State:	*District of Columbia*	***Filing Company:***	*CareFirst BlueChoice, Inc.*
TOI/Sub-TOI:	*HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other*		
Product Name:	*DC BC Small Group Eff 201701 - ACA*		
Project Name/Number:	*/2100*		

Filing at a Glance

Company:	CareFirst BlueChoice, Inc.
Product Name:	DC BC Small Group Eff 201701 - ACA
State:	District of Columbia
TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)
Sub-TOI:	HOrg02G.004E Small Group Only - Other
Filing Type:	Rate
Date Submitted:	05/02/2016
SERFF Tr Num:	CFAP-130548311
SERFF Status:	Assigned
State Tr Num:	
State Status:	
Co Tr Num:	2100
Implementation Date Requested:	01/01/2017
Author(s):	Dwayne Lucado, Anna Guloy, Todd Switzer, Brad Boban, Patrick Getts, Britney Tyler, Scott Cremens, Paul Fruth
Reviewer(s):	Efren Tanhehco (primary), John Morgan, Damon Siler
Disposition Date:	
Disposition Status:	
Implementation Date:	

State Filing Description:

State: *District of Columbia* **Filing Company:** *CareFirst BlueChoice, Inc.*
TOI/Sub-TOI: *HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other*
Product Name: *DC BC Small Group Eff 201701 - ACA*
Project Name/Number: */2100*

General Information

Project Name:
Project Number: 2100
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Group Market Type: Employer
Filing Status Changed: 05/05/2016
State Status Changed:
Created By: Britney Tyler
Corresponding Filing Tracking Number:

Status of Filing in Domicile: Pending
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Group
Group Market Size: Small
Overall Rate Impact:

Deemer Date:
Submitted By: Britney Tyler

PPACA: Non-Grandfathered Immed Mkt Reforms

PPACA Notes: null

Exchange Intentions: Group on Exchange

Filing Description:

This filing contains the rate proposal for the portfolio of benefits to be offered by CareFirst BlueChoice, Inc. to Small Groups on the D.C. Exchange. We are submitting 45 benefit plans on the D.C. Exchange.

Company and Contact

Filing Contact Information

Britney Tyler, Actuarial Assistant
10455 Mill Run Circle
Mail Stop OM1-780
Owings Mills, MD 21117

britney.tyler@carefirst.com
410-998-7197 [Phone]

Filing Company Information

CareFirst BlueChoice, Inc.
840 First Street NE
Washington, DC 20065
(410) 581-3000 ext. [Phone]

CoCode: 96202
Group Code:
Group Name:
FEIN Number: 52-1358219

State of Domicile: District of Columbia
Company Type: Health Maintenance Organization
State ID Number:

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:

State: District of Columbia **Filing Company:** CareFirst BlueChoice, Inc.
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other
Product Name: DC BC Small Group Eff 201701 - ACA
Project Name/Number: /2100

Rate Information

Rate data applies to filing.

Filing Method: Electronic (SERFF)
Rate Change Type: Increase
Overall Percentage of Last Rate Revision: 1.500%
Effective Date of Last Rate Revision: 10/01/2016
Filing Method of Last Filing: Electronic (SERFF)

Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
CareFirst BlueChoice, Inc.	Neutral	0.000%	0.000%	$15,470	22,162	$35,218,851	13.300%	-3.500%

Rate Review Detail

COMPANY:

Company Name: CareFirst BlueChoice, Inc.

HHS Issuer Id: 86052

PRODUCTS:

Product Name	HIOS Product ID	HIOS Submission ID	Number of Covered Lives
BlueChoice HMO, BlueChoice HMO Referral, BlueChoice Advantage, BlueChoice Plus, BlueChoice Plus Opt-Out			35877

Trend Factors:

FORMS:

New Policy Forms: DC-CFBC-SHOP-GC (R 1-17), DC CFBC SHOP ELIG AMEND (1-17), DC-CF-SHOP-GC (R 1-17), DC-CF-SHOP-POS-OON-EOC (1-17), DC-CF-SHOP-POS OON-DOCS (1-17), DC/CFBC/SHOP/HMO POS/EOC (1/17), DC CFBC SHOP BC+OOOA DOCS (1-17), DC CFBC SG BC+ OO PLAT 0 (1-17), DC CFBC SHOP HMO DOCS (1-17), DC CFBC SG HMO OA CDH BRZ 6500 (1-17), DC CFBC SG HMO OA CDH GOLD 1500 (1-17), DC CFBC SG HMO OA CDH SIL 1500 (1-17), DC CFBC SG HMO OA CDH SIL 2000 (1-17), DC CFBC SG HMO OA CDH SIL 3000 (1-17), DC CFBC SG HMO OA GOLD 500 (1-17), DC CFBC SG HMO OA GOLD 1500 (1-17), DC CFBC SG HMO OA PLAT 0 (1-17), DC CFBC SG HMO OA SIL 1000 (1-17), DC CFBC SG HMO REF BRZ 5500 (1-17), DC CFBC SG HMO REF GOLD 0 (1-17), DC CFBC SG HMO REF GOLD 500 (1-17), DC CFBC SG HMO REF GOLD 1000 (1-17), DC CFBC SG HMO REF PLAT 0 (1-17), DC CFBC SG HMO REF PLAT 1000 (1-17), DC CFBC SG HMO REF SIL 2000 (1-17), DC CFBC SG HMO REF SIL 4000 (1-17), DC CFBC SG HB HMO CDH SIL 2000 (1-17), DC CFBC SG HB HMO GOLD 1500 (1-17), DC CFBC SG HB HMO PLAT 500 (1-17), DC CFBC SG HB HMO PLAT 1000 (1-17), DC CFBC SHOP ADV IN DOCS (1-17), DC CFBC SG BC ADV IN BF HSA SIL 1500 (1-17), DC CFBC SG POS IN BRZ 5500 (1-17), DC CFBC SG POS IN CDH BRZ 6500 (1-17), DC CFBC SG POS IN CDH GOLD 1500 (1-17), DC CFBC SG POS IN CDH SIL 1500 (1-17), DC CFBC SG POS IN CDH SIL 3000 (1-17), DC CFBC SG POS IN GOLD 500 (1-17), DC CFBC SG POS IN GOLD 1000 (1-17), DC CFBC SG POS IN PLAT 0 (1-17), DC CFBC SG POS IN SIL 4000 (1-17), DC CFBC SHOP PLUS IN DOCS (1-17), DC CFBC SG POS IN CDH SIL 2000 (1-17), DC CFBC SG POS IN GOLD 1500 (1-17), DC CFBC SG POS IN PLAT 500 (1-17), DC CFBC SG POS IN PLAT 1000 (1-17), DC CF SG BC ADV OON BF HSA SIL 1500 (1-17), DC CF SG POS OON BRZ 5500 (1-17), DC CF SG POS OON CDH BRZ 6500 (1-17), DC CF SG POS OON CDH GOLD 1500 (1-17), DC CF SG POS OON CDH SIL 1500 (1-17), DC CF SG POS OON CDH SIL 3000 (1-17), DC CF SG POS OON GOLD 1000 (1-17), DC CF SG POS OON PLAT 0 (1-17), DC CF SG POS OON SIL 4000 (1-17), DC CF SG POS OON CDH SIL 2000 (1-17), DC CF SG POS OON GOLD 1500 (1-17), DC CF SG POS OON PLAT 500 (1-17), DC CF SG POS OON PLAT 1000 (1-17)

Affected Forms: NA

State: *District of Columbia* **Filing Company:** *CareFirst BlueChoice, Inc.*
TOI/Sub-TOI: *HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other*
Product Name: *DC BC Small Group Eff 201701 - ACA*
Project Name/Number: */2100*

Other Affected Forms: DC/CFBC/DOL APPEAL (R. 1/16), DC/CFBC/SHOP/ELIG (1/14), DC/CFBC/FAM PLAN (8/12), DC/CFBC/PARTNER (R. 7/09), DC/CFBC/PT PROTECT (9/10), DC/CFBC/SG/INCENT (1/16), DC/GHMSI/DOL APPEAL (R. 1/16), DC/GHMSI/FAM PLAN (8/12), DC/CF/PARTNER (R. 7/09), DC/CF/BLCRD (1/12), DC/CF/MEM/BLCRD (1/12), DC/CF/ANCILLARY AMEND (10/12), DC/CF/PT PROTECT (9/10), DC/GHMSI-HEALTH GUARANTEE 1/15, DC/CFBC/BLCRD (1/12), DC/CFBC/MEM/BLCRD (1/12), DC/CFBC/ADV IN/IPP GRP (1/14), DC/CFBC/ADV IN/IPP MEM (1/14), DC/CFBC/ANCILLARY AMEND (10/12)

REQUESTED RATE CHANGE INFORMATION:

Change Period:	Quarterly
Member Months:	82,956
Benefit Change:	None
Percent Change Requested:	Min: -3.5 Max: 13.3 Avg: 0.0

PRIOR RATE:

Total Earned Premium:	35,218,851.00
Total Incurred Claims:	25,112,539.00
Annual $:	Min: 210.12 Max: 534.12 Avg: 421.20

REQUESTED RATE:

Projected Earned Premium:	35,890,846.00
Projected Incurred Claims:	26,478,029.00
Annual $:	Min: 228.01 Max: 525.90 Avg: 418.37

State: District of Columbia **Filing Company:** CareFirst BlueChoice, Inc.
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other
Product Name: DC BC Small Group Eff 201701 - ACA
Project Name/Number: /2100

Rate/Rule Schedule

State: District of Columbia **Filing Company:** CareFirst BlueChoice, Inc.
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other
Product Name: DC BC Small Group Eff 201701 - ACA
Project Name/Number: /2100

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Rate Filing 2100	DC-CFBC-SHOP-GC (R 1-17), DC/CFBC/DOL APPEAL (R. 1/16), DC/CFBC/SHOP/ELIG (1/14), DC/CFBC/FAM PLAN (8/12), DC/CFBC/PARTNER (R. 7/09), DC/CFBC/PT PROTECT (9/10), DC/CFBC/SG/INCENT (1/16), DC CFBC SHOP ELIG AMEND (1-17), DC-CF-SHOP-GC (R 1-17), DC-CF-SHOP-POS-OON-EOC (1-17), DC/GHMSI/DOL APPEAL (R. 1/16), DC-CF-SHOP-POS OON-DOCS (1-17), DC/GHMSI/FAM PLAN (8/12), DC/CF/PARTNER (R. 7/09), DC/CF/BLCRD (1/12), DC/CF/MEM/BLCRD (1/12), DC/CF/ANCILLARY AMEND (10/12), DC/CF/PT PROTECT (9/10), DC/GHMSI-HEALTH GUARANTEE 1/15, DC/CFBC/SHOP/HMO POS/EOC (1/17), DC CFBC SHOP BC+OOOA DOCS (1-17), DC/CFBC/BLCRD (1/12), DC/CFBC/MEM/BLCRD (1/12), DC CFBC SG BC+ OO PLAT 0 (1-17), DC CFBC SHOP HMO DOCS (1-17), DC CFBC SG HMO OA CDH BRZ 6500 (1-17), DC CFBC SG HMO OA CDH GOLD 1500 (1-17), DC CFBC SG HMO OA CDH SIL 1500 (1-17), DC CFBC SG HMO OA CDH SIL 2000 (1-17), DC CFBC SG HMO OA CDH SIL 3000 (1-17), DC CFBC SG HMO OA GOLD 500 (1-17), DC CFBC SG HMO OA GOLD 1500 (1-17), DC CFBC	Revised	Previous State Filing Number: CFAP-130051604 Percent Rate Change Request:	File_2100_DC_BC 1.1.17_Rates.pdf,

			SG HMO OA PLAT 0 (1-17), DC CFBC SG HMO OA SIL 1000 (1-17), DC CFBC SG HMO REF BRZ 5500 (1-17), DC CFBC SG HMO REF GOLD 0 (1-17), DC CFBC SG HMO REF GOLD 500 (1-17), DC CFBC SG HMO REF GOLD 1000 (1-17), DC CFBC SG HMO REF PLAT 0 (1-17), DC CFBC SG HMO REF PLAT 1000 (1-17), DC CFBC SG HMO REF SIL 2000 (1-17), DC CFBC SG HMO REF SIL 4000 (1-17), DC CFBC SG HB HMO CDH SIL 2000 (1-17), DC CFBC SG HB HMO GOLD 1500 (1-17), DC CFBC SG HB HMO PLAT 500 (1-17), DC CFBC SG HB HMO PLAT 1000 (1-17), DC CFBC SHOP ADV IN DOCS (1-17), DC/CFBC/ADV IN/IPP GRP (1/14), DC/CFBC/ADV IN/IPP MEM (1/14), DC/CFBC/ANCILLARY AMEND (10/12), DC CFBC SG BC ADV IN BF HSA SIL 1500 (1-17), DC CFBC SG POS IN BRZ 5500 (1-17), DC CFBC SG POS IN CDH BRZ 6500 (1-17), DC CFBC SG POS IN CDH GOLD 1500 (1-17), DC CFBC SG POS IN CDH SIL 1500 (1-17), DC CFBC SG POS IN CDH SIL 3000 (1-17), DC CFBC SG POS IN GOLD 500 (1-17), DC CFBC SG POS IN GOLD 1000 (1-17), DC CFBC SG POS IN PLAT 0 (1-17), DC CFBC SG POS IN SIL 4000 (1-17), DC CFBC SHOP PLUS IN DOCS (1-17), DC CFBC SG POS IN CDH SIL 2000 (1-17), DC CFBC SG POS IN GOLD 1500 (1-17), DC CFBC SG POS IN PLAT			

			500 (1-17), DC CFBC SG POS IN PLAT 1000 (1-17), DC CF SG BC ADV OON BF HSA SIL 1500 (1-17), DC CF SG POS OON BRZ 5500 (1-17), DC CF SG POS OON CDH BRZ 6500 (1-17), DC CF SG POS OON CDH GOLD 1500 (1-17), DC CF SG POS OON CDH SIL 1500 (1-17), DC CF SG POS OON CDH SIL 3000 (1-17), DC CF SG POS OON GOLD 1000 (1-17), DC CF SG POS OON PLAT 0 (1-17), DC CF SG POS OON SIL 4000 (1-17), DC CF SG POS OON CDH SIL 2000 (1-17), DC CF SG POS OON GOLD 1500 (1-17), DC CF SG POS OON PLAT 500 (1-17), DC CF SG POS OON PLAT 1000 (1-17), and any amendments			

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

Rate Filing # 2100
D.C. Small Group Products - On Exchange
Rate Filing Effective 1/1/2017

Proposed Individual Base Rates

Form Numbers

ON-Exchange

Forms Used for ALL ON-Exchange BlueChoice Group Products

DC-CFBC-SHOP-GC (R 1-17)
DC/CFBC/DOL APPEAL (R. 1/16)
DC/CFBC/SHOP/ELIG (1/14)
DC/CFBC/FAM PLAN (8/12)
DC/CFBC/PARTNER (R. 7/09)
DC/CFBC/PT PROTECT (9/10)
DC/CFBC/SG/INCENT (1/16)
DC CFBC SHOP ELIG AMEND (1-17)

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

DC-CF-SHOP-GC (R 1-17)
DC-CF-SHOP-POS-OON-EOC (1-17)
DC/GHMSI/DOL APPEAL (R. 1/16)
DC-CF-SHOP-POS OON-DOCS (1-17)
DC/GHMSI/FAM PLAN (8/12)
DC/CF/PARTNER (R. 7/09)
DC/CF/BLCRD (1/12)
DC/CF/MEM/BLCRD (1/12)
DC/CF/ANCILLARY AMEND (10/12)
DC/CF/PT PROTECT (9/10)
DC/GHMSI-HEALTH GUARANTEE 1/15

Product: BlueChoice Plus Opt-Out
Network: Open Access

DC/CFBC/SHOP/HMO POS/EOC (1/17)
DC CFBC SHOP BC+OOOA DOCS (1-17)
DC/CFBC/BLCRD (1/12)
DC/CFBC/MEM/BLCRD (1/12)
DC CFBC SG BC+ OO PLAT 0 (1-17)

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

DC/CFBC/SHOP/HMO POS/EOC (1/17)
DC CFBC SHOP HMO DOCS (1-17)
DC/CFBC/BLCRD (1/12)
DC/CFBC/MEM/BLCRD (1/12)
DC CFBC SG HMO OA CDH BRZ 6500 (1-17)
DC CFBC SG HMO OA CDH GOLD 1500 (1-17)
DC CFBC SG HMO OA CDH SIL 1500 (1-17)
DC CFBC SG HMO OA CDH SIL 2000 (1-17)
DC CFBC SG HMO OA CDH SIL 3000 (1-17)
DC CFBC SG HMO OA GOLD 500 (1-17)
DC CFBC SG HMO OA GOLD 1500 (1-17)
DC CFBC SG HMO OA PLAT 0 (1-17)
DC CFBC SG HMO OA SIL 1000 (1-17)
DC CFBC SG HMO REF BRZ 5500 (1-17)
DC CFBC SG HMO REF GOLD 0 (1-17)
DC CFBC SG HMO REF GOLD 500 (1-17)
DC CFBC SG HMO REF GOLD 1000 (1-17)
DC CFBC SG HMO REF PLAT 0 (1-17)
DC CFBC SG HMO REF PLAT 1000 (1-17)
DC CFBC SG HMO REF SIL 2000 (1-17)
DC CFBC SG HMO REF SIL 4000 (1-17)

Product: BlueChoice Advantage
In-Network

DC/CFBC/SHOP/HMO POS/EOC (1/17)
DC CFBC SHOP ADV IN DOCS (1-17)
DC/CFBC/ADV IN/IPP GRP (1/14)
DC/CFBC/ADV IN/IPP MEM (1/14)
DC/CFBC/ANCILLARY AMEND (10/12)
DC CFBC SG BC ADV IN BF HSA SIL 1500 (1-17)
DC CFBC SG POS IN BRZ 5500 (1-17)
DC CFBC SG POS IN CDH BRZ 6500 (1-17)
DC CFBC SG POS IN CDH GOLD 1500 (1-17)
DC CFBC SG POS IN CDH SIL 1500 (1-17)
DC CFBC SG POS IN CDH SIL 3000 (1-17)
DC CFBC SG POS IN GOLD 500 (1-17)
DC CFBC SG POS IN GOLD 1000 (1-17)
DC CFBC SG POS IN PLAT 0 (1-17)
DC CFBC SG POS IN SIL 4000 (1-17)

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

DC CF SG BC ADV OON BF HSA SIL 1500 (1-17)
DC CF SG POS OON BRZ 5500 (1-17)
DC CF SG POS OON CDH BRZ 6500 (1-17)
DC CF SG POS OON CDH GOLD 1500 (1-17)
DC CF SG POS OON CDH SIL 1500 (1-17)
DC CF SG POS OON CDH SIL 3000 (1-17)
DC CF SG POS OON CDH SIL 3000 (1-17)
DC CF SG POS OON GOLD 1000 (1-17)
DC CF SG POS OON PLAT 0 (1-17)
DC CF SG POS OON SIL 4000 (1-17)

Product: BlueChoice Plus
In-Network

DC/CFBC/SHOP/HMO POS/EOC (1/17)
DC CFBC SHOP PLUS IN DOCS (1-17)
DC/CFBC/BLCRD (1/12)
DC/CFBC/MEM/BLCRD (1/12)
DC CFBC SG POS IN CDH BRZ 6500 (1-17)
DC CFBC SG POS IN CDH SIL 1500 (1-17)
DC CFBC SG POS IN CDH SIL 3000 (1-17)
DC CFBC SG POS IN GOLD 500 (1-17)
DC CFBC SG POS IN GOLD 1000 (1-17)

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

DC CF SG POS OON CDH BRZ 6500 (1-17)
DC CF SG POS OON CDH SIL 1500 (1-17)
DC CF SG POS OON CDH SIL 3000 (1-17)
DC CF SG POS OON CDH SIL 3000 (1-17)
DC CF SG POS OON GOLD 1000 (1-17)

Product: HealthyBlue Plus
In-Network

DC/CFBC/SHOP/HMO POS/EOC (1/17)
DC CFBC SHOP PLUS IN DOCS (1-17)
DC/CFBC/BLCRD (1/12)
DC/CFBC/MEM/BLCRD (1/12)
DC CFBC SG POS IN CDH SIL 2000 (1-17)
DC CFBC SG POS IN GOLD 1500 (1-17)
DC CFBC SG POS IN PLAT 500 (1-17)
DC CFBC SG POS IN PLAT 1000 (1-17)

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

DC CF SG POS OON CDH SIL 2000 (1-17)
DC CF SG POS OON GOLD 1500 (1-17)
DC CF SG POS OON PLAT 500 (1-17)
DC CF SG POS OON PLAT 1000 (1-17)

Product: HealthyBlue Advantage
In-Network

DC/CFBC/SHOP/HMO POS/EOC (1/17)
DC CFBC SHOP ADV IN DOCS (1-17)
DC/CFBC/ADV IN/IPP GRP (1/14)
DC/CFBC/ADV IN/IPP MEM (1/14)
DC/CFBC/ANCILLARY AMEND (10/12)
DC CFBC SG POS IN CDH SIL 2000 (1-17)
DC CFBC SG POS IN GOLD 1500 (1-17)
DC CFBC SG POS IN PLAT 500 (1-17)
DC CFBC SG POS IN PLAT 1000 (1-17)

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

DC CF SG POS OON CDH SIL 2000 (1-17)
DC CF SG POS OON GOLD 1500 (1-17)
DC CF SG POS OON PLAT 500 (1-17)
DC CF SG POS OON PLAT 1000 (1-17)

Product: HealthyBlue HMO
Network: Open Access

DC/CFBC/SHOP/HMO POS/EOC (1/17)
DC CFBC SHOP HMO DOCS (1-17)
DC/CFBC/BLCRD (1/12)
DC/CFBC/MEM/BLCRD (1/12)
DC CFBC SG HB HMO CDH SIL 2000 (1-17)
DC CFBC SG HB HMO GOLD 1500 (1-17)
DC CFBC SG HB HMO PLAT 500 (1-17)
DC CFBC SG HB HMO PLAT 1000 (1-17)

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017
Premiums Effective 01/2017, 04/2017, 07/2017 and 10/2017
BlueChoice Individual Base Rates - On Exchange

HIOS Plan ID	HIOS Product	HIOS Plan Name	Rx Benefit Benefit**	Benefit Description*	Deductible	OOP Max	Individual Base Rate 01/2017	04/2017	07/2017	10/2017	Incremental Base Rate % Change 04/2017	07/2017	10/2017
86052DC0460011	BlueChoice HMO	BlueChoice HMO Platinum 0	Non-Int: $10/$45/$65/50% ($150 Max Copay)	$10 PCP/$20 Spec/$100 ER/$200 IP	$0 Med / $0 Rx	1500	$ 490.96	$ 503.18	$ 514.72	$ 527.89	2.5%	2.3%	2.6%
86052DC0460010	BlueChoice HMO	BlueChoice HMO Gold 500	Non-Int: $10/$45/$65/50% ($150 Max Copay)	$15 PCP/$30 Spec/$250 ER/$400 IP	$500 Med / $250 Rx	7150	$ 401.28	$ 411.26	$ 420.70	$ 431.46	2.5%	2.3%	2.6%
86052DC0460020	BlueChoice HMO	BlueChoice HMO Silver 1000	Non-Int: $10/$45/$65/50% ($150 Max Copay)	$40 PCP/$80 Spec/$400 ER/$500 IP	$1,000 Med / $100 Rx	7150	$ 327.59	$ 335.74	$ 343.44	$ 352.23	2.5%	2.3%	2.6%
86052DC0460009	BlueChoice HMO	BlueChoice HMO Gold 1500	Non-Int: $10/$45/$65/50% ($150 Max Copay)	$15 PCP/$30 Spec/$250 ER/$400 IP	$1,500 Med / $250 Rx	3500	$ 385.84	$ 395.44	$ 404.51	$ 414.86	2.5%	2.3%	2.6%
86052DC0460021	BlueChoice HMO	BlueChoice HMO HSA/HRA Gold 1500	Int: $10/$45/$65/50% ($150 Max Copay)	$10 PCP/$20 Spec/$100 ER/$200 IP	$1,500 (Integrated)	4000	$ 342.33	$ 350.85	$ 358.90	$ 368.08	2.5%	2.3%	2.6%
86052DC0460012	BlueChoice HMO	BlueChoice HMO HSA/HRA Silver 1500	Int: $10/$45/$65/50% ($150 Max Copay)	$25 PCP/$50 Spec/$250 ER/$750 IP	$1,500 (Integrated)	6550	$ 300.49	$ 307.97	$ 315.03	$ 323.09	2.5%	2.3%	2.6%
86052DC0460013	BlueChoice HMO	BlueChoice HMO HSA/HRA Silver 2000	Int: $10/$45/$65/50% ($150 Max Copay)	$25 PCP/$50 Spec/$250 ER/$500 IP	$2,000 (Integrated)	6000	$ 289.99	$ 297.21	$ 304.02	$ 311.80	2.5%	2.3%	2.6%
86052DC0460019	BlueChoice HMO	BlueChoice HMO HSA/HRA Silver 3000	Int: $10/$45/$65/50% ($150 Max Copay)	$25 PCP/$50 Spec/$250 ER/$500 IP	$3,000 (Integrated)	4750	$ 276.08	$ 282.95	$ 289.45	$ 296.85	2.5%	2.3%	2.6%
86052DC0460014	BlueChoice HMO	BlueChoice HMO HSA/HRA Bronze 6500	Int: $10/$45/$65/50% ($150 Max Copay)	$50 PCP/$100 Spec/$250 ER/$600 IP	$6,500 (Integrated)	6550	$ 228.01	$ 233.68	$ 239.04	$ 245.16	2.5%	2.3%	2.6%
86052DC0460016	BlueChoice HMO	HealthyBlue HMO Platinum 500	Non-Int: 0%/$45/$65/50% ($150 Max Copay)	$0 PCP/$30 Spec/$200 ER/$500 IP	$500 Med / $0 Rx	1500	$ 481.65	$ 493.64	$ 504.96	$ 517.88	2.5%	2.3%	2.6%
86052DC0460017	BlueChoice HMO	HealthyBlue HMO Platinum 1000	Non-Int: 0%/$45/$65/50% ($150 Max Copay)	$0 PCP/$30 Spec/$200 ER/$500 IP	$1,000 Med / $0 Rx	1500	$ 462.41	$ 473.92	$ 484.79	$ 497.19	2.5%	2.3%	2.6%
86052DC0460015	BlueChoice HMO	HealthyBlue HMO Gold 1500	Non-Int: 0%/$45/$65/50% ($150 Max Copay)	$0 PCP/$30 Spec/$200 ER/$500 IP	$1,500 Med / $0 Rx	7150	$ 408.57	$ 418.73	$ 428.34	$ 439.30	2.5%	2.3%	2.6%
86052DC0460018	BlueChoice HMO	HealthyBlue HMO HSA/HRA Silver 2000	Int: 0%/$45/$65/50% ($150 Max Copay)	$0 PCP/$45 Spec/$200 ER/$600 IP	$2,000 (Integrated)	6550	$ 298.87	$ 306.31	$ 313.34	$ 321.35	2.5%	2.3%	2.6%
86052DC0480007	BlueChoice HMO Referral	BlueChoice HMO Referral Platinum 0	Non-Int: $10/$45/$65/50% ($150 Max Copay)	$10 PCP/$20 Spec/$100 ER/$200 IP	$0 Med / $0 Rx	1500	$ 467.58	$ 479.22	$ 490.21	$ 502.75	2.5%	2.3%	2.6%
86052DC0480010	BlueChoice HMO Referral	BlueChoice HMO Referral Gold 0	Non-Int: $10/$45/$65/50% ($150 Max Copay)	$30 PCP/$40 Spec/$250 ER/$500 IP	$0 Med / $0 Rx	7150	$ 402.05	$ 412.05	$ 421.51	$ 432.29	2.5%	2.3%	2.6%
86052DC0480008	BlueChoice HMO Referral	BlueChoice HMO Referral Gold 500	Non-Int: $10/$45/$65/50% ($150 Max Copay)	$15 PCP/$30 Spec/$250 ER/$400 IP	$500 Med / $250 Rx	7150	$ 382.17	$ 391.68	$ 400.67	$ 410.91	2.5%	2.3%	2.6%
86052DC0480012	BlueChoice HMO Referral	BlueChoice HMO Referral Platinum 1000	Non-Int: $10/$45/$65/50% ($150 Max Copay)	$5 PCP/$15 Spec/$100 ER/$200 IP	$1000 Med / $0 Rx	1500	$ 436.53	$ 447.39	$ 457.65	$ 469.36	2.5%	2.3%	2.6%
86052DC0480011	BlueChoice HMO Referral	BlueChoice HMO Referral Gold 80	Non-Int: $10/$45/$65/50% ($150 Max Copay)	$20 PCP/$40 Spec/20% ER/20% IP	$1000 Med / $0 Rx	6000	$ 366.21	$ 375.33	$ 383.94	$ 393.76	2.5%	2.3%	2.6%
86052DC0480013	BlueChoice HMO Referral	BlueChoice HMO Referral Silver 70	Non-Int: $10/$45/$65/50% ($150 Max Copay)	$35 PCP/$70 Spec/30% ER/30% IP	$2000 Med / $500 Rx	6850	$ 297.67	$ 305.08	$ 312.08	$ 320.06	2.5%	2.3%	2.6%
86052DC0480014	BlueChoice HMO Referral	BlueChoice HMO Referral Silver 4000	Non-Int: $10/$45/$65/50% ($150 Max Copay)	$25 PCP/$50 Spec/$250 ER/$500 IP	$4,000 Med / $0 Rx	7150	$ 314.12	$ 321.93	$ 329.32	$ 337.74	2.5%	2.3%	2.6%
86052DC0480009	BlueChoice HMO Referral	BlueChoice HMO Referral Bronze 5500	Non-Int: $10/$75/$150/150	$25 PCP/$50 Spec/$300 ER/$500 IP	$5,500 Med / $100 Rx	7150	$ 257.34	$ 263.75	$ 269.80	$ 276.70	2.5%	2.3%	2.6%

* Out-of-Network ER is paid as In-Netowrk.

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

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017
Premiums Effective 01/2017, 04/2017, 07/2017 and 10/2017
BlueChoice Individual Base Rates - On Exchange

HIOS Plan ID	HIOS Product	HIOS Plan Name	Rx Benefit Benefit**	Benefit Description*	Deductible	OOP Max	Individual Base Rate				Incremental Base Rate % Change		
							01/2017	04/2017	07/2017	10/2017	04/2017	07/2017	10/2017
86052DC0580001	BlueChoice Plus Opt-Out	BlueChoice Plus Opt-Out Platinum 0	Non-Int: $10/$45/$65/50% ($150 Max Copay)	IN: $10 PCP/$20 Spec/$100 ER/$200 IP; OON: $40 PCP/Spec/$300 IP	IN: $0 Med / $0 Rx; OON: $1,500	IN: $1,500; OON: $3,000	$ 497.61	$ 510.00	$ 521.70	$ 535.04	2.5%	2.3%	2.6%
86052DC0500016	BlueChoice Plus	BlueChoice Plus Gold 500	Non-Int: $10/$45/$65/50% ($150 Max Copay)	IN: $15 PCP/$30 Spec/$250 ER/$400 IP; OON: $50 PCP/Spec/$500 IP	IN: $500 Med / $250 Rx; OON: $1,000	IN: $7,150; OON: $14,300	$ 412.15	$ 422.41	$ 432.10	$ 443.15	2.5%	2.3%	2.6%
86052DC0500015	BlueChoice Plus	BlueChoice Plus Gold 1000	Non-Int: $10/$45/$65/50% ($150 Max Copay)	IN: $15 PCP/$30 Spec/$250 ER/$400 IP; OON: $50 PCP/Spec/$500 IP	IN: $1,000 Med / $250 Rx; OON: $2,000	IN: $4,000; OON: $8,000	$ 402.16	$ 412.17	$ 421.62	$ 432.41	2.5%	2.3%	2.6%
86052DC0500009	BlueChoice Plus	BlueChoice Plus HSA/HRA Silver 1500	Int: $10/$45/$65/50% ($150 Max Copay)	IN: $25 PCP/$50 Spec/$250 ER/$750 IP; OON: $70 PCP/Spec/$850 IP	IN: $1,500 (Integrated); OON: $3,000	IN: $6,550; OON: $9,000	$ 308.63	$ 316.31	$ 323.57	$ 331.85	2.5%	2.3%	2.6%
86052DC0500010	BlueChoice Plus	BlueChoice Plus HSA/HRA Silver 3000	Int: $10/$45/$65/50% ($150 Max Copay)	IN: $25 PCP/$50 Spec/$250 ER/$500 IP; OON: $70 PCP/Spec/$600 IP	IN: $3,000 (Integrated); OON: $6,000	IN: $4,750; OON: $9,000	$ 283.57	$ 290.62	$ 297.29	$ 304.89	2.5%	2.3%	2.6%
86052DC0500017	BlueChoice Plus	BlueChoice Plus HSA/HRA Bronze 6500	Int: $10/$45/$65/50% ($150 Max Copay)	IN: $50 PCP/$100 Spec/$250 ER/$600 IP; OON: $120 PCP/Spec/$700 IP	IN: $6,500 (Integrated); OON: $13,000	IN: $6,550; OON: $13,100	$ 234.19	$ 240.01	$ 245.52	$ 251.80	2.5%	2.3%	2.6%
86052DC0500012	BlueChoice Plus	HealthyBlue Plus Platinum 500	Non-Int: 0%/$45/$65/50% ($150 Max Copay)	IN: $0 PCP/$30 Spec/$200 ER/$500 IP; OON: $50 PCP/Spec/$600 IP	IN: $500 Med / $0 Rx; OON: $1,000	IN: $1,500; OON: $3,000	$ 494.70	$ 507.01	$ 518.65	$ 531.91	2.5%	2.3%	2.6%
86052DC0500013	BlueChoice Plus	HealthyBlue Plus Platinum 1000	Non-Int: 0%/$45/$65/50% ($150 Max Copay)	IN: $0 PCP/$30 Spec/$200 ER/$500 IP; OON: $50 PCP/Spec/$600 IP	IN: $1,000 Med / $0 Rx; OON: $2,000	IN: $1,500; OON: $3,000	$ 474.94	$ 486.76	$ 497.92	$ 510.66	2.5%	2.3%	2.6%
86052DC0500011	BlueChoice Plus	HealthyBlue Plus Gold 1500	Non-Int: 0%/$45/$65/50% ($150 Max Copay)	IN: $0 PCP/$30 Spec/$200 ER/$500 IP; OON: $50 PCP/Spec/$600 IP	IN: $1,500 Med / $0 Rx; OON: $3,000	IN: $7,150; OON: $14,300	$ 419.64	$ 430.08	$ 439.95	$ 451.20	2.5%	2.3%	2.6%
86052DC0500014	BlueChoice Plus	HealthyBlue Plus HSA/HRA Silver 2000	Int: 0%/$45/$65/50% ($150 Max Copay)	IN: $0 PCP/$45 Spec/$200 ER/$600 IP; OON: $65 PCP/Spec/$700 IP	IN: $2,000 (Integrated); OON: $4,000	IN: $6,550; OON: $9,000	$ 306.97	$ 314.61	$ 321.83	$ 330.06	2.5%	2.3%	2.6%

* Out-of-Network ER is paid as In-Netowrk.

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

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017
Premiums Effective 01/2017, 04/2017, 07/2017 and 10/2017
BlueChoice Individual Base Rates - On Exchange

HIOS Plan ID	HIOS Product	HIOS Plan Name	Rx Benefit Benefit**	Benefit Description*	Deductible	OOP Max	Individual Base Rate 01/2017	04/2017	07/2017	10/2017	Incremental Base Rate % Change 04/2017	07/2017	10/2017
86052DC0440012	BlueChoice Advantage	BlueChoice Advantage Platinum 0	Non-Int: $10/$45/$65/50% ($150 Max Copay)	IN: $10 PCP/$20 Spec/$100 ER/$200 IP; OON: $40 PCP/Spec/$300 IP	IN: $0 Med / $0 Rx; OON: $1,500	IN: $1,500; OON: $3,000	$ 525.90	$ 538.99	$ 551.35	$ 565.45	2.5%	2.3%	2.6%
86052DC0440011	BlueChoice Advantage	BlueChoice Advantage Gold 500	Non-Int: $10/$45/$65/50% ($150 Max Copay)	IN: $15 PCP/$30 Spec/$250 ER/$400 IP; OON: $50 PCP/Spec/$500 IP	IN: $500 Med / $250 Rx; OON: $1,000	IN: $7,150; OON: $14,300	$ 429.83	$ 440.53	$ 450.64	$ 462.16	2.5%	2.3%	2.6%
86052DC0440010	BlueChoice Advantage	BlueChoice Advantage Gold 1000	Non-Int: $10/$45/$65/50% ($150 Max Copay)	IN: $15 PCP/$30 Spec/$250 ER/$400 IP; OON: $50 PCP/Spec/$500 IP	IN: $1,000 Med / $250 Rx; OON: $2,000	IN: $4,000; OON: $8,000	$ 419.41	$ 429.85	$ 439.71	$ 450.96	2.5%	2.3%	2.6%
86052DC0440021	BlueChoice Advantage	BlueChoice Advantage HSA/HRA Gold 1500	Int: $10/$45/$65/50% ($150 Max Copay)	IN: $10 PCP/$20 Spec/$100 ER/$200 IP; OON: $40 PCP/Spec/$300 IP	IN: $1,500 (Integrated); OON: $3,000	IN: $4,000; OON: $8,000	$ 366.70	$ 375.82	$ 384.44	$ 394.28	2.5%	2.3%	2.6%
86052DC0440013	BlueChoice Advantage	BlueChoice Advantage HSA/HRA Silver 1500	Int: $10/$45/$65/50% ($150 Max Copay)	IN: $25 PCP/$50 Spec/$250 ER/$750 IP; OON: $70 PCP/Spec/$850 IP	IN: $1,500 (Integrated); OON: $3,000	IN: $6,550; OON: $9,000	$ 321.87	$ 329.88	$ 337.45	$ 346.08	2.5%	2.3%	2.6%
86052DC0440023	BlueChoice Advantage	BlueChoice Advantage Silver 1500 BlueFund HSA	Int: $10/$45/$65/50% ($150 Max Copay)	IN: $25 PCP/$50 Spec/$250 ER/$750 IP; OON: $70 PCP/Spec/$850 IP	IN: $1,500 (Integrated); OON: $3,000	IN: $6,350; OON: $9,000	$ 322.34	$ 330.36	$ 337.94	$ 346.58	2.5%	2.3%	2.6%
86052DC0440019	BlueChoice Advantage	BlueChoice Advantage HSA/HRA Silver 3000	Int: $10/$45/$65/50% ($150 Max Copay)	IN: $25 PCP/$50 Spec/$250 ER/$500 IP; OON: $70 PCP/Spec/$600 IP	IN: $3,000 (Integrated); OON: $6,000	IN: $4,750; OON: $9,000	$ 295.73	$ 303.09	$ 310.04	$ 317.97	2.5%	2.3%	2.6%
86052DC0440022	BlueChoice Advantage	BlueChoice Advantage Silver 4000	Non-Int: $10/$45/$65/50% ($150 Max Copay)	IN: $25 PCP/$50 Spec/$250 ER/$500 IP; OON: $70 PCP/Spec/$600 IP	IN: $4,000 Med / $0 Rx; OON: $8,000	IN: $7,150; OON: $14,300	$ 353.29	$ 362.08	$ 370.39	$ 379.86	2.5%	2.3%	2.6%
86052DC0440018	BlueChoice Advantage	BlueChoice Advantage HSA/HRA Bronze 6500	Int: $10/$45/$65/50% ($150 Max Copay)	IN: $50 PCP/$100 Spec/$250 ER/$600 IP; OON: $120 PCP/Spec/$700 IP	IN: $6,500 (Integrated); OON: $13,000	IN: $6,550; OON: $13,100	$ 244.23	$ 250.31	$ 256.05	$ 262.60	2.5%	2.3%	2.6%
86052DC0440020	BlueChoice Advantage	BlueChoice Advantage Bronze 5500	Non-Int: $10/$75/$150/150	IN: $25 PCP/$50 Spec/$300 ER/$500 IP; OON: $70 PCP/Spec/$600 IP	IN: $5,500 Med / $100 Rx; OON: $11,000	IN: $7,150; OON: $14,300	$ 289.44	$ 296.64	$ 303.44	$ 311.21	2.5%	2.3%	2.6%
86052DC0440015	BlueChoice Advantage	HealthyBlue Advantage Platinum 500	Non-Int: 0%/$45/$65/50% ($150 Max Copay)	IN: $0 PCP/$30 Spec/$200 ER/$500 IP; OON: $50 PCP/Spec/$600 IP	IN: $500 Med / $0 Rx; OON: $1,000	IN: $1,500; OON: $3,000	$ 515.93	$ 528.77	$ 540.89	$ 554.73	2.5%	2.3%	2.6%
86052DC0440016	BlueChoice Advantage	HealthyBlue Advantage Platinum 1000	Non-Int: 0%/$45/$65/50% ($150 Max Copay)	IN: $0 PCP/$30 Spec/$200 ER/$500 IP; OON: $50 PCP/Spec/$600 IP	IN: $1,000 Med / $0 Rx; OON: $2,000	IN: $1,500; OON: $3,000	$ 495.31	$ 507.64	$ 519.28	$ 532.57	2.5%	2.3%	2.6%
86052DC0440014	BlueChoice Advantage	HealthyBlue Advantage Gold 1500	Non-Int: 0%/$45/$65/50% ($150 Max Copay)	IN: $0 PCP/$30 Spec/$200 ER/$500 IP; OON: $50 PCP/Spec/$600 IP	IN: $1,500 Med / $0 Rx; OON: $3,000	IN: $7,150; OON: $14,300	$ 437.64	$ 448.53	$ 458.82	$ 470.56	2.5%	2.3%	2.6%
86052DC0440017	BlueChoice Advantage	HealthyBlue Advantage HSA/HRA Silver 2000	Int: 0%/$45/$65/50% ($150 Max Copay)	IN: $0 PCP/$45 Spec/$200 ER/$600 IP; OON: $65 PCP/Spec/$700 IP	IN: $2,000 (Integrated); OON: $4,000	IN: $6,550; OON: $9,000	$ 320.14	$ 328.11	$ 335.63	$ 344.22	2.5%	2.3%	2.6%

* Out-of-Network ER is paid as In-Netowrk.

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

State: District of Columbia **Filing Company:** CareFirst BlueChoice, Inc.
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other
Product Name: DC BC Small Group Eff 201701 - ACA
Project Name/Number: /2100

Supporting Document Schedules

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

Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	File_2100_DC_BC 1.1.17_AV Calculator Screenshots.pdf File_2100_DC_BC_1.1.17_Actuarial_Letter_Memo_5.5.16.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	File_2100_DC_BC_1.1.17_Actuarial_Letter_Memo_5.5.16.pdf
Item Status:	
Status Date:	

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

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

Satisfied - Item:	Cover Letter All Filings
Comments:	
Attachment(s):	2017 ACA_Cover Letter_SG_DC_BC Letterhead.pdf
Item Status:	

State: District of Columbia **Filing Company:** CareFirst BlueChoice, Inc.
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other
Product Name: DC BC Small Group Eff 201701 - ACA
Project Name/Number: /2100

Status Date:	

Satisfied - Item:	DISB Actuarial Memorandum Dataset
Comments:	
Attachment(s):	Actuarial Memo Dataset 2017 - BC_2100_050216_sent.xlsx
Item Status:	
Status Date:	

Bypassed - Item:	District of Columbia and Countrywide Experience for the Last 5 Years (P&C)
Bypass Reason:	This is not a P&C filing.
Attachment(s):	
Item Status:	
Status Date:	

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

Satisfied - Item:	Unified Rate Review Template
Comments:	
Attachment(s):	Rate Filing Justification Part II BC_1.1.17.pdf File 2100 DC BC 1.1.17 URRT_V2.0.xlsm File 2100 DC BC 1.1.17 URRT.pdf
Item Status:	
Status Date:	

Satisfied - Item:	District of Columbia Plain Language Summary
Comments:	
Attachment(s):	Rate Filing Justification Part II BC_1.1.17.pdf
Item Status:	
Status Date:	

Satisfied - Item:	DISB Rate Filing Checklist
Comments:	
Attachment(s):	DC Checklist 1.1.17_BC.pdf
Item Status:	

State: District of Columbia **Filing Company:** CareFirst BlueChoice, Inc.
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other
Product Name: DC BC Small Group Eff 201701 - ACA
Project Name/Number: /2100

Status Date:	

State: District of Columbia **Filing Company:** CareFirst BlueChoice, Inc.
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other
Product Name: DC BC Small Group Eff 201701 - ACA
Project Name/Number: /2100

Attachment Actuarial Memo Dataset 2017 - BC_2100_050216_sent.xlsx is not a PDF document and cannot be reproduced here.

Attachment File 2100 DC BC 1.1.17 URRT_V2.0.xlsm is not a PDF document and cannot be reproduced here.

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

Rate Filing # 2100
D.C. Small Group Products - On Exchange
Rate Filing Effective 1/1/2017

Actuarial Value Calculations

CareFirst BlueCross BlueShield (BlueChoice)
DC Small Group

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18 Gold - $1500 Ded, $4000 OOP, $10/$20 - Hospital
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20 Silver - $1000/$100 Ded, $7150 OOP, $40/$80 - Hospital
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22 Silver - $2000/$500 Ded, $6850 OOP, $35/$70 - Hospital
23 Silver - $2000/$500 Ded, $6850 OOP, $35/$70 - Freestanding
24 Silver - $1500 Ded, $6550 OOP, $25/$50 - Hospital
25 Silver - $1500 Ded, $6550 OOP, $25/$50 - Freestanding
26 Silver - $2000 Ded, $6000 OOP, $25/$50 - Hospital
27 Silver - $2000 Ded, $6000 OOP, $25/$50 - Freestanding
28 Silver - $3000 Ded, $4750 OOP, $25/$50 - Hospital
29 Silver - $3000 Ded, $4750 OOP, $25/$50 - Freestanding
30 Silver - $4000 Ded, $7150 OOP, $25/$50 - Hospital
31 Silver - $4000 Ded, $7150 OOP, $25/$50 - Freestanding
32 Bronze - $5500/$100 Ded, $7150 OOP, $25/$50 - Hospital
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40 Gold - HealthyBlue - $1500/$0 Ded, $7150 OOP, $0/$30 - Hospital
41 Gold - HealthyBlue - $1500/$0 Ded, $7150 OOP, $0/$30 - Freestanding
42 Silver - HealthyBlue - $2000 Ded, $6550 OOP, $0/$45 - Hospital
43 Silver - HealthyBlue - $2000 Ded, $6550 OOP, $0/$45 - Freestanding
44 Silver - BlueFund - $1500 Ded, $6350 OOP, $25/$50 - Hospital
45 Silver - BlueFund - $1500 Ded, $6350 OOP, $25/$50 - Freestanding

CareFirst BlueCross BlueShield (BlueChoice)
DC Small Group

Plan Name	Metal Level	Actuarial Value	Page #'s of AV Screenshot*	Unique Plan
BlueChoice HMO Platinum 0	Platinum	91.58%	4, 5	Yes
BlueChoice HMO Gold 500	Gold	81.82%	10, 11	Yes
BlueChoice HMO Silver 1000	Silver	71.99%	20, 21	Yes
BlueChoice HMO Gold 1500	Gold	79.00%	16, 17	Yes
BlueChoice HMO Silver 4000	Silver	68.92%	30, 31	Yes
BlueChoice HMO HSA/HRA Silver 1500	Silver	71.72%	24, 25	Yes
BlueChoice HMO HSA/HRA Gold 1500	Gold	78.68%	18, 19	Yes
BlueChoice HMO HSA/HRA Silver 2000	Silver	70.90%	26, 27	Yes
BlueChoice HMO HSA/HRA Silver 3000	Silver	69.42%	28, 29	Yes
BlueChoice HMO HSA/HRA Bronze 6500	Bronze	61.38%	34, 35	Yes
BlueChoice HMO Referral Platinum 0	Platinum	91.58%	4, 5	Yes
BlueChoice HMO Referral Gold 0	Gold	81.83%	8, 9	Yes
BlueChoice HMO Referral Gold 500	Gold	81.82%	10, 11	Yes
BlueChoice HMO Referral Platinum 1000	Platinum	88.63%	6, 7	Yes
BlueChoice HMO Referral Gold 80	Gold	78.99%	14, 15	Yes
BlueChoice HMO Referral Silver 70	Silver	71.24%	22, 23	Yes
BlueChoice HMO Referral Bronze 5500	Bronze	61.62%	32, 33	Yes
BlueChoice Plus Opt-Out Platinum 0	Platinum	91.58%	4, 5	Yes
BlueChoice Plus Gold 500	Gold	81.82%	10, 11	Yes
BlueChoice Plus Gold 1000	Gold	80.06%	12, 13	Yes
BlueChoice Plus HSA/HRA Silver 1500	Silver	71.72%	24, 25	Yes
BlueChoice Plus HSA/HRA Silver 3000	Silver	69.42%	28, 29	Yes
BlueChoice Plus HSA/HRA Bronze 6500	Bronze	61.38%	34, 35	Yes
BlueChoice Advantage Platinum 0	Platinum	91.58%	4, 5	Yes
BlueChoice Advantage Gold 500	Gold	81.82%	10, 11	Yes
BlueChoice Advantage Gold 1000	Gold	80.06%	12, 13	Yes
BlueChoice Advantage Silver 4000	Silver	68.92%	30, 31	Yes
BlueChoice Advantage Bronze 5500	Bronze	61.62%	32, 33	Yes
BlueChoice Advantage HSA/HRA Gold 1500	Gold	78.68%	18, 19	Yes
BlueChoice Advantage Silver 1500 BlueFund HSA	Silver	71.90%	44, 45	Yes
BlueChoice Advantage HSA/HRA Silver 1500	Silver	71.72%	24, 25	Yes
BlueChoice Advantage HSA/HRA Silver 3000	Silver	69.42%	28, 29	Yes
BlueChoice Advantage HSA/HRA Bronze 6500	Bronze	61.38%	34, 35	Yes
HealthyBlue HMO Platinum 500	Platinum	89.07%	36, 37	Yes
HealthyBlue HMO Platinum 1000	Platinum	88.68%	38, 39	Yes
HealthyBlue HMO Gold 1500	Gold	81.31%	40, 41	Yes
HealthyBlue HMO HSA/HRA Silver 2000	Silver	71.98%	42, 43	Yes
HealthyBlue Plus Platinum 500	Platinum	89.07%	36, 37	Yes
HealthyBlue Plus Platinum 1000	Platinum	88.68%	38, 39	Yes
HealthyBlue Plus Gold 1500	Gold	81.31%	40, 41	Yes
HealthyBlue Plus HSA/HRA Silver 2000	Silver	71.98%	42, 43	Yes
HealthyBlue Advantage Platinum 500	Platinum	89.07%	36, 37	Yes
HealthyBlue Advantage Platinum 1000	Platinum	88.68%	38, 39	Yes
HealthyBlue Advantage Gold 1500	Gold	81.31%	40, 41	Yes
HealthyBlue Advantage HSA/HRA Silver 2000	Silver	71.98%	42, 43	Yes

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

AV Calculator - BlueChoice Platinum 0 (Products: HMO, HMO Referral, Plus Opt-Out, Advantage)

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

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

HSA/HRA Options	
HSA/HRA Employer Contribution?	☐
Annual Contribution Amount:	

Narrow Network Options	
Blended Network/POS Plan?	☐
1st Tier Utilization:	
2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$0.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
OOP Maximum ($)	$1,500.00					
OOP Maximum if Separate ($)						

Click Here for Important Instructions

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

	Copays	Weights
OP Facility Surgery	$ 150	30%
OP Facility Non-Surgery	$ 50	70%

Enter OP Copays	Assumed Cost / Visit from MECU Report 2014
$ 80	$ 1,902.07
$ 20	$ 198.81

Options for Additional Benefit Design Limits:

- Set a Maximum on Specialty Rx Coinsurance Payments? ☑
  - Specialty Rx Coinsurance Maximum: $150
- Set a Maximum Number of Days for Charging an IP Copay? ☐
  - # Days (1-10):
- Begin Primary Care Cost-Sharing After a Set Number of Visits? ☐
  - # Visits (1-10):
- Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? ☐
  - # Copays (1-10):

Plan Description:

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]

Output

Calculate

Status/Error Messages: Calculation Successful.
Actuarial Value: 91.48%
Metal Tier: Platinum

2017 AV Calculator

Hospital SoS AV	91.48%
Freestanding SoS AV	91.79%
Final Blended AV*	91.58%

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

AV Calculator - BlueChoice Platinum 0 (Products: HMO, HMO Referral, Plus Opt-Out, Advantage)

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

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

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

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$0.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
OOP Maximum ($)	$1,500.00					
OOP Maximum if Separate ($)						

Click Here for Important Instructions

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

	Copays	Weights
OP Facility Surgery	$ 50	100%
OP Facility Non-Surgery		0%

Enter OP Copays	Assumed Cost / Visit from MECU Report 2014
$ 50	$ 1,902.07
$ 20	$ 198.81

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☑
Specialty Rx Coinsurance Maximum:	$150
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	91.79%
Metal Tier:	Platinum

2017 AV Calculator

AV Calculator - BlueChoice HMO Referral Platinum 1000

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

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

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

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$1,000.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
OOP Maximum ($)	$1,500.00					
OOP Maximum if Separate ($)						

Click Here for Important Instructions

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

	Copays	Weights
OP Facility Surgery	$ 150	30%
OP Facility Non-Surgery	$ 50	70%

Enter OP Copays	Assumed Cost / Visit from MECU Report 2014
$ 80	$ 1,902.07
$ 15	$ 198.81

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☑
Specialty Rx Coinsurance Maximum:	$150
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	88.33%
Metal Tier:	Platinum

2017 AV Calculator

Hospital SoS AV	88.33%
Freestanding SoS AV	89.23%
Final Blended AV*	88.63%

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

AV Calculator - BlueChoice HMO Referral Platinum 1000

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

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

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

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

Tier 2 Plan Benefit Design	Medical	Drug	Combined

Click Here for Important Instructions

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

	Copays	Weights
OP Facility Surgery	$ 50	100%
OP Facility Non-Surgery		0%

Enter OP Copays	Assumed Cost / Visit from MECU Report 2014
$ 50	$ 1,902.07
$ 15	$ 198.81

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☑
Specialty Rx Coinsurance Maximum:	$150
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	89.23%
Metal Tier:	Platinum

2017 AV Calculator

AV Calculator - BlueChoice HMO Referral Gold 0

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

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

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

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$0.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
OOP Maximum ($)	$7,150.00					
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☐ All			☑ All	☑ All			☑ All	☐ All
Emergency Room Services	☑	☐		$250.00	☑	☑			☑	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☐		$500.00	☑	☑			☑	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$30.00	☑	☑			☐	☐
Specialist Visit	☐	☐		$40.00	☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☐	☐		$30.00	☑	☑			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☐		$400.00	☑	☑			☑	☐
Rehabilitative Speech Therapy	☐	☐		$40.00	☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☐	☐		$40.00	☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☐		$80.00	☑	☑			☑	☐
X-rays and Diagnostic Imaging	☑	☐		$100.00	☑	☑			☑	☐
Skilled Nursing Facility	☑	☐		$40.00	☑	☑			☑	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	93%		☑	☑				
Outpatient Surgery Physician/Surgical Services	☑	☑	80%		☑	☑				
Drugs	☑ All	☐ All			☑ All	☑ All			☑ All	☐ All
Generics	☐	☐		$10.00	☑	☑			☐	☐
Preferred Brand Drugs	☑	☐		$45.00	☑	☑			☑	☐
Non-Preferred Brand Drugs	☑	☐		$65.00	☑	☑			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑			☐	☐

	Copays	Weights
OP Facility Surgery	$ 300	30%
OP Facility Non-Surgery	$ 50	70%

Enter OP Copays	Assumed Cost / Visit from MECU Report 2014
$ 125	$ 1,902.07
$ 40	$ 198.81

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☑
Specialty Rx Coinsurance Maximum:	$150
Set a Maximum Number of Days for Charging an IP Copay?	☑
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name:	[Input Plan Name]
Plan HIOS ID:	[Input Plan HIOS ID]
Issuer HIOS ID:	[Input Issuer HIOS ID]

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	81.03%
Metal Tier:	Gold

2017 AV Calculator

Hospital SoS AV	81.03%
Freestanding SoS AV	83.42%
Final Blended AV*	81.83%

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

AV Calculator - BlueChoice HMO Referral Gold 0

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

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

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

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$0.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
OOP Maximum ($)	$7,150.00					
OOP Maximum if Separate ($)						

Click Here for Important Instructions

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

	Copays	Weights
OP Facility Surgery	$ 200	100%
OP Facility Non-Surgery		0%

Enter OP Copays	Assumed Cost / Visit from MECU Report 2014
$ 200	$ 1,902.07
$ 40	$ 198.81

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☑
Specialty Rx Coinsurance Maximum:	$150
Set a Maximum Number of Days for Charging an IP Copay?	☑
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]

Output

Calculate

Status/Error Messages: Error: Result is outside of +/- 2 percent de minimis variation.
Actuarial Value: 83.42%
Metal Tier:

2017 AV Calculator

AV Calculator - BlueChoice Gold 500 (Products: HMO, HMO Referral, Plus, Advantage)

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

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

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

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$500.00	$250.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
OOP Maximum ($)	$7,150.00					
OOP Maximum if Separate ($)						

Click Here for Important Instructions

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

	Copays	Weights
OP Facility Surgery	$ 300	30%
OP Facility Non-Surgery	$ 50	70%

Enter OP Copays	Assumed Cost / Visit from MECU Report 2014
$ 125	$ 1,902.07
$ 30	$ 198.81

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☑
Specialty Rx Coinsurance Maximum:	$150
Set a Maximum Number of Days for Charging an IP Copay?	☑
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name:	[Input Plan Name]
Plan HIOS ID:	[Input Plan HIOS ID]
Issuer HIOS ID:	[Input Issuer HIOS ID]

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	81.04%
Metal Tier:	Gold

2017 AV Calculator

Hospital SoS AV	81.04%
Freestanding SoS AV	83.38%
Final Blended AV*	81.82%

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

AV Calculator - BlueChoice Gold 500 (Products: HMO, HMO Referral, Plus, Advantage)

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

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

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

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$500.00	$250.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
OOP Maximum ($)	$7,150.00					
OOP Maximum if Separate ($)						

Click Here for Important Instructions

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

	Copays	Weights
OP Facility Surgery	$ 200	100%
OP Facility Non-Surgery		0%

Enter OP Copays	Assumed Cost / Visit from MECU Report 2014
$ 200	$ 1,902.07
$ 30	$ 198.81

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☑
Specialty Rx Coinsurance Maximum:	$150
Set a Maximum Number of Days for Charging an IP Copay?	☑
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]

Output

Calculate

Status/Error Messages: Error: Result is outside of +/- 2 percent de minimis variation.
Actuarial Value: 83.38%
Metal Tier:

2017 AV Calculator

AV Calculator - BlueChoice Gold 1000 (Products: Plus, Advantage)

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

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

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

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$1,000.00	$250.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
OOP Maximum ($)	$4,000.00					
OOP Maximum if Separate ($)						

Click Here for Important Instructions

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

	Copays	Weights
OP Facility Surgery	$ 300	30%
OP Facility Non-Surgery	$ 50	70%

Enter OP Copays	Assumed Cost / Visit from MECU Report 2014
$ 125	$ 1,902.07
$ 30	$ 198.81

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☑
Specialty Rx Coinsurance Maximum:	$150
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	79.17%
Metal Tier:	Gold

2017 AV Calculator

Hospital SoS AV	79.17%
Freestanding SoS AV	81.85%
Final Blended AV*	80.06%

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

AV Calculator - BlueChoice Gold 1000 (Products: Plus, Advantage)

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

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

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

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$1,000.00	$250.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
OOP Maximum ($)	$4,000.00					
OOP Maximum if Separate ($)						

Click Here for Important Instructions

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

	Copays	Weights
OP Facility Surgery	$ 200	100%
OP Facility Non-Surgery		0%

Enter OP Copays	Assumed Cost / Visit from MECU Report 2014
$ 200	$ 1,902.07
$ 30	$ 198.81

Options for Additional Benefit Design Limits:

- Set a Maximum on Specialty Rx Coinsurance Payments? ☑
  - Specialty Rx Coinsurance Maximum: $150
- Set a Maximum Number of Days for Charging an IP Copay? ☐
  - # Days (1-10):
- Begin Primary Care Cost-Sharing After a Set Number of Visits? ☐
  - # Visits (1-10):
- Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? ☐
  - # Copays (1-10):

Plan Description:

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]

Output

Calculate

Status/Error Messages: Calculation Successful.
Actuarial Value: 81.85%
Metal Tier: Gold

2017 AV Calculator

AV Calculator - BlueChoice HMO Referral Gold 80

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

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

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

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$1,000.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	80.00%	80.00%				
OOP Maximum ($)	$6,000.00					
OOP Maximum if Separate ($)						

Click Here for Important Instructions

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

	Copays	Weights
OP Facility Surgery		30%
OP Facility Non-Surgery		70%

Enter OP Copays	Assumed Cost / Visit from MECU Report 2014
$ -	$ 1,902.07
$ 40	$ 198.81

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☑
Specialty Rx Coinsurance Maximum:	$150
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]

Output

Calculate

Status/Error Messages: Calculation Successful.
Actuarial Value: 78.45%
Metal Tier: Gold

2017 AV Calculator

Hospital SoS AV	78.45%
Freestanding SoS AV	80.06%
Final Blended AV*	78.99%

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

AV Calculator - BlueChoice HMO Referral Gold 80

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

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

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

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$1,000.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	80.00%	80.00%				
OOP Maximum ($)	$6,000.00					
OOP Maximum if Separate ($)						

Click Here for Important Instructions

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

	Copays	Weights
OP Facility Surgery	$ 200	100%
OP Facility Non-Surgery		0%

Enter OP Copays	Assumed Cost / Visit from MECU Report 2014
$ 200	$ 1,902.07
$ 40	$ 198.81

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☑
Specialty Rx Coinsurance Maximum:	$150
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	80.06%
Metal Tier:	Gold

2017 AV Calculator

AV Calculator - BlueChoice HMO Gold 1500

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

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

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

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$1,500.00	$250.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
OOP Maximum ($)	$3,500.00					
OOP Maximum if Separate ($)						

Click Here for Important Instructions

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

	Copays	Weights
OP Facility Surgery	$ 300	30%
OP Facility Non-Surgery	$ 50	70%

Enter OP Copays	Assumed Cost / Visit from MECU Report 2014
$ 125	$ 1,902.07
$ 30	$ 198.81

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☑
Specialty Rx Coinsurance Maximum:	$150
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]

Output

Calculate

Status/Error Messages: Error: Result is outside of +/- 2 percent de minimis variation.
Actuarial Value: 77.97%
Metal Tier:

2017 AV Calculator

Hospital SoS AV	77.97%
Freestanding SoS AV	81.06%
Final Blended AV*	79.00%

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

AV Calculator - BlueChoice HMO Gold 1500

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

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

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

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$1,500.00	$250.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
OOP Maximum ($)	$3,500.00					
OOP Maximum if Separate ($)						

Click Here for Important Instructions

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

	Copays	Weights
OP Facility Surgery	$ 200	100%
OP Facility Non-Surgery		0%

Enter OP Copays	Assumed Cost / Visit from MECU Report 2014
$ 200	$ 1,902.07
$ 30	$ 198.81

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☑
Specialty Rx Coinsurance Maximum:	$150
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	81.06%
Metal Tier:	Gold

2017 AV Calculator

AV Calculator - BlueChoice HSA/HRA Gold 1500 (Products: HMO, Advantage)

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

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

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

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$1,500.00			
Coinsurance (%, Insurer's Cost Share)			100.00%			
OOP Maximum ($)			$4,000.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☐ All			☑ All	☑ All			☑ All	☐ All
Emergency Room Services	☑	☐		$100.00	☑	☑			☑	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☐		$200.00	☑	☑			☑	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☐		$10.00	☑	☑			☑	☐
Specialist Visit	☑	☐		$20.00	☑	☑			☑	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☐		$10.00	☑	☑			☑	☐
Imaging (CT/PET Scans, MRIs)	☑	☐		$200.00	☑	☑			☑	☐
Rehabilitative Speech Therapy	☑	☐		$20.00	☑	☑			☑	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☐		$20.00	☑	☑			☑	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☐		$20.00	☑	☑			☑	☐
X-rays and Diagnostic Imaging	☑	☐		$40.00	☑	☑			☑	☐
Skilled Nursing Facility	☑	☐		$20.00	☑	☑			☑	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	95%		☑	☑				
Outpatient Surgery Physician/Surgical Services	☑	☑	90%		☑	☑				
Drugs	☑ All	☐ All			☑ All	☑ All			☑ All	☐ All
Generics	☑	☐		$10.00	☑	☑			☑	☐
Preferred Brand Drugs	☑	☐		$45.00	☑	☑			☑	☐
Non-Preferred Brand Drugs	☑	☐		$65.00	☑	☑			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑			☐	☐

	Copays	Weights
OP Facility Surgery	$ 200	30%
OP Facility Non-Surgery	$ 50	70%

Enter OP Copays	Assumed Cost / Visit from MECU Report 2014
$ 95	$ 1,902.07
$ 20	$ 198.81

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☑
Specialty Rx Coinsurance Maximum:	$150
Set a Maximum Number of Days for Charging an IP Copay?	☑
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	78.47%
Metal Tier:	Gold

2017 AV Calculator

Hospital SoS AV	78.47%
Freestanding SoS AV	79.09%
Final Blended AV*	78.68%

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

AV Calculator - BlueChoice HSA/HRA Gold 1500 (Products: HMO, Advantage)

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

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

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

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$1,500.00			
Coinsurance (%, Insurer's Cost Share)			100.00%			
OOP Maximum ($)			$4,000.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☐ All			☑ All	☑ All			☑ All	☐ All
Emergency Room Services	☑	☐		$100.00	☑	☑			☑	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☐		$200.00	☑	☑			☑	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☐		$10.00	☑	☑			☑	☐
Specialist Visit	☑	☐		$20.00	☑	☑			☑	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☐		$10.00	☑	☑			☑	☐
Imaging (CT/PET Scans, MRIs)	☑	☐		$100.00	☑	☑			☑	☐
Rehabilitative Speech Therapy	☑	☐		$20.00	☑	☑			☑	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☐		$20.00	☑	☑			☑	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☐		$10.00	☑	☑			☑	☐
X-rays and Diagnostic Imaging	☑	☐		$20.00	☑	☑			☑	☐
Skilled Nursing Facility	☑	☐		$20.00	☑	☑			☑	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	95%		☑	☑				
Outpatient Surgery Physician/Surgical Services	☑	☑	90%		☑	☑				
Drugs	☑ All	☐ All			☑ All	☑ All			☑ All	☐ All
Generics	☑	☐		$10.00	☑	☑			☑	☐
Preferred Brand Drugs	☑	☐		$45.00	☑	☑			☑	☐
Non-Preferred Brand Drugs	☑	☐		$65.00	☑	☑			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑			☐	☐

	Copays	Weights
OP Facility Surgery	$ 100	100%
OP Facility Non-Surgery		0%

Enter OP Copays	Assumed Cost / Visit from MECU Report 2014
$ 100	$ 1,902.07
$ 20	$ 198.81

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☑
Specialty Rx Coinsurance Maximum:	$150
Set a Maximum Number of Days for Charging an IP Copay?	☑
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	79.09%
Metal Tier:	Gold

2017 AV Calculator

AV Calculator - BlueChoice HMO Silver 1000

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

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

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

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$1,000.00	$100.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
OOP Maximum ($)	$7,150.00					
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☐ All			☑ All	☑ All			☑ All	☐ All
Emergency Room Services	☑	☐		$400.00	☑	☑			☑	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☐		$500.00	☑	☑			☑	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$40.00	☑	☑			☐	☐
Specialist Visit	☑	☐		$80.00	☑	☑			☑	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☐	☐		$40.00	☑	☑			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☐		$550.00	☑	☑			☑	☐
Rehabilitative Speech Therapy	☑	☐		$80.00	☑	☑			☑	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☐		$80.00	☑	☑			☑	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☐		$100.00	☑	☑			☑	☐
X-rays and Diagnostic Imaging	☑	☐		$150.00	☑	☑			☑	☐
Skilled Nursing Facility	☑	☐		$80.00	☑	☑			☑	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	90%		☑	☑				
Outpatient Surgery Physician/Surgical Services	☑	☑	60%		☑	☑				
Drugs	☑ All	☐ All			☑ All	☑ All			☑ All	☐ All
Generics	☐	☐		$10.00	☑	☑			☐	☐
Preferred Brand Drugs	☑	☐		$45.00	☑	☑			☑	☐
Non-Preferred Brand Drugs	☑	☐		$65.00	☑	☑			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑			☐	☐

	Copays	Weights
OP Facility Surgery	$ 500	30%
OP Facility Non-Surgery	$ 50	70%

Enter OP Copays	Assumed Cost / Visit from MECU Report 2014
$ 185	$ 1,902.07
$ 80	$ 198.81

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☑
Specialty Rx Coinsurance Maximum:	$150
Set a Maximum Number of Days for Charging an IP Copay?	☑
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	71.18%
Metal Tier:	Silver

2017 AV Calculator

Hospital SoS AV	71.18%
Freestanding SoS AV	73.62%
Final Blended AV*	71.99%

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

AV Calculator - BlueChoice HMO Silver 1000

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

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

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

Tier 1 Plan Benefit Design	Medical	Drug	Combined
Deductible ($)	$1,000.00	$100.00	
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%	
OOP Maximum ($)	$7,150.00		
OOP Maximum if Separate ($)			

Tier 2 Plan Benefit Design	Medical	Drug	Combined

Click Here for Important Instructions

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

	Copays	Weights
OP Facility Surgery	$ 300	100%
OP Facility Non-Surgery		0%

Enter OP Copays	Assumed Cost / Visit from MECU Report 2014
$ 300	$ 1,902.07
$ 80	$ 198.81

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☑
Specialty Rx Coinsurance Maximum:	$150
Set a Maximum Number of Days for Charging an IP Copay?	☑
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]

Output

Calculate

Status/Error Messages: Error: Result is outside of +/- 2 percent de minimis variation.
Actuarial Value: 73.62%
Metal Tier:

2017 AV Calculator

AV Calculator - BlueChoice HMO Referral Silver 70

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

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

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

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$2,000.00	$500.00				
Coinsurance (%, Insurer's Cost Share)	70.00%	70.00%				
OOP Maximum ($)	$6,850.00					
OOP Maximum if Separate ($)						

Click Here for Important Instructions

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

	Copays	Weights
OP Facility Surgery	$ -	30%
OP Facility Non-Surgery	$ -	70%

Enter OP Copays	Assumed Cost / Visit from MECU Report 2014
$ -	$ 1,902.07
$ 70	$ 198.81

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☑
Specialty Rx Coinsurance Maximum:	$150
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	70.42%
Metal Tier:	Silver

2017 AV Calculator

Hospital SoS AV	70.42%
Freestanding SoS AV	72.88%
Final Blended AV*	71.24%

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

AV Calculator - BlueChoice HMO Referral Silver 70

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

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

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

Tier 1 Plan Benefit Design	Medical	Drug	Combined
Deductible ($)	$2,000.00	$500.00	
Coinsurance (%, Insurer's Cost Share)	70.00%	70.00%	
OOP Maximum ($)	$6,850.00		
OOP Maximum if Separate ($)			

Tier 2 Plan Benefit Design	Medical	Drug	Combined

Click Here for Important Instructions

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

	Copays	Weights
OP Facility Surgery	$ 300	100%
OP Facility Non-Surgery		0%

Enter OP Copays	Assumed Cost / Visit from MECU Report 2014
$ 300	$ 1,902.07
$ 70	$ 198.81

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☑
Specialty Rx Coinsurance Maximum:	$150
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]

Output

Calculate

Status/Error Messages: Error: Result is outside of +/- 2 percent de minimis variation.
Actuarial Value: 72.88%
Metal Tier:

2017 AV Calculator

AV Calculator - BlueChoice HSA/HRA Silver 1500 (Products: HMO, Plus, Advantage)

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

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

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

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

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☐ All			☑ All	☑ All			☑ All	☐ All
Emergency Room Services	☑	☐		$250.00	☑	☑			☑	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☐		$750.00	☑	☑			☑	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☐		$25.00	☑	☑			☑	☐
Specialist Visit	☑	☐		$50.00	☑	☑			☑	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☐		$25.00	☑	☑			☑	☐
Imaging (CT/PET Scans, MRIs)	☑	☐		$600.00	☑	☑			☑	☐
Rehabilitative Speech Therapy	☑	☐		$50.00	☑	☑			☑	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☐		$50.00	☑	☑			☑	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☐		$150.00	☑	☑			☑	☐
X-rays and Diagnostic Imaging	☑	☐		$200.00	☑	☑			☑	☐
Skilled Nursing Facility	☑	☐		$50.00	☑	☑			☑	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	90%		☑	☑				
Outpatient Surgery Physician/Surgical Services	☑	☑	75%		☑	☑				
Drugs	☑ All	☐ All			☑ All	☑ All			☑ All	☐ All
Generics	☑	☐		$10.00	☑	☑			☑	☐
Preferred Brand Drugs	☑	☐		$45.00	☑	☑			☑	☐
Non-Preferred Brand Drugs	☑	☐		$65.00	☑	☑			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑			☐	☐

	Copays	Weights
OP Facility Surgery	$ 500	30%
OP Facility Non-Surgery	$ 50	70%

Enter OP Copays	Assumed Cost / Visit from MECU Report 2014
$ 185	$ 1,902.07
$ 50	$ 198.81

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☑
Specialty Rx Coinsurance Maximum:	$150
Set a Maximum Number of Days for Charging an IP Copay?	☑
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	70.73%
Metal Tier:	Silver

2017 AV Calculator

Hospital SoS AV	70.73%
Freestanding SoS AV	73.69%
Final Blended AV*	71.72%

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

AV Calculator - BlueChoice HSA/HRA Silver 1500 (Products: HMO, Plus, Advantage)

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

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

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

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

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☐ All			☑ All	☑ All			☑ All	☐ All
Emergency Room Services	☑	☐		$250.00	☑	☑			☑	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☐		$750.00	☑	☑			☑	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☐		$25.00	☑	☑			☑	☐
Specialist Visit	☑	☐		$50.00	☑	☑			☑	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☐		$25.00	☑	☑			☑	☐
Imaging (CT/PET Scans, MRIs)	☑	☐		$250.00	☑	☑			☑	☐
Rehabilitative Speech Therapy	☑	☐		$50.00	☑	☑			☑	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☐		$50.00	☑	☑			☑	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☐		$25.00	☑	☑			☑	☐
X-rays and Diagnostic Imaging	☑	☐		$50.00	☑	☑			☑	☐
Skilled Nursing Facility	☑	☐		$50.00	☑	☑			☑	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	84%		☑	☑				
Outpatient Surgery Physician/Surgical Services	☑	☑	75%		☑	☑				
Drugs	☑ All	☐ All			☑ All	☑ All			☑ All	☐ All
Generics	☑	☐		$10.00	☑	☑			☑	☐
Preferred Brand Drugs	☑	☐		$45.00	☑	☑			☑	☐
Non-Preferred Brand Drugs	☑	☐		$65.00	☑	☑			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑			☐	☐

	Copays	Weights
OP Facility Surgery	$ 300	100%
OP Facility Non-Surgery		0%

Enter OP Copays	Assumed Cost / Visit from MECU Report 2014
$ 300	$ 1,902.07
$ 50	$ 198.81

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☑
Specialty Rx Coinsurance Maximum:	$150
Set a Maximum Number of Days for Charging an IP Copay?	☑
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]

Output

Calculate

Status/Error Messages: Error: Result is outside of +/- 2 percent de minimis variation.
Actuarial Value: 73.69%
Metal Tier:

2017 AV Calculator

AV Calculator - BlueChoice HMO HSA/HRA Silver 2000

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

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

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

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

Click Here for Important Instructions

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

	Copays	Weights
OP Facility Surgery	$ 400	30%
OP Facility Non-Surgery	$ 50	70%

Enter OP Copays	Assumed Cost / Visit from MECU Report 2014
$ 155	$ 1,902.07
$ 50	$ 198.81

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☑
Specialty Rx Coinsurance Maximum:	$150
Set a Maximum Number of Days for Charging an IP Copay?	☑
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	70.47%
Metal Tier:	Silver

2017 AV Calculator

Hospital SoS AV	70.47%
Freestanding SoS AV	71.77%
Final Blended AV*	70.90%

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

AV Calculator - BlueChoice HMO HSA/HRA Silver 2000

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

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

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

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

Click Here for Important Instructions

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

	Copays	Weights
OP Facility Surgery	$ 300	100%
OP Facility Non-Surgery		0%

Enter OP Copays	Assumed Cost / Visit from MECU Report 2014
$ 300	$ 1,902.07
$ 50	$ 198.81

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☑
Specialty Rx Coinsurance Maximum:	$150
Set a Maximum Number of Days for Charging an IP Copay?	☑
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	71.77%
Metal Tier:	Silver

2017 AV Calculator

AV Calculator - BlueChoice HSA/HRA Silver 3000 (Products: HMO, Plus, Advantage)

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

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

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

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$3,000.00			
Coinsurance (%, Insurer's Cost Share)			100.00%			
OOP Maximum ($)			$4,750.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

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

	Copays	Weights
OP Facility Surgery	$ 400	30%
OP Facility Non-Surgery	$ 50	70%

Enter OP Copays	Assumed Cost / Visit from MECU Report 2014
$ 155	$ 1,902.07
$ 50	$ 198.81

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☑
Specialty Rx Coinsurance Maximum:	$150
Set a Maximum Number of Days for Charging an IP Copay?	☑
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	69.22%
Metal Tier:	Silver

2017 AV Calculator

Hospital SoS AV	69.22%
Freestanding SoS AV	69.83%
Final Blended AV*	69.42%

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

AV Calculator - BlueChoice HSA/HRA Silver 3000 (Products: HMO, Plus, Advantage)

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

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

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

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$3,000.00			
Coinsurance (%, Insurer's Cost Share)			100.00%			
OOP Maximum ($)			$4,750.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

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

	Copays	Weights
OP Facility Surgery	$ 300	100%
OP Facility Non-Surgery		0%

Enter OP Copays	Assumed Cost / Visit from MECU Report 2014
$ 300	$ 1,902.07
$ 50	$ 198.81

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☑
Specialty Rx Coinsurance Maximum:	$150
Set a Maximum Number of Days for Charging an IP Copay?	☑
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	69.83%
Metal Tier:	Silver

2017 AV Calculator

AV Calculator - BlueChoice HSA/HRA Silver 4000 (Products: HMO Referral, Advantage)

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

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

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

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$4,000.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
OOP Maximum ($)	$7,150.00					
OOP Maximum if Separate ($)						

Click Here for Important Instructions

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

	Copays	Weights
OP Facility Surgery	$ 400	30%
OP Facility Non-Surgery	$ 50	70%

Enter OP Copays	Assumed Cost / Visit from MECU Report 2014
$ 155	$ 1,902.07
$ 50	$ 198.81

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☑	
Specialty Rx Coinsurance Maximum:		$150
Set a Maximum Number of Days for Charging an IP Copay?	☑	
# Days (1-10):		5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐	
# Visits (1-10):		
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐	
# Copays (1-10):		

Plan Description:

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]

Output

Calculate

Status/Error Messages: Error: Result is outside of +/- 2 percent de minimis variation.
Actuarial Value: 67.42%
Metal Tier:

2017 AV Calculator

Hospital SoS AV	67.42%
Freestanding SoS AV	71.93%
Final Blended AV*	68.92%

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

AV Calculator - HealthyBlue HSA/HRA Silver 4000 (Products: HMO, Advantage)

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

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

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

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$4,000.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
OOP Maximum ($)	$7,150.00					
OOP Maximum if Separate ($)						

Click Here for Important Instructions

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

	Copays	Weights
OP Facility Surgery	$ 300	100%
OP Facility Non-Surgery		

Enter OP Copays	Assumed Cost / Visit from MECU Report 2014
$ 300	$ 1,902.07
$ 50	$ 198.81

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☑
Specialty Rx Coinsurance Maximum:	$150
Set a Maximum Number of Days for Charging an IP Copay?	☑
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	71.93%
Metal Tier:	Silver

2017 AV Calculator

AV Calculator - BlueChoice Bronze 5500 (Products: HMO Referral, Advantage)

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

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

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

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$5,500.00	$100.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
OOP Maximum ($)	$7,150.00					
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☐ All			☑ All	☑ All			☑ All	☐ All
Emergency Room Services	☑	☐		$300.00	☑	☑			☑	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☐		$500.00	☑	☑			☑	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$25.00	☑	☑			☐	☐
Specialist Visit	☑	☐		$50.00	☑	☑			☑	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☐	☐		$25.00	☑	☑			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☐		$750.00	☑	☑			☑	☐
Rehabilitative Speech Therapy	☑	☐		$50.00	☑	☑			☑	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☐		$50.00	☑	☑			☑	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☐		$150.00	☑	☑			☑	☐
X-rays and Diagnostic Imaging	☑	☐		$200.00	☑	☑			☑	☐
Skilled Nursing Facility	☑	☐		$50.00	☑	☑			☑	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	76%		☑	☑				
Outpatient Surgery Physician/Surgical Services	☑	☑	75%		☑	☑				
Drugs	☑ All	☐ All			☑ All	☑ All			☑ All	☐ All
Generics	☐	☐		$10.00	☑	☑			☐	☐
Preferred Brand Drugs	☑	☐		$75.00	☑	☑			☑	☐
Non-Preferred Brand Drugs	☑	☐		$150.00	☑	☑			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☐		$150.00	☑	☑			☑	☐

	Copays	Weights
OP Facility Surgery	$ 450	30%
OP Facility Non-Surgery	$ 450	70%

Enter OP Copays	Assumed Cost / Visit from MECU Report 2014
$ 450	$ 1,902.07
$ 50	$ 198.81

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?	☑
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	60.87%
Metal Tier:	Bronze

2017 AV Calculator

Hospital SoS AV	60.87%
Freestanding SoS AV	63.11%
Final Blended AV*	61.62%

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

AV Calculator - BlueChoice HMO Bronze 5500 (Products: Referral, Advantage)

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

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

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

Tier 1 Plan Benefit Design	Medical	Drug	Combined
Deductible ($)	$5,500.00	$100.00	
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%	
OOP Maximum ($)	$7,150.00		
OOP Maximum if Separate ($)			

Tier 2 Plan Benefit Design	Medical	Drug	Combined

Click Here for Important Instructions

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

	Copays	Weights
OP Facility Surgery	$ 300	100%
OP Facility Non-Surgery		0%

Enter OP Copays	Assumed Cost / Visit from MECU Report 2014
$ 300	$ 1,902.07
$ 50	$ 198.81

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?	☑
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]

Output

Calculate

Status/Error Messages: Error: Result is outside of +/- 2 percent de minimis variation.
Actuarial Value: 63.11%
Metal Tier:

2017 AV Calculator

AV Calculator - BlueChoice HSA/HRA Bronze 6500 (Products: HMO, Plus, Advantage)

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

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

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

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

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☐ All			☑ All	☑ All			☑ All	☐ All
Emergency Room Services	☑	☐		$250.00	☑	☑			☑	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☐		$600.00	☑	☑			☑	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☐		$50.00	☑	☑			☑	☐
Specialist Visit	☑	☐		$100.00	☑	☑			☑	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☐		$50.00	☑	☑			☑	☐
Imaging (CT/PET Scans, MRIs)	☑	☐		$500.00	☑	☑			☑	☐
Rehabilitative Speech Therapy	☑	☐		$100.00	☑	☑			☑	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☐		$100.00	☑	☑			☑	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☐		$75.00	☑	☑			☑	☐
X-rays and Diagnostic Imaging	☑	☐		$125.00	☑	☑			☑	☐
Skilled Nursing Facility	☑	☐		$100.00	☑	☑			☑	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	**91%**		☑	☑				
Outpatient Surgery Physician/Surgical Services	☑	☑	**50%**		☑	☑				
Drugs	☑ All	☐ All			☑ All	☑ All			☑ All	☐ All
Generics	☑	☐		$10.00	☑	☑			☑	☐
Preferred Brand Drugs	☑	☐		$45.00	☑	☑			☑	☐
Non-Preferred Brand Drugs	☑	☐		$65.00	☑	☑			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑			☐	☐

	Copays	Weights
OP Facility Surgery	$ 450	30%
OP Facility Non-Surgery	$ 50	70%

Enter OP Copays	Assumed Cost / Visit from MECU Report 2014
$ 170	$ 1,902.07
$ 100	$ 198.81

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☑
Specialty Rx Coinsurance Maximum:	$150
Set a Maximum Number of Days for Charging an IP Copay?	☑
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	61.38%
Metal Tier:	Bronze

2017 AV Calculator

Hospital SoS AV	61.38%
Freestanding SoS AV	61.38%
Final Blended AV*	61.38%

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

AV Calculator - BlueChoice HSA/HRA Bronze 6500 (Products: HMO, Plus, Advantage)

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

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

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

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

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☐ All			☑ All	☑ All			☑ All	☐ All
Emergency Room Services	☑	☐		$250.00	☑	☑			☑	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☐		$600.00	☑	☑			☑	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☐		$50.00	☑	☑			☑	☐
Specialist Visit	☑	☐		$100.00	☑	☑			☑	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☐		$50.00	☑	☑			☑	☐
Imaging (CT/PET Scans, MRIs)	☑	☐		$250.00	☑	☑			☑	☐
Rehabilitative Speech Therapy	☑	☐		$100.00	☑	☑			☑	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☐		$100.00	☑	☑			☑	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☐		$50.00	☑	☑			☑	☐
X-rays and Diagnostic Imaging	☑	☐		$75.00	☑	☑			☑	☐
Skilled Nursing Facility	☑	☐		$100.00	☑	☑			☑	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	84%		☑	☑				
Outpatient Surgery Physician/Surgical Services	☑	☑	50%		☑	☑				
Drugs	☑ All	☐ All			☑ All	☑ All			☑ All	☐ All
Generics	☑	☐		$10.00	☑	☑			☑	☐
Preferred Brand Drugs	☑	☐		$45.00	☑	☑			☑	☐
Non-Preferred Brand Drugs	☑	☐		$65.00	☑	☑			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑			☐	☐

	Copays	Weights
OP Facility Surgery	$ 300	100%
OP Facility Non-Surgery		0%

Enter OP Copays	Assumed Cost / Visit from MECU Report 2014
$ 300	$ 1,902.07
$ 100	$ 198.81

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☑
Specialty Rx Coinsurance Maximum:	$150
Set a Maximum Number of Days for Charging an IP Copay?	☑
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	61.38%
Metal Tier:	Bronze

2017 AV Calculator

AV Calculator - HealthyBlue Platinum 500 (Products: HMO, Plus, Advantage)

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

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

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

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$500.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
OOP Maximum ($)	$1,500.00					
OOP Maximum if Separate ($)						

Click Here for Important Instructions

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

	Copays	Weights
OP Facility Surgery	$ 200	30%
OP Facility Non-Surgery	$ 50	70%

Enter OP Copays	Assumed Cost / Visit from MECU Report 2014
$ 95	$ 1,902.07
	$ 198.81

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☑
Specialty Rx Coinsurance Maximum:	$150
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]

Output

Calculate

Status/Error Messages: Calculation Successful.
Actuarial Value: 88.95%
Metal Tier: Platinum

2017 AV Calculator

Hospital SoS AV	88.95%
Freestanding SoS AV	90.58%
Final Blended AV*	89.49%

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

AV Calculator - HealthyBlue Platinum 500 (Products: HMO, Plus, Advantage)

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

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

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

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

Tier 2 Plan Benefit Design	Medical	Drug	Combined

Click Here for Important Instructions

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

	Copays	Weights
OP Facility Surgery	$ 100	100%
OP Facility Non-Surgery		0%

Enter OP Copays	Assumed Cost / Visit from MECU Report 2014
$ 100	$ 1,902.07
	$ 198.81

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☑
Specialty Rx Coinsurance Maximum:	$150
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	90.58%
Metal Tier:	Platinum

2017 AV Calculator

AV Calculator - HealthyBlue Platinum 1000 (Products: HMO, Plus, Advantage)

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

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

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

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$1,000.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
OOP Maximum ($)	$1,500.00					
OOP Maximum if Separate ($)						

Click Here for Important Instructions

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

	Copays	Weights
OP Facility Surgery	$ 200	30%
OP Facility Non-Surgery	$ 50	70%

Enter OP Copays	Assumed Cost / Visit from MECU Report 2014
$ 95	$ 1,902.07
	$ 198.81

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☑
Specialty Rx Coinsurance Maximum:	$150
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	88.16%
Metal Tier:	Platinum

2017 AV Calculator

Hospital SoS AV	88.16%
Freestanding SoS AV	89.73%
Final Blended AV*	88.68%

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

AV Calculator - HealthyBlue Platinum 1000 (Products: HMO, Plus, Advantage)

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

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

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

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

Tier 2 Plan Benefit Design	Medical	Drug	Combined

Click Here for Important Instructions

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

	Copays	Weights
OP Facility Surgery	$ 100	100%
OP Facility Non-Surgery		0%

Enter OP Copays	Assumed Cost / Visit from MECU Report 2014
$ 100	$ 1,902.07
$ -	$ 198.81

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☑
Specialty Rx Coinsurance Maximum:	$150
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	89.73%
Metal Tier:	Platinum

2017 AV Calculator

AV Calculator - HealthyBlue Gold 1500 (Products: HMO, Plus, Advantage)

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

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

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

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$1,500.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
OOP Maximum ($)	$7,150.00					
OOP Maximum if Separate ($)						

Click Here for Important Instructions

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

	Copays	Weights
OP Facility Surgery	$ 200	30%
OP Facility Non-Surgery	$ 50	70%

Enter OP Copays	Assumed Cost / Visit from MECU Report 2014
$ 95	$ 1,902.07
	$ 198.81

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☑
Specialty Rx Coinsurance Maximum:	$150
Set a Maximum Number of Days for Charging an IP Copay?	☑
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name:	[Input Plan Name]
Plan HIOS ID:	[Input Plan HIOS ID]
Issuer HIOS ID:	[Input Issuer HIOS ID]

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	79.68%
Metal Tier:	Gold

2017 AV Calculator

Hospital SoS AV	79.68%
Freestanding SoS AV	84.58%
Final Blended AV*	81.31%

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

AV Calculator - HealthyBlue Gold 1500 (Products: HMO, Plus, Advantage)

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

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

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

Tier 1 Plan Benefit Design	Medical	Drug	Combined
Deductible ($)	$1,500.00	$0.00	
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%	
OOP Maximum ($)	$7,150.00		
OOP Maximum if Separate ($)			

Tier 2 Plan Benefit Design	Medical	Drug	Combined

Click Here for Important Instructions

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

	Copays	Weights
OP Facility Surgery	$ 100	100%
OP Facility Non-Surgery		0%

Enter OP Copays	Assumed Cost / Visit from MECU Report 2014
$ 100	$ 1,902.07
$ -	$ 198.81

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☑
Specialty Rx Coinsurance Maximum:	$150
Set a Maximum Number of Days for Charging an IP Copay?	☑
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]

Output

Calculate

Status/Error Messages: Error: Result is outside of +/- 2 percent de minimis variation.
Actuarial Value: 84.58%
Metal Tier:

2017 AV Calculator

AV Calculator - HealthyBlue HSA/HRA Silver 2000 (Products: HMO, Plus, Advantage)

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

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

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

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

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☐ All			☑ All	☑ All			☑ All	☐ All
Emergency Room Services	☑	☐		$200.00	☑	☑			☑	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☐		$600.00	☑	☑			☑	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☐			☑	☑			☑	☐
Specialist Visit	☑	☐		$45.00	☑	☑			☑	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☐			☑	☑			☑	☐
Imaging (CT/PET Scans, MRIs)	☑	☐		$300.00	☑	☑			☑	☐
Rehabilitative Speech Therapy	☑	☐		$45.00	☑	☑			☑	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☐		$45.00	☑	☑			☑	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☐		$75.00	☑	☑			☑	☐
X-rays and Diagnostic Imaging	☑	☐		$100.00	☑	☑			☑	☐
Skilled Nursing Facility	☑	☐		$45.00	☑	☑			☑	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	94%		☑	☑				
Outpatient Surgery Physician/Surgical Services	☑	☑	77%		☑	☑				
Drugs	☑ All	☐ All			☑ All	☑ All			☑ All	☐ All
Generics	☑	☐		$0.00	☑	☑			☑	☐
Preferred Brand Drugs	☑	☐		$45.00	☑	☑			☑	☐
Non-Preferred Brand Drugs	☑	☐		$65.00	☑	☑			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑			☐	☐

	Copays	Weights
OP Facility Surgery	$ 250	30%
OP Facility Non-Surgery	$ 50	70%

Enter OP Copays	Assumed Cost / Visit from MECU Report 2014
$ 110	$ 1,902.07
$ 45	$ 198.81

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☑
Specialty Rx Coinsurance Maximum:	$150
Set a Maximum Number of Days for Charging an IP Copay?	☑
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	71.08%
Metal Tier:	Silver

2017 AV Calculator

Hospital SoS AV	71.08%
Freestanding SoS AV	73.77%
Final Blended AV*	71.98%

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

AV Calculator - HealthyBlue HSA/HRA Silver 2000 (Products: HMO, Plus, Advantage)

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

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

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

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

Tier 2 Plan Benefit Design	Medical	Drug	Combined

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☐ All			☑ All	☑ All			☑ All	☐ All
Emergency Room Services	☑	☐		$200.00	☑	☑			☑	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☐		$600.00	☑	☑			☑	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☐			☑	☑			☑	☐
Specialist Visit	☑	☐		$45.00	☑	☑			☑	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☐			☑	☑			☑	☐
Imaging (CT/PET Scans, MRIs)	☑	☐		$100.00	☑	☑			☑	☐
Rehabilitative Speech Therapy	☑	☐		$45.00	☑	☑			☑	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☐		$45.00	☑	☑			☑	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☐			☑	☑			☑	☐
X-rays and Diagnostic Imaging	☑	☐			☑	☑			☑	☐
Skilled Nursing Facility	☑	☐		$45.00	☑	☑			☑	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	95%		☑	☑				
Outpatient Surgery Physician/Surgical Services	☑	☑	77%		☑	☑				
Drugs	☑ All	☐ All			☑ All	☑ All			☑ All	☐ All
Generics	☑	☐		$0.00	☑	☑			☑	☐
Preferred Brand Drugs	☑	☐		$45.00	☑	☑			☑	☐
Non-Preferred Brand Drugs	☑	☐		$65.00	☑	☑			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑			☐	☐

	Copays	Weights
OP Facility Surgery	$ 100	100%
OP Facility Non-Surgery		0%

Enter OP Copays	Assumed Cost / Visit from MECU Report 2014
$ 100	$ 1,902.07
$ 45	$ 198.81

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☑
Specialty Rx Coinsurance Maximum:	$150
Set a Maximum Number of Days for Charging an IP Copay?	☑
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]

Output

Calculate

Status/Error Messages: Error: Result is outside of +/- 2 percent de minimis variation.
Actuarial Value: 73.77%
Metal Tier:

2017 AV Calculator

AV Calculator - BlueChoice Advantage Silver 1500 BlueFund HSA

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

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

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

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$1,500.00			
Coinsurance (%, Insurer's Cost Share)			100.00%			
OOP Maximum ($)			$6,350.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☐ All			☑ All	☑ All			☑ All	☐ All
Emergency Room Services	☑	☐		$250.00	☑	☑			☑	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☐		$750.00	☑	☑			☑	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☐		$25.00	☑	☑			☑	☐
Specialist Visit	☑	☐		$50.00	☑	☑			☑	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☐		$25.00	☑	☑			☑	☐
Imaging (CT/PET Scans, MRIs)	☑	☐		$600.00	☑	☑			☑	☐
Rehabilitative Speech Therapy	☑	☐		$50.00	☑	☑			☑	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☐		$50.00	☑	☑			☑	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☐		$150.00	☑	☑			☑	☐
X-rays and Diagnostic Imaging	☑	☐		$200.00	☑	☑			☑	☐
Skilled Nursing Facility	☑	☐		$50.00	☑	☑			☑	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	90%		☑	☑				
Outpatient Surgery Physician/Surgical Services	☑	☑	75%		☑	☑				
Drugs	☑ All	☐ All			☑ All	☑ All			☑ All	☐ All
Generics	☑	☐		$10.00	☑	☑			☑	☐
Preferred Brand Drugs	☑	☐		$45.00	☑	☑			☑	☐
Non-Preferred Brand Drugs	☑	☐		$65.00	☑	☑			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑			☐	☐

	Copays	Weights
OP Facility Surgery	$ 500	30%
OP Facility Non-Surgery	$ 50	70%

Enter OP Copays	Assumed Cost / Visit from MECU Report 2014
$ 185	$ 1,902.07
$ 50	$ 198.81

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☑
Specialty Rx Coinsurance Maximum:	$150
Set a Maximum Number of Days for Charging an IP Copay?	☑
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	70.94%
Metal Tier:	Silver

2017 AV Calculator

Hospital SoS AV	70.94%
Freestanding SoS AV	73.83%
Final Blended AV*	71.90%

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

AV Calculator - BlueChoice Advantage Silver 1500 BlueFund HSA

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

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

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

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$1,500.00			
Coinsurance (%, Insurer's Cost Share)			100.00%			
OOP Maximum ($)			$6,350.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☐ All			☑ All	☑ All			☑ All	☐ All
Emergency Room Services	☑	☐		$250.00	☑	☑			☑	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☐		$750.00	☑	☑			☑	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☐		$25.00	☑	☑			☑	☐
Specialist Visit	☑	☐		$50.00	☑	☑			☑	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☐		$25.00	☑	☑			☑	☐
Imaging (CT/PET Scans, MRIs)	☑	☐		$250.00	☑	☑			☑	☐
Rehabilitative Speech Therapy	☑	☐		$50.00	☑	☑			☑	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☐		$50.00	☑	☑			☑	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☐		$25.00	☑	☑			☑	☐
X-rays and Diagnostic Imaging	☑	☐		$50.00	☑	☑			☑	☐
Skilled Nursing Facility	☑	☐		$50.00	☑	☑			☑	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	84%		☑	☑				
Outpatient Surgery Physician/Surgical Services	☑	☑	75%		☑	☑				
Drugs	☑ All	☐ All			☑ All	☑ All			☑ All	☐ All
Generics	☑	☐		$10.00	☑	☑			☑	☐
Preferred Brand Drugs	☑	☐		$45.00	☑	☑			☑	☐
Non-Preferred Brand Drugs	☑	☐		$65.00	☑	☑			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑			☐	☐

	Copays	Weights
OP Facility Surgery	$ 300	100%
OP Facility Non-Surgery		0%

Enter OP Copays	Assumed Cost / Visit from MECU Report 2014
$ 300	$ 1,902.07
$ 50	$ 198.81

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☑
Specialty Rx Coinsurance Maximum:	$150
Set a Maximum Number of Days for Charging an IP Copay?	☑
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]

Output

Calculate

Status/Error Messages: Error: Result is outside of +/- 2 percent de minimis variation.
Actuarial Value: 73.83%
Metal Tier:

2017 AV Calculator

CAREFIRST BLUECROSS BLUESHIELD
PART III ACTUARIAL MEMORANDUM

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

2. GENERAL INFORMATION:

Company Legal Name: CareFirst BlueChoice, Inc. (NAIC # 96202) (CFBC).
State: District of Columbia.
HIOS Issuer ID: 86052.
Market: Small Group (SG) – On Exchange.
Effective Date: 1/1/17 and quarterly incremental "trend" increases effective 4/1/17, 7/1/17 and 10/1/17.

