4,313,678	195	82.30	58.10	\$16,999.10	29.0%	4.0%	24.0%	
201409	23,656	42,159	2,477,927	178	0.99	2,512,955	180	78.13	57.91	\$16,189.84	14.2%	4.1%	9.7%	
201410	23,242	41,463	3,901,150	190	0.98	3,977,606	194	79.85	58.21	\$16,462.84	16.1%	6.4%	9.0%	
201411	22,955	40,889	2,635,156	163	0.97	2,711,321	168	78.94	57.49	\$16,477.63	13.9%	4.9%	8.6%	
201412	21,579	38,192	2,197,614	166	0.92	2,401,659	181	78.04	57.50	\$16,287.23	9.2%	4.0%	5.0%	
Experience Period	288,735	512,656	39,492,869	2,423	0.99	40,005,763	2,456							
201403	24,893	44,058									22.9%	4.4%	17.7%	
201409	23,656	42,159									14.2%	4.1%	9.7%	
201412	21,579	38,192									9.2%	4.0%	5.0%	
Avg last 6 months	23,292	41,436									17.8%	4.8%	12.4%	
Selected Pricing Trend												0.0%	7.0%	

Group Hospitalization & Medical Services, Inc. (GHMSI)
DC Individual Exchange Products Rates Effective 1/1/2016
D.C. GHMSI Small Group & Individual Base Experience Medical Outpatient
Experience Period: Incurred 201301 - 201312, Paid through 201403

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	21,223	37,910	2,929,278	2,658	1.00	2,929,278	2,658						
201205	21,164	37,866	2,828,205	2,699	1.00	2,828,205	2,699						
201206	21,448	38,442	2,762,369	2,597	1.00	2,762,369	2,597						
201207	21,448	38,550	2,966,108	2,630	1.00	2,966,108	2,630						
201208	21,531	38,819	2,961,171	2,672	1.00	2,961,171	2,672						
201209	21,608	38,950	3,026,648	2,526	1.00	3,026,648	2,526						
201210	21,734	39,163	3,044,666	2,746	1.00	3,044,666	2,746						
201211	21,713	39,147	2,795,070	2,594	1.00	2,795,070	2,594						
201212	21,646	39,205	2,938,922	2,551	1.00	2,938,922	2,551						
201301	21,402	38,693	3,164,227	2,788	1.00	3,164,227	2,788						
201302	21,266	38,330	3,019,054	2,566	1.00	3,019,054	2,566						
201303	21,204	38,141	3,058,900	2,691	1.00	3,059,450	2,691	76.63	821.69	\$1,119.07			
201304	21,200	38,093	3,124,854	2,674	1.00	3,125,620	2,675	77.02	821.80	\$1,124.67			
201305	21,198	37,974	3,194,843	2,703	1.00	3,195,870	2,704	77.80	821.74	\$1,136.08			
201306	21,064	37,765	2,952,267	2,542	1.00	2,953,396	2,543	78.32	821.54	\$1,144.05			
201307	21,058	37,791	3,358,381	2,685	1.00	3,359,877	2,686	79.30	824.35	\$1,154.43			
201308	21,257	38,112	3,089,098	2,703	1.00	3,090,592	2,704	79.71	826.45	\$1,157.32			
201309	21,087	37,745	2,906,369	2,549	1.00	2,907,814	2,550	79.66	829.25	\$1,152.70			
201310	21,121	37,766	3,356,738	2,791	1.00	3,359,271	2,793	80.58	833.00	\$1,160.88			
201311	21,168	37,942	2,957,834	2,484	1.00	2,960,354	2,486	81.16	832.37	\$1,170.03			
201312	21,264	38,208	3,052,435	2,737	1.00	3,055,153	2,739	81.59	839.14	\$1,166.77			
201401	24,850	44,008	3,614,334	3,206	1.00	3,617,533	3,209	81.63	840.42	\$1,165.60			
201402	25,039	44,351	3,563,674	2,953	1.00	3,567,957	2,957	81.76	839.62	\$1,168.46			
201403	24,893	44,058	4,116,015	3,139	1.00	4,122,075	3,144	82.98	840.59	\$1,184.56	8.3%	2.3%	5.9%
201404	24,744	43,879	3,733,342	3,249	1.00	3,742,706	3,257	83.26	845.02	\$1,182.40	8.1%	2.8%	5.1%
201405	24,773	43,903	3,589,503	3,131	1.00	3,604,052	3,144	83.09	845.57	\$1,179.13	6.8%	2.9%	3.8%
201406	24,685	43,842	3,766,699	3,112	0.99	3,789,567	3,131	83.76	849.47	\$1,183.24	6.9%	3.4%	3.4%
201407	24,295	43,134	4,094,560	3,166	0.99	4,127,739	3,192	84.40	852.55	\$1,188.04	6.4%	3.4%	2.9%
201408	24,024	42,778	4,002,463	2,997	0.99	4,043,138	3,027	85.52	852.35	\$1,204.00	7.3%	3.1%	4.0%
201409	23,656	42,159	3,630,755	3,158	0.99	3,679,963	3,201	86.30	860.33	\$1,203.70	8.3%	3.7%	4.4%
201410	23,242	41,463	4,431,983	3,302	0.98	4,517,518	3,366	87.94	867.58	\$1,216.41	9.1%	4.2%	4.8%
201411	22,955	40,889	3,807,304	2,849	0.97	3,920,098	2,933	89.31	873.07	\$1,227.55	10.0%	4.9%	4.9%
201412	21,579	38,192	4,019,478	2,857	0.92	4,389,769	3,128	91.92	882.18	\$1,250.32	12.7%	5.1%	7.2%
Experience Period	288,735	512,656	46,370,111	37,119	0.98	47,122,116	37,688						
201403	24,893	44,058									8.3%	2.3%	5.9%
201409	23,656	42,159									8.3%	3.7%	4.4%
201412	21,579	38,192									12.7%	5.1%	7.2%
Avg last 6 months	23,292	41,436									9.0%	4.1%	4.7%
Selected Pricing Trend											3.0%	3.5%	

Group Hospitalization & Medical Services, Inc. (GHMSI)
DC Individual Exchange Products Rates Effective 1/1/2016
D.C. GHMSI Small Group & Individual Base Experience Medical Professional
Experience Period: Incurred 201301 - 201312, Paid through 201403

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	21,223	37,910	4,791,562	31,470	1.00	4,791,562	31,470						
201205	21,164	37,866	5,293,828	34,455	1.00	5,293,828	34,455						
201206	21,448	38,442	4,979,990	32,030	1.00	4,979,990	32,030						
201207	21,448	38,550	4,983,293	31,311	1.00	4,983,293	31,311						
201208	21,531	38,819	5,102,223	33,648	1.00	5,102,223	33,648						
201209	21,608	38,950	4,872,213	31,017	1.00	4,872,213	31,017						
201210	21,734	39,163	5,301,811	34,727	1.00	5,301,811	34,727						
201211	21,713	39,147	4,958,993	32,869	1.00	4,958,993	32,869						
201212	21,646	39,205	4,535,888	30,186	1.00	4,535,888	30,186						
201301	21,402	38,693	5,727,975	36,011	1.00	5,727,975	36,011						
201302	21,266	38,330	4,973,108	31,696	1.00	4,973,108	31,696						
201303	21,204	38,141	4,961,344	31,596	1.00	4,962,236	31,602	130.57	10,129.75	\$154.68			
201304	21,200	38,093	5,519,738	34,552	1.00	5,521,088	34,560	132.09	10,205.77	\$155.32			
201305	21,198	37,974	5,384,692	33,998	1.00	5,386,419	34,009	132.26	10,191.85	\$155.73			
201306	21,064	37,765	4,959,486	30,920	1.00	4,961,384	30,932	132.42	10,178.28	\$156.12			
201307	21,058	37,791	5,263,639	32,870	1.00	5,265,981	32,885	133.25	10,235.87	\$156.21			
201308	21,257	38,112	5,209,083	32,349	1.00	5,211,603	32,365	133.69	10,218.17	\$157.00			
201309	21,087	37,745	5,224,295	31,821	1.00	5,226,903	31,837	134.81	10,266.31	\$157.57			
201310	21,121	37,766	5,856,338	37,135	1.00	5,860,753	37,163	136.44	10,361.29	\$158.02			
201311	21,168	37,942	5,120,101	32,579	1.00	5,124,459	32,607	137.16	10,381.70	\$158.54			
201312	21,264	38,208	5,179,463	31,830	1.00	5,184,078	31,858	138.88	10,448.33	\$159.50			
201401	24,850	44,008	6,805,587	39,433	1.00	6,811,901	39,470	139.63	10,417.95	\$160.83			
201402	25,039	44,351	5,864,410	35,061	1.00	5,871,459	35,103	139.75	10,371.27	\$161.70			
201403	24,893	44,058	6,124,041	37,261	1.00	6,133,066	37,316	140.48	10,386.47	\$162.30	7.6%	2.5%	4.9%
201404	24,744	43,879	6,377,472	39,124	1.00	6,393,469	39,222	140.60	10,377.81	\$162.58	6.4%	1.7%	4.7%
201405	24,773	43,903	6,286,657	38,467	1.00	6,312,042	38,623	140.79	10,365.11	\$163.00	6.4%	1.7%	4.7%
201406	24,685	43,842	6,143,915	37,632	0.99	6,181,319	37,861	141.53	10,406.12	\$163.21	6.9%	2.2%	4.5%
201407	24,295	43,134	6,174,738	37,585	0.99	6,225,099	37,892	141.94	10,415.15	\$163.54	6.5%	1.8%	4.7%
201408	24,024	42,778	5,853,438	34,999	0.99	5,912,955	35,354	142.02	10,389.78	\$164.03	6.2%	1.7%	4.5%
201409	23,656	42,159	6,046,889	37,629	0.99	6,128,391	38,135	142.56	10,448.50	\$163.73	5.7%	1.8%	3.9%
201410	23,242	41,463	6,751,031	42,014	0.98	6,881,713	42,826	143.53	10,506.04	\$163.94	5.2%	1.4%	3.7%
201411	22,955	40,889	5,217,364	33,055	0.97	5,371,212	34,031	143.18	10,478.99	\$163.97	4.4%	0.9%	3.4%
201412	21,579	38,192	5,389,093	33,496	0.91	5,902,050	36,690	144.59	10,592.43	\$163.80	4.1%	1.4%	2.7%
Experience Period	288,735	512,656	73,034,635	445,756	0.99	74,124,676	452,523						
201403	24,893	44,058									7.6%	2.5%	4.9%
201409	23,656	42,159									5.7%	1.8%	3.9%
201412	21,579	38,192									4.1%	1.4%	2.7%
Avg last 6 months	23,292	41,436									5.4%	1.5%	3.8%
Selected Pricing Trend												1.0%	2.5%

Group Hospitalization & Medical Services, Inc. (GHMSI)
DC Individual Exchange Products Rates Effective 1/1/2016
D.C. GHMSI Small Group & Individual Base Experience Medical Other
Experience Period: Incurred 201301 - 201312, Paid through 201403

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	21,223	37,910	636,328	2,552	1.00	636,328	2,552						
201205	21,164	37,866	584,118	2,634	1.00	584,118	2,634						
201206	21,448	38,442	560,034	2,463	1.00	560,034	2,463						
201207	21,448	38,550	557,957	2,439	1.00	557,957	2,439						
201208	21,531	38,819	640,409	2,697	1.00	640,409	2,697						
201209	21,608	38,950	573,973	2,416	1.00	573,973	2,416						
201210	21,734	39,163	616,336	2,684	1.00	616,336	2,684						
201211	21,713	39,147	700,203	2,773	1.00	700,203	2,773						
201212	21,646	39,205	720,885	2,664	1.00	720,885	2,664						
201301	21,402	38,693	771,323	2,836	1.00	771,323	2,836						
201302	21,266	38,330	795,384	2,765	1.00	795,384	2,765						
201303	21,204	38,141	712,802	2,682	1.00	712,930	2,682	16.99	818.77	\$249.00			
201304	21,200	38,093	792,078	2,998	1.00	792,271	2,999	17.32	830.01	\$250.40			
201305	21,198	37,974	721,511	3,015	1.00	721,742	3,016	17.61	839.71	\$251.69			
201306	21,064	37,765	668,048	2,587	1.00	668,304	2,588	17.87	844.18	\$254.05			
201307	21,058	37,791	866,515	2,766	1.00	866,900	2,767	18.57	854.09	\$260.91			
201308	21,257	38,112	948,156	2,952	1.00	948,615	2,953	19.27	862.07	\$268.19			
201309	21,087	37,745	864,844	2,896	1.00	865,278	2,897	19.95	876.88	\$273.01			
201310	21,121	37,766	943,212	3,312	1.00	943,923	3,315	20.72	896.04	\$277.55			
201311	21,168	37,942	845,383	2,877	1.00	846,101	2,879	21.10	901.19	\$280.94			
201312	21,264	38,208	960,270	2,926	1.00	961,129	2,929	21.67	910.11	\$285.73			
201401	24,850	44,008	921,838	3,291	1.00	922,691	3,294	21.75	911.53	\$286.32			
201402	25,039	44,351	914,600	3,437	1.00	915,704	3,441	21.73	917.14	\$284.27			
201403	24,893	44,058	1,195,532	3,893	1.00	1,197,306	3,899	22.48	936.49	\$288.02	32.3%	14.4%	15.7%
201404	24,744	43,879	1,045,466	4,136	1.00	1,048,074	4,146	22.74	953.91	\$286.06	31.3%	14.9%	14.2%
201405	24,773	43,903	1,170,177	3,666	1.00	1,175,012	3,680	23.40	958.68	\$292.84	32.8%	14.2%	16.3%
201406	24,685	43,842	1,108,313	4,028	0.99	1,115,190	4,052	24.02	982.56	\$293.30	34.4%	16.4%	15.4%
201407	24,295	43,134	1,076,195	4,156	0.99	1,085,190	4,189	24.20	1,006.33	\$288.53	30.3%	17.8%	10.6%
201408	24,024	42,778	1,115,139	3,783	0.99	1,126,825	3,820	24.33	1,017.71	\$286.84	26.3%	18.1%	7.0%
201409	23,656	42,159	1,122,090	4,130	0.99	1,137,092	4,184	24.65	1,039.33	\$284.62	23.6%	18.5%	4.3%
201410	23,242	41,463	1,098,185	4,366	0.98	1,120,323	4,448	24.82	1,058.47	\$281.37	19.8%	18.1%	1.4%
201411	22,955	40,889	967,068	3,732	0.97	996,294	3,838	24.97	1,074.84	\$278.76	18.3%	19.3%	-0.8%
201412	21,579	38,192	1,064,097	4,234	0.92	1,162,510	4,644	25.36	1,115.03	\$272.95	17.0%	22.5%	-4.5%
Experience Period	288,735	512,656	12,798,700	46,852	0.98	13,002,211	47,635						
201403	24,893	44,058									32.3%	14.4%	15.7%
201409	23,656	42,159									23.6%	18.5%	4.3%
201412	21,579	38,192									17.0%	22.5%	-4.5%
Avg last 6 months	23,292	41,436									22.5%	19.1%	3.0%
Selected Pricing Trend												2.0%	4.0%

Group Hospitalization & Medical Services, Inc. (GHMSI)
DC Individual Exchange Products Rates Effective 1/1/2016
D.C. GHMSI Small Group & Individual Base Experience Rx
Experience Period: Incurred 201301 - 201312, Paid through 201403

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	21,223	37,910	3,674,750	29,762	1.00	3,674,750	29,762							
201205	21,164	37,866	3,911,489	30,754	1.00	3,911,489	30,754							
201206	21,448	38,442	3,449,107	29,194	1.00	3,449,107	29,194							
201207	21,448	38,550	3,669,375	29,816	1.00	3,669,375	29,816							
201208	21,531	38,819	3,809,418	30,541	1.00	3,809,418	30,541							
201209	21,608	38,950	3,494,363	28,401	1.00	3,494,363	28,401							
201210	21,734	39,163	3,758,496	30,461	1.00	3,758,496	30,461							
201211	21,713	39,147	3,637,237	30,489	1.00	3,637,237	30,489							
201212	21,646	39,205	3,914,655	31,317	1.00	3,914,655	31,317							
201301	21,402	38,693	4,116,082	32,677	1.00	4,116,082	32,677							
201302	21,266	38,330	3,471,712	28,499	1.00	3,471,712	28,499							
201303	21,204	38,141	3,924,690	30,127	1.00	3,924,690	30,127							
201304	21,200	38,093	3,903,624	30,342	1.00	3,903,624	30,342	96.78	9,378.90	\$123.83				
201305	21,198	37,974	3,931,333	30,665	1.00	3,931,333	30,665	97.26	9,385.72	\$124.35				
201306	21,064	37,765	3,739,998	28,331	1.00	3,739,998	28,331	98.03	9,377.08	\$125.45				
201307	21,058	37,791	4,137,957	29,873	1.00	4,137,957	29,873	99.20	9,393.96	\$126.73				
201308	21,257	38,112	4,070,007	28,958	1.00	4,070,007	28,958	99.92	9,367.18	\$128.01				
201309	21,087	37,745	4,019,341	28,053	1.00	4,019,341	28,053	101.32	9,382.64	\$129.59				
201310	21,121	37,766	4,345,637	29,791	1.00	4,345,637	29,791	102.91	9,393.68	\$131.47				
201311	21,168	37,942	4,013,857	27,891	1.00	4,013,857	27,891	104.01	9,350.28	\$133.48				
201312	21,264	38,208	4,502,945	30,468	1.00	4,502,945	30,468	105.52	9,348.39	\$135.45				
201401	24,850	44,008	4,025,263	32,221	1.00	4,025,263	32,221	104.11	9,228.96	\$135.37				
201402	25,039	44,351	3,903,551	30,815	1.00	3,903,551	30,815	103.69	9,169.60	\$135.70				
201403	24,893	44,058	4,496,683	34,293	1.00	4,496,683	34,293	103.61	9,160.60	\$135.72	7.1%	-2.3%	9.6%	
201404	24,744	43,879	4,613,240	34,833	1.00	4,613,240	34,833	103.84	9,162.45	\$135.99	6.8%	-2.4%	9.4%	
201405	24,773	43,903	4,784,640	35,090	1.00	4,784,640	35,090	104.33	9,159.93	\$136.67	7.3%	-2.4%	9.9%	
201406	24,685	43,842	4,885,239	33,858	1.00	4,885,239	33,858	105.37	9,181.62	\$137.71	7.5%	-2.1%	9.8%	
201407	24,295	43,134	5,056,303	34,182	1.00	5,056,303	34,182	106.08	9,186.95	\$138.56	6.9%	-2.2%	9.3%	
201408	24,024	42,778	4,529,728	32,674	1.00	4,529,728	32,674	106.01	9,190.39	\$138.42	6.1%	-1.9%	8.1%	
201409	23,656	42,159	4,497,494	33,052	1.00	4,497,494	33,052	106.03	9,228.77	\$137.87	4.6%	-1.6%	6.4%	
201410	23,242	41,463	4,904,744	33,900	1.00	4,904,744	33,900	106.36	9,258.57	\$137.85	3.3%	-1.4%	4.9%	
201411	22,955	40,889	4,372,445	31,402	1.00	4,372,445	31,402	106.45	9,287.53	\$137.54	2.3%	-0.7%	3.0%	
201412	21,579	38,192	4,588,768	33,447	1.00	4,588,768	33,447	106.62	9,357.55	\$136.72	1.0%	0.1%	0.9%	
Experience Period	288,735	512,656	54,658,099	399,767	1.00	54,658,099	399,767							
201403	24,893	44,058									7.1%	-2.3%	9.6%	
201409	23,656	42,159									4.6%	-1.6%	6.4%	
201412	21,579	38,192									1.0%	0.1%	0.9%	
Avg last 6 months	23,292	41,436									4.1%	-1.3%	5.4%	
Selected Pricing Trend												0.0%	13.0%	

Group Hospitalization & Medical Services, Inc. (GHMSI)
DC Individual Exchange Products Rates Effective 1/1/2016
D.C. GHMSI Small Group & Individual Base Experience - Medical and Rx Total
Experience Period: Incurred 201301 - 201312, Paid through 201403

Month	Contracts	Members	Allowed	Completion Factor	Completed	Rolling 12 PMPM	Rolling 12 Trend
					Allowed	Allowed	Allowed
201204	21,223	37,910	14,213,684	1.00	14,213,684		
201205	21,164	37,866	15,269,130	1.00	15,269,130		
201206	21,448	38,442	14,105,338	1.00	14,105,338		
201207	21,448	38,550	14,880,547	1.00	14,880,547		
201208	21,531	38,819	15,107,325	1.00	15,107,325		
201209	21,608	38,950	14,182,981	1.00	14,182,981		
201210	21,734	39,163	15,446,460	1.00	15,446,460		
201211	21,713	39,147	14,878,508	1.00	14,878,508		
201212	21,646	39,205	14,053,602	1.00	14,053,602		
201301	21,402	38,693	16,351,109	1.00	16,351,109		
201302	21,266	38,330	14,575,909	1.00	14,575,909		
201303	21,204	38,141	14,957,511	1.00	14,959,495	384.32	
201304	21,200	38,093	16,046,442	1.00	16,049,415	388.13	
201305	21,198	37,974	15,501,417	1.00	15,505,132	388.55	
201306	21,064	37,765	14,938,026	1.00	14,942,308	390.93	
201307	21,058	37,791	16,072,030	1.00	16,077,343	394.16	
201308	21,257	38,112	15,843,888	1.00	15,849,589	396.37	
201309	21,087	37,745	17,275,305	1.00	17,281,905	404.14	
201310	21,121	37,766	17,308,010	1.00	17,317,786	409.45	
201311	21,168	37,942	15,880,344	1.00	15,890,445	412.74	
201312	21,264	38,208	16,557,997	1.00	16,568,756	419.15	
201401	24,850	44,008	20,687,725	1.00	20,702,969	423.75	
201402	25,039	44,351	17,257,450	1.00	17,273,507	424.07	
201403	24,893	44,058	19,021,109	1.00	19,042,554	427.39	11.2%
201404	24,744	43,879	19,262,646	1.00	19,299,394	429.01	10.5%
201405	24,773	43,903	18,374,902	1.00	18,429,829	429.79	10.6%
201406	24,685	43,842	19,476,897	1.00	19,565,858	433.88	11.0%
201407	24,295	43,134	19,381,843	0.99	19,498,503	436.10	10.6%
201408	24,024	42,778	19,771,208	0.99	19,926,323	440.17	11.1%
201409	23,656	42,159	17,775,156	0.99	17,955,896	437.67	8.3%
201410	23,242	41,463	21,087,093	0.99	21,401,905	442.51	8.1%
201411	22,955	40,889	16,999,337	0.98	17,371,369	442.85	7.3%
201412	21,579	38,192	17,259,050	0.94	18,444,757	446.52	6.5%
Experience Period	288,735	512,656	226,354,414	0.99	228,912,864		
201403	24,893	44,058					11.2%
201409	23,656	42,159					8.3%
201412	21,579	38,192					6.5%
Avg last 6 months	23,292	41,436					8.6%

**Group Hospitalization & Medical Services, Inc. (GHMSI)
DC Individual Exchange Products Rates Effective 1/1/2016**

DC Combined - Small Group & Individual Capitations

<u>Description</u>	<u>1/1/14 PMPM</u>	<u>1/1/15 PMPM</u>	<u>1/1/16 PMPM</u>
Mental Health UR	\$0.62	\$0.45	\$0.36
Nurse Hotline	\$0.04	\$0.04	\$0.04
Wellness*	\$0.26	\$0.26	\$0.26
Embedded Pediatric Vision **	\$0.24	\$0.24	\$0.24
Embedded Adult Vision ***	\$1.14	\$1.01	\$0.93
TOTAL	\$2.29	\$2.00	\$1.83

*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.

Group Hospitalization & Medical Services, Inc. (GHMSI)
d.b.a. CareFirst BlueCross BlueShield
(NAIC # 53007)
DC Individual Exchange Products
Rates Effective 1/1/2016
Non-Grandfathered Experience for Pre-ACA Plans

Existing Products Included in Experience Period

HIOS Product ID	HIOS Product Name	Contracts, as of 12/31/2014	Member Months	Total Premium	Total Allowed Claims	Incurred Claims*
78079DC003	BluePreferred HSA	4	12,585	\$ 2,130,491	\$ 2,852,737	\$ 1,909,968
78079DC005	BluePreferred HIPAA	0	129	\$ 114,940	\$ 483,005	\$ 458,062
78079DC012	BluePreferred	1	5,246	\$ 1,623,934	\$ 1,685,775	\$ 1,283,066
78079DC013	BluePreferred Saver	0	1,759	\$ 341,217	\$ 357,739	\$ 215,142
78079DC014	BluePreferred Group Conversion	0	129	\$ 99,369	\$ 92,070	\$ 74,305
	Total	5	19,848	\$ 4,309,952	\$ 5,471,325	\$ 3,940,543

*These amounts do not include pharmacy rebates or capitations

Group Hospitalization & Medical Services, Inc. (GHMSI)
d.b.a. CareFirst BlueCross BlueShield
(NAIC # 53007)
DC Individual Exchange Products
Rates Effective 1/1/2016
Non-Grandfathered Experience for ACA Plans

Existing Products Included in Experience Period

2015 HIOS Plan ID	2015 HIOS Plan Name	2016 HIOS Plan ID*	2016 HIOS Plan Name	On/Off Exchange	Contracts, as of 12/31/2014	Member Months	Total Premium	Total Allowed Claims **	Incurred Claims**
78079DC0200001	BluePreferred HSA Bronze \$3,500	78079DC0210002	BluePreferred PPO Standard Bronze \$4,500	On	492	4,228	\$ 1,213,571	\$ 895,257	\$ 415,292
78079DC0180001	BlueCross BlueShield Preferred 1500, A Multi-State Plan Base	78079DC0160002	BlueCross BlueShield Preferred 1600, a Multi-State Plan Base	On	573	4,082	\$ 1,365,974	\$ 2,479,994	\$ 1,872,376
78079DC0180001	BlueCross BlueShield Preferred 1500, A Multi-State Plan 94%	78079DC0160002	BlueCross BlueShield Preferred 1600, a Multi-State Plan 94%	On	2	12	\$ 2,630	\$ 150	\$ 100
78079DC0180001	BlueCross BlueShield Preferred 1500, A Multi-State Plan 87%	78079DC0160002	BlueCross BlueShield Preferred 1600, a Multi-State Plan 87%	On	3	30	\$ 18,827	\$ 14,862	\$ 7,525
78079DC0180001	BlueCross BlueShield Preferred 1500, A Multi-State Plan 73%	78079DC0160002	BlueCross BlueShield Preferred 1600, a Multi-State Plan 73%	On	24	202	\$ 81,466	\$ 57,949	\$ 27,552
78079DC0160001	BlueCross BlueShield Preferred 500, A Multi-State Plan	78079DC0160001	BlueCross BlueShield Preferred 750, a Multi-State Plan	On	434	4,502	\$ 1,725,744	\$ 2,374,879	\$ 1,800,264
78079DC0210001	BluePreferred Platinum \$0	78079DC0210001	BluePreferred PPO Standard Platinum \$0	On	611	6,199	\$ 3,028,205	\$ 6,367,094	\$ 5,750,058
New	New	78079DC0210004	BluePreferred PPO Standard Silver \$2,000 Base	On	-	-	-	-	-
New	New	78079DC0210004	BluePreferred PPO Standard Silver \$2,000 73%	On	-	-	-	-	-
New	New	78079DC0210003	BluePreferred PPO Standard Gold \$500	On	-	-	-	-	-
Total					2,139	19,255	\$ 7,436,415	\$ 12,190,185	\$ 9,873,169

*Experience for mapped plans will be listed in the URRT under this HIOS Plan ID.