Primary Contact Name: Mr. Dwayne Lucado, F.S.A., M.A.A.A.
Primary Contact Telephone Number: 410-998-7519.
Primary Contact E-Mail Address: Dwayne.Lucado@CareFirst.com.

3. PROPOSED RATE INCREASE(S): In compliance with the "Patient Protection and Affordable Care Act" (ACA, H.R. 3590) and toward the company's objectives of maximizing access and affordability, long-term financial viability and customer rate stability, CFBC is proposing to raise premiums by 4.4% on average for 1Q17, prior to age band changes. For CF overall (including the SG PPO business) the proposed average renewal is 2.3%. The range for CFBC is 0.7% to 18.3% for 1Q17. For renewing customers, an age band change adds 2.6% to the renewal, on average, with a range of 0.0% to 3.9% for ages 22 and upwards per the DC age curve. The estimated average renewals for 2Q17, 3Q17, and 4Q17 will be 5.5%, 6.3% and 7.5%, respectively. Consistent with 45 CFR Part § 155.705(b)(6) and Market Standards Proposed Rules 78 FR 13406 and 37032, we understand that we may subsequently file for changes to the post-1Q17 quarterly rate changes proposed herein if deemed necessary. This filing applies to all new and renewing, in-force business in the guaranteed renewable, non-grandfathered, ACA, metaled benefit plans.

Reason for Rate Increase(s): The main drivers supporting the rate increase are the assumed increases in allowed costs (8% assumed annual trend), the re-estimation of projected risk transfers for 2017, and the reduction in the Health Insurer Fee for 2017. The expected rate changes vary from 0.7% to 18.3% for 1Q17 renewals in this filing (prior to any impact of age band changes). This range is impacted by the compression of our induced demand factors by adopting the HHS factors.

4. MARKET EXPERIENCE:

4.1 - EXPERIENCE PERIOD PREMIUM AND CLAIMS: The incurred period is 1/1/15 through 12/31/15, as required.

Paid Through Date: 2/29/16.
Premiums (Net of MLR Rebate) in Experience Period: $192,675,204 (Merged).
Allowed and Incurred Claims From Experience Period: $165,673,443 (Merged Index Rate).

4.2 - BENEFIT CATEGORIES:
Inpatient (hospital).
Outpatient (hospital) (OP).
Professional.
Other Medical (non-capitated ambulance, home health care, durable medical equipment, prosthetics, supplies, vision exams, dental services and other).
Prescription drug (Rx).
Capitations.

4.3 - PROJECTION FACTORS:

Changes in the Morbidity of the Population Insured: Examination of the 2015 experience of the cohort as of 02/29/16 shows an improvement of -3.6%. From this 02/29/16 cohort we had prior claims experience for 82% of them.

Changes in Benefits: For 2017 we have minimally redesigned our small group portfolio. Some plans, requiring adjustments in order to comply with AV thresholds, received minor changes to member cost sharing. The changes to our plan designs have been accounted for in each specific plan level cost-share factor.

Changes in Demographics: We do anticipate a material change in the average age of this population between the experience and projection periods. As such, a 0.5% adjustment factor has been included.

Other Adjustments: CF is proposing to continue the incentive program whereby members can earn medical expense debit cards. 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. The impact of this program is now implicit in our base experience therefore no explicit adjustment has been made. Our aim is that this incentive program will improve our member' health.

This calculation also includes the following:

1. A decrease to prescription drug claims costs due to a projected increase in rebates realized by the move to a new "Pharmacy Benefits Manager" (PBM) in 2014.

2. A decrease in the PMPM capitations.

Trend Factors (Cost/Utilization): The proposed trend of 8.0% remains the same over 2016's 8.0%. In accordance with URRT instructions, we chose our proposed trend of 8.0% incorporating an estimated decrease in utilization solely attributable to induced demand from experience period to projection period of 30 basis points. An attached exhibit outlines the calculation.

4.4 - CREDIBILITY MANUAL RATE DEVELOPMENT: Not applicable.

4.5 - CREDIBILITY OF EXPERIENCE: The calendar 2015 base data includes 517,255 member months (average monthly of 43,105) and is therefore considered 100% credible.

4.6 - PAID TO ALLOWED RATIO: Projected at 82.3%, on average, for all quarters.

4.7 - RISK ADJUSTMENT AND REINSURANCE:

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

Projected Risk Adjustments PMPM: +$28.29 PMPM for 1Q17. 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 projected transfer receipts from 2015 to 2017. We referenced the CMS report released on 03/18/16 and used their 2015 state average premium of $448.83 and billable members of 975,427. However, we used our own state average PLRS (1.3891 versus CMS' 1.340) estimates since Wakely's PLRS includes an estimate of "incurred but not reported" claims. Since CF represents 83% of the market according to Wakely, our calculations assume that the state average scores will change in step with CF's changes from 2015 to 2016 to 2017. We have anchored on 2015 data including IBNR since we believe this best estimates final transfers. We itemize the variables such as "plan liability risk score" (PLRS), "allowable rating factor" (ARF) and state averages assumed to calculate PMPM transfers.

Per the DISB's request, CF has agreed to change its risk adjustment calculation from merged to unmerged starting in 2017. The impact was estimated to increase the renewal by 40 basis points from 4.0% to 4.4%.

Projected ACA Reinsurance Recoveries Net of Reinsurance Premium (Individual Market and Combined Markets Only): Reinsurance does not apply for 2017.

4.8 - NON-BENEFIT EXPENSES AND CONTRIBUTION TO RESERVE (CtR) & RISK: The "desired incurred claims ratio" (DICR) has changed from 71.7% (4Q 2016) to 74.7% (1Q 2017).

Administrative Expense Load: PMPMs decreased by 4% versus 2016. This includes broker expenses. CF has had some cost increases attributable to 1) ACA and operational complexity, 2) cybersecurity and 3) audit and compliance exposure and demands.

Contribution to Reserve & Risk Margin: 2.8% prior to income taxes (2016 was 2.0%).

Taxes and Fees:

1) Premium Tax of 2.0%.
2) Federal Income Tax (FIT) of 1.0% (35% tax rate).
3) Health Insurer Fee does not apply for 2017. A fee of 2.6% is assumed for 2018 and is phased in to the proposed rates for 2Q, 3Q, 4Q.
4) PCORI increased from $2.33 PMPY to $2.35 PMPY for 1Q – 3Q 2017 and $2.44 for 4Q 2017.
5) Reinsurance does not apply for 2017.
6) Risk Adjustment User Fees are included as $0.13 PMPM.
7) Exchange User Fees remained at $0.
8) Exchange Assessment Fee of 1.0% for 2017 per the "Health Benefit Exchange Authority Financial Sustainability Emergency Amendment Act of 2014" (D.C. Act 20-329) approved on 5/22/14. In addition, there is also a state assessment fee of 0.1%.

5. PROJECTED LOSS RATIO: Our projected loss ratio for ACA MLR rebate purposes is 80.6%, meeting the 80.0% minimum of the "Public Health Service Act" (PHSA) 218. Please note that this is based on the combined experience of INM and SG.

6. APPLICATION OF MARKET REFORM RATING RULES:

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

6.2 - INDEX RATE: Last year's implicit 2015 index rate was $321.81 (($300.17 EP allowed claims PMPM - $2.20 Non-EHB) x trend of 8.0%). As shown on Worksheet 1 of the URRT, the actual index rate for 2015 is $319 for a favorable variance of -1%.

After applying projection factors, the allowed claims PMPM for 1Q17 is $358.22. This includes projected claims for non-EHBs, estimated at $1.76 PMPM. The proposed 1Q17 index rate is $356.46.

Because the index rate merges Individual non-Medigap (IND64-) and Small Group (SG), the starting point experience period index rate for SG is higher by 2%.

6.2.1 - Small Group Quarterly Rate Filings: This filing includes quarterly incremental "trend" increases. Index rates are $363.53, $370.78 and $378.20 for 2Q, 3Q and 4Q17, respectively. As required, the index rate entered in the URRT reflects a member weighted blend of the quarterly index rates.

6.3 - MARKET ADJUSTED INDEX RATE:

Federal Reinsurance Program Adjustment: 1.00 for 1Q17.
Risk Adjustment: 1.0968 for 1Q17. A summary exhibit is provided.
Marketplace User Fee Adjustment: 1.00. A summary exhibit is provided.

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

composite to 1.00 across SG and INM. Cost-Share factors, Network Factors and Non-EHBs vary by plan. All other factors applying to the Index Rate are the same across all plans.

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

Age Curve Calibration – We have calibrated to the average age factor produced by our projected distribution and the required age curve.

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

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

7. PLAN PRODUCT INFORMATION:

7.1 - HHS ACTUARIAL METAL VALUES (AV): The majority of our 2017 plans include varying cost-share levels for some services that depend on the setting in which care is delivered. The Federal AV calculator was used to compute two separate AVs for each impacted plan – one which applied the higher level of cost-share, and one which applied the lower. The results were blended assuming 2/3 of the designated services are rendered in higher cost-share setting and the remaining 1/3 at the lower, consistent with 2014 experience for our SG and INM markets. Plans without these features used the AV calculator without modification.

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

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

7.3 - MEMBERSHIP PROJECTIONS: The distribution of projected enrollment is based on actual enrollment by plan as of 2/29/16. Total projected enrollment is consistent with our corporate plan.

7.4 - TERMINATED PLANS AND PRODUCTS: None

7.5 - PLAN TYPE: HMO and POS.

7.6 - WARNING ALERTS:

1. **Worksheet 2**

   a. **General:** Per the District's instructions, the index rate was developed with combined SG/INM experience which is entered on Worksheet 1 of the URRT, but the plan level rates were developed separately as the markets are remaining separate from the Federal perspective. Therefore, Worksheet 2 has only the SG market's plan data, and most of the warnings have been triggered because the SG totals on Worksheet 2 are less than the combined SG/INM totals on Worksheet 1.

   b. **Section IV: Plan Adjusted Index Rate, Total Premium (TP)** – Per URRT guidelines, the Plan Adjusted Index Rate must reflect the member weighted average of the Plan Adjusted Index Rates for all effective dates in the submission (1Q – 4Q16). As such, the average rate shown on Worksheet 2 will not match the SRP Gross Premium Avg. Rate on Worksheet 1, which reflects only the effective date of the change in Index Rate (January 1). Similarly, since the Total Premium on Worksheet 2 is calculated as Plan Adjusted Index Rate x Member Months, it will not match the Projected Period Total Premium from Worksheet 1.

8**. MISCELLANEOUS INSTRUCTIONS:**

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

8.2 - Reliance: None.

8.3 – Actuarial Certification: Included in the AM.

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

Rate Filing # 2100
D.C. Small Group Products - On Exchange
Rate Filing Effective 1/1/2017

Actuarial Memorandum

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

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CareFirst BlueChoice, Inc.
d.b.a. CareFirst BlueCross BlueShield
(NAIC # 96202)
D.C. Small Group Products - On Exchange
Rate Filing Effective 1/1/2017

Form Numbers

Form Numbers Associated With This Filing:

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

The SERFF Tracking # for the corresponding form filing On Exchange is as follows:
CFBC-130551815

ON-Exchange

Forms Used for ALL ON-Exchange BlueChoice Group Products

DC-CFBC-SHOP-GC (R 1-17)
DC/CFBC/DOL APPEAL (R. 1/16)
DC/CFBC/SHOP/ELIG (1/14)
DC/CFBC/FAM PLAN (8/12)
DC/CFBC/PARTNER (R. 7/09)
DC/CFBC/PT PROTECT (9/10)
DC/CFBC/SG/INCENT (1/16)
DC CFBC SHOP ELIG AMEND (1-17)

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

DC-CF-SHOP-GC (R 1-17)
DC-CF-SHOP-POS-OON-EOC (1-17)
DC/GHMSI/DOL APPEAL (R. 1/16)
DC-CF-SHOP-POS OON-DOCS (1-17)
DC/GHMSI/FAM PLAN (8/12)
DC/CF/PARTNER (R. 7/09)
DC/CF/BLCRD (1/12)
DC/CF/MEM/BLCRD (1/12)
DC/CF/ANCILLARY AMEND (10/12)
DC/CF/PT PROTECT (9/10)
DC/GHMSI-HEALTH GUARANTEE 1/15

Product: BlueChoice Plus Opt-Out
Network: Open Access

DC/CFBC/SHOP/HMO POS/EOC (1/17)
DC CFBC SHOP BC+OOOA DOCS (1-17)
DC/CFBC/BLCRD (1/12)
DC/CFBC/MEM/BLCRD (1/12)
DC CFBC SG BC+ OO PLAT 0 (1-17)

Product: BlueChoice Advantage
In-Network

DC/CFBC/SHOP/HMO POS/EOC (1/17)
DC CFBC SHOP ADV IN DOCS (1-17)
DC/CFBC/ADV IN/IPP GRP (1/14)
DC/CFBC/ADV IN/IPP MEM (1/14)
DC/CFBC/ANCILLARY AMEND (10/12)
DC CFBC SG BC ADV IN BF HSA SIL 1500 (1-17)
DC CFBC SG POS IN BRZ 5500 (1-17)
DC CFBC SG POS IN CDH BRZ 6500 (1-17)
DC CFBC SG POS IN CDH GOLD 1500 (1-17)
DC CFBC SG POS IN CDH SIL 1500 (1-17)
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DC CFBC SG POS IN GOLD 500 (1-17)
DC CFBC SG POS IN GOLD 1000 (1-17)
DC CFBC SG POS IN PLAT 0 (1-17)
DC CFBC SG POS IN SIL 4000 (1-17)

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

DC CF SG BC ADV OON BF HSA SIL 1500 (1-17)
DC CF SG POS OON BRZ 5500 (1-17)
DC CF SG POS OON CDH BRZ 6500 (1-17)
DC CF SG POS OON CDH GOLD 1500 (1-17)
DC CF SG POS OON CDH SIL 1500 (1-17)
DC CF SG POS OON CDH SIL 3000 (1-17)
DC CF SG POS OON CDH SIL 3000 (1-17)
DC CF SG POS OON GOLD 1000 (1-17)
DC CF SG POS OON PLAT 0 (1-17)
DC CF SG POS OON SIL 4000 (1-17)

Product: BlueChoice Plus
In-Network

DC/CFBC/SHOP/HMO POS/EOC (1/17)
DC CFBC SHOP PLUS IN DOCS (1-17)
DC/CFBC/BLCRD (1/12)
DC/CFBC/MEM/BLCRD (1/12)
DC CFBC SG POS IN CDH BRZ 6500 (1-17)
DC CFBC SG POS IN CDH SIL 1500 (1-17)
DC CFBC SG POS IN CDH SIL 3000 (1-17)
DC CFBC SG POS IN GOLD 500 (1-17)
DC CFBC SG POS IN GOLD 1000 (1-17)

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

DC CF SG POS OON CDH BRZ 6500 (1-17)
DC CF SG POS OON CDH SIL 1500 (1-17)
DC CF SG POS OON CDH SIL 3000 (1-17)
DC CF SG POS OON CDH SIL 3000 (1-17)
DC CF SG POS OON GOLD 1000 (1-17)

Product: HealthyBlue Plus
In-Network

DC/CFBC/SHOP/HMO POS/EOC (1/17)
DC CFBC SHOP PLUS IN DOCS (1-17)
DC/CFBC/BLCRD (1/12)
DC/CFBC/MEM/BLCRD (1/12)
DC CFBC SG POS IN CDH SIL 2000 (1-17)
DC CFBC SG POS IN GOLD 1500 (1-17)
DC CFBC SG POS IN PLAT 500 (1-17)
DC CFBC SG POS IN PLAT 1000 (1-17)

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

DC CF SG POS OON CDH SIL 2000 (1-17)
DC CF SG POS OON GOLD 1500 (1-17)
DC CF SG POS OON PLAT 500 (1-17)
DC CF SG POS OON PLAT 1000 (1-17)

CareFirst BlueChoice, Inc.
d.b.a. CareFirst BlueCross BlueShield
(NAIC # 96202)
D.C. Small Group Products - On Exchange
Rate Filing Effective 1/1/2017

Form Numbers

Form Numbers Associated With This Filing:

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

The SERFF Tracking # for the corresponding form filing On Exchange is as follows:
CFBC-130551815

ON-Exchange (continued)

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

DC/CFBC/SHOP/HMO POS/EOC (1/17)
DC CFBC SHOP HMO DOCS (1-17)
DC/CFBC/BLCRD (1/12)
DC/CFBC/MEM/BLCRD (1/12)
DC CFBC SG HMO OA CDH BRZ 6500 (1-17)
DC CFBC SG HMO OA CDH GOLD 1500 (1-17)
DC CFBC SG HMO OA CDH SIL 1500 (1-17)
DC CFBC SG HMO OA CDH SIL 2000 (1-17)
DC CFBC SG HMO OA CDH SIL 3000 (1-17)
DC CFBC SG HMO OA GOLD 500 (1-17)
DC CFBC SG HMO OA GOLD 1500 (1-17)
DC CFBC SG HMO OA PLAT 0 (1-17)
DC CFBC SG HMO OA SIL 1000 (1-17)
DC CFBC SG HMO REF BRZ 5500 (1-17)
DC CFBC SG HMO REF GOLD 0 (1-17)
DC CFBC SG HMO REF GOLD 500 (1-17)
DC CFBC SG HMO REF GOLD 1000 (1-17)
DC CFBC SG HMO REF PLAT 0 (1-17)
DC CFBC SG HMO REF PLAT 1000 (1-17)
DC CFBC SG HMO REF SIL 2000 (1-17)
DC CFBC SG HMO REF SIL 4000 (1-17)

Product: HealthyBlue HMO
Network: Open Access

DC/CFBC/SHOP/HMO POS/EOC (1/17)
DC CFBC SHOP HMO DOCS (1-17)
DC/CFBC/BLCRD (1/12)
DC/CFBC/MEM/BLCRD (1/12)
DC CFBC SG HB HMO CDH SIL 2000 (1-17)
DC CFBC SG HB HMO GOLD 1500 (1-17)
DC CFBC SG HB HMO PLAT 500 (1-17)
DC CFBC SG HB HMO PLAT 1000 (1-17)

Product: HealthyBlue Advantage
In-Network

DC/CFBC/SHOP/HMO POS/EOC (1/17)
DC CFBC SHOP ADV IN DOCS (1-17)
DC/CFBC/ADV IN/IPP GRP (1/14)
DC/CFBC/ADV IN/IPP MEM (1/14)
DC/CFBC/ANCILLARY AMEND (10/12)
DC CFBC SG POS IN CDH SIL 2000 (1-17)
DC CFBC SG POS IN GOLD 1500 (1-17)
DC CFBC SG POS IN PLAT 500 (1-17)
DC CFBC SG POS IN PLAT 1000 (1-17)

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

DC CF SG POS OON CDH SIL 2000 (1-17)
DC CF SG POS OON GOLD 1500 (1-17)
DC CF SG POS OON PLAT 500 (1-17)
DC CF SG POS OON PLAT 1000 (1-17)

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

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

CareFirst BlueChoice, Inc.
(NAIC # 96202)
H.R. 3950 - Public Law 111-148 - Patient Protection and Affordable Care Act (ACA)
D.C. Small Group Products - On Exchange
Rate Filing Effective 1/1/2017
Actuarial Certification

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

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

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

I further certify the following:

1. The projected Index Rate is:

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

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

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

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

As a qualifier to the opinion, the URRT does not demonstrate the process used by the issuer to develop the rates. Rather it represents information required by Federal regulation to be provided in support of the review of rate increases, for certification of Qualified Health Plans for Federally-facilitated Marketplaces, and for certification that the Index Rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.

Dwayne Lucado Digitally signed by Dwayne Lucado
Date: 2016.05.05 16:20:46 -04'00'

Dwayne Lucado, FSA, MAAA
Director, Actuarial Pricing
CareFirst BlueCross BlueShield
Mail Drop-Point 01-720
10455 Mill Run Circle
Owings Mills, MD 21117

CareFirst BlueChoice, Inc.
d.b.a. CareFirst BlueCross BlueShield
(NAIC # 96202)
D.C. Small Group Products - On Exchange
Rate Filing Effective 1/1/2017

2017 HIOS IDs

HIOS Product ID	HIOS Product Name	HIOS Plan ID	HIOS Plan Name	On/Off Exchange	Product Type	Abortion Coverage	Actuarial Value	Metal Level	Unique Plan	Projected Members 12/31/17
86052DC046	BlueChoice HMO	86052DC0460011	BlueChoice HMO Platinum 0	On	HMO	Yes	91.58%	Platinum	Yes	1,825
86052DC046	BlueChoice HMO	86052DC0460010	BlueChoice HMO Gold 500	On	HMO	Yes	81.82%	Gold	Yes	1,660
86052DC046	BlueChoice HMO	86052DC0460020	BlueChoice HMO Silver 1000	On	HMO	Yes	71.99%	Silver	Yes	100
86052DC046	BlueChoice HMO	86052DC0460009	BlueChoice HMO Gold 1500	On	HMO	Yes	79.00%	Gold	Yes	239
86052DC046	BlueChoice HMO	86052DC0460021	BlueChoice HMO HSA/HRA Gold 1500	On	HMO	Yes	78.68%	Gold	Yes	100
86052DC046	BlueChoice HMO	86052DC0460012	BlueChoice HMO HSA/HRA Silver 1500	On	HMO	Yes	71.72%	Silver	Yes	817
86052DC046	BlueChoice HMO	86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000	On	HMO	Yes	70.90%	Silver	Yes	937
86052DC046	BlueChoice HMO	86052DC0460019	BlueChoice HMO HSA/HRA Silver 3000	On	HMO	Yes	69.42%	Silver	Yes	100
86052DC046	BlueChoice HMO	86052DC0460014	BlueChoice HMO HSA/HRA Bronze 6500	On	HMO	Yes	61.38%	Bronze	Yes	286
86052DC048	BlueChoice HMO Referral	86052DC0480007	BlueChoice HMO Referral Platinum 0	On	HMO	Yes	91.58%	Platinum	Yes	2,734
86052DC048	BlueChoice HMO Referral	86052DC0480010	BlueChoice HMO Referral Gold 0	On	HMO	Yes	81.83%	Gold	Yes	122
86052DC048	BlueChoice HMO Referral	86052DC0480008	BlueChoice HMO Referral Gold 500	On	HMO	Yes	81.82%	Gold	Yes	1,079
86052DC048	BlueChoice HMO Referral	86052DC0480012	BlueChoice HMO Referral Platinum 1000	On	HMO	Yes	88.63%	Platinum	Yes	100
86052DC048	BlueChoice HMO Referral	86052DC0480011	BlueChoice HMO Referral Gold 80	On	HMO	Yes	78.99%	Gold	Yes	100
86052DC048	BlueChoice HMO Referral	86052DC0480013	BlueChoice HMO Referral Silver 70	On	HMO	Yes	71.24%	Silver	Yes	100
86052DC048	BlueChoice HMO Referral	86052DC0480014	BlueChoice HMO Referral Silver 4000	On	HMO	Yes	68.92%	Silver	Yes	100
86052DC048	BlueChoice HMO Referral	86052DC0480009	BlueChoice HMO Referral Bronze 5500	On	HMO	Yes	61.62%	Bronze	Yes	100
86052DC058	BlueChoice Plus Opt-Out	86052DC0580001	BlueChoice Plus Opt-Out Platinum 0	On	POS	Yes	91.58%	Platinum	Yes	5,880
86052DC050	BlueChoice Plus	86052DC0500016	BlueChoice Plus Gold 500	On	POS	Yes	81.82%	Gold	Yes	139
86052DC050	BlueChoice Plus	86052DC0500015	BlueChoice Plus Gold 1000	On	POS	Yes	80.06%	Gold	Yes	100
86052DC050	BlueChoice Plus	86052DC0500009	BlueChoice Plus HSA/HRA Silver 1500	On	POS	Yes	71.72%	Silver	Yes	1,280
86052DC050	BlueChoice Plus	86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000	On	POS	Yes	69.42%	Silver	Yes	597
86052DC050	BlueChoice Plus	86052DC0500017	BlueChoice Plus HSA/HRA Bronze 6500	On	POS	Yes	61.38%	Bronze	Yes	100
86052DC044	BlueChoice Advantage	86052DC0440012	BlueChoice Advantage Platinum 0	On	POS	Yes	91.58%	Platinum	Yes	1,384
86052DC044	BlueChoice Advantage	86052DC0440011	BlueChoice Advantage Gold 500	On	POS	Yes	81.82%	Gold	Yes	909
86052DC044	BlueChoice Advantage	86052DC0440010	BlueChoice Advantage Gold 1000	On	POS	Yes	80.06%	Gold	Yes	1,060
86052DC044	BlueChoice Advantage	86052DC0440021	BlueChoice Advantage HSA/HRA Gold 1500	On	POS	Yes	78.68%	Gold	Yes	100
86052DC044	BlueChoice Advantage	86052DC0440013	BlueChoice Advantage HSA/HRA Silver 1500	On	POS	Yes	71.72%	Silver	Yes	1,873
86052DC044	BlueChoice Advantage	86052DC0440023	BlueChoice Advantage Silver 1500 BlueFund HSA	On	POS	Yes	71.90%	Silver	Yes	100
86052DC044	BlueChoice Advantage	86052DC0440019	BlueChoice Advantage HSA/HRA Silver 3000	On	POS	Yes	69.42%	Silver	Yes	100
86052DC044	BlueChoice Advantage	86052DC0440022	BlueChoice Advantage Silver 4000	On	POS	Yes	68.92%	Silver	Yes	100
86052DC044	BlueChoice Advantage	86052DC0440018	BlueChoice Advantage HSA/HRA Bronze 6500	On	POS	Yes	61.38%	Bronze	Yes	100
86052DC044	BlueChoice Advantage	86052DC0440020	BlueChoice Advantage Bronze 5500	On	POS	Yes	61.62%	Bronze	Yes	100
86052DC046	BlueChoice HMO	86052DC0460016	HealthyBlue HMO Platinum 500	On	HMO	Yes	89.49%	Platinum	Yes	298
86052DC046	BlueChoice HMO	86052DC0460017	HealthyBlue HMO Platinum 1000	On	HMO	Yes	88.68%	Platinum	Yes	100
86052DC046	BlueChoice HMO	86052DC0460015	HealthyBlue HMO Gold 1500	On	HMO	Yes	81.31%	Gold	Yes	1,080
86052DC046	BlueChoice HMO	86052DC0460018	HealthyBlue HMO HSA/HRA Silver 2000	On	HMO	Yes	71.98%	Silver	Yes	980
86052DC050	BlueChoice Plus	86052DC0500012	HealthyBlue Plus Platinum 500	On	POS	Yes	89.49%	Platinum	Yes	1,265
86052DC050	BlueChoice Plus	86052DC0500013	HealthyBlue Plus Platinum 1000	On	POS	Yes	88.68%	Platinum	Yes	505
86052DC050	BlueChoice Plus	86052DC0500011	HealthyBlue Plus Gold 1500	On	POS	Yes	81.31%	Gold	Yes	1,404
86052DC050	BlueChoice Plus	86052DC0500014	HealthyBlue Plus HSA/HRA Silver 2000	On	POS	Yes	71.98%	Silver	Yes	639
86052DC044	BlueChoice Advantage	86052DC0440015	HealthyBlue Advantage Platinum 500	On	POS	Yes	89.49%	Platinum	Yes	747
86052DC044	BlueChoice Advantage	86052DC0440016	HealthyBlue Advantage Platinum 1000	On	POS	Yes	88.68%	Platinum	Yes	684
86052DC044	BlueChoice Advantage	86052DC0440014	HealthyBlue Advantage Gold 1500	On	POS	Yes	81.31%	Gold	Yes	3,745
86052DC044	BlueChoice Advantage	86052DC0440017	HealthyBlue Advantage HSA/HRA Silver 2000	On	POS	Yes	71.98%	Silver	Yes	1,323
TOTAL										**37,191**

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

2017 ACA
SMALL GROUP - DC BC

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
	2016 Plans		2017 Plans		Members		HHS	Consumer Level Base Rates				HHS	Consumer Level Base Rates								
	Metal	Plan	Metal	Plan	Actual	% of Actual	2016					2017									
					2/29/2016	Total	AV	1Q16	2Q16	3Q16	4Q16	AV	1Q17	RNL	2Q17	RNL	3Q17	RNL	4Q17	RNL	1Q INC
1	Platinum	BlueChoice HMO Platinum 0	Platinum	BlueChoice HMO Platinum 0	1,825	5.1%	0.911	$477.60	$484.28	$491.48	$498.64	0.916	$490.96	2.8%	$503.18	3.9%	$514.72	4.7%	$527.89	5.9%	-1.5%
2	Platinum	BlueChoice HMO Referral Platinum 0	Platinum	BlueChoice HMO Referral Platinum 0	2,734	7.6%	0.911	$454.86	$461.22	$468.07	$474.89	0.916	$467.58	2.8%	$479.22	3.9%	$490.21	4.7%	$502.75	5.9%	-1.5%
3	Platinum	BlueChoice HMO Referral Platinum 1000	Platinum	BlueChoice HMO Referral Platinum 1000	1	0.0%	0.881	$429.41	$435.42	$441.89	$448.32	0.886	$436.53	1.7%	$447.39	2.7%	$457.65	3.6%	$469.36	4.7%	-2.6%
4	Platinum	BlueChoice Plus Opt-Out Platinum 0	Platinum	BlueChoice Plus Opt-Out Platinum 0	5,880	16.4%	0.911	$484.07	$490.85	$498.14	$505.39	0.916	$497.61	2.8%	$510.00	3.9%	$521.70	4.7%	$535.04	5.9%	-1.5%
5	Platinum	BlueChoice Advantage Platinum 0	Platinum	BlueChoice Advantage Platinum 0	1,384	3.9%	0.911	$511.59	$518.75	$526.45	$534.12	0.916	$525.90	2.8%	$538.99	3.9%	$551.35	4.7%	$565.45	5.9%	-1.5%
6	Platinum	HealthyBlue HMO Platinum 500	Platinum	HealthyBlue HMO Platinum 500	298	0.8%	0.889	$464.53	$471.03	$478.03	$484.99	0.895	$481.65	3.7%	$493.64	4.8%	$504.96	5.6%	$517.88	6.8%	-0.7%
7	Platinum	HealthyBlue HMO Platinum 1000	Platinum	HealthyBlue HMO Platinum 1000	86	0.2%	0.880	$459.08	$465.51	$472.42	$479.30	0.887	$462.41	0.7%	$473.92	1.8%	$484.79	2.6%	$497.19	3.7%	-3.5%
8	Platinum	HealthyBlue Plus Platinum 500	Platinum	HealthyBlue Plus Platinum 500	1,265	3.5%	0.889	$477.12	$483.80	$490.98	$498.13	0.895	$494.70	3.7%	$507.01	4.8%	$518.65	5.6%	$531.91	6.8%	-0.7%
9	Platinum	HealthyBlue Plus Platinum 1000	Platinum	HealthyBlue Plus Platinum 1000	505	1.4%	0.880	$471.52	$478.12	$485.22	$492.29	0.887	$474.94	0.7%	$486.76	1.8%	$497.92	2.6%	$510.66	3.7%	-3.5%
10	Platinum	HealthyBlue Advantage Platinum 500	Platinum	HealthyBlue Advantage Platinum 500	747	2.1%	0.889	$497.59	$504.55	$512.05	$519.50	0.895	$515.93	3.7%	$528.77	4.8%	$540.89	5.6%	$554.73	6.8%	-0.7%
11	Platinum	HealthyBlue Advantage Platinum 1000	Platinum	HealthyBlue Advantage Platinum 1000	684	1.9%	0.880	$491.75	$498.63	$506.04	$513.41	0.887	$495.31	0.7%	$507.64	1.8%	$519.28	2.6%	$532.57	3.7%	-3.5%
	PLATINUM SUBTOTAL				**15,409**	**43.0%**	**0.905**	**$480.09**	**$486.81**	**$494.04**	**$501.23**	**0.910**	**$493.33**	**2.8%**	**$505.61**	**3.9%**	**$517.21**	**4.7%**	**$530.44**	**5.8%**	**-1.6%**
12	Gold	BlueChoice HMO Gold 500	Gold	BlueChoice HMO Gold 500	1,660	4.6%	0.815	$374.61	$379.85	$385.49	$391.11	0.818	$401.28	7.1%	$411.26	8.3%	$420.70	9.1%	$431.46	10.3%	2.6%
13	Gold	BlueChoice HMO Gold 1500	Gold	BlueChoice HMO Gold 1500	239	0.7%	0.780	$360.06	$365.10	$370.52	$375.92	0.790	$385.84	7.2%	$395.44	8.3%	$404.51	9.2%	$414.86	10.4%	2.6%
14	Gold	BlueChoice HMO Referral Gold 0	Gold	BlueChoice HMO Referral Gold 0	122	0.3%	0.818	$374.39	$379.63	$385.27	$390.88	0.818	$402.05	7.4%	$412.05	8.5%	$421.51	9.4%	$432.29	10.6%	2.9%
15	Gold	BlueChoice HMO Referral Gold 500	Gold	BlueChoice HMO Referral Gold 500	1,079	3.0%	0.815	$356.77	$361.76	$367.14	$372.48	0.818	$382.17	7.1%	$391.68	8.3%	$400.67	9.1%	$410.91	10.3%	2.6%
16	Gold	BlueChoice HMO Referral Gold 80	Gold	BlueChoice HMO Referral Gold 80	57	0.2%	0.780	$336.40	$341.11	$346.17	$351.21	0.790	$366.21	8.9%	$375.33	10.0%	$383.94	10.9%	$393.76	12.1%	4.3%
17	Gold	BlueChoice Plus Gold 500	Gold	BlueChoice Plus Gold 500	139	0.4%	0.815	$384.76	$390.15	$395.94	$401.71	0.818	$412.15	7.1%	$422.41	8.3%	$432.10	9.1%	$443.15	10.3%	2.6%
18	Gold	BlueChoice Plus Gold 1000	Gold	BlueChoice Plus Gold 1000	67	0.2%	0.791	$372.74	$377.95	$383.57	$389.15	0.801	$402.16	7.9%	$412.17	9.1%	$421.62	9.9%	$432.41	11.1%	3.3%
19	Gold	BlueChoice Advantage Gold 500	Gold	BlueChoice Advantage Gold 500	909	2.5%	0.815	$401.27	$406.88	$412.93	$418.94	0.818	$429.83	7.1%	$440.53	8.3%	$450.64	9.1%	$462.16	10.3%	2.6%
20	Gold	BlueChoice Advantage Gold 1000	Gold	BlueChoice Advantage Gold 1000	1,060	3.0%	0.791	$388.73	$394.17	$400.02	$405.85	0.801	$419.41	7.9%	$429.85	9.1%	$439.71	9.9%	$450.96	11.1%	3.3%
21	Gold	HealthyBlue HMO Gold 1500	Gold	HealthyBlue HMO Gold 1500	1,080	3.0%	0.818	$391.31	$396.78	$402.68	$408.54	0.813	$408.57	4.4%	$418.73	5.5%	$428.34	6.4%	$439.30	7.5%	0.0%
22	Gold	HealthyBlue Plus Gold 1500	Gold	HealthyBlue Plus Gold 1500	1,404	3.9%	0.818	$401.91	$407.54	$413.59	$419.61	0.813	$419.64	4.4%	$430.08	5.5%	$439.95	6.4%	$451.20	7.5%	0.0%
23	Gold	HealthyBlue Advantage Gold 1500	Gold	HealthyBlue Advantage Gold 1500	3,745	10.4%	0.818	$419.15	$425.02	$431.33	$437.61	0.813	$437.64	4.4%	$448.53	5.5%	$458.82	6.4%	$470.56	7.5%	0.0%
	GOLD SUBTOTAL				**11,561**	**32.2%**	**0.813**	**$395.26**	**$400.79**	**$406.74**	**$412.67**	**0.813**	**$417.74**	**5.7%**	**$428.14**	**6.9%**	**$437.96**	**7.7%**	**$449.17**	**8.9%**	**1.3%**
24	Silver	BlueChoice HMO Silver 1000	Silver	BlueChoice HMO Silver 1000	40	0.1%	0.714	$303.96	$308.21	$312.79	$317.35	0.720	$327.59	7.8%	$335.74	8.9%	$343.44	9.8%	$352.23	11.0%	3.2%
25	Silver	BlueChoice HMO HSA/HRA Silver 1500	Silver	BlueChoice HMO HSA/HRA Silver 1500	817	2.3%	0.716	$284.61	$288.60	$292.88	$297.15	0.717	$300.49	5.6%	$307.97	6.7%	$315.03	7.6%	$323.09	8.7%	1.1%
26	Silver	BlueChoice HMO HSA/HRA Silver 2000	Silver	BlueChoice HMO HSA/HRA Silver 2000	937	2.6%	0.696	$274.44	$278.28	$282.41	$286.52	0.709	$289.99	5.7%	$297.21	6.8%	$304.02	7.7%	$311.80	8.8%	1.2%
27	Silver	BlueChoice HMO HSA/HRA Silver 3000	Silver	BlueChoice HMO HSA/HRA Silver 3000	6	0.0%	0.682	$265.34	$269.06	$273.05	$277.03	0.694	$276.08	4.0%	$282.95	5.2%	$289.45	6.0%	$296.85	7.2%	-0.3%
28	Silver	BlueChoice HMO Referral Silver 70	Silver	BlueChoice HMO Referral Silver 70	16	0.0%	0.701	$274.05	$277.88	$282.01	$286.12	0.712	$297.67	8.6%	$305.08	9.8%	$312.08	10.7%	$320.06	11.9%	4.0%
29	Silver	BlueChoice Plus HSA/HRA Silver 1500	Silver	BlueChoice Plus HSA/HRA Silver 1500	1,280	3.6%	0.716	$292.32	$296.42	$300.82	$305.20	0.717	$308.63	5.6%	$316.31	6.7%	$323.57	7.6%	$331.85	8.7%	1.1%
30	Silver	BlueChoice Plus HSA/HRA Silver 3000	Silver	BlueChoice Plus HSA/HRA Silver 3000	597	1.7%	0.682	$272.54	$276.35	$280.45	$284.54	0.694	$283.57	4.0%	$290.62	5.2%	$297.29	6.0%	$304.89	7.2%	-0.3%
31	Silver	BlueChoice Advantage HSA/HRA Silver 1500	Silver	BlueChoice Advantage HSA/HRA Silver 1500	1,873	5.2%	0.716	$304.86	$309.13	$313.72	$318.29	0.717	$321.87	5.6%	$329.88	6.7%	$337.45	7.6%	$346.08	8.7%	1.1%
32	Silver	BlueChoice Advantage HSA/HRA Silver 3000	Silver	BlueChoice Advantage HSA/HRA Silver 3000	9	0.0%	0.682	$284.23	$288.20	$292.49	$296.74	0.694	$295.73	4.0%	$303.09	5.2%	$310.04	6.0%	$317.97	7.2%	-0.3%
33	Silver	HealthyBlue HMO HSA/HRA Silver 2000	Silver	HealthyBlue HMO HSA/HRA Silver 2000	980	2.7%	0.719	$286.80	$290.81	$295.13	$299.43	0.720	$298.87	4.2%	$306.31	5.3%	$313.34	6.2%	$321.35	7.3%	-0.2%
34	Silver	HealthyBlue Plus HSA/HRA Silver 2000	Silver	HealthyBlue Plus HSA/HRA Silver 2000	639	1.8%	0.719	$294.57	$298.69	$303.13	$307.55	0.720	$306.97	4.2%	$314.61	5.3%	$321.83	6.2%	$330.06	7.3%	-0.2%
35	Silver	HealthyBlue Advantage HSA/HRA Silver 2000	Silver	HealthyBlue Advantage HSA/HRA Silver 2000	1,323	3.7%	0.719	$307.21	$311.51	$316.14	$320.74	0.720	$320.14	4.2%	$328.11	5.3%	$335.63	6.2%	$344.22	7.3%	-0.2%
	SILVER SUBTOTAL				**8,517**	**23.7%**	**0.712**	**$292.82**	**$296.92**	**$301.33**	**$305.72**	**0.716**	**$307.53**	**5.0%**	**$315.18**	**6.1%**	**$322.41**	**7.0%**	**$330.66**	**8.2%**	**0.6%**
36	Bronze	BlueChoice HMO HSA/HRA Bronze 5000	Bronze	BlueChoice HMO HSA/HRA Bronze 6500	286	0.8%	0.619	$201.25	$204.07	$207.10	$210.12	0.614	$228.01	13.3%	$233.68	14.5%	$239.04	15.4%	$245.16	16.7%	8.5%
37	Bronze	BlueChoice HMO Referral Bronze 5500	Bronze	BlueChoice HMO Referral Bronze 5500	16	0.0%	0.620	$217.51	$220.55	$223.83	$227.09	0.616	$257.34	18.3%	$263.75	19.6%	$269.80	20.5%	$276.70	21.8%	13.3%
38	Bronze	BlueChoice Plus HSA/HRA Bronze 5000	Bronze	BlueChoice Plus HSA/HRA Bronze 6500	72	0.2%	0.619	$206.71	$209.60	$212.71	$215.81	0.614	$234.19	13.3%	$240.01	14.5%	$245.52	15.4%	$251.80	16.7%	8.5%
39	Bronze	BlueChoice Advantage HSA/HRA Bronze 5000	Bronze	BlueChoice Advantage HSA/HRA Bronze 6500	10	0.0%	0.619	$215.58	$218.59	$221.84	$225.07	0.614	$244.23	13.3%	$250.31	14.5%	$256.05	15.4%	$262.60	16.7%	8.5%
	BRONZE SUBTOTAL				**384**	**1.1%**	**0.619**	**$203.32**	**$206.17**	**$209.23**	**$212.28**	**0.614**	**$230.81**	**13.5%**	**$236.55**	**14.7%**	**$241.98**	**15.6%**	**$248.17**	**16.9%**	**8.7%**
		BlueChoice Total			**35,871**	**100%**	**0.827**	**$405.32**	**$411.00**	**$417.10**	**$423.17**	**0.830**	**$422.04**	**4.4%**	**$432.55**	**5.5%**	**$442.47**	**6.3%**	**$453.79**	**7.5%**	**0.0%**

LOW RENEWAL (Minimum):	**0.7%**	**1.8%**	**2.6%**	**3.7%**			
HIGH RENEWAL (Maximum):	**18.3%**	**19.6%**	**20.5%**	**21.8%**			

Note: The previous SERFF tracking number for BlueChoice DC Small Group (effective 1/1/2016) is CFAP-130051604 (On Exchange).

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

2017 ACA
SMALL GROUP - DC

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
	2016 Plans		2017 Plans		Members		HHS	Consumer Level Base Rates				HHS	Consumer Level Base Rates								
	Metal	Plan	Metal	Plan	Actual	% of Actual	2016					2017									
					2/29/2016	Total	AV	1Q16	2Q16	3Q16	4Q16	AV	1Q17	RNL	2Q17	RNL	3Q17	RNL	4Q17	RNL	1Q INC
1	Platinum	BlueChoice HMO Platinum 0	Platinum	BlueChoice HMO Platinum 0	1,825	2.7%	0.911	$477.60	$484.28	$491.48	$498.64	0.916	$490.96	2.8%	$503.18	3.9%	$514.72	4.7%	$527.89	5.9%	-1.5%
2	Platinum	BlueChoice HMO Referral Platinum 0	Platinum	BlueChoice HMO Referral Platinum 0	2,734	4.0%	0.911	$454.86	$461.22	$468.07	$474.89	0.916	$467.58	2.8%	$479.22	3.9%	$490.21	4.7%	$502.75	5.9%	-1.5%
3	Platinum	BlueChoice HMO Referral Platinum 1000	Platinum	BlueChoice HMO Referral Platinum 1000	1	0.0%	0.881	$429.41	$435.42	$441.89	$448.32	0.886	$436.53	1.7%	$447.39	2.7%	$457.65	3.6%	$469.36	4.7%	-2.6%
4	Platinum	BlueChoice Plus Opt-Out Platinum 0	Platinum	BlueChoice Plus Opt-Out Platinum 0	5,880	8.6%	0.911	$484.07	$490.85	$498.14	$505.39	0.916	$497.61	2.8%	$510.00	3.9%	$521.70	4.7%	$535.04	5.9%	-1.5%
5	Platinum	BlueChoice Advantage Platinum 0	Platinum	BlueChoice Advantage Platinum 0	1,384	2.0%	0.911	$511.59	$518.75	$526.45	$534.12	0.916	$525.90	2.8%	$538.99	3.9%	$551.35	4.7%	$565.45	5.9%	-1.5%
6	Platinum	HealthyBlue HMO Platinum 500	Platinum	HealthyBlue HMO Platinum 500	298	0.4%	0.889	$464.53	$471.03	$478.03	$484.99	0.895	$481.65	3.7%	$493.64	4.8%	$504.96	5.6%	$517.88	6.8%	-0.7%
7	Platinum	HealthyBlue HMO Platinum 1000	Platinum	HealthyBlue HMO Platinum 1000	86	0.1%	0.880	$459.08	$465.51	$472.42	$479.30	0.887	$462.41	0.7%	$473.92	1.8%	$484.79	2.6%	$497.19	3.7%	-3.5%
8	Platinum	HealthyBlue Plus Platinum 500	Platinum	HealthyBlue Plus Platinum 500	1,265	1.8%	0.889	$477.12	$483.80	$490.98	$498.13	0.895	$494.70	3.7%	$507.01	4.8%	$518.65	5.6%	$531.91	6.8%	-0.7%
9	Platinum	HealthyBlue Plus Platinum 1000	Platinum	HealthyBlue Plus Platinum 1000	505	0.7%	0.880	$471.52	$478.12	$485.22	$492.29	0.887	$474.94	0.7%	$486.76	1.8%	$497.92	2.6%	$510.66	3.7%	-3.5%
10	Platinum	HealthyBlue Advantage Platinum 500	Platinum	HealthyBlue Advantage Platinum 500	747	1.1%	0.889	$497.59	$504.55	$512.05	$519.50	0.895	$515.93	3.7%	$528.77	4.8%	$540.89	5.6%	$554.73	6.8%	-0.7%
11	Platinum	HealthyBlue Advantage Platinum 1000	Platinum	HealthyBlue Advantage Platinum 1000	684	1.0%	0.880	$491.75	$498.63	$506.04	$513.41	0.887	$495.31	0.7%	$507.64	1.8%	$519.28	2.6%	$532.57	3.7%	-3.5%
12	Platinum	BluePreferred PPO Platinum 0	Platinum	BluePreferred PPO Platinum 0	11,986	17.5%	0.911	$587.62	$596.42	$605.64	$614.88	0.916	$585.35	-0.4%	$601.48	0.8%	$616.69	1.8%	$633.60	3.0%	-4.8%
13	Platinum	BluePreferred PPO Platinum 500	Platinum	BluePreferred PPO Platinum 500	5,266	7.7%	0.884	$563.82	$572.26	$581.11	$589.98	0.890	$555.46	-1.5%	$570.77	-0.3%	$585.20	0.7%	$601.25	1.9%	-5.9%
14	Platinum	HealthyBlue PPO Platinum 500	Platinum	HealthyBlue PPO Platinum 500	449	0.7%	0.889	$574.32	$582.92	$591.93	$600.97	0.895	$571.09	-0.6%	$586.83	0.7%	$601.66	1.6%	$618.17	2.9%	-5.0%
15	Platinum	HealthyBlue PPO Platinum 1000	Platinum	HealthyBlue PPO Platinum 1000	207	0.3%	0.880	$568.04	$576.54	$585.45	$594.39	0.887	$548.97	-3.4%	$564.10	-2.2%	$578.36	-1.2%	$594.23	0.0%	-7.6%
	PLATINUM SUBTOTAL				**33,317**	**48.6%**	**0.904**	**$533.82**	**$541.60**	**$549.84**	**$558.07**	**0.909**	**$537.65**	**0.9%**	**$551.86**	**2.0%**	**$565.26**	**3.0%**	**$580.32**	**4.1%**	**-3.5%**
16	Gold	BlueChoice HMO Gold 500	Gold	BlueChoice HMO Gold 500	1,660	2.4%	0.815	$374.61	$379.85	$385.49	$391.11	0.818	$401.28	7.1%	$411.26	8.3%	$420.70	9.1%	$431.46	10.3%	2.6%
17	Gold	BlueChoice HMO Gold 1500	Gold	BlueChoice HMO Gold 1500	239	0.3%	0.780	$360.06	$365.10	$370.52	$375.92	0.790	$385.84	7.2%	$395.44	8.3%	$404.51	9.2%	$414.86	10.4%	2.6%
18	Gold	BlueChoice HMO Referral Gold 0	Gold	BlueChoice HMO Referral Gold 0	122	0.2%	0.818	$374.39	$379.63	$385.27	$390.88	0.818	$402.05	7.4%	$412.05	8.5%	$421.51	9.4%	$432.29	10.6%	2.9%
19	Gold	BlueChoice HMO Referral Gold 500	Gold	BlueChoice HMO Referral Gold 500	1,079	1.6%	0.815	$356.77	$361.76	$367.14	$372.48	0.818	$382.17	7.1%	$391.68	8.3%	$400.67	9.1%	$410.91	10.3%	2.6%
20	Gold	BlueChoice HMO Referral Gold 80	Gold	BlueChoice HMO Referral Gold 80	57	0.1%	0.780	$336.40	$341.11	$346.17	$351.21	0.790	$366.21	8.9%	$375.33	10.0%	$383.94	10.9%	$393.76	12.1%	4.3%
21	Gold	BlueChoice Plus Gold 500	Gold	BlueChoice Plus Gold 500	139	0.2%	0.815	$384.76	$390.15	$395.94	$401.71	0.818	$412.15	7.1%	$422.41	8.3%	$432.10	9.1%	$443.15	10.3%	2.6%
22	Gold	BlueChoice Plus Gold 1000	Gold	BlueChoice Plus Gold 1000	67	0.1%	0.791	$372.74	$377.95	$383.57	$389.15	0.801	$402.16	7.9%	$412.17	9.1%	$421.62	9.9%	$432.41	11.1%	3.3%
23	Gold	BlueChoice Advantage Gold 500	Gold	BlueChoice Advantage Gold 500	909	1.3%	0.815	$401.27	$406.88	$412.93	$418.94	0.818	$429.83	7.1%	$440.53	8.3%	$450.64	9.1%	$462.16	10.3%	2.6%
24	Gold	BlueChoice Advantage Gold 1000	Gold	BlueChoice Advantage Gold 1000	1,060	1.5%	0.791	$388.73	$394.17	$400.02	$405.85	0.801	$419.41	7.9%	$429.85	9.1%	$439.71	9.9%	$450.96	11.1%	3.3%
25	Gold	HealthyBlue HMO Gold 1500	Gold	HealthyBlue HMO Gold 1500	1,080	1.6%	0.818	$391.31	$396.78	$402.68	$408.54	0.813	$408.57	4.4%	$418.73	5.5%	$428.34	6.4%	$439.30	7.5%	0.0%
26	Gold	HealthyBlue Plus Gold 1500	Gold	HealthyBlue Plus Gold 1500	1,404	2.0%	0.818	$401.91	$407.54	$413.59	$419.61	0.813	$419.64	4.4%	$430.08	5.5%	$439.95	6.4%	$451.20	7.5%	0.0%
27	Gold	HealthyBlue Advantage Gold 1500	Gold	HealthyBlue Advantage Gold 1500	3,745	5.5%	0.818	$419.15	$425.02	$431.33	$437.61	0.813	$437.64	4.4%	$448.53	5.5%	$458.82	6.4%	$470.56	7.5%	0.0%
28	Gold	BlueCross BlueShield Preferred 1000, a Multi-State Plan	Gold	BluePreferred PPO 1000 90%/70%	276	0.4%	0.816	$463.35	$470.28	$477.55	$484.84	0.806	$449.18	-3.1%	$461.56	-1.9%	$473.23	-0.9%	$486.22	0.3%	-7.4%
29	Gold	BluePreferred PPO Gold 500	Gold	BluePreferred PPO Gold 500	1,299	1.9%	0.815	$474.05	$481.14	$488.58	$496.04	0.818	$487.07	2.7%	$500.50	4.0%	$513.15	5.0%	$527.23	6.3%	-1.8%
30	Gold	BluePreferred PPO Gold 1000	Gold	BluePreferred PPO Gold 1000	3,610	5.3%	0.791	$461.83	$468.75	$475.99	$483.26	0.801	$474.64	2.8%	$487.72	4.0%	$500.05	5.1%	$513.77	6.3%	-1.8%
31	Gold	BluePreferred PPO Gold 1500	Gold	BluePreferred PPO Gold 1500	2,396	3.5%	0.780	$459.70	$466.58	$473.79	$481.03	0.790	$467.16	1.6%	$480.04	2.9%	$492.17	3.9%	$505.68	5.1%	-2.9%
32	Gold	HealthyBlue PPO Gold 1500	Gold	HealthyBlue PPO Gold 1500	2,121	3.1%	0.818	$486.56	$493.84	$501.48	$509.13	0.813	$487.96	0.3%	$501.41	1.5%	$514.09	2.5%	$528.19	3.7%	-4.2%
	GOLD SUBTOTAL				**21,263**	**31.0%**	**0.806**	**$428.63**	**$434.83**	**$441.42**	**$448.01**	**0.809**	**$444.62**	**3.9%**	**$456.27**	**5.1%**	**$467.26**	**6.0%**	**$479.63**	**7.3%**	**-0.5%**
33	Silver	BlueChoice HMO Silver 1000	Silver	BlueChoice HMO Silver 1000	40	0.1%	0.714	$303.96	$308.21	$312.79	$317.35	0.720	$327.59	7.8%	$335.74	8.9%	$343.44	9.8%	$352.23	11.0%	3.2%
34	Silver	BlueChoice HMO HSA/HRA Silver 1500	Silver	BlueChoice HMO HSA/HRA Silver 1500	817	1.2%	0.716	$284.61	$288.60	$292.88	$297.15	0.717	$300.49	5.6%	$307.97	6.7%	$315.03	7.6%	$323.09	8.7%	1.1%
35	Silver	BlueChoice HMO HSA/HRA Silver 2000	Silver	BlueChoice HMO HSA/HRA Silver 2000	937	1.4%	0.696	$274.44	$278.28	$282.41	$286.52	0.709	$289.99	5.7%	$297.21	6.8%	$304.02	7.7%	$311.80	8.8%	1.2%
36	Silver	BlueChoice HMO HSA/HRA Silver 3000	Silver	BlueChoice HMO HSA/HRA Silver 3000	6	0.0%	0.682	$265.34	$269.06	$273.05	$277.03	0.694	$276.08	4.0%	$282.95	5.2%	$289.45	6.0%	$296.85	7.2%	-0.3%
37	Silver	BlueChoice HMO Referral Silver 70	Silver	BlueChoice HMO Referral Silver 70	16	0.0%	0.701	$274.05	$277.88	$282.01	$286.12	0.712	$297.67	8.6%	$305.08	9.8%	$312.08	10.7%	$320.06	11.9%	4.0%
38	Silver	BlueChoice Plus HSA/HRA Silver 1500	Silver	BlueChoice Plus HSA/HRA Silver 1500	1,280	1.9%	0.716	$292.32	$296.42	$300.82	$305.20	0.717	$308.63	5.6%	$316.31	6.7%	$323.57	7.6%	$331.85	8.7%	1.1%
39	Silver	BlueChoice Plus HSA/HRA Silver 3000	Silver	BlueChoice Plus HSA/HRA Silver 3000	597	0.9%	0.682	$272.54	$276.35	$280.45	$284.54	0.694	$283.57	4.0%	$290.62	5.2%	$297.29	6.0%	$304.89	7.2%	-0.3%
40	Silver	BlueChoice Advantage HSA/HRA Silver 1500	Silver	BlueChoice Advantage HSA/HRA Silver 1500	1,873	2.7%	0.716	$304.86	$309.13	$313.72	$318.29	0.717	$321.87	5.6%	$329.88	6.7%	$337.45	7.6%	$346.08	8.7%	1.1%
41	Silver	BlueChoice Advantage HSA/HRA Silver 3000	Silver	BlueChoice Advantage HSA/HRA Silver 3000	9	0.0%	0.682	$284.23	$288.20	$292.49	$296.74	0.694	$295.73	4.0%	$303.09	5.2%	$310.04	6.0%	$317.97	7.2%	-0.3%
42	Silver	HealthyBlue HMO HSA/HRA Silver 2000	Silver	HealthyBlue HMO HSA/HRA Silver 2000	980	1.4%	0.719	$286.80	$290.81	$295.13	$299.43	0.720	$298.87	4.2%	$306.31	5.3%	$313.34	6.2%	$321.35	7.3%	-0.2%
43	Silver	HealthyBlue Plus HSA/HRA Silver 2000	Silver	HealthyBlue Plus HSA/HRA Silver 2000	639	0.9%	0.719	$294.57	$298.69	$303.13	$307.55	0.720	$306.97	4.2%	$314.61	5.3%	$321.83	6.2%	$330.06	7.3%	-0.2%
44	Silver	HealthyBlue Advantage HSA/HRA Silver 2000	Silver	HealthyBlue Advantage HSA/HRA Silver 2000	1,323	1.9%	0.719	$307.21	$311.51	$316.14	$320.74	0.720	$320.14	4.2%	$328.11	5.3%	$335.63	6.2%	$344.22	7.3%	-0.2%
45	Silver	BlueCross BlueShield Preferred 2000, a Multi-State Plan	Silver	BluePreferred PPO HSA/HRA 2000 80%/60%	47	0.1%	0.720	$376.06	$381.69	$387.59	$393.51	0.711	$348.30	-7.4%	$357.90	-6.2%	$366.95	-5.3%	$377.02	-4.2%	-11.5%
46	Silver	BluePreferred PPO Silver 1000	Silver	BluePreferred PPO Silver 1000	431	0.6%	0.714	$392.96	$398.84	$405.00	$411.18	0.720	$401.96	2.3%	$413.04	3.6%	$423.49	4.6%	$435.10	5.8%	-2.2%
47	Silver	BluePreferred PPO HSA/HRA Silver 1500	Silver	BluePreferred PPO HSA/HRA Silver 1500	2,643	3.9%	0.716	$376.74	$382.37	$388.29	$394.21	0.717	$375.10	-0.4%	$385.44	0.8%	$395.18	1.8%	$406.02	3.0%	-4.8%
48	Silver	BluePreferred PPO HSA/HRA Silver 2000	Silver	BluePreferred PPO HSA/HRA Silver 2000	1,678	2.4%	0.696	$366.36	$371.84	$377.59	$383.35	0.709	$361.88	-1.2%	$371.85	0.0%	$381.26	1.0%	$391.71	2.2%	-5.6%
49	Silver	HealthyBlue PPO HSA/HRA Silver 2000	Silver	HealthyBlue PPO HSA/HRA Silver 2000	336	0.5%	0.719	$380.36	$386.05	$392.02	$398.00	0.720	$371.96	-2.2%	$382.22	-1.0%	$391.88	0.0%	$402.63	1.2%	-6.5%
	SILVER SUBTOTAL				**13,652**	**19.9%**	**0.711**	**$323.71**	**$328.38**	**$333.34**	**$338.30**	**0.715**	**$332.00**	**2.9%**	**$340.63**	**4.1%**	**$348.79**	**5.0%**	**$357.98**	**6.1%**	**-1.5%**
50	Bronze	BlueChoice HMO HSA/HRA Bronze 5000	Bronze	BlueChoice HMO HSA/HRA Bronze 6500	286	0.4%	0.619	$201.25	$204.07	$207.10	$210.12	0.614	$228.01	13.3%	$233.68	14.5%	$239.04	15.4%	$245.16	16.7%	8.5%
51	Bronze	BlueChoice HMO Referral Bronze 5500	Bronze	BlueChoice HMO Referral Bronze 5500	16	0.0%	0.620	$217.51	$220.55	$223.83	$227.09	0.616	$257.34	18.3%	$263.75	19.6%	$269.80	20.5%	$276.70	21.8%	13.3%
52	Bronze	BlueChoice Plus HSA/HRA Bronze 5000	Bronze	BlueChoice Plus HSA/HRA Bronze 6500	72	0.1%	0.619	$206.71	$209.60	$212.71	$215.81	0.614	$234.19	13.3%	$240.01	14.5%	$245.52	15.4%	$251.80	16.7%	8.5%
53	Bronze	BlueChoice Advantage HSA/HRA Bronze 5000	Bronze	BlueChoice Advantage HSA/HRA Bronze 6500	10	0.0%	0.619	$215.58	$218.59	$221.84	$225.07	0.614	$244.23	13.3%	$250.31	14.5%	$256.05	15.4%	$262.60	16.7%	8.5%
	BRONZE SUBTOTAL				**384**	**0.6%**	**0.619**	**$203.32**	**$206.17**	**$209.23**	**$212.28**	**0.614**	**$230.81**	**13.5%**	**$236.55**	**14.7%**	**$241.98**	**15.6%**	**$248.17**	**16.9%**	**8.7%**
		BlueChoice Total			35,871	52%	0.827	$405.32	$411.00	$417.10	$423.17	0.830	$422.04	4.4%	$432.55	5.5%	$442.47	6.3%	$453.79	7.5%	0.0%
		GHMSI Total			32,745	48%	0.841	$514.81	$522.51	$530.59	$538.69	0.846	$514.54	0.0%	$528.72	1.3%	$542.09	2.2%	$556.96	3.5%	-4.4%
		Grand Total			**68,616**	**100%**	**0.834**	**$457.57**	**$464.21**	**$471.26**	**$478.30**	**0.838**	**$466.19**	**2.3%**	**$478.45**	**3.5%**	**$490.01**	**4.4%**	**$503.02**	**5.6%**	**-2.1%**

LOW RENEWAL (Minimum):			**-7.4%**	**-6.2%**	**-5.3%**	**-4.2%**	
HIGH RENEWAL (Maximum):			**18.3%**	**19.6%**	**20.5%**	**21.8%**	
PPO/HMO:	**1.27**	**1.27**	**1.27**	**1.27**	**1.22**	**1.22**	**1.23**	**1.23**

Note: The previous SERFF tracking number for BlueChoice DC Small Group (effective 1/1/2016) is CFAP-130051604 (On Exchange).
The previous SERFF tracking number for GHMSI DC Small Group (effective 1/1/2016) is CFAP-130056354 (On Exchange).

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017
DC BC Rate Change History

	Renewals							
	BlueChoice HMO	**BlueChoice HMO Referral**	**HealthyBlue HMO**	**BlueChoice Advantage**	**HealthyBlue Advantage**	**BlueChoice Plus Opt-Out**	**BlueChoice Plus**	**HealthyBlue Plus**
1Q15	10.9%	10.1%	13.8%	10.9%	16.2%	NA	9.5%	13.0%
2Q15	10.2%	9.3%	13.0%	10.1%	15.4%	NA	8.7%	12.3%
3Q15	9.4%	8.6%	12.2%	9.3%	14.6%	NA	8.0%	11.5%
4Q15	8.6%	7.8%	11.4%	8.5%	13.8%	NA	7.2%	10.6%
1Q16	-3.7%	1.6%	1.6%	2.1%	4.3%	3.3%	-3.4%	2.2%
2Q16	-3.7%	1.6%	1.6%	2.1%	4.3%	3.2%	-3.4%	2.1%
3Q16	-3.6%	1.7%	1.7%	2.3%	4.5%	3.4%	-3.3%	2.3%
4Q16	-3.5%	1.8%	1.9%	2.4%	4.6%	3.5%	-3.2%	2.4%
1Q17	**5.6%**	**4.3%**	**4.1%**	**5.6%**	**3.9%**	**2.8%**	**5.6%**	**3.6%**
2Q17	**6.8%**	**5.4%**	**5.2%**	**6.7%**	**5.0%**	**3.9%**	**6.7%**	**4.8%**
3Q17	**7.6%**	**6.2%**	**6.1%**	**7.6%**	**5.9%**	**4.7%**	**7.6%**	**5.6%**
4Q17	**8.8%**	**7.4%**	**7.2%**	**8.7%**	**7.0%**	**5.9%**	**8.7%**	**6.7%**

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017
DC BC Average Renewal Rate Increase over 2017

HIOS Product ID	HIOS Product Name	Average 2017 Renewal
86052DC046	BlueChoice HMO	7.4%
86052DC048	BlueChoice HMO Referral	6.4%
86052DC058	BlueChoice Plus Opt-Out	4.9%
86052DC050	BlueChoice Plus	6.5%
86052DC044	BlueChoice Advantage	6.8%

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017
BlueChoice D.C. Small Group & Individual, Non-Medigap Allowed PMPM Projection (Includes EHB and Non-EHB Claims) & Derivation of Index Rate - Non-Grandfathered Business Only - 1/1/2017

	Begin	End	Mid-point		Months of Trend		
Experience Period	1/1/2015	12/31/2015	7/2/2015			pd through	2/29/2016
Rating Period	1/1/2017	12/31/2017	7/2/2017		24.0		

Experience Period Summary	**Total**
Experience Period Premiums	**$ 192,675,204**
MLR Rebates	**$ -**
Net Experience Period Premiums	$ 192,675,204
Experience Period Paid Claims (Non-Capitated)	$ 142,621,499
Completion Factor	0.99
Experience Period Incurred Claims (Non-Capitated)	$ 144,267,658
Capitations	**$ 675,829**
Rx Rebates	**$ (5,736,698)**
Other Manual Claims	**$ -**
Total Experience Period Claims	$ 139,206,789
Experience Period Loss Ratio (Before MLR Rebates)	72.2%
Experience Period Loss Ratio (After MLR Rebates)	72.2%
Experience Period Loss Ratio (System Claims Only)	74.9%
Experience Period Member Months	517,255
Average Members	43,105
End of Experience Period Contract	28,679
End of Experience Period Members	43,691
Experience Period Allowed Claims (System Only)	$ 170,734,313
Adjustments	$ (5,060,870)
Total Adjusted EP Allowed Claims	$ 165,673,443
EP Paid / Allowed Ratio	84.0%

Service Category Level Projection

Service Category Experience Period Allowed	**Utilization Measure**	**EP Units**	**EP Allowed $**	**Other**	**Rx Rebates**	**Net Allowed**
Inpatient	Admits	2,116	$ 28,938,117	$ -	$ -	$ 28,938,117
Outpatient	Visits	23,324	$ 30,752,255	$ -	$ -	$ 30,752,255
Professional	Visits	381,235	$ 56,280,075	$ -	$ -	$ 56,280,075
Other	Services	35,922	$ 8,504,818	$ -	$ -	$ 8,504,818
Rx	Scripts	341,994	$ 46,259,049	$ -	$ (5,736,698)	$ 40,522,351
Capitation	Member Months	517,255	$ 675,829	$ -	$ -	$ 675,829
Total			**$ 171,410,142**	**$ -**	**$ (5,736,698)**	**$ 165,673,443**
PMPM			**$ 331.38**	**$ -**	**$ (11.09)**	**$ 320.29**
					Non-EHB Claims In Experience PMPM ***	**$ 1.63**
					EP Index Rate for EHB (Rounded to Nearest Whole Dollar)	**$ 319.00**

Annual Trend Inputs	
Cost Trend	**Utilization Trend**
9.0%	**0.0%**
2.0%	**2.5%**
2.0%	**2.5%**
0.0%	**16.0%**
13.0%	**0.0%**
0.0%	**0.0%**

		Experience Period			**Projection Factors**					**Projected**			**Effective Allowed PMPM**
Service Category Experience Period Allowed	**Utilization Measure**	**Util / 1000**	**Unit Cost**	**PMPM**	**Population Risk / Morbidity ***	**Other**	**Cost Factor**	**Utilization Factor**	**Total Factor**	**Util / 1000**	**Unit Cost**	**PMPM**	**Annual Trend**
Inpatient	Admits	49.09	$ 13,675.84	**$ 55.95**	**0.964**	**1.005**	1.188	1.000	1.15	47.32	$ 16,335.87	**$ 64.42**	**9.0%**
Outpatient	Visits	541.10	$ 1,318.49	**$ 59.45**	**0.964**	**1.005**	1.040	1.051	1.06	548.03	$ 1,379.15	**$ 62.98**	**4.5%**
Professional	Visits	8,844.43	$ 147.63	**$ 108.81**	**0.964**	**1.005**	1.040	1.051	1.06	8,957.66	$ 154.42	**$ 115.27**	**4.5%**
Other	Services	833.36	$ 236.76	**$ 16.44**	**0.964**	**1.005**	1.000	1.346	1.30	1,081.00	$ 238.04	**$ 21.44**	**16.0%**
Rx	Scripts	7,934.05	$ 118.49	**$ 78.34**	**0.964**	**0.964**	1.277	1.000	1.19	7,648.43	$ 145.88	**$ 92.98**	**13.0%**
Capitation	Member Months	12,000.00	$ 1.31	**$ 1.31**	**1.000**	**0.862**	1.000	1.000	0.86	12,000.00	$ 1.13	**$ 1.13**	**0.0%**
Total				**$ 320.29**							**Projected Allowed Claims PMPM (EHB + Non-EHB)**	**$ 358.22**	**8.0%**
											Non-EHB Claims In Projected PMPM **	**$ 1.76**	
											Index Rate for EHB	**$ 356.46**	

*** Please refer to page 52 for more information.**
**** Includes abortion claims and capitation for embedded adult vision benefit.**
***** Includes abortion claims and capitations for embedded adult vision benefit.**

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017
BlueChoice D.C. Small Group & Individual, Non-Medigap Allowed PMPM Projection (Includes EHB and Non-EHB Claims) & Derivation of Index Rate - Non-Grandfathered Business Only - 4/1/2017

	Begin	End	Mid-point	Months of Trend		
Experience Period	1/1/2015	12/31/2015	7/2/2015		pd through	2/29/2016
Rating Period	4/1/2017	3/31/2018	9/30/2017	27.0		

Experience Period Summary	Total
Experience Period Premiums	$ 192,675,204
MLR Rebates	$ -
Net Experience Period Premiums	$ 192,675,204
Experience Period Paid Claims (Non-Capitated)	$ 142,621,499
Completion Factor	0.99
Experience Period Incurred Claims (Non-Capitated)	$ 144,267,658
Capitations	$ 675,829
Rx Rebates	$ (5,736,698)
Other Manual Claims	$ -
Total Experience Period Claims	$ 139,206,789
Experience Period Loss Ratio (Before MLR Rebates)	72.2%
Experience Period Loss Ratio (After MLR Rebates)	72.2%
Experience Period Loss Ratio (System Claims Only)	74.9%
Experience Period Member Months	517,255
Average Members	43,105
End of Experience Period Contract	28,679
End of Experience Period Members	43,691
Experience Period Allowed Claims (System Only)	$ 170,734,313
Adjustments	$ (5,060,870)
Total Adjusted EP Allowed Claims	$ 165,673,443
EP Paid / Allowed Ratio	84.0%

Service Category Level Projection

Service Category Experience Period Allowed	**Utilization Measure**	**EP Units**	**EP Allowed $**	**Other**	**Rx Rebates**	**Net Allowed**	**Annual Trend Inputs** Cost Trend	Utilization Trend
Inpatient	Admits	2,116	$ 28,938,117	$ -	$ -	$ 28,938,117	9.0%	0.0%
Outpatient	Visits	23,324	$ 30,752,255	$ -	$ -	$ 30,752,255	2.0%	2.5%
Professional	Visits	381,235	$ 56,280,075	$ -	$ -	$ 56,280,075	2.0%	2.5%
Other	Services	35,922	$ 8,504,818	$ -	$ -	$ 8,504,818	0.0%	16.0%
Rx	Scripts	341,994	$ 46,259,049	$ -	$ (5,736,698)	$ 40,522,351	13.0%	0.0%
Capitation	Member Months	517,255	$ 675,829	$ -	$ -	$ 675,829	0.0%	0.0%
Total			**$ 171,410,142**	**$ -**	**$ (5,736,698)**	**$ 165,673,443**		
PMPM			**$ 331.38**	**$ -**	**$ (11.09)**	**$ 320.29**		

		Experience Period			**Projection Factors**					**Projected**			**Effective Allowed PMPM**
Service Category Experience Period Allowed	**Utilization Measure**	**Util / 1000**	**Unit Cost**	**PMPM**	**Population Risk / Morbidity ***	**Other**	**Cost Factor**	**Utilization Factor**	**Total Factor**	**Util / 1000**	**Unit Cost**	**PMPM**	**Annual Trend**
Inpatient	Admits	49.09	$ 13,675.84	**$ 55.95**	**0.964**	**1.005**	1.214	1.000	1.18	47.32	$ 16,691.64	**$ 65.82**	**9.0%**
Outpatient	Visits	541.10	$ 1,318.49	**$ 59.45**	**0.964**	**1.005**	1.046	1.057	1.07	551.42	$ 1,385.99	**$ 63.69**	**4.5%**
Professional	Visits	8,844.43	$ 147.63	**$ 108.81**	**0.964**	**1.005**	1.046	1.057	1.07	9,013.13	$ 155.18	**$ 116.56**	**4.5%**
Other	Services	833.36	$ 236.76	**$ 16.44**	**0.964**	**1.005**	1.000	1.396	1.35	1,121.87	$ 238.04	**$ 22.25**	**16.0%**
Rx	Scripts	7,934.05	$ 118.49	**$ 78.34**	**0.964**	**0.964**	1.317	1.000	1.22	7,648.43	$ 150.40	**$ 95.86**	**13.0%**
Capitation	Member Months	12,000.00	$ 1.31	**$ 1.31**	**1.000**	**0.862**	1.000	1.000	0.86	12,000.00	$ 1.13	**$ 1.13**	**0.0%**
Total				**$ 320.29**							**Projected Allowed Claims PMPM (EHB + Non-EHB)**	**$ 365.31**	**8.0%**
											Non-EHB Claims In Projected PMPM **	**$ 1.78**	
											Index Rate for EHB	**$ 363.53**	

*** Please refer to page 52 for more information.**
**** Includes abortion claims and capitation for embedded adult vision benefit.**

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017
BlueChoice D.C. Small Group & Individual, Non-Medigap Allowed PMPM Projection (Includes EHB and Non-EHB Claims) & Derivation of Index Rate - Non-Grandfathered Business Only - 7/1/2017

	Begin	End	Mid-point		Months of Trend		
Experience Period	1/1/2015	12/31/2015	7/2/2015			pd through	2/29/2016
Rating Period	7/1/2017	6/30/2018	12/30/2017		30.0		

Experience Period Summary	**Total**
Experience Period Premiums	**$ 192,675,204**
MLR Rebates	**$ -**
Net Experience Period Premiums	$ 192,675,204
Experience Period Paid Claims (Non-Capitated)	$ 142,621,499
Completion Factor	0.99
Experience Period Incurred Claims (Non-Capitated)	$ 144,267,658
Capitations	**$ 675,829**
Rx Rebates	**$ (5,736,698)**
Other Manual Claims	**$ -**
Total Experience Period Claims	$ 139,206,789
Experience Period Loss Ratio (Before MLR Rebates)	72.2%
Experience Period Loss Ratio (After MLR Rebates)	72.2%
Experience Period Loss Ratio (System Claims Only)	74.9%
Experience Period Member Months	517,255
Average Members	43,105
End of Experience Period Contract	28,679
End of Experience Period Members	43,691
Experience Period Allowed Claims (System Only)	$ 170,734,313
Adjustments	$ (5,060,870)
Total Adjusted EP Allowed Claims	$ 165,673,443
EP Paid / Allowed Ratio	84.0%

Service Category Level Projection

Service Category Experience Period Allowed	**Utilization Measure**	**EP Units**	**EP Allowed $**	**Other**	**Rx Rebates**	**Net Allowed**	**Annual Trend Inputs** Cost Trend	Utilization Trend
Inpatient	Admits	2,116	$ 28,938,117	$ -	$ -	$ 28,938,117	**9.0%**	**0.0%**
Outpatient	Visits	23,324	$ 30,752,255	$ -	$ -	$ 30,752,255	**2.0%**	**2.5%**
Professional	Visits	381,235	$ 56,280,075	$ -	$ -	$ 56,280,075	**2.0%**	**2.5%**
Other	Services	35,922	$ 8,504,818	$ -	$ -	$ 8,504,818	**0.0%**	**16.0%**
Rx	Scripts	341,994	$ 46,259,049	$ -	$ (5,736,698)	$ 40,522,351	**13.0%**	**0.0%**
Capitation	Member Months	517,255	$ 675,829	$ -	$ -	$ 675,829	**0.0%**	**0.0%**
Total			**$ 171,410,142**	**$ -**	**$ (5,736,698)**	**$ 165,673,443**		
PMPM			**$ 331.38**	**$ -**	**$ (11.09)**	**$ 320.29**		

		Experience Period			**Projection Factors**					**Projected**			**Effective Allowed PMPM**
Service Category Experience Period Allowed	**Utilization Measure**	**Util / 1000**	**Unit Cost**	**PMPM**	**Population Risk / Morbidity ***	**Other**	**Cost Factor**	**Utilization Factor**	**Total Factor**	**Util / 1000**	**Unit Cost**	**PMPM**	**Annual Trend**
Inpatient	Admits	49.09	$ 13,675.84	**$ 55.95**	**0.964**	**1.005**	1.240	1.000	1.20	47.32	$ 17,055.15	**$ 67.26**	**9.0%**
Outpatient	Visits	541.10	$ 1,318.49	**$ 59.45**	**0.964**	**1.005**	1.051	1.064	1.08	554.84	$ 1,392.87	**$ 64.40**	**4.5%**
Professional	Visits	8,844.43	$ 147.63	**$ 108.81**	**0.964**	**1.005**	1.051	1.064	1.08	9,068.94	$ 155.95	**$ 117.86**	**4.5%**
Other	Services	833.36	$ 236.76	**$ 16.44**	**0.964**	**1.005**	1.000	1.449	1.40	1,164.28	$ 238.04	**$ 23.09**	**16.0%**
Rx	Scripts	7,934.05	$ 118.49	**$ 78.34**	**0.964**	**0.964**	1.357	1.000	1.26	7,648.43	$ 155.07	**$ 98.84**	**13.0%**
Capitation	Member Months	12,000.00	$ 1.31	**$ 1.31**	**1.000**	**0.862**	1.000	1.000	0.86	12,000.00	$ 1.13	**$ 1.13**	**0.0%**
Total				**$ 320.29**							**Projected Allowed Claims PMPM (EHB + Non-EHB)**	**$ 372.58**	**8.0%**
											Non-EHB Claims In Projected PMPM **	**$ 1.80**	
											Index Rate for EHB	**$ 370.78**	

*** Please refer to page 52 for more information.**
**** Includes abortion claims and capitation for embedded adult vision benefit.**

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017
BlueChoice D.C. Small Group & Individual, Non-Medigap Allowed PMPM Projection (Includes EHB and Non-EHB Claims) & Derivation of Index Rate - Non-Grandfathered Business Only - 10/1/2017

	Begin	End	Mid-point		Months of Trend		
Experience Period	1/1/2015	12/31/2015	7/2/2015			pd through	2/29/2016
Rating Period	10/1/2017	9/30/2018	4/1/2018		33.0		

Experience Period Summary	**Total**
Experience Period Premiums	**$ 192,675,204**
MLR Rebates	**$ -**
Net Experience Period Premiums	$ 192,675,204
Experience Period Paid Claims (Non-Capitated)	$ 142,621,499
Completion Factor	0.99
Experience Period Incurred Claims (Non-Capitated)	$ 144,267,658
Capitations	**$ 675,829**
Rx Rebates	**$ (5,736,698)**
Other Manual Claims	**$ -**
Total Experience Period Claims	$ 139,206,789
Experience Period Loss Ratio (Before MLR Rebates)	72.2%
Experience Period Loss Ratio (After MLR Rebates)	72.2%
Experience Period Loss Ratio (System Claims Only)	74.9%
Experience Period Member Months	517,255
Average Members	43,105
End of Experience Period Contract	28,679
End of Experience Period Members	43,691
Experience Period Allowed Claims (System Only)	$ 170,734,313
Adjustments	$ (5,060,870)
Total Adjusted EP Allowed Claims	$ 165,673,443
EP Paid / Allowed Ratio	84.0%

Service Category Level Projection

Service Category Experience Period Allowed	**Utilization Measure**	**EP Units**	**EP Allowed $**	**Other**	**Rx Rebates**	**Net Allowed**	**Annual Trend Inputs**	
							Cost Trend	**Utilization Trend**
Inpatient	Admits	2,116	$ 28,938,117	$ -	$ -	$ 28,938,117	**9.0%**	**0.0%**
Outpatient	Visits	23,324	$ 30,752,255	$ -	$ -	$ 30,752,255	**2.0%**	**2.5%**
Professional	Visits	381,235	$ 56,280,075	$ -	$ -	$ 56,280,075	**2.0%**	**2.5%**
Other	Services	35,922	$ 8,504,818	$ -	$ -	$ 8,504,818	**0.0%**	**16.0%**
Rx	Scripts	341,994	$ 46,259,049	$ -	$ (5,736,698)	$ 40,522,351	**13.0%**	**0.0%**
Capitation	Member Months	517,255	$ 675,829	$ -	$ -	$ 675,829	**0.0%**	**0.0%**
Total			**$ 171,410,142**	**$ -**	**$ (5,736,698)**	**$ 165,673,443**		
PMPM			**$ 331.38**	**$ -**	**$ (11.09)**	**$ 320.29**		

		Experience Period			**Projection Factors**					**Projected**			**Effective Allowed PMPM**
Service Category Experience Period Allowed	**Utilization Measure**	**Util / 1000**	**Unit Cost**	**PMPM**	**Population Risk / Morbidity ***	**Other**	**Cost Factor**	**Utilization Factor**	**Total Factor**	**Util / 1000**	**Unit Cost**	**PMPM**	**Annual Trend**
Inpatient	Admits	49.09	$ 13,675.84	**$ 55.95**	**0.964**	**1.005**	1.267	1.000	1.23	47.32	$ 17,426.58	**$ 68.72**	**9.0%**
Outpatient	Visits	541.10	$ 1,318.49	**$ 59.45**	**0.964**	**1.005**	1.056	1.070	1.10	558.27	$ 1,399.79	**$ 65.12**	**4.5%**
Professional	Visits	8,844.43	$ 147.63	**$ 108.81**	**0.964**	**1.005**	1.056	1.070	1.10	9,125.10	$ 156.73	**$ 119.18**	**4.5%**
Other	Services	833.36	$ 236.76	**$ 16.44**	**0.964**	**1.005**	1.000	1.504	1.46	1,208.29	$ 238.04	**$ 23.97**	**16.0%**
Rx	Scripts	7,934.05	$ 118.49	**$ 78.34**	**0.964**	**0.964**	1.399	1.000	1.30	7,648.43	$ 159.88	**$ 101.90**	**13.0%**
Capitation	Member Months	12,000.00	$ 1.31	**$ 1.31**	**1.000**	**0.862**	1.000	1.000	0.86	12,000.00	$ 1.13	**$ 1.13**	**0.0%**
Total				**$ 320.29**						**Projected Allowed Claims PMPM (EHB + Non-EHB)**		**$ 380.02**	**8.0%**
										Non-EHB Claims In Projected PMPM **		**$ 1.82**	
										Index Rate for EHB		**$ 378.20**	

*** Please refer to page 52 for more information.**
**** Includes abortion claims and capitation for embedded adult vision benefit.**

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017
Estimate of Non-EHB Claims - Individual, non-Medigap & Small Group Markets Combined

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

Total Abortion Related	Allowed Amount	2015 Member Months	Exp Period PMPM
BlueChoice	$790,287	557,839	**$1.42**

	Projected PMPM
1Q17	$1.55
2Q17	$1.57
3Q17	$1.59
4Q17	$1.61

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

Individual, non-Medigap Embedded PMPM (Vision Capitation)	% of D.C. Individual, non-Medigap Market Over Age 19	Projected PMPM Spread Over Individual Market	Blended with Small Group
$1.16	90%	$1.04	**$0.21**

	Projected PMPM
1Q17	$0.21
2Q17	$0.21
3Q17	$0.21
4Q17	$0.21

	Projected Non-EHB PMPM
1Q17	**$1.76**
2Q17	**$1.78**
3Q17	**$1.80**
4Q17	**$1.82**

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

Adjustments for Small Group Benefits in Excess of EHB

1Q17		**Med**		**Rx**		**Total**
Index Rate for EHB	$	263.48	$	92.98	$	356.46
Benefits to be Covered in Excess of EHB On Exchange (PMPM)						
Abortion *	$	1.62	$	-	$	1.62
Total Adjustment to Index Rate		**0.61%**		**0.00%**		**0.45%**

2Q17		**Med**		**Rx**		**Total**
Index Rate for EHB	$	267.67	$	95.86	$	363.53
Benefits to be Covered in Excess of EHB On Exchange (PMPM)						
Abortion *	$	1.65	$	-	$	1.65
Total Adjustment to Index Rate		**0.61%**		**0.00%**		**0.45%**

3Q17		**Med**		**Rx**		**Total**
Index Rate for EHB	$	271.94	$	98.84	$	370.78
Benefits to be Covered in Excess of EHB On Exchange (PMPM)						
Abortion *	$	1.67	$	-	$	1.67
Total Adjustment to Index Rate		**0.61%**		**0.00%**		**0.45%**

4Q17		**Med**		**Rx**		**Total**
Index Rate for EHB	$	276.30	$	101.90	$	378.20
Benefits to be Covered in Excess of EHB On Exchange (PMPM)						
Abortion *	$	1.70	$	-	$	1.70
Total Adjustment to Index Rate		**0.61%**		**0.00%**		**0.45%**

* Based on calendar year 2015 experience for DC BlueChoice Small Group business, trended to 2017.

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017
DC BC Index Rate History

Month	Index Rate	% Change	% Change Year to Year
201401	$ 362.28		
201404	$ 369.86	2.09%	
201407	$ 377.62	2.10%	
201410	$ 385.56	2.10%	
201501	$ 348.44	-9.63%	-3.82%
201504	$ 354.39	1.71%	-4.18%
201507	$ 360.45	1.71%	-4.55%
201510	$ 366.63	1.72%	-4.91%
201601	$ 349.04	-4.80%	0.17%
201604	$ 356.04	2.01%	0.47%
201607	$ 363.19	2.01%	0.76%
201610	$ 370.52	2.02%	1.06%
201701	**$ 356.46**	**-3.80%**	**2.13%**
201704	**$ 363.53**	**1.98%**	**2.10%**
201707	**$ 370.78**	**1.99%**	**2.09%**
201710	**$ 378.20**	**2.00%**	**2.07%**

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

2017 ACA - TREND ANALYSIS SUMMARY - DC BlueChoice

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
				2016 FILING							**2017 FILING**					
					PROJECTED					**EXPERIENCE PERIOD**				**PROJECTED**		
	BC-DC		Allowed		Cost	Utilization	Claims	Allowed		Cost	Utilization	Claims	Cost	Utilization	Claims	vs 2016
			Claims *	%	Trend	Trend	Trend	Claims	%	Trend	Trend	Trend	Trend	Trend	Trend **	Δ
1	Inpatient	Hospital	$27,263,984	17%	0.0%	2.5%	2.5%	$28,938,117	17%	13.1%	-2.7%	10.0%	9.0%	0.0%	9.0%	6.5%
2	Outpatient	Hospital	$30,736,866	19%	12.0%	0.0%	12.0%	$30,752,255	18%	0.5%	2.3%	2.8%	2.0%	2.5%	4.5%	-7.5%
3	Professional		$55,679,844	34%	3.0%	1.0%	4.0%	$56,280,075	33%	1.7%	1.9%	3.7%	2.0%	2.5%	4.5%	0.5%
4	Other Medical	Non-Capitated Ambulance	$6,878,923	4%	0.0%	9.0%	9.0%	$8,504,818	5%	13.8%	10.5%	25.8%	0.0%	16.0%	16.0%	7.0%
5		Home Health														
6		DME														
7		Prosthetics														
8		Supplies														
9		Vision Exams														
10		Dental Services														
11		Other Services														
12	**Medical**	**Subtotal (Clms-Wgtd):**	**$120,559,618**	**74%**	**4.4%**	**1.5%**	**6.0%**	**$124,475,264**	**73%**	**4.9%**	**1.5%**	**6.4%**	**3.5%**	**2.8%**	**6.4%**	**0.4%**
13																
14	**Capitation**	**Total**	**$ 893,726**	**1%**	**0.0%**	**0.0%**	**0.0%**	**$ 675,829**	**0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**
13																
14	**RX**	**Claims-Weighted**	$41,616,251	**26%**	13.0%	1.0%	**14.1%**	**$46,259,049**	**27%**	**15.7%**	**-1.1%**	**14.5%**	**13.0%**	**0.0%**	**13.0%**	**-1.1%**
15	**TOTAL**	**Claims-Weighted**	**$163,069,595**	**100%**	**6.6%**	**1.4%**	**8.1%**	**$171,410,142**	**100%**	**7.8%**	**0.8%**	**8.6%**	**6.0%**	**2.1%**	**8.2%**	**0.1%**
16																
17	**Weighted Total DC (BlueChoice & GHMSI Combined)**														**8.3%**	

* Includes grandfathered Small Group business.

** Note: The total trend shown is claims-weighted. The actual pricing trend utilized is 8.0%, calculated on a PMPM basis.

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

2017 ACA - PLAN LEVEL DERIVATIONS 1Q17
SG DC BLUECHOICE

			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	21	22
				Actual 2/29/2016	ON-Exchange 1Q17 Cohort		**INDEX RATE**	**Market-Level Adjustments (MLA)**			**INDEX RATE**			**Plan-Level Adjustments**		**(PLA)**			**INDEX RATE**		**Calibration Allowable Rating Factors (ARFs) ***	**BASE PREMIUM**	Average Cost	**INDEX RATE**	
				Mapped	Projected		(Ave ALW		Risk	Exch User	(Post-	CF Pricing	CDH	Induced	= (10)x(11)x(12) Cost-	Network	Non-	Distrib	(Plan-	2017 HHS		(Consumer- Level)	Share	(Plan- Level)	
Benefit Plan				Mems	EMMs	%	EHB)	Reins.	Adj	Fees	MLA)	Value	Factor	Demand	Share	& UM	EHB	& Admin	Level)	AV	Age	1Q17	1Q17	1Q16	Δ
Bronze Plans	Ded.	OOP Max																							
BlueChoice HMO HSA/HRA Bronze 6500	$6,500 (Integrated)	$6,550		286	636	0.8%	$356.46	1.0000	1.0968	1.0000	$390.98	0.5168	0.9600	0.9226	0.4577	0.9804	1.0045	1.3378	$235.79	0.6138	0.9670	$228.01	0.4135	$211.92	11.3%
BlueChoice HMO Referral Bronze 5500	$5,500 Med / $100 Rx	$7,150		16	228	0.3%	$356.46	1.0000	1.0968	1.0000	$390.98	0.5821	1.0100	0.9226	0.5424	0.9337	1.0045	1.3378	$266.12	0.6162	0.9670	$257.34	0.4692	$229.04	16.2%
BlueChoice Plus HSA/HRA Bronze 6500	$6,500 (Integrated)	$6,550		72	228	0.3%	$356.46	1.0000	1.0968	1.0000	$390.98	0.5168	0.9600	0.9226	0.4577	1.0069	1.0045	1.3378	$242.18	0.6138	0.9670	$234.19	0.4135	$217.66	11.3%
BlueChoice Advantage HSA/HRA Bronze 6500	$6,500 (Integrated)	$6,550		10	228	0.3%	$356.46	1.0000	1.0968	1.0000	$390.98	0.5168	0.9600	0.9226	0.4577	1.0501	1.0045	1.3378	$252.57	0.6138	0.9670	$244.23	0.4135	$227.00	11.3%
BlueChoice Advantage Bronze 5500	$5,500 Med / $100 Rx	$7,150		0	228	0.3%	$356.46	1.0000	1.0968	1.0000	$390.98	0.5821	1.0100	0.9226	0.5424	1.0501	1.0045	1.3378	$299.31	0.6162	0.9670	$289.44	NA	NA	NA
Silver Plans																									
BlueChoice HMO Silver 1000	$1,000 Med / $100 Rx	$7,150		40	228	0.3%	$356.46	1.0000	1.0968	1.0000	$390.98	0.6852	1.0100	0.9503	0.6576	0.9804	1.0045	1.3378	$338.77	0.7199	0.9670	$327.59	0.6245	$320.07	5.8%
BlueChoice HMO HSA/HRA Silver 1500	$1,500 (Integrated)	$6,550		817	1,824	2.2%	$356.46	1.0000	1.0968	1.0000	$390.98	0.6613	0.9600	0.9503	0.6032	0.9804	1.0045	1.3378	$310.75	0.7172	0.9670	$300.49	0.5847	$299.70	3.7%
BlueChoice HMO HSA/HRA Silver 2000	$2,000 (Integrated)	$6,000		937	2,088	2.5%	$356.46	1.0000	1.0968	1.0000	$390.98	0.6382	0.9600	0.9503	0.5822	0.9804	1.0045	1.3378	$299.89	0.7090	0.9670	$289.99	0.5638	$288.98	3.8%
BlueChoice HMO HSA/HRA Silver 3000	$3,000 (Integrated)	$4,750		6	228	0.3%	$356.46	1.0000	1.0968	1.0000	$390.98	0.6076	0.9600	0.9503	0.5542	0.9804	1.0045	1.3378	$285.51	0.6942	0.9670	$276.08	0.5451	$279.41	2.2%
BlueChoice HMO Referral Silver 70	$2000 Med / $500 Rx	$6,850		16	228	0.3%	$356.46	1.0000	1.0968	1.0000	$390.98	0.6538	1.0100	0.9503	0.6275	0.9337	1.0045	1.3378	$307.83	0.7124	0.9670	$297.67	0.5912	$288.57	6.7%
BlueChoice HMO Referral Silver 4000	$4,000 Med / $0 Rx	$7,150		0	228	0.3%	$356.46	1.0000	1.0968	1.0000	$390.98	0.6899	1.0100	0.9503	0.6621	0.9337	1.0045	1.3378	$324.83	0.6892	0.9670	$314.12	NA	NA	NA
BlueChoice Plus HSA/HRA Silver 1500	$1,500 (Integrated)	$6,550		1,280	2,856	3.4%	$356.46	1.0000	1.0968	1.0000	$390.98	0.6613	0.9600	0.9503	0.6032	1.0069	1.0045	1.3378	$319.17	0.7172	0.9670	$308.63	0.5847	$307.82	3.7%
BlueChoice Plus HSA/HRA Silver 3000	$3,000 (Integrated)	$4,750		597	1,332	1.6%	$356.46	1.0000	1.0968	1.0000	$390.98	0.6076	0.9600	0.9503	0.5542	1.0069	1.0045	1.3378	$293.24	0.6942	0.9670	$283.57	0.5451	$286.98	2.2%
BlueChoice Advantage Silver 4000	$4,000 Med / $0 Rx	$7,150		0	228	0.3%	$356.46	1.0000	1.0968	1.0000	$390.98	0.6899	1.0100	0.9503	0.6621	1.0501	1.0045	1.3378	$365.35	0.6892	0.9670	$353.29	NA	NA	NA
BlueChoice Advantage HSA/HRA Silver 1500	$1,500 (Integrated)	$6,550		1,873	4,176	5.0%	$356.46	1.0000	1.0968	1.0000	$390.98	0.6613	0.9600	0.9503	0.6032	1.0501	1.0045	1.3378	$332.86	0.7172	0.9670	$321.87	0.5847	$321.02	3.7%
BlueChoice Advantage Silver 1500 BlueFund HSA	$1,500 (Integrated)	$6,350		0	228	0.3%	$356.46	1.0000	1.0968	1.0000	$390.98	0.6622	0.9600	0.9503	0.6041	1.0501	1.0045	1.3378	$333.34	0.7190	0.9670	$322.34	NA	NA	NA
BlueChoice Advantage HSA/HRA Silver 3000	$3,000 (Integrated)	$4,750		9	228	0.3%	$356.46	1.0000	1.0968	1.0000	$390.98	0.6076	0.9600	0.9503	0.5542	1.0501	1.0045	1.3378	$305.82	0.6942	0.9670	$295.73	0.5451	$299.29	2.2%
HealthyBlue HMO HSA/HRA Silver 2000	$2,000 (Integrated)	$6,550		980	2,184	2.6%	$356.46	1.0000	1.0968	1.0000	$390.98	0.6577	0.9600	0.9503	0.6000	0.9804	1.0045	1.3378	$309.07	0.7198	0.9670	$298.87	0.5892	$302.00	2.3%
HealthyBlue Plus HSA/HRA Silver 2000	$2,000 (Integrated)	$6,550		639	1,428	1.7%	$356.46	1.0000	1.0968	1.0000	$390.98	0.6577	0.9600	0.9503	0.6000	1.0069	1.0045	1.3378	$317.45	0.7198	0.9670	$306.97	0.5892	$310.18	2.3%
HealthyBlue Advantage HSA/HRA Silver 2000	$2,000 (Integrated)	$6,550		1,323	2,952	3.6%	$356.46	1.0000	1.0968	1.0000	$390.98	0.6577	0.9600	0.9503	0.6000	1.0501	1.0045	1.3378	$331.07	0.7198	0.9670	$320.14	0.5892	$323.49	2.3%
Gold Plans																									
BlueChoice HMO Gold 500	$500 Med / $250 Rx	$7,150		1,660	3,696	4.5%	$356.46	1.0000	1.0968	1.0000	$390.98	0.8005	1.0100	0.9964	0.8056	0.9804	1.0045	1.3378	$414.97	0.8182	0.9670	$401.28	0.7696	$394.46	5.2%
BlueChoice HMO Gold 1500	$1,500 Med / $250 Rx	$3,500		239	528	0.6%	$356.46	1.0000	1.0968	1.0000	$390.98	0.7697	1.0100	0.9964	0.7746	0.9804	1.0045	1.3378	$399.01	0.7900	0.9670	$385.84	0.7397	$379.15	5.2%
BlueChoice HMO HSA/HRA Gold 1500	$1,500 (Integrated)	$4,000		0	228	0.3%	$356.46	1.0000	1.0968	1.0000	$390.98	0.7185	0.9600	0.9964	0.6872	0.9804	1.0045	1.3378	$354.02	0.7868	0.9670	$342.33	NA	NA	NA
BlueChoice HMO Referral Gold 0	$0 Med / $0 Rx	$7,150		122	276	0.3%	$356.46	1.0000	1.0968	1.0000	$390.98	0.8421	1.0100	0.9964	0.8475	0.9337	1.0045	1.3378	$415.77	0.8183	0.9670	$402.05	0.8076	$394.24	5.5%
BlueChoice HMO Referral Gold 500	$500 Med / $250 Rx	$7,150		1,079	2,400	2.9%	$356.46	1.0000	1.0968	1.0000	$390.98	0.8005	1.0100	0.9964	0.8056	0.9337	1.0045	1.3378	$395.21	0.8182	0.9670	$382.17	0.7696	$375.68	5.2%
BlueChoice HMO Referral Gold 80	$1000 Med / $0 Rx	$6,000		57	228	0.3%	$356.46	1.0000	1.0968	1.0000	$390.98	0.7671	1.0100	0.9964	0.7719	0.9337	1.0045	1.3378	$378.71	0.7899	0.9670	$366.21	0.7256	$354.23	6.9%
BlueChoice Plus Gold 500	$500 Med / $250 Rx	$7,150		139	312	0.4%	$356.46	1.0000	1.0968	1.0000	$390.98	0.8005	1.0100	0.9964	0.8056	1.0069	1.0045	1.3378	$426.22	0.8182	0.9670	$412.15	0.7696	$405.15	5.2%
BlueChoice Plus Gold 1000	$1,000 Med / $250 Rx	$4,000		67	228	0.3%	$356.46	1.0000	1.0968	1.0000	$390.98	0.7811	1.0100	0.9964	0.7860	1.0069	1.0045	1.3378	$415.89	0.8006	0.9670	$402.16	0.7455	$392.49	6.0%
BlueChoice Advantage Gold 500	$500 Med / $250 Rx	$7,150		909	2,028	2.4%	$356.46	1.0000	1.0968	1.0000	$390.98	0.8005	1.0100	0.9964	0.8056	1.0501	1.0045	1.3378	$444.50	0.8182	0.9670	$429.83	0.7696	$422.53	5.2%
BlueChoice Advantage Gold 1000	$1,000 Med / $250 Rx	$4,000		1,060	2,364	2.8%	$356.46	1.0000	1.0968	1.0000	$390.98	0.7811	1.0100	0.9964	0.7860	1.0501	1.0045	1.3378	$433.73	0.8006	0.9670	$419.41	0.7455	$409.33	6.0%
BlueChoice Advantage HSA/HRA Gold 1500	$1,500 (Integrated)	$4,000		0	228	0.3%	$356.46	1.0000	1.0968	1.0000	$390.98	0.7185	0.9600	0.9964	0.6872	1.0501	1.0045	1.3378	$379.21	0.7868	0.9670	$366.70	NA	NA	NA
HealthyBlue HMO Gold 1500	$1,500 Med / $0 Rx	$7,150		1,080	2,400	2.9%	$356.46	1.0000	1.0968	1.0000	$390.98	0.8150	1.0100	0.9964	0.8202	0.9804	1.0045	1.3378	$422.51	0.8131	0.9670	$408.57	0.8039	$412.05	2.5%
HealthyBlue Plus Gold 1500	$1,500 Med / $0 Rx	$7,150		1,404	3,132	3.8%	$356.46	1.0000	1.0968	1.0000	$390.98	0.8150	1.0100	0.9964	0.8202	1.0069	1.0045	1.3378	$433.96	0.8131	0.9670	$419.64	0.8039	$423.21	2.5%
HealthyBlue Advantage Gold 1500	$1,500 Med / $0 Rx	$7,150		3,745	8,340	10.1%	$356.46	1.0000	1.0968	1.0000	$390.98	0.8150	1.0100	0.9964	0.8202	1.0501	1.0045	1.3378	$452.58	0.8131	0.9670	$437.64	0.8039	$441.37	2.5%
Platinum Plans																									
BlueChoice HMO Platinum 0	$0 Med / $0 Rx	$1,500		1,825	4,068	4.9%	$356.46	1.0000	1.0968	1.0000	$390.98	0.9198	1.0100	1.0610	0.9856	0.9804	1.0045	1.3378	$507.72	0.9158	0.9670	$490.96	0.9812	$502.91	1.0%
BlueChoice HMO Referral Platinum 0	$0 Med / $0 Rx	$1,500		2,734	6,084	7.3%	$356.46	1.0000	1.0968	1.0000	$390.98	0.9198	1.0100	1.0610	0.9856	0.9337	1.0045	1.3378	$483.54	0.9158	0.9670	$467.58	0.9812	$478.96	1.0%
BlueChoice HMO Referral Platinum 1000	$1000 Med / $0 Rx	$1,500		1	228	0.3%	$356.46	1.0000	1.0968	1.0000	$390.98	0.8587	1.0100	1.0610	0.9202	0.9337	1.0045	1.3378	$451.43	0.8863	0.9670	$436.53	0.9263	$452.17	-0.2%
BlueChoice Plus Opt-Out Platinum 0	$0 Med / $0 Rx	$1,500		5,880	13,092	15.8%	$356.46	1.0000	1.0968	1.0000	$390.98	0.9198	1.0100	1.0610	0.9856	0.9937	1.0045	1.3378	$514.60	0.9158	0.9670	$497.61	0.9812	$509.73	1.0%
BlueChoice Advantage Platinum 0	$0 Med / $0 Rx	$1,500		1,384	3,084	3.7%	$356.46	1.0000	1.0968	1.0000	$390.98	0.9198	1.0100	1.0610	0.9856	1.0501	1.0045	1.3378	$543.85	0.9158	0.9670	$525.90	0.9812	$538.70	1.0%
HealthyBlue HMO Platinum 500	$500 Med / $0 Rx	$1,500		298	660	0.8%	$356.46	1.0000	1.0968	1.0000	$390.98	0.9023	1.0100	1.0610	0.9669	0.9804	1.0045	1.3378	$498.09	0.8949	0.9670	$481.65	0.9543	$489.15	1.8%
HealthyBlue HMO Platinum 1000	$1,000 Med / $0 Rx	$1,500		86	228	0.3%	$356.46	1.0000	1.0968	1.0000	$390.98	0.8663	1.0100	1.0610	0.9283	0.9804	1.0045	1.3378	$478.19	0.8868	0.9670	$462.41	0.9431	$483.41	-1.1%
HealthyBlue Plus Platinum 500	$500 Med / $0 Rx	$1,500		1,265	2,820	3.4%	$356.46	1.0000	1.0968	1.0000	$390.98	0.9023	1.0100	1.0610	0.9669	1.0069	1.0045	1.3378	$511.59	0.8949	0.9670	$494.70	0.9543	$502.41	1.8%
HealthyBlue Plus Platinum 1000	$1,000 Med / $0 Rx	$1,500		505	1,128	1.4%	$356.46	1.0000	1.0968	1.0000	$390.98	0.8663	1.0100	1.0610	0.9283	1.0069	1.0045	1.3378	$491.15	0.8868	0.9670	$474.94	0.9431	$496.51	-1.1%
HealthyBlue Advantage Platinum 500	$500 Med / $0 Rx	$1,500		747	1,668	2.0%	$356.46	1.0000	1.0968	1.0000	$390.98	0.9023	1.0100	1.0610	0.9669	1.0501	1.0045	1.3378	$533.53	0.8949	0.9670	$515.93	0.9543	$523.96	1.8%
HealthyBlue Advantage Platinum 1000	$1,000 Med / $0 Rx	$1,500		684	1,524	1.8%	$356.46	1.0000	1.0968	1.0000	$390.98	0.8663	1.0100	1.0610	0.9283	1.0501	1.0045	1.3378	$512.22	0.8868	0.9670	$495.31	0.9431	$517.81	-1.1%
		BRONZE SUBTOTAL:		384	1,548	1.9%	$356.46	1.0000	1.0968	1.0000	$390.98	0.5361	0.9747	0.9226	0.4827	0.9980	1.0045	1.3378	$253.03	0.6145	0.9670	$244.68	0.4158	$214.10	11.5%
		SILVER SUBTOTAL:		8,517	20,436	24.6%	$356.46	1.0000	1.0968	1.0000	$390.98	0.6539	0.9622	0.9503	0.5980	1.0133	1.0045	1.3378	$318.38	0.7145	0.9670	$307.87	0.5813	$308.34	3.1%
		GOLD SUBTOTAL:		11,561	26,388	31.8%	$356.46	1.0000	1.0968	1.0000	$390.98	0.8043	1.0091	0.9964	0.8088	1.0132	1.0045	1.3378	$430.63	0.8125	0.9670	$416.42	0.7853	$416.21	3.9%
		PLATINUM SUBTOTAL:		15,409	34,584	41.7%	$356.46	1.0000	1.0968	1.0000	$390.98	0.9123	1.0100	1.0610	0.9776	0.9926	1.0045	1.3378	$509.76	0.9101	0.9670	$492.93	0.9740	$505.53	0.9%
		GRAND TOTAL:		**35,871**	**82,956**	**100.0%**	**$356.46**	**1.0000**	**1.0968**	**1.0000**	**$390.98**	**0.8073**	**0.9973**	**1.0106**	**0.8212**	**1.0043**	**1.0045**	**1.3378**	**$432.65**	**0.8254**	**0.9670**	**$418.37**	**0.8140**	**$426.80**	**2.5%**

*** Geographic and Tobacco calibration factors both = 1.000.**

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

2017 ACA - PLAN LEVEL DERIVATIONS 2Q17
SG DC BLUECHOICE

		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	21	22
			Actual 2/29/2016	ON-Exchange 2Q17 Cohort		**INDEX RATE**	**Market-Level Adjustments (MLA)**			**INDEX RATE**	**Plan-Level Adjustments (PLA)**							**INDEX RATE**		**Calibration Allowable Rating Factors (ARFs) ***	**BASE PREMIUM**	Average Cost	**INDEX RATE**	
			Mapped	Projected		(Ave ALW		Risk	Exch User	(Post-	CF Pricing	CDH	Induced	**= (10)x(11)x(12)** Cost-	Network	Non-	Distrib	(Plan-	2017 HHS		(Consumer- Level)	Share	(Plan- Level)	
Benefit Plan			Mems	EMMs	%	EHB)	Reins.	Adj	Fees	MLA)	Value	Factor	Demand	Share	& UM	EHB	& Admin	Level)	AV	Age	2Q17	2Q17	2Q16	Δ
Bronze Plans	Ded.	OOP Max																						
BlueChoice HMO HSA/HRA Bronze 6500	$6,500 (Integrated)	$6,550	286	324	0.8%	$363.53	1.0000	1.0950	1.0000	$398.05	0.5168	0.9600	0.9226	0.4577	0.9804	1.0045	1.3467	$241.66	0.6138	0.9670	$233.68	0.4135	$214.89	12.5%
BlueChoice HMO Referral Bronze 5500	$5,500 Med / $100 Rx	$7,150	16	108	0.3%	$363.53	1.0000	1.0950	1.0000	$398.05	0.5821	1.0100	0.9226	0.5424	0.9337	1.0045	1.3467	$272.75	0.6162	0.9670	$263.75	0.4692	$232.24	17.4%
BlueChoice Plus HSA/HRA Bronze 6500	$6,500 (Integrated)	$6,550	72	108	0.3%	$363.53	1.0000	1.0950	1.0000	$398.05	0.5168	0.9600	0.9226	0.4577	1.0069	1.0045	1.3467	$248.21	0.6138	0.9670	$240.01	0.4135	$220.71	12.5%
BlueChoice Advantage HSA/HRA Bronze 6500	$6,500 (Integrated)	$6,550	10	108	0.3%	$363.53	1.0000	1.0950	1.0000	$398.05	0.5168	0.9600	0.9226	0.4577	1.0501	1.0045	1.3467	$258.85	0.6138	0.9670	$250.31	0.4135	$230.18	12.5%
BlueChoice Advantage Bronze 5500	$5,500 Med / $100 Rx	$7,150	0	108	0.3%	$363.53	1.0000	1.0950	1.0000	$398.05	0.5821	1.0100	0.9226	0.5424	1.0501	1.0045	1.3467	$306.76	0.6162	0.9670	$296.64	NA	NA	NA
Silver Plans																								
BlueChoice HMO Silver 1000	$1,000 Med / $100 Rx	$7,150	40	108	0.3%	$363.53	1.0000	1.0950	1.0000	$398.05	0.6852	1.0100	0.9503	0.6576	0.9804	1.0045	1.3467	$347.20	0.7199	0.9670	$335.74	0.6245	$324.55	7.0%
BlueChoice HMO HSA/HRA Silver 1500	$1,500 (Integrated)	$6,550	817	912	2.2%	$363.53	1.0000	1.0950	1.0000	$398.05	0.6613	0.9600	0.9503	0.6032	0.9804	1.0045	1.3467	$318.48	0.7172	0.9670	$307.97	0.5847	$303.89	4.8%
BlueChoice HMO HSA/HRA Silver 2000	$2,000 (Integrated)	$6,000	937	1,044	2.5%	$363.53	1.0000	1.0950	1.0000	$398.05	0.6382	0.9600	0.9503	0.5822	0.9804	1.0045	1.3467	$307.35	0.7090	0.9670	$297.21	0.5638	$293.03	4.9%
BlueChoice HMO HSA/HRA Silver 3000	$3,000 (Integrated)	$4,750	6	108	0.3%	$363.53	1.0000	1.0950	1.0000	$398.05	0.6076	0.9600	0.9503	0.5542	0.9804	1.0045	1.3467	$292.61	0.6942	0.9670	$282.95	0.5451	$283.32	3.3%
BlueChoice HMO Referral Silver 70	$2000 Med / $500 Rx	$6,850	16	108	0.3%	$363.53	1.0000	1.0950	1.0000	$398.05	0.6538	1.0100	0.9503	0.6275	0.9337	1.0045	1.3467	$315.49	0.7124	0.9670	$305.08	0.5912	$292.61	7.8%
BlueChoice HMO Referral Silver 4000	$4,000 Med / $0 Rx	$7,150	0	108	0.3%	$363.53	1.0000	1.0950	1.0000	$398.05	0.6899	1.0100	0.9503	0.6621	0.9337	1.0045	1.3467	$332.92	0.6892	0.9670	$321.93	NA	NA	NA
BlueChoice Plus HSA/HRA Silver 1500	$1,500 (Integrated)	$6,550	1,280	1,428	3.4%	$363.53	1.0000	1.0950	1.0000	$398.05	0.6613	0.9600	0.9503	0.6032	1.0069	1.0045	1.3467	$327.11	0.7172	0.9670	$316.31	0.5847	$312.13	4.8%
BlueChoice Plus HSA/HRA Silver 3000	$3,000 (Integrated)	$4,750	597	672	1.6%	$363.53	1.0000	1.0950	1.0000	$398.05	0.6076	0.9600	0.9503	0.5542	1.0069	1.0045	1.3467	$300.54	0.6942	0.9670	$290.62	0.5451	$291.00	3.3%
BlueChoice Advantage Silver 4000	$4,000 Med / $0 Rx	$7,150	0	108	0.3%	$363.53	1.0000	1.0950	1.0000	$398.05	0.6899	1.0100	0.9503	0.6621	1.0501	1.0045	1.3467	$374.44	0.6892	0.9670	$362.08	NA	NA	NA
BlueChoice Advantage HSA/HRA Silver 1500	$1,500 (Integrated)	$6,550	1,873	2,100	5.0%	$363.53	1.0000	1.0950	1.0000	$398.05	0.6613	0.9600	0.9503	0.6032	1.0501	1.0045	1.3467	$341.14	0.7172	0.9670	$329.88	0.5847	$325.52	4.8%
BlueChoice Advantage Silver 1500 BlueFund HSA	$1,500 (Integrated)	$6,350	0	108	0.3%	$363.53	1.0000	1.0950	1.0000	$398.05	0.6622	0.9600	0.9503	0.6041	1.0501	1.0045	1.3467	$341.64	0.7190	0.9670	$330.36	NA	NA	NA
BlueChoice Advantage HSA/HRA Silver 3000	$3,000 (Integrated)	$4,750	9	108	0.3%	$363.53	1.0000	1.0950	1.0000	$398.05	0.6076	0.9600	0.9503	0.5542	1.0501	1.0045	1.3467	$313.43	0.6942	0.9670	$303.09	0.5451	$303.48	3.3%
HealthyBlue HMO HSA/HRA Silver 2000	$2,000 (Integrated)	$6,550	980	1,092	2.6%	$363.53	1.0000	1.0950	1.0000	$398.05	0.6577	0.9600	0.9503	0.6000	0.9804	1.0045	1.3467	$316.76	0.7198	0.9670	$306.31	0.5892	$306.23	3.4%
HealthyBlue Plus HSA/HRA Silver 2000	$2,000 (Integrated)	$6,550	639	708	1.7%	$363.53	1.0000	1.0950	1.0000	$398.05	0.6577	0.9600	0.9503	0.6000	1.0069	1.0045	1.3467	$325.35	0.7198	0.9670	$314.61	0.5892	$314.53	3.4%
HealthyBlue Advantage HSA/HRA Silver 2000	$2,000 (Integrated)	$6,550	1,323	1,476	3.5%	$363.53	1.0000	1.0950	1.0000	$398.05	0.6577	0.9600	0.9503	0.6000	1.0501	1.0045	1.3467	$339.31	0.7198	0.9670	$328.11	0.5892	$328.02	3.4%
Gold Plans																								
BlueChoice HMO Gold 500	$500 Med / $250 Rx	$7,150	1,660	1,860	4.5%	$363.53	1.0000	1.0950	1.0000	$398.05	0.8005	1.0100	0.9964	0.8056	0.9804	1.0045	1.3467	$425.30	0.8182	0.9670	$411.26	0.7696	$399.98	6.3%
BlueChoice HMO Gold 1500	$1,500 Med / $250 Rx	$3,500	239	276	0.7%	$363.53	1.0000	1.0950	1.0000	$398.05	0.7697	1.0100	0.9964	0.7746	0.9804	1.0045	1.3467	$408.94	0.7900	0.9670	$395.44	0.7397	$384.45	6.4%
BlueChoice HMO HSA/HRA Gold 1500	$1,500 (Integrated)	$4,000	0	108	0.3%	$363.53	1.0000	1.0950	1.0000	$398.05	0.7185	0.9600	0.9964	0.6872	0.9804	1.0045	1.3467	$362.83	0.7868	0.9670	$350.85	NA	NA	NA
BlueChoice HMO Referral Gold 0	$0 Med / $0 Rx	$7,150	122	132	0.3%	$363.53	1.0000	1.0950	1.0000	$398.05	0.8421	1.0100	0.9964	0.8475	0.9337	1.0045	1.3467	$426.11	0.8183	0.9670	$412.05	0.8076	$399.75	6.6%
BlueChoice HMO Referral Gold 500	$500 Med / $250 Rx	$7,150	1,079	1,212	2.9%	$363.53	1.0000	1.0950	1.0000	$398.05	0.8005	1.0100	0.9964	0.8056	0.9337	1.0045	1.3467	$405.05	0.8182	0.9670	$391.68	0.7696	$380.94	6.3%
BlueChoice HMO Referral Gold 80	$1000 Med / $0 Rx	$6,000	57	108	0.3%	$363.53	1.0000	1.0950	1.0000	$398.05	0.7671	1.0100	0.9964	0.7719	0.9337	1.0045	1.3467	$388.14	0.7899	0.9670	$375.33	0.7256	$359.19	8.1%
BlueChoice Plus Gold 500	$500 Med / $250 Rx	$7,150	139	156	0.4%	$363.53	1.0000	1.0950	1.0000	$398.05	0.8005	1.0100	0.9964	0.8056	1.0069	1.0045	1.3467	$436.82	0.8182	0.9670	$422.41	0.7696	$410.82	6.3%
BlueChoice Plus Gold 1000	$1,000 Med / $250 Rx	$4,000	67	108	0.3%	$363.53	1.0000	1.0950	1.0000	$398.05	0.7811	1.0100	0.9964	0.7860	1.0069	1.0045	1.3467	$426.24	0.8006	0.9670	$412.17	0.7455	$397.99	7.1%
BlueChoice Advantage Gold 500	$500 Med / $250 Rx	$7,150	909	1,020	2.5%	$363.53	1.0000	1.0950	1.0000	$398.05	0.8005	1.0100	0.9964	0.8056	1.0501	1.0045	1.3467	$455.56	0.8182	0.9670	$440.53	0.7696	$428.45	6.3%
BlueChoice Advantage Gold 1000	$1,000 Med / $250 Rx	$4,000	1,060	1,188	2.9%	$363.53	1.0000	1.0950	1.0000	$398.05	0.7811	1.0100	0.9964	0.7860	1.0501	1.0045	1.3467	$444.52	0.8006	0.9670	$429.85	0.7455	$415.06	7.1%
BlueChoice Advantage HSA/HRA Gold 1500	$1,500 (Integrated)	$4,000	0	108	0.3%	$363.53	1.0000	1.0950	1.0000	$398.05	0.7185	0.9600	0.9964	0.6872	1.0501	1.0045	1.3467	$388.65	0.7868	0.9670	$375.82	NA	NA	NA
HealthyBlue HMO Gold 1500	$1,500 Med / $0 Rx	$7,150	1,080	1,212	2.9%	$363.53	1.0000	1.0950	1.0000	$398.05	0.8150	1.0100	0.9964	0.8202	0.9804	1.0045	1.3467	$433.02	0.8131	0.9670	$418.73	0.8039	$417.81	3.6%
HealthyBlue Plus Gold 1500	$1,500 Med / $0 Rx	$7,150	1,404	1,572	3.8%	$363.53	1.0000	1.0950	1.0000	$398.05	0.8150	1.0100	0.9964	0.8202	1.0069	1.0045	1.3467	$444.76	0.8131	0.9670	$430.08	0.8039	$429.13	3.6%
HealthyBlue Advantage Gold 1500	$1,500 Med / $0 Rx	$7,150	3,745	4,200	10.1%	$363.53	1.0000	1.0950	1.0000	$398.05	0.8150	1.0100	0.9964	0.8202	1.0501	1.0045	1.3467	$463.84	0.8131	0.9670	$448.53	0.8039	$447.54	3.6%
Platinum Plans																								
BlueChoice HMO Platinum 0	$0 Med / $0 Rx	$1,500	1,825	2,040	4.9%	$363.53	1.0000	1.0950	1.0000	$398.05	0.9198	1.0100	1.0610	0.9856	0.9804	1.0045	1.3467	$520.35	0.9158	0.9670	$503.18	0.9812	$509.95	2.0%
BlueChoice HMO Referral Platinum 0	$0 Med / $0 Rx	$1,500	2,734	3,072	7.4%	$363.53	1.0000	1.0950	1.0000	$398.05	0.9198	1.0100	1.0610	0.9856	0.9337	1.0045	1.3467	$495.57	0.9158	0.9670	$479.22	0.9812	$485.67	2.0%
BlueChoice HMO Referral Platinum 1000	$1000 Med / $0 Rx	$1,500	1	108	0.3%	$363.53	1.0000	1.0950	1.0000	$398.05	0.8587	1.0100	1.0610	0.9202	0.9337	1.0045	1.3467	$462.66	0.8863	0.9670	$447.39	0.9263	$458.50	0.9%
BlueChoice Plus Opt-Out Platinum 0	$0 Med / $0 Rx	$1,500	5,880	6,600	15.9%	$363.53	1.0000	1.0950	1.0000	$398.05	0.9198	1.0100	1.0610	0.9856	0.9937	1.0045	1.3467	$527.40	0.9158	0.9670	$510.00	0.9812	$516.86	2.0%
BlueChoice Advantage Platinum 0	$0 Med / $0 Rx	$1,500	1,384	1,548	3.7%	$363.53	1.0000	1.0950	1.0000	$398.05	0.9198	1.0100	1.0610	0.9856	1.0501	1.0045	1.3467	$557.38	0.9158	0.9670	$538.99	0.9812	$546.24	2.0%
HealthyBlue HMO Platinum 500	$500 Med / $0 Rx	$1,500	298	336	0.8%	$363.53	1.0000	1.0950	1.0000	$398.05	0.9023	1.0100	1.0610	0.9669	0.9804	1.0045	1.3467	$510.48	0.8949	0.9670	$493.64	0.9543	$496.00	2.9%
HealthyBlue HMO Platinum 1000	$1,000 Med / $0 Rx	$1,500	86	108	0.3%	$363.53	1.0000	1.0950	1.0000	$398.05	0.8663	1.0100	1.0610	0.9283	0.9804	1.0045	1.3467	$490.09	0.8868	0.9670	$473.92	0.9431	$490.18	0.0%
HealthyBlue Plus Platinum 500	$500 Med / $0 Rx	$1,500	1,265	1,416	3.4%	$363.53	1.0000	1.0950	1.0000	$398.05	0.9023	1.0100	1.0610	0.9669	1.0069	1.0045	1.3467	$524.32	0.8949	0.9670	$507.01	0.9543	$509.44	2.9%
HealthyBlue Plus Platinum 1000	$1,000 Med / $0 Rx	$1,500	505	564	1.4%	$363.53	1.0000	1.0950	1.0000	$398.05	0.8663	1.0100	1.0610	0.9283	1.0069	1.0045	1.3467	$503.37	0.8868	0.9670	$486.76	0.9431	$503.46	0.0%
HealthyBlue Advantage Platinum 500	$500 Med / $0 Rx	$1,500	747	828	2.0%	$363.53	1.0000	1.0950	1.0000	$398.05	0.9023	1.0100	1.0610	0.9669	1.0501	1.0045	1.3467	$546.81	0.8949	0.9670	$528.77	0.9543	$531.29	2.9%
HealthyBlue Advantage Platinum 1000	$1,000 Med / $0 Rx	$1,500	684	768	1.8%	$363.53	1.0000	1.0950	1.0000	$398.05	0.8663	1.0100	1.0610	0.9283	1.0501	1.0045	1.3467	$524.96	0.8868	0.9670	$507.64	0.9431	$525.06	0.0%
	BRONZE SUBTOTAL:		384	756	1.8%	$363.53	1.0000	1.0950	1.0000	$398.05	0.5355	0.9743	0.9226	0.4819	0.9974	1.0045	1.3467	$258.79	0.6145	0.9670	$250.25	0.4158	$217.10	12.7%
	SILVER SUBTOTAL:		8,517	10,188	24.5%	$363.53	1.0000	1.0950	1.0000	$398.05	0.6539	0.9621	0.9503	0.5979	1.0134	1.0045	1.3467	$326.28	0.7146	0.9670	$315.52	0.5813	$312.66	4.2%
	GOLD SUBTOTAL:		11,561	13,260	31.9%	$363.53	1.0000	1.0950	1.0000	$398.05	0.8044	1.0092	0.9964	0.8089	1.0132	1.0045	1.3467	$441.42	0.8125	0.9670	$426.85	0.7853	$422.03	5.0%
	PLATINUM SUBTOTAL:		15,409	17,388	41.8%	$363.53	1.0000	1.0950	1.0000	$398.05	0.9124	1.0100	1.0610	0.9777	0.9925	1.0045	1.3467	$522.44	0.9101	0.9670	$505.21	0.9740	$512.61	2.0%
	GRAND TOTAL:		**35,871**	**41,592**	**100.0%**	**$363.53**	**1.0000**	**1.0950**	**1.0000**	**$398.05**	**0.8078**	**0.9974**	**1.0107**	**0.8218**	**1.0043**	**1.0045**	**1.3467**	**$443.77**	**0.8257**	**0.9670**	**$429.13**	**0.8140**	**$432.78**	**3.6%**

*** Geographic and Tobacco calibration factors both = 1.000.**

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

2017 ACA - PLAN LEVEL DERIVATIONS 3Q17
SG DC BLUECHOICE

Benefit Plan	Ded.	OOP Max	1 Actual 2/29/2016 Mapped Mems	2 ON-Exchange 3Q17 Cohort Projected EMMs	3 %	4 INDEX RATE (Ave ALW EHB)	5 Market-Level Adjustments (MLA) Reins.	6 Risk Adj	7 Exch User Fees	8 INDEX RATE (Post-MLA)	9 Plan-Level Adjustments (PLA) CF Pricing Value	10 CDH Factor	11 Induced Demand	12 = (10)x(11)x(12) Cost-Share	13 Network & UM	14 Non-EHB	15 Distrib & Admin	16 INDEX RATE (Plan-Level)	17 2017 HHS AV	18 Calibration Allowable Rating Factors (ARFs) * Age	19 BASE PREMIUM (Consumer-Level) 3Q17	20 Average Cost Share 3Q17	21 INDEX RATE (Plan-Level) 3Q16	22 Δ
Bronze Plans																								
BlueChoice HMO HSA/HRA Bronze 6500	$6,500 (Integrated)	$6,550	286	660	0.8%	$370.78	1.0000	1.0931	1.0000	$405.30	0.5168	0.9600	0.9226	0.4577	0.9804	1.0045	1.3530	$247.20	0.6138	0.9670	$239.04	0.4135	$218.08	13.4%
BlueChoice HMO Referral Bronze 5500	$5,500 Med / $100 Rx	$7,150	16	228	0.3%	$370.78	1.0000	1.0931	1.0000	$405.30	0.5821	1.0100	0.9226	0.5424	0.9337	1.0045	1.3530	$279.00	0.6162	0.9670	$269.80	0.4692	$235.69	18.4%
BlueChoice Plus HSA/HRA Bronze 6500	$6,500 (Integrated)	$6,550	72	228	0.3%	$370.78	1.0000	1.0931	1.0000	$405.30	0.5168	0.9600	0.9226	0.4577	1.0069	1.0045	1.3530	$253.90	0.6138	0.9670	$245.52	0.4135	$223.99	13.4%
BlueChoice Advantage HSA/HRA Bronze 6500	$6,500 (Integrated)	$6,550	10	228	0.3%	$370.78	1.0000	1.0931	1.0000	$405.30	0.5168	0.9600	0.9226	0.4577	1.0501	1.0045	1.3530	$264.79	0.6138	0.9670	$256.05	0.4135	$233.60	13.4%
BlueChoice Advantage Bronze 5500	$5,500 Med / $100 Rx	$7,150	0	228	0.3%	$370.78	1.0000	1.0931	1.0000	$405.30	0.5821	1.0100	0.9226	0.5424	1.0501	1.0045	1.3530	$313.80	0.6162	0.9670	$303.44	NA	NA	NA
Silver Plans																								
BlueChoice HMO Silver 1000	$1,000 Med / $100 Rx	$7,150	40	228	0.3%	$370.78	1.0000	1.0931	1.0000	$405.30	0.6852	1.0100	0.9503	0.6576	0.9804	1.0045	1.3530	$355.16	0.7199	0.9670	$343.44	0.6245	$329.37	7.8%
BlueChoice HMO HSA/HRA Silver 1500	$1,500 (Integrated)	$6,550	817	1,872	2.2%	$370.78	1.0000	1.0931	1.0000	$405.30	0.6613	0.9600	0.9503	0.6032	0.9804	1.0045	1.3530	$325.78	0.7172	0.9670	$315.03	0.5847	$308.40	5.6%
BlueChoice HMO HSA/HRA Silver 2000	$2,000 (Integrated)	$6,000	937	2,160	2.5%	$370.78	1.0000	1.0931	1.0000	$405.30	0.6382	0.9600	0.9503	0.5822	0.9804	1.0045	1.3530	$314.40	0.7090	0.9670	$304.02	0.5638	$297.38	5.7%
BlueChoice HMO HSA/HRA Silver 3000	$3,000 (Integrated)	$4,750	6	228	0.3%	$370.78	1.0000	1.0931	1.0000	$405.30	0.6076	0.9600	0.9503	0.5542	0.9804	1.0045	1.3530	$299.32	0.6942	0.9670	$289.45	0.5451	$287.53	4.1%
BlueChoice HMO Referral Silver 70	$2000 Med / $500 Rx	$6,850	16	228	0.3%	$370.78	1.0000	1.0931	1.0000	$405.30	0.6538	1.0100	0.9503	0.6275	0.9337	1.0045	1.3530	$322.73	0.7124	0.9670	$312.08	0.5912	$296.96	8.7%
BlueChoice HMO Referral Silver 4000	$4,000 Med / $0 Rx	$7,150	0	228	0.3%	$370.78	1.0000	1.0931	1.0000	$405.30	0.6899	1.0100	0.9503	0.6621	0.9337	1.0045	1.3530	$340.56	0.6892	0.9670	$329.32	NA	NA	NA
BlueChoice Plus HSA/HRA Silver 1500	$1,500 (Integrated)	$6,550	1,280	2,940	3.4%	$370.78	1.0000	1.0931	1.0000	$405.30	0.6613	0.9600	0.9503	0.6032	1.0069	1.0045	1.3530	$334.61	0.7172	0.9670	$323.57	0.5847	$316.76	5.6%
BlueChoice Plus HSA/HRA Silver 3000	$3,000 (Integrated)	$4,750	597	1,368	1.6%	$370.78	1.0000	1.0931	1.0000	$405.30	0.6076	0.9600	0.9503	0.5542	1.0069	1.0045	1.3530	$307.43	0.6942	0.9670	$297.29	0.5451	$295.32	4.1%
BlueChoice Advantage Silver 4000	$4,000 Med / $0 Rx	$7,150	0	228	0.3%	$370.78	1.0000	1.0931	1.0000	$405.30	0.6899	1.0100	0.9503	0.6621	1.0501	1.0045	1.3530	$383.03	0.6892	0.9670	$370.39	NA	NA	NA
BlueChoice Advantage HSA/HRA Silver 1500	$1,500 (Integrated)	$6,550	1,873	4,296	5.0%	$370.78	1.0000	1.0931	1.0000	$405.30	0.6613	0.9600	0.9503	0.6032	1.0501	1.0045	1.3530	$348.97	0.7172	0.9670	$337.45	0.5847	$330.35	5.6%
BlueChoice Advantage Silver 1500 BlueFund HSA	$1,500 (Integrated)	$6,350	0	228	0.3%	$370.78	1.0000	1.0931	1.0000	$405.30	0.6622	0.9600	0.9503	0.6041	1.0501	1.0045	1.3530	$349.47	0.7190	0.9670	$337.94	NA	NA	NA
BlueChoice Advantage HSA/HRA Silver 3000	$3,000 (Integrated)	$4,750	9	228	0.3%	$370.78	1.0000	1.0931	1.0000	$405.30	0.6076	0.9600	0.9503	0.5542	1.0501	1.0045	1.3530	$320.62	0.6942	0.9670	$310.04	0.5451	$307.99	4.1%
HealthyBlue HMO HSA/HRA Silver 2000	$2,000 (Integrated)	$6,550	980	2,256	2.6%	$370.78	1.0000	1.0931	1.0000	$405.30	0.6577	0.9600	0.9503	0.6000	0.9804	1.0045	1.3530	$324.03	0.7198	0.9670	$313.34	0.5892	$310.78	4.3%
HealthyBlue Plus HSA/HRA Silver 2000	$2,000 (Integrated)	$6,550	639	1,476	1.7%	$370.78	1.0000	1.0931	1.0000	$405.30	0.6577	0.9600	0.9503	0.6000	1.0069	1.0045	1.3530	$332.81	0.7198	0.9670	$321.83	0.5892	$319.20	4.3%
HealthyBlue Advantage HSA/HRA Silver 2000	$2,000 (Integrated)	$6,550	1,323	3,036	3.6%	$370.78	1.0000	1.0931	1.0000	$405.30	0.6577	0.9600	0.9503	0.6000	1.0501	1.0045	1.3530	$347.09	0.7198	0.9670	$335.63	0.5892	$332.89	4.3%
Gold Plans																								
BlueChoice HMO Gold 500	$500 Med / $250 Rx	$7,150	1,660	3,816	4.5%	$370.78	1.0000	1.0931	1.0000	$405.30	0.8005	1.0100	0.9964	0.8056	0.9804	1.0045	1.3530	$435.06	0.8182	0.9670	$420.70	0.7696	$405.93	7.2%
BlueChoice HMO Gold 1500	$1,500 Med / $250 Rx	$3,500	239	540	0.6%	$370.78	1.0000	1.0931	1.0000	$405.30	0.7697	1.0100	0.9964	0.7746	0.9804	1.0045	1.3530	$418.32	0.7900	0.9670	$404.51	0.7397	$390.16	7.2%
BlueChoice HMO HSA/HRA Gold 1500	$1,500 (Integrated)	$4,000	0	228	0.3%	$370.78	1.0000	1.0931	1.0000	$405.30	0.7185	0.9600	0.9964	0.6872	0.9804	1.0045	1.3530	$371.15	0.7868	0.9670	$358.90	NA	NA	NA
BlueChoice HMO Referral Gold 0	$0 Med / $0 Rx	$7,150	122	276	0.3%	$370.78	1.0000	1.0931	1.0000	$405.30	0.8421	1.0100	0.9964	0.8475	0.9337	1.0045	1.3530	$435.89	0.8183	0.9670	$421.51	0.8076	$405.69	7.4%
BlueChoice HMO Referral Gold 500	$500 Med / $250 Rx	$7,150	1,079	2,484	2.9%	$370.78	1.0000	1.0931	1.0000	$405.30	0.8005	1.0100	0.9964	0.8056	0.9337	1.0045	1.3530	$414.34	0.8182	0.9670	$400.67	0.7696	$386.60	7.2%
BlueChoice HMO Referral Gold 80	$1000 Med / $0 Rx	$6,000	57	228	0.3%	$370.78	1.0000	1.0931	1.0000	$405.30	0.7671	1.0100	0.9964	0.7719	0.9337	1.0045	1.3530	$397.04	0.7899	0.9670	$383.94	0.7256	$364.52	8.9%
BlueChoice Plus Gold 500	$500 Med / $250 Rx	$7,150	139	312	0.4%	$370.78	1.0000	1.0931	1.0000	$405.30	0.8005	1.0100	0.9964	0.8056	1.0069	1.0045	1.3530	$446.84	0.8182	0.9670	$432.10	0.7696	$416.93	7.2%
BlueChoice Plus Gold 1000	$1,000 Med / $250 Rx	$4,000	67	228	0.3%	$370.78	1.0000	1.0931	1.0000	$405.30	0.7811	1.0100	0.9964	0.7860	1.0069	1.0045	1.3530	$436.01	0.8006	0.9670	$421.62	0.7455	$403.90	8.0%
BlueChoice Advantage Gold 500	$500 Med / $250 Rx	$7,150	909	2,088	2.4%	$370.78	1.0000	1.0931	1.0000	$405.30	0.8005	1.0100	0.9964	0.8056	1.0501	1.0045	1.3530	$466.01	0.8182	0.9670	$450.64	0.7696	$434.81	7.2%
BlueChoice Advantage Gold 1000	$1,000 Med / $250 Rx	$4,000	1,060	2,436	2.9%	$370.78	1.0000	1.0931	1.0000	$405.30	0.7811	1.0100	0.9964	0.7860	1.0501	1.0045	1.3530	$454.72	0.8006	0.9670	$439.71	0.7455	$421.22	8.0%
BlueChoice Advantage HSA/HRA Gold 1500	$1,500 (Integrated)	$4,000	0	228	0.3%	$370.78	1.0000	1.0931	1.0000	$405.30	0.7185	0.9600	0.9964	0.6872	1.0501	1.0045	1.3530	$397.56	0.7868	0.9670	$384.44	NA	NA	NA
HealthyBlue HMO Gold 1500	$1,500 Med / $0 Rx	$7,150	1,080	2,484	2.9%	$370.78	1.0000	1.0931	1.0000	$405.30	0.8150	1.0100	0.9964	0.8202	0.9804	1.0045	1.3530	$442.96	0.8131	0.9670	$428.34	0.8039	$424.02	4.5%
HealthyBlue Plus Gold 1500	$1,500 Med / $0 Rx	$7,150	1,404	3,228	3.8%	$370.78	1.0000	1.0931	1.0000	$405.30	0.8150	1.0100	0.9964	0.8202	1.0069	1.0045	1.3530	$454.96	0.8131	0.9670	$439.95	0.8039	$435.51	4.5%
HealthyBlue Advantage Gold 1500	$1,500 Med / $0 Rx	$7,150	3,745	8,604	10.1%	$370.78	1.0000	1.0931	1.0000	$405.30	0.8150	1.0100	0.9964	0.8202	1.0501	1.0045	1.3530	$474.48	0.8131	0.9670	$458.82	0.8039	$454.19	4.5%
Platinum Plans																								
BlueChoice HMO Platinum 0	$0 Med / $0 Rx	$1,500	1,825	4,200	4.9%	$370.78	1.0000	1.0931	1.0000	$405.30	0.9198	1.0100	1.0610	0.9856	0.9804	1.0045	1.3530	$532.29	0.9158	0.9670	$514.72	0.9812	$517.53	2.9%
BlueChoice HMO Referral Platinum 0	$0 Med / $0 Rx	$1,500	2,734	6,276	7.3%	$370.78	1.0000	1.0931	1.0000	$405.30	0.9198	1.0100	1.0610	0.9856	0.9337	1.0045	1.3530	$506.94	0.9158	0.9670	$490.21	0.9812	$492.88	2.9%
BlueChoice HMO Referral Platinum 1000	$1000 Med / $0 Rx	$1,500	1	228	0.3%	$370.78	1.0000	1.0931	1.0000	$405.30	0.8587	1.0100	1.0610	0.9202	0.9337	1.0045	1.3530	$473.27	0.8863	0.9670	$457.65	0.9263	$465.31	1.7%
BlueChoice Plus Opt-Out Platinum 0	$0 Med / $0 Rx	$1,500	5,880	13,512	15.8%	$370.78	1.0000	1.0931	1.0000	$405.30	0.9198	1.0100	1.0610	0.9856	0.9937	1.0045	1.3530	$539.50	0.9158	0.9670	$521.70	0.9812	$524.54	2.9%
BlueChoice Advantage Platinum 0	$0 Med / $0 Rx	$1,500	1,384	3,180	3.7%	$370.78	1.0000	1.0931	1.0000	$405.30	0.9198	1.0100	1.0610	0.9856	1.0501	1.0045	1.3530	$570.17	0.9158	0.9670	$551.35	0.9812	$554.35	2.9%
HealthyBlue HMO Platinum 500	$500 Med / $0 Rx	$1,500	298	684	0.8%	$370.78	1.0000	1.0931	1.0000	$405.30	0.9023	1.0100	1.0610	0.9669	0.9804	1.0045	1.3530	$522.19	0.8949	0.9670	$504.96	0.9543	$503.36	3.7%
HealthyBlue HMO Platinum 1000	$1,000 Med / $0 Rx	$1,500	86	228	0.3%	$370.78	1.0000	1.0931	1.0000	$405.30	0.8663	1.0100	1.0610	0.9283	0.9804	1.0045	1.3530	$501.33	0.8868	0.9670	$484.79	0.9431	$497.46	0.8%
HealthyBlue Plus Platinum 500	$500 Med / $0 Rx	$1,500	1,265	2,904	3.4%	$370.78	1.0000	1.0931	1.0000	$405.30	0.9023	1.0100	1.0610	0.9669	1.0069	1.0045	1.3530	$536.34	0.8949	0.9670	$518.65	0.9543	$517.00	3.7%
HealthyBlue Plus Platinum 1000	$1,000 Med / $0 Rx	$1,500	505	1,164	1.4%	$370.78	1.0000	1.0931	1.0000	$405.30	0.8663	1.0100	1.0610	0.9283	1.0069	1.0045	1.3530	$514.92	0.8868	0.9670	$497.92	0.9431	$510.94	0.8%
HealthyBlue Advantage Platinum 500	$500 Med / $0 Rx	$1,500	747	1,716	2.0%	$370.78	1.0000	1.0931	1.0000	$405.30	0.9023	1.0100	1.0610	0.9669	1.0501	1.0045	1.3530	$559.35	0.8949	0.9670	$540.89	0.9543	$539.18	3.7%
HealthyBlue Advantage Platinum 1000	$1,000 Med / $0 Rx	$1,500	684	1,572	1.8%	$370.78	1.0000	1.0931	1.0000	$405.30	0.8663	1.0100	1.0610	0.9283	1.0501	1.0045	1.3530	$537.01	0.8868	0.9670	$519.28	0.9431	$532.86	0.8%
BRONZE SUBTOTAL:			384	1,572	1.8%	$370.78	1.0000	1.0931	1.0000	$405.30	0.5358	0.9745	0.9226	0.4823	0.9977	1.0045	1.3530	$264.99	0.6145	0.9670	$256.25	0.4158	$220.33	13.6%
SILVER SUBTOTAL:			8,517	21,000	24.6%	$370.78	1.0000	1.0931	1.0000	$405.30	0.6539	0.9622	0.9503	0.5979	1.0133	1.0045	1.3530	$333.76	0.7146	0.9670	$322.75	0.5813	$317.30	5.1%
GOLD SUBTOTAL:			11,561	27,180	31.8%	$370.78	1.0000	1.0931	1.0000	$405.30	0.8044	1.0092	0.9964	0.8089	1.0132	1.0045	1.3530	$451.52	0.8125	0.9670	$436.62	0.7853	$428.30	5.8%
PLATINUM SUBTOTAL:			15,409	35,664	41.8%	$370.78	1.0000	1.0931	1.0000	$405.30	0.9123	1.0100	1.0610	0.9777	0.9926	1.0045	1.3530	$534.44	0.9101	0.9670	$516.81	0.9740	$520.22	2.8%
GRAND TOTAL:			**35,871**	**85,416**	**100.0%**	**$370.78**	**1.0000**	**1.0931**	**1.0000**	**$405.30**	**0.8075**	**0.9973**	**1.0107**	**0.8215**	**1.0043**	**1.0045**	**1.3530**	**$453.76**	**0.8255**	**0.9670**	**$438.78**	**0.8140**	**$439.21**	**4.4%**

*** Geographic and Tobacco calibration factors both = 1.000.**

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

2017 ACA - PLAN LEVEL DERIVATIONS 4Q17
SG DC BLUECHOICE

			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	21	22
				Actual 2/29/2016 Mapped	ON-Exchange 4Q17 Cohort Projected		**INDEX RATE**	**Market-Level Adjustments (MLA)**			**INDEX RATE**			**Plan-Level Adjustments**	**(PLA) = (10)x(11)x(12)**				**INDEX RATE**		**Calibration Allowable Rating Factors (ARFs) ***	**BASE PREMIUM**		**INDEX RATE**	
Benefit Plan				Mems	EMMs	%	(Ave ALW EHB)	Reins.	Risk Adj	Exch User Fees	(Post-MLA)	CF Pricing Value	CDH Factor	Induced Demand	Cost-Share	Network & UM	Non-EHB	Distrib & Admin	(Plan-Level)	2017 HHS AV	Age	(Consumer-Level) 4Q17	Average Cost Share 4Q17	(Plan-Level) 4Q16	Δ
Bronze Plans	Ded.	OOP Max																							
BlueChoice HMO HSA/HRA Bronze 6500	$6,500 (Integrated)	$6,550		286	1,812	0.8%	$378.20	1.0000	1.0913	1.0000	$412.72	0.5168	0.9600	0.9226	0.4577	0.9804	1.0045	1.3627	$253.52	0.6138	0.9670	$245.16	0.4135	$221.26	14.6%
BlueChoice HMO Referral Bronze 5500	$5,500 Med / $100 Rx	$7,150		16	636	0.3%	$378.20	1.0000	1.0913	1.0000	$412.72	0.5821	1.0100	0.9226	0.5424	0.9337	1.0045	1.3627	$286.14	0.6162	0.9670	$276.70	0.4692	$239.12	19.7%
BlueChoice Plus HSA/HRA Bronze 6500	$6,500 (Integrated)	$6,550		72	636	0.3%	$378.20	1.0000	1.0913	1.0000	$412.72	0.5168	0.9600	0.9226	0.4577	1.0069	1.0045	1.3627	$260.39	0.6138	0.9670	$251.80	0.4135	$227.25	14.6%
BlueChoice Advantage HSA/HRA Bronze 6500	$6,500 (Integrated)	$6,550		10	636	0.3%	$378.20	1.0000	1.0913	1.0000	$412.72	0.5168	0.9600	0.9226	0.4577	1.0501	1.0045	1.3627	$271.56	0.6138	0.9670	$262.60	0.4135	$237.00	14.6%
BlueChoice Advantage Bronze 5500	$5,500 Med / $100 Rx	$7,150		0	636	0.3%	$378.20	1.0000	1.0913	1.0000	$412.72	0.5821	1.0100	0.9226	0.5424	1.0501	1.0045	1.3627	$321.83	0.6162	0.9670	$311.21	NA	NA	NA
Silver Plans																									
BlueChoice HMO Silver 1000	$1,000 Med / $100 Rx	$7,150		40	636	0.3%	$378.20	1.0000	1.0913	1.0000	$412.72	0.6852	1.0100	0.9503	0.6576	0.9804	1.0045	1.3627	$364.25	0.7199	0.9670	$352.23	0.6245	$334.17	9.0%
BlueChoice HMO HSA/HRA Silver 1500	$1,500 (Integrated)	$6,550		817	5,196	2.2%	$378.20	1.0000	1.0913	1.0000	$412.72	0.6613	0.9600	0.9503	0.6032	0.9804	1.0045	1.3627	$334.12	0.7172	0.9670	$323.09	0.5847	$312.90	6.8%
BlueChoice HMO HSA/HRA Silver 2000	$2,000 (Integrated)	$6,000		937	5,952	2.5%	$378.20	1.0000	1.0913	1.0000	$412.72	0.6382	0.9600	0.9503	0.5822	0.9804	1.0045	1.3627	$322.44	0.7090	0.9670	$311.80	0.5638	$301.71	6.9%
BlueChoice HMO HSA/HRA Silver 3000	$3,000 (Integrated)	$4,750		6	636	0.3%	$378.20	1.0000	1.0913	1.0000	$412.72	0.6076	0.9600	0.9503	0.5542	0.9804	1.0045	1.3627	$306.98	0.6942	0.9670	$296.85	0.5451	$291.71	5.2%
BlueChoice HMO Referral Silver 70	$2000 Med / $500 Rx	$6,850		16	636	0.3%	$378.20	1.0000	1.0913	1.0000	$412.72	0.6538	1.0100	0.9503	0.6275	0.9337	1.0045	1.3627	$330.98	0.7124	0.9670	$320.06	0.5912	$301.28	9.9%
BlueChoice HMO Referral Silver 4000	$4,000 Med / $0 Rx	$7,150		0	636	0.3%	$378.20	1.0000	1.0913	1.0000	$412.72	0.6899	1.0100	0.9503	0.6621	0.9337	1.0045	1.3627	$349.27	0.6892	0.9670	$337.74	NA	NA	NA
BlueChoice Plus HSA/HRA Silver 1500	$1,500 (Integrated)	$6,550		1,280	8,136	3.4%	$378.20	1.0000	1.0913	1.0000	$412.72	0.6613	0.9600	0.9503	0.6032	1.0069	1.0045	1.3627	$343.17	0.7172	0.9670	$331.85	0.5847	$321.37	6.8%
BlueChoice Plus HSA/HRA Silver 3000	$3,000 (Integrated)	$4,750		597	3,792	1.6%	$378.20	1.0000	1.0913	1.0000	$412.72	0.6076	0.9600	0.9503	0.5542	1.0069	1.0045	1.3627	$315.30	0.6942	0.9670	$304.89	0.5451	$299.62	5.2%
BlueChoice Advantage Silver 4000	$4,000 Med / $0 Rx	$7,150		0	636	0.3%	$378.20	1.0000	1.0913	1.0000	$412.72	0.6899	1.0100	0.9503	0.6621	1.0501	1.0045	1.3627	$392.83	0.6892	0.9670	$379.86	NA	NA	NA
BlueChoice Advantage HSA/HRA Silver 1500	$1,500 (Integrated)	$6,550		1,873	11,904	5.0%	$378.20	1.0000	1.0913	1.0000	$412.72	0.6613	0.9600	0.9503	0.6032	1.0501	1.0045	1.3627	$357.89	0.7172	0.9670	$346.08	0.5847	$335.16	6.8%
BlueChoice Advantage Silver 1500 BlueFund HSA	$1,500 (Integrated)	$6,350		0	636	0.3%	$378.20	1.0000	1.0913	1.0000	$412.72	0.6622	0.9600	0.9503	0.6041	1.0501	1.0045	1.3627	$358.41	0.7190	0.9670	$346.58	NA	NA	NA
BlueChoice Advantage HSA/HRA Silver 3000	$3,000 (Integrated)	$4,750		9	636	0.3%	$378.20	1.0000	1.0913	1.0000	$412.72	0.6076	0.9600	0.9503	0.5542	1.0501	1.0045	1.3627	$328.82	0.6942	0.9670	$317.97	0.5451	$312.47	5.2%
HealthyBlue HMO HSA/HRA Silver 2000	$2,000 (Integrated)	$6,550		980	6,228	2.6%	$378.20	1.0000	1.0913	1.0000	$412.72	0.6577	0.9600	0.9503	0.6000	0.9804	1.0045	1.3627	$332.32	0.7198	0.9670	$321.35	0.5892	$315.30	5.4%
HealthyBlue Plus HSA/HRA Silver 2000	$2,000 (Integrated)	$6,550		639	4,056	1.7%	$378.20	1.0000	1.0913	1.0000	$412.72	0.6577	0.9600	0.9503	0.6000	1.0069	1.0045	1.3627	$341.32	0.7198	0.9670	$330.06	0.5892	$323.85	5.4%
HealthyBlue Advantage HSA/HRA Silver 2000	$2,000 (Integrated)	$6,550		1,323	8,412	3.6%	$378.20	1.0000	1.0913	1.0000	$412.72	0.6577	0.9600	0.9503	0.6000	1.0501	1.0045	1.3627	$355.97	0.7198	0.9670	$344.22	0.5892	$337.74	5.4%
Gold Plans																									
BlueChoice HMO Gold 500	$500 Med / $250 Rx	$7,150		1,660	10,548	4.5%	$378.20	1.0000	1.0913	1.0000	$412.72	0.8005	1.0100	0.9964	0.8056	0.9804	1.0045	1.3627	$446.18	0.8182	0.9670	$431.46	0.7696	$411.84	8.3%
BlueChoice HMO Gold 1500	$1,500 Med / $250 Rx	$3,500		239	1,524	0.6%	$378.20	1.0000	1.0913	1.0000	$412.72	0.7697	1.0100	0.9964	0.7746	0.9804	1.0045	1.3627	$429.02	0.7900	0.9670	$414.86	0.7397	$395.84	8.4%
BlueChoice HMO HSA/HRA Gold 1500	$1,500 (Integrated)	$4,000		0	636	0.3%	$378.20	1.0000	1.0913	1.0000	$412.72	0.7185	0.9600	0.9964	0.6872	0.9804	1.0045	1.3627	$380.64	0.7868	0.9670	$368.08	NA	NA	NA
BlueChoice HMO Referral Gold 0	$0 Med / $0 Rx	$7,150		122	780	0.3%	$378.20	1.0000	1.0913	1.0000	$412.72	0.8421	1.0100	0.9964	0.8475	0.9337	1.0045	1.3627	$447.04	0.8183	0.9670	$432.29	0.8076	$411.60	8.6%
BlueChoice HMO Referral Gold 500	$500 Med / $250 Rx	$7,150		1,079	6,852	2.9%	$378.20	1.0000	1.0913	1.0000	$412.72	0.8005	1.0100	0.9964	0.8056	0.9337	1.0045	1.3627	$424.94	0.8182	0.9670	$410.91	0.7696	$392.23	8.3%
BlueChoice HMO Referral Gold 80	$1000 Med / $0 Rx	$6,000		57	636	0.3%	$378.20	1.0000	1.0913	1.0000	$412.72	0.7671	1.0100	0.9964	0.7719	0.9337	1.0045	1.3627	$407.19	0.7899	0.9670	$393.76	0.7256	$369.83	10.1%
BlueChoice Plus Gold 500	$500 Med / $250 Rx	$7,150		139	888	0.4%	$378.20	1.0000	1.0913	1.0000	$412.72	0.8005	1.0100	0.9964	0.8056	1.0069	1.0045	1.3627	$458.27	0.8182	0.9670	$443.15	0.7696	$423.00	8.3%
BlueChoice Plus Gold 1000	$1,000 Med / $250 Rx	$4,000		67	636	0.3%	$378.20	1.0000	1.0913	1.0000	$412.72	0.7811	1.0100	0.9964	0.7860	1.0069	1.0045	1.3627	$447.17	0.8006	0.9670	$432.41	0.7455	$409.78	9.1%
BlueChoice Advantage Gold 500	$500 Med / $250 Rx	$7,150		909	5,772	2.4%	$378.20	1.0000	1.0913	1.0000	$412.72	0.8005	1.0100	0.9964	0.8056	1.0501	1.0045	1.3627	$477.93	0.8182	0.9670	$462.16	0.7696	$441.14	8.3%
BlueChoice Advantage Gold 1000	$1,000 Med / $250 Rx	$4,000		1,060	6,732	2.8%	$378.20	1.0000	1.0913	1.0000	$412.72	0.7811	1.0100	0.9964	0.7860	1.0501	1.0045	1.3627	$466.35	0.8006	0.9670	$450.96	0.7455	$427.36	9.1%
BlueChoice Advantage HSA/HRA Gold 1500	$1,500 (Integrated)	$4,000		0	636	0.3%	$378.20	1.0000	1.0913	1.0000	$412.72	0.7185	0.9600	0.9964	0.6872	1.0501	1.0045	1.3627	$407.73	0.7868	0.9670	$394.28	NA	NA	NA
HealthyBlue HMO Gold 1500	$1,500 Med / $0 Rx	$7,150		1,080	6,864	2.9%	$378.20	1.0000	1.0913	1.0000	$412.72	0.8150	1.0100	0.9964	0.8202	0.9804	1.0045	1.3627	$454.29	0.8131	0.9670	$439.30	0.8039	$430.19	5.6%
HealthyBlue Plus Gold 1500	$1,500 Med / $0 Rx	$7,150		1,404	8,916	3.8%	$378.20	1.0000	1.0913	1.0000	$412.72	0.8150	1.0100	0.9964	0.8202	1.0069	1.0045	1.3627	$466.60	0.8131	0.9670	$451.20	0.8039	$441.85	5.6%
HealthyBlue Advantage Gold 1500	$1,500 Med / $0 Rx	$7,150		3,745	23,796	10.1%	$378.20	1.0000	1.0913	1.0000	$412.72	0.8150	1.0100	0.9964	0.8202	1.0501	1.0045	1.3627	$486.62	0.8131	0.9670	$470.56	0.8039	$460.81	5.6%
Platinum Plans																									
BlueChoice HMO Platinum 0	$0 Med / $0 Rx	$1,500		1,825	11,592	4.9%	$378.20	1.0000	1.0913	1.0000	$412.72	0.9198	1.0100	1.0610	0.9856	0.9804	1.0045	1.3627	$545.90	0.9158	0.9670	$527.89	0.9812	$525.06	4.0%
BlueChoice HMO Referral Platinum 0	$0 Med / $0 Rx	$1,500		2,734	17,376	7.4%	$378.20	1.0000	1.0913	1.0000	$412.72	0.9198	1.0100	1.0610	0.9856	0.9337	1.0045	1.3627	$519.91	0.9158	0.9670	$502.75	0.9812	$500.06	4.0%
BlueChoice HMO Referral Platinum 1000	$1000 Med / $0 Rx	$1,500		1	636	0.3%	$378.20	1.0000	1.0913	1.0000	$412.72	0.8587	1.0100	1.0610	0.9202	0.9337	1.0045	1.3627	$485.38	0.8863	0.9670	$469.36	0.9263	$472.08	2.8%
BlueChoice Plus Opt-Out Platinum 0	$0 Med / $0 Rx	$1,500		5,880	37,356	15.8%	$378.20	1.0000	1.0913	1.0000	$412.72	0.9198	1.0100	1.0610	0.9856	0.9937	1.0045	1.3627	$553.30	0.9158	0.9670	$535.04	0.9812	$532.18	4.0%
BlueChoice Advantage Platinum 0	$0 Med / $0 Rx	$1,500		1,384	8,796	3.7%	$378.20	1.0000	1.0913	1.0000	$412.72	0.9198	1.0100	1.0610	0.9856	1.0501	1.0045	1.3627	$584.75	0.9158	0.9670	$565.45	0.9812	$562.43	4.0%
HealthyBlue HMO Platinum 500	$500 Med / $0 Rx	$1,500		298	1,896	0.8%	$378.20	1.0000	1.0913	1.0000	$412.72	0.9023	1.0100	1.0610	0.9669	0.9804	1.0045	1.3627	$535.55	0.8949	0.9670	$517.88	0.9543	$510.70	4.9%
HealthyBlue HMO Platinum 1000	$1,000 Med / $0 Rx	$1,500		86	636	0.3%	$378.20	1.0000	1.0913	1.0000	$412.72	0.8663	1.0100	1.0610	0.9283	0.9804	1.0045	1.3627	$514.15	0.8868	0.9670	$497.19	0.9431	$504.71	1.9%
HealthyBlue Plus Platinum 500	$500 Med / $0 Rx	$1,500		1,265	8,040	3.4%	$378.20	1.0000	1.0913	1.0000	$412.72	0.9023	1.0100	1.0610	0.9669	1.0069	1.0045	1.3627	$550.06	0.8949	0.9670	$531.91	0.9543	$524.53	4.9%
HealthyBlue Plus Platinum 1000	$1,000 Med / $0 Rx	$1,500		505	3,204	1.4%	$378.20	1.0000	1.0913	1.0000	$412.72	0.8663	1.0100	1.0610	0.9283	1.0069	1.0045	1.3627	$528.09	0.8868	0.9670	$510.66	0.9431	$518.38	1.9%
HealthyBlue Advantage Platinum 500	$500 Med / $0 Rx	$1,500		747	4,752	2.0%	$378.20	1.0000	1.0913	1.0000	$412.72	0.9023	1.0100	1.0610	0.9669	1.0501	1.0045	1.3627	$573.66	0.8949	0.9670	$554.73	0.9543	$547.04	4.9%
HealthyBlue Advantage Platinum 1000	$1,000 Med / $0 Rx	$1,500		684	4,344	1.8%	$378.20	1.0000	1.0913	1.0000	$412.72	0.8663	1.0100	1.0610	0.9283	1.0501	1.0045	1.3627	$550.74	0.8868	0.9670	$532.57	0.9431	$540.62	1.9%
	BRONZE SUBTOTAL:			384	4,356	1.8%	$378.20	1.0000	1.0913	1.0000	$412.72	0.5359	0.9746	0.9226	0.4825	0.9978	1.0045	1.3627	$271.90	0.6145	0.9670	$262.92	0.4158	$223.53	14.8%
	SILVER SUBTOTAL:			8,517	58,128	24.6%	$378.20	1.0000	1.0913	1.0000	$412.72	0.6539	0.9622	0.9503	0.5979	1.0133	1.0045	1.3627	$342.32	0.7146	0.9670	$331.02	0.5813	$321.93	6.2%
	GOLD SUBTOTAL:			11,561	75,216	31.8%	$378.20	1.0000	1.0913	1.0000	$412.72	0.8044	1.0092	0.9964	0.8089	1.0132	1.0045	1.3627	$463.04	0.8125	0.9670	$447.76	0.7853	$434.54	7.0%
	PLATINUM SUBTOTAL:			15,409	98,628	41.7%	$378.20	1.0000	1.0913	1.0000	$412.72	0.9123	1.0100	1.0610	0.9777	0.9926	1.0045	1.3627	$548.11	0.9101	0.9670	$530.02	0.9740	$527.80	3.9%
	GRAND TOTAL:			**35,871**	**236,328**	**100.0%**	**$378.20**	**1.0000**	**1.0913**	**1.0000**	**$412.72**	**0.8075**	**0.9973**	**1.0106**	**0.8214**	**1.0043**	**1.0045**	**1.3627**	**$465.33**	**0.8255**	**0.9670**	**$449.97**	**0.8140**	**$445.60**	**5.6%**

*** Geographic and Tobacco calibration factors both = 1.000.**

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017
DICR & MLR

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
		SG DC BC Projected 1Q17			**SG DC BC** Projected 2Q17			**SG DC BC** Projected 3Q17			**SG DC BC** Projected 4Q17			**SG DC BC** Projected 2017			**SG DC BC** Filed 4Q16	
TRADITIONAL LOSS RATIO		PMPM	%	$s	PMPM	%	$s	PMPM	%	$s	PMPM	%	$s	PMPM	%	$s	PMPM	%
1 Allowed Claims & Captns (EHB Only)	Medical	$ 263.48			$ 267.67			$ 271.94			$ 276.30			$ 272.28			$ 270.17	
2	RX	$ 92.98			$ 95.86			$ 98.84			$ 101.90			$ 99.09			$ 100.35	
3	**TOTAL**	**$ 356.46**			**$ 363.53**			**$ 370.78**			**$ 378.20**			**$ 371.37**			**$ 370.52**	
4																		
5 Allowed Claims & Captns (EHB & Non-EHB)	Medical	$ 265.10			$ 269.32			$ 273.61			$ 278.00			$ 273.95			$ 272.19	
6	RX	$ 92.98			$ 95.86			$ 98.84			$ 101.90			$ 99.09			$ 100.35	
7	**TOTAL**	**$ 358.08**			**$ 365.18**			**$ 372.45**			**$ 379.90**			**$ 373.05**			**$ 372.54**	
8																		
9 Projected EMMs		82,956			41,592			85,416			236,328			446,292			224,340	
10 Average Members		6,913			3,466			7,118			19,694			37,191			18,695	
11 %		19%			9%			19%			53%			100%			52%	
12 Paid/Allowed Ratio		82.3%			82.4%			82.4%			82.4%			82.4%			83.2%	
13 Paid Claims & Captns		$ 294.85			$ 300.93			$ 306.79			$ 312.91			$ 307.26			$ 309.81	
14																		
15 **"3Rs"**																		
16 Risk Corridor		n/a			n/a			n/a			n/a			n/a			n/a	
17 Risk Adjustment/Transfer (Paid Claims Basis)		$ 28.29		$ 2,347,223	$ 28.29		$ 1,176,837	$ 28.29		$ 2,416,828	$ 28.29		$ 6,686,851	$ 28.29		$ 12,627,738	$ 14.28	
18 Reinsurance Recoveries (State & Federal) (Individual Only, Paid Claims Basis)		$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	
19 **Subtotal:**		**$ 28.29**		$ 2,347,223	**$ 28.29**		$ 1,176,837	**$ 28.29**		$ 2,416,828	**$ 28.29**		$ 6,686,851	**$28.29**		$ 12,627,738	**$ 14.28**	
20																		
21 Paid Claims & Captns (Post-3Rs)		**$ 323.14**	**74.7%**	**$ 26,806,693**	**$329.23**	**74.2%**	**$ 13,693,236**	**$335.09**	**73.9%**	**$ 28,622,026**	**$341.20**	**73.4%**	**$ 80,635,104**	**$ 335.56**	**73.8%**	**$ 149,757,059**	**$ 324.09**	**71.7%**
22 Administrative Expense		**$ 48.59**	11.2%	$ 4,031,162	**$ 48.59**	11.0%	$ 2,021,121	**$ 48.59**	10.7%	$ 4,150,703	**$ 48.59**	10.4%	$ 11,484,118	**$ 48.59**	10.7%	$ 21,687,104	**$ 49.38**	10.9%
23 Broker Commissions & Fee		**$ 28.65**	6.6%	$ 2,376,818	**$ 28.65**	6.5%	$ 1,191,675	**$ 28.65**	6.3%	$ 2,447,301	**$ 28.65**	6.2%	$ 6,771,165	**$ 28.65**	6.3%	$ 12,786,960	**$ 31.00**	6.9%
24 Contribution to Reserve (CtR) - Post-FIT		$ 7.78	**1.8%**	$ 645,809	$ 7.98	**1.8%**	$ 332,092	$ 8.16	**1.8%**	$ 697,367	$ 8.37	**1.8%**	$ 1,978,643	$ 8.19	**1.8%**	$ 3,653,910	$ 5.88	**1.3%**
25 Investment Income Credit		$ (0.00)	**0.0%**	$ (35)	$ (0.00)	**0.0%**	$ (18)	$ (0.00)	**0.0%**	$ (38)	$ (0.00)	**0.0%**	$ (107)	$ (0.00)	**0.0%**	$ (198)	$ (0.00)	**0.0%**
26																		
27 **Non-ACA Taxes & Fees**																		
28 State Premium Tax		$ 8.65	**2.0%**	$ 717,565	$ 8.87	**2.0%**	$ 368,991	$ 9.07	**2.0%**	$ 774,852	$ 9.30	**2.0%**	$ 2,198,492	$ 9.10	**2.0%**	$ 4,059,900	$ 9.04	**2.0%**
29 State Assessment Fees		$ 0.50	**0.1%**	$ 41,250	$ 0.51	**0.1%**	$ 21,212	$ 0.52	**0.1%**	$ 44,544	$ 0.53	**0.1%**	$ 126,384	$ 0.52	**0.1%**	$ 233,390	$ 0.52	**0.1%**
30 State Income Tax (SIT)		$ -	**0.0%**	$ -	$ -	**0.0%**	$ -	$ -	**0.0%**	$ -	$ -	**0.0%**	$ -	$ -	**0.0%**	$ -	$ -	**0.0%**
31 Federal Income Tax (FIT)		$ 4.32	**1.0%**	$ 358,783	$ 4.44	**1.0%**	$ 184,495	$ 4.54	**1.0%**	$ 387,426	$ 4.65	**1.0%**	$ 1,099,246	$ 4.55	**1.0%**	$ 2,029,950	$ 3.16	**0.7%**
32																		
33 **ACA Taxes & Fees**																		
34 Health Insurer Fee		$ 0.53	**0.1%**	$ 43,660	$ 4.87	**1.1%**	$ 202,665	$ 8.41	**1.9%**	$ 718,437	$ 13.17	**2.8%**	$ 3,112,540	$ 9.14	**2.0%**	$ 4,077,302	$ 14.47	**3.2%**
35 ***Reinsurance Contribution***		**$ -**	0.0%	$ -	**$ -**	0.0%	$ -	**$ -**	0.0%	$ -	**$ -**	0.0%	$ -	**$ -**	0.0%	$ -	***$ 0.25***	0.1%
36 Risk Adjustment User Fee		**$ 0.13**	0.0%	$ 10,784	**$ 0.13**	0.0%	$ 5,407	**$ 0.13**	0.0%	$ 11,104	**$ 0.13**	0.0%	$ 30,723	**$ 0.13**	0.0%	$ 58,018	**$ 0.15**	0.0%
37 ***Exchange Assessment Fee***		$ 4.32	**1.0%**	$ 358,783	$ 4.44	**1.0%**	$ 184,495	$ 4.54	**1.0%**	$ 387,426	$ 4.65	**1.0%**	$ 1,099,246	$ 4.55	**1.0%**	$ 2,029,950	$ 4.52	**1.0%**
38 ***Exchange User Fees (FFEs Only)***		**$ -**	0.0%	$ -	**$ -**	0.0%	$ -	**$ -**	0.0%	$ -	**$ -**	0.0%	$ -	**$ -**	0.0%	$ -	**$ -**	0.0%
39 Patient-Centered Outcomes Research Institute (PCORI) Tax		**$ 0.20**	0.0%	$ 16,225	**$ 0.20**	0.0%	$ 8,135	**$ 0.20**	0.0%	$ 16,706	**$ 0.20**	0.0%	$ 47,880	**$ 0.20**	0.0%	$ 88,947	**$ 0.19**	0.0%
40																		
41 BlueRewards/Incentive Program-Medical Debit Cards		**$ 5.68**	1.3%	$ 470,775	**$ 5.68**	1.3%	$ 236,035	**$ 5.68**	1.3%	$ 484,736	**$ 5.68**	1.2%	$ 1,341,161	**$ 5.68**	1.2%	$ 2,532,707	**$ 9.44**	2.1%
42																		
43 Other		**$ -**	0.0%	$ -	**$ -**	0.0%	$ -	**$ -**	0.0%	$ -	**$ -**	0.0%	$ -	**$ -**	0.0%	$ -	**$ -**	0.0%
44 **TOTAL**		**$ 432.50**	**100.0%**	**$ 35,878,274**	**$ 443.58**	**100.0%**	**$ 18,449,541**	**$ 453.58**	**100.0%**	**$ 38,742,590**	**$ 465.14**	**100.0%**	**$ 109,924,594**	**$ 454.85**	**100.0%**	**$ 202,994,999**	**$ 452.11**	**100.0%**
45																		
46 Contribution to Reserve (CtR) - Pre-FIT			2.8%			2.8%			2.8%			2.8%		2.8%			**2.0%**	
47																		
48 **FHCR MEDICAL LOSS RATIO**																		
49 Risk Adjustment		$ 28.29		$ 2,347,223	$ 28.29		$ 1,176,837	$ 28.29		$ 2,416,828	$ 28.29		$ 6,686,851	$ 28.29		$ 12,627,738	$ 15.58	
50 Reinsurance Receipts (Individual Only)		$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	
51 BlueRewards/Incentive Program-Medical Debit Cards		$ 5.68		$ 470,775	$ 5.68		$ 236,035	$ 5.68		$ 484,736	$ 5.68		$ 1,341,161	$ 5.68		$ 2,532,707	$ 9.44	
52 Quality Improvement Expenses		$ 6.52		$ 540,940	$ 6.52		$ 271,214	$ 6.52		$ 556,982	$ 6.52		$ 1,541,050	$ 6.52		$ 2,910,185	$ 5.94	
53 Removal of costs which we book as care, but are not considered care under MLR guidelines (including ITS fees)		$ (3.93)		$ (325,729)	$ (3.93)		$ (163,312)	$ (3.93)		$ (335,388)	$ (3.93)		$ (927,949)	$ (3.93)		$ (1,752,378)	$ (3.30)	
54 **Numerator (Claims) Adjustment**		**$ 36.56**		**$ 3,033,209**	**$ 36.56**		**$ 1,520,773**	**$ 36.56**		**$ 3,123,157**	**$ 36.56**		**$ 8,641,114**	**$ 36.56**		**$ 16,318,252**	**$ 27.66**	
55																		
56 Non-ACA: Taxes & Regulatory Fees	State Premium Tax	$ 8.65		$ 717,565	$ 8.87		$ 368,991	$ 9.07		$ 774,852	$ 9.30		$ 2,198,492	$ 9.10		$ 4,059,900	$ 9.04	
57	State Assmt Fee	$ 0.50		$ 41,250	$ 0.51		$ 21,212	$ 0.52		$ 44,544	$ 0.53		$ 126,384	$ 0.52		$ 233,390	$ 0.52	
58	State Income Tax	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	
59	Federal Income Tax	$ 4.32		$ 358,783	$ 4.44		$ 184,495	$ 4.54		$ 387,426	$ 4.65		$ 1,099,246	$ 4.55		$ 2,029,950	$ 3.16	
60																		
61 ACA: Taxes & Regulatory Fees	Health Insurer Fee	$ 0.53		$ 43,660	$ 4.87		$ 202,665	$ 8.41		$ 718,437	$ 13.17		$ 3,112,540	$ 9.14		$ 4,077,302	$ 14.47	
62	Reinsurance Contribution	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ 0.25	
64	Risk Adj User Fees	$ 0.13		$ 10,784	$ 0.13		$ 5,407	$ 0.13		$ 11,104	$ 0.13		$ 30,723	$ 0.13		$ 58,018	$ 0.15	
65	Exchange Assessment Fee	$ 4.32		$ 358,783	$ 4.44		$ 184,495	$ 4.54		$ 387,426	$ 4.65		$ 1,099,246	$ 4.55		$ 2,029,950	$ 4.52	
66	Exchange User Fee	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	
67	PCORI	$ 0.20		$ 16,225	$ 0.20		$ 8,135	$ 0.20		$ 16,706	$ 0.20		$ 47,880	$ 0.20		$ 88,947	$ 0.19	
68 **Denominator (Premium) Adjustment**		**$ 18.65**		**$ 1,547,051**	**$ 23.45**		**$ 975,401**	**$ 27.40**		**$ 2,340,495**	**$ 32.64**		**$ 7,714,511**	**$ 28.18**		**$ 12,577,457**	**$ 32.31**	
69																		
70 FHCR Claims		$ 331.41		$ 27,492,680	$ 337.50		$ 14,037,172	$ 343.36		$ 29,328,355	$ 349.47		$ 82,589,366	$ 343.83		$ 153,447,573	$ 337.47	
71 FHCR MLR Premium		$ 413.85		$ 34,331,223	$ 420.13		$ 17,474,140	$ 426.17		$ 36,402,095	$ 432.49		$ 102,210,083	$ 426.67		$ 190,417,542	$ 419.79	
72 **FHCR Loss Ratio**		**80.1%**			**80.3%**			**80.6%**			**80.8%**			**80.6%**			**80.4%**	

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017
DICR & MLR

		1	2	3	4
			Ind 64-DC BC Projected 2017		
	TRADITIONAL LOSS RATIO		PMPM	%	$s
1	Allowed Claims & Captns (EHB Only)	Medical	$ 263.48		
2		RX	$ 92.98		
3		**TOTAL**	**$ 356.46**		
4					
5	Allowed Claims & Captns (EHB & Non-EHB)	Medical	$ 266.06		
6		RX	$ 92.98		
7		**TOTAL**	**$ 359.03**		
8					
9	Projected EMMs		197,506		
10	Average Members		16,459		
11					
12	Paid/Allowed Ratio		63.4%		
13	Paid Claims & Captns		$ 227.68		
14					
15	**"3Rs"**				
16	Risk Corridor		n/a		
17	Risk Adjustment/Transfer (Paid Claims Basis)		$ 21.68		
18	Reinsurance Recoveries (State & Federal) (Individual Only, Paid Claims Basis)		$ -		
19	**Subtotal:**		**$ 21.68**		
20					
21	Paid Claims & Captns (Post-3Rs)		**$ 249.36**	**76.7%**	**$ 49,249,767**
22	Administrative Expense		**$ 61.67**	19.0%	$ 12,179,677
23	Broker Commissions & Fee		**$ 2.89**	0.9%	$ 570,218
24	Contribution to Reserve (CtR) - Post-FIT		$ -	**0.0%**	$ -
25	Investment Income Credit		$ (0.00)	**0.0%**	$ (63)
26					
27	**Non-ACA Taxes & Fees**				
28	State Premium Tax		$ 6.50	**2.0%**	$ 1,284,315
29	State Assessment Fees		$ 0.14	**0.0%**	$ 27,847
30	State Income Tax (SIT)		$ -	**0.0%**	$ -
31	Federal Income Tax (FIT)		$ -	**0.0%**	$ -
32					
33	**ACA Taxes & Fees**				
34	Health Insurer Fee		$ -	**0.0%**	$ -
35	Risk Adjustment User Fee		**$ 0.13**	0.0%	$ 25,676
36	***Exchange Assessment Fee***		$ 3.25	**1.0%**	$ 642,157
37	***Exchange User Fees (FFEs Only)***		***$ -***	0.0%	$ -
38	Patient-Centered Outcomes Research Institute (PCORI) Tax		**$ 0.20**	0.1%	$ 38,630
39					
40	BlueRewards/Incentive Program-Medical Debit Cards		**$ 1.00**	0.3%	$ 197,506
41					
42	Other		**$ -**	0.0%	$ -
43	**TOTAL**		**$ 325.13**	**100.0%**	**$ 64,215,730**
44					
45	Contribution to Reserve (CtR) - Pre-FIT			**0.0%**	
46					
47	**FHCR MEDICAL LOSS RATIO**				
48	Risk Adjustment		$ 21.68		$ 4,282,282
49	Reinsurance Receipts (Individual Only)		$ -		$ -
50	BlueRewards/Incentive Program-Medical Debit Cards		$ 1.00		$ 197,506
51	Quality Improvement Expenses (net after MLR reclass from care)		$ 5.50		$ 1,085,606
52	Removal of costs which we book as care, but are not considered care under MLR guidelines (including ITS fees)		$ (1.31)		$ (258,680)
53	**Numerator (Claims) Adjustment**		**$ 26.87**		**$ 5,306,714**
54					
55	Non-ACA: Taxes & Regulatory Fees	State Premium Tax	$ 6.50		$ 1,284,315
56		State Assmt Fee	$ 0.14		$ 27,847
57		State Income Tax	$ -		$ -
58		Federal Income Tax	$ -		$ -
59					
60	ACA: Taxes & Regulatory Fees	Health Insurer Fee	$ -		$ -
61		Reinsurance Contribution	$ -		$ -
62		Risk Adj User Fees	$ 0.13		$ 25,676
63		Exchange Assessment Fee	$ 3.25		$ 642,157
64		Exchange User Fee	$ -		$ -
65		PCORI	$ 0.20		$ 38,630
66	**Denominator (Premium) Adjustment**		**$ 10.22**		**$ 2,018,625**
67					
68	FHCR Claims		$ 254.55		$ 50,274,199
69	FHCR MLR Premium		$ 314.91		$ 62,197,105
70	**FHCR Loss Ratio**		**80.8%**		

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017
DICR & MLR

		1	2	3	4
			SG & Ind DC BC Projected 2017		
	TRADITIONAL LOSS RATIO		PMPM	%	$s
1	Allowed Claims & Captns (EHB Only)	Medical	$ 269.58		
2		RX	$ 97.22		
3		**TOTAL**	**$ 366.80**		
4					
5	Allowed Claims & Captns (EHB & Non-EHB)	Medical	$ 271.53		
6		RX	$ 97.22		
7		**TOTAL**	**$ 368.75**		
8					
9	Projected EMMs		643,798		
10	Average Members		53,650		
11					
12	Paid/Allowed Ratio		76.7%		
13	Paid Claims & Captns		$ 282.85		
14					
15	**"3Rs"**				
16	Risk Corridor		n/a		
17	Risk Adjustment/Transfer (Paid Claims Basis)		$ 26.27		
18	Reinsurance Recoveries (State & Federal) (Individual Only, Paid Claims Basis)		$ -		
19	**Subtotal:**		**$ 26.27**		
20					
21	Paid Claims & Captns (Post-3Rs)		**$ 309.11**	**74.5%**	**$ 199,006,826**
22	Administrative Expense		**$ 52.60**	12.7%	$ 33,866,781
23	Broker Commissions & Fee		**$ 20.75**	5.0%	$ 13,357,177
24	Contribution to Reserve (CtR) - Post-FIT		$ 5.68	**1.4%**	$ 3,653,910
25	Investment Income Credit		$ (0.00)	**0.0%**	$ (260)
26					
27	**Non-ACA Taxes & Fees**				
28	State Premium Tax		$ 8.30	**2.0%**	$ 5,344,215
29	State Assessment Fees		$ 0.41	**0.1%**	$ 261,237
30	State Income Tax (SIT)		$ -	**0.0%**	$ -
31	Federal Income Tax (FIT)		$ 3.15	**0.8%**	$ 2,029,950
32					
33	**ACA Taxes & Fees**				
34	Health Insurer Fee		$ 6.33	**1.5%**	$ 4,077,302
35	***Reinsurance Contribution***		**$ -**	0.0%	$ -
36	Risk Adjustment User Fee		**$ 0.13**	0.0%	$ 83,694
37	***Exchange Assessment Fee***		$ 4.15	**1.0%**	$ 2,672,107
38	***Exchange User Fees (FFEs Only)***		**$ -**	0.0%	$ -
39	Patient-Centered Outcomes Research Institute (PCORI) Tax		**$ 0.20**	0.0%	$ 127,577
40					
41	BlueRewards/Incentive Program-Medical Debit Cards		**$ 4.24**	1.0%	$ 2,730,213
42					
43	Other		**$ -**	0.0%	$ -
44	**TOTAL**		**$ 415.05**	**100.0%**	**$ 267,210,729**
45					
46	Contribution to Reserve (CtR) - Pre-FIT			**2.1%**	
47					
48	**FHCR MEDICAL LOSS RATIO**				
49	Risk Adjustment		$ 26.27		$ 16,910,021
50	Reinsurance Receipts (Individual Only)		$ -		$ -
51	BlueRewards/Incentive Program-Medical Debit Cards		$ 4.24		$ 2,730,213
52	Quality Improvement Expenses		$ 6.21		$ 3,995,791
53	Removal of costs which we book as care, but are not considered care under MLR guidelines (including ITS fees)		$ (3.12)		$ (2,011,059)
54	**Numerator (Claims) Adjustment**		**$ 33.59**		**$ 21,624,966**
55					
56	Non-ACA: Taxes & Regulatory Fees	State Premium Tax	$ 8.30		$ 5,344,215
57		State Assmt Fee	$ 0.41		$ 261,237
58		State Income Tax	$ -		$ -
59		Federal Income Tax	$ 3.15		$ 2,029,950
60					$ -
61	ACA: Taxes & Regulatory Fees	Health Insurer Fee	$ 6.33		$ 4,077,302
62		Reinsurance Contribution	$ -		$ -
64		Risk Adj User Fees	$ 0.13		$ 83,694
65		Exchange Assessment Fee	$ 4.15		$ 2,672,107
66		Exchange User Fee	$ -		$ -
67		PCORI	$ 0.20		$ 127,577
68	**Denominator (Premium) Adjustment**		**$ 22.67**		**$ 14,596,082**
69					
70	FHCR Claims		$ 316.44		$ 203,721,772
71	FHCR MLR Premium		$ 392.38		$ 252,614,648
72	**FHCR Loss Ratio**		**80.6%**		

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

2017 DC Small Group BlueChoice
Exhibit 8 - Risk Adjustment

2015

Metallic Tier	Member Months	Distribution	PLRS	ARF	Transfer $	PMPM
Bronze	5,825	1%	0.951	1.119	-$200,326	-$34.39
Silver	73,898	18%	1.026	1.039	-$2,929,354	-$39.64
Gold	130,672	32%	1.132	1.022	-$7,020,943	-$53.73
Platinum	200,050	49%	1.469	1.027	-$267,626	-$1.34
Total	410,444	100%	1.274	1.029	-$10,418,250	-$25.38

Statewide		1.389	1.042
State Average Premium	$448.83		

2016

Metallic Tier	Member Months	Distribution	PLRS	ARF	Transfer $	PMPM
Bronze	2,783	1%	0.982	1.125	-$76,581	-$27.51
Silver	89,835	20%	1.027	1.045	-$3,747,733	-$41.72
Gold	123,267	28%	1.139	1.028	-$6,721,405	-$54.53
Platinum	203,843	46%	1.492	1.032	$1,026,969	$5.04
Total	419,728	100%	1.285	1.034	-$10,070,812	-$23.99

Statewide		1.388	1.049
State Average Premium	$463.64		

2017

Metallic Tier	Member Months	Distribution	PLRS	ARF	Transfer $	PMPM
Bronze	8,151	2%	0.982	1.125	-$231,668	-$28.42
Silver	108,815	25%	1.027	1.045	-$4,689,321	-$43.09
Gold	141,082	32%	1.139	1.028	-$7,946,671	-$56.33
Platinum	185,393	42%	1.492	1.032	$964,840	$5.20
Total	443,441	100%	1.25620	1.0358	-$12,547,061	-$28.29

Statewide		1.375	1.050
State Average Premium	$478.94		

Assumptions:
1. Statewide risk adjustment factors are assumed to move proportionately with movement in the estimated CareFirst risk fac
2. Statewide Average Premiums increase at the 2015 / 2014 rate.
3. 2016 and 2017 estimates account for mapped changes in metal levels that occur at renewal

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

Summary of Wakely Small Group Modeling

		(1) Projected Index Rate	(2) Estimated Risk Adjustment PMPM (Applied to Projected Index Rate)	(3) Calculated Risk Adjustment Factor	(4) = (2) x 1.00 Proposed Risk Adjustment PMPM Applied to Projected Index Rate	(5) Risk Adjustment User Fee PMPM**	(6) Avg Paid/Allowed Ratio	(7) = ((4) + (5))/(6) Net Risk Transfer Allowed Basis	(8) = (1) Projected Index Rate After Reinsurance Adjustment	(9) = 1 + (7)/(8) Proposed Value for Rate Filing
BlueChoice	1Q17	$ 356.46	$ 28.29	1.0794	$ 28.29	$ 0.13	82.3%	$ 34.52	$ 356.46	1.0968
	2Q17	$ 363.53	$ 28.29	1.0778	$ 28.29	$ 0.13	82.3%	$ 34.52	$ 363.53	1.0950
	3Q17	$ 370.78	$ 28.29	1.0763	$ 28.29	$ 0.13	82.3%	$ 34.52	$ 370.78	1.0931
	4Q17	$ 378.20	$ 28.29	1.0748	$ 28.29	$ 0.13	82.3%	$ 34.52	$ 378.20	1.0913

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

** Risk Adjustment User Fee = $1.56 PMPY / 12 = $0.13 PMPM.

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

Support for DICR Components

Estimated Breakdown of Admin Costs

	% of Revenue
Salaries/Wages/Benefits	5.0%
Quality Improvement Activities	1.5%
Other General Admin	4.8%
Total Admin Costs	**11.2%**

ACA Fees

Policy years ending 10/31/2017 - 9/30/2018		$2.35	PMPY
Divide by 12:	**$**	**0.20**	PMPM
Policy years ending 10/31/2018 forward		$2.44	PMPY
Divide by 12:	**$**	**0.20**	PMPM
Reinsurance Contribution 2017 & 2018	**$**	**-**	PMPM
Risk Adjustment User Fees	$	1.56	PMPY
Divide by 12:	**$**	**0.13**	PMPM
Health Insurer Fee 2017		**0.0%**	of premium
Health Insurer Fee 2018		**3.2%**	of premium
Exchange Fees		**0.0%**	of premium
Exchange Assessment Fee 2017		**1.0%**	of premium

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017
Description of "Other" Adjustments to Experience Period Data

The adjustment descriptions below detail the build up of our "Other" multiplicative factors
used in adjusting the experience period allowed PMPM amounts to the projection period.
These adjustments coincide with those used in worksheet I section II of the URRT.
Please see page 31 for support of these factors.