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

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

**DC Individual Exchange Products
Rates Effective 1/1/2016**

Actuarial Value Calculations

Group Hospitalization & Medical Services, Inc. (GHMSI)
d.b.a. CareFirst BlueCross BlueShield
(NAIC # 53007)
DC Individual Exchange Products
Actuarial Value Calculations
Table of Contents
Rates Effective 1/1/2016

Cover	1
Table of Contents	2
BluePreferred PPO Standard Bronze \$4,500	3
BlueCross BlueShield Preferred 1600, a Multi-State Plan	4 - 5
BluePreferred HSA Silver 133%-150% FPL	6 - 7
BluePreferred HSA Silver 150%-200% FPL	8 - 9
BluePreferred HSA Silver 200%-250% FPL	10 - 11
BluePreferred PPO Standard Silver \$2,000	12
BluePreferred PPO Standard Silver 133-150% FPL	13
BluePreferred PPO Standard Silver 150-200% FPL	14
BluePreferred PPO Standard Silver 200-250% FPL	15
BlueCross BlueShield Preferred 750, a Multi-State Plan	16 - 17
BluePreferred PPO Standard Gold \$500	18
BluePreferred PPO Standard Platinum \$0	19

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/HI
Annua

	Tier 1 Plan E	
Deductible (\$)	\$4,500.00	\$2
Coinsurance (% , Insurer's Cost Share)	80.00%	50
OOP Maximum (\$)	\$6,850.00	
OOP Maximum if Separate (\$)		

[Click Here for Important Instructions](#)

Type of Benefit	Subject to Deductible?	Sub Coins
Medical	<input type="checkbox"/> All	<input type="checkbox"/>
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/>
Generics	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" 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 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 <input type="checkbox"/> Copays? # Copays (1-10):

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

61.36%

Bronze

Calculation Successful.

61.36%

Bronze

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: 80%
	2nd Tier Utilization: 20%

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$5,500.00	\$150.00	\$1,600.00
Coinsurance (% Insurer's Cost Share)	100.00%	100.00%	100.00%
OOP Maximum (\$)	\$6,850.00		\$6,550.00
OOP Maximum if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$5,500.00	\$150.00	
Coinsurance (% Insurer's Cost Share)	100.00%	100.00%	
OOP Maximum (\$)	\$6,850.00		
OOP Maximum if Separate (\$)			

[Click Here for Important Instructions](#)

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 type="checkbox"/> All	<input checked="" type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input checked="" 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"/>		\$0.00	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input checked="" type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input checked="" 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"/>	70%			
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%			
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" 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"/>		\$20.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$85.00	<input checked="" type="checkbox"/>	<input checked="" 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"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" 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 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:

Calculation Successful.
71.89%
Silver

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: 80%
	2nd Tier Utilization: 20%

	Tier 1 Plan Benefit Design		
			Combined
Deductible (\$)	\$5,500.00	\$150.00	\$1,600.00
Coinurance (% Insurer's Cost Share)	100.00%	100.00%	100.00%
OOP Maximum (\$)	\$6,850.00		\$6,550.00
OOP Maximum if Separate (\$)			

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
\$5,500.00	\$150.00	
100.00%	100.00%	
\$6,850.00		

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinurance?	Coinurance, 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 type="checkbox"/> All	<input checked="" type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input checked="" 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"/>		\$0.00	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" 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"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$55.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$55.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input checked="" 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"/>	84%			
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%			
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" 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"/>		\$20.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$85.00	<input checked="" type="checkbox"/>	<input checked="" 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"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" 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 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/Coinurance After a Set Number of Copays? <input type="checkbox"/>
Copays (1-10):

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

71.79%

Silver

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: 80%
	2nd Tier Utilization: 20%

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$0.00	\$0.00	
Coinurance (% , Insurer's Cost Share)	100.00%	100.00%	
OOP Maximum (\$)	\$2,250.00		
OOP Maximum if Separate (\$)			

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

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<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"/>	95%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" 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"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" 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 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/Coinurance After a Set Number of Copays? <input type="checkbox"/>	
# Copays (1-10):	

Output

Calculate

Status/Error Messages:
Actuarial Value:
Metal Tier:

CSR Level of 94% (100-150% FPL), Calculation Successful.
94.57%
Platinum

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: 80%
	2nd Tier Utilization: 20%

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$0.00	\$0.00	
Coinurance (%; Insurer's Cost Share)	100.00%	100.00%	
OOP Maximum (\$)	\$2,250.00		
OOP Maximum if Separate (\$)			

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

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input type="checkbox"/> All	<input checked="" 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 checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Preventive Care/Screening/Immunization	<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"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	99%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	95%		<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" 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"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinurance Payments? <input type="checkbox"/>	
Specialty Rx Coinurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay? <input 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/Coinurance After a Set Number of Copays? <input type="checkbox"/>	
# Copays (1-10):	

Output

Calculate

Status/Error Messages:

Error: Result is outside of +/- 1 percent de minimis variation for CSRs.

Actuarial Value:

95.74%

Metal Tier:

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: 80%
	2nd Tier Utilization: 20%

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			\$300.00
Coinsurance (%; Insurer's Cost Share)			100.00%
OOP Maximum (\$)			\$2,250.00
OOP Maximum if Separate (\$)			

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

[Click Here for Important Instructions](#)

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 checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All
Emergency Room Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>			<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 checked="" 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 checked="" type="checkbox"/>
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input 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"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" 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"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" 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 checked="" 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 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 +/- 1 percent de minimis variation for CSRs.

Actuarial Value:

88.16%

Metal Tier:

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: 80%
	2nd Tier Utilization: 20%

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$300.00
Coinsurance (%; Insurer's Cost Share)		100.00%
OOP Maximum (\$)		\$2,250.00
OOP Maximum if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

[Click Here for Important Instructions](#)

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 checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Preventive Care/Screening/Immunization	<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 checked="" type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$55.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Skilled Nursing Facility	<input type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" 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"/>				
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" 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"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" 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 checked="" 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 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:

CSR Level of 87% (150-200% FPL), Calculation Successful.
87.30%
Gold

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: 80%
	2nd Tier Utilization: 20%

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			\$1,475.00
Coinsurance (%; Insurer's Cost Share)			100.00%
OOP Maximum (\$)			\$5,450.00
OOP Maximum if Separate (\$)			

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

[Click Here for Important Instructions](#)

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 checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>			<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 checked="" 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 checked="" type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" 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 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"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" 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"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" 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 checked="" 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 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 +/- 1 percent de minimis variation for CSRs.

Actuarial Value:

74.02%

Metal Tier:

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: 80%
	2nd Tier Utilization: 20%

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			\$1,475.00
Coinsurance (%; Insurer's Cost Share)			100.00%
OOP Maximum (\$)			\$5,450.00
OOP Maximum if Separate (\$)			

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

[Click Here for Important Instructions](#)

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 checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Preventive Care/Screening/Immunization	<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 checked="" type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$55.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" 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"/>				
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 type="checkbox"/> All			<input type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" 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"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" 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 checked="" 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 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:

CSR Level of 73% (200-250% FPL), Calculation Successful.
73.79%
Silver

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
Annual

Tier 1 Plan		
Deductible (\$)	\$2,000.00	\$2,000.00
Coinsurance (% , Insurer's Cost Share)	80.00%	80.00%
OOP Maximum (\$)	\$6,250.00	
OOP Maximum if Separate (\$)		

[Click Here for Important Instructions](#)

Type of Benefit	Subject to Deductible?	Subj to Coins
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/>
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/>
Generics	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" 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 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 <input type="checkbox"/> Copays? # Copays (1-10):

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	70.38%
Metal Tier:	Silver

Calculation Successful.
70.38%
Silver

HSA/HRA Options		Narrow Network Options	
IRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	80%
		2nd Tier Utilization:	20%

Benefit Design	
	Combined
\$250.00	
0.00%	

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

Tier 1			Tier 2			
Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All		
<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/> All			<input type="checkbox"/> All	<input checked="" type="checkbox"/> All		
<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

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 Emp
Annual Cont

Tier 1 Plan Benefit		
Deductible (\$)	\$0.00	\$0.00
Coinsurance (% , Insurer's Cost Share)	95.00%	100.00%
OOP Maximum (\$)	\$2,250.00	
OOP Maximum if Separate (\$)		

[Click Here for Important Instructions](#)

Type of Benefit	Subject to Deductible?	Subject to Coinsurance?
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSAs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" 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 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 <input type="checkbox"/>
Copays?
Copays (1-10):

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

CSR Level of 94% (100-150% FPL)

93.93%

Platinum

CSR Level of 94% (100-150% FPL),

93.93%

Platinum

HSA/HRA Options		Narrow Network Options	
Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>
Contribution Amount:		1st Tier Utilization:	80%
		2nd Tier Utilization:	20%

Design	
	Combined

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

Tier 1		Tier 2			
Coinsurance, if different?	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
		<input checked="" type="checkbox"/> All	<input type="checkbox"/> All		
	\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
	\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
	\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
	\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
	\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		
	\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
	\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
		<input type="checkbox"/> All	<input checked="" type="checkbox"/> All		
	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
	\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
	\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
	90%	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

), Calculation Successful.

Med Ded	\$0.00
Rx Ded	\$0.00
OOP Max	\$2,250.00

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 Emp
Annual Cont

Tier 1 Plan Benefit		
Deductible (\$)	\$0.00	\$0.00
Coinsurance (% , Insurer's Cost Share)	80.00%	100.00%
OOP Maximum (\$)	\$2,250.00	
OOP Maximum if Separate (\$)		

[Click Here for Important Instructions](#)

Type of Benefit	Subject to Deductible?	Subject to Coinsurance?
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSAs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input type="checkbox"/>
Specialty Rx Coinsurance Maximum: <input type="text"/>

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 <input type="checkbox"/>
Copays?
Copays (1-10):

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

CSR Level of 87% (150-200% FPL)

86.92%

Gold

CSR Level of 87% (150-200% FPL),

86.92%

Gold

HSA/HRA Options		Narrow Network Options	
Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>
Contribution Amount:		1st Tier Utilization:	80%
		2nd Tier Utilization:	20%

Design	
	Combined

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

Tier 1		Tier 2			
Coinsurance, if different?	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
		<input checked="" type="checkbox"/> All	<input type="checkbox"/> All		
	\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
	\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
	\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
	\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
	\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
	\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
	\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		
	\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
	\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
		<input type="checkbox"/> All	<input checked="" type="checkbox"/> All		
	\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
	\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
	\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
	80%	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

), Calculation Successful.

Med Ded	\$0.00
Rx Ded	\$0.00
OOP Max	\$2,250.00

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 Emp
Annual Cont

Tier 1 Plan Benefit		
Deductible (\$)	\$1,250.00	\$250.00
Coinsurance (% , Insurer's Cost Share)	80.00%	100.00%
OOP Maximum (\$)	\$5,450.00	
OOP Maximum if Separate (\$)		

[Click Here for Important Instructions](#)

Type of Benefit	Subject to Deductible?	Subject to Coinsurance?
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSAs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input type="checkbox"/>
Specialty Rx Coinsurance Maximum: <input type="text"/>

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 <input type="checkbox"/>
Copays?
Copays (1-10):

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

CSR Level of 73% (200-250% FPL)

73.03%

Silver

CSR Level of 73% (200-250% FPL),

73.03%

Silver

HSA/HRA Options		Narrow Network Options	
Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>
Contribution Amount:		1st Tier Utilization:	80%
		2nd Tier Utilization:	20%

Design	
	Combined

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

Tier 1		Tier 2				
?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All		
		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		
		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
			<input type="checkbox"/> All	<input checked="" type="checkbox"/> All		
		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
		80%	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

), Calculation Successful.

Med Ded	\$1,250.00
Rx Ded	\$250.00
OOP Max	\$5,450.00

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/HI
Annua

	Tier 1 Plan E	
Deductible (\$)	\$750.00	\$2
Coinsurance (% , Insurer's Cost Share)	100.00%	100
OOP Maximum (\$)	\$4,000.00	
OOP Maximum if Separate (\$)		

[Click Here for Important Instructions](#)

Type of Benefit	Subject to Deductible?	Sub Coins
Medical	<input type="checkbox"/> All	<input type="checkbox"/>
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<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"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/>
Generics	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<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 <input type="checkbox"/>
Copays?
Copays (1-10):

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	78.84%
Metal Tier:	Gold

Calculation Successful.
78.84%
Gold

78.84%	67%
84.03%	33%

0.8057

HSA/HRA Options		Narrow Network Options	
IRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	80%
		2nd Tier Utilization:	20%

Benefit Design	
	Combined
50.00	\$500.00
100.00%	100.00%
	\$3,500.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

Tier 1			Tier 2			
Subject to Insurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All		
<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$450.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$350.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>	91%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>	85%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/> All			<input type="checkbox"/> All	<input checked="" type="checkbox"/> All		
<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

	Tier 1	Tier 2
Copay, if separate	Copay applies only after deductible?	
	<input type="checkbox"/> All	<input checked="" type="checkbox"/> All
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/> All	<input type="checkbox"/> All
	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Enter OP
 Copays
 \$ 172
 \$ 30

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/HI
Annua

	Tier 1 Plan E	
Deductible (\$)	\$750.00	\$2
Coinsurance (% , Insurer's Cost Share)	100.00%	100
OOP Maximum (\$)	\$4,000.00	
OOP Maximum if Separate (\$)		

[Click Here for Important Instructions](#)

Type of Benefit	Subject to Deductible?	Sub Coins
Medical	<input type="checkbox"/> All	<input type="checkbox"/>
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<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"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/>
Generics	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<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 <input type="checkbox"/> Copays? # Copays (1-10):

Output

Calculate

Status/Error Messages:

Error: Result is outside of

Actuarial Value:

84.03%

Metal Tier:

Error: Result is outside of +/- 2 per
84.03%

HSA/HRA Options		Narrow Network Options	
IRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	80%
		2nd Tier Utilization:	20%

Benefit Design	
	Combined
50.00	\$500.00
100.00%	100.00%
	\$3,500.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

Tier 1			Tier 2			
Subject to Insurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All		
<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$450.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>	84%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>	85%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/> All			<input type="checkbox"/> All	<input checked="" type="checkbox"/> All		
<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

f +/- 2 percent de minimis variation.

percent de minimis variation.

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/HI
Annu

Tier 1 Plan E	
Deductible (\$)	\$500.00
Coinsurance (% , Insurer's Cost Share)	100.00%
OOP Maximum (\$)	\$3,500.00
OOP Maximum if Separate (\$)	

[Click Here for Important Instructions](#)

Type of Benefit	Subject to Deductible?	Sub Coins
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/>
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<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"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/>
Generics	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input checked="" 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 <input type="checkbox"/> Copays? # Copays (1-10):

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	80.25%
Metal Tier:	Gold

Calculation Successful.
80.25%
Gold

HSA/HRA Options		Narrow Network Options	
IRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	80%
		2nd Tier Utilization:	20%

Benefit Design	
	Combined
0.00	
0.00%	

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

Tier 1			Tier 2			
Subject to Deductible?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All		
<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$600.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/> All			<input type="checkbox"/> All	<input checked="" type="checkbox"/> All		
<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

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/HI
Annua

	Tier 1 Plan E	
Deductible (\$)	\$0.00	\$
Coinsurance (% , Insurer's Cost Share)	100.00%	100
OOP Maximum (\$)	\$2,000.00	
OOP Maximum if Separate (\$)		

[Click Here for Important Instructions](#)

Type of Benefit	Subject to Deductible?	Sub Coins
Medical	<input type="checkbox"/> All	<input type="checkbox"/>
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<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"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/>
Generics	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input 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 <input type="checkbox"/> Copays? # Copays (1-10):

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	90.48%
Metal Tier:	Platinum

Calculation Successful.
90.48%
Platinum

HSA/HRA Options		Narrow Network Options	
IRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	80%
		2nd Tier Utilization:	20%

Benefit Design	
	Combined
0.00	
0.00%	

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

Tier 1			Tier 2			
Subject to Deductible?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All		
<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/> All			<input type="checkbox"/> All	<input checked="" type="checkbox"/> All		
<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

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:

- A. **Company Legal Name:** Group Hospitalization and Medical Services, Inc. (NAIC # 53007) (GHMSI)
- B. **State:** District of Columbia
- C. **HIOS Issuer ID:** 78079
- D. **Market:** Individual, Non-Medigap (INM) – On Exchange
- E. **Effective Date:** 1/1/16 – 12/31/16
- F. **Primary Contact Name:** Mr. Brad Boban, A.S.A., M.A.A.A.
- G. **Primary Contact Telephone Number:** 410-998-6230
- H. **Primary Contact E-Mail Address:** Brad.Boban@CareFirst.com

3. PROPOSED RATE INCREASE(S): GHMSI is proposing to raise premiums by 14.5% on average, prior to age band changes. Without risk adjustment, this GHMSI renewal would have been 27.0%. (For CF's Individual business (GHMSI and BlueChoice HMO), the proposed weighted average renewal is 9.0%.) Without a merged index rate, this 9.0% renewal would have been approximately 24% due to the dominance of the small group business (with typically higher index rate than INM products) in the merged pool. Merging had the effect of raising average CF (including HMO products) SG renewals by ~3% and reducing INM renewals by ~15%. 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 D.C. age curve. 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 merged single risk pool (SRP) for individual and small group 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 small groups, size 51-100 that migrate to the small group pool is projected to be higher than the morbidity of existing small groups. 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. Section 4.3 below explains the impact of the shift in enrollment composition.

An additional significant driver of the proposed GHMSI renewal is a material projected risk adjustment receipt of materially higher premium, driven by the relative high morbidity of GHMSI compared to the D.C. Individual marketplace, per the Wakely Consulting Group risk adjustment model.

Secondary drivers are medical cost and utilization trends (an aggregate +7.0% per year), the lower anticipated payments from the Federal reinsurance program, and an increase in contribution to reserve target.

The expected rate changes vary from 2.7% to 25.8% for 2016 renewals in this filing (prior to any impact of age band changes). This range is driven by the impact of changes in member cost-sharing resulting from the mapping of 2015 plans to our proposed 2016 plans, adoption of an induced demand curve, and an updated pricing model.

4. MARKET EXPERIENCE (Individual and Small Group Combined):

4.1 EXPERIENCE PERIOD PREMIUM AND CLAIMS: The incurred period is 1/1/14 through 12/31/14, as required. There are no anticipated MLR rebates in the experience period. Allowed claims have been developed by combining paid claims with member cost-sharing amounts as well as Federal CSR amounts.

Paid Through Date: 2/28/15

Premiums (Net of MLR Rebate) in Experience Period: \$233,946,407 (Merged)

Allowed and Incurred Claims From Experience Period: \$224,217,593 (Merged Index Rate)

4.2 BENEFIT CATEGORIES:

- A. Inpatient Hospital
- B. Outpatient Hospital
- C. Professional
- D. Other Medical (non-capitated ambulance, home health care, durable medical equipment, prosthetics, supplies, vision exams, dental services and other)
- E. Prescription drug
- F. 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, small group, 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 CF Individual 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 CFI members 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, the portfolio has been redesigned. Some of the 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. Other new designs are the mandated D.C. standard plans. Our 2015 plans will be uniformly modified into the 2016 plans based on the mapping included in this filing.

The new portfolio consists of 6 plans: one bronze, two silver, two gold, and one platinum.

Attached exhibits detail adjustments for pediatric dental, mandatory generics, and maternity.

Changes in Demographics: The average age of GHMSI members has increased from 33.9 to 34.3 between the experience period and the latest enrollment as of 2/28/15. We have therefore made a demographic adjustment of +0.9% to account for this aging.

Other Adjustments: Started in 2015, CF is continuing its incentive program, called BlueRewards, whereby members earn medical expense debit cards of as much as \$300 annually, for an individual (\$700 for a family). These 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. Our aim is that this incentive program will improve our members’ health.

This calculation also includes the following:

- 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.
- 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, as experience was determined to be fully credible.

4.5 CREDIBILITY OF EXPERIENCE: The calendar 2014 base data includes 512,656 members months (average monthly of 42,721) and is therefore considered 100% credible.

4.6 PAID TO ALLOWED RATIO: Projected at 76.7%, on average.

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. The reinsurance estimates are based upon internal estimates of reinsured claim amounts, with experience paid through 3/31/15. Both estimates were performed at the metal level of granularity.

Projected Risk Adjustments PMPM: -\$38 PMPM for 2016. This is based on an analysis of the market by Wakely Consulting Group. Wakely provided CF’s normalized risk scores, which were used to develop a projected transfer receipt as a percentage of premium. We converted this to a percentage of our projected index rate for 2015 to translate the estimated receipt into a PMPM. Wakely’s method isolated the experience of all non-grandfathered (ACA & PPACA) members for all of 2014.

Projected ACA Reinsurance Recoveries Net of Reinsurance Premium (Individual Market and Combined Markets Only): Total Federal reinsurance recoveries are based upon a CY 2016 attachment point of \$90,000, a cap of \$250,000 and 50% coinsurance. Total net reinsurance of \$14.80 PMPM is derived from \$17.06 in recoveries less \$2.25 in contribution and less \$0.17 PMPY in administrative fees.

4.8 NON-BENEFIT EXPENSES AND CONTRIBUTION TO RESERVE (CtR) & RISK: The “desired incurred claims ratio” (DICR) has changed from 75.2% (2015) to 73.8% (2016).

Administrative Expense Load: PMPMs increased by 9.5% for total administrative expenses and broker fees, versus 2015.

CtR & Risk Margin: Increased from 0.0% to 2.0%, pre-tax.

Taxes and Fees:

- Premium Tax of 2.0%.
- Federal Income Tax (FIT) increased from 0.0% to 0.4%.
- State Regulatory Trust Annual Assessment Fee of 0.1%.
- Health Insurer Fee remained at 2.6% considering non-deductibility for tax purposes.
- PCORI increased from \$2.11 PMPY to \$2.25 PMPY for 1Q – 3Q 2016 and \$2.34 for 4Q 2016.

- Reinsurance Payments decreased from \$3.67 PMPM to \$2.25 PMPM.
- Risk Adjustment User Fees increased from \$0.08 PMPM to \$0.15 PMPM.
- Reinsurance Administrative Fee is \$0.17 PMPY.

5 PROJECTED LOSS RATIO: Our projected DICR for MLR purposes is 82.0%, meeting the 80.0% minimum of “Public Health Service Act” (PHSA) 218. We have included the cost of our medical expense debit cards (aforementioned in section 4.3) as quality improvement in the numerator. We believe this is consistent with the small group market and with 45 C.F.R. § 158.221 and 158.150(b)(2) in that these debit cards are rewards for participation in a bona fide wellness program aimed to improve health quality and care.

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). It includes both Individual and Small group experience merged, per the D.C.HBX Carrier Reference Manual.

6.2 INDEX RATE: The EP index rate is a key component driving the renewal. Last year’s implicit 2014 index rate was \$442 (\$413 x trend of 7.0%). The actual for 2014 is \$438 for a favorable variance of -1%, driven primarily by the change in demographics and morbidity of the single risk pool.

After applying projection factors, the allowed claims PMPM for 2016 is \$526. This includes projected claims for non-EHBs, estimated at \$3.07 PMPM. The proposed 2016 index rate is \$523.

6.3 MARKET ADJUSTED INDEX RATE:

- **Federal Reinsurance Program Adjustment:** 0.963 for 2016, reflecting the anticipated reinsurance recoveries, net of reinsurance contribution and administrative fee.
- **Risk Adjustment:** 0.901 for 2016. A summary exhibit is provided.
- **Marketplace User Fee Adjustment:** 1.00. Not applicable.

6.4 PLAN ADJUSTED INDEX RATES: The cost-share factor includes 1) pricing AVs, 2) H.S.A./Non-H.S.A. induced demand factors and 3) metal-level induced demand factors. 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. The catastrophic factor has been developed from the experience of the catastrophic population, and applied only to the catastrophic plan as required.

6.5 CALIBRATION: Done for age only.

Age Curve Calibration – We have calibrated to an average age of 44 from the age curve.

6.6 CONSUMER ADJUSTED PREMIUM RATE DEVELOPMENT: Rate charts are provided for all of the consumer adjusted premiums.

7 PLAN PRODUCT INFORMATION:

7.1 HHS ACTUARIAL METAL VALUES (AV): Some 2016 plans include varying cost-share levels for some services that depend on the setting in which care is delivered, which is not accommodated by the Federal AV calculator. As an acceptable alternate method for unique plans, 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 a higher cost-share setting and the remaining 1/3 at the lower, consistent with 2014 experience for our Small Group and INM markets.

Those plans that lacked this site of service cost-share variation were run through the Federal AV calculator without modification.

Printouts for each plan are provided in the AM 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 Plan Level Summary page shows the total AV Pricing Value, as well as the detail of each allowable rating factor that contributes to the total.

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.

7.4 TERMINATED PRODUCTS: A listing of all terminated non-ACA products, as well as a list of the ACA plans being uniformly modified is included in the AM.