Service Category	Other Factor	Description of Adjustment
Inpatient	1.005	Factor of 1.005 for the impact of the increased age of the pool.
Outpatient	1.005	Factor of 1.005 for the impact of the increased age of the pool.
Professional	1.005	Factor of 1.005 for the impact of the increased age of the pool.
Other	1.005	Factor of 1.005 for the impact of the increased age of the pool.
Rx	0.964	Multiplicative factors of 1.005 for the impact of the increased age of the pool and 0.959 to reflect a projected increase in pharmacy rebates.
Capitation	0.862	Factor of 0.862 to adjust for changes to the capitation fee schedule to occur in the rating period.

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

Support for "Other" Adjustment Factors

1. Factors to Adjust for Capitation Schedule Changes

		Allowed Claims	Item	Calculation
Experience Period Capitation PMPM	$	1.31	(1)	
Projected Difference in Capitations PMPM due to lower negotiated rates		($0.18)	(2)	
Adjustment Factor - Impact to Capitations only (Blended Across Single Risk Pool)		**-13.8%**	(3)	= (2) / (1)

2. Pharmacy Rebates Adjustment

CareFirst changed its Pharmacy Benefits Manager (PBM) in 2014 and has received increased pharmacy rebates as a result of this change. The adjustment below is the ratio of the rebate PMPM for the last 3 months of 2015, which better represents current and future higher rebates, over the average rebate PMPM for all of 2015.

Ind 64-

Experience Period Allowed Rx PMPM (Pre-Rebate)	$	112.38	(1)	
Experience Period Pharmacy Rebates PMPM		($13.81)	(2)	
Projection Period Pharmacy Rebates PMPM		($23.32)	(3)	
Rebate adjustment factor - Impact to Rx only (Ind64- Only)		**-9.7%**	(4)	= [(3)-(2)] / [(1)+(2)]

Small Group

Experience Period Allowed Rx PMPM (Pre-Rebate)	$	83.71	(1)	
Experience Period Pharmacy Rebates PMPM		($10.45)	(2)	
Projection Period Pharmacy Rebates PMPM		($12.31)	(3)	
Rebate adjustment factor - Impact to Rx only (Small Group Only)		**-2.5%**	(4)	= [(3)-(2)] / [(1)+(2)]
Rebate Adjustment Factor - Impact to Rx only (Blended Across Single Risk Pool)		**-4.1%**		

3. Demographic Factor Derivation (see page 33 for details)

Average Relative Risk using 6/30/15 Age Distribution	1.645	(1)	
Average Relative Risk using 2/29/16 Age Distribution	1.654	(2)	
Demographic Impact (Blended Across Single Risk Pool)	**0.5%**	(3)	= (2) / (1) -1

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

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017
Support for Induced Demand Adjustment - Small Group/Individual Combined

		Item	Calculation
2015 AV	80.85%	(1)	
2015 Induced Demand Factor	1.086	(2)	
2017 AV	80.37%	(3)	
2017 Induced Demand Factor	1.083	(4)	
Buydown Impact Implied by Base Period and Projected Average AVs	-0.3%	(5)	=(4)/(2) - 1

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

Demographic Factor Derivation

The factor below represents the change in age factors from our 2015 ACA enrollment vs. actual results from ACA open enrollment through 2/29/16.

The factor is applied as change to all service categories, except capitations, on the Index Rate Derivation page. The factor is specifically applied to the Other Projection Factors section.

The age factors used to calculate the increase in demographic factor are based on our internal data that has a slope of approximately 4.5:1 for adults. We think this better approximates actual claims experience than the Federal curve which is constrained to a 3:1 slope.

	Members	Total Age Factor		Members	Total Age Factor	
Totals	46,119	75,872.48		47,235	78,127.46	**Change**
Average Age Factor		1.645			1.654	**0.5%**
Average Age		40.5			40.6	**0.1**
	6/30/2015	CF		2/29/2016	CF	
Age	Members	Factor	Mem x Age Factor	Members	Factor	Mem x Age Factor
0-20	8809	0.750	6,606.75	8917	0.750	6,687.75
21	279	1.000	279.17	270	1.000	270.00
22	480	1.016	487.91	423	1.016	429.82
23	678	1.048	710.98	688	1.048	721.29
24	856	1.065	911.40	869	1.065	925.06
25	1150	1.081	1,242.92	1020	1.081	1,102.26
26	1526	1.113	1,698.48	1579	1.113	1,757.27
27	1584	1.129	1,788.39	1558	1.129	1,759.03
28	1469	1.145	1,682.24	1637	1.145	1,874.63
29	1499	1.177	1,764.95	1528	1.177	1,799.10
30	1447	1.194	1,727.06	1540	1.194	1,838.06
31	1410	1.226	1,728.39	1445	1.226	1,771.29
32	1289	1.242	1,600.85	1402	1.242	1,741.19
33	1184	1.274	1,508.65	1219	1.274	1,553.24
34	1157	1.290	1,492.90	1197	1.290	1,544.52
35	1079	1.323	1,427.06	1153	1.323	1,524.94
36	1021	1.339	1,366.82	1031	1.339	1,380.21
37	942	1.371	1,291.45	992	1.371	1,360.00
38	837	1.403	1,174.50	932	1.403	1,307.81
39	787	1.419	1,117.03	834	1.419	1,183.74
40	825	1.452	1,197.58	823	1.452	1,194.68
41	751	1.548	1,162.84	771	1.548	1,193.81
42	750	1.629	1,221.77	748	1.629	1,218.52
43	741	1.694	1,254.92	729	1.694	1,234.60
44	808	1.774	1,433.55	728	1.774	1,291.61
45	770	1.855	1,428.23	807	1.855	1,496.85
46	735	1.952	1,434.44	754	1.952	1,471.52
47	682	2.032	1,386.00	704	2.032	1,430.71
48	642	2.129	1,366.84	670	2.129	1,426.45
49	656	2.226	1,460.13	671	2.226	1,493.52
50	688	2.323	1,597.94	660	2.323	1,532.90
51	678	2.468	1,673.13	693	2.468	1,710.15
52	605	2.597	1,571.05	669	2.597	1,737.24
53	622	2.710	1,685.42	637	2.710	1,726.06
54	628	2.823	1,772.58	608	2.823	1,716.13
55	597	2.968	1,771.74	619	2.968	1,837.03
56	607	3.097	1,879.74	617	3.097	1,910.71
57	564	3.258	1,837.55	577	3.258	1,879.90
58	561	3.387	1,900.16	561	3.387	1,900.16
59	508	3.565	1,810.77	562	3.565	2,003.26
60	452	3.710	1,676.77	486	3.710	1,802.90
61	497	3.871	1,923.87	420	3.871	1,625.81
62	448	4.065	1,820.90	506	4.065	2,056.65
63	428	4.258	1,822.45	460	4.258	1,958.71
64 and Over	1392	4.435	6,174.19	1521	4.435	6,746.37
	46,119		**75,872.48**	**47,235**		**78,127.46**

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

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

Projected Pool Allowed PMPM	**$**	**358.08**
Total Estimated Allowed $ Per Month, Based on Age Factors	$	14,249,491
Total Experience Members		38,464
PMPM Based On Age Factors	$	370.46
Calibration Adjustment		**0.967**
Average Age Factor		**1.035**

Derivation of Small Group Network Factors

BlueChoice Small Group Network Variations

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

Network Type	Raw Factor	Assumed Network Factor * (Scaled to 1.000)
Lock In / Referral	**1.000**	**0.934**
Open Access	**1.050**	**0.980**
Open Access Opt-Out	**1.064**	**0.994**
Open Access Plus	**1.078**	**1.007**
Open Access Advantage	**1.125**	**1.050**

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

The Open Access Plus products use the BlueChoice Fee allowances for In Network services.
Out of Network services pay up to our Regional Preferred Network allowances. Members can be balance billed.

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

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

Open Access Advantage plans pay Out Of Area BlueCard Services as In Network.
Out of Network, Out of Area services pay up to our Regional Preferred Network allowances. Members can be balance billed.

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

* Please refer to page 37 for normalization.

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

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

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

Total BlueChoice Small Group

	Midpoint AV	Projected 2017 Member Months	Utilization Impact Relative to Bronze	Impact Relative to Average *
Platinum	90%	186,264	**1.150**	1.061
Gold	80%	142,044	**1.080**	0.996
Silver	70%	109,752	**1.030**	0.950
Bronze	60%	8,232	**1.000**	0.923
Subtotal:		446,292		
Average	81.3%		1.095	

	Impact of Health Savings/Reimbursement Account	Projected 2017 Member Months
HSA/HRA	0.960	113,184
All Other *	1.01	333,108
Total	0.997	446,292

* Please refer to page 37 for normalization.

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

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

Metal Level	Market	Initial Factor	Projected MMs	Normalized Factors
Platinum	SG & Ind	1.150	186,264	1.061
Gold	SG & Ind	1.080	171,001	0.996
Silver	SG & Ind	1.030	136,166	0.950
Silver 200	Ind	1.030	1,115	0.950
Catastrophic	Ind	1.000	8,244	0.923
Bronze	SG & Ind	1.000	42,256	0.923
Subtotal:		1.084	545,046	1.000

Network	Market	Initial Factor	Projected MMs	Normalized Factors
Lock In / Referral	SG	1.000	53,220	0.934
Open Access	SG	1.050	102,264	0.980
BlueChoice Open Access	Ind	1.050	98,754	0.980
Open Access Plus	SG	1.078	72,348	1.007
Open Access Opt-Out	SG	1.064	70,560	0.994
Open Access Advantage	SG	1.125	147,900	1.050
Subtotal:		1.071	545,046	1.000

	Market	Initial Factor	Projected MMs	Normalized Factors
HSA/HRA	SG	0.960	113,184	0.960
Other	SG & Ind		431,862	1.010
Subtotal:			545,046	1.000

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

Rating Methdology & Sample Calculation

Methodology:

Group ABC
Selects BlueChoice Bronze Plan

	Employee 1	**Employee 2**
1. For each subscriber in a group, identify:		
All dependents associated with the subscriber including the following categories:	A spouse, and 1 child	5 children
Spouse/Domestic Partner	1	0
# of children ages 21 or older	0	1
# of children ages under 21 (if more than 3, select 3 oldest children)	1	4

	Subscriber	**Spouse**	**Child 1**	**Subscriber**	**Child 1 ***	**Child 2**	**Child 3**	**Child 4**	**Child 5**
2. For each subscriber and dependent, identify their age.	46	34	15	52	6	10	13	18	22
3. Determine appropriate age factor.	1.227	0.856	0.654	1.545		0.654	0.654	0.654	0.727
4. Idenfity the appropriate consumer level base rate.	$244.23	$244.23	$244.23	$244.23		$244.23	$244.23	$244.23	$244.23
5. Multiply the (base rate x age factor) and round to the nearest whole cent to determine the member's individual rate.	$299.67	$209.06	$159.73	$377.34		$159.73	$159.73	$159.73	$177.56
6. The group's total rate is the sum of individual rates for all members combined.	**$1,702.55**								

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

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

Age Factors

Age	Proposed Factor *
<= 20	0.654
21	0.727
22	0.727
23	0.727
24	0.727
25	0.727
26	0.727
27	0.727
28	0.744
29	0.760
30	0.779
31	0.799
32	0.817
33	0.836
34	0.856
35	0.876
36	0.896
37	0.916
38	0.927
39	0.938
40	0.975
41	1.013
42	1.053
43	1.094
44	1.137
45	1.181
46	1.227
47	1.275
48	1.325
49	1.377
50	1.431
51	1.487
52	1.545
53	1.605
54	1.668
55	1.733
56	1.801
57	1.871
58	1.944
59	2.020
60	2.099
61	2.181
62	2.181
63	2.181
64 and over	2.181

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

APPENDIX

CareFirst BlueChoice, Inc.
d.b.a. CareFirst BlueCross BlueShield
(NAIC # 96202)
D.C. Small Group Products - On Exchange
Rate Filing Effective 1/1/2017
Non-Grandfathered Experience for Pre-ACA Plans

Existing Closed Pre-ACA Products Included in Experience Period

HIOS Product ID	HIOS Product Name	On/Off Exchange	Member Months	Total Premium	Total Allowed Claims *	Incurred Claims *
86052DC024	BlueChoice Advantage HRA	N/A	-	$ -	$ -	$ -
86052DC023	BlueChoice Advantage HSA	N/A	-	$ -	$ -	$ -
86052DC008	BlueChoice HMO	N/A	-	$ -	$ 2,197	$ 1,868
86052DC018	BlueChoice Opt-Out Open Access	N/A	7	$ 3,173	$ 12,606	$ 11,444
86052DC017	BlueChoice HMO Open Access	N/A	-	$ -	$ 1,195	$ 997
86052DC019	BlueChoice Opt-Out Plus Open Access	N/A	-	$ -	$ 5,521	$ 4,931
86052DC025	HealthyBlue 2.0	N/A	-	$ -	$ 506	$ 506
86052DC031	HealthyBlue 2.0 HRA	N/A	-	$ -	$ -	$ -
86052DC030	HealthyBlue 2.0 HSA	N/A	-	$ -	$ -	$ -
86052DC035	HealthyBlue Advantage	N/A	-	$ -	$ -	$ -
86052DC037	HealthyBlue Advantage HRA	N/A	-	$ -	$ -	$ -
86052DC036	HealthyBlue Advantage HSA	N/A	-	$ -	$ -	$ -
86052DC014	HealthyBlue Triple Option	N/A	-	$ -	$ -	$ -
86052DC016	HealthyBlue Triple Option HRA	N/A	-	$ -	$ -	$ -
86052DC015	HealthyBlue Triple Option HSA	N/A	-	$ -	$ -	$ -
86052DC010	BlueChoice HMO HRA Open Access	N/A	-	$ -	$ -	$ -
86052DC009	BlueChoice HMO HSA Open Access	N/A	-	$ -	$ -	$ -
86052DC013	BlueChoice Advantage	N/A	-	$ -	$ 3,110	$ 2,628
86052DC012	BlueChoice Opt-Out Plus HRA Open Access	N/A	-	$ -	$ -	$ -
86052DC011	BlueChoice Opt-Out Plus HSA Open Access	N/A	-	$ -	$ -	$ -
86052DC038	BlueChoice HMO Open Access HDHP	N/A	-	$ -	$ -	$ -
86052DC039	BlueChoice Opt-Out Plus Open Access HDHP	N/A	-	$ -	$ -	$ -
	Subtotal Termed Non-ACA for URRT		**7**	**$ 3,173**	**$ 25,134**	**$ 22,373**

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

CareFirst BlueChoice, Inc.
d.b.a. CareFirst BlueCross BlueShield
(NAIC # 96202)
D.C. Small Group Products - On Exchange
Rate Filing Effective 1/1/2017
Non-Grandfathered Experience for ACA Plans

Existing ACA Products Included in Experience Period

2015 HIOS Plan ID	2015 HIOS Plan Name	2017 HIOS Plan ID *	2017 HIOS Plan Name	On/Off Exchange	Contracts a/o Dec 2015	Member Months	Total Premium	Total Allowed Claims **	Incurred Claims **
86052DC0490001	BlueChoice HMO Referral HSA/HRA $4,000	86052DC0460014	BlueChoice HMO HSA/HRA Bronze 6500	On	183	2,756	$ 692,479	$ 431,423	$ 200,875
86052DC0470002	BlueChoice HMO HSA/HRA $2,000, 80%	86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000	On	56	479	$ 152,148	$ 200,418	$ 144,097
86052DC0460003	BlueChoice HMO $1,000	86052DC0460009	BlueChoice HMO Gold 1500	On	49	792	$ 221,122	$ 95,761	$ 60,340
86052DC0440004	BlueChoice Advantage 90%/70%	86052DC0440012	BlueChoice Advantage Platinum 0	On	9	137	$ 73,628	$ 33,002	$ 26,836
86052DC0470005	BlueChoice HMO HSA/HRA $1,500	86052DC0460012	BlueChoice HMO HSA/HRA Silver 1500	On	541	10,821	$ 3,664,273	$ 2,521,456	$ 1,808,406
86052DC0470006	BlueChoice HMO HSA/HRA $2,000	86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000	On	523	10,516	$ 3,069,159	$ 2,706,135	$ 1,878,891
86052DC0460008	BlueChoice HMO $1,800	86052DC0460009	BlueChoice HMO Gold 1500	On	76	866	$ 293,636	$ 236,677	$ 172,526
86052DC0480004	BlueChoice HMO Referral $10/$20	86052DC0480007	BlueChoice HMO Referral Platinum 0	On	743	13,518	$ 6,112,829	$ 4,589,270	$ 4,323,104
86052DC0480006	BlueChoice HMO Referral $30/$40	86052DC0480007	BlueChoice HMO Referral Platinum 0	On	1,276	26,460	$ 11,977,491	$ 8,028,635	$ 7,318,142
86052DC0480005	BlueChoice HMO Referral $500	86052DC0480008	BlueChoice HMO Referral Gold 500	On	757	11,176	$ 4,118,531	$ 3,331,479	$ 2,804,284
86052DC0460006	BlueChoice HMO $250	86052DC0460010	BlueChoice HMO Gold 500	On	1,096	20,353	$ 7,439,646	$ 6,275,318	$ 5,493,967
86052DC0460007	BlueChoice HMO $30/$40	86052DC0460011	BlueChoice HMO Platinum 0	On	1,215	23,372	$ 10,346,615	$ 6,595,738	$ 5,966,077
86052DC0440006	BlueChoice Advantage 80%/50%	86052DC0440012	BlueChoice Advantage Platinum 0	On	25	1,010	$ 536,479	$ 502,207	$ 458,665
86052DC0440007	BlueChoice Advantage 100%/70%	86052DC0440012	BlueChoice Advantage Platinum 0	On	718	14,092	$ 6,522,769	$ 4,391,669	$ 3,902,943
86052DC0440008	BlueChoice Advantage $1000	86052DC0440010	BlueChoice Advantage Gold 1000	On	415	10,068	$ 3,598,334	$ 3,206,834	$ 2,584,495
86052DC0440009	BlueChoice Advantage $500 $20/$30	86052DC0440011	BlueChoice Advantage Gold 500	On	320	3,914	$ 1,231,544	$ 1,026,348	$ 818,638
86052DC0450002	BlueChoice Advantage HSA/HRA $1500	86052DC0440013	BlueChoice Advantage HSA/HRA Silver 1500	On	935	13,523	$ 3,792,560	$ 3,492,716	$ 2,426,703
86052DC0500005	BlueChoice Plus $2000	86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000	On	72	1,636	$ 579,193	$ 798,126	$ 639,803
86052DC0500008	BlueChoice Plus 100%/80%, $10/$20	86052DC0580001	BlueChoice Plus Opt-Out Platinum 0	On	655	13,390	$ 6,533,373	$ 5,032,671	$ 4,573,833
86052DC0500006	BlueChoice Plus 100%/80%, $20/$30	86052DC0580001	BlueChoice Plus Opt-Out Platinum 0	On	2,180	45,718	$ 21,594,092	$ 17,733,094	$ 16,107,469
86052DC0500007	BlueChoice Plus 100%/60%, $20/$30	86052DC0580001	BlueChoice Plus Opt-Out Platinum 0	On	933	17,770	$ 7,928,809	$ 6,965,445	$ 6,333,300
86052DC0510004	BlueChoice Plus HSA/HRA $1500	86052DC0500009	BlueChoice Plus HSA/HRA Silver 1500	On	746	14,531	$ 4,459,958	$ 3,747,664	$ 2,560,025
86052DC0510005	BlueChoice Plus HSA/HRA $2000	86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000	On	166	2,967	$ 816,477	$ 680,268	$ 444,029
86052DC0510006	BlueChoice Plus HSA/HRA $3500	86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000	On	154	3,175	$ 799,886	$ 702,190	$ 443,435
86052DC0540005	HealthyBlue HMO $300	86052DC0460016	HealthyBlue HMO Platinum 500	On	194	3,736	$ 1,599,845	$ 1,250,845	$ 1,157,787
86052DC0540006	HealthyBlue HMO $600	86052DC0460017	HealthyBlue HMO Platinum 1000	On	64	1,114	$ 418,808	$ 242,063	$ 216,563
86052DC0540004	HealthyBlue HMO $1,500	86052DC0460015	HealthyBlue HMO Gold 1500	On	787	11,146	$ 4,101,407	$ 2,876,209	$ 2,552,396
86052DC0550002	HealthyBlue HMO HSA/HRA $2,000	86052DC0460018	HealthyBlue HMO HSA/HRA Silver 2000	On	602	11,371	$ 3,235,206	$ 3,328,161	$ 2,384,383
86052DC0560005	HealthyBlue Plus $300	86052DC0500012	HealthyBlue Plus Platinum 500	On	732	17,545	$ 8,220,604	$ 7,962,259	$ 7,285,044
86052DC0560006	HealthyBlue Plus $600	86052DC0500013	HealthyBlue Plus Platinum 1000	On	368	5,826	$ 2,550,706	$ 2,044,284	$ 1,803,499
86052DC0560004	HealthyBlue Plus $1,500	86052DC0500011	HealthyBlue Plus Gold 1500	On	909	17,600	$ 6,642,326	$ 4,913,021	$ 4,165,221
86052DC0570002	HealthyBlue Plus HSA/HRA $2,000	86052DC0500014	HealthyBlue Plus HSA/HRA Silver 2000	On	340	6,051	$ 1,745,249	$ 1,999,379	$ 1,437,407
86052DC0520005	HealthyBlue Advantage $300	86052DC0440015	HealthyBlue Advantage Platinum 500	On	533	10,405	$ 4,494,745	$ 4,124,322	$ 3,792,173
86052DC0520006	HealthyBlue Advantage $600	86052DC0440016	HealthyBlue Advantage Platinum 1000	On	403	6,700	$ 3,007,407	$ 2,485,003	$ 2,222,108
86052DC0520004	HealthyBlue Advantage $1,500	86052DC0440014	HealthyBlue Advantage Gold 1500	On	2,212	45,764	$ 16,080,498	$ 14,242,791	$ 12,403,730
86052DC0530002	HealthyBlue Advantage HSA/HRA $2,000	86052DC0440017	HealthyBlue Advantage HSA/HRA Silver 2000	On	660	13,766	$ 3,852,158	$ 4,436,917	$ 3,169,735
				Total	**21,647**	**414,064**	**$ 162,503,990**	**$ 133,229,796**	**$114,080,927**

*** Experience for mapped plans will be listed in the URRT under these 2017 HIOS Plan IDs.**
**** These amounts do not include pharmacy rebates or capitations.**

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017
Blended Index Rate

Effective Date	Index Rate	Total Member Months	%	Average Members
1/1/2017	$ 356.46	82,956	19%	6,913
4/1/2017	$ 363.53	41,592	9%	3,466
7/1/2017	$ 370.78	85,416	19%	7,118
10/1/2017	$ 378.20	236,328	53%	19,694
Blended	**$ 371.37**	**446,292**	**100%**	**37,191**

CareFirst BlueCross BlueShield (BlueChoice)

D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

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

Experience Period: Incurred 201501 - 201512, Paid through 201602

						Completed		Rolling 12 PMPM			Rolling 12 Trend		
Month	**Contracts**	**Members**	**Allowed**	**Admits**	**Completion Factor**	**Allowed**	**Admits**	**Allowed**	**Admits/1000**	**Unit Cost**	**Allowed**	**Admits/1000**	**Unit Cost**
201304	22,199	35,135	$2,740,131	146	1.00	$2,740,131	146						
201305	22,328	35,161	$1,900,521	155	1.00	$1,900,521	155						
201306	22,753	35,868	$1,500,305	149	1.00	$1,500,305	149						
201307	23,069	36,382	$3,026,062	187	1.00	$3,026,063	187						
201308	23,563	37,260	$2,153,733	187	1.00	$2,153,734	187						
201309	23,829	37,648	$2,244,040	178	1.00	$2,244,047	178						
201310	23,811	37,674	$2,087,527	155	1.00	$2,087,534	155						
201311	24,089	38,242	$1,927,560	173	1.00	$1,927,566	173						
201312	25,042	39,857	$2,215,003	154	1.00	$2,215,043	154						
201401	27,215	43,474	$2,681,929	194	1.00	$2,681,973	194						
201402	27,606	44,012	$2,001,755	185	1.00	$2,001,894	185						
201403	27,835	44,143	$2,301,688	205	1.00	$2,301,861	205	$57.61	53.39	$12,949.81			
201404	28,330	44,736	$1,738,419	159	1.00	$1,738,639	159	$54.33	52.63	$12,387.55			
201405	29,572	45,927	$2,270,052	195	1.00	$2,270,512	195	$53.89	52.46	$12,328.16			
201406	29,313	45,596	$2,542,912	187	1.00	$2,543,475	187	$54.94	52.35	$12,594.10			
201407	29,067	45,244	$2,162,109	177	1.00	$2,162,657	177	$52.26	51.19	$12,250.70			
201408	29,012	45,090	$1,587,741	183	1.00	$1,588,155	183	$50.35	50.31	$12,009.63			
201409	28,655	44,523	$2,862,688	179	1.00	$2,863,858	179	$50.88	49.67	$12,292.48			
201410	28,382	44,057	$2,186,965	205	1.00	$2,187,887	205	$50.45	50.21	$12,057.76			
201411	28,173	43,734	$2,622,550	191	1.00	$2,623,505	191	$51.24	50.10	$12,273.53			
201412	27,173	42,121	$2,127,317	180	1.00	$2,128,550	180	$50.86	50.48	$12,091.86			
201501	27,855	42,745	$2,521,950	196	1.00	$2,524,190	196	$50.64	50.60	$12,009.85			
201502	27,809	42,643	$2,178,714	168	1.00	$2,181,271	168	$51.11	50.35	$12,181.21			
201503	28,679	43,554	$2,502,802	190	1.00	$2,507,368	190	$51.55	50.07	$12,354.99	-10.5%	-6.2%	-4.6%
201504	28,751	43,584	$2,193,521	170	1.00	$2,198,472	170	$52.53	50.44	$12,498.73	-3.3%	-4.2%	0.9%
201505	28,618	43,448	$2,086,195	153	1.00	$2,093,158	153	$52.44	49.73	$12,655.53	-2.7%	-5.2%	2.7%
201506	28,518	43,358	$1,965,609	160	0.99	$1,975,821	161	$51.58	49.34	$12,546.31	-6.1%	-5.8%	-0.4%
201507	28,337	43,067	$2,377,619	180	0.99	$2,393,569	181	$52.24	49.64	$12,629.14	0.0%	-3.0%	3.1%
201508	28,184	42,904	$2,560,657	192	0.99	$2,584,669	194	$54.38	50.10	$13,025.63	8.0%	-0.4%	8.5%
201509	28,193	42,870	$2,084,581	191	0.99	$2,112,652	194	$53.10	50.59	$12,595.16	4.4%	1.9%	2.5%
201510	28,136	42,801	$2,507,566	161	0.98	$2,569,493	165	$53.97	49.79	$13,008.48	7.0%	-0.9%	7.9%
201511	28,172	42,897	$2,745,804	153	0.97	$2,844,911	159	$54.49	49.11	$13,313.61	6.3%	-2.0%	8.5%
201512	28,445	43,384	$2,736,852	171	0.93	$2,952,543	184	$55.95	49.09	$13,675.84	10.0%	-2.7%	13.1%
201601	29,059	44,260	$1,438,140	113	0.77	$1,867,781	147	$54.52	47.81	$13,684.41	7.7%	-5.5%	13.9%
201602	29,435	44,648	$375,723	32	0.23	$1,604,022	136	$53.20	46.87	$13,619.90	4.1%	-6.9%	11.8%
Experience Period	**339,697**	**517,255**	**$28,461,870**	**2,085**	**0.98**	**$28,938,117**	**2,116**						
201503	28,679	43,554									-10.5%	-6.2%	-4.6%
201509	28,193	42,870									4.4%	1.9%	2.5%
201512	28,445	43,384									10.0%	-2.7%	13.1%
Avg last 6 months	28,245	42,987									5.9%	-1.2%	7.2%
Selected Pricing Trend												**0.0%**	**9.0%**

CareFirst BlueCross BlueShield (BlueChoice)

D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

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

Experience Period: Incurred 201501 - 201512, Paid through 201602

						Completed		Rolling 12 PMPM			Rolling 12 Trend		
Month	**Contracts**	**Members**	**Allowed**	**Visits**	**Completion Factor**	**Allowed**	**Visits**	**Allowed**	**Visits/1000**	**Unit Cost**	**Allowed**	**Visits/1000**	**Unit Cost**
201304	22,199	35,135	$1,832,366	1,705	1.00	$1,832,366	1,705						
201305	22,328	35,161	$2,324,472	1,765	1.00	$2,324,472	1,765						
201306	22,753	35,868	$1,949,860	1,638	1.00	$1,949,860	1,638						
201307	23,069	36,382	$2,183,513	1,666	1.00	$2,183,514	1,666						
201308	23,563	37,260	$1,955,436	1,613	1.00	$1,955,437	1,613						
201309	23,829	37,648	$1,968,150	1,655	1.00	$1,968,157	1,655						
201310	23,811	37,674	$2,104,749	1,791	1.00	$2,104,757	1,791						
201311	24,089	38,242	$2,172,607	1,717	1.00	$2,172,616	1,717						
201312	25,042	39,857	$2,239,495	1,696	1.00	$2,239,532	1,696						
201401	27,215	43,474	$2,771,391	1,929	1.00	$2,771,431	1,929						
201402	27,606	44,012	$2,671,976	1,862	1.00	$2,672,174	1,862						
201403	27,835	44,143	$2,556,778	1,914	1.00	$2,556,978	1,914	$57.50	540.85	$1,275.87			
201404	28,330	44,736	$2,629,950	1,986	1.00	$2,630,271	1,986	$58.02	537.02	$1,296.55			
201405	29,572	45,927	$2,751,602	2,138	1.00	$2,752,164	2,138	$57.62	534.34	$1,293.94			
201406	29,313	45,596	$2,410,317	2,002	1.00	$2,410,831	2,002	$57.42	532.67	$1,293.46			
201407	29,067	45,244	$2,833,311	2,048	1.00	$2,834,097	2,049	$57.70	532.41	$1,300.43			
201408	29,012	45,090	$2,470,915	1,909	1.00	$2,471,627	1,910	$57.82	531.22	$1,306.19			
201409	28,655	44,523	$2,376,645	2,007	1.00	$2,377,456	2,008	$57.85	532.34	$1,303.96			
201410	28,382	44,057	$2,708,891	2,080	1.00	$2,709,974	2,081	$58.30	532.49	$1,313.72			
201411	28,173	43,734	$2,297,335	1,803	1.00	$2,298,416	1,804	$57.93	528.94	$1,314.22			
201412	27,173	42,121	$2,331,201	1,802	1.00	$2,332,754	1,803	$57.86	529.11	$1,312.19			
201501	27,855	42,745	$2,381,007	1,820	1.00	$2,383,064	1,822	$57.21	527.41	$1,301.61			
201502	27,809	42,643	$2,444,454	1,707	1.00	$2,447,155	1,709	$56.93	525.31	$1,300.50			
201503	28,679	43,554	$2,672,944	1,977	1.00	$2,677,818	1,981	$57.22	527.40	$1,301.97	-0.5%	-2.5%	2.0%
201504	28,751	43,584	$2,513,739	1,943	1.00	$2,519,500	1,947	$57.14	527.67	$1,299.37	-1.5%	-1.7%	0.2%
201505	28,618	43,448	$2,590,203	1,976	1.00	$2,598,523	1,982	$57.11	526.60	$1,301.50	-0.9%	-1.4%	0.6%
201506	28,518	43,358	$2,674,203	1,959	1.00	$2,687,461	1,969	$57.89	528.08	$1,315.39	0.8%	-0.9%	1.7%
201507	28,337	43,067	$2,417,493	1,892	0.99	$2,433,699	1,905	$57.36	526.97	$1,306.17	-0.6%	-1.0%	0.4%
201508	28,184	42,904	$2,680,526	1,892	0.99	$2,706,200	1,910	$58.05	529.20	$1,316.38	0.4%	-0.4%	0.8%
201509	28,193	42,870	$2,467,995	1,981	0.99	$2,502,263	2,008	$58.48	530.90	$1,321.79	1.1%	-0.3%	1.4%
201510	28,136	42,801	$2,469,783	2,019	0.98	$2,532,217	2,070	$58.28	531.93	$1,314.69	0.0%	-0.1%	0.1%
201511	28,172	42,897	$2,370,155	1,903	0.96	$2,457,951	1,973	$58.68	536.73	$1,311.95	1.3%	1.5%	-0.2%
201512	28,445	43,384	$2,606,617	1,901	0.93	$2,806,404	2,048	$59.45	541.10	$1,318.49	2.8%	2.3%	0.5%
201601	29,059	44,260	$1,980,972	1,478	0.77	$2,587,179	1,931	$59.67	542.04	$1,321.06	4.3%	2.8%	1.5%
201602	29,435	44,648	$469,506	480	0.23	$1,998,608	2,036	$58.58	547.49	$1,284.01	2.9%	4.2%	-1.3%
Experience Period	**339,697**	**517,255**	**$30,289,119**	**22,970**	**0.98**	**$30,752,255**	**23,324**						
201503	28,679	43,554									-0.5%	-2.5%	2.0%
201509	28,193	42,870									1.1%	-0.3%	1.4%
201512	28,445	43,384									2.8%	2.3%	0.5%
Avg last 6 months	28,245	42,987									0.8%	0.3%	0.5%
Selected Pricing Trend												**2.5%**	**2.0%**

CareFirst BlueCross BlueShield (BlueChoice)

D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

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

Experience Period: Incurred 201501 - 201512, Paid through 201602

						Completed		Rolling 12 PMPM			Rolling 12 Trend		
Month	**Contracts**	**Members**	**Allowed**	**Visits**	**Completion Factor**	**Allowed**	**Visits**	**Allowed**	**Visits/1000**	**Unit Cost**	**Allowed**	**Visits/1000**	**Unit Cost**
201304	22,199	35,135	$3,921,175	27,754	1.00	$3,921,175	27,754						
201305	22,328	35,161	$3,898,895	26,954	1.00	$3,898,895	26,954						
201306	22,753	35,868	$3,524,576	24,846	1.00	$3,524,577	24,846						
201307	23,069	36,382	$3,888,041	27,143	1.00	$3,888,043	27,143						
201308	23,563	37,260	$3,889,518	27,470	1.00	$3,889,519	27,470						
201309	23,829	37,648	$3,825,353	27,183	1.00	$3,825,366	27,183						
201310	23,811	37,674	$4,249,814	30,976	1.00	$4,249,829	30,976						
201311	24,089	38,242	$3,823,168	26,830	1.00	$3,823,183	26,830						
201312	25,042	39,857	$3,705,504	25,777	1.00	$3,705,564	25,777						
201401	27,215	43,474	$4,861,212	32,118	1.00	$4,861,286	32,118						
201402	27,606	44,012	$4,261,770	29,164	1.00	$4,262,079	29,166						
201403	27,835	44,143	$4,573,378	31,310	1.00	$4,573,727	31,312	$104.17	8,713.17	$143.46			
201404	28,330	44,736	$4,837,617	32,947	1.00	$4,838,196	32,951	$103.99	8,668.29	$143.96			
201405	29,572	45,927	$4,740,477	32,981	1.00	$4,741,322	32,987	$103.42	8,625.16	$143.89			
201406	29,313	45,596	$4,672,859	32,901	1.00	$4,673,900	32,908	$103.71	8,651.10	$143.86			
201407	29,067	45,244	$4,835,625	32,846	1.00	$4,836,879	32,855	$103.77	8,634.97	$144.21			
201408	29,012	45,090	$4,546,235	31,262	1.00	$4,547,537	31,271	$103.47	8,591.98	$144.51			
201409	28,655	44,523	$4,767,677	32,477	1.00	$4,769,369	32,488	$103.92	8,600.84	$144.99			
201410	28,382	44,057	$5,174,090	36,795	1.00	$5,176,182	36,810	$104.42	8,629.62	$145.20			
201411	28,173	43,734	$4,304,317	30,186	1.00	$4,306,278	30,200	$104.25	8,616.50	$145.18			
201412	27,173	42,121	$4,322,739	30,117	1.00	$4,325,689	30,138	$104.97	8,678.10	$145.15			
201501	27,855	42,745	$4,552,979	30,453	1.00	$4,557,053	30,480	$104.54	8,653.04	$144.98			
201502	27,809	42,643	$4,097,867	27,901	1.00	$4,102,989	27,936	$104.51	8,647.53	$145.03			
201503	28,679	43,554	$4,746,592	31,666	1.00	$4,755,664	31,727	$104.97	8,666.52	$145.35	0.8%	-0.5%	1.3%
201504	28,751	43,584	$4,704,022	32,510	1.00	$4,715,101	32,586	$104.97	8,677.11	$145.16	0.9%	0.1%	0.8%
201505	28,618	43,448	$4,491,341	30,720	1.00	$4,506,132	30,820	$105.01	8,668.57	$145.37	1.5%	0.5%	1.0%
201506	28,518	43,358	$4,838,775	32,838	0.99	$4,863,489	33,004	$105.82	8,707.79	$145.83	2.0%	0.7%	1.4%
201507	28,337	43,067	$4,590,348	31,332	0.99	$4,621,687	31,544	$105.85	8,713.97	$145.77	2.0%	0.9%	1.1%
201508	28,184	42,904	$4,518,815	30,045	0.99	$4,562,460	30,334	$106.33	8,728.98	$146.17	2.8%	1.6%	1.1%
201509	28,193	42,870	$4,672,334	31,360	0.99	$4,737,650	31,791	$106.60	8,740.67	$146.36	2.6%	1.6%	0.9%
201510	28,136	42,801	$4,918,207	34,279	0.98	$5,043,284	35,145	$106.61	8,723.25	$146.65	2.1%	1.1%	1.0%
201511	28,172	42,897	$4,557,244	30,525	0.96	$4,726,582	31,657	$107.59	8,771.30	$147.20	3.2%	1.8%	1.4%
201512	28,445	43,384	$4,720,739	31,744	0.93	$5,087,984	34,213	$108.81	8,844.43	$147.63	3.7%	1.9%	1.7%
201601	29,059	44,260	$3,638,460	25,017	0.77	$4,754,227	32,689	$108.87	8,869.69	$147.29	4.1%	2.5%	1.6%
201602	29,435	44,648	$1,746,704	13,059	0.24	$7,332,772	54,778	$114.65	9,454.05	$145.53	9.7%	9.3%	0.3%
Experience Period	**339,697**	**517,255**	**$55,409,262**	**375,373**	**0.98**	**$56,280,075**	**381,235**						
201503	28,679	43,554									0.8%	-0.5%	1.3%
201509	28,193	42,870									2.6%	1.6%	0.9%
201512	28,445	43,384									3.7%	1.9%	1.7%
Avg last 6 months	28,245	42,987									2.7%	1.5%	1.2%
Selected Pricing Trend												**2.5%**	**2.0%**

CareFirst BlueCross BlueShield (BlueChoice)

D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

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

Experience Period: Incurred 201501 - 201512, Paid through 201602

						Completed		Rolling 12 PMPM			Rolling 12 Trend		
Month	**Contracts**	**Members**	**Allowed**	**Services**	**Completion Factor**	**Allowed**	**Services**	**Allowed**	**Services/1000**	**Unit Cost**	**Allowed**	**Services/1000**	**Unit Cost**
201304	22,199	35,135	$385,349	1,828	1.00	$385,349	1,828						
201305	22,328	35,161	$432,940	1,831	1.00	$432,940	1,831						
201306	22,753	35,868	$422,423	1,865	1.00	$422,424	1,865						
201307	23,069	36,382	$480,141	1,912	1.00	$480,142	1,912						
201308	23,563	37,260	$495,065	1,996	1.00	$495,065	1,996						
201309	23,829	37,648	$487,272	1,860	1.00	$487,274	1,860						
201310	23,811	37,674	$554,158	2,093	1.00	$554,160	2,093						
201311	24,089	38,242	$428,500	1,747	1.00	$428,502	1,747						
201312	25,042	39,857	$511,960	1,634	1.00	$511,968	1,634						
201401	27,215	43,474	$474,052	1,950	1.00	$474,059	1,950						
201402	27,606	44,012	$441,152	2,069	1.00	$441,184	2,069						
201403	27,835	44,143	$541,641	2,539	1.00	$541,681	2,539	$12.16	602.11	$242.44			
201404	28,330	44,736	$511,321	2,411	1.00	$511,379	2,411	$12.18	604.68	$241.80			
201405	29,572	45,927	$628,586	2,647	1.00	$628,699	2,648	$12.32	611.46	$241.73			
201406	29,313	45,596	$686,493	2,541	1.00	$686,637	2,542	$12.61	615.84	$245.69			
201407	29,067	45,244	$665,712	3,133	1.00	$665,895	3,134	$12.76	634.12	$241.39			
201408	29,012	45,090	$688,135	3,139	1.00	$688,321	3,140	$12.94	651.25	$238.40			
201409	28,655	44,523	$570,685	2,783	1.00	$570,886	2,784	$12.93	664.00	$233.64			
201410	28,382	44,057	$540,015	3,463	1.00	$540,243	3,465	$12.74	687.29	$222.51			
201411	28,173	43,734	$610,782	2,911	1.00	$611,055	2,913	$12.96	706.54	$220.05			
201412	27,173	42,121	$602,702	3,883	1.00	$603,098	3,886	$13.07	754.28	$207.97			
201501	27,855	42,745	$613,090	3,217	1.00	$613,592	3,220	$13.35	783.97	$204.39			
201502	27,809	42,643	$558,842	3,114	1.00	$559,539	3,119	$13.61	809.73	$201.70			
201503	28,679	43,554	$599,396	3,743	1.00	$600,544	3,752	$13.74	838.08	$196.68	12.9%	39.2%	-18.9%
201504	28,751	43,584	$672,453	3,871	1.00	$674,044	3,882	$14.07	873.29	$193.39	15.5%	44.4%	-20.0%
201505	28,618	43,448	$586,474	3,257	1.00	$588,434	3,270	$14.06	891.58	$189.29	14.2%	45.8%	-21.7%
201506	28,518	43,358	$734,724	3,909	0.99	$738,626	3,930	$14.22	927.17	$184.08	12.8%	50.6%	-25.1%
201507	28,337	43,067	$733,627	3,515	0.99	$738,693	3,541	$14.42	940.39	$184.03	13.1%	48.3%	-23.8%
201508	28,184	42,904	$702,707	3,835	0.99	$709,686	3,876	$14.52	961.33	$181.29	12.3%	47.6%	-24.0%
201509	28,193	42,870	$731,831	2,222	0.99	$741,979	2,256	$14.90	952.16	$187.78	15.3%	43.4%	-19.6%
201510	28,136	42,801	$797,404	1,580	0.98	$817,711	1,623	$15.47	911.73	$203.66	21.4%	32.7%	-8.5%
201511	28,172	42,897	$702,856	1,557	0.96	$729,655	1,622	$15.73	883.19	$213.70	21.4%	25.0%	-2.9%
201512	28,445	43,384	$922,609	1,696	0.93	$992,315	1,831	$16.44	833.36	$236.76	25.8%	10.5%	13.8%
201601	29,059	44,260	$470,551	1,199	0.77	$614,005	1,557	$16.39	792.44	$248.27	22.8%	1.1%	21.5%
201602	29,435	44,648	$248,798	811	0.24	$1,042,785	3,407	$17.26	796.04	$260.18	26.8%	-1.7%	29.0%
Experience Period	**339,697**	**517,255**	**$8,356,014**	**35,516**	**0.98**	**$8,504,818**	**35,922**						
201503	28,679	43,554									12.9%	39.2%	-18.9%
201509	28,193	42,870									15.3%	43.4%	-19.6%
201512	28,445	43,384									25.8%	10.5%	13.8%
Avg last 6 months	28,245	42,987									18.2%	34.6%	-10.8%
Selected Pricing Trend												**16.0%**	**0.0%**

CareFirst BlueCross BlueShield (BlueChoice)

D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

BlueChoice Non-Grandfathered D.C. Small Group & Individual Base Experience Rx

Experience Period: Incurred 201501 - 201512, Paid through 201602

						Completed		Rolling 12 PMPM			Rolling 12 Trend		
Month	**Contracts**	**Members**	**Allowed**	**Scripts**	**Completion Factor**	**Allowed**	**Scripts**	**Allowed**	**Scripts/1000**	**Unit Cost**	**Allowed**	**Scripts/1000**	**Unit Cost**
201304	22,199	35,135	$2,768,834	25,161	1.00	$2,768,834	25,161						
201305	22,328	35,161	$3,032,614	25,206	1.00	$3,032,614	25,206						
201306	22,753	35,868	$2,791,282	23,992	1.00	$2,791,282	23,992						
201307	23,069	36,382	$3,003,353	25,425	1.00	$3,003,353	25,425						
201308	23,563	37,260	$3,224,673	25,324	1.00	$3,224,673	25,324						
201309	23,829	37,648	$2,993,700	24,647	1.00	$2,993,700	24,647						
201310	23,811	37,674	$3,382,380	26,487	1.00	$3,382,380	26,487						
201311	24,089	38,242	$3,193,239	25,226	1.00	$3,193,239	25,226						
201312	25,042	39,857	$3,476,314	27,011	1.00	$3,476,314	27,011						
201401	27,215	43,474	$3,346,474	29,077	1.00	$3,346,474	29,077						
201402	27,606	44,012	$3,113,856	27,297	1.00	$3,113,856	27,297						
201403	27,835	44,143	$3,510,015	29,955	1.00	$3,510,015	29,955	$81.39	8,126.59	$120.19			
201404	28,330	44,736	$3,543,453	31,055	1.00	$3,543,453	31,055	$81.38	8,111.22	$120.40			
201405	29,572	45,927	$3,529,141	31,175	1.00	$3,529,141	31,175	$80.60	8,078.87	$119.72			
201406	29,313	45,596	$3,550,493	30,361	1.00	$3,550,493	30,361	$80.55	8,074.50	$119.71			
201407	29,067	45,244	$3,782,873	30,480	1.00	$3,782,873	30,480	$80.68	8,052.87	$120.22			
201408	29,012	45,090	$3,481,030	29,460	1.00	$3,481,030	29,460	$79.94	8,026.64	$119.52			
201409	28,655	44,523	$3,437,423	29,203	1.00	$3,437,423	29,203	$79.74	8,025.65	$119.23			
201410	28,382	44,057	$3,687,439	30,559	1.00	$3,687,439	30,559	$79.35	8,021.15	$118.71			
201411	28,173	43,734	$3,193,181	27,972	1.00	$3,193,181	27,972	$78.53	8,000.22	$117.79			
201412	27,173	42,121	$3,444,090	29,543	1.00	$3,444,090	29,543	$78.14	8,023.26	$116.86			
201501	27,855	42,745	$3,552,495	28,863	1.00	$3,552,495	28,863	$78.63	8,029.43	$117.51			
201502	27,809	42,643	$3,288,598	26,269	1.00	$3,288,598	26,269	$79.16	8,026.89	$118.35			
201503	28,679	43,554	$3,764,448	29,377	1.00	$3,764,448	29,377	$79.73	8,022.73	$119.26	-2.0%	-1.3%	-0.8%
201504	28,751	43,584	$3,770,778	28,608	1.00	$3,770,778	28,608	$80.33	7,984.68	$120.73	-1.3%	-1.6%	0.3%
201505	28,618	43,448	$3,708,601	28,429	1.00	$3,708,601	28,429	$81.05	7,959.68	$122.20	0.6%	-1.5%	2.1%
201506	28,518	43,358	$3,934,303	28,757	1.00	$3,934,303	28,757	$82.13	7,956.94	$123.86	2.0%	-1.5%	3.5%
201507	28,337	43,067	$4,087,549	28,850	1.00	$4,087,549	28,850	$83.06	7,952.65	$125.33	2.9%	-1.2%	4.2%
201508	28,184	42,904	$3,988,111	27,758	1.00	$3,988,111	27,758	$84.38	7,946.80	$127.42	5.6%	-1.0%	6.6%
201509	28,193	42,870	$3,764,924	27,918	1.00	$3,764,924	27,918	$85.28	7,942.40	$128.85	7.0%	-1.0%	8.1%
201510	28,136	42,801	$3,865,274	28,980	1.00	$3,865,274	28,980	$85.84	7,925.04	$129.97	8.2%	-1.2%	9.5%
201511	28,172	42,897	$3,976,340	27,640	1.00	$3,976,340	27,640	$87.49	7,930.17	$132.39	11.4%	-0.9%	12.4%
201512	28,445	43,384	$4,557,627	30,545	1.00	$4,557,627	30,545	$89.43	7,934.05	$135.26	14.5%	-1.1%	15.7%
201601	29,059	44,260	$3,557,716	27,133	1.00	$3,557,716	27,133	$89.18	7,870.86	$135.97	13.4%	-2.0%	15.7%
201602	29,435	44,648	$4,204,152	28,467	1.00	$4,204,152	28,467	$90.60	7,891.21	$137.77	14.4%	-1.7%	16.4%
Experience Period	**339,697**	**517,255**	**$46,259,049**	**341,994**	**1.00**	**$46,259,049**	**341,994**						
201503	28,679	43,554									-2.0%	-1.3%	-0.8%
201509	28,193	42,870									7.0%	-1.0%	8.1%
201512	28,445	43,384									14.5%	-1.1%	15.7%
Avg last 6 months	28,245	42,987									8.2%	-1.1%	9.4%
Selected Pricing Trend												**0.0%**	**13.0%**

CareFirst BlueCross BlueShield (BlueChoice)

D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

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

Experience Period: Incurred 201501 - 201512, Paid through 201602

Month	Contracts	Members	Allowed	Completion Factor	Completed Allowed	Rolling 12 PMPM Allowed	Rolling 12 Trend Allowed	Rolling 3 Trend Allowed	Paid	Rolling 12 Trend Paid	Premium
201304	22,199	35,135	$11,647,854	1.00	$11,647,854				$10,372,931		$11,040,605
201305	22,328	35,161	$11,589,441	1.00	$11,589,441				$10,346,405		$11,184,778
201306	22,753	35,868	$10,188,445	1.00	$10,188,448				$9,023,424		$11,410,107
201307	23,069	36,382	$12,581,110	1.00	$12,581,114				$11,350,993		$11,729,382
201308	23,563	37,260	$11,718,425	1.00	$11,718,428				$10,449,178		$11,998,423
201309	23,829	37,648	$11,518,515	1.00	$11,518,543				$10,267,245		$12,170,956
201310	23,811	37,674	$12,378,627	1.00	$12,378,658				$11,043,269		$12,289,356
201311	24,089	38,242	$11,545,075	1.00	$11,545,106				$10,320,352		$12,561,213
201312	25,042	39,857	$12,148,275	1.00	$12,148,420				$10,723,984		$13,244,197
201401	27,215	43,474	$14,135,057	1.00	$14,135,222				$12,264,670		$14,667,535
201402	27,606	44,012	$12,490,508	1.00	$12,491,186				$10,843,572		$14,838,581
201403	27,835	44,143	$13,483,499	1.00	$13,484,262	$312.84			$11,784,855		$14,931,064
201404	28,330	44,736	$13,260,760	1.00	$13,261,939	$309.91			$11,492,322		$15,155,904
201405	29,572	45,927	$13,919,857	1.00	$13,921,839	$307.84			$12,030,903		$15,496,867
201406	29,313	45,596	$13,863,074	1.00	$13,865,336	$309.22		-4.3%	$12,102,153		$15,383,593
201407	29,067	45,244	$14,279,630	1.00	$14,282,401	$307.16		-3.8%	$12,421,240		$15,355,661
201408	29,012	45,090	$12,774,057	1.00	$12,776,671	$304.53		-4.4%	$11,003,948		$15,420,240
201409	28,655	44,523	$14,015,119	1.00	$14,018,992	$305.31		-5.4%	$12,245,414		$15,343,269
201410	28,382	44,057	$14,297,401	1.00	$14,301,725	$305.26		-2.8%	$12,349,966		$15,261,325
201411	28,173	43,734	$13,028,165	1.00	$13,032,435	$304.91		0.1%	$11,356,027		$15,366,865
201412	27,173	42,121	$12,828,049	1.00	$12,834,182	$304.90		-0.8%	$10,697,641		$15,357,219
201501	27,855	42,745	$13,621,522	1.00	$13,630,394	$304.37		-1.3%	$10,949,699		$15,863,301
201502	27,809	42,643	$12,568,475	1.00	$12,579,553	$305.32		0.6%	$10,351,319		$16,029,256
201503	28,679	43,554	$14,286,182	1.00	$14,305,842	$307.21	-1.8%	3.1%	$11,949,064	1.4%	$14,816,336
201504	28,751	43,584	$13,854,514	1.00	$13,877,895	$309.04	-0.3%	6.4%	$11,612,170	1.0%	$16,296,818
201505	28,618	43,448	$13,462,814	1.00	$13,494,848	$309.69	0.6%	5.8%	$11,366,633	-5.5%	$16,300,158
201506	28,518	43,358	$14,147,614	1.00	$14,199,700	$311.65	0.8%	5.8%	$12,037,396	-0.5%	$16,336,902
201507	28,337	43,067	$14,206,636	1.00	$14,275,197	$312.93	1.9%	5.1%	$12,192,281	-1.8%	$16,285,146
201508	28,184	42,904	$14,450,816	0.99	$14,551,126	$317.66	4.3%	10.5%	$12,529,997	13.9%	$16,266,502
201509	28,193	42,870	$13,721,665	0.99	$13,859,469	$318.37	4.3%	8.8%	$11,872,934	-3.0%	$16,363,845
201510	28,136	42,801	$14,558,235	0.98	$14,827,978	$320.16	4.9%	9.4%	$12,763,205	3.3%	$16,396,321
201511	28,172	42,897	$14,352,398	0.97	$14,735,439	$323.98	6.3%	8.1%	$12,719,197	12.0%	$16,498,799
201512	28,445	43,384	$15,544,444	0.95	$16,396,873	$330.08	8.3%	**15.2%**	$13,923,763	**30.2%**	$16,947,447
201601	29,059	44,260	$11,085,840	0.83	$13,380,907	$328.63	8.0%	11.0%	$10,684,489	-2.4%	$17,404,022
201602	29,435	44,648	$7,044,883	0.44	$16,182,339	$334.29	9.5%	13.5%	$12,833,750	24.0%	$17,358,246
Experience Period	**339,697**	**517,255**	**$168,775,314**	**0.99**	**$170,734,313**						**$194,400,831**
201503	28,679	43,554					-1.8%				
201509	28,193	42,870					4.3%				
201512	28,445	43,384					8.3%				
Avg last 6 months	28,245	42,987					5.0%				

CareFirst BlueCross BlueShield (BlueChoice)

D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

2017 ACA - TREND ANALYSIS SUMMARY - SMALL GROUP & INDIVIDUAL - DC BLUECHOICE

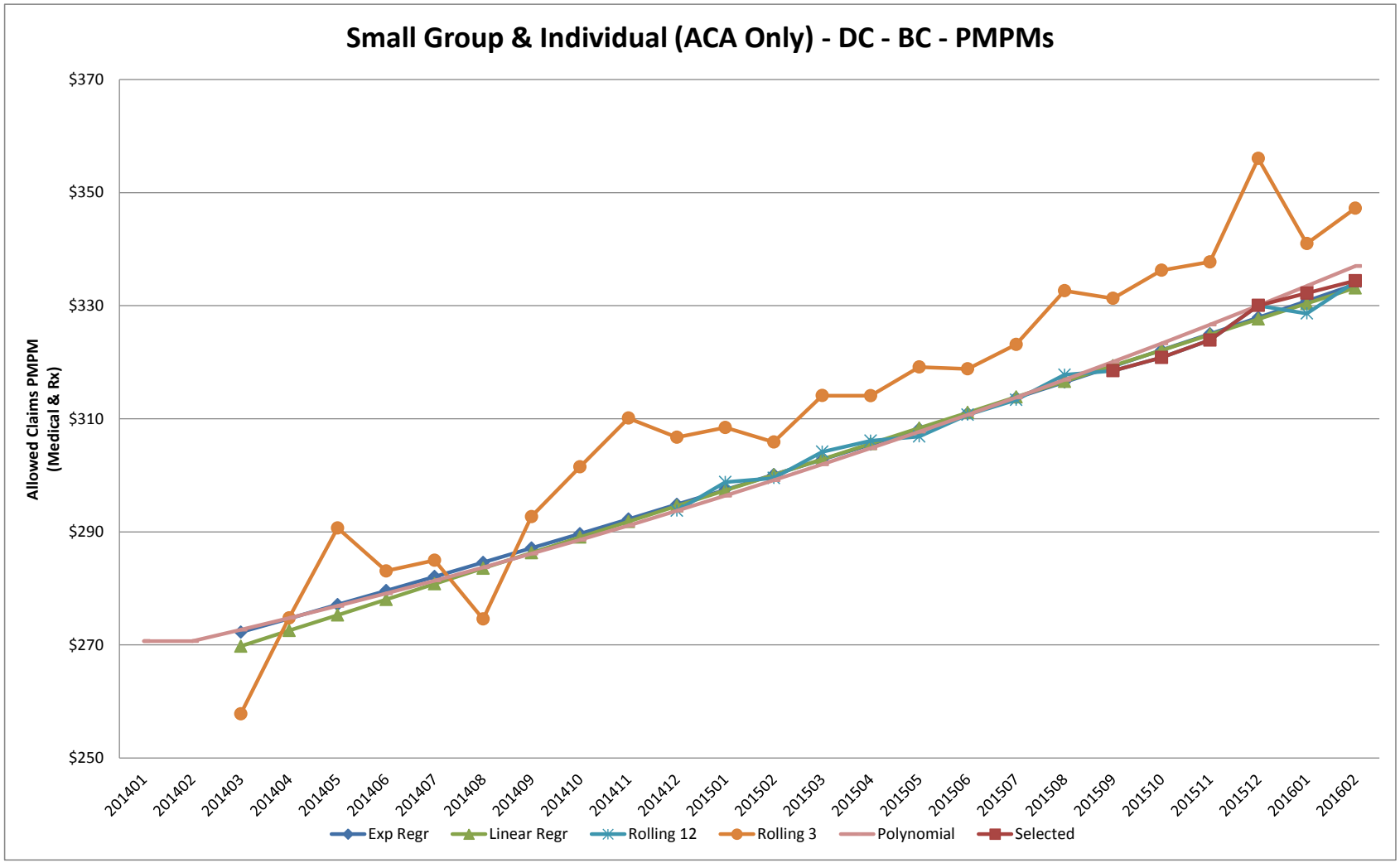
ACA Total Med & Rx Experience

Regressions based on R12 allowed claims PMPMs (Period: 201412 - 201512)

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	24	25	26	27	30	31
										TOTAL (Medical & RX)												**Linear Regression**		**Exponential Regression**			
												ROLLING 3						**ROLLING 12**				Y = MX + B		Y = BM^X			
															Δ						Δ						
																						M 2.755		M 1.009			
																						B 267.008		B 269.848		Selected	Selected
																						R2 = 0.987		**R2 = 0.988**			
	Date	Members	Claims	Allowed Claims	Paid Claims	Utilization Units	PMPM	PMPM	Allowed Cost/ Case	Annualized Util/ 1000	Allowed Cost/ Case	Annual **Cost** Trend	Util/ 1000	Annual **Utilization** Trend	Allowed Claims PMPM	Annual **Claims** Trend	Allowed Cost/ Case	Annual **Cost** Trend	Util/ 1000	Annual **Utilization** Trend	Allowed Claims PMPM	Annual **Claims** Trend	PMPM - Linear Reg	R12 Trend Projected PMPMs	PMPM -Exp Reg	R12 Trend Projected PMPMs	Trends %	Trends $s
10	201401	5,286	$1,321,428	$255,715	5,876	$250		$225	13,339																	8.1%	
11	201402	7,244	$1,788,431	$438,470	9,021	$247		$198	14,944																	8.1%	
12	201403	8,875	$2,408,528	$685,699	12,761	$271		$189	17,255	$200		15,506		$258								$270		$272		8.1%	
13	201404	10,571	$3,136,619	$683,614	15,603	$297		$201	17,712	$196		16,809		$275								$273		$275		8.1%	
14	201405	13,249	$3,957,970	$947,303	18,747	$299		$211	16,980	$202		17,291		$291								$275		$277		8.1%	
15	201406	14,861	$3,854,944	$908,520	21,228	$259		$182	17,141	$197		17,242		$283								$278		$280		8.1%	
16	201407	17,985	$5,322,508	$1,236,636	26,804	$296		$199	17,884	$197		17,385		$285								$281		$282		8.1%	
17	201408	20,744	$5,536,497	$1,291,082	29,499	$267		$188	17,065	$190		17,361		$275								$284		$285		8.1%	
18	201409	23,135	$7,247,724	$1,381,214	33,772	$313		$215	17,517	$201		17,472		$293								$286		$287		8.1%	
19	201410	25,412	$8,105,729	$1,614,341	41,175	$319		$197	19,444	$200		18,088		$301								$289		$290		8.1%	
20	201411	28,448	$8,523,321	$2,430,304	39,974	$300		$213	16,862	$208		17,911		$310								$292		$292		8.1%	
21	201412	41,952	$12,757,853	$2,170,039	65,186	$304		$196	18,646	$201		18,328		$307		$200		17,614		$294		$295		$295		8.1%	
22	201501	42,745	$13,615,813	$1,712,261	64,549	$319		$211	18,121	$206		17,999		$308		$202		17,788		$299		$297		$297		8.2%	
23	201502	42,643	$12,578,668	$2,163,312	59,179	$295		$213	16,653	$206		17,802		$306		$203		17,692		$300		$300		$300		8.2%	
24	201503	43,554	$14,305,491	$2,645,064	67,020	$328		$213	18,465	$212	6.4%	17,752	14.5%	$314	21.8%	$205		17,808		$304		$303	12.3%	$303	11.2%	8.2%	
25	201504	43,584	$13,877,464	$2,437,375	67,184	$318		$207	18,498	$211	7.5%	17,881	6.4%	$314	14.3%	$205		17,894		$306		$306	12.1%	$305	11.2%	8.2%	
26	201505	43,448	$13,493,687	$2,440,749	64,627	$311		$209	17,849	$210	3.9%	18,271	5.7%	$319	9.8%	$205		17,921		$307		$308	12.0%	$308	11.2%	8.2%	
27	201506	43,358	$14,198,846	$2,528,513	67,808	$327		$209	18,767	$208	5.7%	18,371	6.5%	$319	12.6%	$207		18,036		$311		$311	11.9%	$311	11.2%	8.2%	
28	201507	43,067	$14,274,869	$2,930,477	66,011	$331		$216	18,393	$211	7.5%	18,336	5.5%	$323	13.4%	$208		18,077		$313		$314	11.8%	$314	11.2%	8.2%	
29	201508	42,904	$14,549,011	$2,788,584	64,054	$339		$227	17,916	$217	14.6%	18,360	5.8%	$333	21.2%	$211		18,108		$318		$317	11.7%	$316	11.2%	8.2%	
30	201509	42,870	$13,859,392	$2,513,832	64,164	$323		$216	17,961	$220	9.3%	18,090	3.5%	$331	13.2%	$211		18,123		$318		$319	11.5%	$319	11.2%	8.2%	$318
31	201510	42,801	$14,827,898	$2,573,292	67,982	$346		$218	19,060	$220	10.2%	18,312	1.2%	$336	11.5%	$212		18,136		$321		$322	11.4%	$322	11.2%	8.2%	$321
32	201511	42,897	$14,735,005	$2,426,213	63,043	$343		$234	17,636	$222	7.1%	18,218	1.7%	$338	8.9%	$214		18,165		$324		$325	11.3%	$325	11.2%	8.2%	$324
33	201512	43,377	$16,391,710	$3,003,546	68,774	$378		$238	19,026	$230	14.5%	18,575	1.3%	$356	16.1%	$218	8.8%	18,198	3.3%	$330	**12.4%**	$328	11.2%	$328	11.2%	8.2%	$330
34	201601	44,249	$13,377,370	$1,397,385	63,420	$302		$211	17,199	$228	10.9%	17,950	-0.3%	$341	10.6%	$218	8.0%	18,119	1.9%	$329	10.0%	$330	11.1%	$331	11.2%	8.2%	$332
35	201602	44,642	$16,156,651	$1,668,742	88,723	$362		$182	23,849	$208	0.8%	20,043	12.6%	$347	13.5%	$214	5.4%	18,730	5.9%	$334	11.6%	$333	11.0%	$334	11.2%	8.2%	$334
36	201603																					$336	10.9%	$337	11.2%	8.2%	$337
37	201604																					$339	10.8%	$340	11.2%	8.2%	$339
38	201605																					$341	10.7%	$343	11.2%	8.2%	$341
39	201606																					$344	10.6%	$346	11.2%	8.2%	$343
40	201607																					$347	10.5%	$349	11.2%	8.2%	$346
41	201608																					$350	10.4%	$352	11.2%	8.2%	$348
42	201609																					$352	10.4%	$355	11.2%	8.2%	$350
43	201610																					$355	10.3%	$358	11.2%	8.2%	$353
44	201611																					$358	10.2%	$361	11.2%	8.2%	$355
45	201612																					$361	10.1%	$365	11.2%	8.2%	$357
46	201701																					$363	10.0%	$368	11.2%	8.2%	$360
47	201702																					$366	9.9%	$371	11.2%	8.2%	$362
48	201703																					$369	9.8%	$374	11.2%	8.2%	$364
49	201704																					$372	9.8%	$378	11.2%	8.2%	$367
50	201705																					$374	9.7%	$381	11.2%	8.2%	$369
51	201706																					$377	**9.6%**	$385	**11.2%**	**8.2%**	$372
52	201707																					$380	9.5%	$388	11.2%	8.2%	$374
53	201708																					$383	9.5%	$391	11.2%	8.2%	$377
54	201709																					$385	9.4%	$395	11.2%	8.2%	$379
55	201710																					$388	9.3%	$398	11.2%	8.2%	$382
56	201711																					$391	9.2%	$402	11.2%	8.2%	$384
57	201712																					$394	9.2%	$406	11.2%	8.2%	$387

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

2017 ACA - TREND ANALYSIS SUMMARY - SMALL GROUP & INDIVIDUAL - DC BLUECHOICE



CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017
BlueChoice Projected Morbidity

2017 Change in Morbidity Projection					
	2015 Actual		2017 Projected		
Metal	**Age & Induced Demand Normalized Allowed PMPM**	**Single Risk Pool Members 12/31/2015**	**Projected Age & Induced Demand Normalized Allowed PMPM**	**6/30/17 Projected Members**	**PMPM Δ**
Catastrophic	$84	412	$95	974	
Bronze	$161	2,281	$168	3,153	
Silver	$245	2,088	$254	2,568	
Gold	$438	1,954	$540	2,305	
Platinum	$730	1,557			
Ind Under 65 Single Risk Pool	$340	8,292	$275	9,000	0.808
Small Group Single Risk Pool	$327	35,085	$329	35,427	1.006
Combined Single Risk Pool	**$330**	**43,377**	**$318**	**44,427**	**0.964**

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

DC ACA Combined - Small Group & Individual Capitations

BlueChoice	Description	1/1/15 PMPM	1/1/16 PMPM	1/1/17 PMPM
	Mental Health UR	$0.60	$0.51	$0.42
	Nurse Hotline	$0.04	$0.04	$0.04
	Wellness *	$0.22	$0.22	$0.22
	Embedded Pediatric Vision **	$0.24	$0.24	$0.24
	Embedded Adult Vision ***	$0.21	$0.21	$0.21
	AVERAGE PMPM:	$1.31	$1.22	$1.13

* 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 apples to members over the age of 19.

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

Absolute Maximum Premium Effective 1/1/2017

2016 Plan Name	2016 Metal	2017 Plan Name	2017 Metal	Base Rate Renewal Increase	Absolute Max Max Increase due to Aging	Total Renewal Increase
BlueChoice HMO Referral Bronze 5500	Bronze	BlueChoice HMO Referral Bronze 5500	Bronze	18.3%	11.2%	31.5%

Maximum Age Increase:	Aging from	To
	Age 20	Age 21

Memorandum

To: Katie Barron

Cc: Dwayne Lucado, Anna Guloy, Scott Cremens, Paula Holt

From: David Markowitz, Kevin Chan

Date: 4/28/2015

Subject: Completion Factor Methodology

This memorandum describes the data and the method used in the derivation of the completion factors for small group medical and drug segments. Please see the attached Excel file for an example completion factor derivation.

Data

Claims data, by paid date and incurred date, for Medical and Drug products are organized into claims triangles separately for ACA and Non-ACA and by segment (e.g. Small Group (SG)) and legal entity (CFMI, GHMSI, and BlueChoice).

IT provides claims data files which are used in the calculation of monthly Incurred but Not Reported (IBNR) liability, of which the development of the completion factor (CF) is one step. This data has been reviewed for reasonableness and consistency.

Please see Appendix A for a sample paid claims triangle organized by incurred date and lag month.

Method

We use a "chain and ladder" model based on the most recent 36 months to derive the completion factor and IBNR for each incurral month. The chain and ladder model uses the most recent 6 completion ratios for a given lag month (0 to 34) and ignores the highest and the lowest to smooth the completion ratios. We calculate a simple arithmetic average of the remaining four completion ratios to determine the average completion ratio for a given lag month (completion ratio for a given lag t is defined as the ratio of the cumulative paid in lag $t-1$ to the cumulative paid in lag t).

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 completion ratio and completion factor for lag 35. Completion factors for lags 33 to 0 are calculated in a similar recursive fashion. We divide the paid claims for a particular incurral month by the resulting completion factor to develop an estimated total incurred amount.

Please see Appendices B through D to see the step by step process used in estimating completion factors for lags months 0 through 34.

While we use the chain and ladder model to derive the completion factors for lags 3 and greater (December 2014 and earlier), we incorporate several methods to estimate the completion factors for lags 0 through 2. We primarily use a claims trend assumption to determine the completion factors for these lag months.

To calculate the completion factor for a 12 month experience period, we first estimate Incurred care for each incurral month using the above methodology. We then sum up the paid claims incurred in the 12 month period and divide that by the total estimated incurred care for the period to get the completion factor.

APPENDIX-A

BlueChoice SG ACA Medical

Sample Paid Claims Data (in thousands)

(Incurral dates and Paid dates)

	201204	201205	.	.	.	201406	201407	201408	201409	201410	201411	201412	201501	201502	201503
Lag month 0	-	-	.	.	.	3,527	4,816	6,033	8,568	9,483	7,427	9,673	15,383	11,927	18,248
Lag month 1	-	-	.	.	.	5,181	7,980	8,175	10,116	12,070	13,011	25,033	19,871	22,109	
Lag month 2	-	-	.	.	.	772	777	1,069	1,770	2,247	2,781	2,766	6,252		
Lag month 3	-	-	.	.	.	186	346	879	700	1,214	709	1,114			
Lag month 4	-	-	.	.	.	184	95	116	988	306	481				
Lag month 5	-	-	.	.	.	81	59	130	91	189					
Lag month 6	-	-	.	.	.	48	207	90	135						
Lag month 7	-	-	.	.	.	54	28	33							
Lag month 8	-	-	.	.	.	32	26								
Lag month 9	-	-	.	.	.	11									
.	.	.	.	.	.										
.	.	.	.	.											
.	.	.	.												
Lag month 30	-	-													
Lag month 31	-	-													
Lag month 32	-	-													
Lag month 33	-	-													
Lag month 34	-	-													
Lag month 35	-														

Note: The highlighted number 709 represents the claims incurred in November 2014 but paid in February 2015 (lag 3)

APPENDIX-B

BlueChoice SG ACA Medical

Cumulative Paid Triangle (in thousands)

(Incurral dates and Paid dates)

	201204	201205	.	.	.	201406	201407	201408	201409	201410	201411	201412	201501	201502	201503
Lag month 0	-	-	.	.	.	3,527	4,816	6,033	8,568	9,483	7,427	9,673	15,383	11,927	18,248
Lag month 1	-	-	.	.	.	8,708	12,796	14,207	18,683	21,553	20,438	34,706	35,254	34,036	
Lag month 2	-	-	.	.	.	9,480	13,573	15,276	20,453	23,800	23,219	37,472	41,507		
Lag month 3	-	-	.	.	.	9,666	13,919	16,155	21,153	25,014	23,928	38,586			
Lag month 4	-	-	.	.	.	9,850	14,013	16,271	22,142	25,320	24,409				
Lag month 5	-	-	.	.	.	9,931	14,073	16,402	22,233	25,510					
Lag month 6	-	-	.	.	.	9,979	14,279	16,492	22,368						
Lag month 7	-	-	.	.	.	10,034	14,308	16,525							
Lag month 8	-	-	.	.	.	10,066	14,334								
Lag month 9	-	-	.	.	.	10,076									
.	.	.	.	.	.										
.	.	.	.	.											
.	.	.	.												
Lag month 30	-	-													
Lag month 31	-	-													
Lag month 32	-	-													
Lag month 33	-	-													
Lag month 34	-	-													
Lag month 35	-														

Note: The highlighted number 23,928 represents the cumulative claims paid as of February 2015 for claims incurred in November 2014. 23,928 is the sum of 7247, 13011, 2781, and 709 all of which can be seen in Appendix A.

APPENDIX-C

BlueChoice SG ACA Medical

Completion Ratios

(Incurral dates and Paid dates)

	201204	201205	.	.	.	201406	201407	201408	201409	201410	201411	201412	201501	201502	201503
Lag month 0	-	-	.	.	.	-	-	-	-	-	-	-	-	-	-
Lag month 1	-	-	.	.	.	0.405080	0.376388	0.424615	0.458566	0.440002	0.363392	0.278723	0.436344	0.350419	
Lag month 2	-	-	.	.	.	0.918527	0.942782	0.930037	0.913463	0.905603	0.880208	0.926184	0.849366		
Lag month 3	-	-	.	.	.	0.980796	0.975159	0.945615	0.966912	0.951470	0.970350	0.971127			
Lag month 4	-	-	.	.	.	0.981294	0.993249	0.992850	0.955357	0.987896	0.980314				
Lag month 5	-	-	.	.	.	0.991865	0.995780	0.992046	0.995889	0.992576					
Lag month 6	-	-	.	.	.	0.995189	0.985516	0.994523	0.993963						
Lag month 7	-	-	.	.	.	0.994570	0.998011	0.997982							
Lag month 8	-	-	.	.	.	0.996819	0.998154								
Lag month 9	-	-	.	.	.	0.998926									
.	.	.	.	.	.										
.	.	.	.	.	.										
.	.	.	.	.	.										
Lag month 30	-	-	.	.	.										
Lag month 31	-	-	.	.	.										
Lag month 32	-	-	.	.	.										
Lag month 33	-	-													
Lag month 34	-	-													
Lag month 35	-														

Max
Min

Note: The yellow highlighted number, 0.970350, is the completion ratio for lag 3 for the incurral month of November 2014. This is the ratio of cumulative paid in lag 2 (23,219) to cumulative paid in lag 3 (23,928) (see Appendix B for cumulative paid). Because we rounded paid claims in Appendix B, the ratio shown in Appendix C is not exact.

<u>Example</u>

To determine the completion ratio for lag 4 (which we need in the calculation of completion factor for lag 3):

- Select the 6 most recent completion ratios for lag 4 (numbers in the box above)
- Eliminate the highest completion ratio (0.993249--highlighted orange)
- Eliminate the lowest completion ratio (0.955357--highlighted blue)
- Average the four remaining ratios (unweighted arithmetic average)
  - $\frac{.981294 + .992850 + .987896 + .980314}{4}$ =0.9856 (rounded to the nearest four decimal places)

APPENDIX-D

BlueChoice SG ACA Medical

Completion Ratios, Completion Factors, and Incurred Care

Lag Month	(mos 1 - 6) 4 of 6 Completion Ratios	(mos 1 - 6) 4 of 6 Completion Factors	Paid to Date	Incurred Care
0	0	0.3345	18,248,455	54,551,423
1	0.3975	0.8415	34,035,670	40,447,732
2	0.9064	0.9284	41,506,801	44,707,665
3	0.9650	0.9621	38,586,321	40,105,842
4	0.9856	0.9762	24,408,981	25,004,578
5	0.9931	0.9830	25,509,534	25,950,812
6	0.9951	0.9878	22,368,189	22,643,712
7	0.9962	0.9916	16,525,210	16,665,902
8	0.9982	0.9933	14,334,273	14,430,584
9	0.9986	0.9947	10,076,458	10,129,806
10	0.9955	0.9992	9,522,470	9,529,937
11	0.9996	0.9996	7,742,681	7,745,418
12	0.9998	0.9998	4,964,052	4,964,928
13	0.9999	0.9999	3,783,808	3,784,278
14	0.9999	1.0000	2,207,690	2,207,690
15	1.0000	1.0000	-	-
16	1.0000	1.0000	-	-
17	1.0000	1.0000	-	-
18	1.0000	1.0000	-	-
19	1.0000	1.0000	-	-
20	1.0000	1.0000	-	-
21	1.0000	1.0000	-	-
22	1.0000	1.0000	-	-
23	1.0000	1.0000	-	-
24	1.0000	1.0000	-	-
25	1.0000	1.0000	-	-
26	1.0000	1.0000	-	-
27	1.0000	1.0000	-	-
28	1.0000	1.0000	-	-
29	1.0000	1.0000	-	-
30	1.0000	1.0000	-	-
31	1.0000	1.0000	-	-
32	1.0000	1.0000	-	-
33	1.0000	1.0000	-	-
34	1.0000	1.0000	-	-
35	1.0000	1.0000	-	-

2014		
Paid to Date	Incurred Care	CF
180,029,668	183,163,487	0.9829

2014 Incurral Months

There are no claims in lag month 15 and prior because ACA started in 2014.

Example

To derive the completion factor for lag 3, we will need the completion ratio and the completion factor for lag 4.

For the calculation of completion ratio for lag 4, please see the example in Appendix C. The completion ratio for lag 4 is 0.9856.

The completion factor for lag 4 is calculated in a recursive fashion. Assuming a completion factor of 1.0 for lags 35 and greater, the completion factor for lag *t* is calculated by taking the product of the completion ratio and completion factor for lag *t+1*. This iterative process results in a completion factor of 0.9762 for lag 4.

The completion factor of 0.9621 (0.9856*0.9762 = 0.9621) for lag 3 is calculated by taking the product of completion ratio and the completion factor for lag 4. To calculate incurred care for a given incurral month, we divide that month's paid to date claims (i.e. claims incurred in that month and paid through the valuation month) by the derived completion factor. Given the volatility of completion factors for lags 0-2, we instead project incurred care for these months using a trend assumption based on recent experience.

To determine the 2014 12-month CF, we sum up the claims paid and incurred in 2014 and divide by the estimated total incurred care in 2014, as indicated by the table on the top right of the preceding page.

CAREFIRST BLUECROSS BLUESHIELD
PART III ACTUARIAL MEMORANDUM

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

2. GENERAL INFORMATION:

Company Legal Name: CareFirst BlueChoice, Inc. (NAIC # 96202) (CFBC).
State: District of Columbia.
HIOS Issuer ID: 86052.
Market: Small Group (SG) – On Exchange.
Effective Date: 1/1/17 and quarterly incremental "trend" increases effective 4/1/17, 7/1/17 and 10/1/17.