7.5 PLAN TYPE: PPO.

7.6 WARNING ALERTS:

- A warning is triggered on worksheet 1 which reads:
WARNING - Wksh 1 - Market Experience Total PMPM (Cell H30) is not equal to Allowed Claims (Cell G16). CF believes the warning message is in error, as these two cells should not be equal, as best as can be ascertained from the instructions. Cell G16 is the experience period allowed claims PMPM, adjusted to exclude reinsurance and risk adjustment amounts. Cell H30 is a worksheet computed PMPM that is derived from the actual experience period utilization statistics by service category and does not reflect adjustments to remove reinsurance/risk adjustment.
- Additional warnings are triggered when CSR amounts are entered on worksheet 2: "WARNING - Wksh 2 - Plan Product Info - Cell M65 - (Section III - Portion of above payable by HHS' funds on behalf of insured person in dollars) should be 0 for exchange plans for year 2014 and 2015. This message is an error that needs to be corrected by CMS, and per Dennis Yu on the 4/10/2015 URRT conference call, the un-validated URRT should be submitted.

8 MISCELLANEOUS INSTRUCTIONS:

8.1 Effective Rate Review Information: N/A.

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

8.3 Actuarial Certification: Included in the AM.

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

**DC Individual Exchange Products
Rates Effective 1/1/2016**

Actuarial Memorandum

**Group Hospitalization & Medical Services, Inc. (GHMSI)
DC Individual Exchange Products Rates Effective 1/1/2016**

Table of Contents

Cover	1
Table of Contents	2
Actuarial Certification	3
Form Numbers	4
HIOS Product IDs	5
Definitions of Acronyms	6
GHMSI Rate Change Summary	7
CFI Rate Change Summary	8
Support for Morbidity Adjustment CFI	9
Support for Morbidity Adjustment GHMSI	10
Allowed PMPM Projection	11
Trend Support	12
Reinsurance Estimate	13
Calculation for Risk Adjustment Factor	14
DICR & MLR (Individual Non-Medigap, Small Group, Combined)	15-17
GHMSI Plan Level Summary	18
Support for Utilization Impact	19
Other Projection Factors	20
Support For Other Projection Factors	21
Derivation of Pediatric Dental Rate	22
Derivation of Embedded Vision Rates	23
Allowed Maternity Summary Support	24
Autism Cost Model	25
Derivation of Demographic Factor	26
Estimated Non-EHB Claims in Experience Period	27
Current Non-Essential Health Benefits	28
Non-Essential Health Benefits - Abortion Charge	29
Plan Level Derivations	30
Enrollment Projections	31
Pricing AV	32
Support for Normalization	33
Derivation of Calibration Factors	34
Appendix	35
Rating Methodology	36
Reserving Methodology	37
DC Age Rating Factors	38
Experience by Category (IP, OP, Prof, Other, Rx, Med & Rx Total)	39 - 44
Capitations Summary	45
Summary of Existing Non-ACA HIOS Data	46
Summary of Existing ACA HIOS Data	47

Group Hospitalization & Medical Services, Inc. (GHMSI)
d.b.a. CareFirst BlueCross BlueShield
(NAIC # 53007)
DC Individual Exchange Products
Rates Effective 1/1/2016
Actuarial Certification

I, Kenny Kan, am the Senior Vice President and Chief Actuary with GHMSI doing business as CareFirst BlueChoice. 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
- vi. ASOP No. 26, Compliance with Statutory and Regulatory Requirements for the Actuarial
- 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. 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.
 - d. Based on a plausible scenario of the projected morbidity. Given the significant changes in this market, it is possible that the projected index rate could miss the true costs by a considerable margin up or down.
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

Group Hospitalization & Medical Services, Inc. (GHMSI)
d.b.a. CareFirst BlueCross BlueShield
(NAIC # 53007)
DC Individual Exchange Products
Rates Effective 1/1/2016
Form Numbers

Form Numbers Associated With This Filing:

*This list contains the applicable forms for the ACA products.

BluePreferred PPO

DC/CF/EXC/BP/IEA (1/14)
DC/CF/SHOP/EXC/DOCS (1/14)
DC/CF/EXC/NATAMER (1/14)
DC/GHMSI/DOL APPEAL (R. 11/11)
DC/CF/MEM/BLCRD (1/12)
DC/CF/ANCILLARY AMEND (10/12)
DC/GHMSI/HEALTH GUARANTEE 1/15
DC/CF/PT PROTECT (9/10)
DC/CF/EXC/2016 AMEND (1/16)
DC/CF/DB/INCENT (1/16)
DC/CF/EXC/BP HSA/SIL 1600 (1/16)
DC/CF/EXC/BP HSA/ SIL 1600 73 (1/16)
DC/CF/EXC/BP HSA/ SIL 1600 87 (1/16)
DC/CF/EXC/BP HSA/ SIL 1600 94 (1/16)
DC/CF/EXC/BP/NATAMER SOB (1/16)

BluePreferred PPO Standard Plans

DC/CF/EXC/BP/IEA (1/14)
DC/CF/SHOP/EXC/DOCS (1/14)
DC/CF/EXC/NATAMER (1/14)
DC/GHMSI/DOL APPEAL (R. 11/11)
DC/CF/MEM/BLCRD (1/12)
DC/CF/ANCILLARY AMEND (10/12)
DC/GHMSI/HEALTH GUARANTEE 1/15
DC/CF/PT PROTECT (9/10)
DC/CF/EXC/2016 AMEND (1/16)
DC/CF/DB/INCENT (1/16)
DC/CF/EXC/BP STD/GOLD 500 (1/16)
DC/CF/EXC/BP STD/BRZ 4500 (1/16)
DC/CF/EXC/BP STD/SIL 2000 (1/16)
DC/CF/EXC/BP STD/SIL 2000 73 (1/16)
DC/CF/EXC/BP STD/SIL 2000 87 (1/16)
DC/CF/EXC/BP STD/SIL 2000 94 (1/16)
DC/CF/EXC/BP STD/PLAT 0 (1/16)
DC/CF/EXC/BP STD/NATAMER 0 (1/16)

BluePreferred Multi-State Plan

DC/CF/EXC/MSP/BP/IEA (1/14)
DC/CF/MSP/DB/APPEAL (1/14)
DC/CF/SHOP/EXC/DOCS (1/14)
DC/CF/EXC/NATAMER (1/14)
DC/CF/MSP/EXCLUSION (1/14)
DC/CF/MEM/BLCRD (1/12)
DC/CF/ANCILLARY AMEND (10/12)
DC/GHMSI/HEALTH GUARANTEE 1/15
DC/CF/PT PROTECT (9/10)
DC/CF/EXC/2016 AMEND (1/16)
DC/CF/DB/INCENT (1/16)
DC/CF/EXC/BP/MSP PPO 750 (1/16)

Group Hospitalization & Medical Services, Inc. (GHMSI)
d.b.a. CareFirst BlueCross BlueShield
(NAIC # 53007)
DC Individual Exchange Products
Rates Effective 1/1/2016
HIOS Product IDs

ACA Products Projection Period

HIOS Product ID	HIOS Product Name	HIOS Plan ID	Suffix	HIOS Plan Name	On/Off Exchange	Product Type	Abortion Coverage	Actuarial Value	Metal Level	Unique Plan	Projected Members 12/31/2016
78079DC021	BluePreferred	78079DC0210002	01	BluePreferred PPO Standard Bronze \$4,500	On	PPO	Yes	61.4%	Bronze	No	921
78079DC016	BluePreferred Multi-State Plan	78079DC0160002	01	BlueCross BlueShield Preferred 1600, a Multi-State Plan Base	On	PPO	No	71.9%	Silver	No	487
78079DC016	BluePreferred Multi-State Plan	78079DC0160002	04	BlueCross BlueShield Preferred 1600, a Multi-State Plan 73%	On	PPO	No	73.9%	Silver	No	21
78079DC016	BluePreferred Multi-State Plan	78079DC0160001	01	BlueCross BlueShield Preferred 750, a Multi-State Plan	On	PPO	No	80.6%	Gold	No	381
78079DC021	BluePreferred	78079DC0210004	01	BluePreferred PPO Standard Silver \$2,000 Base	On	PPO	Yes	70.4%	Silver	No	487
78079DC021	BluePreferred	78079DC0210004	04	BluePreferred PPO Standard Silver \$2,000 73%	On	PPO	Yes	73.0%	Silver	No	21
78079DC021	BluePreferred	78079DC0210003	01	BluePreferred PPO Standard Gold \$500	On	PPO	Yes	80.2%	Gold	No	381
78079DC021	BluePreferred	78079DC0210001	01	BluePreferred PPO Standard Platinum \$0	On	PPO	Yes	90.5%	Platinum	No	1,018
Total											3,717

**Group Hospitalization & Medical Services, Inc. (GHMSI)
DC Individual Exchange Products Rates Effective 1/1/2016**

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

Group Hospitalization & Medical Services, Inc. (GHMSI)
DC Individual On & Off Exchange Products Rates Effective 1/1/2016
IND64- District of Columbia GHMSI RATE CHANGE SUMMARY

	1	2	3	4		5		6	7	8	9	10	11	12	13
				2015 RATE FILING Projected Members 12/31/15		ACTUALS A/O 2/28/15					HHS AV 2015	Base Rate 1/1/15	HHS AV 2016	Base Rate 1/1/16	Δ
	<u>Benefit Plan</u>	<u>Subsidies</u>	<u>FPL</u>	<u>TOTAL</u>	<u>%</u>	<u>TOTAL</u>	<u>%</u>			<u>Δ</u>					
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															
12															
13															
14															
15															
16															
17															
18															
19															
20															
21															
22															
23															
24															
25															
26															
27															
28															
29															
30															
31															
32															
33															
34															
35															
36															
37															
38															
39															

CareFirst, Inc. (CFI)
 DC Individual On & Off Exchange Products Rates Effective 1/1/2016
 IND64- District of Columbia CFI RATE CHANGE SUMMARY

1	2	3	4	5	6	7	8	9	10	11	12	13	
			2015 RATE FILING Projected Members 12/31/15		ACTUALS A/O 2/28/15		Actual- Filing	HHS AV 2015	Base Rate 1/1/15	HHS AV 2016	Base Rate 1/1/16	Δ	
	Benefit Plan	Subsidies	FPL	TOTAL	%	TOTAL	%	Δ	2015	1/1/15	2016	1/1/16	Δ
1	BlueChoice HMO Young Adult \$6,850			1,507	7%	363	3%	-3%	0.598	\$111	0.616	\$124	11.5%
2													
3	Bronze Plans												
4	BluePreferred PPO Standard Bronze \$4,500			1,061	5%	689	7%	2%	0.612	\$252	0.614	\$285	13.4%
5	BlueChoice HMO Bronze \$6,850			2,457	11%	987	9%	-1%	0.601	\$190	0.590	\$165	-13.3%
6	BlueChoice HMO Standard Bronze \$4,500			743	3%	405	4%	1%	0.615	\$223	0.614	\$225	0.9%
7	BlueChoice HMO HSA Bronze \$6,000			2,090	9%	852	8%	-1%	0.592	\$185	0.618	\$162	-12.7%
8	Subtotal:			6,351	28%	2,933	28%	0%	0.603	\$208	0.607	\$201	-3.4%
9	Silver Plans												
10	BlueChoice HMO HSA Silver \$1,350	APTC & CSR	100-150%	0	0%	37	0%	0%	0.932	\$245	0.938	\$251	2.1%
11		APTC & CSR	151%-200%	0	0%	33	0%	0%	0.879	\$245	0.867	\$251	2.1%
12		APTC & CSR	201-250%	329	1%	76	1%	-1%	0.735	\$245	0.736	\$251	2.1%
13			401%+	2,125	9%	942	9%	0%	0.696	\$245	0.705	\$251	2.1%
14	Subtotal:			2,454	11%	1,088	10%	0%	0.713	\$245	0.720	\$251	2.1%
15													
16	BlueCross BlueShield Preferred \$1,600	APTC & CSR	100-150%	0	0%	1	0%	0%	0.932	\$299	0.950	\$307	2.7%
17		APTC & CSR	151%-200%	0	0%	2	0%	0%	0.876	\$299	0.879	\$307	2.7%
18		APTC & CSR	201-250%	75	0%	13	0%	0%	0.737	\$299	0.739	\$307	2.7%
19			401%+	485	2%	365	3%	1%	0.684	\$299	0.719	\$307	2.7%
20	Subtotal:			560	2%	380	4%	1%	0.688	\$299	0.721	\$307	2.7%
21													
22	BluePreferred Standard Silver \$2000	APTC & CSR	100-150%	0	0%	1	0%	0%	0.932	\$299	0.939	\$376	25.8%
23		APTC & CSR	151%-200%	0	0%	2	0%	0%	0.876	\$299	0.869	\$376	25.8%
24		APTC & CSR	201-250%	75	0%	13	0%	0%	0.737	\$299	0.730	\$376	25.8%
25			401%+	485	2%	365	3%	1%	0.684	\$299	0.704	\$376	25.8%
26	Subtotal:			560	2%	380	4%	1%	0.688	\$299	0.706	\$376	25.8%
27													
28	BlueChoice HMO Standard Silver \$2000	APTC & CSR	100-150%	0	0%	15	0%	0%	0.932	\$267	0.944	\$301	12.8%
29		APTC & CSR	151%-200%	0	0%	6	0%	0%	0.877	\$267	0.873	\$301	12.8%
30		APTC & CSR	201-250%	139	1%	19	0%	0%	0.728	\$267	0.730	\$301	12.8%
31			401%+	901	4%	344	3%	-1%	0.690	\$267	0.704	\$301	12.8%
32	Subtotal:			1,040	5%	384	4%	-1%	0.704	\$267	0.717	\$301	12.8%
33													
34	BlueChoice Plus Silver \$2,500***	APTC & CSR	100-150%	0	0%	5	0%	0%	0.937	\$272	0.944	\$301	10.6%
35		APTC & CSR	151%-200%	0	0%	4	0%	0%	0.879	\$272	0.873	\$301	10.6%
36		APTC & CSR	201-250%	72	0%	10	0%	0%	0.739	\$272	0.730	\$301	10.6%
37			401%+	465	2%	309	3%	1%	0.702	\$272	0.704	\$301	10.6%
38	Subtotal:			537	2%	328	3%	1%	0.709	\$272	0.710	\$301	10.6%
39													
40		APTC & CSR	100-150%	0	0%	59	1%	1%	0.933	\$255	0.940	\$271	6.2%
41		APTC & CSR	151%-200%	0	0%	47	0%	0%	0.879	\$255	0.869	\$269	5.5%
42		APTC & CSR	201-250%	690	3%	130	1%	-2%	0.734	\$261	0.734	\$279	7.1%
43			401%+	4,461	19%	2,324	22%	3%	0.692	\$269	0.706	\$293	9.1%
44	Silver Subtotal:			5,151	22%	2,560	24%	2%	0.703	\$268	0.716	\$292	8.8%
45													
46	Gold Plans												
47	BlueChoice HMO Standard Gold \$500			904	4%	607	6%	2%	0.793	\$326	0.802	\$387	18.9%
48	BluePreferred PPO Standard Gold \$500			601	3%	286	3%	0%	0.783	\$403	0.802	\$475	18.1%
49	BlueCross BlueShield Preferred 750, a Multi-State Plan			601	3%	286	3%	0%	0.783	\$403	0.806	\$473	17.5%
50	HealthyBlue HMO Gold \$1,000			1,578	7%	615	6%	-1%	0.783	\$318	0.781	\$373	17.4%
51	HealthyBlue Gold \$1500***			1,004	4%	574	5%	1%	0.820	\$353	0.781	\$373	5.8%
52	Subtotal:			4,688	20%	2,367	22%	2%	0.795	\$349	0.792	\$401	15.0%
53													
54	Platinum Plans												
55	BlueChoice HMO Standard Platinum \$0			3,568	16%	1,575	15%	-1%	0.898	\$425	0.905	\$470	10.6%
56	BluePreferred PPO Standard Platinum \$0			1,735	8%	762	7%	0%	0.882	\$503	0.905	\$569	13.1%
57	Subtotal:			5,303	23%	2,337	22%	-1%	0.893	\$450	0.905	\$502	11.5%
58	TOTAL:			23,000	100%	10,560	100%	0%	0.000	\$304	0.000	\$332	9.0%
59													
60													
61													
62	BlueChoice			17,882	78%	7,778	74%	-4%	0.732	\$283	0.735	\$301	6.5%
63	GHMSI			5,118	22%	2,782	26%	4%	0.742	\$364	0.760	\$417	14.5%
64	Subtotal:			23,000	100%	10,560	100%	0%	0.734	\$304	0.741	\$332	9.0%
65													
66	PPO/HMO Ratio:									1.29		1.38	
67	LOW RENEWAL (Minimum):												-13.3%
68	HIGH RENEWAL (Maximum):												25.8%
69													
70													

***Exiting these plans in 2016

2016 ACA
Combined SRP MORBIDITY - DC

1	2	3	4	5 6 7 8				9 10 11 12				15 16 17 18				19 20 21 22				23		
				2013 Single Risk Pool for 2015 Rates				2014 Single Risk Pool for 2016 Rates				2016 FILING										
				2015	2013	2013	2014	2014	2014	2014	2/28/15	LifeID	2014	2014	2016	ALW	Ratio to	2016	ALW	Ratio to		
				Ave.	Claims	Ratio to	Ave.	ALW	Claims	Ratio to	Members	Data	ALW	Ratio to	Members	Claims	CF	Members	Claims	CF		
				Members	%	PMPM	Members	%	PMPM	ACA	%	Available	Sight	PMPM	ACA	Members	%	PMPM	ACA	Members	%	
	CFI																					
1	CF	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	1.287	
2	CF	IND64- PPACA/Non-Metaled						2,239	4%	\$340	0.920	0				0.000		0			0.000	
3		Small Group 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		SRP Subtotal		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																						
6	CF	IND64- GF	UW, HIPAA, GC, QTC	1,100	1%	\$644	1.74															
7																						
10	CF	SG		500	1%	\$398	1.08	437	1%	\$540	1.461	681	1%	521	77%	\$534	1.444	715	1%	\$534	1.444	
11	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	
12																						
13		OTHER																				
14		Competitors	IND64-	4,600	5%	\$370	1.00															
15		51-100 FTE																				
16		Congress		10,100	11%	\$324	0.88											8,624	11%	\$494	1.336	
17																						
18		Uninsured FPL 100% - 138%	\$11,670	New Entrants	0	0%																
19		Uninsured FPL 138% - 200%	\$16,105	New Entrants	0	0%																
20		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
21																						
22		Other		0	0%		1.00	0	0%			0	0%			0.00		0	0%		0.00	
23		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	
24																						
25																						
26																						
27																						
28																						
29																						
30																						
31																						
32																						
33																						
34																						
37																						
38																						
39																						
40																						
41																						
42																						
43																						
44																						
45																						
46																						
47																						
48																						
49																						
50																						
51																						
52																						
53																						
54																						
55																						
56																						
57																						
58																						
59																						
60																						
61																						
64																						
65																						
66																						
67																						
68																						
69																						
70																						
71																						
72																						
73																						
74																						
75																						
76																						
77																						
78																						
79																						

Group Hospitalization & Medical Services, Inc. (GHMSI)
DC Individual Exchange Products Rates Effective 1/1/2016
BluePreferred Projected Morbidity

2016 Change in Morbidity Projection						
		2014 Actual		2016 Projected		
		Risk Score	Average Members	Risk Score	Projected Members	Δ
IND64-	ACA/Metaled	1.24	728	1.22	750	
IND64-	PPACA/Non-Metaled	0.67	1,654			
Small Group	PPACA/ACA/Congress	1.14	39,461	1.14	32,355	
MHIP		2.57	2	1.58	5	
Small Group		2.44	98	1.99	182	
Large Group		2.59	45	2.60	77	
Other	51-100 FTE			1.37	3,928	
Congress						
Other	Uninsured	1.56	737	1.56	2,704	
Grand Total Single Risk Pool		1.13	42,726	1.20	40,000	5.9%

Group Hospitalization & Medical Services, Inc. (GHMSI)
D.C. Individual & Small Group Products - Rate Filing Effective 1/1/2014
GHMSI D.C. Individual Non-Medigap & Small Group Allowed PMPM Projection (Includes EHB and Non-EHB Claims) - Non-Grandfathered Business Only - 1/1/2015 (MERGED)

	Begin	End	Mid-point	Months of Trend		
Experience Period	1/1/2014	12/31/2014	7/1/2014		pd through	2/28/2015
Rating Period	1/1/2016	12/31/2016	6/30/2016	24.0		
Experience Period Summary	Total					
Experience Period Premiums	\$	233,946,407				
MLR Rebates	\$	-				
Net Experience Period Premiums	\$	233,946,407	233.9			
Experience Period Paid Claims (Non-Capitated)	\$	199,294,998				
Completion Factor		0.99				
Experience Period Incurred Claims (Non-Capitated)	\$	201,550,409				
Capitations	\$	647,160				
Rx Rebates	\$	(5,342,431)				
Other Manual Claims	\$	-				
Total Experience Period Claims	\$	196,855,138	196.9	84.2%		
Experience Period Loss Ratio (Before MLR Rebates)		84.15%				
Experience Period Loss Ratio (After MLR Rebates)		84.15%				
Experience Period Loss Ratio (System Claims Only)		86.15%				
Experience Period Member Months		512,656				
Average Members		42,721				
End of Experience Period Contracts		21,579				
End of Experience Period Members		38,192				
Experience Period Allowed Claims (Non-Capitated)	\$	228,912,864				
Adjustments	\$	(4,695,271)				
Total Adjusted EP Allowed Claims	\$	224,217,593				
EP Paid / Allowed Ratio		87.8%				

Service Category Level Projection

Service Category Experience Period Allowed	Utilization Measure	EP Units	EP Allowed \$	Other	Rx Rebates	Net Allowed
Inpatient	Admits	2,454	\$ 40,005,763	\$ -	\$ -	\$ 40,005,763
Outpatient	Visits	37,641	\$ 47,122,116	\$ -	\$ -	\$ 47,122,116
Professional	Visits	452,011	\$ 74,124,676	\$ -	\$ -	\$ 74,124,676
Other	Services	47,470	\$ 13,002,211	\$ -	\$ -	\$ 13,002,211
Rx	Scripts	399,767	\$ 54,658,099	\$ -	\$ (5,342,431)	\$ 49,315,668
Capitation	Average Members	42,721	\$ 647,160	\$ -	\$ -	\$ 647,160
Total			\$ 229,560,024	\$ -	\$ (5,342,431)	\$ 224,217,593
PMPM			\$ 447.79	\$ -	\$ (10.42)	\$ 437.36
						Non-EHB Claims In Experience PMPM *** \$ 2.92
						EP Index Rate for EHB \$ 434.44

Annual Trend Inputs	
Cost Trend	Utilization Trend
7.0%	0.0%
3.5%	3.0%
2.5%	1.0%
4.0%	2.0%
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 Annual Trend
		Util / 1000	Unit Cost	PMPM	Population Risk / Morbidity*	Other	Util / 1000				Unit Cost		
Inpatient	Admits	57.43	\$ 16,305.46	\$ 78.04	1.059	0.987	1.145	1.000	1.20	60.82	\$ 18,430.01	\$ 93.41	7.0%
Outpatient	Visits	881.08	\$ 1,251.88	\$ 91.92	1.059	0.987	1.071	1.061	1.19	989.89	\$ 1,323.94	\$ 109.21	6.6%
Professional	Visits	10,580.46	\$ 163.99	\$ 144.59	1.059	1.009	1.051	1.020	1.15	11,429.92	\$ 173.91	\$ 165.65	3.5%
Other	Services	1,111.16	\$ 273.90	\$ 25.36	1.059	1.070	1.082	1.040	1.28	1,224.26	\$ 317.05	\$ 32.35	6.1%
Rx	Scripts	9,357.55	\$ 123.36	\$ 96.20	1.059	0.955	1.277	1.000	1.29	9,909.65	\$ 150.41	\$ 124.21	13.0%
Capitation	Benefit Period	1,000.00	\$ 15.15	\$ 1.26	1.000	0.763	1.000	1.000	0.76	1,000.00	\$ 11.56	\$ 0.96	0.0%
Total				\$ 437.36								\$ 525.79	7.0%
												\$ 3.07	
												\$ 522.72	

* Please refer to pages 19, 9-10 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.

ACA ALLOWED - TREND ANALYSIS SUMMARY - DC GHMSI

1	2	3	4	5	6	7	8	9	10	11	12	13
2015 FILING							2016 FILING					
GHMSI - DC		Allowed Claims	%	Cost	Utilization	Claims	EXPERIENCE PERIOD		PROJECTED			vs 2014 Δ
				Trend	Trend	Trend	Allowed Claims	%	Trend	Trend	Trend	
Inpatient	Hospital	\$32,308,552	17%	5.0%	0.0%	5.0%	\$40,005,763	17%	7.0%	0.0%	7.0%	2.0%
Outpatient	Hospital	\$38,455,250	20%	8.0%	2.0%	10.2%	\$47,122,116	21%	3.5%	3.0%	6.6%	-3.6%
Professional		\$63,889,209	33%	2.5%	2.5%	5.1%	\$74,124,676	32%	2.5%	1.0%	3.5%	-1.5%
Other	Non-Capitated Ambulance	\$9,933,413	5%	10.0%	6.0%	16.6%	\$13,002,211	6%	4.0%	2.0%	6.1%	-10.5%
	Home Health											
	DME											
	Prosthetics											
	Supplies											
	Vision Exams											
	Dental Services											
	Other Services											
Medical	Subtotal (Clms-Wgtd):	\$144,586,425	75%	5.0%	2.0%	7.2%	\$174,254,765	76%	3.9%	1.4%	5.3%	-1.9%
Rx	Claims-Weighted	\$48,650,833	25%	7.5%	-1.5%	5.9%	\$54,658,099	24%	13.0%	0.0%	13.0%	7.1%
Total	Claims Weighted	\$193,237,257	100%	5.7%	1.2%	6.9%	\$228,912,864	100%	6.0%	1.0%	7.0%	0.1%
Weighted Total DC (BC & GHMSI)											7.0%	

Group Hospitalization & Medical Services, Inc. (GHMSI)
DC Individual Exchange Products Rates Effective 1/1/2016
Reinsurance Estimate

BC Benefit Factor Modeling

Base 2013 MSGR CPD

PMPM	\$	280.88
	\$	280.88
	99.92%	\$ 3,370.57

Projected 2015 Total CPD

Proj PMPM	\$	401.12	From DICR tabs
Calc PMPM	\$	400.19	Computed from assume reins
	100.00%	\$ 4,802.22	distribution

	Frequency	Total Paid	Frequency	Total Paid	Reinsured
No Claims	18.56%	\$ -	-13.09%	\$ -	\$ -
\$ 0 - \$ 49	3.50%	\$ 19.65	4.86%	\$ 20.14	\$ -
\$ 50 - \$ 99	3.29%	\$ 78.28	4.57%	\$ 80.24	\$ -
\$ 100 - \$ 149	3.86%	\$ 124.83	5.37%	\$ 127.95	\$ -
\$ 150 - \$ 199	3.27%	\$ 174.47	4.55%	\$ 178.83	\$ -
\$ 200 - \$ 249	2.85%	\$ 225.38	3.96%	\$ 231.01	\$ -
\$ 24,000 - \$ 24,999	0.13%	\$ 24,578.29	0.17%	\$ 25,192.75	\$ -
\$ 25,000 - \$ 29,999	0.49%	\$ 27,509.24	0.68%	\$ 28,196.98	\$ -
\$ 30,000 - \$ 34,999	0.35%	\$ 32,446.11	0.49%	\$ 33,257.27	\$ -
\$ 35,000 - \$ 39,999	0.27%	\$ 37,474.94	0.38%	\$ 38,411.81	\$ -
\$ 40,000 - \$ 44,999	0.19%	\$ 42,497.79	0.27%	\$ 43,560.23	\$ -
\$ 45,000 - \$ 49,999	0.15%	\$ 47,627.49	0.20%	\$ 48,818.17	\$ -
\$ 50,000 - \$ 54,999	0.12%	\$ 52,595.92	0.16%	\$ 53,910.82	\$ -
\$ 55,000 - \$ 59,999	0.10%	\$ 57,587.06	0.14%	\$ 59,026.74	\$ -
\$ 60,000 - \$ 64,999	0.08%	\$ 62,670.17	0.12%	\$ 64,236.93	\$ -
\$ 65,000 - \$ 69,999	0.06%	\$ 67,656.07	0.09%	\$ 69,347.47	\$ -
\$ 70,000 - \$ 74,999	0.05%	\$ 72,784.83	0.07%	\$ 74,604.45	\$ 2,302.23
\$ 75,000 - \$ 79,999	0.04%	\$ 77,675.06	0.06%	\$ 79,616.93	\$ 4,808.47
\$ 80,000 - \$ 84,999	0.04%	\$ 82,894.46	0.05%	\$ 84,966.82	\$ 7,483.41
\$ 85,000 - \$ 89,999	0.03%	\$ 87,825.27	0.04%	\$ 90,020.90	\$ 10,010.45
\$ 90,000 - \$ 94,999	0.03%	\$ 92,957.06	0.04%	\$ 95,280.98	\$ 12,640.49
\$ 95,000 - \$ 99,999	0.03%	\$ 97,721.12	0.04%	\$ 100,164.14	\$ 15,082.07
\$100,000 - \$104,999	0.02%	\$ 103,261.63	0.03%	\$ 105,843.17	\$ 17,921.59
\$105,000 - \$109,999	0.02%	\$ 107,835.25	0.03%	\$ 110,531.13	\$ 20,265.57
\$110,000 - \$114,999	0.02%	\$ 113,176.34	0.03%	\$ 116,005.75	\$ 23,002.88
\$115,000 - \$119,999	0.01%	\$ 117,663.98	0.02%	\$ 120,605.58	\$ 25,302.79
\$120,000 - \$124,999	0.02%	\$ 123,001.76	0.02%	\$ 126,076.80	\$ 28,038.40
\$125,000 - \$129,999	0.01%	\$ 127,981.00	0.02%	\$ 131,180.53	\$ 30,590.26
\$130,000 - \$134,999	0.01%	\$ 133,624.21	0.02%	\$ 136,964.82	\$ 33,482.41
\$135,000 - \$139,999	0.01%	\$ 137,757.12	0.01%	\$ 141,201.05	\$ 35,600.53
\$140,000 - \$144,999	0.01%	\$ 142,633.69	0.02%	\$ 146,199.53	\$ 38,099.77
\$145,000 - \$149,999	0.01%	\$ 147,890.87	0.02%	\$ 151,588.14	\$ 40,794.07
\$150,000 - \$154,999	0.01%	\$ 153,070.20	0.01%	\$ 156,896.96	\$ 43,448.48
\$155,000 - \$159,999	0.01%	\$ 157,927.92	0.01%	\$ 161,876.12	\$ 45,938.06
\$160,000 - \$164,999	0.01%	\$ 163,808.96	0.01%	\$ 167,904.18	\$ 48,952.09
\$165,000 - \$169,999	0.01%	\$ 167,769.12	0.01%	\$ 171,963.34	\$ 50,981.67
\$170,000 - \$174,999	0.01%	\$ 172,068.51	0.01%	\$ 176,370.22	\$ 53,185.11
\$175,000 - \$179,999	0.00%	\$ 178,392.63	0.00%	\$ 182,852.45	\$ 56,426.22
\$180,000 - \$184,999	0.00%	\$ 184,483.77	0.01%	\$ 189,095.87	\$ 59,547.93
\$185,000 - \$189,999	0.00%	\$ 189,160.14	0.01%	\$ 193,889.14	\$ 61,944.57
\$190,000 - \$194,999	0.00%	\$ 192,795.68	0.00%	\$ 197,615.57	\$ 63,807.79
\$195,000 - \$199,999	0.00%	\$ 197,706.50	0.01%	\$ 202,649.16	\$ 66,324.58
\$200,000 - \$204,999	0.00%	\$ 202,424.91	0.01%	\$ 207,485.54	\$ 68,742.77
\$205,000 - \$209,999	0.00%	\$ 209,467.86	0.00%	\$ 214,704.56	\$ 72,352.28
\$210,000 - \$214,999	0.00%	\$ 214,030.78	0.00%	\$ 219,381.55	\$ 74,690.77
\$215,000 - \$219,999	0.00%	\$ 220,014.30	0.01%	\$ 225,514.65	\$ 77,757.33
\$220,000 - \$224,999	0.00%	\$ 223,270.38	0.00%	\$ 228,852.14	\$ 79,426.07
\$225,000 - \$229,999	0.00%	\$ 230,287.35	0.00%	\$ 236,044.54	\$ 83,022.27
\$230,000 - \$234,999	0.00%	\$ 233,979.65	0.00%	\$ 239,829.15	\$ 84,914.57
\$235,000 - \$239,999	0.00%	\$ 241,934.50	0.00%	\$ 247,982.86	\$ 88,991.43
\$240,000 - \$244,999	0.00%	\$ 245,076.41	0.00%	\$ 251,203.32	\$ 90,000.00
\$245,000 - \$249,999	0.00%	\$ 244,035.39	0.00%	\$ 250,136.27	\$ 90,000.00
\$250,000 - \$254,999	0.00%	\$ 254,077.38	0.00%	\$ 260,429.31	\$ 90,000.00
\$255,000 - \$259,999	0.00%	\$ 258,268.42	0.00%	\$ 264,725.13	\$ 90,000.00
\$260,000 - \$264,999	0.00%	\$ 263,897.19	0.00%	\$ 270,494.61	\$ 90,000.00
\$265,000 - \$269,999	0.00%	\$ 268,043.00	0.00%	\$ 274,744.08	\$ 90,000.00
\$270,000 - \$274,999	0.00%	\$ 275,786.33	0.00%	\$ 282,680.98	\$ 90,000.00
\$275,000 - \$279,999	0.00%	\$ 277,849.94	0.00%	\$ 284,796.18	\$ 90,000.00
\$280,000 - \$284,999	0.00%	\$ 283,203.22	0.00%	\$ 290,283.30	\$ 90,000.00
\$285,000 - \$289,999	0.00%	\$ 287,482.62	0.00%	\$ 294,669.68	\$ 90,000.00
\$290,000 - \$294,999	0.00%	\$ 293,362.02	0.00%	\$ 300,696.07	\$ 90,000.00
\$295,000 - \$299,999	0.00%	\$ 298,293.04	0.00%	\$ 305,750.37	\$ 90,000.00
\$300,000 - \$9,999,999	0.03%	\$ 460,496.96	0.04%	\$ 472,009.38	\$ 90,000.00

% Claims (DICR)

Reinsurance Recoveries	\$	17.06	4.3%
Less Reinsurance Contribution		(\$2.25)	
Less Reinsurance Administration Fee		(\$0.01)	
Net Reinsurance for Plan Derivation Tab	\$	14.80	3.7%

CFI, Inc.
 DC Individual On Exchange Products Rates Effective 1/1/2016
 Calculation for Risk Adjustment Factor

		(1)	(2)	(3)	(4)	(5)	(6)
	Year	Projected Index Rate	Risk Adjustment % of Prem	Paid Claims x Reins	Fixed \$ Admin	Paid Claim x Reins + Fixed \$ Admin = (3) + (4)	Index Rate Adjustment = ((5)*(1-(2))-(4)) / (3)
BlueChoice	2016	\$ 372.88	5.0%	\$224.24	\$66.02	\$290.26	1.065
GHMSI	2016	\$ 522.72	-8.0%	\$388.42	\$ 87.80	\$476.22	0.901

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

	1	2	3	4
		Ind 64- DC GHMSI Projected 2016 PMPM	%	\$
TRADITIONAL LOSS RATIO				
Allowed Claims & Captns (EHB Only)	Medical	\$ 398.51		
	RX	\$ 124.21		
	TOTAL	\$ 522.72		
Allowed Claims & Captns (EHB & Non-EHB)	Medical	\$ 401.35		
	RX	\$ 124.21		
	TOTAL	\$ 525.55		
Projected EMMs		39,846		
Average Members		3,321		
Paid/Allowed Ratio		76.7%		
Paid Claims & Captns		\$ 403.30		
"3Rs"				
Risk Corridor		n/a		
Risk Adjustment/Transfer (Paid Claims Basis)		\$ (38.27)		
Reinsurance Recoveries (State & Federal) (Individual Only, Paid Claims Basis)		\$ (14.88)		
Subtotal:		\$ (53.15)		
Paid Claims & Captns (Post-3Rs)		\$ 350.14	73.8%	\$ 13,951,737
Administrative Expense		\$ 61.32	12.9%	\$ 2,443,357
Broker Commissions & Fee		\$ 15.40	3.2%	\$ 613,612
Contribution to Reserve (CTR) - Post-FIT		\$ 7.59	1.6%	\$ 302,310
Investment Income Credit		\$ (0.00)	0.0%	\$ (18)
Non-ACA Taxes & Fees				
State Premium Tax		\$ 9.48	2.0%	\$ 377,887
State Assessment Fees		\$ 0.21	0.0%	\$ 8,194
State Income Tax (SIT)		\$ -	0.0%	\$ -
Federal Income Tax (FIT)		\$ 1.90	0.4%	\$ 75,577
ACA Taxes & Fees				
Health Insurer Fee		\$ 12.33	2.6%	\$ 491,253
Risk Adjustment User Fee		\$ 0.15	0.0%	\$ 5,977
Exchange Assessment Fee		\$ 4.74	1.0%	\$ 188,944
Exchange User Fees (FEs Only)		\$ -	0.0%	\$ -
Patient-Centered Outcomes Research Institute (PCORI) Tax		\$ 0.18	0.0%	\$ 7,189
BlueRewards/Incentive Program-Medical Debit Cards		\$ 10.75	2.3%	\$ 428,345
Other		\$ -	0.0%	\$ -
TOTAL		\$ 474.18	100.0%	\$ 18,894,363
Contribution to Reserve (CTR) - Pre-FIT			2.0%	
FHCR MEDICAL LOSS RATIO				
Risk Adjustment		\$ (38.11)		\$ (1,518,549)
Reinsurance Receipts		\$ (17.06)		\$ (679,966)
BlueRewards/Incentive Program-Medical Debit Cards		\$ 10.75		\$ 428,345
Quality Improvement Expenses (net after MLR reclass from care)		\$ 5.08		\$ 202,327
Removal of costs which we book as care, but are not considered care under MLR guidelines (including ITS fees)		\$ (3.88)		\$ (154,643)
Numerator (Claims) Adjustment		\$ (43.23)		\$ (1,722,487)
Non-ACA: Taxes & Regulatory Fees	State Premium Tax	\$ 9.48		\$ 377,887
	State Assmt Fee	\$ 0.21		\$ 8,194
	State Income Tax	\$ -		\$ -
	Federal Income Tax	\$ 1.90		\$ 75,577
ACA: Taxes & Regulatory Fees	Health Insurer Fee	\$ 12.33		\$ 491,253
	Reinsurance Contribution	\$ 2.25		\$ 89,654
	Reinsurance Admin. Fee	\$ 0.01		\$ 564
	Risk Adj User Fees	\$ 0.15		\$ 5,977
	Exchange Assessment Fee	\$ 4.74		\$ 188,944
	Exchange User Fee	\$ -		\$ -
	PCORI	\$ 0.18		\$ 7,189
Denominator (Premium) Adjustment		\$ 31.25		\$ 1,245,239
FHCR Claims		\$ 360.07		\$ 14,347,250
FHCR MLR Premium		\$ 442.93		\$ 17,649,124
FHCR Loss Ratio		81.3%		

CareFirst BlueCross BlueShield (GHMSI)
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 GHMSI Projected 1Q16			SG DC GHMSI Projected 2Q16			SG DC GHMSI Projected 3Q16			SG DC GHMSI Projected 4Q16			SG DC GHMSI Projected 2016			
	PMPM	%	\$s	PMPM	%	\$s	PMPM	%	\$s	PMPM	%	\$s	PMPM	%	\$s	
TRADITIONAL LOSS RATIO																
Allowed Claims & Captns (EHB Only)	Medical \$ 398.51			\$ 403.76			\$ 409.05			\$ 414.43			\$ 409.23			
	RX \$ 124.21			\$ 128.06			\$ 132.04			\$ 136.13			\$ 132.22			
TOTAL	\$ 522.72			\$ 531.82			\$ 541.09			\$ 550.56			\$ 541.46			
Allowed Claims & Captns (EHB & Non-EHB)	Medical \$ 401.49			\$ 406.78			\$ 412.11			\$ 417.53			\$ 412.29			
	RX \$ 124.21			\$ 128.06			\$ 132.04			\$ 136.13			\$ 132.22			
TOTAL	\$ 525.70			\$ 534.84			\$ 544.15			\$ 553.66			\$ 544.52			
Projected EMMs	96,252			39,324			89,700			243,396			468,672			
Average Members	8,021			3,277			7,475			20,283			39,056			
%	21%			8%			19%			52%			100%			
Paid/Allowed Ratio	92.4%			92.4%			92.4%			92.4%			92.4%			
Paid Claims & Captns	\$ 485.76			\$ 494.20			\$ 502.84			\$ 511.59			\$ 503.15			
"3Rs"																
Risk Corridor	n/a			n/a			n/a			n/a			n/a			
Risk Adjustment/Transfer (Paid Claims Basis)	\$ (38.68)		(\$3,722,645)	\$ (39.35)		(\$1,547,338)	\$ (40.04)		(\$3,591,373)	\$ (40.74)		(\$9,914,883)	\$ (40.06)		(\$18,776,239)	
Reinsurance Recoveries (State & Federal) (Individual Only, Paid Claims Basis)	\$ -		\$0	\$ -		\$0	\$ -		\$0	\$ -		\$0	\$ -		\$0	
Subtotal:	\$ (38.68)		(\$3,722,645)	\$ (39.35)		(\$3,787,366)	\$ (40.04)		(\$3,853,700)	\$ (40.74)		(\$3,920,883)	\$ (32.61)		(\$15,284,594)	
Paid Claims & Captns (Post-3Rs)	\$ 447.09	74.7%	\$ 43,032,932	\$454.85	74.9%	\$ 17,886,417	\$462.80	75.1%	\$ 41,513,319	\$ 470.86	75.3%	\$ 114,604,882	\$ 463.09	75.1%	\$ 217,037,550	
Administrative Expense	\$ 46.34	7.7%	\$ 4,460,356	\$ 46.34	7.6%	\$ 1,822,290	\$ 46.34	7.5%	\$ 4,156,734	\$ 46.34	7.4%	\$ 11,279,068	\$ 46.34	7.5%	\$ 21,718,448	
Broker Commissions & Fee	\$ 30.59	5.1%	\$ 2,944,763	\$ 30.59	5.0%	\$ 1,203,090	\$ 30.59	5.0%	\$ 2,744,309	\$ 30.59	4.9%	\$ 7,446,530	\$ 30.59	5.0%	\$ 14,338,692	
Contribution to Reserve (CR) - Post-FIT	\$ 19.15	3.2%	\$ 1,843,302	\$ 19.43	3.2%	\$ 764,224	\$ 19.72	3.2%	\$ 1,769,249	\$ 20.02	3.2%	\$ 4,872,311	\$ 19.73	3.2%	\$ 9,249,087	
Investment Income Credit	\$ (0.00)	0.0%	\$ (56)	\$ (0.00)	0.0%	\$ (23)	\$ (0.00)	0.0%	\$ (54)	\$ (0.00)	0.0%	\$ (148)	\$ (0.00)	0.0%	\$ (281)	
Non-ACA Taxes & Fees																
State Premium Tax	\$ 11.97	2.0%	\$ 1,152,064	\$ 12.15	2.0%	\$ 477,640	\$ 12.33	2.0%	\$ 1,105,781	\$ 12.51	2.0%	\$ 3,045,195	\$ 12.33	2.0%	\$ 5,780,679	
State Assessment Fees	\$ 0.69	0.1%	\$ 66,228	\$ 0.70	0.1%	\$ 27,458	\$ 0.71	0.1%	\$ 63,568	\$ 0.72	0.1%	\$ 175,058	\$ 0.71	0.1%	\$ 332,312	
State Income Tax (SIT)	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	
Federal Income Tax (FIT)	\$ 4.79	0.8%	\$ 460,826	\$ 4.86	0.8%	\$ 191,056	\$ 4.93	0.8%	\$ 442,312	\$ 5.00	0.8%	\$ 1,218,078	\$ 4.93	0.8%	\$ 2,312,272	
ACA Taxes & Fees																
Health Insurer Fee	\$ 15.56	2.6%	\$ 1,497,683	\$ 15.79	2.6%	\$ 620,932	\$ 16.03	2.6%	\$ 1,437,515	\$ 16.26	2.6%	\$ 3,958,753	\$ 16.03	2.6%	\$ 7,514,883	
Reinsurance Contribution	\$ 2.25	0.4%	\$ 216,567	\$ 2.25	0.4%	\$ 88,479	\$ 2.25	0.4%	\$ 201,825	\$ 2.25	0.4%	\$ 547,641	\$ 2.25	0.4%	\$ 1,054,512	
Reinsurance Administrative Fee	\$ 0.01	0.0%	\$ 1,364	\$ 0.01	0.0%	\$ 557	\$ 0.01	0.0%	\$ 1,271	\$ 0.01	0.0%	\$ 3,448	\$ 0.01	0.0%	\$ 6,640	
Risk Adjustment User Fee	\$ 0.15	0.0%	\$ 14,438	\$ 0.15	0.0%	\$ 5,899	\$ 0.15	0.0%	\$ 13,455	\$ 0.15	0.0%	\$ 36,509	\$ 0.15	0.0%	\$ 70,301	
Exchange Assessment Fee	\$ 5.98	1.0%	\$ 576,032	\$ 6.07	1.0%	\$ 238,820	\$ 6.16	1.0%	\$ 552,890	\$ 6.26	1.0%	\$ 1,522,597	\$ 6.17	1.0%	\$ 2,890,340	
Exchange User Fees (FEs Only)	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	
Patient-Centered Outcomes Research Institute (PCORI) Tax	\$ 0.19	0.0%	\$ 18,047	\$ 0.19	0.0%	\$ 7,373	\$ 0.19	0.0%	\$ 16,819	\$ 0.19	0.0%	\$ 47,270	\$ 0.19	0.0%	\$ 89,509	
BlueRewards/Incentive Program-Medical Debit Cards	\$ 13.70	2.3%	\$ 1,318,657	\$ 13.93	2.3%	\$ 547,798	\$ 14.16	2.3%	\$ 1,270,035	\$ 14.39	2.3%	\$ 3,502,535	\$ 14.17	2.3%	\$ 6,639,025	
Other	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	
TOTAL	\$ 598.46	100.0%	\$ 57,603,203	\$ 607.31	100.0%	\$ 23,882,010	\$ 616.38	100.0%	\$ 55,289,026	\$ 625.56	100.0%	\$ 152,259,727	\$ 616.71	100.0%	\$ 289,033,967	
Contribution to Reserve (CR) - Pre-FIT		4.0%			4.0%			4.0%			4.0%			4.0%		
FHCR MEDICAL LOSS RATIO																
Risk Adjustment	\$ (42.84)		\$ (4,123,209)	\$ (43.58)		\$ (1,713,835)	\$ (44.35)		\$ (3,977,813)	\$ (45.12)		\$ (10,981,746)	\$ (44.37)		\$ (20,796,603)	
Reinsurance Receipts (Individual Only)	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	
BlueRewards/Incentive Program-Medical Debit Cards	\$ 13.70		\$ 1,318,657	\$ 13.93		\$ 547,798	\$ 14.16		\$ 1,270,035	\$ 14.39		\$ 3,502,535	\$ 14.17		\$ 6,639,025	
Quality Improvement Expenses	\$ 7.71		\$ 741,631	\$ 7.71		\$ 302,995	\$ 7.71		\$ 691,147	\$ 7.71		\$ 1,875,390	\$ 7.71		\$ 3,611,163	
Removal of costs which we book as care, but are not considered care under MLR guidelines (including ITS fees)	\$ (9.81)		\$ (944,392)	\$ (9.81)		\$ (385,834)	\$ (9.81)		\$ (880,106)	\$ (9.81)		\$ (2,388,119)	\$ (9.81)		\$ (4,598,450)	
Numerator (Claims) Adjustment	\$ (31.24)		\$ (3,007,314)	\$ (31.76)		\$ (1,248,876)	\$ (32.29)		\$ (2,896,737)	\$ (32.84)		\$ (7,991,940)	\$ (32.31)		\$ (15,144,866)	
Non-ACA: Taxes & Regulatory Fees	State Premium Tax \$ 11.97		\$ 1,152,064	\$ 12.15		\$ 477,640	\$ 12.33		\$ 1,105,781	\$ 12.51		\$ 3,045,195	\$ 12.33		\$ 5,780,679	
	State Assmt Fee \$ 0.69		\$ 66,228	\$ 0.70		\$ 27,458	\$ 0.71		\$ 63,568	\$ 0.72		\$ 175,058	\$ 0.71		\$ 332,312	
	State Income Tax \$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	
	Federal Income Tax \$ 4.79		\$ 460,826	\$ 4.86		\$ 191,056	\$ 4.93		\$ 442,312	\$ 5.00		\$ 1,218,078	\$ 4.93		\$ 2,312,272	
ACA: Taxes & Regulatory Fees	Health Insurer Fee \$ 15.56		\$ 1,497,683	\$ 15.79		\$ 620,932	\$ 16.03		\$ 1,437,515	\$ 16.26		\$ 3,958,753	\$ 16.03		\$ 7,514,883	
	Reinsurance Contribution \$ 2.25		\$ 216,567	\$ 2.25		\$ 88,479	\$ 2.25		\$ 201,825	\$ 2.25		\$ 547,641	\$ 2.25		\$ 1,054,512	
	Reinsurance Admin. Fee \$ 0.01		\$ 1,364	\$ 0.01		\$ 557	\$ 0.01		\$ 1,271	\$ 0.01		\$ 3,448	\$ 0.01		\$ 6,640	
	Risk Adj User Fees \$ 0.15		\$ 14,438	\$ 0.15		\$ 5,899	\$ 0.15		\$ 13,455	\$ 0.15		\$ 36,509	\$ 0.15		\$ 70,301	
	Exchange Assessment Fee \$ 5.98		\$ 576,032	\$ 6.07		\$ 238,820	\$ 6.16		\$ 552,890	\$ 6.26		\$ 1,522,597	\$ 6.17		\$ 2,890,340	
	Exchange User Fee \$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	
	PCORI \$ 0.19		\$ 18,047	\$ 0.19		\$ 7,373	\$ 0.19		\$ 16,819	\$ 0.19		\$ 47,270	\$ 0.19		\$ 89,509	
Denominator (Premium) Adjustment	\$ 41.59		\$ 4,003,249	\$ 42.17		\$ 1,658,215	\$ 42.76		\$ 3,835,435	\$ 43.36		\$ 10,554,549	\$ 42.78		\$ 20,051,447	
FHCR Claims	\$ 454.52		\$ 43,748,263	\$ 462.44		\$ 18,184,879	\$ 470.55		\$ 42,207,956	\$ 478.76		\$ 116,527,825	\$ 470.84		\$ 220,668,924	
FHCR MLR Premium	\$ 556.87		\$ 53,599,954	\$ 565.15		\$ 22,223,796	\$ 573.62		\$ 51,453,592	\$ 582.20		\$ 141,705,178	\$ 573.92		\$ 268,982,520	
FHCR Loss Ratio	81.6%			81.8%			82.0%			82.2%			82.0%			