Primary Contact Name: Mr. Dwayne Lucado, F.S.A., M.A.A.A.
Primary Contact Telephone Number: 410-998-7519.
Primary Contact E-Mail Address: Dwayne.Lucado@CareFirst.com.

3. PROPOSED RATE INCREASE(S): In compliance with the "Patient Protection and Affordable Care Act" (ACA, H.R. 3590) and toward the company's objectives of maximizing access and affordability, long-term financial viability and customer rate stability, CFBC is proposing to raise premiums by 4.4% on average for 1Q17, prior to age band changes. For CF overall (including the SG PPO business) the proposed average renewal is 2.3%. The range for CFBC is 0.7% to 18.3% for 1Q17. For renewing customers, an age band change adds 2.6% to the renewal, on average, with a range of 0.0% to 3.9% for ages 22 and upwards per the DC age curve. The estimated average renewals for 2Q17, 3Q17, and 4Q17 will be 5.5%, 6.3% and 7.5%, respectively. Consistent with 45 CFR Part § 155.705(b)(6) and Market Standards Proposed Rules 78 FR 13406 and 37032, we understand that we may subsequently file for changes to the post-1Q17 quarterly rate changes proposed herein if deemed necessary. This filing applies to all new and renewing, in-force business in the guaranteed renewable, non-grandfathered, ACA, metaled benefit plans.

Reason for Rate Increase(s): The main drivers supporting the rate increase are the assumed increases in allowed costs (8% assumed annual trend), the re-estimation of projected risk transfers for 2017, and the reduction in the Health Insurer Fee for 2017. The expected rate changes vary from 0.7% to 18.3% for 1Q17 renewals in this filing (prior to any impact of age band changes). This range is impacted by the compression of our induced demand factors by adopting the HHS factors.

4. MARKET EXPERIENCE:

4.1 - EXPERIENCE PERIOD PREMIUM AND CLAIMS: The incurred period is 1/1/15 through 12/31/15, as required.

Paid Through Date: 2/29/16.
Premiums (Net of MLR Rebate) in Experience Period: $192,675,204 (Merged).
Allowed and Incurred Claims From Experience Period: $165,673,443 (Merged Index Rate).

4.2 - BENEFIT CATEGORIES:
Inpatient (hospital).
Outpatient (hospital) (OP).
Professional.
Other Medical (non-capitated ambulance, home health care, durable medical equipment, prosthetics, supplies, vision exams, dental services and other).
Prescription drug (Rx).
Capitations.

4.3 - PROJECTION FACTORS:

Changes in the Morbidity of the Population Insured: Examination of the 2015 experience of the cohort as of 02/29/16 shows an improvement of -3.6%. From this 02/29/16 cohort we had prior claims experience for 82% of them.

Changes in Benefits: For 2017 we have minimally redesigned our small group portfolio. Some plans, requiring adjustments in order to comply with AV thresholds, received minor changes to member cost sharing. The changes to our plan designs have been accounted for in each specific plan level cost-share factor.

Changes in Demographics: We do anticipate a material change in the average age of this population between the experience and projection periods. As such, a 0.5% adjustment factor has been included.

Other Adjustments: CF is proposing to continue the incentive program whereby members can earn medical expense debit cards. 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. The impact of this program is now implicit in our base experience therefore no explicit adjustment has been made. Our aim is that this incentive program will improve our member' health.

This calculation also includes the following:

1. A decrease to prescription drug claims costs due to a projected increase in rebates realized by the move to a new "Pharmacy Benefits Manager" (PBM) in 2014.

2. A decrease in the PMPM capitations.

Trend Factors (Cost/Utilization): The proposed trend of 8.0% remains the same over 2016's 8.0%. In accordance with URRT instructions, we chose our proposed trend of 8.0% incorporating an estimated decrease in utilization solely attributable to induced demand from experience period to projection period of 30 basis points. An attached exhibit outlines the calculation.

4.4 - CREDIBILITY MANUAL RATE DEVELOPMENT: Not applicable.

4.5 - CREDIBILITY OF EXPERIENCE: The calendar 2015 base data includes 517,255 member months (average monthly of 43,105) and is therefore considered 100% credible.

4.6 - PAID TO ALLOWED RATIO: Projected at 82.3%, on average, for all quarters.

4.7 - RISK ADJUSTMENT AND REINSURANCE:

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

Projected Risk Adjustments PMPM: +$28.29 PMPM for 1Q17. 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 projected transfer receipts from 2015 to 2017. We referenced the CMS report released on 03/18/16 and used their 2015 state average premium of $448.83 and billable members of 975,427. However, we used our own state average PLRS (1.3891 versus CMS' 1.340) estimates since Wakely's PLRS includes an estimate of "incurred but not reported" claims. Since CF represents 83% of the market according to Wakely, our calculations assume that the state average scores will change in step with CF's changes from 2015 to 2016 to 2017. We have anchored on 2015 data including IBNR since we believe this best estimates final transfers. We itemize the variables such as "plan liability risk score" (PLRS), "allowable rating factor" (ARF) and state averages assumed to calculate PMPM transfers.

Per the DISB's request, CF has agreed to change its risk adjustment calculation from merged to unmerged starting in 2017. The impact was estimated to increase the renewal by 40 basis points from 4.0% to 4.4%.

Projected ACA Reinsurance Recoveries Net of Reinsurance Premium (Individual Market and Combined Markets Only): Reinsurance does not apply for 2017.

4.8 - NON-BENEFIT EXPENSES AND CONTRIBUTION TO RESERVE (CtR) & RISK: The "desired incurred claims ratio" (DICR) has changed from 71.7% (4Q 2016) to 74.7% (1Q 2017).

Administrative Expense Load: PMPMs decreased by 4% versus 2016. This includes broker expenses. CF has had some cost increases attributable to 1) ACA and operational complexity, 2) cybersecurity and 3) audit and compliance exposure and demands.

Contribution to Reserve & Risk Margin: 2.8% prior to income taxes (2016 was 2.0%).

Taxes and Fees:

1) Premium Tax of 2.0%.
2) Federal Income Tax (FIT) of 1.0% (35% tax rate).
3) Health Insurer Fee does not apply for 2017. A fee of 2.6% is assumed for 2018 and is phased in to the proposed rates for 2Q, 3Q, 4Q.
4) PCORI increased from $2.33 PMPY to $2.35 PMPY for 1Q – 3Q 2017 and $2.44 for 4Q 2017.
5) Reinsurance does not apply for 2017.
6) Risk Adjustment User Fees are included as $0.13 PMPM.
7) Exchange User Fees remained at $0.
8) Exchange Assessment Fee of 1.0% for 2017 per the "Health Benefit Exchange Authority Financial Sustainability Emergency Amendment Act of 2014" (D.C. Act 20-329) approved on 5/22/14. In addition, there is also a state assessment fee of 0.1%.

5. PROJECTED LOSS RATIO: Our projected loss ratio for ACA MLR rebate purposes is 80.6%, meeting the 80.0% minimum of the "Public Health Service Act" (PHSA) 218. Please note that this is based on the combined experience of INM and SG.

6. APPLICATION OF MARKET REFORM RATING RULES:

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

6.2 - INDEX RATE: Last year's implicit 2015 index rate was $321.81 (($300.17 EP allowed claims PMPM - $2.20 Non-EHB) x trend of 8.0%). As shown on Worksheet 1 of the URRT, the actual index rate for 2015 is $319 for a favorable variance of -1%.

After applying projection factors, the allowed claims PMPM for 1Q17 is $358.22. This includes projected claims for non-EHBs, estimated at $1.76 PMPM. The proposed 1Q17 index rate is $356.46.

Because the index rate merges Individual non-Medigap (IND64-) and Small Group (SG), the starting point experience period index rate for SG is higher by 2%.

6.2.1 - Small Group Quarterly Rate Filings: This filing includes quarterly incremental "trend" increases. Index rates are $363.53, $370.78 and $378.20 for 2Q, 3Q and 4Q17, respectively. As required, the index rate entered in the URRT reflects a member weighted blend of the quarterly index rates.

6.3 - MARKET ADJUSTED INDEX RATE:

Federal Reinsurance Program Adjustment: 1.00 for 1Q17.
Risk Adjustment: 1.0968 for 1Q17. A summary exhibit is provided.
Marketplace User Fee Adjustment: 1.00. A summary exhibit is provided.

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

composite to 1.00 across SG and INM. Cost-Share factors, Network Factors and Non-EHBs vary by plan. All other factors applying to the Index Rate are the same across all plans.

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

Age Curve Calibration – We have calibrated to the average age factor produced by our projected distribution and the required age curve.

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

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

7. PLAN PRODUCT INFORMATION:

7.1 - HHS ACTUARIAL METAL VALUES (AV): The majority of our 2017 plans include varying cost-share levels for some services that depend on the setting in which care is delivered. The Federal AV calculator was used to compute two separate AVs for each impacted plan – one which applied the higher level of cost-share, and one which applied the lower. The results were blended assuming 2/3 of the designated services are rendered in higher cost-share setting and the remaining 1/3 at the lower, consistent with 2014 experience for our SG and INM markets. Plans without these features used the AV calculator without modification.

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

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

7.3 - MEMBERSHIP PROJECTIONS: The distribution of projected enrollment is based on actual enrollment by plan as of 2/29/16. Total projected enrollment is consistent with our corporate plan.

7.4 - TERMINATED PLANS AND PRODUCTS: None

7.5 - PLAN TYPE: HMO and POS.

7.6 - WARNING ALERTS:

1. **Worksheet 2**

   a. **General:** Per the District's instructions, the index rate was developed with combined SG/INM experience which is entered on Worksheet 1 of the URRT, but the plan level rates were developed separately as the markets are remaining separate from the Federal perspective. Therefore, Worksheet 2 has only the SG market's plan data, and most of the warnings have been triggered because the SG totals on Worksheet 2 are less than the combined SG/INM totals on Worksheet 1.

   b. **Section IV: Plan Adjusted Index Rate, Total Premium (TP)** – Per URRT guidelines, the Plan Adjusted Index Rate must reflect the member weighted average of the Plan Adjusted Index Rates for all effective dates in the submission (1Q – 4Q16). As such, the average rate shown on Worksheet 2 will not match the SRP Gross Premium Avg. Rate on Worksheet 1, which reflects only the effective date of the change in Index Rate (January 1). Similarly, since the Total Premium on Worksheet 2 is calculated as Plan Adjusted Index Rate x Member Months, it will not match the Projected Period Total Premium from Worksheet 1.

8**. MISCELLANEOUS INSTRUCTIONS:**

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

8.2 - Reliance: None.

8.3 – Actuarial Certification: Included in the AM.

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

Rate Filing # 2100
D.C. Small Group Products - On Exchange
Rate Filing Effective 1/1/2017

Actuarial Memorandum

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

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CareFirst BlueChoice, Inc.
d.b.a. CareFirst BlueCross BlueShield
(NAIC # 96202)
D.C. Small Group Products - On Exchange
Rate Filing Effective 1/1/2017

Form Numbers

Form Numbers Associated With This Filing:

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

The SERFF Tracking # for the corresponding form filing On Exchange is as follows:
CFBC-130551815

ON-Exchange

Forms Used for ALL ON-Exchange BlueChoice Group Products

DC-CFBC-SHOP-GC (R 1-17)
DC/CFBC/DOL APPEAL (R. 1/16)
DC/CFBC/SHOP/ELIG (1/14)
DC/CFBC/FAM PLAN (8/12)
DC/CFBC/PARTNER (R. 7/09)
DC/CFBC/PT PROTECT (9/10)
DC/CFBC/SG/INCENT (1/16)
DC CFBC SHOP ELIG AMEND (1-17)

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

DC-CF-SHOP-GC (R 1-17)
DC-CF-SHOP-POS-OON-EOC (1-17)
DC/GHMSI/DOL APPEAL (R. 1/16)
DC-CF-SHOP-POS OON-DOCS (1-17)
DC/GHMSI/FAM PLAN (8/12)
DC/CF/PARTNER (R. 7/09)
DC/CF/BLCRD (1/12)
DC/CF/MEM/BLCRD (1/12)
DC/CF/ANCILLARY AMEND (10/12)
DC/CF/PT PROTECT (9/10)
DC/GHMSI-HEALTH GUARANTEE 1/15

Product: BlueChoice Plus Opt-Out
Network: Open Access

DC/CFBC/SHOP/HMO POS/EOC (1/17)
DC CFBC SHOP BC+OOOA DOCS (1-17)
DC/CFBC/BLCRD (1/12)
DC/CFBC/MEM/BLCRD (1/12)
DC CFBC SG BC+ OO PLAT 0 (1-17)

Product: BlueChoice Advantage
In-Network

DC/CFBC/SHOP/HMO POS/EOC (1/17)
DC CFBC SHOP ADV IN DOCS (1-17)
DC/CFBC/ADV IN/IPP GRP (1/14)
DC/CFBC/ADV IN/IPP MEM (1/14)
DC/CFBC/ANCILLARY AMEND (10/12)
DC CFBC SG BC ADV IN BF HSA SIL 1500 (1-17)
DC CFBC SG POS IN BRZ 5500 (1-17)
DC CFBC SG POS IN CDH BRZ 6500 (1-17)
DC CFBC SG POS IN CDH GOLD 1500 (1-17)
DC CFBC SG POS IN CDH SIL 1500 (1-17)
DC CFBC SG POS IN CDH SIL 3000 (1-17)
DC CFBC SG POS IN GOLD 500 (1-17)
DC CFBC SG POS IN GOLD 1000 (1-17)
DC CFBC SG POS IN PLAT 0 (1-17)
DC CFBC SG POS IN SIL 4000 (1-17)

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

DC CF SG BC ADV OON BF HSA SIL 1500 (1-17)
DC CF SG POS OON BRZ 5500 (1-17)
DC CF SG POS OON CDH BRZ 6500 (1-17)
DC CF SG POS OON CDH GOLD 1500 (1-17)
DC CF SG POS OON CDH SIL 1500 (1-17)
DC CF SG POS OON CDH SIL 3000 (1-17)
DC CF SG POS OON CDH SIL 3000 (1-17)
DC CF SG POS OON GOLD 1000 (1-17)
DC CF SG POS OON PLAT 0 (1-17)
DC CF SG POS OON SIL 4000 (1-17)

Product: BlueChoice Plus
In-Network

DC/CFBC/SHOP/HMO POS/EOC (1/17)
DC CFBC SHOP PLUS IN DOCS (1-17)
DC/CFBC/BLCRD (1/12)
DC/CFBC/MEM/BLCRD (1/12)
DC CFBC SG POS IN CDH BRZ 6500 (1-17)
DC CFBC SG POS IN CDH SIL 1500 (1-17)
DC CFBC SG POS IN CDH SIL 3000 (1-17)
DC CFBC SG POS IN GOLD 500 (1-17)
DC CFBC SG POS IN GOLD 1000 (1-17)

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

DC CF SG POS OON CDH BRZ 6500 (1-17)
DC CF SG POS OON CDH SIL 1500 (1-17)
DC CF SG POS OON CDH SIL 3000 (1-17)
DC CF SG POS OON CDH SIL 3000 (1-17)
DC CF SG POS OON GOLD 1000 (1-17)

Product: HealthyBlue Plus
In-Network

DC/CFBC/SHOP/HMO POS/EOC (1/17)
DC CFBC SHOP PLUS IN DOCS (1-17)
DC/CFBC/BLCRD (1/12)
DC/CFBC/MEM/BLCRD (1/12)
DC CFBC SG POS IN CDH SIL 2000 (1-17)
DC CFBC SG POS IN GOLD 1500 (1-17)
DC CFBC SG POS IN PLAT 500 (1-17)
DC CFBC SG POS IN PLAT 1000 (1-17)

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

DC CF SG POS OON CDH SIL 2000 (1-17)
DC CF SG POS OON GOLD 1500 (1-17)
DC CF SG POS OON PLAT 500 (1-17)
DC CF SG POS OON PLAT 1000 (1-17)

CareFirst BlueChoice, Inc.
d.b.a. CareFirst BlueCross BlueShield
(NAIC # 96202)
D.C. Small Group Products - On Exchange
Rate Filing Effective 1/1/2017

Form Numbers

Form Numbers Associated With This Filing:

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

The SERFF Tracking # for the corresponding form filing On Exchange is as follows:
CFBC-130551815

ON-Exchange (continued)

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

DC/CFBC/SHOP/HMO POS/EOC (1/17)
DC CFBC SHOP HMO DOCS (1-17)
DC/CFBC/BLCRD (1/12)
DC/CFBC/MEM/BLCRD (1/12)
DC CFBC SG HMO OA CDH BRZ 6500 (1-17)
DC CFBC SG HMO OA CDH GOLD 1500 (1-17)
DC CFBC SG HMO OA CDH SIL 1500 (1-17)
DC CFBC SG HMO OA CDH SIL 2000 (1-17)
DC CFBC SG HMO OA CDH SIL 3000 (1-17)
DC CFBC SG HMO OA GOLD 500 (1-17)
DC CFBC SG HMO OA GOLD 1500 (1-17)
DC CFBC SG HMO OA PLAT 0 (1-17)
DC CFBC SG HMO OA SIL 1000 (1-17)
DC CFBC SG HMO REF BRZ 5500 (1-17)
DC CFBC SG HMO REF GOLD 0 (1-17)
DC CFBC SG HMO REF GOLD 500 (1-17)
DC CFBC SG HMO REF GOLD 1000 (1-17)
DC CFBC SG HMO REF PLAT 0 (1-17)
DC CFBC SG HMO REF PLAT 1000 (1-17)
DC CFBC SG HMO REF SIL 2000 (1-17)
DC CFBC SG HMO REF SIL 4000 (1-17)

Product: HealthyBlue HMO
Network: Open Access

DC/CFBC/SHOP/HMO POS/EOC (1/17)
DC CFBC SHOP HMO DOCS (1-17)
DC/CFBC/BLCRD (1/12)
DC/CFBC/MEM/BLCRD (1/12)
DC CFBC SG HB HMO CDH SIL 2000 (1-17)
DC CFBC SG HB HMO GOLD 1500 (1-17)
DC CFBC SG HB HMO PLAT 500 (1-17)
DC CFBC SG HB HMO PLAT 1000 (1-17)

Product: HealthyBlue Advantage
In-Network

DC/CFBC/SHOP/HMO POS/EOC (1/17)
DC CFBC SHOP ADV IN DOCS (1-17)
DC/CFBC/ADV IN/IPP GRP (1/14)
DC/CFBC/ADV IN/IPP MEM (1/14)
DC/CFBC/ANCILLARY AMEND (10/12)
DC CFBC SG POS IN CDH SIL 2000 (1-17)
DC CFBC SG POS IN GOLD 1500 (1-17)
DC CFBC SG POS IN PLAT 500 (1-17)
DC CFBC SG POS IN PLAT 1000 (1-17)

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

DC CF SG POS OON CDH SIL 2000 (1-17)
DC CF SG POS OON GOLD 1500 (1-17)
DC CF SG POS OON PLAT 500 (1-17)
DC CF SG POS OON PLAT 1000 (1-17)

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

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

CareFirst BlueChoice, Inc.
(NAIC # 96202)
H.R. 3950 - Public Law 111-148 - Patient Protection and Affordable Care Act (ACA)
D.C. Small Group Products - On Exchange
Rate Filing Effective 1/1/2017
Actuarial Certification

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

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

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

I further certify the following:

1. The projected Index Rate is:

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

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

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

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

As a qualifier to the opinion, the URRT does not demonstrate the process used by the issuer to develop the rates. Rather it represents information required by Federal regulation to be provided in support of the review of rate increases, for certification of Qualified Health Plans for Federally-facilitated Marketplaces, and for certification that the Index Rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.

Dwayne Lucado Digitally signed by Dwayne Lucado
Date: 2016.05.05 16:20:46 -04'00'

Dwayne Lucado, FSA, MAAA
Director, Actuarial Pricing
CareFirst BlueCross BlueShield
Mail Drop-Point 01-720
10455 Mill Run Circle
Owings Mills, MD 21117

CareFirst BlueChoice, Inc.
d.b.a. CareFirst BlueCross BlueShield
(NAIC # 96202)
D.C. Small Group Products - On Exchange
Rate Filing Effective 1/1/2017

2017 HIOS IDs

HIOS Product ID	HIOS Product Name	HIOS Plan ID	HIOS Plan Name	On/Off Exchange	Product Type	Abortion Coverage	Actuarial Value	Metal Level	Unique Plan	Projected Members 12/31/17
86052DC046	BlueChoice HMO	86052DC0460011	BlueChoice HMO Platinum 0	On	HMO	Yes	91.58%	Platinum	Yes	1,825
86052DC046	BlueChoice HMO	86052DC0460010	BlueChoice HMO Gold 500	On	HMO	Yes	81.82%	Gold	Yes	1,660
86052DC046	BlueChoice HMO	86052DC0460020	BlueChoice HMO Silver 1000	On	HMO	Yes	71.99%	Silver	Yes	100
86052DC046	BlueChoice HMO	86052DC0460009	BlueChoice HMO Gold 1500	On	HMO	Yes	79.00%	Gold	Yes	239
86052DC046	BlueChoice HMO	86052DC0460021	BlueChoice HMO HSA/HRA Gold 1500	On	HMO	Yes	78.68%	Gold	Yes	100
86052DC046	BlueChoice HMO	86052DC0460012	BlueChoice HMO HSA/HRA Silver 1500	On	HMO	Yes	71.72%	Silver	Yes	817
86052DC046	BlueChoice HMO	86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000	On	HMO	Yes	70.90%	Silver	Yes	937
86052DC046	BlueChoice HMO	86052DC0460019	BlueChoice HMO HSA/HRA Silver 3000	On	HMO	Yes	69.42%	Silver	Yes	100
86052DC046	BlueChoice HMO	86052DC0460014	BlueChoice HMO HSA/HRA Bronze 6500	On	HMO	Yes	61.38%	Bronze	Yes	286
86052DC048	BlueChoice HMO Referral	86052DC0480007	BlueChoice HMO Referral Platinum 0	On	HMO	Yes	91.58%	Platinum	Yes	2,734
86052DC048	BlueChoice HMO Referral	86052DC0480010	BlueChoice HMO Referral Gold 0	On	HMO	Yes	81.83%	Gold	Yes	122
86052DC048	BlueChoice HMO Referral	86052DC0480008	BlueChoice HMO Referral Gold 500	On	HMO	Yes	81.82%	Gold	Yes	1,079
86052DC048	BlueChoice HMO Referral	86052DC0480012	BlueChoice HMO Referral Platinum 1000	On	HMO	Yes	88.63%	Platinum	Yes	100
86052DC048	BlueChoice HMO Referral	86052DC0480011	BlueChoice HMO Referral Gold 80	On	HMO	Yes	78.99%	Gold	Yes	100
86052DC048	BlueChoice HMO Referral	86052DC0480013	BlueChoice HMO Referral Silver 70	On	HMO	Yes	71.24%	Silver	Yes	100
86052DC048	BlueChoice HMO Referral	86052DC0480014	BlueChoice HMO Referral Silver 4000	On	HMO	Yes	68.92%	Silver	Yes	100
86052DC048	BlueChoice HMO Referral	86052DC0480009	BlueChoice HMO Referral Bronze 5500	On	HMO	Yes	61.62%	Bronze	Yes	100
86052DC058	BlueChoice Plus Opt-Out	86052DC0580001	BlueChoice Plus Opt-Out Platinum 0	On	POS	Yes	91.58%	Platinum	Yes	5,880
86052DC050	BlueChoice Plus	86052DC0500016	BlueChoice Plus Gold 500	On	POS	Yes	81.82%	Gold	Yes	139
86052DC050	BlueChoice Plus	86052DC0500015	BlueChoice Plus Gold 1000	On	POS	Yes	80.06%	Gold	Yes	100
86052DC050	BlueChoice Plus	86052DC0500009	BlueChoice Plus HSA/HRA Silver 1500	On	POS	Yes	71.72%	Silver	Yes	1,280
86052DC050	BlueChoice Plus	86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000	On	POS	Yes	69.42%	Silver	Yes	597
86052DC050	BlueChoice Plus	86052DC0500017	BlueChoice Plus HSA/HRA Bronze 6500	On	POS	Yes	61.38%	Bronze	Yes	100
86052DC044	BlueChoice Advantage	86052DC0440012	BlueChoice Advantage Platinum 0	On	POS	Yes	91.58%	Platinum	Yes	1,384
86052DC044	BlueChoice Advantage	86052DC0440011	BlueChoice Advantage Gold 500	On	POS	Yes	81.82%	Gold	Yes	909
86052DC044	BlueChoice Advantage	86052DC0440010	BlueChoice Advantage Gold 1000	On	POS	Yes	80.06%	Gold	Yes	1,060
86052DC044	BlueChoice Advantage	86052DC0440021	BlueChoice Advantage HSA/HRA Gold 1500	On	POS	Yes	78.68%	Gold	Yes	100
86052DC044	BlueChoice Advantage	86052DC0440013	BlueChoice Advantage HSA/HRA Silver 1500	On	POS	Yes	71.72%	Silver	Yes	1,873
86052DC044	BlueChoice Advantage	86052DC0440023	BlueChoice Advantage Silver 1500 BlueFund HSA	On	POS	Yes	71.90%	Silver	Yes	100
86052DC044	BlueChoice Advantage	86052DC0440019	BlueChoice Advantage HSA/HRA Silver 3000	On	POS	Yes	69.42%	Silver	Yes	100
86052DC044	BlueChoice Advantage	86052DC0440022	BlueChoice Advantage Silver 4000	On	POS	Yes	68.92%	Silver	Yes	100
86052DC044	BlueChoice Advantage	86052DC0440018	BlueChoice Advantage HSA/HRA Bronze 6500	On	POS	Yes	61.38%	Bronze	Yes	100
86052DC044	BlueChoice Advantage	86052DC0440020	BlueChoice Advantage Bronze 5500	On	POS	Yes	61.62%	Bronze	Yes	100
86052DC046	BlueChoice HMO	86052DC0460016	HealthyBlue HMO Platinum 500	On	HMO	Yes	89.49%	Platinum	Yes	298
86052DC046	BlueChoice HMO	86052DC0460017	HealthyBlue HMO Platinum 1000	On	HMO	Yes	88.68%	Platinum	Yes	100
86052DC046	BlueChoice HMO	86052DC0460015	HealthyBlue HMO Gold 1500	On	HMO	Yes	81.31%	Gold	Yes	1,080
86052DC046	BlueChoice HMO	86052DC0460018	HealthyBlue HMO HSA/HRA Silver 2000	On	HMO	Yes	71.98%	Silver	Yes	980
86052DC050	BlueChoice Plus	86052DC0500012	HealthyBlue Plus Platinum 500	On	POS	Yes	89.49%	Platinum	Yes	1,265
86052DC050	BlueChoice Plus	86052DC0500013	HealthyBlue Plus Platinum 1000	On	POS	Yes	88.68%	Platinum	Yes	505
86052DC050	BlueChoice Plus	86052DC0500011	HealthyBlue Plus Gold 1500	On	POS	Yes	81.31%	Gold	Yes	1,404
86052DC050	BlueChoice Plus	86052DC0500014	HealthyBlue Plus HSA/HRA Silver 2000	On	POS	Yes	71.98%	Silver	Yes	639
86052DC044	BlueChoice Advantage	86052DC0440015	HealthyBlue Advantage Platinum 500	On	POS	Yes	89.49%	Platinum	Yes	747
86052DC044	BlueChoice Advantage	86052DC0440016	HealthyBlue Advantage Platinum 1000	On	POS	Yes	88.68%	Platinum	Yes	684
86052DC044	BlueChoice Advantage	86052DC0440014	HealthyBlue Advantage Gold 1500	On	POS	Yes	81.31%	Gold	Yes	3,745
86052DC044	BlueChoice Advantage	86052DC0440017	HealthyBlue Advantage HSA/HRA Silver 2000	On	POS	Yes	71.98%	Silver	Yes	1,323
TOTAL										**37,191**

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

2017 ACA
SMALL GROUP - DC BC

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
	2016 Plans		2017 Plans		Members		HHS	Consumer Level Base Rates				HHS	Consumer Level Base Rates								
	Metal	Plan	Metal	Plan	Actual	% of Actual	2016					2017									
					2/29/2016	Total	AV	1Q16	2Q16	3Q16	4Q16	AV	1Q17	RNL	2Q17	RNL	3Q17	RNL	4Q17	RNL	1Q INC
1	Platinum	BlueChoice HMO Platinum 0	Platinum	BlueChoice HMO Platinum 0	1,825	5.1%	0.911	$477.60	$484.28	$491.48	$498.64	0.916	$490.96	2.8%	$503.18	3.9%	$514.72	4.7%	$527.89	5.9%	-1.5%
2	Platinum	BlueChoice HMO Referral Platinum 0	Platinum	BlueChoice HMO Referral Platinum 0	2,734	7.6%	0.911	$454.86	$461.22	$468.07	$474.89	0.916	$467.58	2.8%	$479.22	3.9%	$490.21	4.7%	$502.75	5.9%	-1.5%
3	Platinum	BlueChoice HMO Referral Platinum 1000	Platinum	BlueChoice HMO Referral Platinum 1000	1	0.0%	0.881	$429.41	$435.42	$441.89	$448.32	0.886	$436.53	1.7%	$447.39	2.7%	$457.65	3.6%	$469.36	4.7%	-2.6%
4	Platinum	BlueChoice Plus Opt-Out Platinum 0	Platinum	BlueChoice Plus Opt-Out Platinum 0	5,880	16.4%	0.911	$484.07	$490.85	$498.14	$505.39	0.916	$497.61	2.8%	$510.00	3.9%	$521.70	4.7%	$535.04	5.9%	-1.5%
5	Platinum	BlueChoice Advantage Platinum 0	Platinum	BlueChoice Advantage Platinum 0	1,384	3.9%	0.911	$511.59	$518.75	$526.45	$534.12	0.916	$525.90	2.8%	$538.99	3.9%	$551.35	4.7%	$565.45	5.9%	-1.5%
6	Platinum	HealthyBlue HMO Platinum 500	Platinum	HealthyBlue HMO Platinum 500	298	0.8%	0.889	$464.53	$471.03	$478.03	$484.99	0.895	$481.65	3.7%	$493.64	4.8%	$504.96	5.6%	$517.88	6.8%	-0.7%
7	Platinum	HealthyBlue HMO Platinum 1000	Platinum	HealthyBlue HMO Platinum 1000	86	0.2%	0.880	$459.08	$465.51	$472.42	$479.30	0.887	$462.41	0.7%	$473.92	1.8%	$484.79	2.6%	$497.19	3.7%	-3.5%
8	Platinum	HealthyBlue Plus Platinum 500	Platinum	HealthyBlue Plus Platinum 500	1,265	3.5%	0.889	$477.12	$483.80	$490.98	$498.13	0.895	$494.70	3.7%	$507.01	4.8%	$518.65	5.6%	$531.91	6.8%	-0.7%
9	Platinum	HealthyBlue Plus Platinum 1000	Platinum	HealthyBlue Plus Platinum 1000	505	1.4%	0.880	$471.52	$478.12	$485.22	$492.29	0.887	$474.94	0.7%	$486.76	1.8%	$497.92	2.6%	$510.66	3.7%	-3.5%
10	Platinum	HealthyBlue Advantage Platinum 500	Platinum	HealthyBlue Advantage Platinum 500	747	2.1%	0.889	$497.59	$504.55	$512.05	$519.50	0.895	$515.93	3.7%	$528.77	4.8%	$540.89	5.6%	$554.73	6.8%	-0.7%
11	Platinum	HealthyBlue Advantage Platinum 1000	Platinum	HealthyBlue Advantage Platinum 1000	684	1.9%	0.880	$491.75	$498.63	$506.04	$513.41	0.887	$495.31	0.7%	$507.64	1.8%	$519.28	2.6%	$532.57	3.7%	-3.5%
	PLATINUM SUBTOTAL				**15,409**	**43.0%**	**0.905**	**$480.09**	**$486.81**	**$494.04**	**$501.23**	**0.910**	**$493.33**	**2.8%**	**$505.61**	**3.9%**	**$517.21**	**4.7%**	**$530.44**	**5.8%**	**-1.6%**
12	Gold	BlueChoice HMO Gold 500	Gold	BlueChoice HMO Gold 500	1,660	4.6%	0.815	$374.61	$379.85	$385.49	$391.11	0.818	$401.28	7.1%	$411.26	8.3%	$420.70	9.1%	$431.46	10.3%	2.6%
13	Gold	BlueChoice HMO Gold 1500	Gold	BlueChoice HMO Gold 1500	239	0.7%	0.780	$360.06	$365.10	$370.52	$375.92	0.790	$385.84	7.2%	$395.44	8.3%	$404.51	9.2%	$414.86	10.4%	2.6%
14	Gold	BlueChoice HMO Referral Gold 0	Gold	BlueChoice HMO Referral Gold 0	122	0.3%	0.818	$374.39	$379.63	$385.27	$390.88	0.818	$402.05	7.4%	$412.05	8.5%	$421.51	9.4%	$432.29	10.6%	2.9%
15	Gold	BlueChoice HMO Referral Gold 500	Gold	BlueChoice HMO Referral Gold 500	1,079	3.0%	0.815	$356.77	$361.76	$367.14	$372.48	0.818	$382.17	7.1%	$391.68	8.3%	$400.67	9.1%	$410.91	10.3%	2.6%
16	Gold	BlueChoice HMO Referral Gold 80	Gold	BlueChoice HMO Referral Gold 80	57	0.2%	0.780	$336.40	$341.11	$346.17	$351.21	0.790	$366.21	8.9%	$375.33	10.0%	$383.94	10.9%	$393.76	12.1%	4.3%
17	Gold	BlueChoice Plus Gold 500	Gold	BlueChoice Plus Gold 500	139	0.4%	0.815	$384.76	$390.15	$395.94	$401.71	0.818	$412.15	7.1%	$422.41	8.3%	$432.10	9.1%	$443.15	10.3%	2.6%
18	Gold	BlueChoice Plus Gold 1000	Gold	BlueChoice Plus Gold 1000	67	0.2%	0.791	$372.74	$377.95	$383.57	$389.15	0.801	$402.16	7.9%	$412.17	9.1%	$421.62	9.9%	$432.41	11.1%	3.3%
19	Gold	BlueChoice Advantage Gold 500	Gold	BlueChoice Advantage Gold 500	909	2.5%	0.815	$401.27	$406.88	$412.93	$418.94	0.818	$429.83	7.1%	$440.53	8.3%	$450.64	9.1%	$462.16	10.3%	2.6%
20	Gold	BlueChoice Advantage Gold 1000	Gold	BlueChoice Advantage Gold 1000	1,060	3.0%	0.791	$388.73	$394.17	$400.02	$405.85	0.801	$419.41	7.9%	$429.85	9.1%	$439.71	9.9%	$450.96	11.1%	3.3%
21	Gold	HealthyBlue HMO Gold 1500	Gold	HealthyBlue HMO Gold 1500	1,080	3.0%	0.818	$391.31	$396.78	$402.68	$408.54	0.813	$408.57	4.4%	$418.73	5.5%	$428.34	6.4%	$439.30	7.5%	0.0%
22	Gold	HealthyBlue Plus Gold 1500	Gold	HealthyBlue Plus Gold 1500	1,404	3.9%	0.818	$401.91	$407.54	$413.59	$419.61	0.813	$419.64	4.4%	$430.08	5.5%	$439.95	6.4%	$451.20	7.5%	0.0%
23	Gold	HealthyBlue Advantage Gold 1500	Gold	HealthyBlue Advantage Gold 1500	3,745	10.4%	0.818	$419.15	$425.02	$431.33	$437.61	0.813	$437.64	4.4%	$448.53	5.5%	$458.82	6.4%	$470.56	7.5%	0.0%
	GOLD SUBTOTAL				**11,561**	**32.2%**	**0.813**	**$395.26**	**$400.79**	**$406.74**	**$412.67**	**0.813**	**$417.74**	**5.7%**	**$428.14**	**6.9%**	**$437.96**	**7.7%**	**$449.17**	**8.9%**	**1.3%**
24	Silver	BlueChoice HMO Silver 1000	Silver	BlueChoice HMO Silver 1000	40	0.1%	0.714	$303.96	$308.21	$312.79	$317.35	0.720	$327.59	7.8%	$335.74	8.9%	$343.44	9.8%	$352.23	11.0%	3.2%
25	Silver	BlueChoice HMO HSA/HRA Silver 1500	Silver	BlueChoice HMO HSA/HRA Silver 1500	817	2.3%	0.716	$284.61	$288.60	$292.88	$297.15	0.717	$300.49	5.6%	$307.97	6.7%	$315.03	7.6%	$323.09	8.7%	1.1%
26	Silver	BlueChoice HMO HSA/HRA Silver 2000	Silver	BlueChoice HMO HSA/HRA Silver 2000	937	2.6%	0.696	$274.44	$278.28	$282.41	$286.52	0.709	$289.99	5.7%	$297.21	6.8%	$304.02	7.7%	$311.80	8.8%	1.2%
27	Silver	BlueChoice HMO HSA/HRA Silver 3000	Silver	BlueChoice HMO HSA/HRA Silver 3000	6	0.0%	0.682	$265.34	$269.06	$273.05	$277.03	0.694	$276.08	4.0%	$282.95	5.2%	$289.45	6.0%	$296.85	7.2%	-0.3%
28	Silver	BlueChoice HMO Referral Silver 70	Silver	BlueChoice HMO Referral Silver 70	16	0.0%	0.701	$274.05	$277.88	$282.01	$286.12	0.712	$297.67	8.6%	$305.08	9.8%	$312.08	10.7%	$320.06	11.9%	4.0%
29	Silver	BlueChoice Plus HSA/HRA Silver 1500	Silver	BlueChoice Plus HSA/HRA Silver 1500	1,280	3.6%	0.716	$292.32	$296.42	$300.82	$305.20	0.717	$308.63	5.6%	$316.31	6.7%	$323.57	7.6%	$331.85	8.7%	1.1%
30	Silver	BlueChoice Plus HSA/HRA Silver 3000	Silver	BlueChoice Plus HSA/HRA Silver 3000	597	1.7%	0.682	$272.54	$276.35	$280.45	$284.54	0.694	$283.57	4.0%	$290.62	5.2%	$297.29	6.0%	$304.89	7.2%	-0.3%
31	Silver	BlueChoice Advantage HSA/HRA Silver 1500	Silver	BlueChoice Advantage HSA/HRA Silver 1500	1,873	5.2%	0.716	$304.86	$309.13	$313.72	$318.29	0.717	$321.87	5.6%	$329.88	6.7%	$337.45	7.6%	$346.08	8.7%	1.1%
32	Silver	BlueChoice Advantage HSA/HRA Silver 3000	Silver	BlueChoice Advantage HSA/HRA Silver 3000	9	0.0%	0.682	$284.23	$288.20	$292.49	$296.74	0.694	$295.73	4.0%	$303.09	5.2%	$310.04	6.0%	$317.97	7.2%	-0.3%
33	Silver	HealthyBlue HMO HSA/HRA Silver 2000	Silver	HealthyBlue HMO HSA/HRA Silver 2000	980	2.7%	0.719	$286.80	$290.81	$295.13	$299.43	0.720	$298.87	4.2%	$306.31	5.3%	$313.34	6.2%	$321.35	7.3%	-0.2%
34	Silver	HealthyBlue Plus HSA/HRA Silver 2000	Silver	HealthyBlue Plus HSA/HRA Silver 2000	639	1.8%	0.719	$294.57	$298.69	$303.13	$307.55	0.720	$306.97	4.2%	$314.61	5.3%	$321.83	6.2%	$330.06	7.3%	-0.2%
35	Silver	HealthyBlue Advantage HSA/HRA Silver 2000	Silver	HealthyBlue Advantage HSA/HRA Silver 2000	1,323	3.7%	0.719	$307.21	$311.51	$316.14	$320.74	0.720	$320.14	4.2%	$328.11	5.3%	$335.63	6.2%	$344.22	7.3%	-0.2%
	SILVER SUBTOTAL				**8,517**	**23.7%**	**0.712**	**$292.82**	**$296.92**	**$301.33**	**$305.72**	**0.716**	**$307.53**	**5.0%**	**$315.18**	**6.1%**	**$322.41**	**7.0%**	**$330.66**	**8.2%**	**0.6%**
36	Bronze	BlueChoice HMO HSA/HRA Bronze 5000	Bronze	BlueChoice HMO HSA/HRA Bronze 6500	286	0.8%	0.619	$201.25	$204.07	$207.10	$210.12	0.614	$228.01	13.3%	$233.68	14.5%	$239.04	15.4%	$245.16	16.7%	8.5%
37	Bronze	BlueChoice HMO Referral Bronze 5500	Bronze	BlueChoice HMO Referral Bronze 5500	16	0.0%	0.620	$217.51	$220.55	$223.83	$227.09	0.616	$257.34	18.3%	$263.75	19.6%	$269.80	20.5%	$276.70	21.8%	13.3%
38	Bronze	BlueChoice Plus HSA/HRA Bronze 5000	Bronze	BlueChoice Plus HSA/HRA Bronze 6500	72	0.2%	0.619	$206.71	$209.60	$212.71	$215.81	0.614	$234.19	13.3%	$240.01	14.5%	$245.52	15.4%	$251.80	16.7%	8.5%
39	Bronze	BlueChoice Advantage HSA/HRA Bronze 5000	Bronze	BlueChoice Advantage HSA/HRA Bronze 6500	10	0.0%	0.619	$215.58	$218.59	$221.84	$225.07	0.614	$244.23	13.3%	$250.31	14.5%	$256.05	15.4%	$262.60	16.7%	8.5%
	BRONZE SUBTOTAL				**384**	**1.1%**	**0.619**	**$203.32**	**$206.17**	**$209.23**	**$212.28**	**0.614**	**$230.81**	**13.5%**	**$236.55**	**14.7%**	**$241.98**	**15.6%**	**$248.17**	**16.9%**	**8.7%**
		BlueChoice Total			**35,871**	**100%**	**0.827**	**$405.32**	**$411.00**	**$417.10**	**$423.17**	**0.830**	**$422.04**	**4.4%**	**$432.55**	**5.5%**	**$442.47**	**6.3%**	**$453.79**	**7.5%**	**0.0%**

LOW RENEWAL (Minimum):	**0.7%**	**1.8%**	**2.6%**	**3.7%**			
HIGH RENEWAL (Maximum):	**18.3%**	**19.6%**	**20.5%**	**21.8%**			

Note: The previous SERFF tracking number for BlueChoice DC Small Group (effective 1/1/2016) is CFAP-130051604 (On Exchange).

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

2017 ACA
SMALL GROUP - DC

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
	2016 Plans		2017 Plans		Members		HHS	Consumer Level Base Rates				HHS	Consumer Level Base Rates								
	Metal	Plan	Metal	Plan	Actual	% of Actual	2016					2017									
					2/29/2016	Total	AV	1Q16	2Q16	3Q16	4Q16	AV	1Q17	RNL	2Q17	RNL	3Q17	RNL	4Q17	RNL	1Q INC
1	Platinum	BlueChoice HMO Platinum 0	Platinum	BlueChoice HMO Platinum 0	1,825	2.7%	0.911	$477.60	$484.28	$491.48	$498.64	0.916	$490.96	2.8%	$503.18	3.9%	$514.72	4.7%	$527.89	5.9%	-1.5%
2	Platinum	BlueChoice HMO Referral Platinum 0	Platinum	BlueChoice HMO Referral Platinum 0	2,734	4.0%	0.911	$454.86	$461.22	$468.07	$474.89	0.916	$467.58	2.8%	$479.22	3.9%	$490.21	4.7%	$502.75	5.9%	-1.5%
3	Platinum	BlueChoice HMO Referral Platinum 1000	Platinum	BlueChoice HMO Referral Platinum 1000	1	0.0%	0.881	$429.41	$435.42	$441.89	$448.32	0.886	$436.53	1.7%	$447.39	2.7%	$457.65	3.6%	$469.36	4.7%	-2.6%
4	Platinum	BlueChoice Plus Opt-Out Platinum 0	Platinum	BlueChoice Plus Opt-Out Platinum 0	5,880	8.6%	0.911	$484.07	$490.85	$498.14	$505.39	0.916	$497.61	2.8%	$510.00	3.9%	$521.70	4.7%	$535.04	5.9%	-1.5%
5	Platinum	BlueChoice Advantage Platinum 0	Platinum	BlueChoice Advantage Platinum 0	1,384	2.0%	0.911	$511.59	$518.75	$526.45	$534.12	0.916	$525.90	2.8%	$538.99	3.9%	$551.35	4.7%	$565.45	5.9%	-1.5%
6	Platinum	HealthyBlue HMO Platinum 500	Platinum	HealthyBlue HMO Platinum 500	298	0.4%	0.889	$464.53	$471.03	$478.03	$484.99	0.895	$481.65	3.7%	$493.64	4.8%	$504.96	5.6%	$517.88	6.8%	-0.7%
7	Platinum	HealthyBlue HMO Platinum 1000	Platinum	HealthyBlue HMO Platinum 1000	86	0.1%	0.880	$459.08	$465.51	$472.42	$479.30	0.887	$462.41	0.7%	$473.92	1.8%	$484.79	2.6%	$497.19	3.7%	-3.5%
8	Platinum	HealthyBlue Plus Platinum 500	Platinum	HealthyBlue Plus Platinum 500	1,265	1.8%	0.889	$477.12	$483.80	$490.98	$498.13	0.895	$494.70	3.7%	$507.01	4.8%	$518.65	5.6%	$531.91	6.8%	-0.7%
9	Platinum	HealthyBlue Plus Platinum 1000	Platinum	HealthyBlue Plus Platinum 1000	505	0.7%	0.880	$471.52	$478.12	$485.22	$492.29	0.887	$474.94	0.7%	$486.76	1.8%	$497.92	2.6%	$510.66	3.7%	-3.5%
10	Platinum	HealthyBlue Advantage Platinum 500	Platinum	HealthyBlue Advantage Platinum 500	747	1.1%	0.889	$497.59	$504.55	$512.05	$519.50	0.895	$515.93	3.7%	$528.77	4.8%	$540.89	5.6%	$554.73	6.8%	-0.7%
11	Platinum	HealthyBlue Advantage Platinum 1000	Platinum	HealthyBlue Advantage Platinum 1000	684	1.0%	0.880	$491.75	$498.63	$506.04	$513.41	0.887	$495.31	0.7%	$507.64	1.8%	$519.28	2.6%	$532.57	3.7%	-3.5%
12	Platinum	BluePreferred PPO Platinum 0	Platinum	BluePreferred PPO Platinum 0	11,986	17.5%	0.911	$587.62	$596.42	$605.64	$614.88	0.916	$585.35	-0.4%	$601.48	0.8%	$616.69	1.8%	$633.60	3.0%	-4.8%
13	Platinum	BluePreferred PPO Platinum 500	Platinum	BluePreferred PPO Platinum 500	5,266	7.7%	0.884	$563.82	$572.26	$581.11	$589.98	0.890	$555.46	-1.5%	$570.77	-0.3%	$585.20	0.7%	$601.25	1.9%	-5.9%
14	Platinum	HealthyBlue PPO Platinum 500	Platinum	HealthyBlue PPO Platinum 500	449	0.7%	0.889	$574.32	$582.92	$591.93	$600.97	0.895	$571.09	-0.6%	$586.83	0.7%	$601.66	1.6%	$618.17	2.9%	-5.0%
15	Platinum	HealthyBlue PPO Platinum 1000	Platinum	HealthyBlue PPO Platinum 1000	207	0.3%	0.880	$568.04	$576.54	$585.45	$594.39	0.887	$548.97	-3.4%	$564.10	-2.2%	$578.36	-1.2%	$594.23	0.0%	-7.6%
	PLATINUM SUBTOTAL				**33,317**	**48.6%**	**0.904**	**$533.82**	**$541.60**	**$549.84**	**$558.07**	**0.909**	**$537.65**	**0.9%**	**$551.86**	**2.0%**	**$565.26**	**3.0%**	**$580.32**	**4.1%**	**-3.5%**
16	Gold	BlueChoice HMO Gold 500	Gold	BlueChoice HMO Gold 500	1,660	2.4%	0.815	$374.61	$379.85	$385.49	$391.11	0.818	$401.28	7.1%	$411.26	8.3%	$420.70	9.1%	$431.46	10.3%	2.6%
17	Gold	BlueChoice HMO Gold 1500	Gold	BlueChoice HMO Gold 1500	239	0.3%	0.780	$360.06	$365.10	$370.52	$375.92	0.790	$385.84	7.2%	$395.44	8.3%	$404.51	9.2%	$414.86	10.4%	2.6%
18	Gold	BlueChoice HMO Referral Gold 0	Gold	BlueChoice HMO Referral Gold 0	122	0.2%	0.818	$374.39	$379.63	$385.27	$390.88	0.818	$402.05	7.4%	$412.05	8.5%	$421.51	9.4%	$432.29	10.6%	2.9%
19	Gold	BlueChoice HMO Referral Gold 500	Gold	BlueChoice HMO Referral Gold 500	1,079	1.6%	0.815	$356.77	$361.76	$367.14	$372.48	0.818	$382.17	7.1%	$391.68	8.3%	$400.67	9.1%	$410.91	10.3%	2.6%
20	Gold	BlueChoice HMO Referral Gold 80	Gold	BlueChoice HMO Referral Gold 80	57	0.1%	0.780	$336.40	$341.11	$346.17	$351.21	0.790	$366.21	8.9%	$375.33	10.0%	$383.94	10.9%	$393.76	12.1%	4.3%
21	Gold	BlueChoice Plus Gold 500	Gold	BlueChoice Plus Gold 500	139	0.2%	0.815	$384.76	$390.15	$395.94	$401.71	0.818	$412.15	7.1%	$422.41	8.3%	$432.10	9.1%	$443.15	10.3%	2.6%
22	Gold	BlueChoice Plus Gold 1000	Gold	BlueChoice Plus Gold 1000	67	0.1%	0.791	$372.74	$377.95	$383.57	$389.15	0.801	$402.16	7.9%	$412.17	9.1%	$421.62	9.9%	$432.41	11.1%	3.3%
23	Gold	BlueChoice Advantage Gold 500	Gold	BlueChoice Advantage Gold 500	909	1.3%	0.815	$401.27	$406.88	$412.93	$418.94	0.818	$429.83	7.1%	$440.53	8.3%	$450.64	9.1%	$462.16	10.3%	2.6%
24	Gold	BlueChoice Advantage Gold 1000	Gold	BlueChoice Advantage Gold 1000	1,060	1.5%	0.791	$388.73	$394.17	$400.02	$405.85	0.801	$419.41	7.9%	$429.85	9.1%	$439.71	9.9%	$450.96	11.1%	3.3%
25	Gold	HealthyBlue HMO Gold 1500	Gold	HealthyBlue HMO Gold 1500	1,080	1.6%	0.818	$391.31	$396.78	$402.68	$408.54	0.813	$408.57	4.4%	$418.73	5.5%	$428.34	6.4%	$439.30	7.5%	0.0%
26	Gold	HealthyBlue Plus Gold 1500	Gold	HealthyBlue Plus Gold 1500	1,404	2.0%	0.818	$401.91	$407.54	$413.59	$419.61	0.813	$419.64	4.4%	$430.08	5.5%	$439.95	6.4%	$451.20	7.5%	0.0%
27	Gold	HealthyBlue Advantage Gold 1500	Gold	HealthyBlue Advantage Gold 1500	3,745	5.5%	0.818	$419.15	$425.02	$431.33	$437.61	0.813	$437.64	4.4%	$448.53	5.5%	$458.82	6.4%	$470.56	7.5%	0.0%
28	Gold	BlueCross BlueShield Preferred 1000, a Multi-State Plan	Gold	BluePreferred PPO 1000 90%/70%	276	0.4%	0.816	$463.35	$470.28	$477.55	$484.84	0.806	$449.18	-3.1%	$461.56	-1.9%	$473.23	-0.9%	$486.22	0.3%	-7.4%
29	Gold	BluePreferred PPO Gold 500	Gold	BluePreferred PPO Gold 500	1,299	1.9%	0.815	$474.05	$481.14	$488.58	$496.04	0.818	$487.07	2.7%	$500.50	4.0%	$513.15	5.0%	$527.23	6.3%	-1.8%
30	Gold	BluePreferred PPO Gold 1000	Gold	BluePreferred PPO Gold 1000	3,610	5.3%	0.791	$461.83	$468.75	$475.99	$483.26	0.801	$474.64	2.8%	$487.72	4.0%	$500.05	5.1%	$513.77	6.3%	-1.8%
31	Gold	BluePreferred PPO Gold 1500	Gold	BluePreferred PPO Gold 1500	2,396	3.5%	0.780	$459.70	$466.58	$473.79	$481.03	0.790	$467.16	1.6%	$480.04	2.9%	$492.17	3.9%	$505.68	5.1%	-2.9%
32	Gold	HealthyBlue PPO Gold 1500	Gold	HealthyBlue PPO Gold 1500	2,121	3.1%	0.818	$486.56	$493.84	$501.48	$509.13	0.813	$487.96	0.3%	$501.41	1.5%	$514.09	2.5%	$528.19	3.7%	-4.2%
	GOLD SUBTOTAL				**21,263**	**31.0%**	**0.806**	**$428.63**	**$434.83**	**$441.42**	**$448.01**	**0.809**	**$444.62**	**3.9%**	**$456.27**	**5.1%**	**$467.26**	**6.0%**	**$479.63**	**7.3%**	**-0.5%**
33	Silver	BlueChoice HMO Silver 1000	Silver	BlueChoice HMO Silver 1000	40	0.1%	0.714	$303.96	$308.21	$312.79	$317.35	0.720	$327.59	7.8%	$335.74	8.9%	$343.44	9.8%	$352.23	11.0%	3.2%
34	Silver	BlueChoice HMO HSA/HRA Silver 1500	Silver	BlueChoice HMO HSA/HRA Silver 1500	817	1.2%	0.716	$284.61	$288.60	$292.88	$297.15	0.717	$300.49	5.6%	$307.97	6.7%	$315.03	7.6%	$323.09	8.7%	1.1%
35	Silver	BlueChoice HMO HSA/HRA Silver 2000	Silver	BlueChoice HMO HSA/HRA Silver 2000	937	1.4%	0.696	$274.44	$278.28	$282.41	$286.52	0.709	$289.99	5.7%	$297.21	6.8%	$304.02	7.7%	$311.80	8.8%	1.2%
36	Silver	BlueChoice HMO HSA/HRA Silver 3000	Silver	BlueChoice HMO HSA/HRA Silver 3000	6	0.0%	0.682	$265.34	$269.06	$273.05	$277.03	0.694	$276.08	4.0%	$282.95	5.2%	$289.45	6.0%	$296.85	7.2%	-0.3%
37	Silver	BlueChoice HMO Referral Silver 70	Silver	BlueChoice HMO Referral Silver 70	16	0.0%	0.701	$274.05	$277.88	$282.01	$286.12	0.712	$297.67	8.6%	$305.08	9.8%	$312.08	10.7%	$320.06	11.9%	4.0%
38	Silver	BlueChoice Plus HSA/HRA Silver 1500	Silver	BlueChoice Plus HSA/HRA Silver 1500	1,280	1.9%	0.716	$292.32	$296.42	$300.82	$305.20	0.717	$308.63	5.6%	$316.31	6.7%	$323.57	7.6%	$331.85	8.7%	1.1%
39	Silver	BlueChoice Plus HSA/HRA Silver 3000	Silver	BlueChoice Plus HSA/HRA Silver 3000	597	0.9%	0.682	$272.54	$276.35	$280.45	$284.54	0.694	$283.57	4.0%	$290.62	5.2%	$297.29	6.0%	$304.89	7.2%	-0.3%
40	Silver	BlueChoice Advantage HSA/HRA Silver 1500	Silver	BlueChoice Advantage HSA/HRA Silver 1500	1,873	2.7%	0.716	$304.86	$309.13	$313.72	$318.29	0.717	$321.87	5.6%	$329.88	6.7%	$337.45	7.6%	$346.08	8.7%	1.1%
41	Silver	BlueChoice Advantage HSA/HRA Silver 3000	Silver	BlueChoice Advantage HSA/HRA Silver 3000	9	0.0%	0.682	$284.23	$288.20	$292.49	$296.74	0.694	$295.73	4.0%	$303.09	5.2%	$310.04	6.0%	$317.97	7.2%	-0.3%
42	Silver	HealthyBlue HMO HSA/HRA Silver 2000	Silver	HealthyBlue HMO HSA/HRA Silver 2000	980	1.4%	0.719	$286.80	$290.81	$295.13	$299.43	0.720	$298.87	4.2%	$306.31	5.3%	$313.34	6.2%	$321.35	7.3%	-0.2%
43	Silver	HealthyBlue Plus HSA/HRA Silver 2000	Silver	HealthyBlue Plus HSA/HRA Silver 2000	639	0.9%	0.719	$294.57	$298.69	$303.13	$307.55	0.720	$306.97	4.2%	$314.61	5.3%	$321.83	6.2%	$330.06	7.3%	-0.2%
44	Silver	HealthyBlue Advantage HSA/HRA Silver 2000	Silver	HealthyBlue Advantage HSA/HRA Silver 2000	1,323	1.9%	0.719	$307.21	$311.51	$316.14	$320.74	0.720	$320.14	4.2%	$328.11	5.3%	$335.63	6.2%	$344.22	7.3%	-0.2%
45	Silver	BlueCross BlueShield Preferred 2000, a Multi-State Plan	Silver	BluePreferred PPO HSA/HRA 2000 80%/60%	47	0.1%	0.720	$376.06	$381.69	$387.59	$393.51	0.711	$348.30	-7.4%	$357.90	-6.2%	$366.95	-5.3%	$377.02	-4.2%	-11.5%
46	Silver	BluePreferred PPO Silver 1000	Silver	BluePreferred PPO Silver 1000	431	0.6%	0.714	$392.96	$398.84	$405.00	$411.18	0.720	$401.96	2.3%	$413.04	3.6%	$423.49	4.6%	$435.10	5.8%	-2.2%
47	Silver	BluePreferred PPO HSA/HRA Silver 1500	Silver	BluePreferred PPO HSA/HRA Silver 1500	2,643	3.9%	0.716	$376.74	$382.37	$388.29	$394.21	0.717	$375.10	-0.4%	$385.44	0.8%	$395.18	1.8%	$406.02	3.0%	-4.8%
48	Silver	BluePreferred PPO HSA/HRA Silver 2000	Silver	BluePreferred PPO HSA/HRA Silver 2000	1,678	2.4%	0.696	$366.36	$371.84	$377.59	$383.35	0.709	$361.88	-1.2%	$371.85	0.0%	$381.26	1.0%	$391.71	2.2%	-5.6%
49	Silver	HealthyBlue PPO HSA/HRA Silver 2000	Silver	HealthyBlue PPO HSA/HRA Silver 2000	336	0.5%	0.719	$380.36	$386.05	$392.02	$398.00	0.720	$371.96	-2.2%	$382.22	-1.0%	$391.88	0.0%	$402.63	1.2%	-6.5%
	SILVER SUBTOTAL				**13,652**	**19.9%**	**0.711**	**$323.71**	**$328.38**	**$333.34**	**$338.30**	**0.715**	**$332.00**	**2.9%**	**$340.63**	**4.1%**	**$348.79**	**5.0%**	**$357.98**	**6.1%**	**-1.5%**
50	Bronze	BlueChoice HMO HSA/HRA Bronze 5000	Bronze	BlueChoice HMO HSA/HRA Bronze 6500	286	0.4%	0.619	$201.25	$204.07	$207.10	$210.12	0.614	$228.01	13.3%	$233.68	14.5%	$239.04	15.4%	$245.16	16.7%	8.5%
51	Bronze	BlueChoice HMO Referral Bronze 5500	Bronze	BlueChoice HMO Referral Bronze 5500	16	0.0%	0.620	$217.51	$220.55	$223.83	$227.09	0.616	$257.34	18.3%	$263.75	19.6%	$269.80	20.5%	$276.70	21.8%	13.3%
52	Bronze	BlueChoice Plus HSA/HRA Bronze 5000	Bronze	BlueChoice Plus HSA/HRA Bronze 6500	72	0.1%	0.619	$206.71	$209.60	$212.71	$215.81	0.614	$234.19	13.3%	$240.01	14.5%	$245.52	15.4%	$251.80	16.7%	8.5%
53	Bronze	BlueChoice Advantage HSA/HRA Bronze 5000	Bronze	BlueChoice Advantage HSA/HRA Bronze 6500	10	0.0%	0.619	$215.58	$218.59	$221.84	$225.07	0.614	$244.23	13.3%	$250.31	14.5%	$256.05	15.4%	$262.60	16.7%	8.5%
	BRONZE SUBTOTAL				**384**	**0.6%**	**0.619**	**$203.32**	**$206.17**	**$209.23**	**$212.28**	**0.614**	**$230.81**	**13.5%**	**$236.55**	**14.7%**	**$241.98**	**15.6%**	**$248.17**	**16.9%**	**8.7%**
		BlueChoice Total			35,871	52%	0.827	$405.32	$411.00	$417.10	$423.17	0.830	$422.04	4.4%	$432.55	5.5%	$442.47	6.3%	$453.79	7.5%	0.0%
		GHMSI Total			32,745	48%	0.841	$514.81	$522.51	$530.59	$538.69	0.846	$514.54	0.0%	$528.72	1.3%	$542.09	2.2%	$556.96	3.5%	-4.4%
		Grand Total			**68,616**	**100%**	**0.834**	**$457.57**	**$464.21**	**$471.26**	**$478.30**	**0.838**	**$466.19**	**2.3%**	**$478.45**	**3.5%**	**$490.01**	**4.4%**	**$503.02**	**5.6%**	**-2.1%**

LOW RENEWAL (Minimum):			**-7.4%**	**-6.2%**	**-5.3%**	**-4.2%**	
HIGH RENEWAL (Maximum):			**18.3%**	**19.6%**	**20.5%**	**21.8%**	
PPO/HMO:	**1.27**	**1.27**	**1.27**	**1.27**	**1.22**	**1.22**	**1.23**	**1.23**

Note: The previous SERFF tracking number for BlueChoice DC Small Group (effective 1/1/2016) is CFAP-130051604 (On Exchange).
The previous SERFF tracking number for GHMSI DC Small Group (effective 1/1/2016) is CFAP-130056354 (On Exchange).

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017
DC BC Rate Change History

	Renewals							
	BlueChoice HMO	**BlueChoice HMO Referral**	**HealthyBlue HMO**	**BlueChoice Advantage**	**HealthyBlue Advantage**	**BlueChoice Plus Opt-Out**	**BlueChoice Plus**	**HealthyBlue Plus**
1Q15	10.9%	10.1%	13.8%	10.9%	16.2%	NA	9.5%	13.0%
2Q15	10.2%	9.3%	13.0%	10.1%	15.4%	NA	8.7%	12.3%
3Q15	9.4%	8.6%	12.2%	9.3%	14.6%	NA	8.0%	11.5%
4Q15	8.6%	7.8%	11.4%	8.5%	13.8%	NA	7.2%	10.6%
1Q16	-3.7%	1.6%	1.6%	2.1%	4.3%	3.3%	-3.4%	2.2%
2Q16	-3.7%	1.6%	1.6%	2.1%	4.3%	3.2%	-3.4%	2.1%
3Q16	-3.6%	1.7%	1.7%	2.3%	4.5%	3.4%	-3.3%	2.3%
4Q16	-3.5%	1.8%	1.9%	2.4%	4.6%	3.5%	-3.2%	2.4%
1Q17	**5.6%**	**4.3%**	**4.1%**	**5.6%**	**3.9%**	**2.8%**	**5.6%**	**3.6%**
2Q17	**6.8%**	**5.4%**	**5.2%**	**6.7%**	**5.0%**	**3.9%**	**6.7%**	**4.8%**
3Q17	**7.6%**	**6.2%**	**6.1%**	**7.6%**	**5.9%**	**4.7%**	**7.6%**	**5.6%**
4Q17	**8.8%**	**7.4%**	**7.2%**	**8.7%**	**7.0%**	**5.9%**	**8.7%**	**6.7%**

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017
DC BC Average Renewal Rate Increase over 2017

HIOS Product ID	HIOS Product Name	Average 2017 Renewal
86052DC046	BlueChoice HMO	7.4%
86052DC048	BlueChoice HMO Referral	6.4%
86052DC058	BlueChoice Plus Opt-Out	4.9%
86052DC050	BlueChoice Plus	6.5%
86052DC044	BlueChoice Advantage	6.8%

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017
BlueChoice D.C. Small Group & Individual, Non-Medigap Allowed PMPM Projection (Includes EHB and Non-EHB Claims) & Derivation of Index Rate - Non-Grandfathered Business Only - 1/1/2017

	Begin	End	Mid-point		Months of Trend		
Experience Period	1/1/2015	12/31/2015	7/2/2015			pd through	2/29/2016
Rating Period	1/1/2017	12/31/2017	7/2/2017		24.0		

Experience Period Summary	**Total**
Experience Period Premiums	**$ 192,675,204**
MLR Rebates	**$ -**
Net Experience Period Premiums	$ 192,675,204
Experience Period Paid Claims (Non-Capitated)	$ 142,621,499
Completion Factor	0.99
Experience Period Incurred Claims (Non-Capitated)	$ 144,267,658
Capitations	**$ 675,829**
Rx Rebates	**$ (5,736,698)**
Other Manual Claims	**$ -**
Total Experience Period Claims	$ 139,206,789
Experience Period Loss Ratio (Before MLR Rebates)	72.2%
Experience Period Loss Ratio (After MLR Rebates)	72.2%
Experience Period Loss Ratio (System Claims Only)	74.9%
Experience Period Member Months	517,255
Average Members	43,105
End of Experience Period Contract	28,679
End of Experience Period Members	43,691
Experience Period Allowed Claims (System Only)	$ 170,734,313
Adjustments	$ (5,060,870)
Total Adjusted EP Allowed Claims	$ 165,673,443
EP Paid / Allowed Ratio	84.0%

Service Category Level Projection

Service Category Experience Period Allowed	**Utilization Measure**	**EP Units**	**EP Allowed $**	**Other**	**Rx Rebates**	**Net Allowed**
Inpatient	Admits	2,116	$ 28,938,117	$ -	$ -	$ 28,938,117
Outpatient	Visits	23,324	$ 30,752,255	$ -	$ -	$ 30,752,255
Professional	Visits	381,235	$ 56,280,075	$ -	$ -	$ 56,280,075
Other	Services	35,922	$ 8,504,818	$ -	$ -	$ 8,504,818
Rx	Scripts	341,994	$ 46,259,049	$ -	$ (5,736,698)	$ 40,522,351
Capitation	Member Months	517,255	$ 675,829	$ -	$ -	$ 675,829
Total			**$ 171,410,142**	**$ -**	**$ (5,736,698)**	**$ 165,673,443**
PMPM			**$ 331.38**	**$ -**	**$ (11.09)**	**$ 320.29**
					Non-EHB Claims In Experience PMPM ***	**$ 1.63**
					EP Index Rate for EHB (Rounded to Nearest Whole Dollar)	**$ 319.00**

Annual Trend Inputs	
Cost Trend	**Utilization Trend**
9.0%	**0.0%**
2.0%	**2.5%**
2.0%	**2.5%**
0.0%	**16.0%**
13.0%	**0.0%**
0.0%	**0.0%**

		Experience Period			**Projection Factors**					**Projected**			**Effective Allowed PMPM**
Service Category Experience Period Allowed	**Utilization Measure**	**Util / 1000**	**Unit Cost**	**PMPM**	**Population Risk / Morbidity ***	**Other**	**Cost Factor**	**Utilization Factor**	**Total Factor**	**Util / 1000**	**Unit Cost**	**PMPM**	**Annual Trend**
Inpatient	Admits	49.09	$ 13,675.84	**$ 55.95**	**0.964**	**1.005**	1.188	1.000	1.15	47.32	$ 16,335.87	**$ 64.42**	**9.0%**
Outpatient	Visits	541.10	$ 1,318.49	**$ 59.45**	**0.964**	**1.005**	1.040	1.051	1.06	548.03	$ 1,379.15	**$ 62.98**	**4.5%**
Professional	Visits	8,844.43	$ 147.63	**$ 108.81**	**0.964**	**1.005**	1.040	1.051	1.06	8,957.66	$ 154.42	**$ 115.27**	**4.5%**
Other	Services	833.36	$ 236.76	**$ 16.44**	**0.964**	**1.005**	1.000	1.346	1.30	1,081.00	$ 238.04	**$ 21.44**	**16.0%**
Rx	Scripts	7,934.05	$ 118.49	**$ 78.34**	**0.964**	**0.964**	1.277	1.000	1.19	7,648.43	$ 145.88	**$ 92.98**	**13.0%**
Capitation	Member Months	12,000.00	$ 1.31	**$ 1.31**	**1.000**	**0.862**	1.000	1.000	0.86	12,000.00	$ 1.13	**$ 1.13**	**0.0%**
Total				**$ 320.29**							**Projected Allowed Claims PMPM (EHB + Non-EHB)**	**$ 358.22**	**8.0%**
											Non-EHB Claims In Projected PMPM **	**$ 1.76**	
											Index Rate for EHB	**$ 356.46**	

*** Please refer to page 52 for more information.**
**** Includes abortion claims and capitation for embedded adult vision benefit.**
***** Includes abortion claims and capitations for embedded adult vision benefit.**

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017
BlueChoice D.C. Small Group & Individual, Non-Medigap Allowed PMPM Projection (Includes EHB and Non-EHB Claims) & Derivation of Index Rate - Non-Grandfathered Business Only - 4/1/2017

	Begin	End	Mid-point	Months of Trend		
Experience Period	1/1/2015	12/31/2015	7/2/2015		pd through	2/29/2016
Rating Period	4/1/2017	3/31/2018	9/30/2017	27.0		

Experience Period Summary	Total
Experience Period Premiums	$ 192,675,204
MLR Rebates	$ -
Net Experience Period Premiums	$ 192,675,204
Experience Period Paid Claims (Non-Capitated)	$ 142,621,499
Completion Factor	0.99
Experience Period Incurred Claims (Non-Capitated)	$ 144,267,658
Capitations	$ 675,829
Rx Rebates	$ (5,736,698)
Other Manual Claims	$ -
Total Experience Period Claims	$ 139,206,789
Experience Period Loss Ratio (Before MLR Rebates)	72.2%
Experience Period Loss Ratio (After MLR Rebates)	72.2%
Experience Period Loss Ratio (System Claims Only)	74.9%
Experience Period Member Months	517,255
Average Members	43,105
End of Experience Period Contract	28,679
End of Experience Period Members	43,691
Experience Period Allowed Claims (System Only)	$ 170,734,313
Adjustments	$ (5,060,870)
Total Adjusted EP Allowed Claims	$ 165,673,443
EP Paid / Allowed Ratio	84.0%

Service Category Level Projection

Service Category Experience Period Allowed	**Utilization Measure**	**EP Units**	**EP Allowed $**	**Other**	**Rx Rebates**	**Net Allowed**	**Annual Trend Inputs** Cost Trend	Utilization Trend
Inpatient	Admits	2,116	$ 28,938,117	$ -	$ -	$ 28,938,117	9.0%	0.0%
Outpatient	Visits	23,324	$ 30,752,255	$ -	$ -	$ 30,752,255	2.0%	2.5%
Professional	Visits	381,235	$ 56,280,075	$ -	$ -	$ 56,280,075	2.0%	2.5%
Other	Services	35,922	$ 8,504,818	$ -	$ -	$ 8,504,818	0.0%	16.0%
Rx	Scripts	341,994	$ 46,259,049	$ -	$ (5,736,698)	$ 40,522,351	13.0%	0.0%
Capitation	Member Months	517,255	$ 675,829	$ -	$ -	$ 675,829	0.0%	0.0%
Total			**$ 171,410,142**	**$ -**	**$ (5,736,698)**	**$ 165,673,443**		
PMPM			**$ 331.38**	**$ -**	**$ (11.09)**	**$ 320.29**		

		Experience Period			**Projection Factors**					**Projected**			**Effective Allowed PMPM**
Service Category Experience Period Allowed	**Utilization Measure**	**Util / 1000**	**Unit Cost**	**PMPM**	**Population Risk / Morbidity ***	**Other**	**Cost Factor**	**Utilization Factor**	**Total Factor**	**Util / 1000**	**Unit Cost**	**PMPM**	**Annual Trend**
Inpatient	Admits	49.09	$ 13,675.84	**$ 55.95**	**0.964**	**1.005**	1.214	1.000	1.18	47.32	$ 16,691.64	**$ 65.82**	**9.0%**
Outpatient	Visits	541.10	$ 1,318.49	**$ 59.45**	**0.964**	**1.005**	1.046	1.057	1.07	551.42	$ 1,385.99	**$ 63.69**	**4.5%**
Professional	Visits	8,844.43	$ 147.63	**$ 108.81**	**0.964**	**1.005**	1.046	1.057	1.07	9,013.13	$ 155.18	**$ 116.56**	**4.5%**
Other	Services	833.36	$ 236.76	**$ 16.44**	**0.964**	**1.005**	1.000	1.396	1.35	1,121.87	$ 238.04	**$ 22.25**	**16.0%**
Rx	Scripts	7,934.05	$ 118.49	**$ 78.34**	**0.964**	**0.964**	1.317	1.000	1.22	7,648.43	$ 150.40	**$ 95.86**	**13.0%**
Capitation	Member Months	12,000.00	$ 1.31	**$ 1.31**	**1.000**	**0.862**	1.000	1.000	0.86	12,000.00	$ 1.13	**$ 1.13**	**0.0%**
Total				**$ 320.29**							**Projected Allowed Claims PMPM (EHB + Non-EHB)**	**$ 365.31**	**8.0%**
											Non-EHB Claims In Projected PMPM **	**$ 1.78**	
											Index Rate for EHB	**$ 363.53**	

*** Please refer to page 52 for more information.**
**** Includes abortion claims and capitation for embedded adult vision benefit.**

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017
BlueChoice D.C. Small Group & Individual, Non-Medigap Allowed PMPM Projection (Includes EHB and Non-EHB Claims) & Derivation of Index Rate - Non-Grandfathered Business Only - 7/1/2017

	Begin	End	Mid-point		Months of Trend		
Experience Period	1/1/2015	12/31/2015	7/2/2015			pd through	2/29/2016
Rating Period	7/1/2017	6/30/2018	12/30/2017		30.0		

Experience Period Summary	**Total**
Experience Period Premiums	**$ 192,675,204**
MLR Rebates	**$ -**
Net Experience Period Premiums	$ 192,675,204
Experience Period Paid Claims (Non-Capitated)	$ 142,621,499
Completion Factor	0.99
Experience Period Incurred Claims (Non-Capitated)	$ 144,267,658
Capitations	**$ 675,829**
Rx Rebates	**$ (5,736,698)**
Other Manual Claims	**$ -**
Total Experience Period Claims	$ 139,206,789
Experience Period Loss Ratio (Before MLR Rebates)	72.2%
Experience Period Loss Ratio (After MLR Rebates)	72.2%
Experience Period Loss Ratio (System Claims Only)	74.9%
Experience Period Member Months	517,255
Average Members	43,105
End of Experience Period Contract	28,679
End of Experience Period Members	43,691
Experience Period Allowed Claims (System Only)	$ 170,734,313
Adjustments	$ (5,060,870)
Total Adjusted EP Allowed Claims	$ 165,673,443
EP Paid / Allowed Ratio	84.0%

Service Category Level Projection

Service Category Experience Period Allowed	**Utilization Measure**	**EP Units**	**EP Allowed $**	**Other**	**Rx Rebates**	**Net Allowed**	**Annual Trend Inputs** Cost Trend	Utilization Trend
Inpatient	Admits	2,116	$ 28,938,117	$ -	$ -	$ 28,938,117	**9.0%**	**0.0%**
Outpatient	Visits	23,324	$ 30,752,255	$ -	$ -	$ 30,752,255	**2.0%**	**2.5%**
Professional	Visits	381,235	$ 56,280,075	$ -	$ -	$ 56,280,075	**2.0%**	**2.5%**
Other	Services	35,922	$ 8,504,818	$ -	$ -	$ 8,504,818	**0.0%**	**16.0%**
Rx	Scripts	341,994	$ 46,259,049	$ -	$ (5,736,698)	$ 40,522,351	**13.0%**	**0.0%**
Capitation	Member Months	517,255	$ 675,829	$ -	$ -	$ 675,829	**0.0%**	**0.0%**
Total			**$ 171,410,142**	**$ -**	**$ (5,736,698)**	**$ 165,673,443**		
PMPM			**$ 331.38**	**$ -**	**$ (11.09)**	**$ 320.29**		

		Experience Period			**Projection Factors**					**Projected**			**Effective Allowed PMPM**
Service Category Experience Period Allowed	**Utilization Measure**	**Util / 1000**	**Unit Cost**	**PMPM**	**Population Risk / Morbidity ***	**Other**	**Cost Factor**	**Utilization Factor**	**Total Factor**	**Util / 1000**	**Unit Cost**	**PMPM**	**Annual Trend**
Inpatient	Admits	49.09	$ 13,675.84	**$ 55.95**	**0.964**	**1.005**	1.240	1.000	1.20	47.32	$ 17,055.15	**$ 67.26**	**9.0%**
Outpatient	Visits	541.10	$ 1,318.49	**$ 59.45**	**0.964**	**1.005**	1.051	1.064	1.08	554.84	$ 1,392.87	**$ 64.40**	**4.5%**
Professional	Visits	8,844.43	$ 147.63	**$ 108.81**	**0.964**	**1.005**	1.051	1.064	1.08	9,068.94	$ 155.95	**$ 117.86**	**4.5%**
Other	Services	833.36	$ 236.76	**$ 16.44**	**0.964**	**1.005**	1.000	1.449	1.40	1,164.28	$ 238.04	**$ 23.09**	**16.0%**
Rx	Scripts	7,934.05	$ 118.49	**$ 78.34**	**0.964**	**0.964**	1.357	1.000	1.26	7,648.43	$ 155.07	**$ 98.84**	**13.0%**
Capitation	Member Months	12,000.00	$ 1.31	**$ 1.31**	**1.000**	**0.862**	1.000	1.000	0.86	12,000.00	$ 1.13	**$ 1.13**	**0.0%**
Total				**$ 320.29**							**Projected Allowed Claims PMPM (EHB + Non-EHB)**	**$ 372.58**	**8.0%**
											Non-EHB Claims In Projected PMPM **	**$ 1.80**	
											Index Rate for EHB	**$ 370.78**	

*** Please refer to page 52 for more information.**
**** Includes abortion claims and capitation for embedded adult vision benefit.**

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017
BlueChoice D.C. Small Group & Individual, Non-Medigap Allowed PMPM Projection (Includes EHB and Non-EHB Claims) & Derivation of Index Rate - Non-Grandfathered Business Only - 10/1/2017

	Begin	End	Mid-point		Months of Trend		
Experience Period	1/1/2015	12/31/2015	7/2/2015			pd through	2/29/2016
Rating Period	10/1/2017	9/30/2018	4/1/2018		33.0		

Experience Period Summary	**Total**
Experience Period Premiums	**$ 192,675,204**
MLR Rebates	**$ -**
Net Experience Period Premiums	$ 192,675,204
Experience Period Paid Claims (Non-Capitated)	$ 142,621,499
Completion Factor	0.99
Experience Period Incurred Claims (Non-Capitated)	$ 144,267,658
Capitations	**$ 675,829**
Rx Rebates	**$ (5,736,698)**
Other Manual Claims	**$ -**
Total Experience Period Claims	$ 139,206,789
Experience Period Loss Ratio (Before MLR Rebates)	72.2%
Experience Period Loss Ratio (After MLR Rebates)	72.2%
Experience Period Loss Ratio (System Claims Only)	74.9%
Experience Period Member Months	517,255
Average Members	43,105
End of Experience Period Contract	28,679
End of Experience Period Members	43,691
Experience Period Allowed Claims (System Only)	$ 170,734,313
Adjustments	$ (5,060,870)
Total Adjusted EP Allowed Claims	$ 165,673,443
EP Paid / Allowed Ratio	84.0%

Service Category Level Projection

Service Category Experience Period Allowed	**Utilization Measure**	**EP Units**	**EP Allowed $**	**Other**	**Rx Rebates**	**Net Allowed**	**Annual Trend Inputs**	
							Cost Trend	**Utilization Trend**
Inpatient	Admits	2,116	$ 28,938,117	$ -	$ -	$ 28,938,117	**9.0%**	**0.0%**
Outpatient	Visits	23,324	$ 30,752,255	$ -	$ -	$ 30,752,255	**2.0%**	**2.5%**
Professional	Visits	381,235	$ 56,280,075	$ -	$ -	$ 56,280,075	**2.0%**	**2.5%**
Other	Services	35,922	$ 8,504,818	$ -	$ -	$ 8,504,818	**0.0%**	**16.0%**
Rx	Scripts	341,994	$ 46,259,049	$ -	$ (5,736,698)	$ 40,522,351	**13.0%**	**0.0%**
Capitation	Member Months	517,255	$ 675,829	$ -	$ -	$ 675,829	**0.0%**	**0.0%**
Total			**$ 171,410,142**	**$ -**	**$ (5,736,698)**	**$ 165,673,443**		
PMPM			**$ 331.38**	**$ -**	**$ (11.09)**	**$ 320.29**		

		Experience Period			**Projection Factors**					**Projected**			**Effective Allowed PMPM**
Service Category Experience Period Allowed	**Utilization Measure**	**Util / 1000**	**Unit Cost**	**PMPM**	**Population Risk / Morbidity ***	**Other**	**Cost Factor**	**Utilization Factor**	**Total Factor**	**Util / 1000**	**Unit Cost**	**PMPM**	**Annual Trend**
Inpatient	Admits	49.09	$ 13,675.84	**$ 55.95**	**0.964**	**1.005**	1.267	1.000	1.23	47.32	$ 17,426.58	**$ 68.72**	**9.0%**
Outpatient	Visits	541.10	$ 1,318.49	**$ 59.45**	**0.964**	**1.005**	1.056	1.070	1.10	558.27	$ 1,399.79	**$ 65.12**	**4.5%**
Professional	Visits	8,844.43	$ 147.63	**$ 108.81**	**0.964**	**1.005**	1.056	1.070	1.10	9,125.10	$ 156.73	**$ 119.18**	**4.5%**
Other	Services	833.36	$ 236.76	**$ 16.44**	**0.964**	**1.005**	1.000	1.504	1.46	1,208.29	$ 238.04	**$ 23.97**	**16.0%**
Rx	Scripts	7,934.05	$ 118.49	**$ 78.34**	**0.964**	**0.964**	1.399	1.000	1.30	7,648.43	$ 159.88	**$ 101.90**	**13.0%**
Capitation	Member Months	12,000.00	$ 1.31	**$ 1.31**	**1.000**	**0.862**	1.000	1.000	0.86	12,000.00	$ 1.13	**$ 1.13**	**0.0%**
Total				**$ 320.29**						**Projected Allowed Claims PMPM (EHB + Non-EHB)**		**$ 380.02**	**8.0%**
										Non-EHB Claims In Projected PMPM **		**$ 1.82**	
										Index Rate for EHB		**$ 378.20**	

*** Please refer to page 52 for more information.**
**** Includes abortion claims and capitation for embedded adult vision benefit.**

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017
Estimate of Non-EHB Claims - Individual, non-Medigap & Small Group Markets Combined

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

Total Abortion Related	Allowed Amount	2015 Member Months	Exp Period PMPM
BlueChoice	$790,287	557,839	**$1.42**

	Projected PMPM
1Q17	$1.55
2Q17	$1.57
3Q17	$1.59
4Q17	$1.61

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

Individual, non-Medigap Embedded PMPM (Vision Capitation)	% of D.C. Individual, non-Medigap Market Over Age 19	Projected PMPM Spread Over Individual Market	Blended with Small Group
$1.16	90%	$1.04	**$0.21**

	Projected PMPM
1Q17	$0.21
2Q17	$0.21
3Q17	$0.21
4Q17	$0.21

	Projected Non-EHB PMPM
1Q17	**$1.76**
2Q17	**$1.78**
3Q17	**$1.80**
4Q17	**$1.82**

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

Adjustments for Small Group Benefits in Excess of EHB

1Q17		**Med**		**Rx**		**Total**
Index Rate for EHB	$	263.48	$	92.98	$	356.46
Benefits to be Covered in Excess of EHB On Exchange (PMPM)						
Abortion *	$	1.62	$	-	$	1.62
Total Adjustment to Index Rate		**0.61%**		**0.00%**		**0.45%**

2Q17		**Med**		**Rx**		**Total**
Index Rate for EHB	$	267.67	$	95.86	$	363.53
Benefits to be Covered in Excess of EHB On Exchange (PMPM)						
Abortion *	$	1.65	$	-	$	1.65
Total Adjustment to Index Rate		**0.61%**		**0.00%**		**0.45%**

3Q17		**Med**		**Rx**		**Total**
Index Rate for EHB	$	271.94	$	98.84	$	370.78
Benefits to be Covered in Excess of EHB On Exchange (PMPM)						
Abortion *	$	1.67	$	-	$	1.67
Total Adjustment to Index Rate		**0.61%**		**0.00%**		**0.45%**

4Q17		**Med**		**Rx**		**Total**
Index Rate for EHB	$	276.30	$	101.90	$	378.20
Benefits to be Covered in Excess of EHB On Exchange (PMPM)						
Abortion *	$	1.70	$	-	$	1.70
Total Adjustment to Index Rate		**0.61%**		**0.00%**		**0.45%**

* Based on calendar year 2015 experience for DC BlueChoice Small Group business, trended to 2017.

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017
DC BC Index Rate History

Month	Index Rate	% Change	% Change Year to Year
201401	$ 362.28		
201404	$ 369.86	2.09%	
201407	$ 377.62	2.10%	
201410	$ 385.56	2.10%	
201501	$ 348.44	-9.63%	-3.82%
201504	$ 354.39	1.71%	-4.18%
201507	$ 360.45	1.71%	-4.55%
201510	$ 366.63	1.72%	-4.91%
201601	$ 349.04	-4.80%	0.17%
201604	$ 356.04	2.01%	0.47%
201607	$ 363.19	2.01%	0.76%
201610	$ 370.52	2.02%	1.06%
201701	**$ 356.46**	**-3.80%**	**2.13%**
201704	**$ 363.53**	**1.98%**	**2.10%**
201707	**$ 370.78**	**1.99%**	**2.09%**
201710	**$ 378.20**	**2.00%**	**2.07%**

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

2017 ACA - TREND ANALYSIS SUMMARY - DC BlueChoice

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
				2016 FILING							**2017 FILING**					
					PROJECTED					**EXPERIENCE PERIOD**				**PROJECTED**		
	BC-DC		Allowed		Cost	Utilization	Claims	Allowed		Cost	Utilization	Claims	Cost	Utilization	Claims	vs 2016
			Claims *	%	Trend	Trend	Trend	Claims	%	Trend	Trend	Trend	Trend	Trend	Trend **	Δ
1	Inpatient	Hospital	$27,263,984	17%	0.0%	2.5%	2.5%	$28,938,117	17%	13.1%	-2.7%	10.0%	9.0%	0.0%	9.0%	6.5%
2	Outpatient	Hospital	$30,736,866	19%	12.0%	0.0%	12.0%	$30,752,255	18%	0.5%	2.3%	2.8%	2.0%	2.5%	4.5%	-7.5%
3	Professional		$55,679,844	34%	3.0%	1.0%	4.0%	$56,280,075	33%	1.7%	1.9%	3.7%	2.0%	2.5%	4.5%	0.5%
4	Other Medical	Non-Capitated Ambulance	$6,878,923	4%	0.0%	9.0%	9.0%	$8,504,818	5%	13.8%	10.5%	25.8%	0.0%	16.0%	16.0%	7.0%
5		Home Health														
6		DME														
7		Prosthetics														
8		Supplies														
9		Vision Exams														
10		Dental Services														
11		Other Services														
12	**Medical**	**Subtotal (Clms-Wgtd):**	**$120,559,618**	**74%**	**4.4%**	**1.5%**	**6.0%**	**$124,475,264**	**73%**	**4.9%**	**1.5%**	**6.4%**	**3.5%**	**2.8%**	**6.4%**	**0.4%**
13																
14	**Capitation**	**Total**	**$ 893,726**	**1%**	**0.0%**	**0.0%**	**0.0%**	**$ 675,829**	**0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**
13																
14	**RX**	**Claims-Weighted**	$41,616,251	**26%**	13.0%	1.0%	**14.1%**	**$46,259,049**	**27%**	**15.7%**	**-1.1%**	**14.5%**	**13.0%**	**0.0%**	**13.0%**	**-1.1%**
15	**TOTAL**	**Claims-Weighted**	**$163,069,595**	**100%**	**6.6%**	**1.4%**	**8.1%**	**$171,410,142**	**100%**	**7.8%**	**0.8%**	**8.6%**	**6.0%**	**2.1%**	**8.2%**	**0.1%**
16																
17	**Weighted Total DC (BlueChoice & GHMSI Combined)**														**8.3%**	

* Includes grandfathered Small Group business.

** Note: The total trend shown is claims-weighted. The actual pricing trend utilized is 8.0%, calculated on a PMPM basis.