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

	1	2	3	4
		SG & Ind DC GHMSI Projected 2016		
		PMPM	%	\$
TRADITIONAL LOSS RATIO				
1 Allowed Claims & Captns (EHB Only)	Medical \$	408.39		
2	RX \$	131.59		
3	TOTAL \$	539.99		
4				
5 Allowed Claims & Captns (EHB & Non-EHB)	Medical \$	411.44		
6	RX \$	131.59		
7	TOTAL \$	543.03		
8				
9 Projected EMMs		508,518		
10 Average Members		42,377		
11				
12 Paid/Allowed Ratio		91.2%		
13 Paid Claims & Captns	\$	495.33		
14				
15 "3Rs"				
16 Risk Corridor		n/a		
17 Risk Adjustment/Transfer (Paid Claims Basis)	\$	(39.92)		
18 Reinsurance Recoveries (State & Federal) (Individual Only, Paid Claims Basis)	\$	(1.17)		
19 Subtotal:	\$	(41.09)		
20				
21 Paid Claims & Captns (Post-3Rs)	\$	454.24	75.0%	\$ 230,989,287
22 Administrative Expense	\$	47.51	7.8%	\$ 24,161,805
23 Broker Commissions & Fee	\$	29.40	4.9%	\$ 14,952,304
24 Contribution to Reserve (CTR) - Post-FIT	\$	18.78	3.1%	\$ 9,551,397
25 Investment Income Credit	\$	(0.00)	0.0%	\$ (300)
26				
27 Non-ACA Taxes & Fees				
28 State Premium Tax	\$	12.11	2.0%	\$ 6,158,567
29 State Assessment Fees	\$	0.67	0.1%	\$ 340,505
30 State Income Tax (SIT)	\$	-	0.0%	\$ -
31 Federal Income Tax (FIT)	\$	4.70	0.8%	\$ 2,387,849
32				
33 ACA Taxes & Fees				
34 Health Insurer Fee	\$	15.74	2.6%	\$ 8,006,137
35 Reinsurance Contribution	\$	2.07	0.3%	\$ 1,054,512
36 Reinsurance Administrative Fee	\$	0.01	0.0%	\$ 6,640
37 Risk Adjustment User Fee	\$	0.15	0.0%	\$ 76,278
38 Exchange Assessment Fee	\$	6.06	1.0%	\$ 3,079,283
39 Exchange User Fees (FFEs Only)	\$	-	0.0%	\$ -
40 Patient-Centered Outcomes Research Institute (PCORI) Tax	\$	0.19	0.0%	\$ 96,698
41				
42 BlueRewards/Incentive Program-Medical Debit Cards	\$	13.90	2.3%	\$ 7,067,369
43				
44 Other	\$	-	0.0%	\$ -
45 TOTAL	\$	605.54	100.0%	\$ 307,928,330
46				
47 Contribution to Reserve (CTR) - Pre-FIT			4.0%	
48				
49 FHCR MEDICAL LOSS RATIO				
50 Risk Adjustment	\$	(43.88)		\$ (22,315,152)
51 Reinsurance Receipts (Individual Only)	\$	(1.34)		\$ (679,966)
52 BlueRewards/Incentive Program-Medical Debit Cards	\$	13.90		\$ 7,067,369
53 Quality Improvement Expenses	\$	7.50		\$ 3,813,490
54 Removal of costs which we book as care, but are not considered care under MLR guidelines (including ITS fees)	\$	(9.35)		\$ (4,753,093)
55 Numerator (Claims) Adjustment	\$	(33.17)		\$ (16,867,352)
56				
57 Non-ACA: Taxes & Regulatory Fees	State Premium Tax \$	12.11		\$ 6,158,567
58	State Assmt Fee \$	0.67		\$ 340,505
59	State Income Tax \$	-		\$ -
60	Federal Income Tax \$	4.70		\$ 2,387,849
61				\$ -
62 ACA: Taxes & Regulatory Fees	Health Insurer Fee \$	15.74		\$ 8,006,137
63	Reinsurance Contribution	\$ 52.25		\$ 1,144,166
64	Reinsurance Admin. Fee	\$ 50.01		\$ 7,204
65	Risk Adj User Fees	\$ 0.15		\$ 76,278
66	Exchange Assessment Fee	\$ 6.06		\$ 3,079,283
67	Exchange User Fee	\$ -		\$ -
68	PCORI	\$ 0.19		\$ 96,698
69 Denominator (Premium) Adjustment	\$	41.88		\$ 21,296,686
70				
71 FHCR Claims	\$	462.16		\$ 235,016,174
72 FHCR MLR Premium	\$	563.66		\$ 286,631,644
73 FHCR Loss Ratio			82.0%	

**Group Hospitalization & Medical Services, Inc. (GHMSI)
DC Individual Exchange Products Rates Effective 1/1/2016**

IND64- DC GHMSI PLAN LEVEL DERIVATIONS

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22		
TOTAL		PROJ	Market-Level Adjustments (MLA)				Mkt-Adj	Plan-Level Adjustments (PLA)							Plan-Adj	Normalization/Calibration Allowable Rating Factors				Consumer			
2015 Projected		INDEX RATE	Reins.	Risk Adj	Exch User Fees	Cumul.	INDEX RATE	CF Pricing Value	CDH Factor	Induced Demand	Cost Share	Network & UM	Non-EHB	Catas	("HBS") Distrib & Admin	Cumul.	HHS AV	Age	Geo	Cumul.	Adjusted PREMIUM RATES		
Benefit Plan	EMMs	(ALW EHB)					(Post-MLA)								(Plan-Level)						1Q16		
Bronze Plans																							
BluePreferred PPO Standard Bronze \$4,500	9,873	25%	\$523	0.963	0.901	1.000	0.868	\$454	0.592	1.007	0.878	0.523	1.000	1.009	1.000	1.354	0.715	\$324	61.4%	0.880	1.000	0.880	\$285
Subtotal:	9,873	25%	\$523	0.963	0.901	1.000	0.868	\$454	0.592	1.007	0.878	0.523	1.000	1.009	1.000	1.354	0.715	\$324	61.4%	0.880	1.000	0.880	\$285
Silver Plans																							
BlueCross BlueShield Preferred 1600, a Multi-State Plan	5,446	14%	\$523	0.963	0.901	1.000	0.868	\$454	0.656	1.008	0.856	0.566	1.000	1.002	1.000	1.354	0.769	\$349	71.9%	0.880	1.000	0.880	\$307
BluePreferred PPO Standard Silver \$2,000	5,446	14%	\$523	0.963	0.901	1.000	0.868	\$454	0.680	1.008	1.007	0.690	1.000	1.007	1.000	1.354	0.942	\$427	70.4%	0.880	1.000	0.880	\$376
Subtotal:	10,892	27%	\$523	0.963	0.901	1.000	0.868	\$454	0.668	1.008	0.932	0.628	1.000	1.005	1.000	1.354	0.855	\$388	71.1%	0.880	1.000	0.880	\$341
Gold Plans																							
BlueCross BlueShield Preferred 750, a Multi-State Plan	4,084	10%	\$523	0.963	0.901	1.000	0.868	\$454	0.823	1.007	1.054	0.873	1.000	1.002	1.000	1.354	1.185	\$538	80.6%	0.880	1.000	0.880	\$473
BluePreferred PPO Standard Gold \$500	4,084	10%	\$523	0.963	0.901	1.000	0.868	\$454	0.823	1.007	1.054	0.874	1.000	1.006	1.000	1.354	1.190	\$540	80.2%	0.880	1.000	0.880	\$475
Subtotal:	8,168	20%	\$523	0.963	0.901	1.000	0.868	\$454	0.823	1.007	1.054	0.873	1.000	1.004	1.000	1.354	1.188	\$539	80.4%	0.880	1.000	0.880	\$474
Platinum Plans																							
BluePreferred PPO Standard Platinum \$0	10,913	27%	\$523	0.963	0.901	1.000	0.868	\$454	0.911	1.007	1.142	1.047	1.000	1.005	1.000	1.354	1.426	\$647	90.5%	0.880	1.000	0.880	\$569
Subtotal:	10,913	27%	\$523	0.963	0.901	1.000	0.868	\$454	0.911	1.007	1.142	1.047	1.000	1.005	1.000	1.354	1.426	\$647	90.5%	0.880	1.000	0.880	\$569
TOTAL:	39,846	100%	\$523	0.963	0.901	1.000	0.868	\$454	0.747	1.007	1.001	0.767	1.000	1.006	1.000	1.354	1.045	\$474	75.9%	0.880	1.000	0.880	\$417
Average:	3,321															73.8%							

22 Cost-Share Factor = Internal/Carrier-Specific Pricing AV, H.S.A/Non-H.S.A., Benefit Generosity/Induced Demand.
 23 Catastrophic Factor = Adjusting rate downwards for inaccuracy of compressed CMS "3:1" curve versus internal ratio of "4.5:1."
 24 Network = HMO Open Access and PPO/RPN.

Group Hospitalization & Medical Services, Inc. (GHMSI)
DC Individual Exchange Products Rates Effective 1/1/2016
Support for Utilization Impact Due to Change in Benefit Generosity on Small Group/Individual Combined

		Item Calculation
2013 AV	86.28%	(1)
2013 Induced Demand Factor	1.263	(2)
2014 AV	85.01%	(3)
2014 Induced Demand Factor	1.250	(4)
2 Year Buydown Implied in Utilization Trends	-2.0%	(5) = [(4)/(2)] ² - 1
2016 AV	83.66%	(6)
2016 Induced Demand Factor	1.237	(7)
Buydown Impact Implied by Base Period and Projected Average AVs	-1.1%	(8) = (7)/(4) - 1
Explicit Utilization Adjustment Needed*	0.9%	(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 certain level of “benefit buy-down” that has been experienced as groups / individuals have moved to less rich plans over time. This “buy-down” 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 2012 and 2013 we have derived the following “average AVs” to quantify the annual change in benefit richness implied in recent experience. Using the federal risk adjustment induced demand curve 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: Population Risk/Morbidity on the Allowed PMPM Projection tabs.

Group Hospitalization & Medical Services, Inc. (GHMSI)
DC Individual Exchange Products Rates Effective 1/1/2016
Calculation of Other Projection Factors

Ind<65	Projection Factor									
Service Category	Pediatric			Autism	Mandatory	Incentive	Utilization	Capitation		Total Other
	Maternity	Dental	Demographics	Benefit	Generics	Program	Adjustment	Adjustment	Rx Rebates	Projection Factor
Inpatient	1.000	1.000	1.008	1.000	1.000	0.978	1.000	1.000	1.000	0.985
Outpatient	1.000	1.000	1.008	1.000	1.000	0.978	1.000	1.000	1.000	0.985
Professional	1.000	1.000	1.008	1.009	1.000	0.978	1.000	1.002	1.000	0.996
Other	1.000	1.084	1.008	1.000	1.000	0.978	1.000	1.000	1.000	1.068
Rx	1.000	1.000	1.008	1.000	1.004	0.978	1.000	1.000	0.955	0.945
Capitation	1.000	1.000	1.000	1.000	1.000	1.000	1.000	0.763	1.000	0.763

Group Hospitalization & Medical Services, Inc. (GHMSI)
DC Small Group On & Off Exchange Products Rates Effective 1/1/2015
Calculation of Other Projection Factors

Small Group	Projection Factor									
Service Category	Pediatric			Autism	Mandatory	Incentive	Utilization	Capitation		Total Other
	Maternity	Dental	Demographics	Benefit	Generics	Program	Adjustment	Adjustment	Rx Rebates	Projection Factor
Inpatient	1.000	1.000	1.008	1.000	1.000	0.970	1.000	1.000	1.000	0.978
Outpatient	1.000	1.000	1.008	1.000	1.000	0.970	1.000	1.000	1.000	0.978
Professional	1.000	1.000	1.008	1.021	1.000	0.970	1.000	1.002	1.000	1.001
Other	1.000	1.084	1.008	1.000	1.000	0.970	1.000	1.000	1.000	1.060
Rx	1.000	1.000	1.008	1.000	1.004	0.970	1.000	1.000	0.964	0.946
Capitation	1.000	1.000	1.000	1.000	1.000	1.000	1.000	0.763	1.000	0.763

Group Hospitalization & Medical Services, Inc. (GHMSI)
DC Combined On & Off Exchange Products Rates Effective 1/1/2015
Calculation of Other Projection Factors

Combined	Projection Factor									
Service Category	Pediatric			Autism	Mandatory	Incentive	Utilization	Capitation		Total Other
	Maternity	Dental	Demographics	Benefit	Generics	Program	Adjustment	Adjustment	Rx Rebates	Projection Factor
Inpatient	1.000	1.000	1.008	1.000	1.000	0.971	1.009	1.000	1.000	0.987
Outpatient	1.000	1.000	1.008	1.000	1.000	0.971	1.009	1.000	1.000	0.987
Professional	1.000	1.000	1.008	1.020	1.000	0.971	1.009	1.002	1.000	1.009
Other	1.000	1.084	1.008	1.000	1.000	0.971	1.009	1.000	1.000	1.070
Rx	1.000	1.000	1.008	1.000	1.004	0.971	1.009	1.000	0.963	0.955
Capitation	1.000	1.000	1.000	1.000	1.000	1.000	1.000	0.763	1.000	0.763

**Group Hospitalization & Medical Services, Inc. (GHMSI)
DC Individual Exchange Products Rates 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	\$ 144.59	(1)	
Experience Period Capitation PMPM	\$ 1.26	(2)	
Projected Difference in Professional Capitations PMPM due to Contractual Changes*	(\$0.25)	(3)	
Projected Difference in Vision Capitations PMPM*	\$ (0.05)	(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)	0.2%	(5) = [(1)-(3)] / (1) -1
Adjustment Factor - Impact to Capitations only (Blended Across Single Risk Pool)	-23.7%	(6) = [(2)+(3)+(4)] / (2) -1

2. Rx Rebates Adjustment

Ind64-

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)	\$ 106.70	(1)	
Experience Period Rx Rebates PMPM	(\$6.31)	(2)	
Projection Period Rx Rebates PMPM	(\$11.08)	(3)	
Rebate adjustment factor - Impact to Rx only (Ind64- Only)	-4.5%	(4) = [(3)-(2)] / (1)	

Small Group

Experience Period Allowed Rx PMPM (Pre-Rebate)	\$ 106.61	(1)	
Experience Period Rx Rebates PMPM	(\$10.48)	(2)	
Projection Period Rx Rebates PMPM	(\$14.32)	(3)	
Rebate adjustment factor - Impact to Rx only (Small Group Only)	-3.6%	(4) = [(3)-(2)] / (1)	

Rebate adjustment factor - Impact to Rx only (Blended Across Single Risk Pool)	-3.7%
---	--------------

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 25 for details)

Ind64-

\$ Impact to Experience Period Allowed PMPM	\$ 1.19	(1)	
Experience Period Allowed PMPM for Professional Services	\$ 136.96	(2)	
Changes in treatment of ABA services - Impact (to Ind64- Professional only)	0.9%	(3) = (1)/(2)	

Small Group

\$ Impact to Experience Period Allowed PMPM	\$ 3.10	(4)	
Experience Period Allowed PMPM for Professional Services	\$ 145.22	(5)	
Changes in treatment of ABA services - Impact (to Small Group Professional only)	2.1%	(6) = (4)/(5)	

Changes in treatment of ABA services - Impact to Professional only (Blended Across Single Risk Pool)	2.0%
---	-------------

5. Demographic Factor Derivation (see page 19 for details)

Demographic Impact (Blended Across Single Risk Pool)	0.8%
---	-------------

6. Changes in Maternity Utilization (Ind64- Only)

\$ Impact to total experience period allowed PMPM	\$ (0.14)	(1)	
Total Experience Period Allowed	\$ 443.81	(2)	
Impact of Changes in Maternity Utilization - (Ind64- Only)	-0.032%	(3) = (1)/(2)	

Impact of Changes in Maternity Utilization - (Blended Across Single Risk Pool)	-0.002%
---	----------------

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

Note: Please see pages 19 and 22 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.

Group Hospitalization & Medical Services, Inc. (GHMSI)
DC Individual Exchange Products Rates Effective 1/1/2016
Derivation of Embedded Pediatric Dental Rate
Projection Period: 1/1/2016 - 12/31/2016

#	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 Class 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	13.9%	
13	(13) = (11)*(12)	Projected Allowed Pediatric Dental PMPM Spread Over Single Risk Pool		\$ 2.12
14		Base Period Other Medical PMPM		\$ 25.36
15		Projection Factor Entered To Adjust Other Medical Category		1.084
16		Impact on Total Medical and Rx Base Period PMPM		1.005

Notes:

- Row 1** Allowed PMPM for experience period of 01/2014 - 12/2014, pd through 02/28/2015 for Classes 1- 4.
- Row 2** Adjustment factor to account for coverage differences between current plans and DC Benchmark plan for Classes 1 - 4.
- Row 4** Allowed PMPM for experience period of 01/2014 - 12/2014, pd through 02/28/2015 for Class 5 (Ortho).
- Row 5** Adjustment factor to account for coverage differences between current plans and DC Benchmark plan for Class 5 (Ortho), as provided by CareFirst's Dental Network Director.

	Begin	End	Mid-point	Months of Trend
Experience period	1/1/2014	12/31/2014	7/1/2014	
Rating Period	1/1/2016	12/31/2016	7/1/2016	24.0

Group Hospitalization & Medical Services, Inc. (GHMSI)
DC Individual Exchange Products Rates Effective 1/1/2016
Vision Embedded in Medical Plan
Projection Period: 1/1/2015 - 12/31/2015

Derivation of Embedded Pediatric Vision Rate

Small Group Embedded PMPM (Vision Capitation)	\$ 1.25
% of 2014 D.C. Small Group Market in Pre-ACA plans, Age 19 and Under*	13.9%
Additional Pediatric Vision PMPM Spread Over Small Group Market	\$ 0.17
<hr/>	
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
<hr/>	
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
<hr/>	
Blended Non-EHB Adult Vision PMPM Spread Over Entire Single Risk Pool	\$ 0.08

Derivation of Projection Factor

Total Embedded Vision PMPM	\$ 0.25
Experience Period Pre-ACA Core Vision Capitation PMPM Spread Over Entire Single Risk Pool	\$ 0.30
\$ Change from Experience to Projection Period PMPM	\$ (0.05)

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

**Group Hospitalization & Medical Services, Inc. (GHMSI)
DC Individual Exchange Products Rates Effective 1/1/2016**

Autism Cost Model

Average Cost:	Assume treatment cost per hour for intensive ABA therapy	\$47				
	Assume treatment cost per hour for other 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%	
			Ind	SG
	children age 2-5 as a % of total population	==>	2.6%	4.7%
	children age 6 as a % of total population	==>	0.6%	1.1%
	children age 7 as % total population	==>	0.5%	1.1%
	children age 8 as % total population	==>	0.5%	1.2%
	children age 9-12 as a % of total population	==>	1.8%	4.4%
	children age 13-21 as a % of total population	==>	3.4%	8.6%

	Ind64-	Small Group	
Cost PMPM:			
children 2-5:	\$ 1.03	\$ 1.89	
Children age 6	\$ 0.15	\$ 0.29	
Children age 7	\$ 0.13	\$ 0.29	
Children age 8	\$ 0.10	\$ 0.26	
children 9-12:	\$ 0.38	\$ 0.93	
children 13-21:	\$ 0.57	\$ 1.47	
total	\$ 2.35	\$ 5.12	
% of Population Pre-ACA	50.7%	60.6%	
Adjusted PMPM	\$ 1.19	\$ 3.10	
Adjustment	Ind64- 0.9%	Small Group 2.1%	Blended 2.0%

**Group Hospitalization & Medical Services, Inc. (GHMSI)
DC Individual Exchange Products Rates Effective 1/1/2016
Demographic Factor Derivation**

		Non-Metaled		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>	Δ	<u>12/31/16</u>	<u>12/31/16</u>	Δ
Ind 64-	GHMSI	4,067	33.5	2,329	37.3	3.8	3,717	38.5	5.0
Small Group	GHMSI	34,141	34.0	35,863	33.9	(0.0)	39,056	33.9	(0.0)
Ind64- & SG	GHMSI	38,208	33.9	38,192	34.1	0.2	42,773	34.3	0.4

	Average	Age	Proposed	Age	Δ Age
	<u>12/31/13</u>	Factor**	<u>12/31/16</u>	Factor**	Factor
Ind64- & SG	33.9	0.799	34.3	0.807	0.9%
	33.0	0.790	34.0	0.800	
	34.0	0.800	35.0	0.820	

** From internally developed 4.5:1 age curve.

Group Hospitalization & Medical Services, Inc. (GHMSI)
DC Individual Exchange Products Rates 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 GHMSI	Allowed Amount	2014 Member Months	Exp Period PMPM	Projected PMPM
		1,597,909	629,664	\$2.54
				1Q16 \$2.99
				2Q16 \$3.06
				3Q16 \$3.12
				4Q16 \$3.18

Embedded Adult Vision Coverage (Applies to Individual, Non-Medigap Market Only)
Refer to page 23 for details.

Projected PMPM Spread Over Individual Market	Blended with Small Group	Projected PMPM
\$1.06	\$0.08	1Q16 \$0.08
		2Q16 \$0.08
		3Q16 \$0.08
		4Q16 \$0.08
		Projection Period Non-EHB
		1Q16 \$3.07
		2Q16 \$3.14
		3Q16 \$3.20
		4Q16 \$3.26

**Group Hospitalization & Medical Services, Inc. (GHMSI)
DC Individual Exchange Products Rates Effective 1/1/2016
Estimate of non-EHB in Experience and Projection Periods**

Abortion:

Total - Abortion Related

	Allowed Amount	2014 Member Months	Exp Period PMPM	Projected Allowed	Projected 2015 Member Months (On-Exchange)	Projected PMPM
GHMSI	\$203,309	87,069	\$2.34	\$102,716	39,846	\$2.58
BlueChoice	\$103,736	85,799	\$1.21	\$118,484	84,667	\$1.40
SUM:	\$307,045	172,868	\$1.78	\$221,200	124,513	\$1.78

Core Vision

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

	% Membership	Experience Period Capitation	Future Capitation PMPM
		\$0.30	\$1.21
% pediatric members	14%	\$0.04 EHB portion of capitation	\$0.17
% non-pediatric	86%	\$0.26 non-EHB portion of capitation	\$1.06

Group Hospitalization & Medical Services, Inc. (GHMSI)
DC Individual Exchange Products Rates Effective 1/1/2016
GHMSI - Abortion Cost Test > \$1.00

Plan Name	BluePreferred PPO Standard Bronze \$4,500	BlueCross BlueShield Preferred 1600, a Multi-State Plan	BlueCross BlueShield Preferred 750, a Multi-State Plan	BluePreferred PPO Standard Silver \$2,000	BluePreferred PPO Standard Gold \$500	BluePreferred PPO Standard Platinum \$0
HIOS Product ID	78079DC021	78079DC016	78079DC016			78079DC021
HIOS Plan ID	78079DC0210002	78079DC0160002	78079DC0160001			78079DC0210001
<i>Metal Level</i>	Bronze	Silver	Gold	Silver	Gold	Platinum
Metallic AV	61.4%	71.9%	80.6%	70.4%	80.2%	90.5%
Index Rate (Average Allowed EHB)	\$ 2.82	\$ 2.62	\$ 1.70	\$ 2.15	\$ 1.70	\$ 1.42
Market Level Adjustments:						
Reinsurance	0.963	0.963	0.963	0.963	0.963	0.963
Risk Adjustment	0.901	0.901	0.901	0.901	0.901	0.901
Exchange User Fees	1.000	1.000	1.000	1.000	1.000	1.000
Index Rate - Post Market Level Adj.	\$2.45	\$2.27	\$1.48	\$1.87	\$1.48	\$1.23
Cost-Share Factor	0.523	0.566	0.873	0.690	0.874	1.047
Network & UM	1.000	1.000	1.000	1.000	1.000	1.000
Non-EHB	1.000	1.000	1.000	1.000	1.000	1.000
Catastrophic Adj	1.000	1.000	1.000	1.000	1.000	1.000
Distribution & Admin Cost	1.354	1.354	1.354	1.354	1.354	1.354
Index Rate - Plan Level	\$1.74	\$1.74	\$1.75	\$1.75	\$1.75	\$1.74
Pricing AV	70.9%	76.7%	118.2%	93.5%	118.3%	141.9%
Age Calibration	0.880	0.880	0.880	0.880	0.880	0.880
Geo Calibration	1.000	1.000	1.000	1.000	1.000	1.000
Smoking Calibration	1.000	1.000	1.000	1.000	1.000	1.000
Base Premium	\$1.53	\$1.53	\$1.54	\$1.54	\$1.54	\$1.53
Projected Member Months	9,873	5,446	4,084	5,446	4,084	10,913
Lowest Age Factor	0.65	0.65	0.65	0.65	0.65	0.65
>= \$1.00	\$1.001	\$1.001	\$1.007	\$1.007	\$1.007	\$1.001

Group Hospitalization & Medical Services, Inc. (GHMSI)
DC Individual Exchange Products Rates Effective 1/1/2016
GHMSI Plan Level Rate Derivation - On Exchange

Plan Name	BluePreferred PPO Standard Bronze \$4,500	BlueCross BlueShield Preferred 1600, a Multi-State Plan	BlueCross BlueShield Preferred 750, a Multi-State Plan	BluePreferred PPO Standard Silver \$2,000	BluePreferred PPO Standard Gold \$500	BluePreferred PPO Standard Platinum \$0	Overall
HIOS Product ID	78079DC021	78079DC016	78079DC016	78079DC021	78079DC021	78079DC021	
HIOS Plan ID	78079DC0210002	78079DC0160002	78079DC0160001	78079DC0210004	78079DC0210003	78079DC0210001	
Metal Level	Bronze	Silver	Gold	Silver	Gold	Platinum	
Metallic AV	61.4%	71.9%	80.6%	70.4%	80.2%	90.5%	
Index Rate (Average Allowed EHB)	\$ 522.72	\$ 522.72	\$ 522.72	\$ 522.72	\$ 522.72	\$ 522.72	\$ 522.72
Market Level Adjustments:							
Reinsurance	0.963	0.963	0.963	0.963	0.963	0.963	0.963
Risk Adjustment	0.901	0.901	0.901	0.901	0.901	0.901	0.901
Exchange User Fees	1.000	1.000	1.000	1.000	1.000	1.000	1.000
Index Rate - Post Market Level Adj.	\$453.82	\$453.82	\$453.82	\$453.82	\$453.82	\$453.82	\$ 453.82
Cost-Share Factor	0.523	0.566	0.873	0.690	0.874	1.047	0.767
Network & UM	1.000	1.000	1.000	1.000	1.000	1.000	1.000
Non-EHB	1.009	1.002	1.002	1.007	1.006	1.005	1.006
Catastrophic Adj	1.000	1.000	1.000	1.000	1.000	1.000	1.000
Distribution & Admin Cost	1.354	1.354	1.354	1.354	1.354	1.354	1.354
Index Rate - Plan Level	\$324.47	\$348.79	\$537.80	\$427.34	\$540.27	\$647.28	\$474.25
Pricing AV	71.5%	76.9%	118.5%	94.2%	119.0%	142.6%	
Age Calibration	0.880	0.880	0.880	0.880	0.880	0.880	
Geo Calibration	1.000	1.000	1.000	1.000	1.000	1.000	
Smoking Calibration	1.000	1.000	1.000	1.000	1.000	1.000	
Base Premium	\$285.37	\$306.76	\$473.00	\$375.85	\$475.17	\$569.29	\$417.10
Projected Member Months	9,873	5,446	4,084	5,446	4,084	10,913	39,846
2015 Index Rate - Plan Level	\$ 275.31	\$ 326.82	\$ 440.35	\$ 326.82	\$ 440.35	\$ 550.42	\$ 398.57
% Change	17.9%	6.7%	22.1%	30.8%	22.7%	17.6%	19.0%
2015 Base Premium	\$ 251.65	\$ 298.74	\$ 402.51	\$ 298.74	\$ 402.51	\$ 503.13	\$ 364.32
% Change	13.4%	2.7%	17.5%	25.8%	18.1%	13.1%	14.5%
Non-EHB							
Core Vision (Adult)	\$1.06	\$1.06	\$1.06	\$1.06	\$1.06	\$1.06	
Abortion	\$2.82	\$0.00	\$0.00	\$2.15	\$1.70	\$1.42	

**Group Hospitalization & Medical Services, Inc. (GHMSI)
DC Individual Exchange Products Rates Effective 1/1/2016
2015 Enrollment Projections by Product (BlueChoice & GHMSI)**

Total Members	GF Members	PPACA Members
14,385	2,770	11,615
On Exchange	100%	11,615

*Stonagate study used to project % purchasing by metal level

% by FPL Estimate	
<150%	0.0%
151%-200%	0.0%
201%-250%	2.2%
251%+	97.8%
Total	100.0%

Metal Level	% purchased	Members Purchased
Catastrophic	3%	370
Bronze	28%	3,199
Silver	24%	2,844
Gold	22%	2,585
Platinum	23%	2,617
Total	100%	11,615

	% purchased	Members Purchased	Distribution of Non-GF Membership												Member Months		
			January 60%	February 10%	March 10%	April 10%	May 3.0%	June 1.0%	July 1.0%	August 1.0%	September 1.0%	October 1.0%	November 1.0%	December 1.0%			
Total	100%	11,615															100.0%
BlueChoice HMO Young Adult \$6,850	370	370	2,664	407	370	333	89	26	22	19	15	11	7	4			3,966
Bronze Plans	3,199																
BluePreferred PPO Standard Bronze \$4,500	23%	921	6631	1013	921	829	221	64	55	46	37	28	18	9			9,873
BlueChoice HMO Bronze \$6,850	34%	1,002	7214	1102	1002	902	240	70	60	50	40	30	20	10			10,741
BlueChoice HMO Standard Bronze \$4,500	14%	411	2959	452	411	370	99	29	25	21	16	12	8	4			4,406
BlueChoice HMO HSA Bronze \$6,000	29%	865	6228	952	865	779	208	61	52	43	35	26	17	9			9,273
Silver Plans	1,106																
BlueChoice HMO HSA Silver \$1,350	37%	957	6890	1053	957	861	230	67	57	48	38	29	19	10			10,259
CSR 200-250%	6%	149	1073	164	149	134	36	10	9	7	6	4	3	1			1,597
CSR 150-200%	0%	0	0	0	0	0	0	0	0	0	0	0	0	0			0
CSR 100-150%	0%	0	0	0	0	0	0	0	0	0	0	0	0	0			0
BlueCross BlueShield Preferred 1600, a Multi-State Plan	14%	487	3506	536	487	438	117	34	29	24	19	15	10	5			5,221
CSR 200-250%	1%	21	151	23	21	19	5	1	1	1	1	1	0	0			225
CSR 150-200%	0%	0	0	0	0	0	0	0	0	0	0	0	0	0			0
CSR 100-150%	0%	0	0	0	0	0	0	0	0	0	0	0	0	0			0
BlueChoice HMO Standard Silver \$2000	26%	663	4774	729	663	597	159	46	40	33	27	20	13	7			7,107
CSR 200-250%	2%	59	425	65	59	53	14	4	4	3	2	2	1	1			632
CSR 150-200%	0%	0	0	0	0	0	0	0	0	0	0	0	0	0			0
CSR 100-150%	0%	0	0	0	0	0	0	0	0	0	0	0	0	0			0
BluePreferred PPO Standard Silver \$2,000	14%	487	3506	536	487	438	117	34	29	24	19	15	10	5			5,221
CSR 200-250%	1%	21	151	23	21	19	5	1	1	1	1	1	0	0			225
CSR 150-200%	0%	0	0	0	0	0	0	0	0	0	0	0	0	0			0
CSR 100-150%	0%	0	0	0	0	0	0	0	0	0	0	0	0	0			0
Gold Plans	2,585																
BlueChoice HMO Standard Gold \$500	26%	616	4435	678	616	554	148	43	37	31	25	18	12	6			6,604
BlueCross BlueShield Preferred 750, a Multi-State Plan	12%	381	2743	419	381	343	91	27	23	19	15	11	8	4			4,084
BluePreferred PPO Standard Gold \$500	12%	381	2743	419	381	343	91	27	23	19	15	11	8	4			4,084
HealthyBlue HMO Gold \$1,000	50%	1,207	8690	1328	1207	1086	290	84	72	60	48	36	24	12			12,939
Platinum Plans	2,617																
BlueChoice HMO Standard Platinum \$0	67%	1,599	11513	1759	1599	1439	384	112	96	80	64	48	32	16			17,141
BluePreferred PPO Standard Platinum \$0	33%	1,018	7330	1120	1018	916	244	71	61	51	41	31	20	10			10,913
BluePreferred Subtotal	32.0%	3,717	26,762	4,089	3,717	3,345	892	260	223	186	149	112	74	37			39,846 Member Months
BlueChoice Subtotal	68.0%	7,898	56,866	8,688	7,898	7,108	1,896	553	474	395	316	237	158	79			84,667 Member Months
Grand Total	100.0%	11,615	83,628	12,777	11,615	10,454	2,788	813	697	581	465	348	232	116			124,513 Member Months

Group Hospitalization & Medical Services, Inc. (GHMSI)
DC Individual Exchange Products Rates Effective 1/1/2016
Pricing AV

Projected EMMS (PPO)	Projected EMMs (PPO)	Plan Name	AV w/ Federal model (Different allowed per metal)	AV from internal Model (Fixed allowed per metal)	AV from internal Model All Silver at Base	Induced Utilization (Adj. allowed per fed Model)	Induced Utilization Scaled	HSA vs Non- HSA Scaled
9,873	9,873	BluePreferred PPO Standard Bronze \$4,500	61.4%	59.2%	59.2%	1.00	0.88	1.01
5,221	5,221	BlueCross BlueShield Preferred 1600, a Multi-State Plan	71.9%	65.6%	65.6%	1.15	1.01	0.85
225	225	CSR 200-250%	73.9%	67.5%	65.6%	1.10	0.97	1.01
5,221	5,221	BluePreferred PPO Standard Silver \$2,000	70.4%	68.0%	68.0%	1.15	1.01	1.01
225	225	CSR 200-250%	73.0%	70.5%	68.0%	1.10	0.97	1.01
4,084	4,084	BlueCross BlueShield Preferred 750, a Multi-State Plan	80.6%	82.3%	82.3%	1.20	1.05	1.01
4,084	4,084	BluePreferred PPO Standard Gold \$500	80.2%	82.3%	82.3%	1.20	1.05	1.01
10,913	10,913	BluePreferred PPO Standard Platinum \$0	90.5%	91.1%	91.1%	1.30	1.14	1.01
39,846	39,846		75.9%	74.8%	74.7%	1.16	1.02	0.99
		Silver Average		66.9%			1.01	0.93
		Fed Ave subsidy on Silver		0.1%				

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

Support for the normalization of factors can be found on page 33.

**Group Hospitalization & Medical Services, Inc. (GHMSI)
DC Individual Exchange Products Rates Effective 1/1/2016**

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

Metal Level	Market	Initial Factor	Projected MMs	Normalized Factors
Platinum	SG & Ind	1.300	95,336	1.142
Gold	SG & Ind	1.200	148,258	1.054
Silver	SG & Ind	1.150	75,968	1.010
Silver 200	Ind	1.100	386	0.966
Bronze	SG & Ind	1.000	182,610	0.878
		1.139	502,558	

	Market	Initial Factor	Projected MMs	Normalized Factors
HSA/HRA	SG	0.960	63,324	0.960
HSA	Ind	0.850	4,438	0.850
Other	SG & Ind		434,796	1.007
			502,558	

**Group Hospitalization & Medical Services, Inc. (GHMSI)
DC Individual Exchange Products Rates Effective 1/1/2016
Age Factor Calibration**

District of Columbia
GHMSI

Member Age	Member Count	Total*Age Factor	Age Rate
0-20	347	227	\$ 295.34
21	15	11	\$ 328.30
22	12	9	\$ 328.30
23	19	14	\$ 328.30
24	14	10	\$ 328.30
25	20	15	\$ 328.30
26	33	24	\$ 328.30
27	101	73	\$ 328.30
28	100	74	\$ 335.98
29	81	62	\$ 343.21
30	84	65	\$ 351.79
31	81	65	\$ 360.82
32	86	70	\$ 368.95
33	79	66	\$ 377.53
34	68	58	\$ 386.56
35	78	68	\$ 395.59
36	82	73	\$ 404.62
37	72	66	\$ 413.65
38	66	61	\$ 418.62
39	60	56	\$ 423.59
40	54	53	\$ 440.30
41	62	63	\$ 457.46
42	55	58	\$ 475.52
43	36	39	\$ 494.03
44	47	53	\$ 513.45
45	58	68	\$ 533.32
46	53	65	\$ 554.10
47	60	77	\$ 575.77
48	51	68	\$ 598.35
49	48	66	\$ 621.83
50	37	53	\$ 646.22
51	50	74	\$ 671.51
52	50	77	\$ 697.70
53	44	71	\$ 724.80
54	49	82	\$ 753.25
55	46	80	\$ 782.60
56	49	88	\$ 813.31
57	39	73	\$ 844.92
58	44	86	\$ 877.88
59	47	95	\$ 912.20
60	44	92	\$ 947.88
61	52	113	\$ 984.91
62	37	81	\$ 984.91
63	53	116	\$ 984.91
64+	121	264	\$ 984.91
Grand Total	2,784	3,223	

Avg Age Factor: 1.158 = 3,223/2,784

\$ 522.72

Interpolated Age: 44.47 (based on DC Age Curve) **Closest Age:** 44.0 (as an Integer, based on DC Age Curve)

Avg Age Factor: 1.158 **DC Factor:** 1.137 (matching above integer)
1/1.158 = 0.864 **Calibration Factor:** 1/1.137 = 0.880

Value of calibration factor - adjustment to DC Factor
 1.8%
 = 0.880/0.864 - 1

Appendix

Group Hospitalization & Medical Services, Inc. (GHMSI)
DC Individual Exchange Products Rates Effective 1/1/2016

Rating Methodology

Rates in 2016 will be developed using a member-level build-up.

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

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

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

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

Group Hospitalization & Medical Services, Inc. (GHMSI)
DC Individual Exchange Products Rates Effective 1/1/2016
Reserve Calculation Methodology

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

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

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

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

The claims in this experience period of data run from January 2010 and are paid through March 2014. The claims are also incurred through the same time period. All of the months are completed using the methodology described above. Please see the paid, completion factors and corresponding reserve on the next pages. But, for purposes of pricing we only consider an experience period of January 2013 with paid through March 2014 and incurred through December 2013, or an Incurred 12, Paid 15 experience period. Thus we do not include the most recent 2 months in our rating estimates since these months have a higher probability of recasting.

Group Hospitalization & Medical Services, Inc. (GHMSI)
DC Individual Exchange Products Rates Effective 1/1/2016
2015 DC Age Rating Factors

Age Band	Age Factor	Age Factor % Δ
0-20	0.654	
21	0.727	11.2%
22	0.727	0.0%
23	0.727	0.0%
24	0.727	0.0%
25	0.727	0.0%
26	0.727	0.0%
27	0.727	0.0%
28	0.744	2.3%
29	0.760	2.2%
30	0.779	2.5%
31	0.799	2.6%
32	0.817	2.3%
33	0.836	2.3%
34	0.856	2.4%
35	0.876	2.3%
36	0.896	2.3%
37	0.916	2.2%
38	0.927	1.2%
39	0.938	1.2%
40	0.975	3.9%
41	1.013	3.9%
42	1.053	3.9%
43	1.094	3.9%
44	1.137	3.9%
45	1.181	3.9%
46	1.227	3.9%
47	1.275	3.9%
48	1.325	3.9%
49	1.377	3.9%
50	1.431	3.9%
51	1.487	3.9%
52	1.545	3.9%
53	1.605	3.9%
54	1.668	3.9%
55	1.733	3.9%
56	1.801	3.9%
57	1.871	3.9%
58	1.944	3.9%
59	2.020	3.9%
60	2.099	3.9%
61	2.181	3.9%
62	2.181	0.0%
63	2.181	0.0%
64+	2.181	0.0%

Group Hospitalization & Medical Services, Inc. (GHMSI)
DC Individual Exchange Products Rates Effective 1/1/2016
D.C. GHMSI Small Group & Individual Base Experience Medical Inpatient
Experience Period: Incurred 201301 - 201312, Paid through 201403

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	21,223	37,910	2,181,765	163	1.00	2,181,765	163								
201205	21,164	37,866	2,651,489	190	1.00	2,651,489	190								
201206	21,448	38,442	2,353,838	163	1.00	2,353,838	163								
201207	21,448	38,550	2,703,814	194	1.00	2,703,814	194								
201208	21,531	38,819	2,594,104	165	1.00	2,594,104	165								
201209	21,608	38,950	2,215,783	182	1.00	2,215,783	182								
201210	21,734	39,163	2,725,151	205	1.00	2,725,151	205								
201211	21,713	39,147	2,787,006	185	1.00	2,787,006	185								
201212	21,646	39,205	1,943,251	167	1.00	1,943,251	167								
201301	21,402	38,693	2,571,502	191	1.00	2,571,502	191								
201302	21,266	38,330	2,316,652	155	1.00	2,316,652	155								
201303	21,204	38,141	2,299,775	176	1.00	2,300,189	176	63.35	55.34	\$13,737.88					
201304	21,200	38,093	2,706,146	158	1.00	2,706,811	158	64.46	55.19	\$14,016.24					
201305	21,198	37,974	2,269,037	182	1.00	2,269,768	182	63.62	54.97	\$13,888.87					
201306	21,064	37,765	2,618,228	182	1.00	2,619,227	182	64.29	55.54	\$13,889.12					
201307	21,058	37,791	2,445,537	183	1.00	2,446,628	183	63.83	55.35	\$13,839.60					
201308	21,257	38,112	2,527,545	181	1.00	2,528,773	181	63.79	55.85	\$13,705.50					
201309	21,087	37,745	4,260,455	167	1.00	4,262,569	167	68.41	55.61	\$14,761.20					
201310	21,121	37,766	2,806,086	163	1.00	2,808,202	163	68.80	54.68	\$15,096.61					
201311	21,168	37,942	2,943,169	184	1.00	2,945,674	184	69.32	54.81	\$15,178.63					
201312	21,264	38,208	2,862,884	181	1.00	2,865,452	181	71.49	55.30	\$15,514.78					
201401	24,850	44,008	5,320,702	243	1.00	5,325,580	243	76.63	56.02	\$16,416.42					
201402	25,039	44,351	3,011,214	225	1.00	3,014,836	225	77.14	57.10	\$16,211.85					
201403	24,893	44,058	3,088,838	230	1.00	3,093,423	230	77.85	57.76	\$16,173.58	22.9%	4.4%	17.7%		
201404	24,744	43,879	3,493,126	224	1.00	3,501,905	225	78.57	58.73	\$16,053.93	21.9%	6.4%	14.5%		
201405	24,773	43,903	2,543,925	205	1.00	2,554,082	206	78.20	58.60	\$16,012.96	22.9%	6.6%	15.3%		
201406	24,685	43,842	3,572,730	211	0.99	3,594,543	212	79.21	58.61	\$16,217.56	23.2%	5.5%	16.8%		
201407	24,295	43,134	2,980,046	195	0.99	3,004,173	197	79.48	58.31	\$16,357.71	24.5%	5.3%	18.2%		
201408	24,024	42,778	4,270,440	193	0.99	4,313,678	195	82.30	58.10	\$16,999.10	29.0%	4.0%	24.0%		
201409	23,656	42,159	2,477,927	178	0.99	2,512,955	180	78.13	57.91	\$16,189.84	14.2%	4.1%	9.7%		
201410	23,242	41,463	3,901,150	190	0.98	3,977,606	194	79.85	58.21	\$16,462.84	16.1%	6.4%	9.0%		
201411	22,955	40,889	2,635,156	163	0.97	2,711,321	168	78.94	57.49	\$16,477.63	13.9%	4.9%	8.6%		
201412	21,579	38,192	2,197,614	166	0.92	2,401,659	181	78.04	57.50	\$16,287.23	9.2%	4.0%	5.0%		
Experience Period	288,735	512,656	39,492,869	2,423	0.99	40,005,763	2,456								
201403	24,893	44,058									22.9%	4.4%	17.7%		
201409	23,656	42,159									14.2%	4.1%	9.7%		
201412	21,579	38,192									9.2%	4.0%	5.0%		
Avg last 6 months	23,292	41,436									17.8%	4.8%	12.4%		
Selected Pricing Trend												0.0%	7.0%		

Group Hospitalization & Medical Services, Inc. (GHMSI)
DC Individual Exchange Products Rates Effective 1/1/2016
D.C. GHMSI Small Group & Individual Base Experience Medical Outpatient
Experience Period: Incurred 201301 - 201312, Paid through 201403

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	21,223	37,910	2,929,278	2,658	1.00	2,929,278	2,658						
201205	21,164	37,866	2,828,205	2,699	1.00	2,828,205	2,699						
201206	21,448	38,442	2,762,369	2,597	1.00	2,762,369	2,597						
201207	21,448	38,550	2,966,108	2,630	1.00	2,966,108	2,630						
201208	21,531	38,819	2,961,171	2,672	1.00	2,961,171	2,672						
201209	21,608	38,950	3,026,648	2,526	1.00	3,026,648	2,526						
201210	21,734	39,163	3,044,666	2,746	1.00	3,044,666	2,746						
201211	21,713	39,147	2,795,070	2,594	1.00	2,795,070	2,594						
201212	21,646	39,205	2,938,922	2,551	1.00	2,938,922	2,551						
201301	21,402	38,693	3,164,227	2,788	1.00	3,164,227	2,788						
201302	21,266	38,330	3,019,054	2,566	1.00	3,019,054	2,566						
201303	21,204	38,141	3,058,900	2,691	1.00	3,059,450	2,691	76.63	821.69	\$1,119.07			
201304	21,200	38,093	3,124,854	2,674	1.00	3,125,620	2,675	77.02	821.80	\$1,124.67			
201305	21,198	37,974	3,194,843	2,703	1.00	3,195,870	2,704	77.80	821.74	\$1,136.08			
201306	21,064	37,765	2,952,267	2,542	1.00	2,953,396	2,543	78.32	821.54	\$1,144.05			
201307	21,058	37,791	3,358,381	2,685	1.00	3,359,877	2,686	79.30	824.35	\$1,154.43			
201308	21,257	38,112	3,089,098	2,703	1.00	3,090,592	2,704	79.71	826.45	\$1,157.32			
201309	21,087	37,745	2,906,369	2,549	1.00	2,907,814	2,550	79.66	829.25	\$1,152.70			
201310	21,121	37,766	3,356,738	2,791	1.00	3,359,271	2,793	80.58	833.00	\$1,160.88			
201311	21,168	37,942	2,957,834	2,484	1.00	2,960,354	2,486	81.16	832.37	\$1,170.03			
201312	21,264	38,208	3,052,435	2,737	1.00	3,055,153	2,739	81.59	839.14	\$1,166.77			
201401	24,850	44,008	3,614,334	3,206	1.00	3,617,533	3,209	81.63	840.42	\$1,165.60			
201402	25,039	44,351	3,563,674	2,953	1.00	3,567,957	2,957	81.76	839.62	\$1,168.46			
201403	24,893	44,058	4,116,015	3,139	1.00	4,122,075	3,144	82.98	840.59	\$1,184.56	8.3%	2.3%	5.9%
201404	24,744	43,879	3,733,342	3,249	1.00	3,742,706	3,257	83.26	845.02	\$1,182.40	8.1%	2.8%	5.1%
201405	24,773	43,903	3,589,503	3,131	1.00	3,604,052	3,144	83.09	845.57	\$1,179.13	6.8%	2.9%	3.8%
201406	24,685	43,842	3,766,699	3,112	0.99	3,789,567	3,131	83.76	849.47	\$1,183.24	6.9%	3.4%	3.4%
201407	24,295	43,134	4,094,560	3,166	0.99	4,127,739	3,192	84.40	852.55	\$1,188.04	6.4%	3.4%	2.9%
201408	24,024	42,778	4,002,463	2,997	0.99	4,043,138	3,027	85.52	852.35	\$1,204.00	7.3%	3.1%	4.0%
201409	23,656	42,159	3,630,755	3,158	0.99	3,679,963	3,201	86.30	860.33	\$1,203.70	8.3%	3.7%	4.4%
201410	23,242	41,463	4,431,983	3,302	0.98	4,517,518	3,366	87.94	867.58	\$1,216.41	9.1%	4.2%	4.8%
201411	22,955	40,889	3,807,304	2,849	0.97	3,920,098	2,933	89.31	873.07	\$1,227.55	10.0%	4.9%	4.9%
201412	21,579	38,192	4,019,478	2,857	0.92	4,389,769	3,128	91.92	882.18	\$1,250.32	12.7%	5.1%	7.2%
Experience Period	288,735	512,656	46,370,111	37,119	0.98	47,122,116	37,688						
201403	24,893	44,058									8.3%	2.3%	5.9%
201409	23,656	42,159									8.3%	3.7%	4.4%
201412	21,579	38,192									12.7%	5.1%	7.2%
Avg last 6 months	23,292	41,436									9.0%	4.1%	4.7%
Selected Pricing Trend											3.0%	3.5%	

Group Hospitalization & Medical Services, Inc. (GHMSI)
DC Individual Exchange Products Rates Effective 1/1/2016
D.C. GHMSI Small Group & Individual Base Experience Medical Professional
Experience Period: Incurred 201301 - 201312, Paid through 201403

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	21,223	37,910	4,791,562	31,470	1.00	4,791,562	31,470						
201205	21,164	37,866	5,293,828	34,455	1.00	5,293,828	34,455						
201206	21,448	38,442	4,979,990	32,030	1.00	4,979,990	32,030						
201207	21,448	38,550	4,983,293	31,311	1.00	4,983,293	31,311						
201208	21,531	38,819	5,102,223	33,648	1.00	5,102,223	33,648						
201209	21,608	38,950	4,872,213	31,017	1.00	4,872,213	31,017						
201210	21,734	39,163	5,301,811	34,727	1.00	5,301,811	34,727						
201211	21,713	39,147	4,958,993	32,869	1.00	4,958,993	32,869						
201212	21,646	39,205	4,535,888	30,186	1.00	4,535,888	30,186						
201301	21,402	38,693	5,727,975	36,011	1.00	5,727,975	36,011						
201302	21,266	38,330	4,973,108	31,696	1.00	4,973,108	31,696						
201303	21,204	38,141	4,961,344	31,596	1.00	4,962,236	31,602	130.57	10,129.75	\$154.68			
201304	21,200	38,093	5,519,738	34,552	1.00	5,521,088	34,560	132.09	10,205.77	\$155.32			
201305	21,198	37,974	5,384,692	33,998	1.00	5,386,419	34,009	132.26	10,191.85	\$155.73			
201306	21,064	37,765	4,959,486	30,920	1.00	4,961,384	30,932	132.42	10,178.28	\$156.12			
201307	21,058	37,791	5,263,639	32,870	1.00	5,265,981	32,885	133.25	10,235.87	\$156.21			
201308	21,257	38,112	5,209,083	32,349	1.00	5,211,603	32,365	133.69	10,218.17	\$157.00			
201309	21,087	37,745	5,224,295	31,821	1.00	5,226,903	31,837	134.81	10,266.31	\$157.57			
201310	21,121	37,766	5,856,338	37,135	1.00	5,860,753	37,163	136.44	10,361.29	\$158.02			
201311	21,168	37,942	5,120,101	32,579	1.00	5,124,459	32,607	137.16	10,381.70	\$158.54			
201312	21,264	38,208	5,179,463	31,830	1.00	5,184,078	31,858	138.88	10,448.33	\$159.50			
201401	24,850	44,008	6,805,587	39,433	1.00	6,811,901	39,470	139.63	10,417.95	\$160.83			
201402	25,039	44,351	5,864,410	35,061	1.00	5,871,459	35,103	139.75	10,371.27	\$161.70			
201403	24,893	44,058	6,124,041	37,261	1.00	6,133,066	37,316	140.48	10,386.47	\$162.30	7.6%	2.5%	4.9%
201404	24,744	43,879	6,377,472	39,124	1.00	6,393,469	39,222	140.60	10,377.81	\$162.58	6.4%	1.7%	4.7%
201405	24,773	43,903	6,286,657	38,467	1.00	6,312,042	38,623	140.79	10,365.11	\$163.00	6.4%	1.7%	4.7%
201406	24,685	43,842	6,143,915	37,632	0.99	6,181,319	37,861	141.53	10,406.12	\$163.21	6.9%	2.2%	4.5%
201407	24,295	43,134	6,174,738	37,585	0.99	6,225,099	37,892	141.94	10,415.15	\$163.54	6.5%	1.8%	4.7%
201408	24,024	42,778	5,853,438	34,999	0.99	5,912,955	35,354	142.02	10,389.78	\$164.03	6.2%	1.7%	4.5%
201409	23,656	42,159	6,046,889	37,629	0.99	6,128,391	38,135	142.56	10,448.50	\$163.73	5.7%	1.8%	3.9%
201410	23,242	41,463	6,751,031	42,014	0.98	6,881,713	42,826	143.53	10,506.04	\$163.94	5.2%	1.4%	3.7%
201411	22,955	40,889	5,217,364	33,055	0.97	5,371,212	34,031	143.18	10,478.99	\$163.97	4.4%	0.9%	3.4%
201412	21,579	38,192	5,389,093	33,496	0.91	5,902,050	36,690	144.59	10,592.43	\$163.80	4.1%	1.4%	2.7%
Experience Period	288,735	512,656	73,034,635	445,756	0.99	74,124,676	452,523						
201403	24,893	44,058									7.6%	2.5%	4.9%
201409	23,656	42,159									5.7%	1.8%	3.9%
201412	21,579	38,192									4.1%	1.4%	2.7%
Avg last 6 months	23,292	41,436									5.4%	1.5%	3.8%
Selected Pricing Trend												1.0%	2.5%