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

2017 ACA - PLAN LEVEL DERIVATIONS 1Q17
SG DC BLUECHOICE

			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	21	22
				Actual 2/29/2016	ON-Exchange 1Q17 Cohort		**INDEX RATE**	**Market-Level Adjustments (MLA)**			**INDEX RATE**			**Plan-Level Adjustments**		**(PLA)**			**INDEX RATE**		**Calibration Allowable Rating Factors (ARFs) ***	**BASE PREMIUM**	Average Cost	**INDEX RATE**	
				Mapped	Projected		(Ave ALW		Risk	Exch User	(Post-	CF Pricing	CDH	Induced	= (10)x(11)x(12) Cost-	Network	Non-	Distrib	(Plan-	2017 HHS		(Consumer- Level)	Share	(Plan- Level)	
Benefit Plan				Mems	EMMs	%	EHB)	Reins.	Adj	Fees	MLA)	Value	Factor	Demand	Share	& UM	EHB	& Admin	Level)	AV	Age	1Q17	1Q17	1Q16	Δ
Bronze Plans	Ded.	OOP Max																							
BlueChoice HMO HSA/HRA Bronze 6500	$6,500 (Integrated)	$6,550		286	636	0.8%	$356.46	1.0000	1.0968	1.0000	$390.98	0.5168	0.9600	0.9226	0.4577	0.9804	1.0045	1.3378	$235.79	0.6138	0.9670	$228.01	0.4135	$211.92	11.3%
BlueChoice HMO Referral Bronze 5500	$5,500 Med / $100 Rx	$7,150		16	228	0.3%	$356.46	1.0000	1.0968	1.0000	$390.98	0.5821	1.0100	0.9226	0.5424	0.9337	1.0045	1.3378	$266.12	0.6162	0.9670	$257.34	0.4692	$229.04	16.2%
BlueChoice Plus HSA/HRA Bronze 6500	$6,500 (Integrated)	$6,550		72	228	0.3%	$356.46	1.0000	1.0968	1.0000	$390.98	0.5168	0.9600	0.9226	0.4577	1.0069	1.0045	1.3378	$242.18	0.6138	0.9670	$234.19	0.4135	$217.66	11.3%
BlueChoice Advantage HSA/HRA Bronze 6500	$6,500 (Integrated)	$6,550		10	228	0.3%	$356.46	1.0000	1.0968	1.0000	$390.98	0.5168	0.9600	0.9226	0.4577	1.0501	1.0045	1.3378	$252.57	0.6138	0.9670	$244.23	0.4135	$227.00	11.3%
BlueChoice Advantage Bronze 5500	$5,500 Med / $100 Rx	$7,150		0	228	0.3%	$356.46	1.0000	1.0968	1.0000	$390.98	0.5821	1.0100	0.9226	0.5424	1.0501	1.0045	1.3378	$299.31	0.6162	0.9670	$289.44	NA	NA	NA
Silver Plans																									
BlueChoice HMO Silver 1000	$1,000 Med / $100 Rx	$7,150		40	228	0.3%	$356.46	1.0000	1.0968	1.0000	$390.98	0.6852	1.0100	0.9503	0.6576	0.9804	1.0045	1.3378	$338.77	0.7199	0.9670	$327.59	0.6245	$320.07	5.8%
BlueChoice HMO HSA/HRA Silver 1500	$1,500 (Integrated)	$6,550		817	1,824	2.2%	$356.46	1.0000	1.0968	1.0000	$390.98	0.6613	0.9600	0.9503	0.6032	0.9804	1.0045	1.3378	$310.75	0.7172	0.9670	$300.49	0.5847	$299.70	3.7%
BlueChoice HMO HSA/HRA Silver 2000	$2,000 (Integrated)	$6,000		937	2,088	2.5%	$356.46	1.0000	1.0968	1.0000	$390.98	0.6382	0.9600	0.9503	0.5822	0.9804	1.0045	1.3378	$299.89	0.7090	0.9670	$289.99	0.5638	$288.98	3.8%
BlueChoice HMO HSA/HRA Silver 3000	$3,000 (Integrated)	$4,750		6	228	0.3%	$356.46	1.0000	1.0968	1.0000	$390.98	0.6076	0.9600	0.9503	0.5542	0.9804	1.0045	1.3378	$285.51	0.6942	0.9670	$276.08	0.5451	$279.41	2.2%
BlueChoice HMO Referral Silver 70	$2000 Med / $500 Rx	$6,850		16	228	0.3%	$356.46	1.0000	1.0968	1.0000	$390.98	0.6538	1.0100	0.9503	0.6275	0.9337	1.0045	1.3378	$307.83	0.7124	0.9670	$297.67	0.5912	$288.57	6.7%
BlueChoice HMO Referral Silver 4000	$4,000 Med / $0 Rx	$7,150		0	228	0.3%	$356.46	1.0000	1.0968	1.0000	$390.98	0.6899	1.0100	0.9503	0.6621	0.9337	1.0045	1.3378	$324.83	0.6892	0.9670	$314.12	NA	NA	NA
BlueChoice Plus HSA/HRA Silver 1500	$1,500 (Integrated)	$6,550		1,280	2,856	3.4%	$356.46	1.0000	1.0968	1.0000	$390.98	0.6613	0.9600	0.9503	0.6032	1.0069	1.0045	1.3378	$319.17	0.7172	0.9670	$308.63	0.5847	$307.82	3.7%
BlueChoice Plus HSA/HRA Silver 3000	$3,000 (Integrated)	$4,750		597	1,332	1.6%	$356.46	1.0000	1.0968	1.0000	$390.98	0.6076	0.9600	0.9503	0.5542	1.0069	1.0045	1.3378	$293.24	0.6942	0.9670	$283.57	0.5451	$286.98	2.2%
BlueChoice Advantage Silver 4000	$4,000 Med / $0 Rx	$7,150		0	228	0.3%	$356.46	1.0000	1.0968	1.0000	$390.98	0.6899	1.0100	0.9503	0.6621	1.0501	1.0045	1.3378	$365.35	0.6892	0.9670	$353.29	NA	NA	NA
BlueChoice Advantage HSA/HRA Silver 1500	$1,500 (Integrated)	$6,550		1,873	4,176	5.0%	$356.46	1.0000	1.0968	1.0000	$390.98	0.6613	0.9600	0.9503	0.6032	1.0501	1.0045	1.3378	$332.86	0.7172	0.9670	$321.87	0.5847	$321.02	3.7%
BlueChoice Advantage Silver 1500 BlueFund HSA	$1,500 (Integrated)	$6,350		0	228	0.3%	$356.46	1.0000	1.0968	1.0000	$390.98	0.6622	0.9600	0.9503	0.6041	1.0501	1.0045	1.3378	$333.34	0.7190	0.9670	$322.34	NA	NA	NA
BlueChoice Advantage HSA/HRA Silver 3000	$3,000 (Integrated)	$4,750		9	228	0.3%	$356.46	1.0000	1.0968	1.0000	$390.98	0.6076	0.9600	0.9503	0.5542	1.0501	1.0045	1.3378	$305.82	0.6942	0.9670	$295.73	0.5451	$299.29	2.2%
HealthyBlue HMO HSA/HRA Silver 2000	$2,000 (Integrated)	$6,550		980	2,184	2.6%	$356.46	1.0000	1.0968	1.0000	$390.98	0.6577	0.9600	0.9503	0.6000	0.9804	1.0045	1.3378	$309.07	0.7198	0.9670	$298.87	0.5892	$302.00	2.3%
HealthyBlue Plus HSA/HRA Silver 2000	$2,000 (Integrated)	$6,550		639	1,428	1.7%	$356.46	1.0000	1.0968	1.0000	$390.98	0.6577	0.9600	0.9503	0.6000	1.0069	1.0045	1.3378	$317.45	0.7198	0.9670	$306.97	0.5892	$310.18	2.3%
HealthyBlue Advantage HSA/HRA Silver 2000	$2,000 (Integrated)	$6,550		1,323	2,952	3.6%	$356.46	1.0000	1.0968	1.0000	$390.98	0.6577	0.9600	0.9503	0.6000	1.0501	1.0045	1.3378	$331.07	0.7198	0.9670	$320.14	0.5892	$323.49	2.3%
Gold Plans																									
BlueChoice HMO Gold 500	$500 Med / $250 Rx	$7,150		1,660	3,696	4.5%	$356.46	1.0000	1.0968	1.0000	$390.98	0.8005	1.0100	0.9964	0.8056	0.9804	1.0045	1.3378	$414.97	0.8182	0.9670	$401.28	0.7696	$394.46	5.2%
BlueChoice HMO Gold 1500	$1,500 Med / $250 Rx	$3,500		239	528	0.6%	$356.46	1.0000	1.0968	1.0000	$390.98	0.7697	1.0100	0.9964	0.7746	0.9804	1.0045	1.3378	$399.01	0.7900	0.9670	$385.84	0.7397	$379.15	5.2%
BlueChoice HMO HSA/HRA Gold 1500	$1,500 (Integrated)	$4,000		0	228	0.3%	$356.46	1.0000	1.0968	1.0000	$390.98	0.7185	0.9600	0.9964	0.6872	0.9804	1.0045	1.3378	$354.02	0.7868	0.9670	$342.33	NA	NA	NA
BlueChoice HMO Referral Gold 0	$0 Med / $0 Rx	$7,150		122	276	0.3%	$356.46	1.0000	1.0968	1.0000	$390.98	0.8421	1.0100	0.9964	0.8475	0.9337	1.0045	1.3378	$415.77	0.8183	0.9670	$402.05	0.8076	$394.24	5.5%
BlueChoice HMO Referral Gold 500	$500 Med / $250 Rx	$7,150		1,079	2,400	2.9%	$356.46	1.0000	1.0968	1.0000	$390.98	0.8005	1.0100	0.9964	0.8056	0.9337	1.0045	1.3378	$395.21	0.8182	0.9670	$382.17	0.7696	$375.68	5.2%
BlueChoice HMO Referral Gold 80	$1000 Med / $0 Rx	$6,000		57	228	0.3%	$356.46	1.0000	1.0968	1.0000	$390.98	0.7671	1.0100	0.9964	0.7719	0.9337	1.0045	1.3378	$378.71	0.7899	0.9670	$366.21	0.7256	$354.23	6.9%
BlueChoice Plus Gold 500	$500 Med / $250 Rx	$7,150		139	312	0.4%	$356.46	1.0000	1.0968	1.0000	$390.98	0.8005	1.0100	0.9964	0.8056	1.0069	1.0045	1.3378	$426.22	0.8182	0.9670	$412.15	0.7696	$405.15	5.2%
BlueChoice Plus Gold 1000	$1,000 Med / $250 Rx	$4,000		67	228	0.3%	$356.46	1.0000	1.0968	1.0000	$390.98	0.7811	1.0100	0.9964	0.7860	1.0069	1.0045	1.3378	$415.89	0.8006	0.9670	$402.16	0.7455	$392.49	6.0%
BlueChoice Advantage Gold 500	$500 Med / $250 Rx	$7,150		909	2,028	2.4%	$356.46	1.0000	1.0968	1.0000	$390.98	0.8005	1.0100	0.9964	0.8056	1.0501	1.0045	1.3378	$444.50	0.8182	0.9670	$429.83	0.7696	$422.53	5.2%
BlueChoice Advantage Gold 1000	$1,000 Med / $250 Rx	$4,000		1,060	2,364	2.8%	$356.46	1.0000	1.0968	1.0000	$390.98	0.7811	1.0100	0.9964	0.7860	1.0501	1.0045	1.3378	$433.73	0.8006	0.9670	$419.41	0.7455	$409.33	6.0%
BlueChoice Advantage HSA/HRA Gold 1500	$1,500 (Integrated)	$4,000		0	228	0.3%	$356.46	1.0000	1.0968	1.0000	$390.98	0.7185	0.9600	0.9964	0.6872	1.0501	1.0045	1.3378	$379.21	0.7868	0.9670	$366.70	NA	NA	NA
HealthyBlue HMO Gold 1500	$1,500 Med / $0 Rx	$7,150		1,080	2,400	2.9%	$356.46	1.0000	1.0968	1.0000	$390.98	0.8150	1.0100	0.9964	0.8202	0.9804	1.0045	1.3378	$422.51	0.8131	0.9670	$408.57	0.8039	$412.05	2.5%
HealthyBlue Plus Gold 1500	$1,500 Med / $0 Rx	$7,150		1,404	3,132	3.8%	$356.46	1.0000	1.0968	1.0000	$390.98	0.8150	1.0100	0.9964	0.8202	1.0069	1.0045	1.3378	$433.96	0.8131	0.9670	$419.64	0.8039	$423.21	2.5%
HealthyBlue Advantage Gold 1500	$1,500 Med / $0 Rx	$7,150		3,745	8,340	10.1%	$356.46	1.0000	1.0968	1.0000	$390.98	0.8150	1.0100	0.9964	0.8202	1.0501	1.0045	1.3378	$452.58	0.8131	0.9670	$437.64	0.8039	$441.37	2.5%
Platinum Plans																									
BlueChoice HMO Platinum 0	$0 Med / $0 Rx	$1,500		1,825	4,068	4.9%	$356.46	1.0000	1.0968	1.0000	$390.98	0.9198	1.0100	1.0610	0.9856	0.9804	1.0045	1.3378	$507.72	0.9158	0.9670	$490.96	0.9812	$502.91	1.0%
BlueChoice HMO Referral Platinum 0	$0 Med / $0 Rx	$1,500		2,734	6,084	7.3%	$356.46	1.0000	1.0968	1.0000	$390.98	0.9198	1.0100	1.0610	0.9856	0.9337	1.0045	1.3378	$483.54	0.9158	0.9670	$467.58	0.9812	$478.96	1.0%
BlueChoice HMO Referral Platinum 1000	$1000 Med / $0 Rx	$1,500		1	228	0.3%	$356.46	1.0000	1.0968	1.0000	$390.98	0.8587	1.0100	1.0610	0.9202	0.9337	1.0045	1.3378	$451.43	0.8863	0.9670	$436.53	0.9263	$452.17	-0.2%
BlueChoice Plus Opt-Out Platinum 0	$0 Med / $0 Rx	$1,500		5,880	13,092	15.8%	$356.46	1.0000	1.0968	1.0000	$390.98	0.9198	1.0100	1.0610	0.9856	0.9937	1.0045	1.3378	$514.60	0.9158	0.9670	$497.61	0.9812	$509.73	1.0%
BlueChoice Advantage Platinum 0	$0 Med / $0 Rx	$1,500		1,384	3,084	3.7%	$356.46	1.0000	1.0968	1.0000	$390.98	0.9198	1.0100	1.0610	0.9856	1.0501	1.0045	1.3378	$543.85	0.9158	0.9670	$525.90	0.9812	$538.70	1.0%
HealthyBlue HMO Platinum 500	$500 Med / $0 Rx	$1,500		298	660	0.8%	$356.46	1.0000	1.0968	1.0000	$390.98	0.9023	1.0100	1.0610	0.9669	0.9804	1.0045	1.3378	$498.09	0.8949	0.9670	$481.65	0.9543	$489.15	1.8%
HealthyBlue HMO Platinum 1000	$1,000 Med / $0 Rx	$1,500		86	228	0.3%	$356.46	1.0000	1.0968	1.0000	$390.98	0.8663	1.0100	1.0610	0.9283	0.9804	1.0045	1.3378	$478.19	0.8868	0.9670	$462.41	0.9431	$483.41	-1.1%
HealthyBlue Plus Platinum 500	$500 Med / $0 Rx	$1,500		1,265	2,820	3.4%	$356.46	1.0000	1.0968	1.0000	$390.98	0.9023	1.0100	1.0610	0.9669	1.0069	1.0045	1.3378	$511.59	0.8949	0.9670	$494.70	0.9543	$502.41	1.8%
HealthyBlue Plus Platinum 1000	$1,000 Med / $0 Rx	$1,500		505	1,128	1.4%	$356.46	1.0000	1.0968	1.0000	$390.98	0.8663	1.0100	1.0610	0.9283	1.0069	1.0045	1.3378	$491.15	0.8868	0.9670	$474.94	0.9431	$496.51	-1.1%
HealthyBlue Advantage Platinum 500	$500 Med / $0 Rx	$1,500		747	1,668	2.0%	$356.46	1.0000	1.0968	1.0000	$390.98	0.9023	1.0100	1.0610	0.9669	1.0501	1.0045	1.3378	$533.53	0.8949	0.9670	$515.93	0.9543	$523.96	1.8%
HealthyBlue Advantage Platinum 1000	$1,000 Med / $0 Rx	$1,500		684	1,524	1.8%	$356.46	1.0000	1.0968	1.0000	$390.98	0.8663	1.0100	1.0610	0.9283	1.0501	1.0045	1.3378	$512.22	0.8868	0.9670	$495.31	0.9431	$517.81	-1.1%
		BRONZE SUBTOTAL:		384	1,548	1.9%	$356.46	1.0000	1.0968	1.0000	$390.98	0.5361	0.9747	0.9226	0.4827	0.9980	1.0045	1.3378	$253.03	0.6145	0.9670	$244.68	0.4158	$214.10	11.5%
		SILVER SUBTOTAL:		8,517	20,436	24.6%	$356.46	1.0000	1.0968	1.0000	$390.98	0.6539	0.9622	0.9503	0.5980	1.0133	1.0045	1.3378	$318.38	0.7145	0.9670	$307.87	0.5813	$308.34	3.1%
		GOLD SUBTOTAL:		11,561	26,388	31.8%	$356.46	1.0000	1.0968	1.0000	$390.98	0.8043	1.0091	0.9964	0.8088	1.0132	1.0045	1.3378	$430.63	0.8125	0.9670	$416.42	0.7853	$416.21	3.9%
		PLATINUM SUBTOTAL:		15,409	34,584	41.7%	$356.46	1.0000	1.0968	1.0000	$390.98	0.9123	1.0100	1.0610	0.9776	0.9926	1.0045	1.3378	$509.76	0.9101	0.9670	$492.93	0.9740	$505.53	0.9%
		GRAND TOTAL:		**35,871**	**82,956**	**100.0%**	**$356.46**	**1.0000**	**1.0968**	**1.0000**	**$390.98**	**0.8073**	**0.9973**	**1.0106**	**0.8212**	**1.0043**	**1.0045**	**1.3378**	**$432.65**	**0.8254**	**0.9670**	**$418.37**	**0.8140**	**$426.80**	**2.5%**

*** Geographic and Tobacco calibration factors both = 1.000.**

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

2017 ACA - PLAN LEVEL DERIVATIONS 2Q17
SG DC BLUECHOICE

		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	21	22
			Actual 2/29/2016	ON-Exchange 2Q17 Cohort		**INDEX RATE**	**Market-Level Adjustments (MLA)**			**INDEX RATE**	**Plan-Level Adjustments (PLA)**							**INDEX RATE**		**Calibration Allowable Rating Factors (ARFs) ***	**BASE PREMIUM**	Average Cost	**INDEX RATE**	
			Mapped	Projected		(Ave ALW		Risk	Exch User	(Post-	CF Pricing	CDH	Induced	**= (10)x(11)x(12)** Cost-	Network	Non-	Distrib	(Plan-	2017 HHS		(Consumer- Level)	Share	(Plan- Level)	
Benefit Plan			Mems	EMMs	%	EHB)	Reins.	Adj	Fees	MLA)	Value	Factor	Demand	Share	& UM	EHB	& Admin	Level)	AV	Age	2Q17	2Q17	2Q16	Δ
Bronze Plans	Ded.	OOP Max																						
BlueChoice HMO HSA/HRA Bronze 6500	$6,500 (Integrated)	$6,550	286	324	0.8%	$363.53	1.0000	1.0950	1.0000	$398.05	0.5168	0.9600	0.9226	0.4577	0.9804	1.0045	1.3467	$241.66	0.6138	0.9670	$233.68	0.4135	$214.89	12.5%
BlueChoice HMO Referral Bronze 5500	$5,500 Med / $100 Rx	$7,150	16	108	0.3%	$363.53	1.0000	1.0950	1.0000	$398.05	0.5821	1.0100	0.9226	0.5424	0.9337	1.0045	1.3467	$272.75	0.6162	0.9670	$263.75	0.4692	$232.24	17.4%
BlueChoice Plus HSA/HRA Bronze 6500	$6,500 (Integrated)	$6,550	72	108	0.3%	$363.53	1.0000	1.0950	1.0000	$398.05	0.5168	0.9600	0.9226	0.4577	1.0069	1.0045	1.3467	$248.21	0.6138	0.9670	$240.01	0.4135	$220.71	12.5%
BlueChoice Advantage HSA/HRA Bronze 6500	$6,500 (Integrated)	$6,550	10	108	0.3%	$363.53	1.0000	1.0950	1.0000	$398.05	0.5168	0.9600	0.9226	0.4577	1.0501	1.0045	1.3467	$258.85	0.6138	0.9670	$250.31	0.4135	$230.18	12.5%
BlueChoice Advantage Bronze 5500	$5,500 Med / $100 Rx	$7,150	0	108	0.3%	$363.53	1.0000	1.0950	1.0000	$398.05	0.5821	1.0100	0.9226	0.5424	1.0501	1.0045	1.3467	$306.76	0.6162	0.9670	$296.64	NA	NA	NA
Silver Plans																								
BlueChoice HMO Silver 1000	$1,000 Med / $100 Rx	$7,150	40	108	0.3%	$363.53	1.0000	1.0950	1.0000	$398.05	0.6852	1.0100	0.9503	0.6576	0.9804	1.0045	1.3467	$347.20	0.7199	0.9670	$335.74	0.6245	$324.55	7.0%
BlueChoice HMO HSA/HRA Silver 1500	$1,500 (Integrated)	$6,550	817	912	2.2%	$363.53	1.0000	1.0950	1.0000	$398.05	0.6613	0.9600	0.9503	0.6032	0.9804	1.0045	1.3467	$318.48	0.7172	0.9670	$307.97	0.5847	$303.89	4.8%
BlueChoice HMO HSA/HRA Silver 2000	$2,000 (Integrated)	$6,000	937	1,044	2.5%	$363.53	1.0000	1.0950	1.0000	$398.05	0.6382	0.9600	0.9503	0.5822	0.9804	1.0045	1.3467	$307.35	0.7090	0.9670	$297.21	0.5638	$293.03	4.9%
BlueChoice HMO HSA/HRA Silver 3000	$3,000 (Integrated)	$4,750	6	108	0.3%	$363.53	1.0000	1.0950	1.0000	$398.05	0.6076	0.9600	0.9503	0.5542	0.9804	1.0045	1.3467	$292.61	0.6942	0.9670	$282.95	0.5451	$283.32	3.3%
BlueChoice HMO Referral Silver 70	$2000 Med / $500 Rx	$6,850	16	108	0.3%	$363.53	1.0000	1.0950	1.0000	$398.05	0.6538	1.0100	0.9503	0.6275	0.9337	1.0045	1.3467	$315.49	0.7124	0.9670	$305.08	0.5912	$292.61	7.8%
BlueChoice HMO Referral Silver 4000	$4,000 Med / $0 Rx	$7,150	0	108	0.3%	$363.53	1.0000	1.0950	1.0000	$398.05	0.6899	1.0100	0.9503	0.6621	0.9337	1.0045	1.3467	$332.92	0.6892	0.9670	$321.93	NA	NA	NA
BlueChoice Plus HSA/HRA Silver 1500	$1,500 (Integrated)	$6,550	1,280	1,428	3.4%	$363.53	1.0000	1.0950	1.0000	$398.05	0.6613	0.9600	0.9503	0.6032	1.0069	1.0045	1.3467	$327.11	0.7172	0.9670	$316.31	0.5847	$312.13	4.8%
BlueChoice Plus HSA/HRA Silver 3000	$3,000 (Integrated)	$4,750	597	672	1.6%	$363.53	1.0000	1.0950	1.0000	$398.05	0.6076	0.9600	0.9503	0.5542	1.0069	1.0045	1.3467	$300.54	0.6942	0.9670	$290.62	0.5451	$291.00	3.3%
BlueChoice Advantage Silver 4000	$4,000 Med / $0 Rx	$7,150	0	108	0.3%	$363.53	1.0000	1.0950	1.0000	$398.05	0.6899	1.0100	0.9503	0.6621	1.0501	1.0045	1.3467	$374.44	0.6892	0.9670	$362.08	NA	NA	NA
BlueChoice Advantage HSA/HRA Silver 1500	$1,500 (Integrated)	$6,550	1,873	2,100	5.0%	$363.53	1.0000	1.0950	1.0000	$398.05	0.6613	0.9600	0.9503	0.6032	1.0501	1.0045	1.3467	$341.14	0.7172	0.9670	$329.88	0.5847	$325.52	4.8%
BlueChoice Advantage Silver 1500 BlueFund HSA	$1,500 (Integrated)	$6,350	0	108	0.3%	$363.53	1.0000	1.0950	1.0000	$398.05	0.6622	0.9600	0.9503	0.6041	1.0501	1.0045	1.3467	$341.64	0.7190	0.9670	$330.36	NA	NA	NA
BlueChoice Advantage HSA/HRA Silver 3000	$3,000 (Integrated)	$4,750	9	108	0.3%	$363.53	1.0000	1.0950	1.0000	$398.05	0.6076	0.9600	0.9503	0.5542	1.0501	1.0045	1.3467	$313.43	0.6942	0.9670	$303.09	0.5451	$303.48	3.3%
HealthyBlue HMO HSA/HRA Silver 2000	$2,000 (Integrated)	$6,550	980	1,092	2.6%	$363.53	1.0000	1.0950	1.0000	$398.05	0.6577	0.9600	0.9503	0.6000	0.9804	1.0045	1.3467	$316.76	0.7198	0.9670	$306.31	0.5892	$306.23	3.4%
HealthyBlue Plus HSA/HRA Silver 2000	$2,000 (Integrated)	$6,550	639	708	1.7%	$363.53	1.0000	1.0950	1.0000	$398.05	0.6577	0.9600	0.9503	0.6000	1.0069	1.0045	1.3467	$325.35	0.7198	0.9670	$314.61	0.5892	$314.53	3.4%
HealthyBlue Advantage HSA/HRA Silver 2000	$2,000 (Integrated)	$6,550	1,323	1,476	3.5%	$363.53	1.0000	1.0950	1.0000	$398.05	0.6577	0.9600	0.9503	0.6000	1.0501	1.0045	1.3467	$339.31	0.7198	0.9670	$328.11	0.5892	$328.02	3.4%
Gold Plans																								
BlueChoice HMO Gold 500	$500 Med / $250 Rx	$7,150	1,660	1,860	4.5%	$363.53	1.0000	1.0950	1.0000	$398.05	0.8005	1.0100	0.9964	0.8056	0.9804	1.0045	1.3467	$425.30	0.8182	0.9670	$411.26	0.7696	$399.98	6.3%
BlueChoice HMO Gold 1500	$1,500 Med / $250 Rx	$3,500	239	276	0.7%	$363.53	1.0000	1.0950	1.0000	$398.05	0.7697	1.0100	0.9964	0.7746	0.9804	1.0045	1.3467	$408.94	0.7900	0.9670	$395.44	0.7397	$384.45	6.4%
BlueChoice HMO HSA/HRA Gold 1500	$1,500 (Integrated)	$4,000	0	108	0.3%	$363.53	1.0000	1.0950	1.0000	$398.05	0.7185	0.9600	0.9964	0.6872	0.9804	1.0045	1.3467	$362.83	0.7868	0.9670	$350.85	NA	NA	NA
BlueChoice HMO Referral Gold 0	$0 Med / $0 Rx	$7,150	122	132	0.3%	$363.53	1.0000	1.0950	1.0000	$398.05	0.8421	1.0100	0.9964	0.8475	0.9337	1.0045	1.3467	$426.11	0.8183	0.9670	$412.05	0.8076	$399.75	6.6%
BlueChoice HMO Referral Gold 500	$500 Med / $250 Rx	$7,150	1,079	1,212	2.9%	$363.53	1.0000	1.0950	1.0000	$398.05	0.8005	1.0100	0.9964	0.8056	0.9337	1.0045	1.3467	$405.05	0.8182	0.9670	$391.68	0.7696	$380.94	6.3%
BlueChoice HMO Referral Gold 80	$1000 Med / $0 Rx	$6,000	57	108	0.3%	$363.53	1.0000	1.0950	1.0000	$398.05	0.7671	1.0100	0.9964	0.7719	0.9337	1.0045	1.3467	$388.14	0.7899	0.9670	$375.33	0.7256	$359.19	8.1%
BlueChoice Plus Gold 500	$500 Med / $250 Rx	$7,150	139	156	0.4%	$363.53	1.0000	1.0950	1.0000	$398.05	0.8005	1.0100	0.9964	0.8056	1.0069	1.0045	1.3467	$436.82	0.8182	0.9670	$422.41	0.7696	$410.82	6.3%
BlueChoice Plus Gold 1000	$1,000 Med / $250 Rx	$4,000	67	108	0.3%	$363.53	1.0000	1.0950	1.0000	$398.05	0.7811	1.0100	0.9964	0.7860	1.0069	1.0045	1.3467	$426.24	0.8006	0.9670	$412.17	0.7455	$397.99	7.1%
BlueChoice Advantage Gold 500	$500 Med / $250 Rx	$7,150	909	1,020	2.5%	$363.53	1.0000	1.0950	1.0000	$398.05	0.8005	1.0100	0.9964	0.8056	1.0501	1.0045	1.3467	$455.56	0.8182	0.9670	$440.53	0.7696	$428.45	6.3%
BlueChoice Advantage Gold 1000	$1,000 Med / $250 Rx	$4,000	1,060	1,188	2.9%	$363.53	1.0000	1.0950	1.0000	$398.05	0.7811	1.0100	0.9964	0.7860	1.0501	1.0045	1.3467	$444.52	0.8006	0.9670	$429.85	0.7455	$415.06	7.1%
BlueChoice Advantage HSA/HRA Gold 1500	$1,500 (Integrated)	$4,000	0	108	0.3%	$363.53	1.0000	1.0950	1.0000	$398.05	0.7185	0.9600	0.9964	0.6872	1.0501	1.0045	1.3467	$388.65	0.7868	0.9670	$375.82	NA	NA	NA
HealthyBlue HMO Gold 1500	$1,500 Med / $0 Rx	$7,150	1,080	1,212	2.9%	$363.53	1.0000	1.0950	1.0000	$398.05	0.8150	1.0100	0.9964	0.8202	0.9804	1.0045	1.3467	$433.02	0.8131	0.9670	$418.73	0.8039	$417.81	3.6%
HealthyBlue Plus Gold 1500	$1,500 Med / $0 Rx	$7,150	1,404	1,572	3.8%	$363.53	1.0000	1.0950	1.0000	$398.05	0.8150	1.0100	0.9964	0.8202	1.0069	1.0045	1.3467	$444.76	0.8131	0.9670	$430.08	0.8039	$429.13	3.6%
HealthyBlue Advantage Gold 1500	$1,500 Med / $0 Rx	$7,150	3,745	4,200	10.1%	$363.53	1.0000	1.0950	1.0000	$398.05	0.8150	1.0100	0.9964	0.8202	1.0501	1.0045	1.3467	$463.84	0.8131	0.9670	$448.53	0.8039	$447.54	3.6%
Platinum Plans																								
BlueChoice HMO Platinum 0	$0 Med / $0 Rx	$1,500	1,825	2,040	4.9%	$363.53	1.0000	1.0950	1.0000	$398.05	0.9198	1.0100	1.0610	0.9856	0.9804	1.0045	1.3467	$520.35	0.9158	0.9670	$503.18	0.9812	$509.95	2.0%
BlueChoice HMO Referral Platinum 0	$0 Med / $0 Rx	$1,500	2,734	3,072	7.4%	$363.53	1.0000	1.0950	1.0000	$398.05	0.9198	1.0100	1.0610	0.9856	0.9337	1.0045	1.3467	$495.57	0.9158	0.9670	$479.22	0.9812	$485.67	2.0%
BlueChoice HMO Referral Platinum 1000	$1000 Med / $0 Rx	$1,500	1	108	0.3%	$363.53	1.0000	1.0950	1.0000	$398.05	0.8587	1.0100	1.0610	0.9202	0.9337	1.0045	1.3467	$462.66	0.8863	0.9670	$447.39	0.9263	$458.50	0.9%
BlueChoice Plus Opt-Out Platinum 0	$0 Med / $0 Rx	$1,500	5,880	6,600	15.9%	$363.53	1.0000	1.0950	1.0000	$398.05	0.9198	1.0100	1.0610	0.9856	0.9937	1.0045	1.3467	$527.40	0.9158	0.9670	$510.00	0.9812	$516.86	2.0%
BlueChoice Advantage Platinum 0	$0 Med / $0 Rx	$1,500	1,384	1,548	3.7%	$363.53	1.0000	1.0950	1.0000	$398.05	0.9198	1.0100	1.0610	0.9856	1.0501	1.0045	1.3467	$557.38	0.9158	0.9670	$538.99	0.9812	$546.24	2.0%
HealthyBlue HMO Platinum 500	$500 Med / $0 Rx	$1,500	298	336	0.8%	$363.53	1.0000	1.0950	1.0000	$398.05	0.9023	1.0100	1.0610	0.9669	0.9804	1.0045	1.3467	$510.48	0.8949	0.9670	$493.64	0.9543	$496.00	2.9%
HealthyBlue HMO Platinum 1000	$1,000 Med / $0 Rx	$1,500	86	108	0.3%	$363.53	1.0000	1.0950	1.0000	$398.05	0.8663	1.0100	1.0610	0.9283	0.9804	1.0045	1.3467	$490.09	0.8868	0.9670	$473.92	0.9431	$490.18	0.0%
HealthyBlue Plus Platinum 500	$500 Med / $0 Rx	$1,500	1,265	1,416	3.4%	$363.53	1.0000	1.0950	1.0000	$398.05	0.9023	1.0100	1.0610	0.9669	1.0069	1.0045	1.3467	$524.32	0.8949	0.9670	$507.01	0.9543	$509.44	2.9%
HealthyBlue Plus Platinum 1000	$1,000 Med / $0 Rx	$1,500	505	564	1.4%	$363.53	1.0000	1.0950	1.0000	$398.05	0.8663	1.0100	1.0610	0.9283	1.0069	1.0045	1.3467	$503.37	0.8868	0.9670	$486.76	0.9431	$503.46	0.0%
HealthyBlue Advantage Platinum 500	$500 Med / $0 Rx	$1,500	747	828	2.0%	$363.53	1.0000	1.0950	1.0000	$398.05	0.9023	1.0100	1.0610	0.9669	1.0501	1.0045	1.3467	$546.81	0.8949	0.9670	$528.77	0.9543	$531.29	2.9%
HealthyBlue Advantage Platinum 1000	$1,000 Med / $0 Rx	$1,500	684	768	1.8%	$363.53	1.0000	1.0950	1.0000	$398.05	0.8663	1.0100	1.0610	0.9283	1.0501	1.0045	1.3467	$524.96	0.8868	0.9670	$507.64	0.9431	$525.06	0.0%
	BRONZE SUBTOTAL:		384	756	1.8%	$363.53	1.0000	1.0950	1.0000	$398.05	0.5355	0.9743	0.9226	0.4819	0.9974	1.0045	1.3467	$258.79	0.6145	0.9670	$250.25	0.4158	$217.10	12.7%
	SILVER SUBTOTAL:		8,517	10,188	24.5%	$363.53	1.0000	1.0950	1.0000	$398.05	0.6539	0.9621	0.9503	0.5979	1.0134	1.0045	1.3467	$326.28	0.7146	0.9670	$315.52	0.5813	$312.66	4.2%
	GOLD SUBTOTAL:		11,561	13,260	31.9%	$363.53	1.0000	1.0950	1.0000	$398.05	0.8044	1.0092	0.9964	0.8089	1.0132	1.0045	1.3467	$441.42	0.8125	0.9670	$426.85	0.7853	$422.03	5.0%
	PLATINUM SUBTOTAL:		15,409	17,388	41.8%	$363.53	1.0000	1.0950	1.0000	$398.05	0.9124	1.0100	1.0610	0.9777	0.9925	1.0045	1.3467	$522.44	0.9101	0.9670	$505.21	0.9740	$512.61	2.0%
	GRAND TOTAL:		**35,871**	**41,592**	**100.0%**	**$363.53**	**1.0000**	**1.0950**	**1.0000**	**$398.05**	**0.8078**	**0.9974**	**1.0107**	**0.8218**	**1.0043**	**1.0045**	**1.3467**	**$443.77**	**0.8257**	**0.9670**	**$429.13**	**0.8140**	**$432.78**	**3.6%**

*** Geographic and Tobacco calibration factors both = 1.000.**

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

2017 ACA - PLAN LEVEL DERIVATIONS 3Q17
SG DC BLUECHOICE

Benefit Plan	Ded.	OOP Max	1 Actual 2/29/2016 Mapped Mems	2 ON-Exchange 3Q17 Cohort Projected EMMs	3 %	4 INDEX RATE (Ave ALW EHB)	5 Market-Level Adjustments (MLA) Reins.	6 Risk Adj	7 Exch User Fees	8 INDEX RATE (Post-MLA)	9 Plan-Level Adjustments (PLA) CF Pricing Value	10 CDH Factor	11 Induced Demand	12 = (10)x(11)x(12) Cost-Share	13 Network & UM	14 Non-EHB	15 Distrib & Admin	16 INDEX RATE (Plan-Level)	17 2017 HHS AV	18 Calibration Allowable Rating Factors (ARFs) * Age	19 BASE PREMIUM (Consumer-Level) 3Q17	20 Average Cost Share 3Q17	21 INDEX RATE (Plan-Level) 3Q16	22 Δ
Bronze Plans																								
BlueChoice HMO HSA/HRA Bronze 6500	$6,500 (Integrated)	$6,550	286	660	0.8%	$370.78	1.0000	1.0931	1.0000	$405.30	0.5168	0.9600	0.9226	0.4577	0.9804	1.0045	1.3530	$247.20	0.6138	0.9670	$239.04	0.4135	$218.08	13.4%
BlueChoice HMO Referral Bronze 5500	$5,500 Med / $100 Rx	$7,150	16	228	0.3%	$370.78	1.0000	1.0931	1.0000	$405.30	0.5821	1.0100	0.9226	0.5424	0.9337	1.0045	1.3530	$279.00	0.6162	0.9670	$269.80	0.4692	$235.69	18.4%
BlueChoice Plus HSA/HRA Bronze 6500	$6,500 (Integrated)	$6,550	72	228	0.3%	$370.78	1.0000	1.0931	1.0000	$405.30	0.5168	0.9600	0.9226	0.4577	1.0069	1.0045	1.3530	$253.90	0.6138	0.9670	$245.52	0.4135	$223.99	13.4%
BlueChoice Advantage HSA/HRA Bronze 6500	$6,500 (Integrated)	$6,550	10	228	0.3%	$370.78	1.0000	1.0931	1.0000	$405.30	0.5168	0.9600	0.9226	0.4577	1.0501	1.0045	1.3530	$264.79	0.6138	0.9670	$256.05	0.4135	$233.60	13.4%
BlueChoice Advantage Bronze 5500	$5,500 Med / $100 Rx	$7,150	0	228	0.3%	$370.78	1.0000	1.0931	1.0000	$405.30	0.5821	1.0100	0.9226	0.5424	1.0501	1.0045	1.3530	$313.80	0.6162	0.9670	$303.44	NA	NA	NA
Silver Plans																								
BlueChoice HMO Silver 1000	$1,000 Med / $100 Rx	$7,150	40	228	0.3%	$370.78	1.0000	1.0931	1.0000	$405.30	0.6852	1.0100	0.9503	0.6576	0.9804	1.0045	1.3530	$355.16	0.7199	0.9670	$343.44	0.6245	$329.37	7.8%
BlueChoice HMO HSA/HRA Silver 1500	$1,500 (Integrated)	$6,550	817	1,872	2.2%	$370.78	1.0000	1.0931	1.0000	$405.30	0.6613	0.9600	0.9503	0.6032	0.9804	1.0045	1.3530	$325.78	0.7172	0.9670	$315.03	0.5847	$308.40	5.6%
BlueChoice HMO HSA/HRA Silver 2000	$2,000 (Integrated)	$6,000	937	2,160	2.5%	$370.78	1.0000	1.0931	1.0000	$405.30	0.6382	0.9600	0.9503	0.5822	0.9804	1.0045	1.3530	$314.40	0.7090	0.9670	$304.02	0.5638	$297.38	5.7%
BlueChoice HMO HSA/HRA Silver 3000	$3,000 (Integrated)	$4,750	6	228	0.3%	$370.78	1.0000	1.0931	1.0000	$405.30	0.6076	0.9600	0.9503	0.5542	0.9804	1.0045	1.3530	$299.32	0.6942	0.9670	$289.45	0.5451	$287.53	4.1%
BlueChoice HMO Referral Silver 70	$2000 Med / $500 Rx	$6,850	16	228	0.3%	$370.78	1.0000	1.0931	1.0000	$405.30	0.6538	1.0100	0.9503	0.6275	0.9337	1.0045	1.3530	$322.73	0.7124	0.9670	$312.08	0.5912	$296.96	8.7%
BlueChoice HMO Referral Silver 4000	$4,000 Med / $0 Rx	$7,150	0	228	0.3%	$370.78	1.0000	1.0931	1.0000	$405.30	0.6899	1.0100	0.9503	0.6621	0.9337	1.0045	1.3530	$340.56	0.6892	0.9670	$329.32	NA	NA	NA
BlueChoice Plus HSA/HRA Silver 1500	$1,500 (Integrated)	$6,550	1,280	2,940	3.4%	$370.78	1.0000	1.0931	1.0000	$405.30	0.6613	0.9600	0.9503	0.6032	1.0069	1.0045	1.3530	$334.61	0.7172	0.9670	$323.57	0.5847	$316.76	5.6%
BlueChoice Plus HSA/HRA Silver 3000	$3,000 (Integrated)	$4,750	597	1,368	1.6%	$370.78	1.0000	1.0931	1.0000	$405.30	0.6076	0.9600	0.9503	0.5542	1.0069	1.0045	1.3530	$307.43	0.6942	0.9670	$297.29	0.5451	$295.32	4.1%
BlueChoice Advantage Silver 4000	$4,000 Med / $0 Rx	$7,150	0	228	0.3%	$370.78	1.0000	1.0931	1.0000	$405.30	0.6899	1.0100	0.9503	0.6621	1.0501	1.0045	1.3530	$383.03	0.6892	0.9670	$370.39	NA	NA	NA
BlueChoice Advantage HSA/HRA Silver 1500	$1,500 (Integrated)	$6,550	1,873	4,296	5.0%	$370.78	1.0000	1.0931	1.0000	$405.30	0.6613	0.9600	0.9503	0.6032	1.0501	1.0045	1.3530	$348.97	0.7172	0.9670	$337.45	0.5847	$330.35	5.6%
BlueChoice Advantage Silver 1500 BlueFund HSA	$1,500 (Integrated)	$6,350	0	228	0.3%	$370.78	1.0000	1.0931	1.0000	$405.30	0.6622	0.9600	0.9503	0.6041	1.0501	1.0045	1.3530	$349.47	0.7190	0.9670	$337.94	NA	NA	NA
BlueChoice Advantage HSA/HRA Silver 3000	$3,000 (Integrated)	$4,750	9	228	0.3%	$370.78	1.0000	1.0931	1.0000	$405.30	0.6076	0.9600	0.9503	0.5542	1.0501	1.0045	1.3530	$320.62	0.6942	0.9670	$310.04	0.5451	$307.99	4.1%
HealthyBlue HMO HSA/HRA Silver 2000	$2,000 (Integrated)	$6,550	980	2,256	2.6%	$370.78	1.0000	1.0931	1.0000	$405.30	0.6577	0.9600	0.9503	0.6000	0.9804	1.0045	1.3530	$324.03	0.7198	0.9670	$313.34	0.5892	$310.78	4.3%
HealthyBlue Plus HSA/HRA Silver 2000	$2,000 (Integrated)	$6,550	639	1,476	1.7%	$370.78	1.0000	1.0931	1.0000	$405.30	0.6577	0.9600	0.9503	0.6000	1.0069	1.0045	1.3530	$332.81	0.7198	0.9670	$321.83	0.5892	$319.20	4.3%
HealthyBlue Advantage HSA/HRA Silver 2000	$2,000 (Integrated)	$6,550	1,323	3,036	3.6%	$370.78	1.0000	1.0931	1.0000	$405.30	0.6577	0.9600	0.9503	0.6000	1.0501	1.0045	1.3530	$347.09	0.7198	0.9670	$335.63	0.5892	$332.89	4.3%
Gold Plans																								
BlueChoice HMO Gold 500	$500 Med / $250 Rx	$7,150	1,660	3,816	4.5%	$370.78	1.0000	1.0931	1.0000	$405.30	0.8005	1.0100	0.9964	0.8056	0.9804	1.0045	1.3530	$435.06	0.8182	0.9670	$420.70	0.7696	$405.93	7.2%
BlueChoice HMO Gold 1500	$1,500 Med / $250 Rx	$3,500	239	540	0.6%	$370.78	1.0000	1.0931	1.0000	$405.30	0.7697	1.0100	0.9964	0.7746	0.9804	1.0045	1.3530	$418.32	0.7900	0.9670	$404.51	0.7397	$390.16	7.2%
BlueChoice HMO HSA/HRA Gold 1500	$1,500 (Integrated)	$4,000	0	228	0.3%	$370.78	1.0000	1.0931	1.0000	$405.30	0.7185	0.9600	0.9964	0.6872	0.9804	1.0045	1.3530	$371.15	0.7868	0.9670	$358.90	NA	NA	NA
BlueChoice HMO Referral Gold 0	$0 Med / $0 Rx	$7,150	122	276	0.3%	$370.78	1.0000	1.0931	1.0000	$405.30	0.8421	1.0100	0.9964	0.8475	0.9337	1.0045	1.3530	$435.89	0.8183	0.9670	$421.51	0.8076	$405.69	7.4%
BlueChoice HMO Referral Gold 500	$500 Med / $250 Rx	$7,150	1,079	2,484	2.9%	$370.78	1.0000	1.0931	1.0000	$405.30	0.8005	1.0100	0.9964	0.8056	0.9337	1.0045	1.3530	$414.34	0.8182	0.9670	$400.67	0.7696	$386.60	7.2%
BlueChoice HMO Referral Gold 80	$1000 Med / $0 Rx	$6,000	57	228	0.3%	$370.78	1.0000	1.0931	1.0000	$405.30	0.7671	1.0100	0.9964	0.7719	0.9337	1.0045	1.3530	$397.04	0.7899	0.9670	$383.94	0.7256	$364.52	8.9%
BlueChoice Plus Gold 500	$500 Med / $250 Rx	$7,150	139	312	0.4%	$370.78	1.0000	1.0931	1.0000	$405.30	0.8005	1.0100	0.9964	0.8056	1.0069	1.0045	1.3530	$446.84	0.8182	0.9670	$432.10	0.7696	$416.93	7.2%
BlueChoice Plus Gold 1000	$1,000 Med / $250 Rx	$4,000	67	228	0.3%	$370.78	1.0000	1.0931	1.0000	$405.30	0.7811	1.0100	0.9964	0.7860	1.0069	1.0045	1.3530	$436.01	0.8006	0.9670	$421.62	0.7455	$403.90	8.0%
BlueChoice Advantage Gold 500	$500 Med / $250 Rx	$7,150	909	2,088	2.4%	$370.78	1.0000	1.0931	1.0000	$405.30	0.8005	1.0100	0.9964	0.8056	1.0501	1.0045	1.3530	$466.01	0.8182	0.9670	$450.64	0.7696	$434.81	7.2%
BlueChoice Advantage Gold 1000	$1,000 Med / $250 Rx	$4,000	1,060	2,436	2.9%	$370.78	1.0000	1.0931	1.0000	$405.30	0.7811	1.0100	0.9964	0.7860	1.0501	1.0045	1.3530	$454.72	0.8006	0.9670	$439.71	0.7455	$421.22	8.0%
BlueChoice Advantage HSA/HRA Gold 1500	$1,500 (Integrated)	$4,000	0	228	0.3%	$370.78	1.0000	1.0931	1.0000	$405.30	0.7185	0.9600	0.9964	0.6872	1.0501	1.0045	1.3530	$397.56	0.7868	0.9670	$384.44	NA	NA	NA
HealthyBlue HMO Gold 1500	$1,500 Med / $0 Rx	$7,150	1,080	2,484	2.9%	$370.78	1.0000	1.0931	1.0000	$405.30	0.8150	1.0100	0.9964	0.8202	0.9804	1.0045	1.3530	$442.96	0.8131	0.9670	$428.34	0.8039	$424.02	4.5%
HealthyBlue Plus Gold 1500	$1,500 Med / $0 Rx	$7,150	1,404	3,228	3.8%	$370.78	1.0000	1.0931	1.0000	$405.30	0.8150	1.0100	0.9964	0.8202	1.0069	1.0045	1.3530	$454.96	0.8131	0.9670	$439.95	0.8039	$435.51	4.5%
HealthyBlue Advantage Gold 1500	$1,500 Med / $0 Rx	$7,150	3,745	8,604	10.1%	$370.78	1.0000	1.0931	1.0000	$405.30	0.8150	1.0100	0.9964	0.8202	1.0501	1.0045	1.3530	$474.48	0.8131	0.9670	$458.82	0.8039	$454.19	4.5%
Platinum Plans																								
BlueChoice HMO Platinum 0	$0 Med / $0 Rx	$1,500	1,825	4,200	4.9%	$370.78	1.0000	1.0931	1.0000	$405.30	0.9198	1.0100	1.0610	0.9856	0.9804	1.0045	1.3530	$532.29	0.9158	0.9670	$514.72	0.9812	$517.53	2.9%
BlueChoice HMO Referral Platinum 0	$0 Med / $0 Rx	$1,500	2,734	6,276	7.3%	$370.78	1.0000	1.0931	1.0000	$405.30	0.9198	1.0100	1.0610	0.9856	0.9337	1.0045	1.3530	$506.94	0.9158	0.9670	$490.21	0.9812	$492.88	2.9%
BlueChoice HMO Referral Platinum 1000	$1000 Med / $0 Rx	$1,500	1	228	0.3%	$370.78	1.0000	1.0931	1.0000	$405.30	0.8587	1.0100	1.0610	0.9202	0.9337	1.0045	1.3530	$473.27	0.8863	0.9670	$457.65	0.9263	$465.31	1.7%
BlueChoice Plus Opt-Out Platinum 0	$0 Med / $0 Rx	$1,500	5,880	13,512	15.8%	$370.78	1.0000	1.0931	1.0000	$405.30	0.9198	1.0100	1.0610	0.9856	0.9937	1.0045	1.3530	$539.50	0.9158	0.9670	$521.70	0.9812	$524.54	2.9%
BlueChoice Advantage Platinum 0	$0 Med / $0 Rx	$1,500	1,384	3,180	3.7%	$370.78	1.0000	1.0931	1.0000	$405.30	0.9198	1.0100	1.0610	0.9856	1.0501	1.0045	1.3530	$570.17	0.9158	0.9670	$551.35	0.9812	$554.35	2.9%
HealthyBlue HMO Platinum 500	$500 Med / $0 Rx	$1,500	298	684	0.8%	$370.78	1.0000	1.0931	1.0000	$405.30	0.9023	1.0100	1.0610	0.9669	0.9804	1.0045	1.3530	$522.19	0.8949	0.9670	$504.96	0.9543	$503.36	3.7%
HealthyBlue HMO Platinum 1000	$1,000 Med / $0 Rx	$1,500	86	228	0.3%	$370.78	1.0000	1.0931	1.0000	$405.30	0.8663	1.0100	1.0610	0.9283	0.9804	1.0045	1.3530	$501.33	0.8868	0.9670	$484.79	0.9431	$497.46	0.8%
HealthyBlue Plus Platinum 500	$500 Med / $0 Rx	$1,500	1,265	2,904	3.4%	$370.78	1.0000	1.0931	1.0000	$405.30	0.9023	1.0100	1.0610	0.9669	1.0069	1.0045	1.3530	$536.34	0.8949	0.9670	$518.65	0.9543	$517.00	3.7%
HealthyBlue Plus Platinum 1000	$1,000 Med / $0 Rx	$1,500	505	1,164	1.4%	$370.78	1.0000	1.0931	1.0000	$405.30	0.8663	1.0100	1.0610	0.9283	1.0069	1.0045	1.3530	$514.92	0.8868	0.9670	$497.92	0.9431	$510.94	0.8%
HealthyBlue Advantage Platinum 500	$500 Med / $0 Rx	$1,500	747	1,716	2.0%	$370.78	1.0000	1.0931	1.0000	$405.30	0.9023	1.0100	1.0610	0.9669	1.0501	1.0045	1.3530	$559.35	0.8949	0.9670	$540.89	0.9543	$539.18	3.7%
HealthyBlue Advantage Platinum 1000	$1,000 Med / $0 Rx	$1,500	684	1,572	1.8%	$370.78	1.0000	1.0931	1.0000	$405.30	0.8663	1.0100	1.0610	0.9283	1.0501	1.0045	1.3530	$537.01	0.8868	0.9670	$519.28	0.9431	$532.86	0.8%
BRONZE SUBTOTAL:			384	1,572	1.8%	$370.78	1.0000	1.0931	1.0000	$405.30	0.5358	0.9745	0.9226	0.4823	0.9977	1.0045	1.3530	$264.99	0.6145	0.9670	$256.25	0.4158	$220.33	13.6%
SILVER SUBTOTAL:			8,517	21,000	24.6%	$370.78	1.0000	1.0931	1.0000	$405.30	0.6539	0.9622	0.9503	0.5979	1.0133	1.0045	1.3530	$333.76	0.7146	0.9670	$322.75	0.5813	$317.30	5.1%
GOLD SUBTOTAL:			11,561	27,180	31.8%	$370.78	1.0000	1.0931	1.0000	$405.30	0.8044	1.0092	0.9964	0.8089	1.0132	1.0045	1.3530	$451.52	0.8125	0.9670	$436.62	0.7853	$428.30	5.8%
PLATINUM SUBTOTAL:			15,409	35,664	41.8%	$370.78	1.0000	1.0931	1.0000	$405.30	0.9123	1.0100	1.0610	0.9777	0.9926	1.0045	1.3530	$534.44	0.9101	0.9670	$516.81	0.9740	$520.22	2.8%
GRAND TOTAL:			**35,871**	**85,416**	**100.0%**	**$370.78**	**1.0000**	**1.0931**	**1.0000**	**$405.30**	**0.8075**	**0.9973**	**1.0107**	**0.8215**	**1.0043**	**1.0045**	**1.3530**	**$453.76**	**0.8255**	**0.9670**	**$438.78**	**0.8140**	**$439.21**	**4.4%**

*** Geographic and Tobacco calibration factors both = 1.000.**

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

2017 ACA - PLAN LEVEL DERIVATIONS 4Q17
SG DC BLUECHOICE

			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	21	22
				Actual 2/29/2016 Mapped	ON-Exchange 4Q17 Cohort Projected		**INDEX RATE**	**Market-Level Adjustments (MLA)**			**INDEX RATE**			**Plan-Level Adjustments**	**(PLA) = (10)x(11)x(12)**				**INDEX RATE**		**Calibration Allowable Rating Factors (ARFs) ***	**BASE PREMIUM**		**INDEX RATE**	
Benefit Plan				Mems	EMMs	%	(Ave ALW EHB)	Reins.	Risk Adj	Exch User Fees	(Post-MLA)	CF Pricing Value	CDH Factor	Induced Demand	Cost-Share	Network & UM	Non-EHB	Distrib & Admin	(Plan-Level)	2017 HHS AV	Age	(Consumer-Level) 4Q17	Average Cost Share 4Q17	(Plan-Level) 4Q16	Δ
Bronze Plans	Ded.	OOP Max																							
BlueChoice HMO HSA/HRA Bronze 6500	$6,500 (Integrated)	$6,550		286	1,812	0.8%	$378.20	1.0000	1.0913	1.0000	$412.72	0.5168	0.9600	0.9226	0.4577	0.9804	1.0045	1.3627	$253.52	0.6138	0.9670	$245.16	0.4135	$221.26	14.6%
BlueChoice HMO Referral Bronze 5500	$5,500 Med / $100 Rx	$7,150		16	636	0.3%	$378.20	1.0000	1.0913	1.0000	$412.72	0.5821	1.0100	0.9226	0.5424	0.9337	1.0045	1.3627	$286.14	0.6162	0.9670	$276.70	0.4692	$239.12	19.7%
BlueChoice Plus HSA/HRA Bronze 6500	$6,500 (Integrated)	$6,550		72	636	0.3%	$378.20	1.0000	1.0913	1.0000	$412.72	0.5168	0.9600	0.9226	0.4577	1.0069	1.0045	1.3627	$260.39	0.6138	0.9670	$251.80	0.4135	$227.25	14.6%
BlueChoice Advantage HSA/HRA Bronze 6500	$6,500 (Integrated)	$6,550		10	636	0.3%	$378.20	1.0000	1.0913	1.0000	$412.72	0.5168	0.9600	0.9226	0.4577	1.0501	1.0045	1.3627	$271.56	0.6138	0.9670	$262.60	0.4135	$237.00	14.6%
BlueChoice Advantage Bronze 5500	$5,500 Med / $100 Rx	$7,150		0	636	0.3%	$378.20	1.0000	1.0913	1.0000	$412.72	0.5821	1.0100	0.9226	0.5424	1.0501	1.0045	1.3627	$321.83	0.6162	0.9670	$311.21	NA	NA	NA
Silver Plans																									
BlueChoice HMO Silver 1000	$1,000 Med / $100 Rx	$7,150		40	636	0.3%	$378.20	1.0000	1.0913	1.0000	$412.72	0.6852	1.0100	0.9503	0.6576	0.9804	1.0045	1.3627	$364.25	0.7199	0.9670	$352.23	0.6245	$334.17	9.0%
BlueChoice HMO HSA/HRA Silver 1500	$1,500 (Integrated)	$6,550		817	5,196	2.2%	$378.20	1.0000	1.0913	1.0000	$412.72	0.6613	0.9600	0.9503	0.6032	0.9804	1.0045	1.3627	$334.12	0.7172	0.9670	$323.09	0.5847	$312.90	6.8%
BlueChoice HMO HSA/HRA Silver 2000	$2,000 (Integrated)	$6,000		937	5,952	2.5%	$378.20	1.0000	1.0913	1.0000	$412.72	0.6382	0.9600	0.9503	0.5822	0.9804	1.0045	1.3627	$322.44	0.7090	0.9670	$311.80	0.5638	$301.71	6.9%
BlueChoice HMO HSA/HRA Silver 3000	$3,000 (Integrated)	$4,750		6	636	0.3%	$378.20	1.0000	1.0913	1.0000	$412.72	0.6076	0.9600	0.9503	0.5542	0.9804	1.0045	1.3627	$306.98	0.6942	0.9670	$296.85	0.5451	$291.71	5.2%
BlueChoice HMO Referral Silver 70	$2000 Med / $500 Rx	$6,850		16	636	0.3%	$378.20	1.0000	1.0913	1.0000	$412.72	0.6538	1.0100	0.9503	0.6275	0.9337	1.0045	1.3627	$330.98	0.7124	0.9670	$320.06	0.5912	$301.28	9.9%
BlueChoice HMO Referral Silver 4000	$4,000 Med / $0 Rx	$7,150		0	636	0.3%	$378.20	1.0000	1.0913	1.0000	$412.72	0.6899	1.0100	0.9503	0.6621	0.9337	1.0045	1.3627	$349.27	0.6892	0.9670	$337.74	NA	NA	NA
BlueChoice Plus HSA/HRA Silver 1500	$1,500 (Integrated)	$6,550		1,280	8,136	3.4%	$378.20	1.0000	1.0913	1.0000	$412.72	0.6613	0.9600	0.9503	0.6032	1.0069	1.0045	1.3627	$343.17	0.7172	0.9670	$331.85	0.5847	$321.37	6.8%
BlueChoice Plus HSA/HRA Silver 3000	$3,000 (Integrated)	$4,750		597	3,792	1.6%	$378.20	1.0000	1.0913	1.0000	$412.72	0.6076	0.9600	0.9503	0.5542	1.0069	1.0045	1.3627	$315.30	0.6942	0.9670	$304.89	0.5451	$299.62	5.2%
BlueChoice Advantage Silver 4000	$4,000 Med / $0 Rx	$7,150		0	636	0.3%	$378.20	1.0000	1.0913	1.0000	$412.72	0.6899	1.0100	0.9503	0.6621	1.0501	1.0045	1.3627	$392.83	0.6892	0.9670	$379.86	NA	NA	NA
BlueChoice Advantage HSA/HRA Silver 1500	$1,500 (Integrated)	$6,550		1,873	11,904	5.0%	$378.20	1.0000	1.0913	1.0000	$412.72	0.6613	0.9600	0.9503	0.6032	1.0501	1.0045	1.3627	$357.89	0.7172	0.9670	$346.08	0.5847	$335.16	6.8%
BlueChoice Advantage Silver 1500 BlueFund HSA	$1,500 (Integrated)	$6,350		0	636	0.3%	$378.20	1.0000	1.0913	1.0000	$412.72	0.6622	0.9600	0.9503	0.6041	1.0501	1.0045	1.3627	$358.41	0.7190	0.9670	$346.58	NA	NA	NA
BlueChoice Advantage HSA/HRA Silver 3000	$3,000 (Integrated)	$4,750		9	636	0.3%	$378.20	1.0000	1.0913	1.0000	$412.72	0.6076	0.9600	0.9503	0.5542	1.0501	1.0045	1.3627	$328.82	0.6942	0.9670	$317.97	0.5451	$312.47	5.2%
HealthyBlue HMO HSA/HRA Silver 2000	$2,000 (Integrated)	$6,550		980	6,228	2.6%	$378.20	1.0000	1.0913	1.0000	$412.72	0.6577	0.9600	0.9503	0.6000	0.9804	1.0045	1.3627	$332.32	0.7198	0.9670	$321.35	0.5892	$315.30	5.4%
HealthyBlue Plus HSA/HRA Silver 2000	$2,000 (Integrated)	$6,550		639	4,056	1.7%	$378.20	1.0000	1.0913	1.0000	$412.72	0.6577	0.9600	0.9503	0.6000	1.0069	1.0045	1.3627	$341.32	0.7198	0.9670	$330.06	0.5892	$323.85	5.4%
HealthyBlue Advantage HSA/HRA Silver 2000	$2,000 (Integrated)	$6,550		1,323	8,412	3.6%	$378.20	1.0000	1.0913	1.0000	$412.72	0.6577	0.9600	0.9503	0.6000	1.0501	1.0045	1.3627	$355.97	0.7198	0.9670	$344.22	0.5892	$337.74	5.4%
Gold Plans																									
BlueChoice HMO Gold 500	$500 Med / $250 Rx	$7,150		1,660	10,548	4.5%	$378.20	1.0000	1.0913	1.0000	$412.72	0.8005	1.0100	0.9964	0.8056	0.9804	1.0045	1.3627	$446.18	0.8182	0.9670	$431.46	0.7696	$411.84	8.3%
BlueChoice HMO Gold 1500	$1,500 Med / $250 Rx	$3,500		239	1,524	0.6%	$378.20	1.0000	1.0913	1.0000	$412.72	0.7697	1.0100	0.9964	0.7746	0.9804	1.0045	1.3627	$429.02	0.7900	0.9670	$414.86	0.7397	$395.84	8.4%
BlueChoice HMO HSA/HRA Gold 1500	$1,500 (Integrated)	$4,000		0	636	0.3%	$378.20	1.0000	1.0913	1.0000	$412.72	0.7185	0.9600	0.9964	0.6872	0.9804	1.0045	1.3627	$380.64	0.7868	0.9670	$368.08	NA	NA	NA
BlueChoice HMO Referral Gold 0	$0 Med / $0 Rx	$7,150		122	780	0.3%	$378.20	1.0000	1.0913	1.0000	$412.72	0.8421	1.0100	0.9964	0.8475	0.9337	1.0045	1.3627	$447.04	0.8183	0.9670	$432.29	0.8076	$411.60	8.6%
BlueChoice HMO Referral Gold 500	$500 Med / $250 Rx	$7,150		1,079	6,852	2.9%	$378.20	1.0000	1.0913	1.0000	$412.72	0.8005	1.0100	0.9964	0.8056	0.9337	1.0045	1.3627	$424.94	0.8182	0.9670	$410.91	0.7696	$392.23	8.3%
BlueChoice HMO Referral Gold 80	$1000 Med / $0 Rx	$6,000		57	636	0.3%	$378.20	1.0000	1.0913	1.0000	$412.72	0.7671	1.0100	0.9964	0.7719	0.9337	1.0045	1.3627	$407.19	0.7899	0.9670	$393.76	0.7256	$369.83	10.1%
BlueChoice Plus Gold 500	$500 Med / $250 Rx	$7,150		139	888	0.4%	$378.20	1.0000	1.0913	1.0000	$412.72	0.8005	1.0100	0.9964	0.8056	1.0069	1.0045	1.3627	$458.27	0.8182	0.9670	$443.15	0.7696	$423.00	8.3%
BlueChoice Plus Gold 1000	$1,000 Med / $250 Rx	$4,000		67	636	0.3%	$378.20	1.0000	1.0913	1.0000	$412.72	0.7811	1.0100	0.9964	0.7860	1.0069	1.0045	1.3627	$447.17	0.8006	0.9670	$432.41	0.7455	$409.78	9.1%
BlueChoice Advantage Gold 500	$500 Med / $250 Rx	$7,150		909	5,772	2.4%	$378.20	1.0000	1.0913	1.0000	$412.72	0.8005	1.0100	0.9964	0.8056	1.0501	1.0045	1.3627	$477.93	0.8182	0.9670	$462.16	0.7696	$441.14	8.3%
BlueChoice Advantage Gold 1000	$1,000 Med / $250 Rx	$4,000		1,060	6,732	2.8%	$378.20	1.0000	1.0913	1.0000	$412.72	0.7811	1.0100	0.9964	0.7860	1.0501	1.0045	1.3627	$466.35	0.8006	0.9670	$450.96	0.7455	$427.36	9.1%
BlueChoice Advantage HSA/HRA Gold 1500	$1,500 (Integrated)	$4,000		0	636	0.3%	$378.20	1.0000	1.0913	1.0000	$412.72	0.7185	0.9600	0.9964	0.6872	1.0501	1.0045	1.3627	$407.73	0.7868	0.9670	$394.28	NA	NA	NA
HealthyBlue HMO Gold 1500	$1,500 Med / $0 Rx	$7,150		1,080	6,864	2.9%	$378.20	1.0000	1.0913	1.0000	$412.72	0.8150	1.0100	0.9964	0.8202	0.9804	1.0045	1.3627	$454.29	0.8131	0.9670	$439.30	0.8039	$430.19	5.6%
HealthyBlue Plus Gold 1500	$1,500 Med / $0 Rx	$7,150		1,404	8,916	3.8%	$378.20	1.0000	1.0913	1.0000	$412.72	0.8150	1.0100	0.9964	0.8202	1.0069	1.0045	1.3627	$466.60	0.8131	0.9670	$451.20	0.8039	$441.85	5.6%
HealthyBlue Advantage Gold 1500	$1,500 Med / $0 Rx	$7,150		3,745	23,796	10.1%	$378.20	1.0000	1.0913	1.0000	$412.72	0.8150	1.0100	0.9964	0.8202	1.0501	1.0045	1.3627	$486.62	0.8131	0.9670	$470.56	0.8039	$460.81	5.6%
Platinum Plans																									
BlueChoice HMO Platinum 0	$0 Med / $0 Rx	$1,500		1,825	11,592	4.9%	$378.20	1.0000	1.0913	1.0000	$412.72	0.9198	1.0100	1.0610	0.9856	0.9804	1.0045	1.3627	$545.90	0.9158	0.9670	$527.89	0.9812	$525.06	4.0%
BlueChoice HMO Referral Platinum 0	$0 Med / $0 Rx	$1,500		2,734	17,376	7.4%	$378.20	1.0000	1.0913	1.0000	$412.72	0.9198	1.0100	1.0610	0.9856	0.9337	1.0045	1.3627	$519.91	0.9158	0.9670	$502.75	0.9812	$500.06	4.0%
BlueChoice HMO Referral Platinum 1000	$1000 Med / $0 Rx	$1,500		1	636	0.3%	$378.20	1.0000	1.0913	1.0000	$412.72	0.8587	1.0100	1.0610	0.9202	0.9337	1.0045	1.3627	$485.38	0.8863	0.9670	$469.36	0.9263	$472.08	2.8%
BlueChoice Plus Opt-Out Platinum 0	$0 Med / $0 Rx	$1,500		5,880	37,356	15.8%	$378.20	1.0000	1.0913	1.0000	$412.72	0.9198	1.0100	1.0610	0.9856	0.9937	1.0045	1.3627	$553.30	0.9158	0.9670	$535.04	0.9812	$532.18	4.0%
BlueChoice Advantage Platinum 0	$0 Med / $0 Rx	$1,500		1,384	8,796	3.7%	$378.20	1.0000	1.0913	1.0000	$412.72	0.9198	1.0100	1.0610	0.9856	1.0501	1.0045	1.3627	$584.75	0.9158	0.9670	$565.45	0.9812	$562.43	4.0%
HealthyBlue HMO Platinum 500	$500 Med / $0 Rx	$1,500		298	1,896	0.8%	$378.20	1.0000	1.0913	1.0000	$412.72	0.9023	1.0100	1.0610	0.9669	0.9804	1.0045	1.3627	$535.55	0.8949	0.9670	$517.88	0.9543	$510.70	4.9%
HealthyBlue HMO Platinum 1000	$1,000 Med / $0 Rx	$1,500		86	636	0.3%	$378.20	1.0000	1.0913	1.0000	$412.72	0.8663	1.0100	1.0610	0.9283	0.9804	1.0045	1.3627	$514.15	0.8868	0.9670	$497.19	0.9431	$504.71	1.9%
HealthyBlue Plus Platinum 500	$500 Med / $0 Rx	$1,500		1,265	8,040	3.4%	$378.20	1.0000	1.0913	1.0000	$412.72	0.9023	1.0100	1.0610	0.9669	1.0069	1.0045	1.3627	$550.06	0.8949	0.9670	$531.91	0.9543	$524.53	4.9%
HealthyBlue Plus Platinum 1000	$1,000 Med / $0 Rx	$1,500		505	3,204	1.4%	$378.20	1.0000	1.0913	1.0000	$412.72	0.8663	1.0100	1.0610	0.9283	1.0069	1.0045	1.3627	$528.09	0.8868	0.9670	$510.66	0.9431	$518.38	1.9%
HealthyBlue Advantage Platinum 500	$500 Med / $0 Rx	$1,500		747	4,752	2.0%	$378.20	1.0000	1.0913	1.0000	$412.72	0.9023	1.0100	1.0610	0.9669	1.0501	1.0045	1.3627	$573.66	0.8949	0.9670	$554.73	0.9543	$547.04	4.9%
HealthyBlue Advantage Platinum 1000	$1,000 Med / $0 Rx	$1,500		684	4,344	1.8%	$378.20	1.0000	1.0913	1.0000	$412.72	0.8663	1.0100	1.0610	0.9283	1.0501	1.0045	1.3627	$550.74	0.8868	0.9670	$532.57	0.9431	$540.62	1.9%
	BRONZE SUBTOTAL:			384	4,356	1.8%	$378.20	1.0000	1.0913	1.0000	$412.72	0.5359	0.9746	0.9226	0.4825	0.9978	1.0045	1.3627	$271.90	0.6145	0.9670	$262.92	0.4158	$223.53	14.8%
	SILVER SUBTOTAL:			8,517	58,128	24.6%	$378.20	1.0000	1.0913	1.0000	$412.72	0.6539	0.9622	0.9503	0.5979	1.0133	1.0045	1.3627	$342.32	0.7146	0.9670	$331.02	0.5813	$321.93	6.2%
	GOLD SUBTOTAL:			11,561	75,216	31.8%	$378.20	1.0000	1.0913	1.0000	$412.72	0.8044	1.0092	0.9964	0.8089	1.0132	1.0045	1.3627	$463.04	0.8125	0.9670	$447.76	0.7853	$434.54	7.0%
	PLATINUM SUBTOTAL:			15,409	98,628	41.7%	$378.20	1.0000	1.0913	1.0000	$412.72	0.9123	1.0100	1.0610	0.9777	0.9926	1.0045	1.3627	$548.11	0.9101	0.9670	$530.02	0.9740	$527.80	3.9%
	GRAND TOTAL:			**35,871**	**236,328**	**100.0%**	**$378.20**	**1.0000**	**1.0913**	**1.0000**	**$412.72**	**0.8075**	**0.9973**	**1.0106**	**0.8214**	**1.0043**	**1.0045**	**1.3627**	**$465.33**	**0.8255**	**0.9670**	**$449.97**	**0.8140**	**$445.60**	**5.6%**

*** Geographic and Tobacco calibration factors both = 1.000.**

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017
DICR & MLR

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
		SG DC BC Projected 1Q17			**SG DC BC** Projected 2Q17			**SG DC BC** Projected 3Q17			**SG DC BC** Projected 4Q17			**SG DC BC** Projected 2017			**SG DC BC** Filed 4Q16	
TRADITIONAL LOSS RATIO		PMPM	%	$s	PMPM	%	$s	PMPM	%	$s	PMPM	%	$s	PMPM	%	$s	PMPM	%
1 Allowed Claims & Captns (EHB Only)	Medical	$ 263.48			$ 267.67			$ 271.94			$ 276.30			$ 272.28			$ 270.17	
2	RX	$ 92.98			$ 95.86			$ 98.84			$ 101.90			$ 99.09			$ 100.35	
3	**TOTAL**	**$ 356.46**			**$ 363.53**			**$ 370.78**			**$ 378.20**			**$ 371.37**			**$ 370.52**	
4																		
5 Allowed Claims & Captns (EHB & Non-EHB)	Medical	$ 265.10			$ 269.32			$ 273.61			$ 278.00			$ 273.95			$ 272.19	
6	RX	$ 92.98			$ 95.86			$ 98.84			$ 101.90			$ 99.09			$ 100.35	
7	**TOTAL**	**$ 358.08**			**$ 365.18**			**$ 372.45**			**$ 379.90**			**$ 373.05**			**$ 372.54**	
8																		
9 Projected EMMs		82,956			41,592			85,416			236,328			446,292			224,340	
10 Average Members		6,913			3,466			7,118			19,694			37,191			18,695	
11 %		19%			9%			19%			53%			100%			52%	
12 Paid/Allowed Ratio		82.3%			82.4%			82.4%			82.4%			82.4%			83.2%	
13 Paid Claims & Captns		$ 294.85			$ 300.93			$ 306.79			$ 312.91			$ 307.26			$ 309.81	
14																		
15 **"3Rs"**																		
16 Risk Corridor		n/a			n/a			n/a			n/a			n/a			n/a	
17 Risk Adjustment/Transfer (Paid Claims Basis)		$ 28.29		$ 2,347,223	$ 28.29		$ 1,176,837	$ 28.29		$ 2,416,828	$ 28.29		$ 6,686,851	$ 28.29		$ 12,627,738	$ 14.28	
18 Reinsurance Recoveries (State & Federal) (Individual Only, Paid Claims Basis)		$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	
19 **Subtotal:**		**$ 28.29**		$ 2,347,223	**$ 28.29**		$ 1,176,837	**$ 28.29**		$ 2,416,828	**$ 28.29**		$ 6,686,851	**$28.29**		$ 12,627,738	**$ 14.28**	
20																		
21 Paid Claims & Captns (Post-3Rs)		**$ 323.14**	**74.7%**	**$ 26,806,693**	**$329.23**	**74.2%**	**$ 13,693,236**	**$335.09**	**73.9%**	**$ 28,622,026**	**$341.20**	**73.4%**	**$ 80,635,104**	**$ 335.56**	**73.8%**	**$ 149,757,059**	**$ 324.09**	**71.7%**
22 Administrative Expense		**$ 48.59**	11.2%	$ 4,031,162	**$ 48.59**	11.0%	$ 2,021,121	**$ 48.59**	10.7%	$ 4,150,703	**$ 48.59**	10.4%	$ 11,484,118	**$ 48.59**	10.7%	$ 21,687,104	**$ 49.38**	10.9%
23 Broker Commissions & Fee		**$ 28.65**	6.6%	$ 2,376,818	**$ 28.65**	6.5%	$ 1,191,675	**$ 28.65**	6.3%	$ 2,447,301	**$ 28.65**	6.2%	$ 6,771,165	**$ 28.65**	6.3%	$ 12,786,960	**$ 31.00**	6.9%
24 Contribution to Reserve (CtR) - Post-FIT		$ 7.78	**1.8%**	$ 645,809	$ 7.98	**1.8%**	$ 332,092	$ 8.16	**1.8%**	$ 697,367	$ 8.37	**1.8%**	$ 1,978,643	$ 8.19	**1.8%**	$ 3,653,910	$ 5.88	**1.3%**
25 Investment Income Credit		$ (0.00)	**0.0%**	$ (35)	$ (0.00)	**0.0%**	$ (18)	$ (0.00)	**0.0%**	$ (38)	$ (0.00)	**0.0%**	$ (107)	$ (0.00)	**0.0%**	$ (198)	$ (0.00)	**0.0%**
26																		
27 **Non-ACA Taxes & Fees**																		
28 State Premium Tax		$ 8.65	**2.0%**	$ 717,565	$ 8.87	**2.0%**	$ 368,991	$ 9.07	**2.0%**	$ 774,852	$ 9.30	**2.0%**	$ 2,198,492	$ 9.10	**2.0%**	$ 4,059,900	$ 9.04	**2.0%**
29 State Assessment Fees		$ 0.50	**0.1%**	$ 41,250	$ 0.51	**0.1%**	$ 21,212	$ 0.52	**0.1%**	$ 44,544	$ 0.53	**0.1%**	$ 126,384	$ 0.52	**0.1%**	$ 233,390	$ 0.52	**0.1%**
30 State Income Tax (SIT)		$ -	**0.0%**	$ -	$ -	**0.0%**	$ -	$ -	**0.0%**	$ -	$ -	**0.0%**	$ -	$ -	**0.0%**	$ -	$ -	**0.0%**
31 Federal Income Tax (FIT)		$ 4.32	**1.0%**	$ 358,783	$ 4.44	**1.0%**	$ 184,495	$ 4.54	**1.0%**	$ 387,426	$ 4.65	**1.0%**	$ 1,099,246	$ 4.55	**1.0%**	$ 2,029,950	$ 3.16	**0.7%**
32																		
33 **ACA Taxes & Fees**																		
34 Health Insurer Fee		$ 0.53	**0.1%**	$ 43,660	$ 4.87	**1.1%**	$ 202,665	$ 8.41	**1.9%**	$ 718,437	$ 13.17	**2.8%**	$ 3,112,540	$ 9.14	**2.0%**	$ 4,077,302	$ 14.47	**3.2%**
35 ***Reinsurance Contribution***		**$ -**	0.0%	$ -	**$ -**	0.0%	$ -	**$ -**	0.0%	$ -	**$ -**	0.0%	$ -	**$ -**	0.0%	$ -	***$ 0.25***	0.1%
36 Risk Adjustment User Fee		**$ 0.13**	0.0%	$ 10,784	**$ 0.13**	0.0%	$ 5,407	**$ 0.13**	0.0%	$ 11,104	**$ 0.13**	0.0%	$ 30,723	**$ 0.13**	0.0%	$ 58,018	**$ 0.15**	0.0%
37 ***Exchange Assessment Fee***		$ 4.32	**1.0%**	$ 358,783	$ 4.44	**1.0%**	$ 184,495	$ 4.54	**1.0%**	$ 387,426	$ 4.65	**1.0%**	$ 1,099,246	$ 4.55	**1.0%**	$ 2,029,950	$ 4.52	**1.0%**
38 ***Exchange User Fees (FFEs Only)***		**$ -**	0.0%	$ -	**$ -**	0.0%	$ -	**$ -**	0.0%	$ -	**$ -**	0.0%	$ -	**$ -**	0.0%	$ -	**$ -**	0.0%
39 Patient-Centered Outcomes Research Institute (PCORI) Tax		**$ 0.20**	0.0%	$ 16,225	**$ 0.20**	0.0%	$ 8,135	**$ 0.20**	0.0%	$ 16,706	**$ 0.20**	0.0%	$ 47,880	**$ 0.20**	0.0%	$ 88,947	**$ 0.19**	0.0%
40																		
41 BlueRewards/Incentive Program-Medical Debit Cards		**$ 5.68**	1.3%	$ 470,775	**$ 5.68**	1.3%	$ 236,035	**$ 5.68**	1.3%	$ 484,736	**$ 5.68**	1.2%	$ 1,341,161	**$ 5.68**	1.2%	$ 2,532,707	**$ 9.44**	2.1%
42																		
43 Other		**$ -**	0.0%	$ -	**$ -**	0.0%	$ -	**$ -**	0.0%	$ -	**$ -**	0.0%	$ -	**$ -**	0.0%	$ -	**$ -**	0.0%
44 **TOTAL**		**$ 432.50**	**100.0%**	**$ 35,878,274**	**$ 443.58**	**100.0%**	**$ 18,449,541**	**$ 453.58**	**100.0%**	**$ 38,742,590**	**$ 465.14**	**100.0%**	**$ 109,924,594**	**$ 454.85**	**100.0%**	**$ 202,994,999**	**$ 452.11**	**100.0%**
45																		
46 Contribution to Reserve (CtR) - Pre-FIT			2.8%			2.8%			2.8%			2.8%		2.8%			**2.0%**	
47																		
48 **FHCR MEDICAL LOSS RATIO**																		
49 Risk Adjustment		$ 28.29		$ 2,347,223	$ 28.29		$ 1,176,837	$ 28.29		$ 2,416,828	$ 28.29		$ 6,686,851	$ 28.29		$ 12,627,738	$ 15.58	
50 Reinsurance Receipts (Individual Only)		$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	
51 BlueRewards/Incentive Program-Medical Debit Cards		$ 5.68		$ 470,775	$ 5.68		$ 236,035	$ 5.68		$ 484,736	$ 5.68		$ 1,341,161	$ 5.68		$ 2,532,707	$ 9.44	
52 Quality Improvement Expenses		$ 6.52		$ 540,940	$ 6.52		$ 271,214	$ 6.52		$ 556,982	$ 6.52		$ 1,541,050	$ 6.52		$ 2,910,185	$ 5.94	
53 Removal of costs which we book as care, but are not considered care under MLR guidelines (including ITS fees)		$ (3.93)		$ (325,729)	$ (3.93)		$ (163,312)	$ (3.93)		$ (335,388)	$ (3.93)		$ (927,949)	$ (3.93)		$ (1,752,378)	$ (3.30)	
54 **Numerator (Claims) Adjustment**		**$ 36.56**		**$ 3,033,209**	**$ 36.56**		**$ 1,520,773**	**$ 36.56**		**$ 3,123,157**	**$ 36.56**		**$ 8,641,114**	**$ 36.56**		**$ 16,318,252**	**$ 27.66**	
55																		
56 Non-ACA: Taxes & Regulatory Fees	State Premium Tax	$ 8.65		$ 717,565	$ 8.87		$ 368,991	$ 9.07		$ 774,852	$ 9.30		$ 2,198,492	$ 9.10		$ 4,059,900	$ 9.04	
57	State Assmt Fee	$ 0.50		$ 41,250	$ 0.51		$ 21,212	$ 0.52		$ 44,544	$ 0.53		$ 126,384	$ 0.52		$ 233,390	$ 0.52	
58	State Income Tax	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	
59	Federal Income Tax	$ 4.32		$ 358,783	$ 4.44		$ 184,495	$ 4.54		$ 387,426	$ 4.65		$ 1,099,246	$ 4.55		$ 2,029,950	$ 3.16	
60																		
61 ACA: Taxes & Regulatory Fees	Health Insurer Fee	$ 0.53		$ 43,660	$ 4.87		$ 202,665	$ 8.41		$ 718,437	$ 13.17		$ 3,112,540	$ 9.14		$ 4,077,302	$ 14.47	
62	Reinsurance Contribution	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ 0.25	
64	Risk Adj User Fees	$ 0.13		$ 10,784	$ 0.13		$ 5,407	$ 0.13		$ 11,104	$ 0.13		$ 30,723	$ 0.13		$ 58,018	$ 0.15	
65	Exchange Assessment Fee	$ 4.32		$ 358,783	$ 4.44		$ 184,495	$ 4.54		$ 387,426	$ 4.65		$ 1,099,246	$ 4.55		$ 2,029,950	$ 4.52	
66	Exchange User Fee	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	
67	PCORI	$ 0.20		$ 16,225	$ 0.20		$ 8,135	$ 0.20		$ 16,706	$ 0.20		$ 47,880	$ 0.20		$ 88,947	$ 0.19	
68 **Denominator (Premium) Adjustment**		**$ 18.65**		**$ 1,547,051**	**$ 23.45**		**$ 975,401**	**$ 27.40**		**$ 2,340,495**	**$ 32.64**		**$ 7,714,511**	**$ 28.18**		**$ 12,577,457**	**$ 32.31**	
69																		
70 FHCR Claims		$ 331.41		$ 27,492,680	$ 337.50		$ 14,037,172	$ 343.36		$ 29,328,355	$ 349.47		$ 82,589,366	$ 343.83		$ 153,447,573	$ 337.47	
71 FHCR MLR Premium		$ 413.85		$ 34,331,223	$ 420.13		$ 17,474,140	$ 426.17		$ 36,402,095	$ 432.49		$ 102,210,083	$ 426.67		$ 190,417,542	$ 419.79	
72 **FHCR Loss Ratio**		**80.1%**			**80.3%**			**80.6%**			**80.8%**			**80.6%**			**80.4%**	

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017
DICR & MLR

		1	2	3	4
			Ind 64-DC BC Projected 2017		
	TRADITIONAL LOSS RATIO		PMPM	%	$s
1	Allowed Claims & Captns (EHB Only)	Medical	$ 263.48		
2		RX	$ 92.98		
3		**TOTAL**	**$ 356.46**		
4					
5	Allowed Claims & Captns (EHB & Non-EHB)	Medical	$ 266.06		
6		RX	$ 92.98		
7		**TOTAL**	**$ 359.03**		
8					
9	Projected EMMs		197,506		
10	Average Members		16,459		
11					
12	Paid/Allowed Ratio		63.4%		
13	Paid Claims & Captns		$ 227.68		
14					
15	**"3Rs"**				
16	Risk Corridor		n/a		
17	Risk Adjustment/Transfer (Paid Claims Basis)		$ 21.68		
18	Reinsurance Recoveries (State & Federal) (Individual Only, Paid Claims Basis)		$ -		
19	**Subtotal:**		**$ 21.68**		
20					
21	Paid Claims & Captns (Post-3Rs)		**$ 249.36**	**76.7%**	**$ 49,249,767**
22	Administrative Expense		**$ 61.67**	19.0%	$ 12,179,677
23	Broker Commissions & Fee		**$ 2.89**	0.9%	$ 570,218
24	Contribution to Reserve (CtR) - Post-FIT		$ -	**0.0%**	$ -
25	Investment Income Credit		$ (0.00)	**0.0%**	$ (63)
26					
27	**Non-ACA Taxes & Fees**				
28	State Premium Tax		$ 6.50	**2.0%**	$ 1,284,315
29	State Assessment Fees		$ 0.14	**0.0%**	$ 27,847
30	State Income Tax (SIT)		$ -	**0.0%**	$ -
31	Federal Income Tax (FIT)		$ -	**0.0%**	$ -
32					
33	**ACA Taxes & Fees**				
34	Health Insurer Fee		$ -	**0.0%**	$ -
35	Risk Adjustment User Fee		**$ 0.13**	0.0%	$ 25,676
36	***Exchange Assessment Fee***		$ 3.25	**1.0%**	$ 642,157
37	***Exchange User Fees (FFEs Only)***		***$ -***	0.0%	$ -
38	Patient-Centered Outcomes Research Institute (PCORI) Tax		**$ 0.20**	0.1%	$ 38,630
39					
40	BlueRewards/Incentive Program-Medical Debit Cards		**$ 1.00**	0.3%	$ 197,506
41					
42	Other		**$ -**	0.0%	$ -
43	**TOTAL**		**$ 325.13**	**100.0%**	**$ 64,215,730**
44					
45	Contribution to Reserve (CtR) - Pre-FIT			**0.0%**	
46					
47	**FHCR MEDICAL LOSS RATIO**				
48	Risk Adjustment		$ 21.68		$ 4,282,282
49	Reinsurance Receipts (Individual Only)		$ -		$ -
50	BlueRewards/Incentive Program-Medical Debit Cards		$ 1.00		$ 197,506
51	Quality Improvement Expenses (net after MLR reclass from care)		$ 5.50		$ 1,085,606
52	Removal of costs which we book as care, but are not considered care under MLR guidelines (including ITS fees)		$ (1.31)		$ (258,680)
53	**Numerator (Claims) Adjustment**		**$ 26.87**		**$ 5,306,714**
54					
55	Non-ACA: Taxes & Regulatory Fees	State Premium Tax	$ 6.50		$ 1,284,315
56		State Assmt Fee	$ 0.14		$ 27,847
57		State Income Tax	$ -		$ -
58		Federal Income Tax	$ -		$ -
59					
60	ACA: Taxes & Regulatory Fees	Health Insurer Fee	$ -		$ -
61		Reinsurance Contribution	$ -		$ -
62		Risk Adj User Fees	$ 0.13		$ 25,676
63		Exchange Assessment Fee	$ 3.25		$ 642,157
64		Exchange User Fee	$ -		$ -
65		PCORI	$ 0.20		$ 38,630
66	**Denominator (Premium) Adjustment**		**$ 10.22**		**$ 2,018,625**
67					
68	FHCR Claims		$ 254.55		$ 50,274,199
69	FHCR MLR Premium		$ 314.91		$ 62,197,105
70	**FHCR Loss Ratio**		**80.8%**		

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017
DICR & MLR

		1	2	3	4
			SG & Ind DC BC Projected 2017		
	TRADITIONAL LOSS RATIO		PMPM	%	$s
1	Allowed Claims & Captns (EHB Only)	Medical	$ 269.58		
2		RX	$ 97.22		
3		**TOTAL**	**$ 366.80**		
4					
5	Allowed Claims & Captns (EHB & Non-EHB)	Medical	$ 271.53		
6		RX	$ 97.22		
7		**TOTAL**	**$ 368.75**		
8					
9	Projected EMMs		643,798		
10	Average Members		53,650		
11					
12	Paid/Allowed Ratio		76.7%		
13	Paid Claims & Captns		$ 282.85		
14					
15	**"3Rs"**				
16	Risk Corridor		n/a		
17	Risk Adjustment/Transfer (Paid Claims Basis)		$ 26.27		
18	Reinsurance Recoveries (State & Federal) (Individual Only, Paid Claims Basis)		$ -		
19	**Subtotal:**		**$ 26.27**		
20					
21	Paid Claims & Captns (Post-3Rs)		**$ 309.11**	**74.5%**	**$ 199,006,826**
22	Administrative Expense		**$ 52.60**	12.7%	$ 33,866,781
23	Broker Commissions & Fee		**$ 20.75**	5.0%	$ 13,357,177
24	Contribution to Reserve (CtR) - Post-FIT		$ 5.68	**1.4%**	$ 3,653,910
25	Investment Income Credit		$ (0.00)	**0.0%**	$ (260)
26					
27	**Non-ACA Taxes & Fees**				
28	State Premium Tax		$ 8.30	**2.0%**	$ 5,344,215
29	State Assessment Fees		$ 0.41	**0.1%**	$ 261,237
30	State Income Tax (SIT)		$ -	**0.0%**	$ -
31	Federal Income Tax (FIT)		$ 3.15	**0.8%**	$ 2,029,950
32					
33	**ACA Taxes & Fees**				
34	Health Insurer Fee		$ 6.33	**1.5%**	$ 4,077,302
35	***Reinsurance Contribution***		**$ -**	0.0%	$ -
36	Risk Adjustment User Fee		**$ 0.13**	0.0%	$ 83,694
37	***Exchange Assessment Fee***		$ 4.15	**1.0%**	$ 2,672,107
38	***Exchange User Fees (FFEs Only)***		**$ -**	0.0%	$ -
39	Patient-Centered Outcomes Research Institute (PCORI) Tax		**$ 0.20**	0.0%	$ 127,577
40					
41	BlueRewards/Incentive Program-Medical Debit Cards		**$ 4.24**	1.0%	$ 2,730,213
42					
43	Other		**$ -**	0.0%	$ -
44	**TOTAL**		**$ 415.05**	**100.0%**	**$ 267,210,729**
45					
46	Contribution to Reserve (CtR) - Pre-FIT			**2.1%**	
47					
48	**FHCR MEDICAL LOSS RATIO**				
49	Risk Adjustment		$ 26.27		$ 16,910,021
50	Reinsurance Receipts (Individual Only)		$ -		$ -
51	BlueRewards/Incentive Program-Medical Debit Cards		$ 4.24		$ 2,730,213
52	Quality Improvement Expenses		$ 6.21		$ 3,995,791
53	Removal of costs which we book as care, but are not considered care under MLR guidelines (including ITS fees)		$ (3.12)		$ (2,011,059)
54	**Numerator (Claims) Adjustment**		**$ 33.59**		**$ 21,624,966**
55					
56	Non-ACA: Taxes & Regulatory Fees	State Premium Tax	$ 8.30		$ 5,344,215
57		State Assmt Fee	$ 0.41		$ 261,237
58		State Income Tax	$ -		$ -
59		Federal Income Tax	$ 3.15		$ 2,029,950
60					$ -
61	ACA: Taxes & Regulatory Fees	Health Insurer Fee	$ 6.33		$ 4,077,302
62		Reinsurance Contribution	$ -		$ -
64		Risk Adj User Fees	$ 0.13		$ 83,694
65		Exchange Assessment Fee	$ 4.15		$ 2,672,107
66		Exchange User Fee	$ -		$ -
67		PCORI	$ 0.20		$ 127,577
68	**Denominator (Premium) Adjustment**		**$ 22.67**		**$ 14,596,082**
69					
70	FHCR Claims		$ 316.44		$ 203,721,772
71	FHCR MLR Premium		$ 392.38		$ 252,614,648
72	**FHCR Loss Ratio**		**80.6%**		

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

2017 DC Small Group BlueChoice
Exhibit 8 - Risk Adjustment

2015

Metallic Tier	Member Months	Distribution	PLRS	ARF	Transfer $	PMPM
Bronze	5,825	1%	0.951	1.119	-$200,326	-$34.39
Silver	73,898	18%	1.026	1.039	-$2,929,354	-$39.64
Gold	130,672	32%	1.132	1.022	-$7,020,943	-$53.73
Platinum	200,050	49%	1.469	1.027	-$267,626	-$1.34
Total	410,444	100%	1.274	1.029	-$10,418,250	-$25.38

Statewide		1.389	1.042
State Average Premium	$448.83		

2016

Metallic Tier	Member Months	Distribution	PLRS	ARF	Transfer $	PMPM
Bronze	2,783	1%	0.982	1.125	-$76,581	-$27.51
Silver	89,835	20%	1.027	1.045	-$3,747,733	-$41.72
Gold	123,267	28%	1.139	1.028	-$6,721,405	-$54.53
Platinum	203,843	46%	1.492	1.032	$1,026,969	$5.04
Total	419,728	100%	1.285	1.034	-$10,070,812	-$23.99

Statewide		1.388	1.049
State Average Premium	$463.64		

2017

Metallic Tier	Member Months	Distribution	PLRS	ARF	Transfer $	PMPM
Bronze	8,151	2%	0.982	1.125	-$231,668	-$28.42
Silver	108,815	25%	1.027	1.045	-$4,689,321	-$43.09
Gold	141,082	32%	1.139	1.028	-$7,946,671	-$56.33
Platinum	185,393	42%	1.492	1.032	$964,840	$5.20
Total	443,441	100%	1.25620	1.0358	-$12,547,061	-$28.29

Statewide		1.375	1.050
State Average Premium	$478.94		

Assumptions:
1. Statewide risk adjustment factors are assumed to move proportionately with movement in the estimated CareFirst risk fac
2. Statewide Average Premiums increase at the 2015 / 2014 rate.
3. 2016 and 2017 estimates account for mapped changes in metal levels that occur at renewal

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

Summary of Wakely Small Group Modeling

		(1) Projected Index Rate	(2) Estimated Risk Adjustment PMPM (Applied to Projected Index Rate)	(3) Calculated Risk Adjustment Factor	(4) = (2) x 1.00 Proposed Risk Adjustment PMPM Applied to Projected Index Rate	(5) Risk Adjustment User Fee PMPM**	(6) Avg Paid/Allowed Ratio	(7) = ((4) + (5))/(6) Net Risk Transfer Allowed Basis	(8) = (1) Projected Index Rate After Reinsurance Adjustment	(9) = 1 + (7)/(8) Proposed Value for Rate Filing
BlueChoice	1Q17	$ 356.46	$ 28.29	1.0794	$ 28.29	$ 0.13	82.3%	$ 34.52	$ 356.46	1.0968
	2Q17	$ 363.53	$ 28.29	1.0778	$ 28.29	$ 0.13	82.3%	$ 34.52	$ 363.53	1.0950
	3Q17	$ 370.78	$ 28.29	1.0763	$ 28.29	$ 0.13	82.3%	$ 34.52	$ 370.78	1.0931
	4Q17	$ 378.20	$ 28.29	1.0748	$ 28.29	$ 0.13	82.3%	$ 34.52	$ 378.20	1.0913

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

** Risk Adjustment User Fee = $1.56 PMPY / 12 = $0.13 PMPM.

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

Support for DICR Components

Estimated Breakdown of Admin Costs

	% of Revenue
Salaries/Wages/Benefits	5.0%
Quality Improvement Activities	1.5%
Other General Admin	4.8%
Total Admin Costs	**11.2%**

ACA Fees

Policy years ending 10/31/2017 - 9/30/2018		$2.35	PMPY
Divide by 12:	**$**	**0.20**	PMPM
Policy years ending 10/31/2018 forward		$2.44	PMPY
Divide by 12:	**$**	**0.20**	PMPM
Reinsurance Contribution 2017 & 2018	**$**	**-**	PMPM
Risk Adjustment User Fees	$	1.56	PMPY
Divide by 12:	**$**	**0.13**	PMPM
Health Insurer Fee 2017		**0.0%**	of premium
Health Insurer Fee 2018		**3.2%**	of premium
Exchange Fees		**0.0%**	of premium
Exchange Assessment Fee 2017		**1.0%**	of premium

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017
Description of "Other" Adjustments to Experience Period Data

The adjustment descriptions below detail the build up of our "Other" multiplicative factors
used in adjusting the experience period allowed PMPM amounts to the projection period.
These adjustments coincide with those used in worksheet I section II of the URRT.
Please see page 31 for support of these factors.