Group Hospitalization & Medical Services, Inc. (GHMSI)
DC Individual Exchange Products Rates Effective 1/1/2016
D.C. GHMSI Small Group & Individual Base Experience Medical Other
Experience Period: Incurred 201301 - 201312, Paid through 201403

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	21,223	37,910	636,328	2,552	1.00	636,328	2,552						
201205	21,164	37,866	584,118	2,634	1.00	584,118	2,634						
201206	21,448	38,442	560,034	2,463	1.00	560,034	2,463						
201207	21,448	38,550	557,957	2,439	1.00	557,957	2,439						
201208	21,531	38,819	640,409	2,697	1.00	640,409	2,697						
201209	21,608	38,950	573,973	2,416	1.00	573,973	2,416						
201210	21,734	39,163	616,336	2,684	1.00	616,336	2,684						
201211	21,713	39,147	700,203	2,773	1.00	700,203	2,773						
201212	21,646	39,205	720,885	2,664	1.00	720,885	2,664						
201301	21,402	38,693	771,323	2,836	1.00	771,323	2,836						
201302	21,266	38,330	795,384	2,765	1.00	795,384	2,765						
201303	21,204	38,141	712,802	2,682	1.00	712,930	2,682	16.99	818.77	\$249.00			
201304	21,200	38,093	792,078	2,998	1.00	792,271	2,999	17.32	830.01	\$250.40			
201305	21,198	37,974	721,511	3,015	1.00	721,742	3,016	17.61	839.71	\$251.69			
201306	21,064	37,765	668,048	2,587	1.00	668,304	2,588	17.87	844.18	\$254.05			
201307	21,058	37,791	866,515	2,766	1.00	866,900	2,767	18.57	854.09	\$260.91			
201308	21,257	38,112	948,156	2,952	1.00	948,615	2,953	19.27	862.07	\$268.19			
201309	21,087	37,745	864,844	2,896	1.00	865,278	2,897	19.95	876.88	\$273.01			
201310	21,121	37,766	943,212	3,312	1.00	943,923	3,315	20.72	896.04	\$277.55			
201311	21,168	37,942	845,383	2,877	1.00	846,101	2,879	21.10	901.19	\$280.94			
201312	21,264	38,208	960,270	2,926	1.00	961,129	2,929	21.67	910.11	\$285.73			
201401	24,850	44,008	921,838	3,291	1.00	922,691	3,294	21.75	911.53	\$286.32			
201402	25,039	44,351	914,600	3,437	1.00	915,704	3,441	21.73	917.14	\$284.27			
201403	24,893	44,058	1,195,532	3,893	1.00	1,197,306	3,899	22.48	936.49	\$288.02	32.3%	14.4%	15.7%
201404	24,744	43,879	1,045,466	4,136	1.00	1,048,074	4,146	22.74	953.91	\$286.06	31.3%	14.9%	14.2%
201405	24,773	43,903	1,170,177	3,666	1.00	1,175,012	3,680	23.40	958.68	\$292.84	32.8%	14.2%	16.3%
201406	24,685	43,842	1,108,313	4,028	0.99	1,115,190	4,052	24.02	982.56	\$293.30	34.4%	16.4%	15.4%
201407	24,295	43,134	1,076,195	4,156	0.99	1,085,190	4,189	24.20	1,006.33	\$288.53	30.3%	17.8%	10.6%
201408	24,024	42,778	1,115,139	3,783	0.99	1,126,825	3,820	24.33	1,017.71	\$286.84	26.3%	18.1%	7.0%
201409	23,656	42,159	1,122,090	4,130	0.99	1,137,092	4,184	24.65	1,039.33	\$284.62	23.6%	18.5%	4.3%
201410	23,242	41,463	1,098,185	4,366	0.98	1,120,323	4,448	24.82	1,058.47	\$281.37	19.8%	18.1%	1.4%
201411	22,955	40,889	967,068	3,732	0.97	996,294	3,838	24.97	1,074.84	\$278.76	18.3%	19.3%	-0.8%
201412	21,579	38,192	1,064,097	4,234	0.92	1,162,510	4,644	25.36	1,115.03	\$272.95	17.0%	22.5%	-4.5%
Experience Period	288,735	512,656	12,798,700	46,852	0.98	13,002,211	47,635						
201403	24,893	44,058									32.3%	14.4%	15.7%
201409	23,656	42,159									23.6%	18.5%	4.3%
201412	21,579	38,192									17.0%	22.5%	-4.5%
Avg last 6 months	23,292	41,436									22.5%	19.1%	3.0%
Selected Pricing Trend												2.0%	4.0%

Group Hospitalization & Medical Services, Inc. (GHMSI)
DC Individual Exchange Products Rates Effective 1/1/2016
D.C. GHMSI Small Group & Individual Base Experience Rx
Experience Period: Incurred 201301 - 201312, Paid through 201403

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	21,223	37,910	3,674,750	29,762	1.00	3,674,750	29,762						
201205	21,164	37,866	3,911,489	30,754	1.00	3,911,489	30,754						
201206	21,448	38,442	3,449,107	29,194	1.00	3,449,107	29,194						
201207	21,448	38,550	3,669,375	29,816	1.00	3,669,375	29,816						
201208	21,531	38,819	3,809,418	30,541	1.00	3,809,418	30,541						
201209	21,608	38,950	3,494,363	28,401	1.00	3,494,363	28,401						
201210	21,734	39,163	3,758,496	30,461	1.00	3,758,496	30,461						
201211	21,713	39,147	3,637,237	30,489	1.00	3,637,237	30,489						
201212	21,646	39,205	3,914,655	31,317	1.00	3,914,655	31,317						
201301	21,402	38,693	4,116,082	32,677	1.00	4,116,082	32,677						
201302	21,266	38,330	3,471,712	28,499	1.00	3,471,712	28,499						
201303	21,204	38,141	3,924,690	30,127	1.00	3,924,690	30,127						
201304	21,200	38,093	3,903,624	30,342	1.00	3,903,624	30,342	96.78	9,378.90	\$123.83			
201305	21,198	37,974	3,931,333	30,665	1.00	3,931,333	30,665	97.26	9,385.72	\$124.35			
201306	21,064	37,765	3,739,998	28,331	1.00	3,739,998	28,331	98.03	9,377.08	\$125.45			
201307	21,058	37,791	4,137,957	29,873	1.00	4,137,957	29,873	99.20	9,393.96	\$126.73			
201308	21,257	38,112	4,070,007	28,958	1.00	4,070,007	28,958	99.92	9,367.18	\$128.01			
201309	21,087	37,745	4,019,341	28,053	1.00	4,019,341	28,053	101.32	9,382.64	\$129.59			
201310	21,121	37,766	4,345,637	29,791	1.00	4,345,637	29,791	102.91	9,393.68	\$131.47			
201311	21,168	37,942	4,013,857	27,891	1.00	4,013,857	27,891	104.01	9,350.28	\$133.48			
201312	21,264	38,208	4,502,945	30,468	1.00	4,502,945	30,468	105.52	9,348.39	\$135.45			
201401	24,850	44,008	4,025,263	32,221	1.00	4,025,263	32,221	104.11	9,228.96	\$135.37			
201402	25,039	44,351	3,903,551	30,815	1.00	3,903,551	30,815	103.69	9,169.60	\$135.70			
201403	24,893	44,058	4,496,683	34,293	1.00	4,496,683	34,293	103.61	9,160.60	\$135.72	7.1%	-2.3%	9.6%
201404	24,744	43,879	4,613,240	34,833	1.00	4,613,240	34,833	103.84	9,162.45	\$135.99	6.8%	-2.4%	9.4%
201405	24,773	43,903	4,784,640	35,090	1.00	4,784,640	35,090	104.33	9,159.93	\$136.67	7.3%	-2.4%	9.9%
201406	24,685	43,842	4,885,239	33,858	1.00	4,885,239	33,858	105.37	9,181.62	\$137.71	7.5%	-2.1%	9.8%
201407	24,295	43,134	5,056,303	34,182	1.00	5,056,303	34,182	106.08	9,186.95	\$138.56	6.9%	-2.2%	9.3%
201408	24,024	42,778	4,529,728	32,674	1.00	4,529,728	32,674	106.01	9,190.39	\$138.42	6.1%	-1.9%	8.1%
201409	23,656	42,159	4,497,494	33,052	1.00	4,497,494	33,052	106.03	9,228.77	\$137.87	4.6%	-1.6%	6.4%
201410	23,242	41,463	4,904,744	33,900	1.00	4,904,744	33,900	106.36	9,258.57	\$137.85	3.3%	-1.4%	4.9%
201411	22,955	40,889	4,372,445	31,402	1.00	4,372,445	31,402	106.45	9,287.53	\$137.54	2.3%	-0.7%	3.0%
201412	21,579	38,192	4,588,768	33,447	1.00	4,588,768	33,447	106.62	9,357.55	\$136.72	1.0%	0.1%	0.9%
Experience Period	288,735	512,656	54,658,099	399,767	1.00	54,658,099	399,767						
201403	24,893	44,058									7.1%	-2.3%	9.6%
201409	23,656	42,159									4.6%	-1.6%	6.4%
201412	21,579	38,192									1.0%	0.1%	0.9%
Avg last 6 months	23,292	41,436									4.1%	-1.3%	5.4%
Selected Pricing Trend												0.0%	13.0%

Group Hospitalization & Medical Services, Inc. (GHMSI)
DC Individual Exchange Products Rates Effective 1/1/2016
D.C. GHMSI Small Group & Individual Base Experience - Medical and Rx Total
Experience Period: Incurred 201301 - 201312, Paid through 201403

Month	Contracts	Members	Allowed	Completion Factor	Completed	Rolling 12 PMPM	Rolling 12 Trend
					Allowed	Allowed	Allowed
201204	21,223	37,910	14,213,684	1.00	14,213,684		
201205	21,164	37,866	15,269,130	1.00	15,269,130		
201206	21,448	38,442	14,105,338	1.00	14,105,338		
201207	21,448	38,550	14,880,547	1.00	14,880,547		
201208	21,531	38,819	15,107,325	1.00	15,107,325		
201209	21,608	38,950	14,182,981	1.00	14,182,981		
201210	21,734	39,163	15,446,460	1.00	15,446,460		
201211	21,713	39,147	14,878,508	1.00	14,878,508		
201212	21,646	39,205	14,053,602	1.00	14,053,602		
201301	21,402	38,693	16,351,109	1.00	16,351,109		
201302	21,266	38,330	14,575,909	1.00	14,575,909		
201303	21,204	38,141	14,957,511	1.00	14,959,495	384.32	
201304	21,200	38,093	16,046,442	1.00	16,049,415	388.13	
201305	21,198	37,974	15,501,417	1.00	15,505,132	388.55	
201306	21,064	37,765	14,938,026	1.00	14,942,308	390.93	
201307	21,058	37,791	16,072,030	1.00	16,077,343	394.16	
201308	21,257	38,112	15,843,888	1.00	15,849,589	396.37	
201309	21,087	37,745	17,275,305	1.00	17,281,905	404.14	
201310	21,121	37,766	17,308,010	1.00	17,317,786	409.45	
201311	21,168	37,942	15,880,344	1.00	15,890,445	412.74	
201312	21,264	38,208	16,557,997	1.00	16,568,756	419.15	
201401	24,850	44,008	20,687,725	1.00	20,702,969	423.75	
201402	25,039	44,351	17,257,450	1.00	17,273,507	424.07	
201403	24,893	44,058	19,021,109	1.00	19,042,554	427.39	11.2%
201404	24,744	43,879	19,262,646	1.00	19,299,394	429.01	10.5%
201405	24,773	43,903	18,374,902	1.00	18,429,829	429.79	10.6%
201406	24,685	43,842	19,476,897	1.00	19,565,858	433.88	11.0%
201407	24,295	43,134	19,381,843	0.99	19,498,503	436.10	10.6%
201408	24,024	42,778	19,771,208	0.99	19,926,323	440.17	11.1%
201409	23,656	42,159	17,775,156	0.99	17,955,896	437.67	8.3%
201410	23,242	41,463	21,087,093	0.99	21,401,905	442.51	8.1%
201411	22,955	40,889	16,999,337	0.98	17,371,369	442.85	7.3%
201412	21,579	38,192	17,259,050	0.94	18,444,757	446.52	6.5%
Experience Period	288,735	512,656	226,354,414	0.99	228,912,864		
201403	24,893	44,058					11.2%
201409	23,656	42,159					8.3%
201412	21,579	38,192					6.5%
Avg last 6 months	23,292	41,436					8.6%

**Group Hospitalization & Medical Services, Inc. (GHMSI)
DC Individual Exchange Products Rates Effective 1/1/2016**

DC Combined - Small Group & Individual Capitations

<u>Description</u>	<u>1/1/14 PMPM</u>	<u>1/1/15 PMPM</u>	<u>1/1/16 PMPM</u>
Mental Health UR	\$0.62	\$0.45	\$0.36
Nurse Hotline	\$0.04	\$0.04	\$0.04
Wellness*	\$0.26	\$0.26	\$0.26
Embedded Pediatric Vision **	\$0.24	\$0.24	\$0.24
Embedded Adult Vision ***	\$1.14	\$1.01	\$0.93
TOTAL	\$2.29	\$2.00	\$1.83

*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.

Group Hospitalization & Medical Services, Inc. (GHMSI)
d.b.a. CareFirst BlueCross BlueShield
(NAIC # 53007)
DC Individual Exchange Products
Rates Effective 1/1/2016
Non-Grandfathered Experience for Pre-ACA Plans

Existing Products Included in Experience Period

HIOS Product ID	HIOS Product Name	Contracts, as of 12/31/2014	Member Months	Total Premium	Total Allowed Claims	Incurred Claims*
78079DC003	BluePreferred HSA	4	12,585	\$ 2,130,491	\$ 2,852,737	\$ 1,909,968
78079DC005	BluePreferred HIPAA	0	129	\$ 114,940	\$ 483,005	\$ 458,062
78079DC012	BluePreferred	1	5,246	\$ 1,623,934	\$ 1,685,775	\$ 1,283,066
78079DC013	BluePreferred Saver	0	1,759	\$ 341,217	\$ 357,739	\$ 215,142
78079DC014	BluePreferred Group Conversion	0	129	\$ 99,369	\$ 92,070	\$ 74,305
	Total	5	19,848	\$ 4,309,952	\$ 5,471,325	\$ 3,940,543

*These amounts do not include pharmacy rebates or capitations

Group Hospitalization & Medical Services, Inc. (GHMSI)
d.b.a. CareFirst BlueCross BlueShield
(NAIC # 53007)
DC Individual Exchange Products
Rates Effective 1/1/2016
Non-Grandfathered Experience for ACA Plans

Existing Products Included in Experience Period

2015 HIOS Plan ID	2015 HIOS Plan Name	2016 HIOS Plan ID*	2016 HIOS Plan Name	On/Off Exchange	Contracts, as of 12/31/2014	Member Months	Total Premium	Total Allowed Claims **	Incurred Claims**
78079DC0200001	BluePreferred HSA Bronze \$3,500	78079DC0210002	BluePreferred PPO Standard Bronze \$4,500	On	492	4,228	\$ 1,213,571	\$ 895,257	\$ 415,292
78079DC0180001	BlueCross BlueShield Preferred 1500, A Multi-State Plan Base	78079DC0160002	BlueCross BlueShield Preferred 1600, a Multi-State Plan Base	On	573	4,082	\$ 1,365,974	\$ 2,479,994	\$ 1,872,376
78079DC0180001	BlueCross BlueShield Preferred 1500, A Multi-State Plan 94%	78079DC0160002	BlueCross BlueShield Preferred 1600, a Multi-State Plan 94%	On	2	12	\$ 2,630	\$ 150	\$ 100
78079DC0180001	BlueCross BlueShield Preferred 1500, A Multi-State Plan 87%	78079DC0160002	BlueCross BlueShield Preferred 1600, a Multi-State Plan 87%	On	3	30	\$ 18,827	\$ 14,862	\$ 7,525
78079DC0180001	BlueCross BlueShield Preferred 1500, A Multi-State Plan 73%	78079DC0160002	BlueCross BlueShield Preferred 1600, a Multi-State Plan 73%	On	24	202	\$ 81,466	\$ 57,949	\$ 27,552
78079DC0160001	BlueCross BlueShield Preferred 500, A Multi-State Plan	78079DC0160001	BlueCross BlueShield Preferred 750, a Multi-State Plan	On	434	4,502	\$ 1,725,744	\$ 2,374,879	\$ 1,800,264
78079DC0210001	BluePreferred Platinum \$0	78079DC0210001	BluePreferred PPO Standard Platinum \$0	On	611	6,199	\$ 3,028,205	\$ 6,367,094	\$ 5,750,058
New	New	78079DC0210004	BluePreferred PPO Standard Silver \$2,000 Base	On	-	-	-	-	-
New	New	78079DC0210004	BluePreferred PPO Standard Silver \$2,000 73%	On	-	-	-	-	-
New	New	78079DC0210003	BluePreferred PPO Standard Gold \$500	On	-	-	-	-	-
Total					2,139	19,255	\$ 7,436,415	\$ 12,190,185	\$ 9,873,169

*Experience for mapped plans will be listed in the URRT under this HIOS Plan ID.

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

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

**DC Individual Exchange Products
Rates Effective 1/1/2016**

Actuarial Value Calculations

Group Hospitalization & Medical Services, Inc. (GHMSI)
d.b.a. CareFirst BlueCross BlueShield
(NAIC # 53007)
DC Individual Exchange Products
Actuarial Value Calculations
Table of Contents
Rates Effective 1/1/2016

Cover	1
Table of Contents	2
BluePreferred PPO Standard Bronze \$4,500	3
BlueCross BlueShield Preferred 1600, a Multi-State Plan	4 - 5
BluePreferred HSA Silver 133%-150% FPL	6 - 7
BluePreferred HSA Silver 150%-200% FPL	8 - 9
BluePreferred HSA Silver 200%-250% FPL	10 - 11
BluePreferred PPO Standard Silver \$2,000	12
BluePreferred PPO Standard Silver 133-150% FPL	13
BluePreferred PPO Standard Silver 150-200% FPL	14
BluePreferred PPO Standard Silver 200-250% FPL	15
BlueCross BlueShield Preferred 750, a Multi-State Plan	16 - 17
BluePreferred PPO Standard Gold \$500	18
BluePreferred PPO Standard Platinum \$0	19

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/HI
Annua

Tier 1 Plan E		
Deductible (\$)	\$4,500.00	\$2
Coinsurance (% , Insurer's Cost Share)	80.00%	50
OOP Maximum (\$)	\$6,850.00	
OOP Maximum if Separate (\$)		

[Click Here for Important Instructions](#)

Type of Benefit	Subject to Deductible?	Sub Coins
Medical	<input type="checkbox"/> All	<input type="checkbox"/>
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/>
Generics	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" 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 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 <input type="checkbox"/> Copays? # Copays (1-10):

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

61.36%

Bronze

Calculation Successful.

61.36%

Bronze

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: 80%
	2nd Tier Utilization: 20%

Tier 1 Plan Benefit Design		
		Combined
Deductible (\$)	\$5,500.00	\$1,600.00
Coinsurance (% Insurer's Cost Share)	100.00%	100.00%
OOP Maximum (\$)	\$6,850.00	\$6,550.00
OOP Maximum if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
\$5,500.00	\$150.00	
100.00%	100.00%	
\$6,850.00		

[Click Here for Important Instructions](#)

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 type="checkbox"/> All	<input checked="" type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input checked="" 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"/>		\$0.00	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input checked="" type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input checked="" 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"/>	70%			
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%			
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" 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"/>		\$20.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$85.00	<input checked="" type="checkbox"/>	<input checked="" 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"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" 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 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:

Calculation Successful.
71.89%
Silver

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: 80%
	2nd Tier Utilization: 20%

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$5,500.00	\$150.00	\$1,600.00
Coinurance (% Insurer's Cost Share)	100.00%	100.00%	100.00%
OOP Maximum (\$)	\$6,850.00		\$6,550.00
OOP Maximum if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$5,500.00	\$150.00	
Coinurance (% Insurer's Cost Share)	100.00%	100.00%	
OOP Maximum (\$)	\$6,850.00		
OOP Maximum if Separate (\$)			

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinurance?	Coinurance, 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 type="checkbox"/> All	<input checked="" type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input checked="" 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"/>		\$0.00	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" 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"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$55.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$55.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input checked="" 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"/>	84%			
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%			
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" 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"/>		\$20.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$85.00	<input checked="" type="checkbox"/>	<input checked="" 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"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" 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 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/Coinurance After a Set Number of Copays? <input type="checkbox"/>
Copays (1-10):

Output

Calculate

Status/Error Messages:
Actuarial Value:
Metal Tier:

Calculation Successful.
71.79%
Silver

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: 80%
	2nd Tier Utilization: 20%

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$0.00	\$0.00	
Coinurance (% , Insurer's Cost Share)	100.00%	100.00%	
OOP Maximum (\$)	\$2,250.00		
OOP Maximum if Separate (\$)			

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

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	95%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" 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"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" 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 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/Coinurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Output

Calculate

Status/Error Messages:
Actuarial Value:
Metal Tier:

CSR Level of 94% (100-150% FPL), Calculation Successful.
94.57%
Platinum

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: 80%
	2nd Tier Utilization: 20%

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$0.00	\$0.00	
Coinurance (% , Insurer's Cost Share)	100.00%	100.00%	
OOP Maximum (\$)	\$2,250.00		
OOP Maximum if Separate (\$)			

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

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input type="checkbox"/> All	<input checked="" 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 checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Preventive Care/Screening/Immunization	<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"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	99%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	95%		<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" 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"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" 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 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/Coinurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Output

Calculate

Status/Error Messages:

Error: Result is outside of +/- 1 percent de minimis variation for CSRs.

Actuarial Value:

95.74%

Metal Tier:

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: 80%
	2nd Tier Utilization: 20%

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			\$300.00
Coinsurance (%; Insurer's Cost Share)			100.00%
OOP Maximum (\$)			\$2,250.00
OOP Maximum if Separate (\$)			

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

[Click Here for Important Instructions](#)

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 checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All
Emergency Room Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>			<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 checked="" 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 checked="" type="checkbox"/>
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input 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"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" 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"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" 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 checked="" 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 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 +/- 1 percent de minimis variation for CSRs.

Actuarial Value:

88.16%

Metal Tier:

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: 80%
	2nd Tier Utilization: 20%

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			\$300.00
Coinsurance (%; Insurer's Cost Share)			100.00%
OOP Maximum (\$)			\$2,250.00
OOP Maximum if Separate (\$)			

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

[Click Here for Important Instructions](#)

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 checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Preventive Care/Screening/Immunization	<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 checked="" type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$55.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Skilled Nursing Facility	<input type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" 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"/>				
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" 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"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" 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 checked="" 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 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:

CSR Level of 87% (150-200% FPL), Calculation Successful.
87.30%
Gold

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: 80%
	2nd Tier Utilization: 20%

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			\$1,475.00
Coinsurance (%; Insurer's Cost Share)			100.00%
OOP Maximum (\$)			\$5,450.00
OOP Maximum if Separate (\$)			

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

[Click Here for Important Instructions](#)

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 checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>			<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 checked="" 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 checked="" type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" 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 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"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" 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"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" 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 checked="" 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 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 +/- 1 percent de minimis variation for CSRs.

Actuarial Value:

74.02%

Metal Tier:

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: 80%
	2nd Tier Utilization: 20%

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			\$1,475.00
Coinsurance (%; Insurer's Cost Share)			100.00%
OOP Maximum (\$)			\$5,450.00
OOP Maximum if Separate (\$)			

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

[Click Here for Important Instructions](#)

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 checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<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 type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$55.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" 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"/>	80%		<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 type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" 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"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" 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 checked="" 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 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:

CSR Level of 73% (200-250% FPL), Calculation Successful.
73.79%
Silver

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
Annual

	Tier 1 Plan	
Deductible (\$)	\$2,000.00	\$2,000.00
Coinsurance (% , Insurer's Cost Share)	80.00%	80.00%
OOP Maximum (\$)	\$6,250.00	
OOP Maximum if Separate (\$)		

[Click Here for Important Instructions](#)

Type of Benefit	Subject to Deductible?	Subj to Coins
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/>
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/>
Generics	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" 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 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 <input type="checkbox"/> Copays? # Copays (1-10):

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	70.38%
Metal Tier:	Silver

Calculation Successful.
70.38%
Silver

HSA/HRA Options		Narrow Network Options	
IRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	80%
		2nd Tier Utilization:	20%

Benefit Design	
	Combined
\$250.00	
0.00%	

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

Tier 1			Tier 2			
Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All		
<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/> All			<input type="checkbox"/> All	<input checked="" type="checkbox"/> All		
<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

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 Emp
Annual Cont

Tier 1 Plan Benefit		
Deductible (\$)	\$0.00	\$0.00
Coinsurance (% , Insurer's Cost Share)	95.00%	100.00%
OOP Maximum (\$)	\$2,250.00	
OOP Maximum if Separate (\$)		

[Click Here for Important Instructions](#)

Type of Benefit	Subject to Deductible?	Subject to Coinsurance?
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSAs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" 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 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 <input type="checkbox"/>
Copays?
Copays (1-10):

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

CSR Level of 94% (100-150% FPL)

93.93%

Platinum

CSR Level of 94% (100-150% FPL),

93.93%

Platinum

HSA/HRA Options		Narrow Network Options	
Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>
Contribution Amount:		1st Tier Utilization:	80%
		2nd Tier Utilization:	20%

Design	
	Combined

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

Tier 1		Tier 2			
Coinsurance, if different?	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
		<input checked="" type="checkbox"/> All	<input type="checkbox"/> All		
	\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
	\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
	\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
	\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
	\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		
	\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
	\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
		<input type="checkbox"/> All	<input checked="" type="checkbox"/> All		
	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
	\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
	\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
	90%	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

), Calculation Successful.