Service Category	Other Factor	Description of Adjustment
Inpatient	1.005	Factor of 1.005 for the impact of the increased age of the pool.
Outpatient	1.005	Factor of 1.005 for the impact of the increased age of the pool.
Professional	1.005	Factor of 1.005 for the impact of the increased age of the pool.
Other	1.005	Factor of 1.005 for the impact of the increased age of the pool.
Rx	0.964	Multiplicative factors of 1.005 for the impact of the increased age of the pool and 0.959 to reflect a projected increase in pharmacy rebates.
Capitation	0.862	Factor of 0.862 to adjust for changes to the capitation fee schedule to occur in the rating period.

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

Support for "Other" Adjustment Factors

1. Factors to Adjust for Capitation Schedule Changes

		Allowed Claims	Item	Calculation
Experience Period Capitation PMPM	$	1.31	(1)	
Projected Difference in Capitations PMPM due to lower negotiated rates		($0.18)	(2)	
Adjustment Factor - Impact to Capitations only (Blended Across Single Risk Pool)		**-13.8%**	(3)	= (2) / (1)

2. Pharmacy Rebates Adjustment

CareFirst changed its Pharmacy Benefits Manager (PBM) in 2014 and has received increased pharmacy rebates as a result of this change. The adjustment below is the ratio of the rebate PMPM for the last 3 months of 2015, which better represents current and future higher rebates, over the average rebate PMPM for all of 2015.

Ind 64-

Experience Period Allowed Rx PMPM (Pre-Rebate)	$	112.38	(1)	
Experience Period Pharmacy Rebates PMPM		($13.81)	(2)	
Projection Period Pharmacy Rebates PMPM		($23.32)	(3)	
Rebate adjustment factor - Impact to Rx only (Ind64- Only)		**-9.7%**	(4)	= [(3)-(2)] / [(1)+(2)]

Small Group

Experience Period Allowed Rx PMPM (Pre-Rebate)	$	83.71	(1)	
Experience Period Pharmacy Rebates PMPM		($10.45)	(2)	
Projection Period Pharmacy Rebates PMPM		($12.31)	(3)	
Rebate adjustment factor - Impact to Rx only (Small Group Only)		**-2.5%**	(4)	= [(3)-(2)] / [(1)+(2)]
Rebate Adjustment Factor - Impact to Rx only (Blended Across Single Risk Pool)		**-4.1%**		

3. Demographic Factor Derivation (see page 33 for details)

Average Relative Risk using 6/30/15 Age Distribution	1.645	(1)	
Average Relative Risk using 2/29/16 Age Distribution	1.654	(2)	
Demographic Impact (Blended Across Single Risk Pool)	**0.5%**	(3)	= (2) / (1) -1

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

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017
Support for Induced Demand Adjustment - Small Group/Individual Combined

		Item	Calculation
2015 AV	80.85%	(1)	
2015 Induced Demand Factor	1.086	(2)	
2017 AV	80.37%	(3)	
2017 Induced Demand Factor	1.083	(4)	
Buydown Impact Implied by Base Period and Projected Average AVs	-0.3%	(5)	=(4)/(2) - 1

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

Demographic Factor Derivation

The factor below represents the change in age factors from our 2015 ACA enrollment vs. actual results from ACA open enrollment through 2/29/16.

The factor is applied as change to all service categories, except capitations, on the Index Rate Derivation page. The factor is specifically applied to the Other Projection Factors section.

The age factors used to calculate the increase in demographic factor are based on our internal data that has a slope of approximately 4.5:1 for adults. We think this better approximates actual claims experience than the Federal curve which is constrained to a 3:1 slope.

	Members	Total Age Factor		Members	Total Age Factor	
Totals	46,119	75,872.48		47,235	78,127.46	**Change**
Average Age Factor		1.645			1.654	**0.5%**
Average Age		40.5			40.6	**0.1**
	6/30/2015	CF		2/29/2016	CF	
Age	Members	Factor	Mem x Age Factor	Members	Factor	Mem x Age Factor
0-20	8809	0.750	6,606.75	8917	0.750	6,687.75
21	279	1.000	279.17	270	1.000	270.00
22	480	1.016	487.91	423	1.016	429.82
23	678	1.048	710.98	688	1.048	721.29
24	856	1.065	911.40	869	1.065	925.06
25	1150	1.081	1,242.92	1020	1.081	1,102.26
26	1526	1.113	1,698.48	1579	1.113	1,757.27
27	1584	1.129	1,788.39	1558	1.129	1,759.03
28	1469	1.145	1,682.24	1637	1.145	1,874.63
29	1499	1.177	1,764.95	1528	1.177	1,799.10
30	1447	1.194	1,727.06	1540	1.194	1,838.06
31	1410	1.226	1,728.39	1445	1.226	1,771.29
32	1289	1.242	1,600.85	1402	1.242	1,741.19
33	1184	1.274	1,508.65	1219	1.274	1,553.24
34	1157	1.290	1,492.90	1197	1.290	1,544.52
35	1079	1.323	1,427.06	1153	1.323	1,524.94
36	1021	1.339	1,366.82	1031	1.339	1,380.21
37	942	1.371	1,291.45	992	1.371	1,360.00
38	837	1.403	1,174.50	932	1.403	1,307.81
39	787	1.419	1,117.03	834	1.419	1,183.74
40	825	1.452	1,197.58	823	1.452	1,194.68
41	751	1.548	1,162.84	771	1.548	1,193.81
42	750	1.629	1,221.77	748	1.629	1,218.52
43	741	1.694	1,254.92	729	1.694	1,234.60
44	808	1.774	1,433.55	728	1.774	1,291.61
45	770	1.855	1,428.23	807	1.855	1,496.85
46	735	1.952	1,434.44	754	1.952	1,471.52
47	682	2.032	1,386.00	704	2.032	1,430.71
48	642	2.129	1,366.84	670	2.129	1,426.45
49	656	2.226	1,460.13	671	2.226	1,493.52
50	688	2.323	1,597.94	660	2.323	1,532.90
51	678	2.468	1,673.13	693	2.468	1,710.15
52	605	2.597	1,571.05	669	2.597	1,737.24
53	622	2.710	1,685.42	637	2.710	1,726.06
54	628	2.823	1,772.58	608	2.823	1,716.13
55	597	2.968	1,771.74	619	2.968	1,837.03
56	607	3.097	1,879.74	617	3.097	1,910.71
57	564	3.258	1,837.55	577	3.258	1,879.90
58	561	3.387	1,900.16	561	3.387	1,900.16
59	508	3.565	1,810.77	562	3.565	2,003.26
60	452	3.710	1,676.77	486	3.710	1,802.90
61	497	3.871	1,923.87	420	3.871	1,625.81
62	448	4.065	1,820.90	506	4.065	2,056.65
63	428	4.258	1,822.45	460	4.258	1,958.71
64 and Over	1392	4.435	6,174.19	1521	4.435	6,746.37
	46,119		**75,872.48**	**47,235**		**78,127.46**

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

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

Projected Pool Allowed PMPM	**$**	**358.08**
Total Estimated Allowed $ Per Month, Based on Age Factors	$	14,249,491
Total Experience Members		38,464
PMPM Based On Age Factors	$	370.46
Calibration Adjustment		**0.967**
Average Age Factor		**1.035**

Derivation of Small Group Network Factors

BlueChoice Small Group Network Variations

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

Network Type	Raw Factor	Assumed Network Factor * (Scaled to 1.000)
Lock In / Referral	**1.000**	**0.934**
Open Access	**1.050**	**0.980**
Open Access Opt-Out	**1.064**	**0.994**
Open Access Plus	**1.078**	**1.007**
Open Access Advantage	**1.125**	**1.050**

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

The Open Access Plus products use the BlueChoice Fee allowances for In Network services.
Out of Network services pay up to our Regional Preferred Network allowances. Members can be balance billed.

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

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

Open Access Advantage plans pay Out Of Area BlueCard Services as In Network.
Out of Network, Out of Area services pay up to our Regional Preferred Network allowances. Members can be balance billed.

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

* Please refer to page 37 for normalization.

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

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

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

Total BlueChoice Small Group

	Midpoint AV	Projected 2017 Member Months	Utilization Impact Relative to Bronze	Impact Relative to Average *
Platinum	90%	186,264	**1.150**	1.061
Gold	80%	142,044	**1.080**	0.996
Silver	70%	109,752	**1.030**	0.950
Bronze	60%	8,232	**1.000**	0.923
Subtotal:		446,292		
Average	81.3%		1.095	

	Impact of Health Savings/Reimbursement Account	Projected 2017 Member Months
HSA/HRA	0.960	113,184
All Other *	1.01	333,108
Total	0.997	446,292

* Please refer to page 37 for normalization.

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

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

Metal Level	Market	Initial Factor	Projected MMs	Normalized Factors
Platinum	SG & Ind	1.150	186,264	1.061
Gold	SG & Ind	1.080	171,001	0.996
Silver	SG & Ind	1.030	136,166	0.950
Silver 200	Ind	1.030	1,115	0.950
Catastrophic	Ind	1.000	8,244	0.923
Bronze	SG & Ind	1.000	42,256	0.923
Subtotal:		1.084	545,046	1.000

Network	Market	Initial Factor	Projected MMs	Normalized Factors
Lock In / Referral	SG	1.000	53,220	0.934
Open Access	SG	1.050	102,264	0.980
BlueChoice Open Access	Ind	1.050	98,754	0.980
Open Access Plus	SG	1.078	72,348	1.007
Open Access Opt-Out	SG	1.064	70,560	0.994
Open Access Advantage	SG	1.125	147,900	1.050
Subtotal:		1.071	545,046	1.000

	Market	Initial Factor	Projected MMs	Normalized Factors
HSA/HRA	SG	0.960	113,184	0.960
Other	SG & Ind		431,862	1.010
Subtotal:			545,046	1.000

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

Rating Methdology & Sample Calculation

Methodology:

Group ABC
Selects BlueChoice Bronze Plan

	Employee 1	**Employee 2**
1. For each subscriber in a group, identify:		
All dependents associated with the subscriber including the following categories:	A spouse, and 1 child	5 children
Spouse/Domestic Partner	1	0
# of children ages 21 or older	0	1
# of children ages under 21 (if more than 3, select 3 oldest children)	1	4

	Subscriber	**Spouse**	**Child 1**	**Subscriber**	**Child 1 ***	**Child 2**	**Child 3**	**Child 4**	**Child 5**
2. For each subscriber and dependent, identify their age.	46	34	15	52	6	10	13	18	22
3. Determine appropriate age factor.	1.227	0.856	0.654	1.545		0.654	0.654	0.654	0.727
4. Idenfity the appropriate consumer level base rate.	$244.23	$244.23	$244.23	$244.23		$244.23	$244.23	$244.23	$244.23
5. Multiply the (base rate x age factor) and round to the nearest whole cent to determine the member's individual rate.	$299.67	$209.06	$159.73	$377.34		$159.73	$159.73	$159.73	$177.56
6. The group's total rate is the sum of individual rates for all members combined.	**$1,702.55**								

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

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

Age Factors

Age	Proposed Factor *
<= 20	0.654
21	0.727
22	0.727
23	0.727
24	0.727
25	0.727
26	0.727
27	0.727
28	0.744
29	0.760
30	0.779
31	0.799
32	0.817
33	0.836
34	0.856
35	0.876
36	0.896
37	0.916
38	0.927
39	0.938
40	0.975
41	1.013
42	1.053
43	1.094
44	1.137
45	1.181
46	1.227
47	1.275
48	1.325
49	1.377
50	1.431
51	1.487
52	1.545
53	1.605
54	1.668
55	1.733
56	1.801
57	1.871
58	1.944
59	2.020
60	2.099
61	2.181
62	2.181
63	2.181
64 and over	2.181

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

APPENDIX

CareFirst BlueChoice, Inc.
d.b.a. CareFirst BlueCross BlueShield
(NAIC # 96202)
D.C. Small Group Products - On Exchange
Rate Filing Effective 1/1/2017
Non-Grandfathered Experience for Pre-ACA Plans

Existing Closed Pre-ACA Products Included in Experience Period

HIOS Product ID	HIOS Product Name	On/Off Exchange	Member Months	Total Premium	Total Allowed Claims *	Incurred Claims *
86052DC024	BlueChoice Advantage HRA	N/A	-	$ -	$ -	$ -
86052DC023	BlueChoice Advantage HSA	N/A	-	$ -	$ -	$ -
86052DC008	BlueChoice HMO	N/A	-	$ -	$ 2,197	$ 1,868
86052DC018	BlueChoice Opt-Out Open Access	N/A	7	$ 3,173	$ 12,606	$ 11,444
86052DC017	BlueChoice HMO Open Access	N/A	-	$ -	$ 1,195	$ 997
86052DC019	BlueChoice Opt-Out Plus Open Access	N/A	-	$ -	$ 5,521	$ 4,931
86052DC025	HealthyBlue 2.0	N/A	-	$ -	$ 506	$ 506
86052DC031	HealthyBlue 2.0 HRA	N/A	-	$ -	$ -	$ -
86052DC030	HealthyBlue 2.0 HSA	N/A	-	$ -	$ -	$ -
86052DC035	HealthyBlue Advantage	N/A	-	$ -	$ -	$ -
86052DC037	HealthyBlue Advantage HRA	N/A	-	$ -	$ -	$ -
86052DC036	HealthyBlue Advantage HSA	N/A	-	$ -	$ -	$ -
86052DC014	HealthyBlue Triple Option	N/A	-	$ -	$ -	$ -
86052DC016	HealthyBlue Triple Option HRA	N/A	-	$ -	$ -	$ -
86052DC015	HealthyBlue Triple Option HSA	N/A	-	$ -	$ -	$ -
86052DC010	BlueChoice HMO HRA Open Access	N/A	-	$ -	$ -	$ -
86052DC009	BlueChoice HMO HSA Open Access	N/A	-	$ -	$ -	$ -
86052DC013	BlueChoice Advantage	N/A	-	$ -	$ 3,110	$ 2,628
86052DC012	BlueChoice Opt-Out Plus HRA Open Access	N/A	-	$ -	$ -	$ -
86052DC011	BlueChoice Opt-Out Plus HSA Open Access	N/A	-	$ -	$ -	$ -
86052DC038	BlueChoice HMO Open Access HDHP	N/A	-	$ -	$ -	$ -
86052DC039	BlueChoice Opt-Out Plus Open Access HDHP	N/A	-	$ -	$ -	$ -
	Subtotal Termed Non-ACA for URRT		**7**	**$ 3,173**	**$ 25,134**	**$ 22,373**

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

CareFirst BlueChoice, Inc.
d.b.a. CareFirst BlueCross BlueShield
(NAIC # 96202)
D.C. Small Group Products - On Exchange
Rate Filing Effective 1/1/2017
Non-Grandfathered Experience for ACA Plans

Existing ACA Products Included in Experience Period

2015 HIOS Plan ID	2015 HIOS Plan Name	2017 HIOS Plan ID *	2017 HIOS Plan Name	On/Off Exchange	Contracts a/o Dec 2015	Member Months	Total Premium	Total Allowed Claims **	Incurred Claims **
86052DC0490001	BlueChoice HMO Referral HSA/HRA $4,000	86052DC0460014	BlueChoice HMO HSA/HRA Bronze 6500	On	183	2,756	$ 692,479	$ 431,423	$ 200,875
86052DC0470002	BlueChoice HMO HSA/HRA $2,000, 80%	86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000	On	56	479	$ 152,148	$ 200,418	$ 144,097
86052DC0460003	BlueChoice HMO $1,000	86052DC0460009	BlueChoice HMO Gold 1500	On	49	792	$ 221,122	$ 95,761	$ 60,340
86052DC0440004	BlueChoice Advantage 90%/70%	86052DC0440012	BlueChoice Advantage Platinum 0	On	9	137	$ 73,628	$ 33,002	$ 26,836
86052DC0470005	BlueChoice HMO HSA/HRA $1,500	86052DC0460012	BlueChoice HMO HSA/HRA Silver 1500	On	541	10,821	$ 3,664,273	$ 2,521,456	$ 1,808,406
86052DC0470006	BlueChoice HMO HSA/HRA $2,000	86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000	On	523	10,516	$ 3,069,159	$ 2,706,135	$ 1,878,891
86052DC0460008	BlueChoice HMO $1,800	86052DC0460009	BlueChoice HMO Gold 1500	On	76	866	$ 293,636	$ 236,677	$ 172,526
86052DC0480004	BlueChoice HMO Referral $10/$20	86052DC0480007	BlueChoice HMO Referral Platinum 0	On	743	13,518	$ 6,112,829	$ 4,589,270	$ 4,323,104
86052DC0480006	BlueChoice HMO Referral $30/$40	86052DC0480007	BlueChoice HMO Referral Platinum 0	On	1,276	26,460	$ 11,977,491	$ 8,028,635	$ 7,318,142
86052DC0480005	BlueChoice HMO Referral $500	86052DC0480008	BlueChoice HMO Referral Gold 500	On	757	11,176	$ 4,118,531	$ 3,331,479	$ 2,804,284
86052DC0460006	BlueChoice HMO $250	86052DC0460010	BlueChoice HMO Gold 500	On	1,096	20,353	$ 7,439,646	$ 6,275,318	$ 5,493,967
86052DC0460007	BlueChoice HMO $30/$40	86052DC0460011	BlueChoice HMO Platinum 0	On	1,215	23,372	$ 10,346,615	$ 6,595,738	$ 5,966,077
86052DC0440006	BlueChoice Advantage 80%/50%	86052DC0440012	BlueChoice Advantage Platinum 0	On	25	1,010	$ 536,479	$ 502,207	$ 458,665
86052DC0440007	BlueChoice Advantage 100%/70%	86052DC0440012	BlueChoice Advantage Platinum 0	On	718	14,092	$ 6,522,769	$ 4,391,669	$ 3,902,943
86052DC0440008	BlueChoice Advantage $1000	86052DC0440010	BlueChoice Advantage Gold 1000	On	415	10,068	$ 3,598,334	$ 3,206,834	$ 2,584,495
86052DC0440009	BlueChoice Advantage $500 $20/$30	86052DC0440011	BlueChoice Advantage Gold 500	On	320	3,914	$ 1,231,544	$ 1,026,348	$ 818,638
86052DC0450002	BlueChoice Advantage HSA/HRA $1500	86052DC0440013	BlueChoice Advantage HSA/HRA Silver 1500	On	935	13,523	$ 3,792,560	$ 3,492,716	$ 2,426,703
86052DC0500005	BlueChoice Plus $2000	86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000	On	72	1,636	$ 579,193	$ 798,126	$ 639,803
86052DC0500008	BlueChoice Plus 100%/80%, $10/$20	86052DC0580001	BlueChoice Plus Opt-Out Platinum 0	On	655	13,390	$ 6,533,373	$ 5,032,671	$ 4,573,833
86052DC0500006	BlueChoice Plus 100%/80%, $20/$30	86052DC0580001	BlueChoice Plus Opt-Out Platinum 0	On	2,180	45,718	$ 21,594,092	$ 17,733,094	$ 16,107,469
86052DC0500007	BlueChoice Plus 100%/60%, $20/$30	86052DC0580001	BlueChoice Plus Opt-Out Platinum 0	On	933	17,770	$ 7,928,809	$ 6,965,445	$ 6,333,300
86052DC0510004	BlueChoice Plus HSA/HRA $1500	86052DC0500009	BlueChoice Plus HSA/HRA Silver 1500	On	746	14,531	$ 4,459,958	$ 3,747,664	$ 2,560,025
86052DC0510005	BlueChoice Plus HSA/HRA $2000	86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000	On	166	2,967	$ 816,477	$ 680,268	$ 444,029
86052DC0510006	BlueChoice Plus HSA/HRA $3500	86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000	On	154	3,175	$ 799,886	$ 702,190	$ 443,435
86052DC0540005	HealthyBlue HMO $300	86052DC0460016	HealthyBlue HMO Platinum 500	On	194	3,736	$ 1,599,845	$ 1,250,845	$ 1,157,787
86052DC0540006	HealthyBlue HMO $600	86052DC0460017	HealthyBlue HMO Platinum 1000	On	64	1,114	$ 418,808	$ 242,063	$ 216,563
86052DC0540004	HealthyBlue HMO $1,500	86052DC0460015	HealthyBlue HMO Gold 1500	On	787	11,146	$ 4,101,407	$ 2,876,209	$ 2,552,396
86052DC0550002	HealthyBlue HMO HSA/HRA $2,000	86052DC0460018	HealthyBlue HMO HSA/HRA Silver 2000	On	602	11,371	$ 3,235,206	$ 3,328,161	$ 2,384,383
86052DC0560005	HealthyBlue Plus $300	86052DC0500012	HealthyBlue Plus Platinum 500	On	732	17,545	$ 8,220,604	$ 7,962,259	$ 7,285,044
86052DC0560006	HealthyBlue Plus $600	86052DC0500013	HealthyBlue Plus Platinum 1000	On	368	5,826	$ 2,550,706	$ 2,044,284	$ 1,803,499
86052DC0560004	HealthyBlue Plus $1,500	86052DC0500011	HealthyBlue Plus Gold 1500	On	909	17,600	$ 6,642,326	$ 4,913,021	$ 4,165,221
86052DC0570002	HealthyBlue Plus HSA/HRA $2,000	86052DC0500014	HealthyBlue Plus HSA/HRA Silver 2000	On	340	6,051	$ 1,745,249	$ 1,999,379	$ 1,437,407
86052DC0520005	HealthyBlue Advantage $300	86052DC0440015	HealthyBlue Advantage Platinum 500	On	533	10,405	$ 4,494,745	$ 4,124,322	$ 3,792,173
86052DC0520006	HealthyBlue Advantage $600	86052DC0440016	HealthyBlue Advantage Platinum 1000	On	403	6,700	$ 3,007,407	$ 2,485,003	$ 2,222,108
86052DC0520004	HealthyBlue Advantage $1,500	86052DC0440014	HealthyBlue Advantage Gold 1500	On	2,212	45,764	$ 16,080,498	$ 14,242,791	$ 12,403,730
86052DC0530002	HealthyBlue Advantage HSA/HRA $2,000	86052DC0440017	HealthyBlue Advantage HSA/HRA Silver 2000	On	660	13,766	$ 3,852,158	$ 4,436,917	$ 3,169,735
				Total	**21,647**	**414,064**	**$ 162,503,990**	**$ 133,229,796**	**$114,080,927**

*** Experience for mapped plans will be listed in the URRT under these 2017 HIOS Plan IDs.**
**** These amounts do not include pharmacy rebates or capitations.**

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017
Blended Index Rate

Effective Date	Index Rate	Total Member Months	%	Average Members
1/1/2017	$ 356.46	82,956	19%	6,913
4/1/2017	$ 363.53	41,592	9%	3,466
7/1/2017	$ 370.78	85,416	19%	7,118
10/1/2017	$ 378.20	236,328	53%	19,694
Blended	**$ 371.37**	**446,292**	**100%**	**37,191**

CareFirst BlueCross BlueShield (BlueChoice)

D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

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

Experience Period: Incurred 201501 - 201512, Paid through 201602

						Completed		Rolling 12 PMPM			Rolling 12 Trend		
Month	**Contracts**	**Members**	**Allowed**	**Admits**	**Completion Factor**	**Allowed**	**Admits**	**Allowed**	**Admits/1000**	**Unit Cost**	**Allowed**	**Admits/1000**	**Unit Cost**
201304	22,199	35,135	$2,740,131	146	1.00	$2,740,131	146						
201305	22,328	35,161	$1,900,521	155	1.00	$1,900,521	155						
201306	22,753	35,868	$1,500,305	149	1.00	$1,500,305	149						
201307	23,069	36,382	$3,026,062	187	1.00	$3,026,063	187						
201308	23,563	37,260	$2,153,733	187	1.00	$2,153,734	187						
201309	23,829	37,648	$2,244,040	178	1.00	$2,244,047	178						
201310	23,811	37,674	$2,087,527	155	1.00	$2,087,534	155						
201311	24,089	38,242	$1,927,560	173	1.00	$1,927,566	173						
201312	25,042	39,857	$2,215,003	154	1.00	$2,215,043	154						
201401	27,215	43,474	$2,681,929	194	1.00	$2,681,973	194						
201402	27,606	44,012	$2,001,755	185	1.00	$2,001,894	185						
201403	27,835	44,143	$2,301,688	205	1.00	$2,301,861	205	$57.61	53.39	$12,949.81			
201404	28,330	44,736	$1,738,419	159	1.00	$1,738,639	159	$54.33	52.63	$12,387.55			
201405	29,572	45,927	$2,270,052	195	1.00	$2,270,512	195	$53.89	52.46	$12,328.16			
201406	29,313	45,596	$2,542,912	187	1.00	$2,543,475	187	$54.94	52.35	$12,594.10			
201407	29,067	45,244	$2,162,109	177	1.00	$2,162,657	177	$52.26	51.19	$12,250.70			
201408	29,012	45,090	$1,587,741	183	1.00	$1,588,155	183	$50.35	50.31	$12,009.63			
201409	28,655	44,523	$2,862,688	179	1.00	$2,863,858	179	$50.88	49.67	$12,292.48			
201410	28,382	44,057	$2,186,965	205	1.00	$2,187,887	205	$50.45	50.21	$12,057.76			
201411	28,173	43,734	$2,622,550	191	1.00	$2,623,505	191	$51.24	50.10	$12,273.53			
201412	27,173	42,121	$2,127,317	180	1.00	$2,128,550	180	$50.86	50.48	$12,091.86			
201501	27,855	42,745	$2,521,950	196	1.00	$2,524,190	196	$50.64	50.60	$12,009.85			
201502	27,809	42,643	$2,178,714	168	1.00	$2,181,271	168	$51.11	50.35	$12,181.21			
201503	28,679	43,554	$2,502,802	190	1.00	$2,507,368	190	$51.55	50.07	$12,354.99	-10.5%	-6.2%	-4.6%
201504	28,751	43,584	$2,193,521	170	1.00	$2,198,472	170	$52.53	50.44	$12,498.73	-3.3%	-4.2%	0.9%
201505	28,618	43,448	$2,086,195	153	1.00	$2,093,158	153	$52.44	49.73	$12,655.53	-2.7%	-5.2%	2.7%
201506	28,518	43,358	$1,965,609	160	0.99	$1,975,821	161	$51.58	49.34	$12,546.31	-6.1%	-5.8%	-0.4%
201507	28,337	43,067	$2,377,619	180	0.99	$2,393,569	181	$52.24	49.64	$12,629.14	0.0%	-3.0%	3.1%
201508	28,184	42,904	$2,560,657	192	0.99	$2,584,669	194	$54.38	50.10	$13,025.63	8.0%	-0.4%	8.5%
201509	28,193	42,870	$2,084,581	191	0.99	$2,112,652	194	$53.10	50.59	$12,595.16	4.4%	1.9%	2.5%
201510	28,136	42,801	$2,507,566	161	0.98	$2,569,493	165	$53.97	49.79	$13,008.48	7.0%	-0.9%	7.9%
201511	28,172	42,897	$2,745,804	153	0.97	$2,844,911	159	$54.49	49.11	$13,313.61	6.3%	-2.0%	8.5%
201512	28,445	43,384	$2,736,852	171	0.93	$2,952,543	184	$55.95	49.09	$13,675.84	10.0%	-2.7%	13.1%
201601	29,059	44,260	$1,438,140	113	0.77	$1,867,781	147	$54.52	47.81	$13,684.41	7.7%	-5.5%	13.9%
201602	29,435	44,648	$375,723	32	0.23	$1,604,022	136	$53.20	46.87	$13,619.90	4.1%	-6.9%	11.8%
Experience Period	**339,697**	**517,255**	**$28,461,870**	**2,085**	**0.98**	**$28,938,117**	**2,116**						
201503	28,679	43,554									-10.5%	-6.2%	-4.6%
201509	28,193	42,870									4.4%	1.9%	2.5%
201512	28,445	43,384									10.0%	-2.7%	13.1%
Avg last 6 months	28,245	42,987									5.9%	-1.2%	7.2%
Selected Pricing Trend												**0.0%**	**9.0%**

CareFirst BlueCross BlueShield (BlueChoice)

D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

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

Experience Period: Incurred 201501 - 201512, Paid through 201602

						Completed		Rolling 12 PMPM			Rolling 12 Trend		
Month	**Contracts**	**Members**	**Allowed**	**Visits**	**Completion Factor**	**Allowed**	**Visits**	**Allowed**	**Visits/1000**	**Unit Cost**	**Allowed**	**Visits/1000**	**Unit Cost**
201304	22,199	35,135	$1,832,366	1,705	1.00	$1,832,366	1,705						
201305	22,328	35,161	$2,324,472	1,765	1.00	$2,324,472	1,765						
201306	22,753	35,868	$1,949,860	1,638	1.00	$1,949,860	1,638						
201307	23,069	36,382	$2,183,513	1,666	1.00	$2,183,514	1,666						
201308	23,563	37,260	$1,955,436	1,613	1.00	$1,955,437	1,613						
201309	23,829	37,648	$1,968,150	1,655	1.00	$1,968,157	1,655						
201310	23,811	37,674	$2,104,749	1,791	1.00	$2,104,757	1,791						
201311	24,089	38,242	$2,172,607	1,717	1.00	$2,172,616	1,717						
201312	25,042	39,857	$2,239,495	1,696	1.00	$2,239,532	1,696						
201401	27,215	43,474	$2,771,391	1,929	1.00	$2,771,431	1,929						
201402	27,606	44,012	$2,671,976	1,862	1.00	$2,672,174	1,862						
201403	27,835	44,143	$2,556,778	1,914	1.00	$2,556,978	1,914	$57.50	540.85	$1,275.87			
201404	28,330	44,736	$2,629,950	1,986	1.00	$2,630,271	1,986	$58.02	537.02	$1,296.55			
201405	29,572	45,927	$2,751,602	2,138	1.00	$2,752,164	2,138	$57.62	534.34	$1,293.94			
201406	29,313	45,596	$2,410,317	2,002	1.00	$2,410,831	2,002	$57.42	532.67	$1,293.46			
201407	29,067	45,244	$2,833,311	2,048	1.00	$2,834,097	2,049	$57.70	532.41	$1,300.43			
201408	29,012	45,090	$2,470,915	1,909	1.00	$2,471,627	1,910	$57.82	531.22	$1,306.19			
201409	28,655	44,523	$2,376,645	2,007	1.00	$2,377,456	2,008	$57.85	532.34	$1,303.96			
201410	28,382	44,057	$2,708,891	2,080	1.00	$2,709,974	2,081	$58.30	532.49	$1,313.72			
201411	28,173	43,734	$2,297,335	1,803	1.00	$2,298,416	1,804	$57.93	528.94	$1,314.22			
201412	27,173	42,121	$2,331,201	1,802	1.00	$2,332,754	1,803	$57.86	529.11	$1,312.19			
201501	27,855	42,745	$2,381,007	1,820	1.00	$2,383,064	1,822	$57.21	527.41	$1,301.61			
201502	27,809	42,643	$2,444,454	1,707	1.00	$2,447,155	1,709	$56.93	525.31	$1,300.50			
201503	28,679	43,554	$2,672,944	1,977	1.00	$2,677,818	1,981	$57.22	527.40	$1,301.97	-0.5%	-2.5%	2.0%
201504	28,751	43,584	$2,513,739	1,943	1.00	$2,519,500	1,947	$57.14	527.67	$1,299.37	-1.5%	-1.7%	0.2%
201505	28,618	43,448	$2,590,203	1,976	1.00	$2,598,523	1,982	$57.11	526.60	$1,301.50	-0.9%	-1.4%	0.6%
201506	28,518	43,358	$2,674,203	1,959	1.00	$2,687,461	1,969	$57.89	528.08	$1,315.39	0.8%	-0.9%	1.7%
201507	28,337	43,067	$2,417,493	1,892	0.99	$2,433,699	1,905	$57.36	526.97	$1,306.17	-0.6%	-1.0%	0.4%
201508	28,184	42,904	$2,680,526	1,892	0.99	$2,706,200	1,910	$58.05	529.20	$1,316.38	0.4%	-0.4%	0.8%
201509	28,193	42,870	$2,467,995	1,981	0.99	$2,502,263	2,008	$58.48	530.90	$1,321.79	1.1%	-0.3%	1.4%
201510	28,136	42,801	$2,469,783	2,019	0.98	$2,532,217	2,070	$58.28	531.93	$1,314.69	0.0%	-0.1%	0.1%
201511	28,172	42,897	$2,370,155	1,903	0.96	$2,457,951	1,973	$58.68	536.73	$1,311.95	1.3%	1.5%	-0.2%
201512	28,445	43,384	$2,606,617	1,901	0.93	$2,806,404	2,048	$59.45	541.10	$1,318.49	2.8%	2.3%	0.5%
201601	29,059	44,260	$1,980,972	1,478	0.77	$2,587,179	1,931	$59.67	542.04	$1,321.06	4.3%	2.8%	1.5%
201602	29,435	44,648	$469,506	480	0.23	$1,998,608	2,036	$58.58	547.49	$1,284.01	2.9%	4.2%	-1.3%
Experience Period	**339,697**	**517,255**	**$30,289,119**	**22,970**	**0.98**	**$30,752,255**	**23,324**						
201503	28,679	43,554									-0.5%	-2.5%	2.0%
201509	28,193	42,870									1.1%	-0.3%	1.4%
201512	28,445	43,384									2.8%	2.3%	0.5%
Avg last 6 months	28,245	42,987									0.8%	0.3%	0.5%
Selected Pricing Trend												**2.5%**	**2.0%**

CareFirst BlueCross BlueShield (BlueChoice)

D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

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

Experience Period: Incurred 201501 - 201512, Paid through 201602

						Completed		Rolling 12 PMPM			Rolling 12 Trend		
Month	**Contracts**	**Members**	**Allowed**	**Visits**	**Completion Factor**	**Allowed**	**Visits**	**Allowed**	**Visits/1000**	**Unit Cost**	**Allowed**	**Visits/1000**	**Unit Cost**
201304	22,199	35,135	$3,921,175	27,754	1.00	$3,921,175	27,754						
201305	22,328	35,161	$3,898,895	26,954	1.00	$3,898,895	26,954						
201306	22,753	35,868	$3,524,576	24,846	1.00	$3,524,577	24,846						
201307	23,069	36,382	$3,888,041	27,143	1.00	$3,888,043	27,143						
201308	23,563	37,260	$3,889,518	27,470	1.00	$3,889,519	27,470						
201309	23,829	37,648	$3,825,353	27,183	1.00	$3,825,366	27,183						
201310	23,811	37,674	$4,249,814	30,976	1.00	$4,249,829	30,976						
201311	24,089	38,242	$3,823,168	26,830	1.00	$3,823,183	26,830						
201312	25,042	39,857	$3,705,504	25,777	1.00	$3,705,564	25,777						
201401	27,215	43,474	$4,861,212	32,118	1.00	$4,861,286	32,118						
201402	27,606	44,012	$4,261,770	29,164	1.00	$4,262,079	29,166						
201403	27,835	44,143	$4,573,378	31,310	1.00	$4,573,727	31,312	$104.17	8,713.17	$143.46			
201404	28,330	44,736	$4,837,617	32,947	1.00	$4,838,196	32,951	$103.99	8,668.29	$143.96			
201405	29,572	45,927	$4,740,477	32,981	1.00	$4,741,322	32,987	$103.42	8,625.16	$143.89			
201406	29,313	45,596	$4,672,859	32,901	1.00	$4,673,900	32,908	$103.71	8,651.10	$143.86			
201407	29,067	45,244	$4,835,625	32,846	1.00	$4,836,879	32,855	$103.77	8,634.97	$144.21			
201408	29,012	45,090	$4,546,235	31,262	1.00	$4,547,537	31,271	$103.47	8,591.98	$144.51			
201409	28,655	44,523	$4,767,677	32,477	1.00	$4,769,369	32,488	$103.92	8,600.84	$144.99			
201410	28,382	44,057	$5,174,090	36,795	1.00	$5,176,182	36,810	$104.42	8,629.62	$145.20			
201411	28,173	43,734	$4,304,317	30,186	1.00	$4,306,278	30,200	$104.25	8,616.50	$145.18			
201412	27,173	42,121	$4,322,739	30,117	1.00	$4,325,689	30,138	$104.97	8,678.10	$145.15			
201501	27,855	42,745	$4,552,979	30,453	1.00	$4,557,053	30,480	$104.54	8,653.04	$144.98			
201502	27,809	42,643	$4,097,867	27,901	1.00	$4,102,989	27,936	$104.51	8,647.53	$145.03			
201503	28,679	43,554	$4,746,592	31,666	1.00	$4,755,664	31,727	$104.97	8,666.52	$145.35	0.8%	-0.5%	1.3%
201504	28,751	43,584	$4,704,022	32,510	1.00	$4,715,101	32,586	$104.97	8,677.11	$145.16	0.9%	0.1%	0.8%
201505	28,618	43,448	$4,491,341	30,720	1.00	$4,506,132	30,820	$105.01	8,668.57	$145.37	1.5%	0.5%	1.0%
201506	28,518	43,358	$4,838,775	32,838	0.99	$4,863,489	33,004	$105.82	8,707.79	$145.83	2.0%	0.7%	1.4%
201507	28,337	43,067	$4,590,348	31,332	0.99	$4,621,687	31,544	$105.85	8,713.97	$145.77	2.0%	0.9%	1.1%
201508	28,184	42,904	$4,518,815	30,045	0.99	$4,562,460	30,334	$106.33	8,728.98	$146.17	2.8%	1.6%	1.1%
201509	28,193	42,870	$4,672,334	31,360	0.99	$4,737,650	31,791	$106.60	8,740.67	$146.36	2.6%	1.6%	0.9%
201510	28,136	42,801	$4,918,207	34,279	0.98	$5,043,284	35,145	$106.61	8,723.25	$146.65	2.1%	1.1%	1.0%
201511	28,172	42,897	$4,557,244	30,525	0.96	$4,726,582	31,657	$107.59	8,771.30	$147.20	3.2%	1.8%	1.4%
201512	28,445	43,384	$4,720,739	31,744	0.93	$5,087,984	34,213	$108.81	8,844.43	$147.63	3.7%	1.9%	1.7%
201601	29,059	44,260	$3,638,460	25,017	0.77	$4,754,227	32,689	$108.87	8,869.69	$147.29	4.1%	2.5%	1.6%
201602	29,435	44,648	$1,746,704	13,059	0.24	$7,332,772	54,778	$114.65	9,454.05	$145.53	9.7%	9.3%	0.3%
Experience Period	**339,697**	**517,255**	**$55,409,262**	**375,373**	**0.98**	**$56,280,075**	**381,235**						
201503	28,679	43,554									0.8%	-0.5%	1.3%
201509	28,193	42,870									2.6%	1.6%	0.9%
201512	28,445	43,384									3.7%	1.9%	1.7%
Avg last 6 months	28,245	42,987									2.7%	1.5%	1.2%
Selected Pricing Trend												**2.5%**	**2.0%**

CareFirst BlueCross BlueShield (BlueChoice)

D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

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

Experience Period: Incurred 201501 - 201512, Paid through 201602

						Completed		Rolling 12 PMPM			Rolling 12 Trend		
Month	**Contracts**	**Members**	**Allowed**	**Services**	**Completion Factor**	**Allowed**	**Services**	**Allowed**	**Services/1000**	**Unit Cost**	**Allowed**	**Services/1000**	**Unit Cost**
201304	22,199	35,135	$385,349	1,828	1.00	$385,349	1,828						
201305	22,328	35,161	$432,940	1,831	1.00	$432,940	1,831						
201306	22,753	35,868	$422,423	1,865	1.00	$422,424	1,865						
201307	23,069	36,382	$480,141	1,912	1.00	$480,142	1,912						
201308	23,563	37,260	$495,065	1,996	1.00	$495,065	1,996						
201309	23,829	37,648	$487,272	1,860	1.00	$487,274	1,860						
201310	23,811	37,674	$554,158	2,093	1.00	$554,160	2,093						
201311	24,089	38,242	$428,500	1,747	1.00	$428,502	1,747						
201312	25,042	39,857	$511,960	1,634	1.00	$511,968	1,634						
201401	27,215	43,474	$474,052	1,950	1.00	$474,059	1,950						
201402	27,606	44,012	$441,152	2,069	1.00	$441,184	2,069						
201403	27,835	44,143	$541,641	2,539	1.00	$541,681	2,539	$12.16	602.11	$242.44			
201404	28,330	44,736	$511,321	2,411	1.00	$511,379	2,411	$12.18	604.68	$241.80			
201405	29,572	45,927	$628,586	2,647	1.00	$628,699	2,648	$12.32	611.46	$241.73			
201406	29,313	45,596	$686,493	2,541	1.00	$686,637	2,542	$12.61	615.84	$245.69			
201407	29,067	45,244	$665,712	3,133	1.00	$665,895	3,134	$12.76	634.12	$241.39			
201408	29,012	45,090	$688,135	3,139	1.00	$688,321	3,140	$12.94	651.25	$238.40			
201409	28,655	44,523	$570,685	2,783	1.00	$570,886	2,784	$12.93	664.00	$233.64			
201410	28,382	44,057	$540,015	3,463	1.00	$540,243	3,465	$12.74	687.29	$222.51			
201411	28,173	43,734	$610,782	2,911	1.00	$611,055	2,913	$12.96	706.54	$220.05			
201412	27,173	42,121	$602,702	3,883	1.00	$603,098	3,886	$13.07	754.28	$207.97			
201501	27,855	42,745	$613,090	3,217	1.00	$613,592	3,220	$13.35	783.97	$204.39			
201502	27,809	42,643	$558,842	3,114	1.00	$559,539	3,119	$13.61	809.73	$201.70			
201503	28,679	43,554	$599,396	3,743	1.00	$600,544	3,752	$13.74	838.08	$196.68	12.9%	39.2%	-18.9%
201504	28,751	43,584	$672,453	3,871	1.00	$674,044	3,882	$14.07	873.29	$193.39	15.5%	44.4%	-20.0%
201505	28,618	43,448	$586,474	3,257	1.00	$588,434	3,270	$14.06	891.58	$189.29	14.2%	45.8%	-21.7%
201506	28,518	43,358	$734,724	3,909	0.99	$738,626	3,930	$14.22	927.17	$184.08	12.8%	50.6%	-25.1%
201507	28,337	43,067	$733,627	3,515	0.99	$738,693	3,541	$14.42	940.39	$184.03	13.1%	48.3%	-23.8%
201508	28,184	42,904	$702,707	3,835	0.99	$709,686	3,876	$14.52	961.33	$181.29	12.3%	47.6%	-24.0%
201509	28,193	42,870	$731,831	2,222	0.99	$741,979	2,256	$14.90	952.16	$187.78	15.3%	43.4%	-19.6%
201510	28,136	42,801	$797,404	1,580	0.98	$817,711	1,623	$15.47	911.73	$203.66	21.4%	32.7%	-8.5%
201511	28,172	42,897	$702,856	1,557	0.96	$729,655	1,622	$15.73	883.19	$213.70	21.4%	25.0%	-2.9%
201512	28,445	43,384	$922,609	1,696	0.93	$992,315	1,831	$16.44	833.36	$236.76	25.8%	10.5%	13.8%
201601	29,059	44,260	$470,551	1,199	0.77	$614,005	1,557	$16.39	792.44	$248.27	22.8%	1.1%	21.5%
201602	29,435	44,648	$248,798	811	0.24	$1,042,785	3,407	$17.26	796.04	$260.18	26.8%	-1.7%	29.0%
Experience Period	**339,697**	**517,255**	**$8,356,014**	**35,516**	**0.98**	**$8,504,818**	**35,922**						
201503	28,679	43,554									12.9%	39.2%	-18.9%
201509	28,193	42,870									15.3%	43.4%	-19.6%
201512	28,445	43,384									25.8%	10.5%	13.8%
Avg last 6 months	28,245	42,987									18.2%	34.6%	-10.8%
Selected Pricing Trend												**16.0%**	**0.0%**

CareFirst BlueCross BlueShield (BlueChoice)

D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

BlueChoice Non-Grandfathered D.C. Small Group & Individual Base Experience Rx

Experience Period: Incurred 201501 - 201512, Paid through 201602

						Completed		Rolling 12 PMPM			Rolling 12 Trend		
Month	**Contracts**	**Members**	**Allowed**	**Scripts**	**Completion Factor**	**Allowed**	**Scripts**	**Allowed**	**Scripts/1000**	**Unit Cost**	**Allowed**	**Scripts/1000**	**Unit Cost**
201304	22,199	35,135	$2,768,834	25,161	1.00	$2,768,834	25,161						
201305	22,328	35,161	$3,032,614	25,206	1.00	$3,032,614	25,206						
201306	22,753	35,868	$2,791,282	23,992	1.00	$2,791,282	23,992						
201307	23,069	36,382	$3,003,353	25,425	1.00	$3,003,353	25,425						
201308	23,563	37,260	$3,224,673	25,324	1.00	$3,224,673	25,324						
201309	23,829	37,648	$2,993,700	24,647	1.00	$2,993,700	24,647						
201310	23,811	37,674	$3,382,380	26,487	1.00	$3,382,380	26,487						
201311	24,089	38,242	$3,193,239	25,226	1.00	$3,193,239	25,226						
201312	25,042	39,857	$3,476,314	27,011	1.00	$3,476,314	27,011						
201401	27,215	43,474	$3,346,474	29,077	1.00	$3,346,474	29,077						
201402	27,606	44,012	$3,113,856	27,297	1.00	$3,113,856	27,297						
201403	27,835	44,143	$3,510,015	29,955	1.00	$3,510,015	29,955	$81.39	8,126.59	$120.19			
201404	28,330	44,736	$3,543,453	31,055	1.00	$3,543,453	31,055	$81.38	8,111.22	$120.40			
201405	29,572	45,927	$3,529,141	31,175	1.00	$3,529,141	31,175	$80.60	8,078.87	$119.72			
201406	29,313	45,596	$3,550,493	30,361	1.00	$3,550,493	30,361	$80.55	8,074.50	$119.71			
201407	29,067	45,244	$3,782,873	30,480	1.00	$3,782,873	30,480	$80.68	8,052.87	$120.22			
201408	29,012	45,090	$3,481,030	29,460	1.00	$3,481,030	29,460	$79.94	8,026.64	$119.52			
201409	28,655	44,523	$3,437,423	29,203	1.00	$3,437,423	29,203	$79.74	8,025.65	$119.23			
201410	28,382	44,057	$3,687,439	30,559	1.00	$3,687,439	30,559	$79.35	8,021.15	$118.71			
201411	28,173	43,734	$3,193,181	27,972	1.00	$3,193,181	27,972	$78.53	8,000.22	$117.79			
201412	27,173	42,121	$3,444,090	29,543	1.00	$3,444,090	29,543	$78.14	8,023.26	$116.86			
201501	27,855	42,745	$3,552,495	28,863	1.00	$3,552,495	28,863	$78.63	8,029.43	$117.51			
201502	27,809	42,643	$3,288,598	26,269	1.00	$3,288,598	26,269	$79.16	8,026.89	$118.35			
201503	28,679	43,554	$3,764,448	29,377	1.00	$3,764,448	29,377	$79.73	8,022.73	$119.26	-2.0%	-1.3%	-0.8%
201504	28,751	43,584	$3,770,778	28,608	1.00	$3,770,778	28,608	$80.33	7,984.68	$120.73	-1.3%	-1.6%	0.3%
201505	28,618	43,448	$3,708,601	28,429	1.00	$3,708,601	28,429	$81.05	7,959.68	$122.20	0.6%	-1.5%	2.1%
201506	28,518	43,358	$3,934,303	28,757	1.00	$3,934,303	28,757	$82.13	7,956.94	$123.86	2.0%	-1.5%	3.5%
201507	28,337	43,067	$4,087,549	28,850	1.00	$4,087,549	28,850	$83.06	7,952.65	$125.33	2.9%	-1.2%	4.2%
201508	28,184	42,904	$3,988,111	27,758	1.00	$3,988,111	27,758	$84.38	7,946.80	$127.42	5.6%	-1.0%	6.6%
201509	28,193	42,870	$3,764,924	27,918	1.00	$3,764,924	27,918	$85.28	7,942.40	$128.85	7.0%	-1.0%	8.1%
201510	28,136	42,801	$3,865,274	28,980	1.00	$3,865,274	28,980	$85.84	7,925.04	$129.97	8.2%	-1.2%	9.5%
201511	28,172	42,897	$3,976,340	27,640	1.00	$3,976,340	27,640	$87.49	7,930.17	$132.39	11.4%	-0.9%	12.4%
201512	28,445	43,384	$4,557,627	30,545	1.00	$4,557,627	30,545	$89.43	7,934.05	$135.26	14.5%	-1.1%	15.7%
201601	29,059	44,260	$3,557,716	27,133	1.00	$3,557,716	27,133	$89.18	7,870.86	$135.97	13.4%	-2.0%	15.7%
201602	29,435	44,648	$4,204,152	28,467	1.00	$4,204,152	28,467	$90.60	7,891.21	$137.77	14.4%	-1.7%	16.4%
Experience Period	**339,697**	**517,255**	**$46,259,049**	**341,994**	**1.00**	**$46,259,049**	**341,994**						
201503	28,679	43,554									-2.0%	-1.3%	-0.8%
201509	28,193	42,870									7.0%	-1.0%	8.1%
201512	28,445	43,384									14.5%	-1.1%	15.7%
Avg last 6 months	28,245	42,987									8.2%	-1.1%	9.4%
Selected Pricing Trend												**0.0%**	**13.0%**

CareFirst BlueCross BlueShield (BlueChoice)

D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

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

Experience Period: Incurred 201501 - 201512, Paid through 201602

Month	Contracts	Members	Allowed	Completion Factor	Completed Allowed	Rolling 12 PMPM Allowed	Rolling 12 Trend Allowed	Rolling 3 Trend Allowed	Paid	Rolling 12 Trend Paid	Premium
201304	22,199	35,135	$11,647,854	1.00	$11,647,854				$10,372,931		$11,040,605
201305	22,328	35,161	$11,589,441	1.00	$11,589,441				$10,346,405		$11,184,778
201306	22,753	35,868	$10,188,445	1.00	$10,188,448				$9,023,424		$11,410,107
201307	23,069	36,382	$12,581,110	1.00	$12,581,114				$11,350,993		$11,729,382
201308	23,563	37,260	$11,718,425	1.00	$11,718,428				$10,449,178		$11,998,423
201309	23,829	37,648	$11,518,515	1.00	$11,518,543				$10,267,245		$12,170,956
201310	23,811	37,674	$12,378,627	1.00	$12,378,658				$11,043,269		$12,289,356
201311	24,089	38,242	$11,545,075	1.00	$11,545,106				$10,320,352		$12,561,213
201312	25,042	39,857	$12,148,275	1.00	$12,148,420				$10,723,984		$13,244,197
201401	27,215	43,474	$14,135,057	1.00	$14,135,222				$12,264,670		$14,667,535
201402	27,606	44,012	$12,490,508	1.00	$12,491,186				$10,843,572		$14,838,581
201403	27,835	44,143	$13,483,499	1.00	$13,484,262	$312.84			$11,784,855		$14,931,064
201404	28,330	44,736	$13,260,760	1.00	$13,261,939	$309.91			$11,492,322		$15,155,904
201405	29,572	45,927	$13,919,857	1.00	$13,921,839	$307.84			$12,030,903		$15,496,867
201406	29,313	45,596	$13,863,074	1.00	$13,865,336	$309.22		-4.3%	$12,102,153		$15,383,593
201407	29,067	45,244	$14,279,630	1.00	$14,282,401	$307.16		-3.8%	$12,421,240		$15,355,661
201408	29,012	45,090	$12,774,057	1.00	$12,776,671	$304.53		-4.4%	$11,003,948		$15,420,240
201409	28,655	44,523	$14,015,119	1.00	$14,018,992	$305.31		-5.4%	$12,245,414		$15,343,269
201410	28,382	44,057	$14,297,401	1.00	$14,301,725	$305.26		-2.8%	$12,349,966		$15,261,325
201411	28,173	43,734	$13,028,165	1.00	$13,032,435	$304.91		0.1%	$11,356,027		$15,366,865
201412	27,173	42,121	$12,828,049	1.00	$12,834,182	$304.90		-0.8%	$10,697,641		$15,357,219
201501	27,855	42,745	$13,621,522	1.00	$13,630,394	$304.37		-1.3%	$10,949,699		$15,863,301
201502	27,809	42,643	$12,568,475	1.00	$12,579,553	$305.32		0.6%	$10,351,319		$16,029,256
201503	28,679	43,554	$14,286,182	1.00	$14,305,842	$307.21	-1.8%	3.1%	$11,949,064	1.4%	$14,816,336
201504	28,751	43,584	$13,854,514	1.00	$13,877,895	$309.04	-0.3%	6.4%	$11,612,170	1.0%	$16,296,818
201505	28,618	43,448	$13,462,814	1.00	$13,494,848	$309.69	0.6%	5.8%	$11,366,633	-5.5%	$16,300,158
201506	28,518	43,358	$14,147,614	1.00	$14,199,700	$311.65	0.8%	5.8%	$12,037,396	-0.5%	$16,336,902
201507	28,337	43,067	$14,206,636	1.00	$14,275,197	$312.93	1.9%	5.1%	$12,192,281	-1.8%	$16,285,146
201508	28,184	42,904	$14,450,816	0.99	$14,551,126	$317.66	4.3%	10.5%	$12,529,997	13.9%	$16,266,502
201509	28,193	42,870	$13,721,665	0.99	$13,859,469	$318.37	4.3%	8.8%	$11,872,934	-3.0%	$16,363,845
201510	28,136	42,801	$14,558,235	0.98	$14,827,978	$320.16	4.9%	9.4%	$12,763,205	3.3%	$16,396,321
201511	28,172	42,897	$14,352,398	0.97	$14,735,439	$323.98	6.3%	8.1%	$12,719,197	12.0%	$16,498,799
201512	28,445	43,384	$15,544,444	0.95	$16,396,873	$330.08	8.3%	**15.2%**	$13,923,763	**30.2%**	$16,947,447
201601	29,059	44,260	$11,085,840	0.83	$13,380,907	$328.63	8.0%	11.0%	$10,684,489	-2.4%	$17,404,022
201602	29,435	44,648	$7,044,883	0.44	$16,182,339	$334.29	9.5%	13.5%	$12,833,750	24.0%	$17,358,246
Experience Period	**339,697**	**517,255**	**$168,775,314**	**0.99**	**$170,734,313**						**$194,400,831**
201503	28,679	43,554					-1.8%				
201509	28,193	42,870					4.3%				
201512	28,445	43,384					8.3%				
Avg last 6 months	28,245	42,987					5.0%				

CareFirst BlueCross BlueShield (BlueChoice)

D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

2017 ACA - TREND ANALYSIS SUMMARY - SMALL GROUP & INDIVIDUAL - DC BLUECHOICE

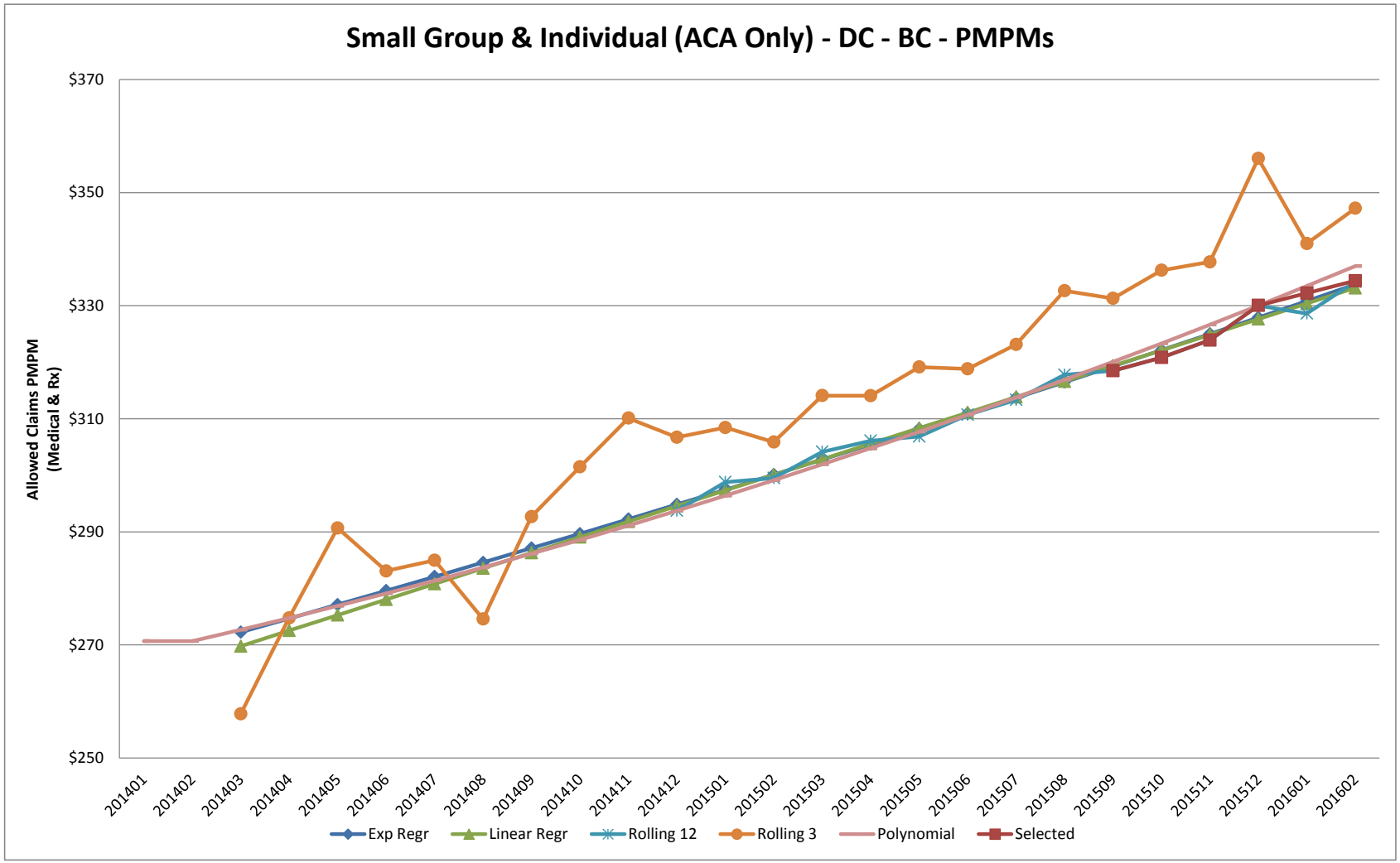
ACA Total Med & Rx Experience

Regressions based on R12 allowed claims PMPMs (Period: 201412 - 201512)

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	24	25	26	27	30	31
										TOTAL (Medical & RX)												**Linear Regression**		**Exponential Regression**			
												ROLLING 3						**ROLLING 12**				Y = MX + B		Y = BM^X			
															Δ						Δ						
																						M 2.755		M 1.009			
																						B 267.008		B 269.848		Selected	Selected
																						R2 = 0.987		**R2 = 0.988**			
	Date	Members	Claims	Allowed Claims	Paid Claims	Utilization Units	PMPM	PMPM	Allowed Cost/ Case	Annualized Util/ 1000	Allowed Cost/ Case	Annual **Cost** Trend	Util/ 1000	Annual **Utilization** Trend	Allowed Claims PMPM	Annual **Claims** Trend	Allowed Cost/ Case	Annual **Cost** Trend	Util/ 1000	Annual **Utilization** Trend	Allowed Claims PMPM	Annual **Claims** Trend	PMPM - Linear Reg	R12 Trend Projected PMPMs	PMPM -Exp Reg	R12 Trend Projected PMPMs	Trends %	Trends $s
10	201401	5,286	$1,321,428	$255,715	5,876	$250		$225	13,339																	8.1%	
11	201402	7,244	$1,788,431	$438,470	9,021	$247		$198	14,944																	8.1%	
12	201403	8,875	$2,408,528	$685,699	12,761	$271		$189	17,255	$200		15,506		$258								$270		$272		8.1%	
13	201404	10,571	$3,136,619	$683,614	15,603	$297		$201	17,712	$196		16,809		$275								$273		$275		8.1%	
14	201405	13,249	$3,957,970	$947,303	18,747	$299		$211	16,980	$202		17,291		$291								$275		$277		8.1%	
15	201406	14,861	$3,854,944	$908,520	21,228	$259		$182	17,141	$197		17,242		$283								$278		$280		8.1%	
16	201407	17,985	$5,322,508	$1,236,636	26,804	$296		$199	17,884	$197		17,385		$285								$281		$282		8.1%	
17	201408	20,744	$5,536,497	$1,291,082	29,499	$267		$188	17,065	$190		17,361		$275								$284		$285		8.1%	
18	201409	23,135	$7,247,724	$1,381,214	33,772	$313		$215	17,517	$201		17,472		$293								$286		$287		8.1%	
19	201410	25,412	$8,105,729	$1,614,341	41,175	$319		$197	19,444	$200		18,088		$301								$289		$290		8.1%	
20	201411	28,448	$8,523,321	$2,430,304	39,974	$300		$213	16,862	$208		17,911		$310								$292		$292		8.1%	
21	201412	41,952	$12,757,853	$2,170,039	65,186	$304		$196	18,646	$201		18,328		$307		$200		17,614		$294		$295		$295		8.1%	
22	201501	42,745	$13,615,813	$1,712,261	64,549	$319		$211	18,121	$206		17,999		$308		$202		17,788		$299		$297		$297		8.2%	
23	201502	42,643	$12,578,668	$2,163,312	59,179	$295		$213	16,653	$206		17,802		$306		$203		17,692		$300		$300		$300		8.2%	
24	201503	43,554	$14,305,491	$2,645,064	67,020	$328		$213	18,465	$212	6.4%	17,752	14.5%	$314	21.8%	$205		17,808		$304		$303	12.3%	$303	11.2%	8.2%	
25	201504	43,584	$13,877,464	$2,437,375	67,184	$318		$207	18,498	$211	7.5%	17,881	6.4%	$314	14.3%	$205		17,894		$306		$306	12.1%	$305	11.2%	8.2%	
26	201505	43,448	$13,493,687	$2,440,749	64,627	$311		$209	17,849	$210	3.9%	18,271	5.7%	$319	9.8%	$205		17,921		$307		$308	12.0%	$308	11.2%	8.2%	
27	201506	43,358	$14,198,846	$2,528,513	67,808	$327		$209	18,767	$208	5.7%	18,371	6.5%	$319	12.6%	$207		18,036		$311		$311	11.9%	$311	11.2%	8.2%	
28	201507	43,067	$14,274,869	$2,930,477	66,011	$331		$216	18,393	$211	7.5%	18,336	5.5%	$323	13.4%	$208		18,077		$313		$314	11.8%	$314	11.2%	8.2%	
29	201508	42,904	$14,549,011	$2,788,584	64,054	$339		$227	17,916	$217	14.6%	18,360	5.8%	$333	21.2%	$211		18,108		$318		$317	11.7%	$316	11.2%	8.2%	
30	201509	42,870	$13,859,392	$2,513,832	64,164	$323		$216	17,961	$220	9.3%	18,090	3.5%	$331	13.2%	$211		18,123		$318		$319	11.5%	$319	11.2%	8.2%	$318
31	201510	42,801	$14,827,898	$2,573,292	67,982	$346		$218	19,060	$220	10.2%	18,312	1.2%	$336	11.5%	$212		18,136		$321		$322	11.4%	$322	11.2%	8.2%	$321
32	201511	42,897	$14,735,005	$2,426,213	63,043	$343		$234	17,636	$222	7.1%	18,218	1.7%	$338	8.9%	$214		18,165		$324		$325	11.3%	$325	11.2%	8.2%	$324
33	201512	43,377	$16,391,710	$3,003,546	68,774	$378		$238	19,026	$230	14.5%	18,575	1.3%	$356	16.1%	$218	8.8%	18,198	3.3%	$330	**12.4%**	$328	11.2%	$328	11.2%	8.2%	$330
34	201601	44,249	$13,377,370	$1,397,385	63,420	$302		$211	17,199	$228	10.9%	17,950	-0.3%	$341	10.6%	$218	8.0%	18,119	1.9%	$329	10.0%	$330	11.1%	$331	11.2%	8.2%	$332
35	201602	44,642	$16,156,651	$1,668,742	88,723	$362		$182	23,849	$208	0.8%	20,043	12.6%	$347	13.5%	$214	5.4%	18,730	5.9%	$334	11.6%	$333	11.0%	$334	11.2%	8.2%	$334
36	201603																					$336	10.9%	$337	11.2%	8.2%	$337
37	201604																					$339	10.8%	$340	11.2%	8.2%	$339
38	201605																					$341	10.7%	$343	11.2%	8.2%	$341
39	201606																					$344	10.6%	$346	11.2%	8.2%	$343
40	201607																					$347	10.5%	$349	11.2%	8.2%	$346
41	201608																					$350	10.4%	$352	11.2%	8.2%	$348
42	201609																					$352	10.4%	$355	11.2%	8.2%	$350
43	201610																					$355	10.3%	$358	11.2%	8.2%	$353
44	201611																					$358	10.2%	$361	11.2%	8.2%	$355
45	201612																					$361	10.1%	$365	11.2%	8.2%	$357
46	201701																					$363	10.0%	$368	11.2%	8.2%	$360
47	201702																					$366	9.9%	$371	11.2%	8.2%	$362
48	201703																					$369	9.8%	$374	11.2%	8.2%	$364
49	201704																					$372	9.8%	$378	11.2%	8.2%	$367
50	201705																					$374	9.7%	$381	11.2%	8.2%	$369
51	201706																					$377	**9.6%**	$385	**11.2%**	**8.2%**	$372
52	201707																					$380	9.5%	$388	11.2%	8.2%	$374
53	201708																					$383	9.5%	$391	11.2%	8.2%	$377
54	201709																					$385	9.4%	$395	11.2%	8.2%	$379
55	201710																					$388	9.3%	$398	11.2%	8.2%	$382
56	201711																					$391	9.2%	$402	11.2%	8.2%	$384
57	201712																					$394	9.2%	$406	11.2%	8.2%	$387

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

2017 ACA - TREND ANALYSIS SUMMARY - SMALL GROUP & INDIVIDUAL - DC BLUECHOICE



CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017
BlueChoice Projected Morbidity

2017 Change in Morbidity Projection					
	2015 Actual		2017 Projected		
Metal	**Age & Induced Demand Normalized Allowed PMPM**	**Single Risk Pool Members 12/31/2015**	**Projected Age & Induced Demand Normalized Allowed PMPM**	**6/30/17 Projected Members**	**PMPM Δ**
Catastrophic	$84	412	$95	974	
Bronze	$161	2,281	$168	3,153	
Silver	$245	2,088	$254	2,568	
Gold	$438	1,954	$540	2,305	
Platinum	$730	1,557			
Ind Under 65 Single Risk Pool	$340	8,292	$275	9,000	0.808
Small Group Single Risk Pool	$327	35,085	$329	35,427	1.006
Combined Single Risk Pool	**$330**	**43,377**	**$318**	**44,427**	**0.964**

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

DC ACA Combined - Small Group & Individual Capitations

BlueChoice	Description	1/1/15 PMPM	1/1/16 PMPM	1/1/17 PMPM
	Mental Health UR	$0.60	$0.51	$0.42
	Nurse Hotline	$0.04	$0.04	$0.04
	Wellness *	$0.22	$0.22	$0.22
	Embedded Pediatric Vision **	$0.24	$0.24	$0.24
	Embedded Adult Vision ***	$0.21	$0.21	$0.21
	AVERAGE PMPM:	$1.31	$1.22	$1.13

* 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 apples to members over the age of 19.

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

Absolute Maximum Premium Effective 1/1/2017

2016 Plan Name	2016 Metal	2017 Plan Name	2017 Metal	Base Rate Renewal Increase	Absolute Max Max Increase due to Aging	Total Renewal Increase
BlueChoice HMO Referral Bronze 5500	Bronze	BlueChoice HMO Referral Bronze 5500	Bronze	18.3%	11.2%	31.5%

Maximum Age Increase:	Aging from	To
	Age 20	Age 21

Memorandum

To: Katie Barron

Cc: Dwayne Lucado, Anna Guloy, Scott Cremens, Paula Holt

From: David Markowitz, Kevin Chan

Date: 4/28/2015

Subject: Completion Factor Methodology

This memorandum describes the data and the method used in the derivation of the completion factors for small group medical and drug segments. Please see the attached Excel file for an example completion factor derivation.

Data

Claims data, by paid date and incurred date, for Medical and Drug products are organized into claims triangles separately for ACA and Non-ACA and by segment (e.g. Small Group (SG)) and legal entity (CFMI, GHMSI, and BlueChoice).

IT provides claims data files which are used in the calculation of monthly Incurred but Not Reported (IBNR) liability, of which the development of the completion factor (CF) is one step. This data has been reviewed for reasonableness and consistency.

Please see Appendix A for a sample paid claims triangle organized by incurred date and lag month.

Method

We use a "chain and ladder" model based on the most recent 36 months to derive the completion factor and IBNR for each incurral month. The chain and ladder model uses the most recent 6 completion ratios for a given lag month (0 to 34) and ignores the highest and the lowest to smooth the completion ratios. We calculate a simple arithmetic average of the remaining four completion ratios to determine the average completion ratio for a given lag month (completion ratio for a given lag t is defined as the ratio of the cumulative paid in lag $t-1$ to the cumulative paid in lag t).

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 completion ratio and completion factor for lag 35. Completion factors for lags 33 to 0 are calculated in a similar recursive fashion. We divide the paid claims for a particular incurral month by the resulting completion factor to develop an estimated total incurred amount.

Please see Appendices B through D to see the step by step process used in estimating completion factors for lags months 0 through 34.

While we use the chain and ladder model to derive the completion factors for lags 3 and greater (December 2014 and earlier), we incorporate several methods to estimate the completion factors for lags 0 through 2. We primarily use a claims trend assumption to determine the completion factors for these lag months.

To calculate the completion factor for a 12 month experience period, we first estimate Incurred care for each incurral month using the above methodology. We then sum up the paid claims incurred in the 12 month period and divide that by the total estimated incurred care for the period to get the completion factor.

APPENDIX-A

BlueChoice SG ACA Medical

Sample Paid Claims Data (in thousands)

(Incurral dates and Paid dates)

	201204	201205	.	.	.	201406	201407	201408	201409	201410	201411	201412	201501	201502	201503
Lag month 0	-	-	.	.	.	3,527	4,816	6,033	8,568	9,483	7,427	9,673	15,383	11,927	18,248
Lag month 1	-	-	.	.	.	5,181	7,980	8,175	10,116	12,070	13,011	25,033	19,871	22,109	
Lag month 2	-	-	.	.	.	772	777	1,069	1,770	2,247	2,781	2,766	6,252		
Lag month 3	-	-	.	.	.	186	346	879	700	1,214	709	1,114			
Lag month 4	-	-	.	.	.	184	95	116	988	306	481				
Lag month 5	-	-	.	.	.	81	59	130	91	189					
Lag month 6	-	-	.	.	.	48	207	90	135						
Lag month 7	-	-	.	.	.	54	28	33							
Lag month 8	-	-	.	.	.	32	26								
Lag month 9	-	-	.	.	.	11									
.	.	.	.	.	.										
.	.	.	.	.											
.	.	.	.												
Lag month 30	-	-													
Lag month 31	-	-													
Lag month 32	-	-													
Lag month 33	-	-													
Lag month 34	-	-													
Lag month 35	-														

Note: The highlighted number 709 represents the claims incurred in November 2014 but paid in February 2015 (lag 3)

APPENDIX-B

BlueChoice SG ACA Medical

Cumulative Paid Triangle (in thousands)

(Incurral dates and Paid dates)

	201204	201205	.	.	.	201406	201407	201408	201409	201410	201411	201412	201501	201502	201503
Lag month 0	-	-	.	.	.	3,527	4,816	6,033	8,568	9,483	7,427	9,673	15,383	11,927	18,248
Lag month 1	-	-	.	.	.	8,708	12,796	14,207	18,683	21,553	20,438	34,706	35,254	34,036	
Lag month 2	-	-	.	.	.	9,480	13,573	15,276	20,453	23,800	23,219	37,472	41,507		
Lag month 3	-	-	.	.	.	9,666	13,919	16,155	21,153	25,014	23,928	38,586			
Lag month 4	-	-	.	.	.	9,850	14,013	16,271	22,142	25,320	24,409				
Lag month 5	-	-	.	.	.	9,931	14,073	16,402	22,233	25,510					
Lag month 6	-	-	.	.	.	9,979	14,279	16,492	22,368						
Lag month 7	-	-	.	.	.	10,034	14,308	16,525							
Lag month 8	-	-	.	.	.	10,066	14,334								
Lag month 9	-	-	.	.	.	10,076									
.	.	.	.	.	.										
.	.	.	.	.											
.	.	.	.												
Lag month 30	-	-													
Lag month 31	-	-													
Lag month 32	-	-													
Lag month 33	-	-													
Lag month 34	-	-													
Lag month 35	-														

Note: The highlighted number 23,928 represents the cumulative claims paid as of February 2015 for claims incurred in November 2014. 23,928 is the sum of 7247, 13011, 2781, and 709 all of which can be seen in Appendix A.

APPENDIX-C

BlueChoice SG ACA Medical

Completion Ratios

(Incurral dates and Paid dates)

	201204	201205	.	.	.	201406	201407	201408	201409	201410	201411	201412	201501	201502	201503
Lag month 0	-	-	.	.	.	-	-	-	-	-	-	-	-	-	-
Lag month 1	-	-	.	.	.	0.405080	0.376388	0.424615	0.458566	0.440002	0.363392	0.278723	0.436344	0.350419	
Lag month 2	-	-	.	.	.	0.918527	0.942782	0.930037	0.913463	0.905603	0.880208	0.926184	0.849366		
Lag month 3	-	-	.	.	.	0.980796	0.975159	0.945615	0.966912	0.951470	0.970350	0.971127			
Lag month 4	-	-	.	.	.	0.981294	0.993249	0.992850	0.955357	0.987896	0.980314				
Lag month 5	-	-	.	.	.	0.991865	0.995780	0.992046	0.995889	0.992576					
Lag month 6	-	-	.	.	.	0.995189	0.985516	0.994523	0.993963						
Lag month 7	-	-	.	.	.	0.994570	0.998011	0.997982							
Lag month 8	-	-	.	.	.	0.996819	0.998154								
Lag month 9	-	-	.	.	.	0.998926									
.	.	.	.	.	.										
.	.	.	.	.	.										
.	.	.	.	.	.										
Lag month 30	-	-	.	.	.										
Lag month 31	-	-	.	.	.										
Lag month 32	-	-	.	.	.										
Lag month 33	-	-													
Lag month 34	-	-													
Lag month 35	-														

Max
Min

Note: The yellow highlighted number, 0.970350, is the completion ratio for lag 3 for the incurral month of November 2014. This is the ratio of cumulative paid in lag 2 (23,219) to cumulative paid in lag 3 (23,928) (see Appendix B for cumulative paid). Because we rounded paid claims in Appendix B, the ratio shown in Appendix C is not exact.

<u>Example</u>

To determine the completion ratio for lag 4 (which we need in the calculation of completion factor for lag 3):

- Select the 6 most recent completion ratios for lag 4 (numbers in the box above)
- Eliminate the highest completion ratio (0.993249--highlighted orange)
- Eliminate the lowest completion ratio (0.955357--highlighted blue)
- Average the four remaining ratios (unweighted arithmetic average)
  - $\frac{.981294 + .992850 + .987896 + .980314}{4}$ =0.9856 (rounded to the nearest four decimal places)

APPENDIX-D

BlueChoice SG ACA Medical

Completion Ratios, Completion Factors, and Incurred Care

Lag Month	(mos 1 - 6) 4 of 6 Completion Ratios	(mos 1 - 6) 4 of 6 Completion Factors	Paid to Date	Incurred Care
0	0	0.3345	18,248,455	54,551,423
1	0.3975	0.8415	34,035,670	40,447,732
2	0.9064	0.9284	41,506,801	44,707,665
3	0.9650	0.9621	38,586,321	40,105,842
4	0.9856	0.9762	24,408,981	25,004,578
5	0.9931	0.9830	25,509,534	25,950,812
6	0.9951	0.9878	22,368,189	22,643,712
7	0.9962	0.9916	16,525,210	16,665,902
8	0.9982	0.9933	14,334,273	14,430,584
9	0.9986	0.9947	10,076,458	10,129,806
10	0.9955	0.9992	9,522,470	9,529,937
11	0.9996	0.9996	7,742,681	7,745,418
12	0.9998	0.9998	4,964,052	4,964,928
13	0.9999	0.9999	3,783,808	3,784,278
14	0.9999	1.0000	2,207,690	2,207,690
15	1.0000	1.0000	-	-
16	1.0000	1.0000	-	-
17	1.0000	1.0000	-	-
18	1.0000	1.0000	-	-
19	1.0000	1.0000	-	-
20	1.0000	1.0000	-	-
21	1.0000	1.0000	-	-
22	1.0000	1.0000	-	-
23	1.0000	1.0000	-	-
24	1.0000	1.0000	-	-
25	1.0000	1.0000	-	-
26	1.0000	1.0000	-	-
27	1.0000	1.0000	-	-
28	1.0000	1.0000	-	-
29	1.0000	1.0000	-	-
30	1.0000	1.0000	-	-
31	1.0000	1.0000	-	-
32	1.0000	1.0000	-	-
33	1.0000	1.0000	-	-
34	1.0000	1.0000	-	-
35	1.0000	1.0000	-	-

2014		
Paid to Date	Incurred Care	CF
180,029,668	183,163,487	0.9829

2014 Incurral Months

There are no claims in lag month 15 and prior because ACA started in 2014.

Example

To derive the completion factor for lag 3, we will need the completion ratio and the completion factor for lag 4.

For the calculation of completion ratio for lag 4, please see the example in Appendix C. The completion ratio for lag 4 is 0.9856.

The completion factor for lag 4 is calculated in a recursive fashion. Assuming a completion factor of 1.0 for lags 35 and greater, the completion factor for lag *t* is calculated by taking the product of the completion ratio and completion factor for lag *t+1*. This iterative process results in a completion factor of 0.9762 for lag 4.

The completion factor of 0.9621 (0.9856*0.9762 = 0.9621) for lag 3 is calculated by taking the product of completion ratio and the completion factor for lag 4. To calculate incurred care for a given incurral month, we divide that month's paid to date claims (i.e. claims incurred in that month and paid through the valuation month) by the derived completion factor. Given the volatility of completion factors for lags 0-2, we instead project incurred care for these months using a trend assumption based on recent experience.

To determine the 2014 12-month CF, we sum up the claims paid and incurred in 2014 and divide by the estimated total incurred care in 2014, as indicated by the table on the top right of the preceding page.

CareFirst BlueCross BlueShield
840 First Street, NE
Washington, DC 20065
www.carefirst.com

May 5, 2016

Mr. Efren Tanhehco
Supervisory Health Actuary
Department of Insurance, Securities and Banking

Re: CareFirst BlueChoice, Inc. Small Group Rate Filing Cover Letter

Mr. Tanhehco,

In accordance with DISB requirements this letter has been submitted as cover for our 2017 ACA plan rate filing submitted 5/2/2016. Please note the required information below:

a. **Company Name:** CareFirst BlueChoice, Inc**.**
b. **NAIC Company Code:** 96202
c. **Unique Company Filing Number:** 2100
d. **Date Submitted:** 5/2/2016
e. **Proposed Effective Date:** 1/1/2017, with "trend" increases 4/1/2017, 7/1/2017 and 10/1/2017
f. **Type of Product:** This filing includes On Exchange HMO and POS products.
g. **Individual or Group:** Small groups of 2-50 contracts
h. **Scope and Purpose of Filing:** This filing has been submitted to propose the rate actions listed below in section k for all non-grandfathered ACA compliant plans offered by CareFirst BlueChoice, Inc.
i. **Indication Whether Initial Filing or Change:** This filing proposes a change to existing rates (from our previous filing SERFF # CFAP-130051604), plus the introduction of one new plan.
j. **Indication if no DC Policyholders:** This filing proposes rate actions to our plans sold in DC. DC policyholders of BlueChoice ACA plans will be impacted.
k. **Overall Premium Impact of Filing on DC Policyholders:** Proposed average rate increases for 1Q, 2Q, 3Q and 4Q 2017 are 4.4%, 5.5%, 6.3% and 7.5% respectively.
l. **Contact Information:**
    a. Name: Dwayne Lucado, F.S.A., M.A.A.A.
    b. Telephone Number: 410-998-7519
    c. Email: Dwayne.Lucado@Carefirst.com
    d. Fax: 410-505-2192

CareFirst BlueCross BlueShield is the shared business name of CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services, Inc. which are independent licensees of the Blue Cross and Blue Shield Association.
® Registered trademark of the Blue Cross and Blue Shield Association.®' Registered trademark of CareFirst of Maryland, Inc.

For further detail and support for the rate actions proposed above please reference the Actuarial Memorandum submitted on 5/2/2016.

Sincerely,

Dwayne Lucado Digitally signed by Dwayne Lucado
Date: 2016.05.05 16:35:38 -04'00'

Dwayne Lucado, F.S.A., M.A.A.A.
Director, Actuarial Pricing

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	CareFirst BlueChoice, Inc.
SERFF tracking number	CFAP-130548311
Submission Date	4/29/2016
Product Name	BlueChoice HMO, BlueChoice HMO Referral,
Market Type	○ Individual ◉ Small Group
Rate Filing Type	◉ Rate Increase ○ New Filing

Scope and Range of the Increase:

The 4.4 % increase is requested because:

The % increase is requested primarily because of projected increases in medical and pharmacy claims due to cost and utilization trend impacts as well as change in projected pool morbidity and the impact of the merged index rate with the Individual market.

This filing will impact:

# of policyholder's 22,162 # of covered lives 35,877

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 4.4 %
- Minimum Rate Change: The smallest premium increase (or largest decrease), by percentage, that any one policy holder would experience if the filing is approved 0.7 %
- Maximum Rate Change: The largest premium increase, by percentage, that any one policy holder would experience if the filing is approved 18.3 %

Individuals within the group may vary from the aggregate of the above increase components as a result of:

Individuals within the group may vary from the aggregate of the above increase components as a result of product selection, changes in age factors, and changes in family composition.

Financial Experience of Product

The overall financial experience of the product includes:

The overall financial experience of the products include claims of approximately $139M incurred in 2015 and roughly 517,000 member months (approximately 43K average members per month).

The rate increase will affect the projected financial experience of the product by:

The rate increase will affect the projected financial experience of the product by moving it toward the expected desired incurred claims ratio.

Components of Increase

The request is made up of the following components:

Trend Increases – 8.2 % of the 4.4 % 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 2.2 % of the 4.4 % 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 6.0 % of the 4.4 % total filed increase.

Other Increases – -3.8 % of the 4.4 % 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 0 % of the 4.4 % 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 1.9 % of the 4.4 % 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 -5.9 % of the 4.4 % 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 0.5 % of the 4.4 % total filed increase.

5. Other – Defined as:

   expected pool morbidity changes, change in assumed risk adjustment, impact of actual experience compared to prior assumptions, impact of merged index rate

   This component is 0.3 % of the 4.4 % total filed increase.

Unified Rate Review v3.3

Company Legal Name: **CareFirst BlueChoice, Inc.** State: **DC**
HIOS Issuer ID: **86052** Market: **Small Group**
Effective Date of Rate Change(s): **1/1/2017**

Market Level Calculations (Same for all Plans)

Section I: Experience period data

Experience Period: 1/1/2015 to 12/31/2015

	Experience Period Aggregate Amount	PMPM	% of Prem
Premiums (net of MLR Rebate) in Experience Period:	$192,675,204	$372.50	100.00%
Incurred Claims in Experience Period	$139,206,789	269.13	72.25%
Allowed Claims:	$165,673,443	320.29	85.99%
Index Rate of Experience Period		$ 319.00	
Experience Period Member Months	517,255		

Section II: Allowed Claims, PMPM basis

Projection Period: 1/1/2017 to 12/31/2017 Mid-point to Mid-point, Experience to Projection: 24 months

	Experience Period on Actual Experience Allowed				Adj't. from Experience to Projection Period		Annualized Trend Factors		Projections, before credibility Adjustment			Credibility Manual		
Benefit Category	**Utilization Description**	**Utilization per 1,000**	**Average Cost/Service**	**PMPM**	**Pop'l risk Morbidity**	**Other**	**Cost**	**Util**	**Utilization per 1,000**	**Average Cost/Service**	**PMPM**	**Utilization per 1,000**	**Average Cost/Service**	**PMPM**
Inpatient Hospital	Admits	49.09	$ 13,675.84	$55.95	0.964	1.005	1.188	1.000	47.32	$19,408.65	$76.54	47.32	$ 16,335.87	$64.42
Outpatient Hospital	Visits	541.10	$ 1,318.49	59.45	0.964	1.005	1.040	1.051	575.77	1,434.87	68.85	548.03	$ 1,379.15	62.98
Professional	Visits	8,844.43	$ 147.63	108.81	0.964	1.005	1.040	1.051	9,411.14	160.66	126.00	8957.66	$ 154.42	115.27
Other Medical	Services	833.36	$ 236.76	16.44	0.964	1.005	1.000	1.346	1,454.60	238.04	28.85	1081.00	$ 238.04	21.44
Capitation	Benefit Period	12,000.00	$ 1.31	1.31	1.000	0.862	1.000	1.000	12,000.00	1.13	1.13	12000.00	$ 1.13	1.13
Prescription Drug	Prescriptions	7,934.05	$ 118.49	78.34	0.964	0.964	1.277	1.000	7,648.43	186.27	118.72	7648.43	$ 145.88	92.98
Total				$320.29							$420.09			$358.22

Section III: Projected Experience:

			After Credibility	Projected Period Totals
Projected Allowed Experience Claims PMPM (w/applied credibility if applicable)	0.00%	100.00%	$358.22	$159,871,264
Paid to Allowed Average Factor in Projection Period			0.823	
Projected Incurred Claims, before ACA rein & Risk Adj't, PMPM			$294.96	$131,640,074
Projected Risk Adjustments PMPM			-28.42	(12,685,756)
Projected Incurred Claims, before reinsurance recoveries, net of rein prem, PMPM			$323.39	$144,325,830
Projected ACA reinsurance recoveries, net of rein prem, PMPM			0.00	0
Projected Incurred Claims			$323.39	$144,325,830
Administrative Expense Load		19.17%	82.92	37,004,898
Profit & Risk Load		1.80%	7.79	3,475,317
Taxes & Fees		4.28%	18.52	8,267,143
Single Risk Pool Gross Premium Avg. Rate, PMPM			$432.62	$193,073,189
Index Rate for Projection Period			$ 371.37	
% increase over Experience Period			16.14%	
% Increase, annualized:			7.77%	
Projected Member Months				446,292

Information Not Releasable to the Public Unless Authorized by Law: This information has not been publically disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.