Med Ded	\$0.00
Rx Ded	\$0.00
OOP Max	\$2,250.00

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 Emp
Annual Cont

Tier 1 Plan Benefit	
Deductible (\$)	\$0.00
Coinsurance (% , Insurer's Cost Share)	80.00%
OOP Maximum (\$)	\$2,250.00
OOP Maximum if Separate (\$)	

[Click Here for Important Instructions](#)

Type of Benefit	Subject to Deductible?	Subject to Coinsurance?
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSAs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?

Specialty Rx Coinsurance Maximum:

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 <input type="checkbox"/>
Copays?
Copays (1-10):

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

CSR Level of 87% (150-200% FPL)

86.92%

Gold

CSR Level of 87% (150-200% FPL),

86.92%

Gold

HSA/HRA Options		Narrow Network Options	
Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>
Contribution Amount:		1st Tier Utilization:	80%
		2nd Tier Utilization:	20%

Design	
	Combined

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

Tier 1		Tier 2			
Coinsurance, if different?	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
		<input checked="" type="checkbox"/> All	<input type="checkbox"/> All		
	\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
	\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
	\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
	\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
	\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
	\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
	\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		
	\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
	\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
		<input type="checkbox"/> All	<input checked="" type="checkbox"/> All		
	\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
	\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
	\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
	80%	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

), Calculation Successful.

Med Ded	\$0.00
Rx Ded	\$0.00
OOP Max	\$2,250.00

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 Emp
Annual Cont

Tier 1 Plan Benefit	
Deductible (\$)	\$1,250.00
Coinsurance (% , Insurer's Cost Share)	80.00%
OOP Maximum (\$)	\$5,450.00
OOP Maximum if Separate (\$)	

[Click Here for Important Instructions](#)

Type of Benefit	Subject to Deductible?	Subject to Coinsurance?
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSAs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" 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 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 <input type="checkbox"/>
Copays?
Copays (1-10):

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

CSR Level of 73% (200-250% FPL)

73.03%

Silver

CSR Level of 73% (200-250% FPL),

73.03%

Silver

HSA/HRA Options		Narrow Network Options	
Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>
Contribution Amount:		1st Tier Utilization:	80%
		2nd Tier Utilization:	20%

Design	
	Combined

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

Tier 1		Tier 2				
?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All		
		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		
		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
			<input type="checkbox"/> All	<input checked="" type="checkbox"/> All		
		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
		80%	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

), Calculation Successful.

Med Ded	\$1,250.00
Rx Ded	\$250.00
OOP Max	\$5,450.00

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/HI
Annua

Tier 1 Plan E		
Deductible (\$)	\$750.00	\$2
Coinsurance (% , Insurer's Cost Share)	100.00%	100
OOP Maximum (\$)	\$4,000.00	
OOP Maximum if Separate (\$)		

[Click Here for Important Instructions](#)

Type of Benefit	Subject to Deductible?	Sub Coins
Medical	<input type="checkbox"/> All	<input type="checkbox"/>
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<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"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/>
Generics	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<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 <input type="checkbox"/>
Copays?
Copays (1-10):

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	78.84%
Metal Tier:	Gold

Calculation Successful.
78.84%
Gold

78.84%	67%
84.03%	33%

0.8057

HSA/HRA Options		Narrow Network Options	
IRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	80%
		2nd Tier Utilization:	20%

Benefit Design	
	Combined
50.00	\$500.00
100.00%	100.00%
	\$3,500.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

Tier 1			Tier 2			
Subject to Insurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All		
<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$450.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$350.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>	91%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>	85%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/> All			<input type="checkbox"/> All	<input checked="" type="checkbox"/> All		
<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

	Tier 1	Tier 2
Copay, if separate	Copay applies only after deductible?	
	<input type="checkbox"/> All	<input checked="" type="checkbox"/> All
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/> All	<input type="checkbox"/> All
	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Enter OP
 Copays
 \$ 172
 \$ 30

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/HI
Annua

	Tier 1 Plan E	
Deductible (\$)	\$750.00	\$2
Coinsurance (% , Insurer's Cost Share)	100.00%	100
OOP Maximum (\$)	\$4,000.00	
OOP Maximum if Separate (\$)		

[Click Here for Important Instructions](#)

Type of Benefit	Subject to Deductible?	Sub Coins
Medical	<input type="checkbox"/> All	<input type="checkbox"/>
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<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"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/>
Generics	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<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 <input type="checkbox"/> Copays? # Copays (1-10):

Output

Calculate

Status/Error Messages:

Error: Result is outside of

Actuarial Value:

84.03%

Metal Tier:

Error: Result is outside of +/- 2 per
84.03%

HSA/HRA Options	Narrow Network Options
IRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 80% 2nd Tier Utilization: 20%

Benefit Design	
	Combined
50.00	\$500.00
100.00%	100.00%
	\$3,500.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

Tier 1			Tier 2			
Subject to Insurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All		
<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$450.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>	84%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>	85%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/> All			<input type="checkbox"/> All	<input checked="" type="checkbox"/> All		
<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

f +/- 2 percent de minimis variation.

percent de minimis variation.

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/HI
Annu

Tier 1 Plan E		
Deductible (\$)	\$500.00	\$
Coinsurance (% , Insurer's Cost Share)	100.00%	100
OOP Maximum (\$)	\$3,500.00	
OOP Maximum if Separate (\$)		

[Click Here for Important Instructions](#)

Type of Benefit	Subject to Deductible?	Sub Coins
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/>
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<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"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/>
Generics	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input checked="" 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 <input type="checkbox"/> Copays? # Copays (1-10):

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	80.25%
Metal Tier:	Gold

Calculation Successful.
80.25%
Gold

HSA/HRA Options		Narrow Network Options	
IRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	80%
		2nd Tier Utilization:	20%

Benefit Design	
	Combined
0.00	
0.00%	

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

Tier 1			Tier 2			
Subject to Deductible?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All		
<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$600.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/> All			<input type="checkbox"/> All	<input checked="" type="checkbox"/> All		
<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

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/HI
Annu

	Tier 1 Plan E	
Deductible (\$)	\$0.00	\$
Coinsurance (% , Insurer's Cost Share)	100.00%	100
OOP Maximum (\$)	\$2,000.00	
OOP Maximum if Separate (\$)		

[Click Here for Important Instructions](#)

Type of Benefit	Subject to Deductible?	Sub Coins
Medical	<input type="checkbox"/> All	<input type="checkbox"/>
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<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"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/>
Generics	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input 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 <input type="checkbox"/> Copays? # Copays (1-10):

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	90.48%
Metal Tier:	Platinum

Calculation Successful.
90.48%
Platinum

HSA/HRA Options		Narrow Network Options	
IRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	80%
		2nd Tier Utilization:	20%

Benefit Design	
	Combined
0.00	
0.00%	

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

Tier 1			Tier 2			
Subject to Deductible?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All		
<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/> All			<input type="checkbox"/> All	<input checked="" type="checkbox"/> All		
<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

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:

- A. **Company Legal Name:** Group Hospitalization and Medical Services, Inc. (NAIC # 53007) (GHMSI)
- B. **State:** District of Columbia
- C. **HIOS Issuer ID:** 78079
- D. **Market:** Individual, Non-Medigap (INM) – On Exchange
- E. **Effective Date:** 1/1/16 – 12/31/16
- F. **Primary Contact Name:** Mr. Brad Boban, A.S.A., M.A.A.A.
- G. **Primary Contact Telephone Number:** 410-998-6230
- H. **Primary Contact E-Mail Address:** Brad.Boban@CareFirst.com

3. PROPOSED RATE INCREASE(S): GHMSI is proposing to raise premiums by 14.5% on average, prior to age band changes. Without risk adjustment, this GHMSI renewal would have been 27.0%. (For CF's Individual business (GHMSI and BlueChoice HMO), the proposed weighted average renewal is 9.0%.) Without a merged index rate, this 9.0% renewal would have been approximately 24% due to the dominance of the small group business (with typically higher index rate than INM products) in the merged pool. Merging had the effect of raising average CF (including HMO products) SG renewals by ~3% and reducing INM renewals by ~15%. 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 D.C. age curve. 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 merged single risk pool (SRP) for individual and small group 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 small groups, size 51-100 that migrate to the small group pool is projected to be higher than the morbidity of existing small groups. 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. Section 4.3 below explains the impact of the shift in enrollment composition.

An additional significant driver of the proposed GHMSI renewal is a material projected risk adjustment receipt of materially higher premium, driven by the relative high morbidity of GHMSI compared to the D.C. Individual marketplace, per the Wakely Consulting Group risk adjustment model.

Secondary drivers are medical cost and utilization trends (an aggregate +7.0% per year), the lower anticipated payments from the Federal reinsurance program, and an increase in contribution to reserve target.

The expected rate changes vary from 2.7% to 25.8% for 2016 renewals in this filing (prior to any impact of age band changes). This range is driven by the impact of changes in member cost-sharing resulting from the mapping of 2015 plans to our proposed 2016 plans, adoption of an induced demand curve, and an updated pricing model.

4. MARKET EXPERIENCE (Individual and Small Group Combined):

4.1 EXPERIENCE PERIOD PREMIUM AND CLAIMS: The incurred period is 1/1/14 through 12/31/14, as required. There are no anticipated MLR rebates in the experience period. Allowed claims have been developed by combining paid claims with member cost-sharing amounts as well as Federal CSR amounts.

Paid Through Date: 2/28/15

Premiums (Net of MLR Rebate) in Experience Period: \$233,946,407 (Merged)

Allowed and Incurred Claims From Experience Period: \$224,217,593 (Merged Index Rate)

4.2 BENEFIT CATEGORIES:

- A. Inpatient Hospital
- B. Outpatient Hospital
- C. Professional
- D. Other Medical (non-capitated ambulance, home health care, durable medical equipment, prosthetics, supplies, vision exams, dental services and other)
- E. Prescription drug
- F. 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, small group, 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 CF Individual 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 CFI members 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, the portfolio has been redesigned. Some of the 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. Other new designs are the mandated D.C. standard plans. Our 2015 plans will be uniformly modified into the 2016 plans based on the mapping included in this filing.

The new portfolio consists of 6 plans: one bronze, two silver, two gold, and one platinum.

Attached exhibits detail adjustments for pediatric dental, mandatory generics, and maternity.

Changes in Demographics: The average age of GHMSI members has increased from 33.9 to 34.3 between the experience period and the latest enrollment as of 2/28/15. We have therefore made a demographic adjustment of +0.9% to account for this aging.

Other Adjustments: Started in 2015, CF is continuing its incentive program, called BlueRewards, whereby members earn medical expense debit cards of as much as \$300 annually, for an individual (\$700 for a family). These 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. Our aim is that this incentive program will improve our members’ health.

This calculation also includes the following:

- 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.
- 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, as experience was determined to be fully credible.

4.5 CREDIBILITY OF EXPERIENCE: The calendar 2014 base data includes 512,656 members months (average monthly of 42,721) and is therefore considered 100% credible.

4.6 PAID TO ALLOWED RATIO: Projected at 76.7%, on average.

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. The reinsurance estimates are based upon internal estimates of reinsured claim amounts, with experience paid through 3/31/15. Both estimates were performed at the metal level of granularity.

Projected Risk Adjustments PMPM: -\$38 PMPM for 2016. This is based on an analysis of the market by Wakely Consulting Group. Wakely provided CF’s normalized risk scores, which were used to develop a projected transfer receipt as a percentage of premium. We converted this to a percentage of our projected index rate for 2015 to translate the estimated receipt into a PMPM. Wakely’s method isolated the experience of all non-grandfathered (ACA & PPACA) members for all of 2014.

Projected ACA Reinsurance Recoveries Net of Reinsurance Premium (Individual Market and Combined Markets Only): Total Federal reinsurance recoveries are based upon a CY 2016 attachment point of \$90,000, a cap of \$250,000 and 50% coinsurance. Total net reinsurance of \$14.80 PMPM is derived from \$17.06 in recoveries less \$2.25 in contribution and less \$0.17 PMPY in administrative fees.

4.8 NON-BENEFIT EXPENSES AND CONTRIBUTION TO RESERVE (CtR) & RISK: The “desired incurred claims ratio” (DICR) has changed from 75.2% (2015) to 73.8% (2016).

Administrative Expense Load: PMPMs increased by 9.5% for total administrative expenses and broker fees, versus 2015.

CtR & Risk Margin: Increased from 0.0% to 2.0%, pre-tax.

Taxes and Fees:

- Premium Tax of 2.0%.
- Federal Income Tax (FIT) increased from 0.0% to 0.4%.
- State Regulatory Trust Annual Assessment Fee of 0.1%.
- Health Insurer Fee remained at 2.6% considering non-deductibility for tax purposes.
- PCORI increased from \$2.11 PMPY to \$2.25 PMPY for 1Q – 3Q 2016 and \$2.34 for 4Q 2016.

- Reinsurance Payments decreased from \$3.67 PMPM to \$2.25 PMPM.
- Risk Adjustment User Fees increased from \$0.08 PMPM to \$0.15 PMPM.
- Reinsurance Administrative Fee is \$0.17 PMPY.

5 PROJECTED LOSS RATIO: Our projected DICR for MLR purposes is 82.0%, meeting the 80.0% minimum of “Public Health Service Act” (PHSA) 218. We have included the cost of our medical expense debit cards (aforementioned in section 4.3) as quality improvement in the numerator. We believe this is consistent with the small group market and with 45 C.F.R. § 158.221 and 158.150(b)(2) in that these debit cards are rewards for participation in a bona fide wellness program aimed to improve health quality and care.

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). It includes both Individual and Small group experience merged, per the D.C.HBX Carrier Reference Manual.

6.2 INDEX RATE: The EP index rate is a key component driving the renewal. Last year’s implicit 2014 index rate was \$442 (\$413 x trend of 7.0%). The actual for 2014 is \$438 for a favorable variance of -1%, driven primarily by the change in demographics and morbidity of the single risk pool.

After applying projection factors, the allowed claims PMPM for 2016 is \$526. This includes projected claims for non-EHBs, estimated at \$3.07 PMPM. The proposed 2016 index rate is \$523.

6.3 MARKET ADJUSTED INDEX RATE:

- **Federal Reinsurance Program Adjustment:** 0.963 for 2016, reflecting the anticipated reinsurance recoveries, net of reinsurance contribution and administrative fee.
- **Risk Adjustment:** 0.901 for 2016. A summary exhibit is provided.
- **Marketplace User Fee Adjustment:** 1.00. Not applicable.

6.4 PLAN ADJUSTED INDEX RATES: The cost-share factor includes 1) pricing AVs, 2) H.S.A./Non-H.S.A. induced demand factors and 3) metal-level induced demand factors. 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. The catastrophic factor has been developed from the experience of the catastrophic population, and applied only to the catastrophic plan as required.

6.5 CALIBRATION: Done for age only.

Age Curve Calibration – We have calibrated to an average age of 44 from the age curve.

6.6 CONSUMER ADJUSTED PREMIUM RATE DEVELOPMENT: Rate charts are provided for all of the consumer adjusted premiums.

7 PLAN PRODUCT INFORMATION:

7.1 HHS ACTUARIAL METAL VALUES (AV): Some 2016 plans include varying cost-share levels for some services that depend on the setting in which care is delivered, which is not accommodated by the Federal AV calculator. As an acceptable alternate method for unique plans, 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 a higher cost-share setting and the remaining 1/3 at the lower, consistent with 2014 experience for our Small Group and INM markets.

Those plans that lacked this site of service cost-share variation were run through the Federal AV calculator without modification.

Printouts for each plan are provided in the AM 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 Plan Level Summary page shows the total AV Pricing Value, as well as the detail of each allowable rating factor that contributes to the total.

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.

7.4 TERMINATED PRODUCTS: A listing of all terminated non-ACA products, as well as a list of the ACA plans being uniformly modified is included in the AM.

7.5 PLAN TYPE: PPO.

7.6 WARNING ALERTS:

- A warning is triggered on worksheet 1 which reads:
WARNING - Wksh 1 - Market Experience Total PMPM (Cell H30) is not equal to Allowed Claims (Cell G16). CF believes the warning message is in error, as these two cells should not be equal, as best as can be ascertained from the instructions. Cell G16 is the experience period allowed claims PMPM, adjusted to exclude reinsurance and risk adjustment amounts. Cell H30 is a worksheet computed PMPM that is derived from the actual experience period utilization statistics by service category and does not reflect adjustments to remove reinsurance/risk adjustment.
- Additional warnings are triggered when CSR amounts are entered on worksheet 2: "WARNING - Wksh 2 - Plan Product Info - Cell M65 - (Section III - Portion of above payable by HHS' funds on behalf of insured person in dollars) should be 0 for exchange plans for year 2014 and 2015. This message is an error that needs to be corrected by CMS, and per Dennis Yu on the 4/10/2015 URRT conference call, the un-validated URRT should be submitted.

8 MISCELLANEOUS INSTRUCTIONS:

8.1 Effective Rate Review Information: N/A.

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

8.3 Actuarial Certification: Included in the AM.

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:	GHMSI, Inc.				State:	DC																
4	HIOS Issuer ID:	78079				Market:	Individual																
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		<u>Experience Period</u>		<u>Aggregate Amount</u>		<u>PMPM</u>	<u>% of Prem</u>																
14	Premiums (net of MLR Rebate) in Experience Period:	\$	233,946,406.85	\$	456.34	100.00%																	
15	Incurred Claims in Experience Period	\$	196,855,138.48		383.99	84.15%																	
16	Allowed Claims:	\$	234,259,024.47		456.95	100.13%																	
17	Index Rate of Experience Period			\$	434.76																		
18	Experience Period Member Months	512,656																					
19																							
20	Section II: Allowed Claims, PMPM basis																						
21																							
22																							
23																							
24																							
25																							
26																							
27																							
28																							
29																							
30																							
31																							
32																							
33																							
34																							
35																							
36																							
37																							
38																							
39																							
40																							
41																							
42																							
43																							
44																							
45																							
46																							
47																							
48																							
49																							
50																							

Product-Plan Data Collection

Company Legal Name:
HIOS Issuer ID:
Effective Date of Rate Change(s):

GHMSI, Inc.
78079
1/1/2016

State: DC
Market: Individual

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product	BluePreferred 78079DC01				BluePreferred Multi-State Plan 78079DC016			Terminated Products 78079DC03
	Bronze	Silver	Gold	Platinum	Silver	Gold	Catastrophic	
Product ID:	0.614	0.704	0.802	0.905	0.719	0.806	0.000	
Metal:	0.715	0.942	1.190	1.426	0.769	1.185	0.878	
AV Metal Value	PPO	PPO	PPO	PPO	PPO	PPO	PPO	
AV Pricing Value	BluePreferred PPO Standard Bronze \$4,500	BluePreferred PPO Standard Silver \$3,000	BluePreferred PPO Standard Gold \$500	BluePreferred PPO Standard Platinum \$0	BlueCross BlueShield Preferred 1600, a Multi-State Plan	BlueCross BlueShield Preferred 750, a Multi-State Plan	2015 Experience	
Plan Name	78079DC0210002	78079DC0210004	78079DC0210003	78079DC0210001	78079DC0160002	78079DC0160001	78079DC030001	
Exchange Plan?	Yes	Yes	Yes	Yes	Yes	Yes	No	
Historical Rate Increase - Calendar Year -2			0.00%		0.00%		9.39%	
Historical Rate Increase - Calendar Year -1			0.00%		0.00%		9.49%	
Historical Rate Increase - Calendar Year 0			6.68%		3.22%		0.00%	
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	
Rate Change % (lower prior filing)	13.40%	0.00%	0.00%	13.15%	2.68%	17.51%	0.00%	
Cumulative Rate Change % (over 12 mos prior)	13.40%	0.00%	0.00%	13.15%	2.68%	17.51%	0.00%	
Pro'd Per Rate Change % (over Expir. Period)	13.04%	#DIV/0!	#DIV/0!	12.50%	2.72%	49.30%	-100.00%	
Product Threshold Rate Increase %		13.22%			10.13%		#DIV/0!	

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

Plan ID (Standard Component ID):	Total	78079DC0210002	78079DC0210004	78079DC0210003	78079DC0210001	78079DC0160002	78079DC0160001	78079DC030001
Inpatient	\$4.75	\$6.80	\$57.93	\$79.24	\$13.40	\$3.14	\$13.43	\$0.00
Outpatient	\$5.26	\$7.55	\$68.23	\$86.27	\$14.87	\$3.15	\$15.08	\$0.00
Professional	\$5.38	\$7.97	\$107.34	\$135.70	\$15.57	\$0.32	\$17.47	\$0.00
Prescription Drug	\$2.63	\$4.10	\$79.13	\$100.06	\$7.94	-\$1.87	\$10.09	\$0.00
Other	\$2.03	\$2.86	\$18.83	\$23.89	\$5.46	\$1.80	\$5.41	\$0.00
Capitation	\$0.02	\$0.03	\$0.84	\$1.18	\$0.06	-\$0.04	\$0.09	\$0.00
Administration	\$4.60	\$6.74	\$78.83	\$99.66	\$13.21	\$1.29	\$14.25	\$0.00
Taxes & Fees	\$2.49	\$7.48	\$9.26	\$11.71	\$14.81	\$8.09	\$12.36	\$0.00
Risk & Profit Charge	\$4.14	\$5.63	\$6.84	\$8.64	\$11.24	\$6.10	\$9.31	\$0.00
Total Rate Increase	\$34.32	\$49.16	\$427.34	\$540.27	\$96.86	\$21.97	\$97.45	\$0.00
Member Cost Share Increase	\$2.10	\$6.91	\$6.23	\$3.59	\$1.96	\$5.66	\$3.61	\$0.00
Average Current Rate PMPM	\$368.77	\$275.31	\$0.00	\$0.00	\$550.42	\$126.82	\$440.35	\$0.00
Projected Member Months	39,846	9,873	5,446	4,084	10,913	5,446	4,084	0

Section III: Experience Period Information

Plan ID (Standard Component ID):	Total	78079DC0210002	78079DC0210004	78079DC0210003	78079DC0210001	78079DC0160002	78079DC0160001	78079DC030001
Plan Adjusted Index Rate	\$300.40	\$287.03	\$0.00	\$0.00	\$488.50	\$39.55	\$383.33	\$217.15
Member Months	39,103	4,228	0	0	6,499	4,228	4,602	29,846
Total Premium (TP)	\$11,746,367	\$1,213,571	\$0	\$0	\$3,028,205	\$1,468,896	\$1,725,744	\$4,369,921
EHB Percent of TP (see instructions)	99.41%	99.41%	0.00%	0.00%	99.41%	99.41%	99.41%	99.41%
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%
Other benefits portion of TP	0.59%	0.59%	100.00%	100.00%	0.59%	0.59%	0.59%	0.59%
Total Allowed Claims (TAC)	\$20,898,130	\$509,744	\$0	\$0	\$8,928,024	\$3,261,714	\$2,726,623	\$5,471,325
EHB Percent of TAC (see instructions)	56.93%	99.41%	0.00%	0.00%	99.41%	99.41%	99.41%	99.41%
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%
Other benefits portion of TAC	43.07%	0.59%	100.00%	100.00%	0.59%	0.59%	0.59%	0.59%
Allowed Claims which are not the issuer's obligation	\$7,084,618	\$94,451	\$0	\$0	\$3,178,866	\$1,354,161	\$926,358	\$1,530,782
Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$8,756	\$0	\$0	\$0	\$0	\$8,756	\$0	\$0
Portion of above payable by HHS on behalf of insured person, as %	0.12%	0.00%	#DIV/0!	#DIV/0!	0.00%	0.65%	0.00%	\$3,940,543
Total Incurred claims, payable with issuer funds	\$13,813,712	\$415,292	\$0	\$0	\$5,750,058	\$1,907,554	\$1,800,264	\$0
Net Amt of Reim	\$1,435,986.92	\$23,566	\$0	\$0	\$725,525	\$534,507	\$152,389	\$0
Net Amt of Risk Adj	\$1,699,743.66	-\$431,276	\$0	\$0	\$1,803,760	\$151,541	\$175,719	\$0
Incurred Claims PMPM	\$353.26	\$98.22	#DIV/0!	#DIV/0!	\$927.58	\$440.95	\$399.88	\$198.54
Allowed Claims PMPM	\$314.44	\$120.56	#DIV/0!	#DIV/0!	\$1,440.38	\$753.98	\$605.65	\$275.66
EHB portion of Allowed Claims, PMPM	\$304.28	\$119.85	#DIV/0!	#DIV/0!	\$0.00	\$749.50	\$602.05	\$274.02

Section IV: Projected (12 months following effective date)

Plan ID (Standard Component ID):	Total	78079DC0210002	78079DC0210004	78079DC0210003	78079DC0210001	78079DC0160002	78079DC0160001	78079DC030001
Plan Adjusted Index Rate	\$474.25	\$324.47	\$427.34	\$540.27	\$647.28	\$348.79	\$537.80	\$0.00
Member Months	39,846	9,873	5,446	4,084	10,913	5,446	4,084	0
Total Premium (TP)	\$18,896,901	\$3,203,493	\$2,327,294	\$2,206,463	\$7,063,767	\$1,893,510	\$2,196,215	\$0
EHB Percent of TP (see instructions)	99.44%	99.15%	99.29%	99.39%	99.45%	99.77%	99.77%	100.00%
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%
Other benefits portion of TP	0.56%	0.85%	0.71%	0.61%	0.55%	0.23%	0.23%	0.00%
Total Allowed Claims (TAC)	\$20,948,081	\$5,204,870	\$2,866,832	\$2,147,744	\$5,735,542	\$2,853,345	\$2,139,747	\$0
EHB Percent of TAC (see instructions)	99.42%	99.15%	99.29%	99.39%	99.45%	99.77%	99.77%	100.00%
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%
Other benefits portion of TAC	0.58%	0.85%	0.71%	0.61%	0.55%	0.23%	0.23%	0.00%
Allowed Claims which are not the issuer's obligation	\$7,085,102	\$2,854,769	\$1,159,496	\$529,053	\$553,453	\$1,459,857	\$528,474	\$0
Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$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
Total Incurred claims, payable with issuer funds	\$13,862,978	\$2,350,101	\$1,707,336	\$1,618,691	\$5,182,089	\$1,393,488	\$1,611,273	\$0
Net Amt of Reim	\$993,032	\$100,533	\$73,037	\$69,244	\$221,680	\$59,611	\$68,927	\$0
Net Amt of Risk Adj	\$1,525,266	-\$258,568	-\$187,849	-\$178,095	-\$970,156	-\$154,818	-\$177,479	\$0

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.