Product-Plan Data Collection

Company Legal Name:	**CareFirst BlueChoice, Inc.**	State:	**DC**
HIOS Issuer ID:	**86052**	Market:	**Small Group**
Effective Date of Rate Change(s):	**1/1/2017**		

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product		BlueChoice Advantage															BlueChoice HMO								
Product ID:		86052DC018	86052DC044														86052DC046								
Metal:		Catastrophic	Gold	Gold	Platinum	Silver	Gold	Platinum	Platinum	Silver	Bronze	Silver	Bronze	Gold	Silver	Silver	Gold	Gold	Platinum	Silver	Silver	Bronze	Gold	Platinum	Platinum
AV Metal Value		0.000	0.801	0.818	0.916	0.717	0.813	0.895	0.887	0.720	0.614	0.694	0.616	0.787	0.689	0.719	0.790	0.818	0.916	0.717	0.709	0.614	0.813	0.895	0.887
AV Pricing Value		0.000	1.109	1.137	1.391	0.851	1.158	1.365	1.310	0.847	0.646	0.782	0.766	0.970	0.934	0.853	1.021	1.061	1.299	0.795	0.767	0.603	1.081	1.274	1.223
Plan Category		Terminated	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	New	New	New	New	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing
Plan Type:		POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO
Plan Name		Terminated Plans	BlueChoice Advantage Gold 1000	BlueChoice Advantage Gold 500	BlueChoice Advantage Platinum 0	BlueChoice Advantage HSA/HRA Silver	HealthyBlue Advantage Gold 1500	HealthyBlue Advantage Platinum 500	HealthyBlue Advantage Platinum 1000	HealthyBlue Advantage HSA/HRA Silver	BlueChoice Advantage HSA/HRA Bronze	BlueChoice Advantage HSA/HRA Silver	BlueChoice Advantage Bronze 5500	BlueChoice Advantage HSA/HRA Gold	BlueChoice Advantage Silver 4000	BlueChoice Advantage Silver 1500 BlueFund	BlueChoice HMO Gold 1500	BlueChoice HMO Gold 500	BlueChoice HMO Platinum 0	BlueChoice HMO HSA/HRA Silver 1500	BlueChoice HMO HSA/HRA Silver 2000	BlueChoice HMO HSA/HRA Bronze 6500	HealthyBlue HMO Gold 1500	HealthyBlue HMO Platinum 500	HealthyBlue HMO Platinum 1000
Plan ID (Standard Component ID):		86052DC0180001	86052DC0440010	86052DC0440011	86052DC0440012	86052DC0440013	86052DC0440014	86052DC0440015	86052DC0440016	86052DC0440017	86052DC0440018	86052DC0440019	86052DC0440020	86052DC0440021	86052DC0440022	86052DC0440023	86052DC0460009	86052DC0460010	86052DC0460011	86052DC0460012	86052DC0460013	86052DC0460014	86052DC0460015	86052DC0460016	86052DC0460017
Exchange Plan?		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Historical Rate Increase - Calendar Year - 2		0.00%	0.00%														0.00%								
Historical Rate Increase - Calendar Year - 1		0.00%	13.62%														10.33%								
Historical Rate Increase - Calendar Year 0		0.00%	3.56%														-1.88%								
Effective Date of Proposed Rates		1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017
Rate Change % (over prior filing)		0.00%	3.34%	2.60%	-1.54%	1.12%	0.01%	-0.69%	-3.53%	-0.19%	8.51%	-0.34%	0.00%	0.00%	0.00%	0.00%	2.64%	2.60%	-1.54%	1.12%	1.21%	8.51%	0.01%	-0.69%	-3.52%
Cum'tive Rate Change % (over 12 mos prior)		0.00%	10.09%	9.30%	4.90%	7.73%	6.54%	5.80%	2.78%	6.34%	15.60%	6.17%	0.00%	0.00%	0.00%	0.00%	9.35%	9.31%	4.89%	7.73%	7.82%	15.60%	6.54%	5.80%	2.78%
Proj'd Per Rate Change % (over Exper. Period)		#DIV/0!	11.26%	8.87%	8.42%	3.95%	10.09%	7.88%	7.06%	6.48%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	13.22%	0.66%	6.20%	-8.18%	1.53%	9.05%	8.10%	5.93%	5.11%
Product Rate Increase %		0.00%	6.65%														7.00%								

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

Plan ID (Standard Component ID):	Total	86052DC0180001	86052DC0440010	86052DC0440011	86052DC0440012	86052DC0440013	86052DC0440014	86052DC0440015	86052DC0440016	86052DC0440017	86052DC0440018	86052DC0440019	86052DC0440020	86052DC0440021	86052DC0440022	86052DC0440023	86052DC0460009	86052DC0460010	86052DC0460011	86052DC0460012	86052DC0460013	86052DC0460014	86052DC0460015	86052DC0460016	86052DC0460017
Inpatient	$13.97	$0.00	$15.34	$15.40	$16.51	$11.04	$14.48	$16.68	$14.42	$10.52	$10.16	$9.67	$0.00	$0.00	$0.00	$0.00	$13.84	$14.38	$15.41	$10.30	$9.97	$9.48	$13.52	$15.57	$13.47
Outpatient	-$7.88	$0.00	-$5.28	-$5.88	-$10.55	-$5.12	-$7.71	-$9.65	-$11.55	-$5.74	-$1.32	-$5.37	$0.00	$0.00	$0.00	$0.00	-$5.25	-$5.49	-$9.85	-$4.78	-$4.57	-$1.23	-$7.20	-$9.01	-$10.79
Professional	$6.03	$0.00	$9.60	$9.12	$6.03	$5.74	$6.66	$6.99	$3.22	$4.72	$8.27	$4.25	$0.00	$0.00	$0.00	$0.00	$8.22	$8.52	$5.63	$5.36	$5.23	$7.72	$6.21	$6.52	$3.00
Prescription Drug	$1.46	$0.00	$4.53	$4.04	$0.64	$2.11	$1.91	$1.53	-$1.47	$1.27	$4.89	$1.08	$0.00	$0.00	$0.00	$0.00	$3.66	$3.78	$0.60	$1.97	$1.95	$4.57	$1.78	$1.42	-$1.37
Other	$4.04	$0.00	$4.53	$4.53	$4.74	$3.22	$4.20	$4.81	$4.07	$3.05	$3.06	$2.80	$0.00	$0.00	$0.00	$0.00	$4.07	$4.23	$4.42	$3.01	$2.91	$2.86	$3.92	$4.49	$3.80
Capitation	$0.01	$0.00	$0.05	$0.04	$0.00	$0.02	$0.02	$0.01	-$0.02	$0.01	$0.06	$0.01	$0.00	$0.00	$0.00	$0.00	$0.04	$0.04	$0.00	$0.02	$0.02	$0.05	$0.02	$0.01	-$0.02
Administration	-$1.01	$0.00	$0.87	$0.53	-$1.93	-$0.15	-$0.78	-$1.36	-$3.06	-$0.65	$1.86	-$0.65	$0.00	$0.00	$0.00	$0.00	$0.50	$0.50	-$1.80	-$0.14	-$0.10	$1.74	-$0.73	-$1.27	-$2.86
Taxes & Fees	-$20.96	$0.00	-$17.91	-$18.85	-$26.66	-$14.88	-$21.04	-$25.40	-$26.83	-$15.49	-$8.55	-$14.39	$0.00	$0.00	$0.00	$0.00	-$16.90	-$17.60	-$24.88	-$13.89	-$13.37	-$7.98	-$19.64	-$23.71	-$25.05
Risk & Profit Charge	$2.21	$0.00	$2.54	$2.53	$2.57	$1.78	$2.30	$2.63	$2.17	$1.67	$1.75	$1.53	$0.00	$0.00	$0.00	$0.00	$2.27	$2.36	$2.40	$1.66	$1.61	$1.63	$2.15	$2.45	$2.03
Total Rate Increase	-$2.13	$0.00	$14.28	$11.47	-$8.66	$3.77	$0.03	-$3.76	-$19.06	-$0.63	$20.18	-$1.06	$0.00	$0.00	$0.00	$0.00	$10.45	$10.71	-$8.09	$3.52	$3.65	$18.84	$0.03	-$3.52	-$17.79
Member Cost Share Increase	$67.28	$0.00	$89.86	$81.81	$34.35	$126.55	$75.78	$42.06	$58.00	$127.89	$175.73	$146.76	$0.00	$0.00	$0.00	$0.00	$88.24	$76.31	$32.00	$118.09	$126.20	$164.00	$70.67	$39.20	$54.07
Average Current Rate PMPM	$436.03	$0.00	$427.36	$441.14	$562.43	$335.16	$460.81	$547.04	$540.62	$337.74	$237.00	$312.47	$0.00	$0.00	$0.00	$0.00	$395.84	$411.84	$525.06	$312.90	$301.71	$221.26	$430.19	$510.70	$504.71
Projected Member Months	446,292	0	12,720	10,908	16,608	22,476	44,940	8,964	8,208	15,876	1,200	1,200	1,200	1,200	1,200	1,200	2,868	19,920	21,900	9,804	11,244	3,432	12,960	3,576	1,200

tion III: Experience Period Information

Plan ID (Standard Component ID):	Total	86052DC0180001	86052DC0440010	86052DC0440011	86052DC0440012	86052DC0440013	86052DC0440014	86052DC0440015	86052DC0440016	86052DC0440017	86052DC0440018	86052DC0440019	86052DC0440020	86052DC0440021	86052DC0440022	86052DC0440023	86052DC0460009	86052DC0460010	86052DC0460011	86052DC0460012	86052DC0460013	86052DC0460014	86052DC0460015	86052DC0460016	86052DC0460017
Plan Adjusted Index Rate	$439.74	$0.00	$409.86	$429.27	$527.43	$336.68	$432.23	$519.99	$503.04	$326.92	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$370.56	$433.44	$502.65	$355.81	$310.57	$227.32	$410.96	$494.41	$478.29
Member Months	414,071	7	10,068	3,914	15,239	13,523	45,764	10,405	6,700	13,766	0	0	0	0	0	0	1,658	20,353	23,372	10,821	10,995	2,756	11,146	3,736	1,114
Total Premium (TP)	$182,082,781	$0	$4,126,459	$1,680,170	$8,037,431	$4,552,881	$19,780,382	$5,410,541	$3,370,363	$4,500,403	$0	$0	$0	$0	$0	$0	$614,382	$8,821,825	$11,747,838	$3,850,230	$3,414,707	$626,494	$4,580,526	$1,847,103	$532,810
EHB Percent of TP, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	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%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TP	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Allowed Claims (TAC)	$129,386,796	$25,065	$3,112,782	$989,784	$4,784,520	$3,366,388	$13,815,277	$4,027,121	$2,422,413	$4,308,319	$0	$0	$0	$0	$0	$0	$316,950	$6,085,187	$6,377,403	$2,420,369	$2,803,841	$405,677	$2,772,086	$1,215,945	$231,656
EHB Percent of TAC, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	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%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TAC	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Allowed Claims which are not the issuer's obligation:	$8,593,158	$2,760	$81,389	-$2,588	$518,048	$529,953	-$619,820	$318,229	$253,931	$721,489	$0	$0	$0	$0	$0	$0	$10,489	-$312,207	$598,394	$131,642	$447,717	$135,766	-$275,057	$88,060	$24,009
Portion of above payable by HHS's funds on behalf of insured person, in dollars	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Portion of above payable by HHS on behalf of insured person, as %	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Incurred claims, payable with issuer funds	$120,793,638	$22,305	$3,031,393	$992,372	$4,266,472	$2,836,435	$14,435,097	$3,708,893	$2,168,482	$3,586,830	$0	$0	$0	$0	$0	$0	$306,461	$6,397,394	$5,779,010	$2,288,727	$2,356,124	$269,911	$3,047,143	$1,127,885	$207,647
Net Amt of Rein	-$1,010,333.24	-$17.08	-$24,565.92	-$9,550.16	-$37,183.16	-$32,996.12	-$111,664.16	-$25,388.20	-$16,348.00	-$33,589.04	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	-$4,045.52	-$49,661.32	-$57,027.68	-$26,403.24	-$26,827.80	-$6,724.64	-$27,196.24	-$9,115.84	-$2,718.16
Net Amt of Risk Adj	-$10,591,597.14	-$0.56	-$541,755.05	-$210,610.77	-$21,605.83	-$537,142.34	-$2,462,542.51	-$14,752.20	-$9,499.25	-$546,794.46	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	-$89,216.32	-$1,095,186.78	-$33,136.79	-$582,273.68	-$436,728.54	-$95,001.94	-$599,761.80	-$5,296.90	-$1,579.43
Incurred Claims PMPM	$291.72	$3,186.40	$301.09	$253.54	$279.97	$209.75	$315.42	$356.45	$323.65	$260.56	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	$184.84	$314.32	$247.26	$211.51	$214.29	$97.94	$273.38	$301.90	$186.40
Allowed Claims PMPM	$312.47	$3,580.74	$309.18	$252.88	$313.97	$248.94	$301.88	$387.04	$361.55	$312.97	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	$191.16	$298.98	$272.87	$223.67	$255.01	$147.20	$248.71	$325.47	$207.95
EHB portion of Allowed Claims, PMPM	$312.47	$3,580.74	$309.18	$252.88	$313.97	$248.94	$301.88	$387.04	$361.55	$312.97	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	$191.16	$298.98	$272.87	$223.67	$255.01	$147.20	$248.71	$325.47	$207.95

tion IV: Projected (12 months following effective date)

Plan ID (Standard Component ID):	Total	86052DC0180001	86052DC0440010	86052DC0440011	86052DC0440012	86052DC0440013	86052DC0440014	86052DC0440015	86052DC0440016	86052DC0440017	86052DC0440018	86052DC0440019	86052DC0440020	86052DC0440021	86052DC0440022	86052DC0440023	86052DC0460009	86052DC0460010	86052DC0460011	86052DC0460012	86052DC0460013	86052DC0460014	86052DC0460015	86052DC0460016	86052DC0460017
Plan Adjusted Index Rate	$455.03	$0.00	$456.02	$467.34	$571.81	$349.97	$475.85	$560.97	$538.55	$348.09	$265.52	$321.51	$314.67	$398.66	$384.09	$350.44	$419.54	$436.31	$533.82	$326.72	$315.31	$247.90	$444.24	$523.73	$502.72
Member Months	446,292	-	12,720	10,908	16,608	22,476	44,940	8,964	8,208	15,876	1,200	1,200	1,200	1,200	1,200	1,200	2,868	19,920	21,900	9,804	11,244	3,432	12,960	3,576	1,200
Total Premium (TP)	$203,075,915	$0	$5,800,575	$5,097,799	$9,496,623	$7,865,922	$21,384,518	$5,028,578	$4,420,383	$5,526,277	$318,628	$385,812	$377,601	$478,393	$460,906	$420,528	$1,203,255	$8,691,315	$11,690,622	$3,203,189	$3,545,306	$850,795	$5,757,392	$1,872,847	$603,262
EHB Percent of TP, [see instructions]	99.55%	0.00%	99.55%	99.55%	99.55%	99.55%	99.55%	99.55%	99.55%	99.55%	99.55%	99.55%	99.55%	99.55%	99.55%	99.55%	99.55%	99.55%	99.55%	99.55%	99.55%	99.55%	99.55%	99.55%	99.55%
state mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TP	0.45%	100.00%	0.45%	0.45%	0.45%	0.45%	0.45%	0.45%	0.45%	0.45%	0.45%	0.45%	0.45%	0.45%	0.45%	0.45%	0.45%	0.45%	0.45%	0.45%	0.45%	0.45%	0.45%	0.45%	0.45%
Total Allowed Claims (TAC)	$161,812,787	$0	$4,813,570	$4,127,863	$6,692,241	$7,710,145	$17,006,434	$3,612,070	$3,307,437	$5,446,087	$399,657	$411,647	$420,473	$431,630	$433,087	$411,647	$1,013,223	$7,037,449	$8,238,423	$3,139,732	$3,600,892	$1,067,086	$4,578,581	$1,345,233	$451,420
EHB Percent of TAC, [see instructions]	99.55%	0.00%	99.55%	99.55%	99.55%	99.55%	99.55%	99.55%	99.55%	99.55%	99.55%	99.55%	99.55%	99.55%	99.55%	99.55%	99.55%	99.55%	99.55%	99.55%	99.55%	99.55%	99.55%	99.55%	99.55%
state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TAC	0.45%	100.00%	0.45%	0.45%	0.45%	0.45%	0.45%	0.45%	0.45%	0.45%	0.45%	0.45%	0.45%	0.45%	0.45%	0.45%	0.45%	0.45%	0.45%	0.45%	0.45%	0.45%	0.45%	0.45%	0.45%
Allowed Claims which are not the issuer's obligation	$17,557,291	$0	$693,856	$514,916	$66,949	$1,975,731	$1,874,137	$99,135	$210,011	$1,414,943	$159,156	$127,594	$141,743	$87,562	$100,355	$105,090	$152,206	$840,419	$41,252	$786,131	$984,806	$418,495	$480,206	$30,199	$26,408
Portion of above payable by HHS's funds on behalf of insured person, in dollars	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Portion of above payable by HHS on behalf of insured person, as %	0.00%	#DIV/0!	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Incurred claims, payable with issuer funds	$144,255,496	$0	$4,119,714	$3,612,947	$6,625,292	$5,734,413	$15,132,297	$3,512,935	$3,097,426	$4,031,144	$240,501	$284,053	$278,730	$344,068	$332,732	$306,557	$861,017	$6,197,030	$8,197,171	$2,353,601	$2,616,086	$648,591	$4,098,375	$1,315,034	$425,012
Net Amt of Rein	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Net Amt of Risk Adj	-$12,685,756	$0	-$361,563	-$310,058	-$472,079	-$638,876	-$1,277,410	-$254,800	-$233,311	-$451,272	-$34,110	-$34,110	-$34,110	-$34,110	-$34,110	-$34,110	-$81,522	-$566,222	-$622,503	-$278,677	-$319,608	-$97,554	-$368,385	-$101,647	-$34,110
Incurred Claims PMPM	$323.23	#DIV/0!	$323.88	$331.22	$398.92	$255.13	$336.72	$391.89	$377.37	$253.91	$200.42	$236.71	$232.27	$286.72	$277.28	$255.46	$300.22	$311.10	$374.30	$240.07	$232.67	$188.98	$316.23	$367.74	$354.18
Allowed Claims PMPM	$362.57	#DIV/0!	$378.43	$378.43	$402.95	$343.04	$378.43	$402.95	$402.95	$343.04	$333.05	$343.04	$350.39	$359.69	$360.91	$343.04	$353.29	$353.29	$376.18	$320.25	$320.25	$310.92	$353.29	$376.18	$376.18
EHB portion of Allowed Claims, PMPM	$360.93	#DIV/0!	$376.71	$376.71	$401.13	$341.49	$376.71	$401.13	$401.13	$341.49	$331.54	$341.49	$348.81	$358.06	$359.27	$341.49	$351.69	$351.69	$374.48	$318.80	$318.80	$309.52	$351.69	$374.48	$374.48

Product-Plan Data Collection

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

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product						BlueChoice HMO Referral								BlueChoice Plus										ueChoice Plus Opt-O
Product ID:						86052DC048								86052DC050										86052DC058
Metal:		Silver	Silver	Silver	Gold	Platinum	Gold	Bronze	Gold	Gold	Platinum	Silver	Silver	Silver	Silver	Gold	Platinum	Platinum	Silver	Gold	Gold	Bronze	Platinum
AV Metal Value		0.720	0.694	0.720	0.787	0.916	0.818	0.616	0.818	0.790	0.886	0.712	0.689	0.717	0.694	0.813	0.895	0.887	0.720	0.801	0.818	0.614	0.916
AV Pricing Value		0.791	0.730	0.866	0.905	1.237	1.011	0.681	1.063	0.969	1.155	0.787	0.831	0.816	0.750	1.110	1.308	1.256	0.812	1.064	1.090	0.619	1.316
Plan Category		Renewing	Renewing	Renewing	New	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	New	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing
Plan Type:		HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS
Plan Name		HealthyBlue HMO HSA/HRA Silver 2000	BlueChoice HMO HSA/HRA Silver 3000	BlueChoice HMO Silver 1000	BlueChoice HMO HSA/HRA Gold 1500	BlueChoice HMO Referral Platinum 0	BlueChoice HMO Referral Gold 500	BlueChoice HMO Referral Bronze 5500	BlueChoice HMO Referral Gold 0	BlueChoice HMO Referral Gold 80	BlueChoice HMO Referral Platinum 1000	BlueChoice HMO Referral Silver 70	BlueChoice HMO Referral Silver 4000	BlueChoice Plus HSA/HRA Silver 1500	BlueChoice Plus HSA/HRA Silver 3000	HealthyBlue Plus Gold 1500	HealthyBlue Plus Platinum 500	HealthyBlue Plus Platinum 1000	HealthyBlue Plus HSA/HRA Silver 2000	BlueChoice Plus Gold 1000	BlueChoice Plus Gold 500	BlueChoice Plus HSA/HRA Bronze 6500	BlueChoice Plus Opt-Out Platinum 0
Plan ID (Standard Component ID):		86052DC0460018	86052DC0460019	86052DC0460020	86052DC0460021	86052DC0480007	86052DC0480008	86052DC0480009	86052DC0480010	86052DC0480011	86052DC0480012	86052DC0480013	86052DC0480014	86052DC0500009	86052DC0500010	86052DC0500011	86052DC0500012	86052DC0500013	86052DC0500014	86052DC0500015	86052DC0500016	86052DC0500017	86052DC0580001
Exchange Plan?		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Historical Rate Increase - Calendar Year - 2								0.00%										0.00%					0.00%
Historical Rate Increase - Calendar Year - 1								9.01%										10.75%					8.68%
Historical Rate Increase - Calendar Year 0								1.83%										0.08%					3.40%
Effective Date of Proposed Rates		1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017
Rate Change % (over prior filing)		-0.19%	-0.34%	3.23%	0.00%	-1.54%	2.60%	13.32%	2.86%	4.27%	-2.63%	4.04%	0.00%	1.12%	-0.34%	0.01%	-0.69%	-3.52%	-0.19%	3.34%	2.60%	8.52%	-1.54%
Cum'tive Rate Change % (over 12 mos prior)		6.34%	6.17%	9.97%	0.00%	4.90%	9.31%	20.72%	9.58%	11.08%	3.73%	10.83%	0.00%	7.73%	6.17%	6.54%	5.80%	2.78%	6.33%	10.09%	9.31%	15.60%	4.90%
Proj'd Per Rate Change % (over Exper. Period)		4.55%	#DIV/0!	#DIV/0!	#DIV/0!	5.50%	6.07%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	1.28%	1.19%	7.90%	5.73%	4.93%	4.35%	#DIV/0!	#DIV/0!	#DIV/0!	6.50%
Product Rate Increase %						6.32%								6.30%									4.89%

Section II: Components of Premium Increase (PMPM Dollar Amount abov

Plan ID (Standard Component ID):	Total	86052DC0460018	86052DC0460019	86052DC0460020	86052DC0460021	86052DC0480007	86052DC0480008	86052DC0480009	86052DC0480010	86052DC0480011	86052DC0480012	86052DC0480013	86052DC0480014	86052DC0500009	86052DC0500010	86052DC0500011	86052DC0500012	86052DC0500013	86052DC0500014	86052DC0500015	86052DC0500016	86052DC0500017	86052DC0580001
Inpatient	$13.97	$9.83	$9.03	$11.95	$0.00	$14.67	$13.69	$11.79	$14.51	$13.74	$13.16	$11.10	$0.00	$10.58	$9.28	$13.88	$15.99	$13.83	$10.09	$14.71	$14.77	$9.74	$15.62
Outpatient	-$7.88	-$5.36	-$5.01	-$4.18	$0.00	-$9.38	-$5.23	$0.18	-$5.34	-$4.12	-$9.53	-$3.45	$0.00	-$4.91	-$5.15	-$7.39	-$9.25	-$11.08	-$5.50	-$5.06	-$5.64	-$1.26	-$9.98
Professional	$6.03	$4.41	$3.97	$7.41	$0.00	$5.36	$8.11	$11.11	$8.77	$9.13	$3.83	$7.27	$0.00	$5.50	$4.08	$6.38	$6.70	$3.09	$4.52	$9.21	$8.75	$7.93	$5.71
Prescription Drug	$1.46	$1.19	$1.01	$3.47	$0.00	$0.57	$3.60	$7.16	$3.98	$4.59	-$0.46	$3.60	$0.00	$2.03	$1.04	$1.83	$1.46	-$1.41	$1.22	$4.35	$3.88	$4.69	$0.61
Other	$4.04	$2.85	$2.61	$3.53	$0.00	$4.21	$4.03	$3.60	$4.27	$4.07	$3.74	$3.29	$0.00	$3.09	$2.68	$4.03	$4.62	$3.90	$2.92	$4.34	$4.34	$2.94	$4.48
Capitation	$0.01	$0.01	$0.01	$0.04	$0.00	$0.00	$0.04	$0.08	$0.04	$0.05	-$0.01	$0.04	$0.00	$0.02	$0.01	$0.02	$0.01	-$0.02	$0.01	$0.05	$0.04	$0.05	$0.00
Administration	-$1.01	-$0.60	-$0.61	$0.64	$0.00	-$1.72	$0.48	$3.17	$0.62	$1.14	-$2.20	$0.85	$0.00	-$0.14	-$0.63	-$0.75	-$1.30	-$2.94	-$0.62	$0.84	$0.51	$1.79	-$1.83
Taxes & Fees	-$20.96	-$14.46	-$13.43	-$14.05	$0.00	-$23.70	-$16.76	-$7.34	-$17.47	-$15.11	-$22.95	-$12.39	$0.00	-$14.27	-$13.80	-$20.17	-$24.36	-$25.73	-$14.86	-$17.17	-$18.08	-$8.20	-$25.22
Risk & Profit Charge	$2.21	$1.56	$1.43	$1.97	$0.00	$2.28	$2.25	$2.09	$2.39	$2.29	$2.01	$1.85	$0.00	$1.71	$1.47	$2.21	$2.52	$2.08	$1.60	$2.43	$2.42	$1.68	$2.43
Total Rate Increase	-$2.13	-$0.59	-$1.00	$10.78	$0.00	-$7.70	$10.20	$31.85	$11.76	$15.80	-$12.41	$12.16	$0.00	$3.61	-$1.02	$0.03	-$3.61	-$18.27	-$0.61	$13.70	$10.99	$19.35	-$8.19
Member Cost Share Increase	$67.28	$119.33	$136.95	$115.37	$0.00	$30.42	$72.63	$141.95	$57.26	$84.96	$54.43	$120.90	$0.00	$121.31	$140.69	$72.62	$40.29	$55.57	$122.59	$86.13	$78.40	$168.47	$32.45
Average Current Rate PMPM	$436.03	$315.30	$291.71	$334.17	$0.00	$500.06	$392.23	$239.12	$411.60	$369.83	$472.08	$301.28	$0.00	$321.37	$299.62	$441.85	$524.53	$518.38	$323.85	$409.78	$423.00	$227.25	$532.18
Projected Member Months	446,292	11,760	1,200	1,200	1,200	32,808	12,948	1,200	1,464	1,200	1,200	1,200	1,200	15,360	7,164	16,848	15,180	6,060	7,668	1,200	1,668	1,200	70,560

tion III: Experience Period Information

Plan ID (Standard Component ID):	Total	86052DC0460018	86052DC0460019	86052DC0460020	86052DC0460021	86052DC0480007	86052DC0480008	86052DC0480009	86052DC0480010	86052DC0480011	86052DC0480012	86052DC0480013	86052DC0480014	86052DC0500009	86052DC0500010	86052DC0500011	86052DC0500012	86052DC0500013	86052DC0500014	86052DC0500015	86052DC0500016	86052DC0500017	86052DC0580001
Plan Adjusted Index Rate	$439.74	$310.83	$0.00	$0.00	$0.00	$481.91	$391.75	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$331.34	$304.68	$422.86	$508.73	$492.14	$319.84	$0.00	$0.00	$0.00	$508.01
Member Months	414,071	11,371	0	0	0	39,978	11,176	0	0	0	0	0	0	14,531	7,778	17,600	17,545	5,826	6,051	0	0	0	76,878
Total Premium (TP)	$182,082,781	$3,534,499	$0	$0	$0	$19,265,754	$4,378,160	$0	$0	$0	$0	$0	$0	$4,814,700	$2,369,787	$7,442,376	$8,925,657	$2,867,217	$1,935,348	$0	$0	$0	$39,054,737
EHB Percent of TP, [see instructions]	100.00%	100.00%	0.00%	0.00%	0.00%	100.00%	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.00%	0.00%	0.00%	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%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TP	0.00%	0.00%	100.00%	100.00%	100.00%	0.00%	0.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	100.00%	100.00%	0.00%
Total Allowed Claims (TAC)	$129,386,796	$3,221,936	$0	$0	$0	$12,244,442	$3,227,077	$0	$0	$0	$0	$0	$0	$3,611,920	$2,107,924	$4,748,607	$7,798,358	$1,989,859	$1,942,853	$0	$0	$0	$29,013,038
EHB Percent of TAC, [see instructions]	100.00%	100.00%	0.00%	0.00%	0.00%	100.00%	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.00%	0.00%	0.00%	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%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TAC	0.00%	0.00%	100.00%	100.00%	100.00%	0.00%	0.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	100.00%	100.00%	0.00%
Allowed Claims which are not the issuer's obligation:	$8,593,158	$493,024	$0	$0	$0	$923,176	-$73,287	$0	$0	$0	$0	$0	$0	$611,620	$361,660	-$197,841	$653,743	$232,991	$322,107	$0	$0	$0	$2,613,761
Portion of above payable by HHS's funds on behalf of insured person, in dollars	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Portion of above payable by HHS on behalf of insured person, as %	0.00%	0.00%	#DIV/0!	#DIV/0!	#DIV/0!	0.00%	0.00%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	#DIV/0!	#DIV/0!	#DIV/0!	0.00%
Total Incurred claims, payable with issuer funds	$120,793,638	$2,728,912	$0	$0	$0	$11,321,266	$3,300,363	$0	$0	$0	$0	$0	$0	$3,000,299	$1,746,263	$4,946,448	$7,144,615	$1,756,869	$1,620,746	$0	$0	$0	$26,399,277
Net Amt of Rein	-$1,010,333.24	-$27,745.24	$0.00	$0.00	$0.00	-$97,546.32	-$27,269.44	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	-$35,455.64	-$18,978.32	-$42,944.00	-$42,809.80	-$14,215.44	-$14,764.44	$0.00	$0.00	$0.00	-$187,582.32
Net Amt of Risk Adj	-$10,591,597.14	-$451,663.50	$0.00	$0.00	$0.00	-$56,680.76	-$601,376.08	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	-$577,180.75	-$292,279.41	-$947,048.95	-$24,875.28	-$8,260.10	-$240,349.65	$0.00	$0.00	$0.00	-$108,997.53
Incurred Claims PMPM	$291.72	$239.99	#DIV/0!	#DIV/0!	#DIV/0!	$283.19	$295.31	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	$206.48	$224.51	$281.05	$407.22	$301.56	$267.85	#DIV/0!	#DIV/0!	#DIV/0!	$343.39
Allowed Claims PMPM	$312.47	$283.35	#DIV/0!	#DIV/0!	#DIV/0!	$306.28	$288.75	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	$248.57	$271.01	$269.81	$444.48	$341.55	$321.08	#DIV/0!	#DIV/0!	#DIV/0!	$377.39
EHB portion of Allowed Claims, PMPM	$312.47	$283.35	#DIV/0!	#DIV/0!	#DIV/0!	$306.28	$288.75	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	$248.57	$271.01	$269.81	$444.48	$341.55	$321.08	#DIV/0!	#DIV/0!	#DIV/0!	$377.39

tion IV: Projected (12 months following effective date)

Plan ID (Standard Component ID):	Total	86052DC0460018	86052DC0460019	86052DC0460020	86052DC0460021	86052DC0480007	86052DC0480008	86052DC0480009	86052DC0480010	86052DC0480011	86052DC0480012	86052DC0480013	86052DC0480014	86052DC0500009	86052DC0500010	86052DC0500011	86052DC0500012	86052DC0500013	86052DC0500014	86052DC0500015	86052DC0500016	86052DC0500017	86052DC0580001
Plan Adjusted Index Rate	$455.03	$324.97	$300.15	$356.15	$372.18	$508.40	$415.53	$279.77	$437.16	$398.14	$474.58	$323.62	$341.50	$335.58	$308.31	$456.26	$537.89	$516.38	$333.76	$437.22	$448.13	$254.60	$541.05
Member Months	446,292	11,760	1,200	1,200	1,200	32,808	12,948	1,200	1,464	1,200	1,200	1,200	1,200	15,360	7,164	16,848	15,180	6,060	7,668	1,200	1,668	1,200	70,560
Total Premium (TP)	$203,075,915	$3,821,618	$360,182	$427,377	$446,613	$16,679,726	$5,380,312	$335,730	$639,995	$477,765	$569,498	$388,343	$409,797	$5,154,445	$2,208,741	$7,687,130	$8,165,163	$3,129,266	$2,559,304	$524,664	$747,488	$305,522	$38,176,709
EHB Percent of TP, [see instructions]	99.55%	99.55%	99.55%	99.55%	99.55%	99.55%	99.55%	99.55%	99.55%	99.55%	99.55%	99.55%	99.55%	99.55%	99.55%	99.55%	99.55%	99.55%	99.55%	99.55%	99.55%	99.55%	99.55%
state mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TP	0.45%	0.45%	0.45%	0.45%	0.45%	0.45%	0.45%	0.45%	0.45%	0.45%	0.45%	0.45%	0.45%	0.45%	0.45%	0.45%	0.45%	0.45%	0.45%	0.45%	0.45%	0.45%	0.45%
Total Allowed Claims (TAC)	$161,812,787	$3,766,141	$384,300	$404,316	$402,955	$11,754,129	$4,356,516	$373,847	$492,581	$403,755	$429,924	$385,063	$385,063	$5,052,338	$2,356,442	$6,113,448	$5,865,212	$2,341,448	$2,522,222	$435,431	$605,249	$383,217	$26,903,164
EHB Percent of TAC, [see instructions]	99.55%	99.55%	99.55%	99.55%	99.55%	99.55%	99.55%	99.55%	99.55%	99.55%	99.55%	99.55%	99.55%	99.55%	99.55%	99.55%	99.55%	99.55%	99.55%	99.55%	99.55%	99.55%	99.55%
state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TAC	0.45%	0.45%	0.45%	0.45%	0.45%	0.45%	0.45%	0.45%	0.45%	0.45%	0.45%	0.45%	0.45%	0.45%	0.45%	0.45%	0.45%	0.45%	0.45%	0.45%	0.45%	0.45%	0.45%
Allowed Claims which are not the issuer's obligation	$17,557,291	$956,372	$116,862	$93,319	$79,490	$14,652	$502,814	$122,260	$36,343	$60,095	$26,799	$99,369	$85,462	$1,276,789	$722,065	$654,103	$143,305	$141,621	$646,371	$61,369	$73,558	$151,212	$161,763
Portion of above payable by HHS's funds on behalf of insured person, in dollars	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Portion of above payable by HHS on behalf of insured person, as %	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Incurred claims, payable with issuer funds	$144,255,496	$2,809,768	$267,438	$310,997	$323,466	$11,739,477	$3,853,702	$251,587	$456,238	$343,660	$403,125	$285,693	$299,601	$3,775,550	$1,634,377	$5,459,346	$5,721,907	$2,199,828	$1,875,851	$374,062	$531,690	$232,005	$26,741,401
Net Amt of Rein	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Net Amt of Risk Adj	-$12,685,756	-$334,276	-$34,110	-$34,110	-$34,110	-$932,561	-$368,044	-$34,110	-$41,614	-$34,110	-$34,110	-$34,110	-$34,110	-$436,605	-$203,635	-$478,901	-$431,488	-$172,254	-$217,961	-$34,110	-$47,413	-$34,110	-$2,005,653
Incurred Claims PMPM	$323.23	$238.93	$222.87	$259.16	$269.55	$357.82	$297.63	$209.66	$311.64	$286.38	$335.94	$238.08	$249.67	$245.80	$228.14	$324.04	$376.94	$363.01	$244.63	$311.72	$318.76	$193.34	$378.99
Allowed Claims PMPM	$362.57	$320.25	$320.25	$336.93	$335.80	$358.27	$336.46	$311.54	$336.46	$336.46	$358.27	$320.89	$320.89	$328.93	$328.93	$362.86	$386.38	$386.38	$328.93	$362.86	$362.86	$319.35	$381.28
EHB portion of Allowed Claims, PMPM	$360.93	$318.80	$318.80	$335.41	$334.28	$356.65	$334.94	$310.13	$334.94	$334.94	$356.65	$319.43	$319.43	$327.44	$327.44	$361.22	$384.63	$384.63	$327.44	$361.22	$361.22	$317.90	$379.56

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	CareFirst BlueChoice, Inc.
SERFF tracking number	CFAP-130548311
Submission Date	4/29/2016
Product Name	BlueChoice HMO, BlueChoice HMO Referral,
Market Type	○ Individual ◉ Small Group
Rate Filing Type	◉ Rate Increase ○ New Filing

Scope and Range of the Increase:

The 4.4 % increase is requested because:

The % increase is requested primarily because of projected increases in medical and pharmacy claims due to cost and utilization trend impacts as well as change in projected pool morbidity and the impact of the merged index rate with the Individual market.

This filing will impact:

# of policyholder's 22,162 # of covered lives 35,877

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 4.4 %
- Minimum Rate Change: The smallest premium increase (or largest decrease), by percentage, that any one policy holder would experience if the filing is approved 0.7 %
- Maximum Rate Change: The largest premium increase, by percentage, that any one policy holder would experience if the filing is approved 18.3 %

Individuals within the group may vary from the aggregate of the above increase components as a result of:

Individuals within the group may vary from the aggregate of the above increase components as a result of product selection, changes in age factors, and changes in family composition.

Financial Experience of Product

The overall financial experience of the product includes:

The overall financial experience of the products include claims of approximately $139M incurred in 2015 and roughly 517,000 member months (approximately 43K average members per month).

The rate increase will affect the projected financial experience of the product by:

The rate increase will affect the projected financial experience of the product by moving it toward the expected desired incurred claims ratio.

Components of Increase

The request is made up of the following components:

Trend Increases – 8.2 % of the 4.4 % 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 2.2 % of the 4.4 % 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 6.0 % of the 4.4 % total filed increase.

Other Increases – -3.8 % of the 4.4 % 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 0 % of the 4.4 % 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 1.9 % of the 4.4 % 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 -5.9 % of the 4.4 % 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 0.5 % of the 4.4 % total filed increase.

5. Other – Defined as:

   expected pool morbidity changes, change in assumed risk adjustment, impact of actual experience compared to prior assumptions, impact of merged index rate

   This component is 0.3 % of the 4.4 % total filed increase.

RATE FILING REQUIREMENTS INDIVIDUAL AND SMALL GROUP PLANS SOLD ON DC HEALTH LINK
CHECK-LIST

INSTRUCTIONS: Include all required elements in the table below with the filed rates. The data elements listed in the Actuarial Memorandum should be consistent with the cover letter, if applicable.

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been	Location of the Data Element
1	Purpose of Filing	State the purpose of the filing. Identify the applicable law. List the proposed changes to the base rates and rating factors, and provide a general summary.	Yes	Included in Actuarial Memorandum Summary Verbiage
2	Form Numbers	Form numbers should be listed in the actuarial memorandum.	Yes	Pages 3 - 4
3	HIOS Product ID	The HIOS product ID should be listed in the actuarial memorandum.	Yes	Page 7
4	Effective Date	The requested effective date of the rate change. For filings effective 1/1/2017 and later, follow filing due date requirements.	Yes	Page 1
5	Market	Indicate whether the products are sold in the individual or small employer group market.	Yes	Page 1
6	Status of Forms	Indicate whether the forms are open to new sales, closed, or a mixture of both, and whether the forms are grandfathered, non- grandfathered, or a mixture of both.	Yes	Pages 3 - 4
7	Benefits/Metal level(s)	Include a basic description of the benefits of the forms referenced in the filing and the metal level of each plan design.	Yes	Pages 20 - 23
7.1	AV Value	Provide the actuarial value of each plan design using the AV calculator developed and made available by HHS.	Yes	Pages 20 - 23
8	Average Rate Increase Requested	The weighted average rate increase being requested, incremental and year-over-year renewal. The weights should be based on premium volume. **In the small group market, please also provide weighted average rate increase requested for 2016Q1 over 2015Q1; etc.**	Yes	Page 8
9	Maximum Rate Increase Requested	The maximum rate increase that could be applied to a policyholder based on changes to the base rate and rating factors, incremental and year-over-year renewal. (Does not include changes in the demographics of the covered members.)	Yes	Page 8
10	Minimum Rate Increase Requested	The minimum rate increase that could be applied to a policyholder based on changes to the base rate and rating factors, incremental and year-over-year renewal. (Does not include changes in the demographics of the covered members.)	Yes	Page 8
11	Absolute Maximum Premium Increase	The absolute maximum year-over-year renewal rate increase that could be applied to a policyholder, including demographic changes such as aging.	Yes	Page 54
12	Average Renewal Rate Increase for a Year	Calculate the average renewal rate increase, weighted by written premium, for renewals in the year ending with the effective period of the rate filing. The calculation must be performed for each HIOS product ID.	Yes	Page 11
13	Rate Change History	Rate change history of the forms referenced in the filing. If nationwide experience is used in developing the rates, provide separately the rate history for Maryland and the nationwide average rate history.	Yes	Page 10
14	Exposure	Current number of policies, certificates and covered lives.	Yes	Pages 44 - 49
15	Member Months	Number of members in force during each month of the base experience period used in the rate development and in each of the two preceding twelve-month periods.	Yes	Pages 44 - 49
16	Past Experience	Provide monthly earned premium and incurred claims for the base experience period used in the rate development and each of the two preceding twelve-month periods.	Yes	Pages 44 - 49
17	Index Rate	Provide the index rate.	Yes	Pages 20 - 23
17.1	Rate Development	Show base experience used to develop rates and all adjustments and assumptions applied to arrive at the requested rates. For less than fully credible blocks, disclose the source of the base experience data used in the rate development and discuss the appropriateness of the data for pricing the policies in the filing.	Yes	Pages 20 - 23
18	Credibility Assumption	If the experience of the policies included in the filing is not fully credible, state and provide support for the credibility formula used in the rate development.	Yes	Pages 24 - 26
19	Trend Assumption	Show trend assumptions by major types of service as defined by HHS in the Part I Preliminary Justification template, separately by unit cost, utilization, and in total. Provide the development of the trend assumptions.	Yes	Pages 44 - 49
20	Cost-Sharing Changes	Disclose any changes in cost sharing for the plans between the base experience period for rating and the requested effective date. Show how the experience has been adjusted for cost- sharing changes in the rate development. Provide support for the estimated cost impact of the cost-sharing changes.	Yes	Page 32
21	Benefit Changes	Disclose any changes in covered benefits for the plans between the base experience period for rating and the requested effective date. Show how the experience has been adjusted for changes in covered benefits in the rate development. Provide support for the estimated cost impact of the benefit changes.	Yes	Pages 12-23 and 35-36
22	Plan Relativities	For rate change filings, if the rate change is not uniform for all plan designs, provide support for all requested rate changes by plan design. Disclose the minimum, maximum, and average impact of the changes on policyholders. For initial filings, provide the derivation of any new plan factors.	Yes	Pages 20 - 23 and 35
23	Rating Factors	Provide the age and other rating factors used. Disclose any changes to rating factors, and the minimum, maximum, and average impact on policyholders. Provide support for any changes.	Yes	Pages 33 and 35
23.1	Wellness Programs	Describe any wellness programs (as defined in section 2705(j) of the PHS Act) included in this filing.	No	Not Applicable
24	Distribution of Rate Increases	Anticipated distribution of rate increases due to changes in base rates, plan relativities, and rating factors. This need not include changes in demographics of the individual or group.	No	DISB Dataset Attached Separately
25	Claim Reserve Needs	Provide the claims for the base experience period separately for paid claims, and estimated incurred claims (including claim reserve). Indicate the incurred period used for the base period. Indicate the paid-through date of the paid claims, and provide a basic description of the reserving methodology for claims reserves and contract reserves, if any. Provide margins used, if any.	Yes	Pages 55 - 60
26	Administrative Costs of Programs that Improve Health Care Quality	Show the amount of administrative costs included with claims in the numerator of the MLR calculation . Show that the amount is consistent with the most recently filed Supplemental Health Care Exhibit or provide support for the difference.	Yes	Pages 24 - 26
27	Taxes and Licensing or Regulatory Fees	Show the amount of taxes, licenses, and fees subtracted from premium in the denominator of your medical loss ratio calculation(c). Show that the amount is consistent with the most recently filed Supplemental Health Care Exhibit or provide support for the difference.	Yes	Pages 24 - 26
28	Medical Loss Ratio (MLR)	Demonstrate that the projected loss ratio, including the requested rate change, meets the minimum MLR. Show the premium, claims, and adjustments separately with the development of the projected premium and projected claims (if not provided in the rate development section). If the loss ratio falls below the minimum for the subset of policy forms in the filing, show that when combined with all other policy forms in the market segment in Maryland, the loss ratio meets the minimum.	Yes	Pages 24 - 26
29	Risk Adjustment	Provide rate information relating to the Risk Adjustment program. Information should include assumed Risk Adjustment user fees, Risk Adjustment PMPM excluding user fees and assumed distribution of enrollment by risk score, plan, and geographical area. Provide support for the assumptions, including any demographic changes. Provide information/study on the development of risk scores and Risk Adjustment PMPM. Provide previous year-end estimated risk adjustment payable or receivable amount and quantitative support for the amount.	Yes	Pages 24 - 29

29.1	Reinsurance	Provide information on the Reinsurance contribution assumption, consistent with the national contribution rate for the projection period. In individual filings, provide information on the Reinsurance recovery assumption, consistent with the company's continuation table used in pricing. Provide previous year-end estimated reinsurance payable amount and quantitative support for the amount.	Yes	NA
29.2	Risk Corridor	Does the company assume Risk Corridor charges or payments? If so, provide support. Provide previous year-end estimated risk corridor payable or receivable amount and quantitative support for the amount.	Yes	NA
30	Past and Prospective Loss Experience Within and Outside the State	Indicate whether loss experience within or outside the state was used in the development of proposed rates. Provide an explanation for using loss experience within or outside the state.	Yes	Included in Actuarial Memorandum Summary Verbiage
31	A Reasonable Margin for Reserve Needs	Show the assumed Margin for Reserve Needs used in the development of proposed rates. Margin for Reserve Needs includes factors that reflect assumed contributions to the company's surplus or the assumed profit margin. Demonstrate how this assumption was derived, how the assumption has changed from prior filings, and provide support for changes. If the assumption for Qualified Health Plans exceeds 3% as assumed in the risk corridor formula, justify the excess in light of the company's surplus position.	Yes	Pages 24 - 26 and 29
32	Past and Prospective Expenses	Indicate the expense assumptions used in the development of proposed rates. Demonstrate how this assumption was derived. Show how this assumption has changed from prior filings, and provide support for any change. Provide the assumed administrative costs in the following categories: • Salaries, wages, employment taxes, and other employee benefits • Commissions • Taxes, licenses, and other regulatory fees • Cost containment programs / quality improvement activities • All other administrative expenses • Total	Yes	Pages 24 - 26 and 29
33	Any Other Relevant Factors Within and Outside the State	Show any other relevant factors that have been considered in the development of the proposed rates. Demonstrate how any related assumptions were derived. Show how these assumptions have changed from prior filings, and provide support for any change.	No	Not Applicable
34	Other	Any other information needed to support the requested rates or to comply with Actuarial Standard of Practice No. 8.	No	Not Applicable
35	Actuarial Certification	Signed and dated certification by a qualified actuary that the anticipated loss ratio meets the minimum requirement, the rates are reasonable in relation to benefits, the filing complies with the laws and regulations of the District of Columbia and all applicable Actuarial Standards of Practice, including ASOP No. 8, and that the rates are not unfairly discriminatory.	Yes	Page 6
36	Part I Preliminary Justification (Grandfathered Plan Filings)	Rate Summary Worksheet --- Provide this document with all Grandfathered plan filings. **Provide in Excel and PDF format.**	No	Not Applicable
36.1	Unified Rate Review Template (Non- Grandfathered Filings)	Unified Rate Review Template as specified in the proposed Federal Rate Review regulation. Provide this document with all Non-Grandfathered plan filings. **Provide in Excel and PDF format.**	Yes	Attached Separately
37	Part II Preliminary Justification	Written description justifying the rate increase as specified by 45 CFR § 154.215(f). Provide for *all* individual and small employer group filings (whether or not they are "subject to review" as defined by HHS).	Yes	Attached Separately
38	DISB Actuarial Memorandum Dataset	Summarizes data elements contained in Actuarial Memorandum. Provide this document with all Non-Grandfathered plan filings. **Provide in Excel format only**.	Yes	DISB Dataset Attached Separately
39	District of Columbia Plain Language Summary	Similar to the Part II Preliminary Justification, this is a written description of the rate increase as specified by 45 CFR § 154.215, but as a simple and brief narrative describing the data and assumptions that were used to develop the proposed rates. Provide this document for all individual and small employer group filings.	Yes	Attached Separately
40	Additional Requirements for Stand-Alone Dental Plan Filings	Provide the following for stand-alone dental plan filings: • Identification of the level of coverage (i.e. low or high), including the actuarial value of the plan determined in accordance with the proposed rule; • Certification of the level of coverage by a member of the American Academy of Actuaries using generally accepted actuarial principles; and • Demonstration that the plan has a reasonable annual limitation on cost-	Yes	NA

CERTIFYING SIGNATURE

The undersigned representative of the organization submitting this rate filing attests that all items contained in the above checklist have been included in the filing to the best of the company's ability.

Dwayne Lucado

Digitally signed by Dwayne Lucado
Date: 2016.05.05 16:18:23 -04'00'

Dwayne Lucado, FSA, MAAA

(Print Name) **(Signature)**

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
04/27/2016		Supporting Document	Actuarial Memorandum	05/05/2016	File_2100_DC_BC 1.1.17_AV Calculator Screenshots.pdf File_2100_DC_BC 1.1.17_Actuarial Letter_Memo.pdf (Superceded)
04/27/2016		Supporting Document	Actuarial Memorandum and Certifications	05/05/2016	File_2100_DC_BC 1.1.17_Actuarial Letter_Memo.pdf (Superceded)
04/27/2016		Supporting Document	Cover Letter All Filings	05/05/2016	

CAREFIRST BLUECROSS BLUESHIELD
PART III ACTUARIAL MEMORANDUM

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

2. GENERAL INFORMATION:

Company Legal Name: CareFirst BlueChoice, Inc. (NAIC # 96202) (CFBC).
State: District of Columbia.
HIOS Issuer ID: 86052.
Market: Small Group (SG) – On Exchange.
Effective Date: 1/1/17 and quarterly incremental "trend" increases effective 4/1/17, 7/1/17 and 10/1/17.

Primary Contact Name: Mr. Dwayne Lucado, F.S.A., M.A.A.A.
Primary Contact Telephone Number: 410-998-7519.
Primary Contact E-Mail Address: Dwayne.Lucado@CareFirst.com.

3. PROPOSED RATE INCREASE(S): In compliance with the "Patient Protection and Affordable Care Act" (ACA, H.R. 3590) and toward the company's objectives of maximizing access and affordability, long-term financial viability and customer rate stability, CFBC is proposing to raise premiums by 4.4% on average for 1Q17, prior to age band changes. For CF overall (including the SG PPO business) the proposed average renewal is 2.3%. The range for CFBC is 0.7% to 18.3% for 1Q17. For renewing customers, an age band change adds 2.6% to the renewal, on average, with a range of 0.0% to 3.9% for ages 22 and upwards per the DC age curve. The estimated average renewals for 2Q17, 3Q17, and 4Q17 will be 5.5%, 6.3% and 7.5%, respectively. Consistent with 45 CFR Part § 155.705(b)(6) and Market Standards Proposed Rules 78 FR 13406 and 37032, we understand that we may subsequently file for changes to the post-1Q17 quarterly rate changes proposed herein if deemed necessary. This filing applies to all new and renewing, in-force business in the guaranteed renewable, non-grandfathered, ACA, metaled benefit plans.

Reason for Rate Increase(s): The main drivers supporting the rate increase are the assumed increases in allowed costs (8% assumed annual trend), the re-estimation of projected risk transfers for 2017, and the reduction in the Health Insurer Fee for 2017. The expected rate changes vary from 0.7% to 18.3% for 1Q17 renewals in this filing (prior to any impact of age band changes). This range is impacted by the compression of our induced demand factors by adopting the HHS factors.

4. MARKET EXPERIENCE:

4.1 - EXPERIENCE PERIOD PREMIUM AND CLAIMS: The incurred period is 1/1/15 through 12/31/15, as required.

Paid Through Date: 2/29/16.
Premiums (Net of MLR Rebate) in Experience Period: $192,675,204 (Merged).
Allowed and Incurred Claims From Experience Period: $165,673,443 (Merged Index Rate).

4.2 - BENEFIT CATEGORIES:
Inpatient (hospital).
Outpatient (hospital) (OP).
Professional.
Other Medical (non-capitated ambulance, home health care, durable medical equipment, prosthetics, supplies, vision exams, dental services and other).
Prescription drug (Rx).
Capitations.

4.3 - PROJECTION FACTORS:

Changes in the Morbidity of the Population Insured: Examination of the 2015 experience of the cohort as of 02/29/16 shows an improvement of -3.6%. From this 02/29/16 cohort we had prior claims experience for 82% of them.

Changes in Benefits: For 2017 we have minimally redesigned our small group portfolio. Some plans, requiring adjustments in order to comply with AV thresholds, received minor changes to member cost sharing. The changes to our plan designs have been accounted for in each specific plan level cost-share factor.

Changes in Demographics: We do anticipate a material change in the average age of this population between the experience and projection periods. As such, a 0.5% adjustment factor has been included.

Other Adjustments: CF is proposing to continue the incentive program whereby members can earn medical expense debit cards. 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. The impact of this program is now implicit in our base experience therefore no explicit adjustment has been made. Our aim is that this incentive program will improve our member' health.

This calculation also includes the following:

1. A decrease to prescription drug claims costs due to a projected increase in rebates realized by the move to a new "Pharmacy Benefits Manager" (PBM) in 2014.

2. A decrease in the PMPM capitations.

Trend Factors (Cost/Utilization): The proposed trend of 8.0% remains the same over 2016's 8.0%. In accordance with URRT instructions, we chose our proposed trend of 8.0% incorporating an estimated decrease in utilization solely attributable to induced demand from experience period to projection period of 30 basis points. An attached exhibit outlines the calculation.

4.4 - CREDIBILITY MANUAL RATE DEVELOPMENT: Not applicable.

4.5 - CREDIBILITY OF EXPERIENCE: The calendar 2015 base data includes 517,255 member months (average monthly of 43,105) and is therefore considered 100% credible.

4.6 - PAID TO ALLOWED RATIO: Projected at 82.3%, on average, for all quarters.

4.7 - RISK ADJUSTMENT AND REINSURANCE:

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

Projected Risk Adjustments PMPM: +$28.29 PMPM for 1Q17. 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 projected transfer receipts from 2015 to 2017. We referenced the CMS report released on 03/18/16 and used their 2015 state average premium of $448.83 and billable members of 975,427. However, we used our own state average PLRS (1.3891 versus CMS' 1.340) estimates since Wakely's PLRS includes an estimate of "incurred but not reported" claims. Since CF represents 83% of the market according to Wakely, our calculations assume that the state average scores will change in step with CF's changes from 2015 to 2016 to 2017. We have anchored on 2015 data including IBNR since we believe this best estimates final transfers. We itemize the variables such as "plan liability risk score" (PLRS), "allowable rating factor" (ARF) and state averages assumed to calculate PMPM transfers.

Per the DISB's request, CF has agreed to change its risk adjustment calculation from merged to unmerged starting in 2017. The impact was estimated to increase the renewal by 40 basis points from 4.0% to 4.4%.

Projected ACA Reinsurance Recoveries Net of Reinsurance Premium (Individual Market and Combined Markets Only): Reinsurance does not apply for 2017.

4.8 - NON-BENEFIT EXPENSES AND CONTRIBUTION TO RESERVE (CtR) & RISK: The "desired incurred claims ratio" (DICR) has changed from 71.7% (4Q 2016) to 74.7% (1Q 2017).

Administrative Expense Load: PMPMs decreased by 4% versus 2016. This includes broker expenses. CF has had some cost increases attributable to 1) ACA and operational complexity, 2) cybersecurity and 3) audit and compliance exposure and demands.

Contribution to Reserve & Risk Margin: 2.8% prior to income taxes (2016 was 2.0%).

Taxes and Fees:

1) Premium Tax of 2.0%.
2) Federal Income Tax (FIT) of 1.0% (35% tax rate).
3) Health Insurer Fee does not apply for 2017. A fee of 2.6% is assumed for 2018 and is phased in to the proposed rates for 2Q, 3Q, 4Q.
4) PCORI increased from $2.33 PMPY to $2.35 PMPY for 1Q – 3Q 2017 and $2.44 for 4Q 2017.
5) Reinsurance does not apply for 2017.
6) Risk Adjustment User Fees are included as $0.13 PMPM.
7) Exchange User Fees remained at $0.
8) Exchange Assessment Fee of 1.0% for 2017 per the "Health Benefit Exchange Authority Financial Sustainability Emergency Amendment Act of 2014" (D.C. Act 20-329) approved on 5/22/14. In addition, there is also a state assessment fee of 0.1%.

5. PROJECTED LOSS RATIO: Our projected loss ratio for ACA MLR rebate purposes is 80.6%, meeting the 80.0% minimum of the "Public Health Service Act" (PHSA) 218. Please note that this is based on the combined experience of INM and SG.

6. APPLICATION OF MARKET REFORM RATING RULES:

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

6.2 - INDEX RATE: Last year's implicit 2015 index rate was $321.81 (($300.17 EP allowed claims PMPM - $2.20 Non-EHB) x trend of 8.0%). As shown on Worksheet 1 of the URRT, the actual index rate for 2015 is $319 for a favorable variance of -1%.

After applying projection factors, the allowed claims PMPM for 1Q17 is $358.22. This includes projected claims for non-EHBs, estimated at $1.76 PMPM. The proposed 1Q17 index rate is $356.46.

Because the index rate merges Individual non-Medigap (IND64-) and Small Group (SG), the starting point experience period index rate for SG is higher by 2%.

6.2.1 - Small Group Quarterly Rate Filings: This filing includes quarterly incremental "trend" increases. Index rates are $363.53, $370.78 and $378.20 for 2Q, 3Q and 4Q17, respectively. As required, the index rate entered in the URRT reflects a member weighted blend of the quarterly index rates.

6.3 - MARKET ADJUSTED INDEX RATE:

Federal Reinsurance Program Adjustment: 1.00 for 1Q17.
Risk Adjustment: 1.0968 for 1Q17. A summary exhibit is provided.
Marketplace User Fee Adjustment: 1.00. A summary exhibit is provided.

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

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

Age Curve Calibration – We have calibrated to the average age factor produced by our projected distribution and the required age curve.

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

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

7. PLAN PRODUCT INFORMATION:

7.1 - HHS ACTUARIAL METAL VALUES (AV): The majority of our 2017 plans include varying cost-share levels for some services that depend on the setting in which care is delivered. The Federal AV calculator was used to compute two separate AVs for each impacted plan – one which applied the higher level of cost-share, and one which applied the lower. The results were blended assuming 2/3 of the designated services are rendered in higher cost-share setting and the remaining 1/3 at the lower, consistent with 2014 experience for our SG and INM markets. Plans without these features used the AV calculator without modification.

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

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

7.3 - MEMBERSHIP PROJECTIONS: The distribution of projected enrollment is based on actual enrollment by plan as of 2/29/16. Total projected enrollment is consistent with our corporate plan.

7.4 - TERMINATED PLANS AND PRODUCTS: None

7.5 - PLAN TYPE: HMO and POS.

7.6 - WARNING ALERTS:

1. **Worksheet 2**

   a. **General:** Per the District's instructions, the index rate was developed with combined SG/INM experience which is entered on Worksheet 1 of the URRT, but the plan level rates were developed separately as the markets are remaining separate from the Federal perspective. Therefore, Worksheet 2 has only the SG market's plan data, and most of the warnings have been triggered because the SG totals on Worksheet 2 are less than the combined SG/INM totals on Worksheet 1.

b. **Section IV: Plan Adjusted Index Rate, Total Premium (TP)** – Per URRT guidelines, the Plan Adjusted Index Rate must reflect the member weighted average of the Plan Adjusted Index Rates for all effective dates in the submission (1Q – 4Q16). As such, the average rate shown on Worksheet 2 will not match the SRP Gross Premium Avg. Rate on Worksheet 1, which reflects only the effective date of the change in Index Rate (January 1). Similarly, since the Total Premium on Worksheet 2 is calculated as Plan Adjusted Index Rate x Member Months, it will not match the Projected Period Total Premium from Worksheet 1.

8**. MISCELLANEOUS INSTRUCTIONS:**

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

8.2 - Reliance: None.

8.3 – Actuarial Certification: Included in the AM.

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

Rate Filing # 2100
D.C. Small Group Products - On Exchange
Rate Filing Effective 1/1/2017

Actuarial Memorandum

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

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CareFirst BlueChoice, Inc.
d.b.a. CareFirst BlueCross BlueShield
(NAIC # 96202)
D.C. Small Group Products - On Exchange
Rate Filing Effective 1/1/2017

Form Numbers

Form Numbers Associated With This Filing:

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

The SERFF Tracking # for the corresponding form filing On Exchange is as follows:
CFBC-130551815

ON-Exchange

Forms Used for ALL ON-Exchange BlueChoice Group Products

DC-CFBC-SHOP-GC (R 1-17)
DC/CFBC/DOL APPEAL (R. 1/16)
DC/CFBC/SHOP/ELIG (1/14)
DC/CFBC/FAM PLAN (8/12)
DC/CFBC/PARTNER (R. 7/09)
DC/CFBC/PT PROTECT (9/10)
DC/CFBC/SG/INCENT (1/16)
DC CFBC SHOP ELIG AMEND (1-17)

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

DC-CF-SHOP-GC (R 1-17)
DC-CF-SHOP-POS-OON-EOC (1-17)
DC/GHMSI/DOL APPEAL (R. 1/16)
DC-CF-SHOP-POS OON-DOCS (1-17)
DC/GHMSI/FAM PLAN (8/12)
DC/CF/PARTNER (R. 7/09)
DC/CF/BLCRD (1/12)
DC/CF/MEM/BLCRD (1/12)
DC/CF/ANCILLARY AMEND (10/12)
DC/CF/PT PROTECT (9/10)
DC/GHMSI-HEALTH GUARANTEE 1/15

Product: BlueChoice Plus Opt-Out
Network: Open Access

DC/CFBC/SHOP/HMO POS/EOC (1/17)
DC CFBC SHOP BC+OOOA DOCS (1-17)
DC/CFBC/BLCRD (1/12)
DC/CFBC/MEM/BLCRD (1/12)
DC CFBC SG BC+ OO PLAT 0 (1-17)

Product: BlueChoice Advantage
In-Network

DC/CFBC/SHOP/HMO POS/EOC (1/17)
DC CFBC SHOP ADV IN DOCS (1-17)
DC/CFBC/ADV IN/IPP GRP (1/14)
DC/CFBC/ADV IN/IPP MEM (1/14)
DC/CFBC/ANCILLARY AMEND (10/12)
DC CFBC SG BC ADV IN BF HSA SIL 1500 (1-17)
DC CFBC SG POS IN BRZ 5500 (1-17)
DC CFBC SG POS IN CDH BRZ 6500 (1-17)
DC CFBC SG POS IN CDH GOLD 1500 (1-17)
DC CFBC SG POS IN CDH SIL 1500 (1-17)
DC CFBC SG POS IN CDH SIL 3000 (1-17)
DC CFBC SG POS IN GOLD 500 (1-17)
DC CFBC SG POS IN GOLD 1000 (1-17)
DC CFBC SG POS IN PLAT 0 (1-17)
DC CFBC SG POS IN SIL 4000 (1-17)

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

DC CF SG BC ADV OON BF HSA SIL 1500 (1-17)
DC CF SG POS OON BRZ 5500 (1-17)
DC CF SG POS OON CDH BRZ 6500 (1-17)
DC CF SG POS OON CDH GOLD 1500 (1-17)
DC CF SG POS OON CDH SIL 1500 (1-17)
DC CF SG POS OON CDH SIL 3000 (1-17)
DC CF SG POS OON CDH SIL 3000 (1-17)
DC CF SG POS OON GOLD 1000 (1-17)
DC CF SG POS OON PLAT 0 (1-17)
DC CF SG POS OON SIL 4000 (1-17)

Product: BlueChoice Plus
In-Network

DC/CFBC/SHOP/HMO POS/EOC (1/17)
DC CFBC SHOP PLUS IN DOCS (1-17)
DC/CFBC/BLCRD (1/12)
DC/CFBC/MEM/BLCRD (1/12)
DC CFBC SG POS IN CDH BRZ 6500 (1-17)
DC CFBC SG POS IN CDH SIL 1500 (1-17)
DC CFBC SG POS IN CDH SIL 3000 (1-17)
DC CFBC SG POS IN GOLD 500 (1-17)
DC CFBC SG POS IN GOLD 1000 (1-17)

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

DC CF SG POS OON CDH BRZ 6500 (1-17)
DC CF SG POS OON CDH SIL 1500 (1-17)
DC CF SG POS OON CDH SIL 3000 (1-17)
DC CF SG POS OON CDH SIL 3000 (1-17)
DC CF SG POS OON GOLD 1000 (1-17)

Product: HealthyBlue Plus
In-Network

DC/CFBC/SHOP/HMO POS/EOC (1/17)
DC CFBC SHOP PLUS IN DOCS (1-17)
DC/CFBC/BLCRD (1/12)
DC/CFBC/MEM/BLCRD (1/12)
DC CFBC SG POS IN CDH SIL 2000 (1-17)
DC CFBC SG POS IN GOLD 1500 (1-17)
DC CFBC SG POS IN PLAT 500 (1-17)
DC CFBC SG POS IN PLAT 1000 (1-17)

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

DC CF SG POS OON CDH SIL 2000 (1-17)
DC CF SG POS OON GOLD 1500 (1-17)
DC CF SG POS OON PLAT 500 (1-17)
DC CF SG POS OON PLAT 1000 (1-17)

CareFirst BlueChoice, Inc.
d.b.a. CareFirst BlueCross BlueShield
(NAIC # 96202)
D.C. Small Group Products - On Exchange
Rate Filing Effective 1/1/2017

Form Numbers

Form Numbers Associated With This Filing:

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

The SERFF Tracking # for the corresponding form filing On Exchange is as follows:
CFBC-130551815

ON-Exchange (continued)

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

DC/CFBC/SHOP/HMO POS/EOC (1/17)
DC CFBC SHOP HMO DOCS (1-17)
DC/CFBC/BLCRD (1/12)
DC/CFBC/MEM/BLCRD (1/12)
DC CFBC SG HMO OA CDH BRZ 6500 (1-17)
DC CFBC SG HMO OA CDH GOLD 1500 (1-17)
DC CFBC SG HMO OA CDH SIL 1500 (1-17)
DC CFBC SG HMO OA CDH SIL 2000 (1-17)
DC CFBC SG HMO OA CDH SIL 3000 (1-17)
DC CFBC SG HMO OA GOLD 500 (1-17)
DC CFBC SG HMO OA GOLD 1500 (1-17)
DC CFBC SG HMO OA PLAT 0 (1-17)
DC CFBC SG HMO OA SIL 1000 (1-17)
DC CFBC SG HMO REF BRZ 5500 (1-17)
DC CFBC SG HMO REF GOLD 0 (1-17)
DC CFBC SG HMO REF GOLD 500 (1-17)
DC CFBC SG HMO REF GOLD 1000 (1-17)
DC CFBC SG HMO REF PLAT 0 (1-17)
DC CFBC SG HMO REF PLAT 1000 (1-17)
DC CFBC SG HMO REF SIL 2000 (1-17)
DC CFBC SG HMO REF SIL 4000 (1-17)

Product: HealthyBlue HMO
Network: Open Access

DC/CFBC/SHOP/HMO POS/EOC (1/17)
DC CFBC SHOP HMO DOCS (1-17)
DC/CFBC/BLCRD (1/12)
DC/CFBC/MEM/BLCRD (1/12)
DC CFBC SG HB HMO CDH SIL 2000 (1-17)
DC CFBC SG HB HMO GOLD 1500 (1-17)
DC CFBC SG HB HMO PLAT 500 (1-17)
DC CFBC SG HB HMO PLAT 1000 (1-17)

Product: HealthyBlue Advantage
In-Network

DC/CFBC/SHOP/HMO POS/EOC (1/17)
DC CFBC SHOP ADV IN DOCS (1-17)
DC/CFBC/ADV IN/IPP GRP (1/14)
DC/CFBC/ADV IN/IPP MEM (1/14)
DC/CFBC/ANCILLARY AMEND (10/12)
DC CFBC SG POS IN CDH SIL 2000 (1-17)
DC CFBC SG POS IN GOLD 1500 (1-17)
DC CFBC SG POS IN PLAT 500 (1-17)
DC CFBC SG POS IN PLAT 1000 (1-17)

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

DC CF SG POS OON CDH SIL 2000 (1-17)
DC CF SG POS OON GOLD 1500 (1-17)
DC CF SG POS OON PLAT 500 (1-17)
DC CF SG POS OON PLAT 1000 (1-17)

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

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

CareFirst BlueChoice, Inc.
(NAIC # 96202)
H.R. 3950 - Public Law 111-148 - Patient Protection and Affordable Care Act (ACA)
D.C. Small Group Products - On Exchange
Rate Filing Effective 1/1/2017
Actuarial Certification

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

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

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

I further certify the following:

1. The projected Index Rate is:

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

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

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

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

As a qualifier to the opinion, the URRT does not demonstrate the process used by the issuer to develop the rates. Rather it represents information required by Federal regulation to be provided in support of the review of rate increases, for certification of Qualified Health Plans for Federally-facilitated Marketplaces, and for certification that the Index Rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.

Dwayne Lucado Digitally signed by Dwayne Lucado
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Dwayne Lucado, FSA, MAAA
Director, Actuarial Pricing
CareFirst BlueCross BlueShield
Mail Drop-Point 01-720
10455 Mill Run Circle
Owings Mills, MD 21117

CareFirst BlueChoice, Inc.
d.b.a. CareFirst BlueCross BlueShield
(NAIC # 96202)
D.C. Small Group Products - On Exchange
Rate Filing Effective 1/1/2017

2017 HIOS IDs

HIOS Product ID	HIOS Product Name	HIOS Plan ID	HIOS Plan Name	On/Off Exchange	Product Type	Abortion Coverage	Actuarial Value	Metal Level	Unique Plan	Projected Members 12/31/17
86052DC046	BlueChoice HMO	86052DC0460011	BlueChoice HMO Platinum 0	On	HMO	Yes	91.58%	Platinum	Yes	1,825
86052DC046	BlueChoice HMO	86052DC0460010	BlueChoice HMO Gold 500	On	HMO	Yes	81.82%	Gold	Yes	1,660
86052DC046	BlueChoice HMO	86052DC0460020	BlueChoice HMO Silver 1000	On	HMO	Yes	71.99%	Silver	Yes	100
86052DC046	BlueChoice HMO	86052DC0460009	BlueChoice HMO Gold 1500	On	HMO	Yes	79.00%	Gold	Yes	239
86052DC046	BlueChoice HMO	86052DC0460021	BlueChoice HMO HSA/HRA Gold 1500	On	HMO	Yes	78.68%	Gold	Yes	100
86052DC046	BlueChoice HMO	86052DC0460012	BlueChoice HMO HSA/HRA Silver 1500	On	HMO	Yes	71.72%	Silver	Yes	817
86052DC046	BlueChoice HMO	86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000	On	HMO	Yes	70.90%	Silver	Yes	937
86052DC046	BlueChoice HMO	86052DC0460019	BlueChoice HMO HSA/HRA Silver 3000	On	HMO	Yes	69.42%	Silver	Yes	100
86052DC046	BlueChoice HMO	86052DC0460014	BlueChoice HMO HSA/HRA Bronze 6500	On	HMO	Yes	61.38%	Bronze	Yes	286
86052DC048	BlueChoice HMO Referral	86052DC0480007	BlueChoice HMO Referral Platinum 0	On	HMO	Yes	91.58%	Platinum	Yes	2,734
86052DC048	BlueChoice HMO Referral	86052DC0480010	BlueChoice HMO Referral Gold 0	On	HMO	Yes	81.83%	Gold	Yes	122
86052DC048	BlueChoice HMO Referral	86052DC0480008	BlueChoice HMO Referral Gold 500	On	HMO	Yes	81.82%	Gold	Yes	1,079
86052DC048	BlueChoice HMO Referral	86052DC0480012	BlueChoice HMO Referral Platinum 1000	On	HMO	Yes	88.63%	Platinum	Yes	100
86052DC048	BlueChoice HMO Referral	86052DC0480011	BlueChoice HMO Referral Gold 80	On	HMO	Yes	78.99%	Gold	Yes	100
86052DC048	BlueChoice HMO Referral	86052DC0480013	BlueChoice HMO Referral Silver 70	On	HMO	Yes	71.24%	Silver	Yes	100
86052DC048	BlueChoice HMO Referral	86052DC0480014	BlueChoice HMO Referral Silver 4000	On	HMO	Yes	68.92%	Silver	Yes	100
86052DC048	BlueChoice HMO Referral	86052DC0480009	BlueChoice HMO Referral Bronze 5500	On	HMO	Yes	61.62%	Bronze	Yes	100
86052DC058	BlueChoice Plus Opt-Out	86052DC0580001	BlueChoice Plus Opt-Out Platinum 0	On	POS	Yes	91.58%	Platinum	Yes	5,880
86052DC050	BlueChoice Plus	86052DC0500016	BlueChoice Plus Gold 500	On	POS	Yes	81.82%	Gold	Yes	139
86052DC050	BlueChoice Plus	86052DC0500015	BlueChoice Plus Gold 1000	On	POS	Yes	80.06%	Gold	Yes	100
86052DC050	BlueChoice Plus	86052DC0500009	BlueChoice Plus HSA/HRA Silver 1500	On	POS	Yes	71.72%	Silver	Yes	1,280
86052DC050	BlueChoice Plus	86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000	On	POS	Yes	69.42%	Silver	Yes	597
86052DC050	BlueChoice Plus	86052DC0500017	BlueChoice Plus HSA/HRA Bronze 6500	On	POS	Yes	61.38%	Bronze	Yes	100
86052DC044	BlueChoice Advantage	86052DC0440012	BlueChoice Advantage Platinum 0	On	POS	Yes	91.58%	Platinum	Yes	1,384
86052DC044	BlueChoice Advantage	86052DC0440011	BlueChoice Advantage Gold 500	On	POS	Yes	81.82%	Gold	Yes	909
86052DC044	BlueChoice Advantage	86052DC0440010	BlueChoice Advantage Gold 1000	On	POS	Yes	80.06%	Gold	Yes	1,060
86052DC044	BlueChoice Advantage	86052DC0440021	BlueChoice Advantage HSA/HRA Gold 1500	On	POS	Yes	78.68%	Gold	Yes	100
86052DC044	BlueChoice Advantage	86052DC0440013	BlueChoice Advantage HSA/HRA Silver 1500	On	POS	Yes	71.72%	Silver	Yes	1,873
86052DC044	BlueChoice Advantage	86052DC0440023	BlueChoice Advantage Silver 1500 BlueFund HSA	On	POS	Yes	71.90%	Silver	Yes	100
86052DC044	BlueChoice Advantage	86052DC0440019	BlueChoice Advantage HSA/HRA Silver 3000	On	POS	Yes	69.42%	Silver	Yes	100
86052DC044	BlueChoice Advantage	86052DC0440022	BlueChoice Advantage Silver 4000	On	POS	Yes	68.92%	Silver	Yes	100
86052DC044	BlueChoice Advantage	86052DC0440018	BlueChoice Advantage HSA/HRA Bronze 6500	On	POS	Yes	61.38%	Bronze	Yes	100
86052DC044	BlueChoice Advantage	86052DC0440020	BlueChoice Advantage Bronze 5500	On	POS	Yes	61.62%	Bronze	Yes	100
86052DC046	BlueChoice HMO	86052DC0460016	HealthyBlue HMO Platinum 500	On	HMO	Yes	89.49%	Platinum	Yes	298
86052DC046	BlueChoice HMO	86052DC0460017	HealthyBlue HMO Platinum 1000	On	HMO	Yes	88.68%	Platinum	Yes	100
86052DC046	BlueChoice HMO	86052DC0460015	HealthyBlue HMO Gold 1500	On	HMO	Yes	81.31%	Gold	Yes	1,080
86052DC046	BlueChoice HMO	86052DC0460018	HealthyBlue HMO HSA/HRA Silver 2000	On	HMO	Yes	71.98%	Silver	Yes	980
86052DC050	BlueChoice Plus	86052DC0500012	HealthyBlue Plus Platinum 500	On	POS	Yes	89.49%	Platinum	Yes	1,265
86052DC050	BlueChoice Plus	86052DC0500013	HealthyBlue Plus Platinum 1000	On	POS	Yes	88.68%	Platinum	Yes	505
86052DC050	BlueChoice Plus	86052DC0500011	HealthyBlue Plus Gold 1500	On	POS	Yes	81.31%	Gold	Yes	1,404
86052DC050	BlueChoice Plus	86052DC0500014	HealthyBlue Plus HSA/HRA Silver 2000	On	POS	Yes	71.98%	Silver	Yes	639
86052DC044	BlueChoice Advantage	86052DC0440015	HealthyBlue Advantage Platinum 500	On	POS	Yes	89.49%	Platinum	Yes	747
86052DC044	BlueChoice Advantage	86052DC0440016	HealthyBlue Advantage Platinum 1000	On	POS	Yes	88.68%	Platinum	Yes	684
86052DC044	BlueChoice Advantage	86052DC0440014	HealthyBlue Advantage Gold 1500	On	POS	Yes	81.31%	Gold	Yes	3,745
86052DC044	BlueChoice Advantage	86052DC0440017	HealthyBlue Advantage HSA/HRA Silver 2000	On	POS	Yes	71.98%	Silver	Yes	1,323
TOTAL										**37,191**

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

2017 ACA
SMALL GROUP - DC BC

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
	2016 Plans		2017 Plans		Members		HHS	Consumer Level Base Rates				HHS	Consumer Level Base Rates								
	Metal	Plan	Metal	Plan	Actual	% of Actual	2016					2017									
					2/29/2016	Total	AV	1Q16	2Q16	3Q16	4Q16	AV	1Q17	RNL	2Q17	RNL	3Q17	RNL	4Q17	RNL	1Q INC
1	Platinum	BlueChoice HMO Platinum 0	Platinum	BlueChoice HMO Platinum 0	1,825	5.1%	0.911	$477.60	$484.28	$491.48	$498.64	0.916	$490.96	2.8%	$503.18	3.9%	$514.72	4.7%	$527.89	5.9%	-1.5%
2	Platinum	BlueChoice HMO Referral Platinum 0	Platinum	BlueChoice HMO Referral Platinum 0	2,734	7.6%	0.911	$454.86	$461.22	$468.07	$474.89	0.916	$467.58	2.8%	$479.22	3.9%	$490.21	4.7%	$502.75	5.9%	-1.5%
3	Platinum	BlueChoice HMO Referral Platinum 1000	Platinum	BlueChoice HMO Referral Platinum 1000	1	0.0%	0.881	$429.41	$435.42	$441.89	$448.32	0.886	$436.53	1.7%	$447.39	2.7%	$457.65	3.6%	$469.36	4.7%	-2.6%
4	Platinum	BlueChoice Plus Opt-Out Platinum 0	Platinum	BlueChoice Plus Opt-Out Platinum 0	5,880	16.4%	0.911	$484.07	$490.85	$498.14	$505.39	0.916	$497.61	2.8%	$510.00	3.9%	$521.70	4.7%	$535.04	5.9%	-1.5%
5	Platinum	BlueChoice Advantage Platinum 0	Platinum	BlueChoice Advantage Platinum 0	1,384	3.9%	0.911	$511.59	$518.75	$526.45	$534.12	0.916	$525.90	2.8%	$538.99	3.9%	$551.35	4.7%	$565.45	5.9%	-1.5%
6	Platinum	HealthyBlue HMO Platinum 500	Platinum	HealthyBlue HMO Platinum 500	298	0.8%	0.889	$464.53	$471.03	$478.03	$484.99	0.895	$481.65	3.7%	$493.64	4.8%	$504.96	5.6%	$517.88	6.8%	-0.7%
7	Platinum	HealthyBlue HMO Platinum 1000	Platinum	HealthyBlue HMO Platinum 1000	86	0.2%	0.880	$459.08	$465.51	$472.42	$479.30	0.887	$462.41	0.7%	$473.92	1.8%	$484.79	2.6%	$497.19	3.7%	-3.5%
8	Platinum	HealthyBlue Plus Platinum 500	Platinum	HealthyBlue Plus Platinum 500	1,265	3.5%	0.889	$477.12	$483.80	$490.98	$498.13	0.895	$494.70	3.7%	$507.01	4.8%	$518.65	5.6%	$531.91	6.8%	-0.7%
9	Platinum	HealthyBlue Plus Platinum 1000	Platinum	HealthyBlue Plus Platinum 1000	505	1.4%	0.880	$471.52	$478.12	$485.22	$492.29	0.887	$474.94	0.7%	$486.76	1.8%	$497.92	2.6%	$510.66	3.7%	-3.5%
10	Platinum	HealthyBlue Advantage Platinum 500	Platinum	HealthyBlue Advantage Platinum 500	747	2.1%	0.889	$497.59	$504.55	$512.05	$519.50	0.895	$515.93	3.7%	$528.77	4.8%	$540.89	5.6%	$554.73	6.8%	-0.7%
11	Platinum	HealthyBlue Advantage Platinum 1000	Platinum	HealthyBlue Advantage Platinum 1000	684	1.9%	0.880	$491.75	$498.63	$506.04	$513.41	0.887	$495.31	0.7%	$507.64	1.8%	$519.28	2.6%	$532.57	3.7%	-3.5%
	PLATINUM SUBTOTAL				**15,409**	**43.0%**	**0.905**	**$480.09**	**$486.81**	**$494.04**	**$501.23**	**0.910**	**$493.33**	**2.8%**	**$505.61**	**3.9%**	**$517.21**	**4.7%**	**$530.44**	**5.8%**	**-1.6%**
12	Gold	BlueChoice HMO Gold 500	Gold	BlueChoice HMO Gold 500	1,660	4.6%	0.815	$374.61	$379.85	$385.49	$391.11	0.818	$401.28	7.1%	$411.26	8.3%	$420.70	9.1%	$431.46	10.3%	2.6%
13	Gold	BlueChoice HMO Gold 1500	Gold	BlueChoice HMO Gold 1500	239	0.7%	0.780	$360.06	$365.10	$370.52	$375.92	0.790	$385.84	7.2%	$395.44	8.3%	$404.51	9.2%	$414.86	10.4%	2.6%
14	Gold	BlueChoice HMO Referral Gold 0	Gold	BlueChoice HMO Referral Gold 0	122	0.3%	0.818	$374.39	$379.63	$385.27	$390.88	0.818	$402.05	7.4%	$412.05	8.5%	$421.51	9.4%	$432.29	10.6%	2.9%
15	Gold	BlueChoice HMO Referral Gold 500	Gold	BlueChoice HMO Referral Gold 500	1,079	3.0%	0.815	$356.77	$361.76	$367.14	$372.48	0.818	$382.17	7.1%	$391.68	8.3%	$400.67	9.1%	$410.91	10.3%	2.6%
16	Gold	BlueChoice HMO Referral Gold 80	Gold	BlueChoice HMO Referral Gold 80	57	0.2%	0.780	$336.40	$341.11	$346.17	$351.21	0.790	$366.21	8.9%	$375.33	10.0%	$383.94	10.9%	$393.76	12.1%	4.3%
17	Gold	BlueChoice Plus Gold 500	Gold	BlueChoice Plus Gold 500	139	0.4%	0.815	$384.76	$390.15	$395.94	$401.71	0.818	$412.15	7.1%	$422.41	8.3%	$432.10	9.1%	$443.15	10.3%	2.6%
18	Gold	BlueChoice Plus Gold 1000	Gold	BlueChoice Plus Gold 1000	67	0.2%	0.791	$372.74	$377.95	$383.57	$389.15	0.801	$402.16	7.9%	$412.17	9.1%	$421.62	9.9%	$432.41	11.1%	3.3%
19	Gold	BlueChoice Advantage Gold 500	Gold	BlueChoice Advantage Gold 500	909	2.5%	0.815	$401.27	$406.88	$412.93	$418.94	0.818	$429.83	7.1%	$440.53	8.3%	$450.64	9.1%	$462.16	10.3%	2.6%
20	Gold	BlueChoice Advantage Gold 1000	Gold	BlueChoice Advantage Gold 1000	1,060	3.0%	0.791	$388.73	$394.17	$400.02	$405.85	0.801	$419.41	7.9%	$429.85	9.1%	$439.71	9.9%	$450.96	11.1%	3.3%
21	Gold	HealthyBlue HMO Gold 1500	Gold	HealthyBlue HMO Gold 1500	1,080	3.0%	0.818	$391.31	$396.78	$402.68	$408.54	0.813	$408.57	4.4%	$418.73	5.5%	$428.34	6.4%	$439.30	7.5%	0.0%
22	Gold	HealthyBlue Plus Gold 1500	Gold	HealthyBlue Plus Gold 1500	1,404	3.9%	0.818	$401.91	$407.54	$413.59	$419.61	0.813	$419.64	4.4%	$430.08	5.5%	$439.95	6.4%	$451.20	7.5%	0.0%
23	Gold	HealthyBlue Advantage Gold 1500	Gold	HealthyBlue Advantage Gold 1500	3,745	10.4%	0.818	$419.15	$425.02	$431.33	$437.61	0.813	$437.64	4.4%	$448.53	5.5%	$458.82	6.4%	$470.56	7.5%	0.0%
	GOLD SUBTOTAL				**11,561**	**32.2%**	**0.813**	**$395.26**	**$400.79**	**$406.74**	**$412.67**	**0.813**	**$417.74**	**5.7%**	**$428.14**	**6.9%**	**$437.96**	**7.7%**	**$449.17**	**8.9%**	**1.3%**
24	Silver	BlueChoice HMO Silver 1000	Silver	BlueChoice HMO Silver 1000	40	0.1%	0.714	$303.96	$308.21	$312.79	$317.35	0.720	$327.59	7.8%	$335.74	8.9%	$343.44	9.8%	$352.23	11.0%	3.2%
25	Silver	BlueChoice HMO HSA/HRA Silver 1500	Silver	BlueChoice HMO HSA/HRA Silver 1500	817	2.3%	0.716	$284.61	$288.60	$292.88	$297.15	0.717	$300.49	5.6%	$307.97	6.7%	$315.03	7.6%	$323.09	8.7%	1.1%
26	Silver	BlueChoice HMO HSA/HRA Silver 2000	Silver	BlueChoice HMO HSA/HRA Silver 2000	937	2.6%	0.696	$274.44	$278.28	$282.41	$286.52	0.709	$289.99	5.7%	$297.21	6.8%	$304.02	7.7%	$311.80	8.8%	1.2%
27	Silver	BlueChoice HMO HSA/HRA Silver 3000	Silver	BlueChoice HMO HSA/HRA Silver 3000	6	0.0%	0.682	$265.34	$269.06	$273.05	$277.03	0.694	$276.08	4.0%	$282.95	5.2%	$289.45	6.0%	$296.85	7.2%	-0.3%
28	Silver	BlueChoice HMO Referral Silver 70	Silver	BlueChoice HMO Referral Silver 70	16	0.0%	0.701	$274.05	$277.88	$282.01	$286.12	0.712	$297.67	8.6%	$305.08	9.8%	$312.08	10.7%	$320.06	11.9%	4.0%
29	Silver	BlueChoice Plus HSA/HRA Silver 1500	Silver	BlueChoice Plus HSA/HRA Silver 1500	1,280	3.6%	0.716	$292.32	$296.42	$300.82	$305.20	0.717	$308.63	5.6%	$316.31	6.7%	$323.57	7.6%	$331.85	8.7%	1.1%
30	Silver	BlueChoice Plus HSA/HRA Silver 3000	Silver	BlueChoice Plus HSA/HRA Silver 3000	597	1.7%	0.682	$272.54	$276.35	$280.45	$284.54	0.694	$283.57	4.0%	$290.62	5.2%	$297.29	6.0%	$304.89	7.2%	-0.3%
31	Silver	BlueChoice Advantage HSA/HRA Silver 1500	Silver	BlueChoice Advantage HSA/HRA Silver 1500	1,873	5.2%	0.716	$304.86	$309.13	$313.72	$318.29	0.717	$321.87	5.6%	$329.88	6.7%	$337.45	7.6%	$346.08	8.7%	1.1%
32	Silver	BlueChoice Advantage HSA/HRA Silver 3000	Silver	BlueChoice Advantage HSA/HRA Silver 3000	9	0.0%	0.682	$284.23	$288.20	$292.49	$296.74	0.694	$295.73	4.0%	$303.09	5.2%	$310.04	6.0%	$317.97	7.2%	-0.3%
33	Silver	HealthyBlue HMO HSA/HRA Silver 2000	Silver	HealthyBlue HMO HSA/HRA Silver 2000	980	2.7%	0.719	$286.80	$290.81	$295.13	$299.43	0.720	$298.87	4.2%	$306.31	5.3%	$313.34	6.2%	$321.35	7.3%	-0.2%
34	Silver	HealthyBlue Plus HSA/HRA Silver 2000	Silver	HealthyBlue Plus HSA/HRA Silver 2000	639	1.8%	0.719	$294.57	$298.69	$303.13	$307.55	0.720	$306.97	4.2%	$314.61	5.3%	$321.83	6.2%	$330.06	7.3%	-0.2%
35	Silver	HealthyBlue Advantage HSA/HRA Silver 2000	Silver	HealthyBlue Advantage HSA/HRA Silver 2000	1,323	3.7%	0.719	$307.21	$311.51	$316.14	$320.74	0.720	$320.14	4.2%	$328.11	5.3%	$335.63	6.2%	$344.22	7.3%	-0.2%
	SILVER SUBTOTAL				**8,517**	**23.7%**	**0.712**	**$292.82**	**$296.92**	**$301.33**	**$305.72**	**0.716**	**$307.53**	**5.0%**	**$315.18**	**6.1%**	**$322.41**	**7.0%**	**$330.66**	**8.2%**	**0.6%**
36	Bronze	BlueChoice HMO HSA/HRA Bronze 5000	Bronze	BlueChoice HMO HSA/HRA Bronze 6500	286	0.8%	0.619	$201.25	$204.07	$207.10	$210.12	0.614	$228.01	13.3%	$233.68	14.5%	$239.04	15.4%	$245.16	16.7%	8.5%
37	Bronze	BlueChoice HMO Referral Bronze 5500	Bronze	BlueChoice HMO Referral Bronze 5500	16	0.0%	0.620	$217.51	$220.55	$223.83	$227.09	0.616	$257.34	18.3%	$263.75	19.6%	$269.80	20.5%	$276.70	21.8%	13.3%
38	Bronze	BlueChoice Plus HSA/HRA Bronze 5000	Bronze	BlueChoice Plus HSA/HRA Bronze 6500	72	0.2%	0.619	$206.71	$209.60	$212.71	$215.81	0.614	$234.19	13.3%	$240.01	14.5%	$245.52	15.4%	$251.80	16.7%	8.5%
39	Bronze	BlueChoice Advantage HSA/HRA Bronze 5000	Bronze	BlueChoice Advantage HSA/HRA Bronze 6500	10	0.0%	0.619	$215.58	$218.59	$221.84	$225.07	0.614	$244.23	13.3%	$250.31	14.5%	$256.05	15.4%	$262.60	16.7%	8.5%
	BRONZE SUBTOTAL				**384**	**1.1%**	**0.619**	**$203.32**	**$206.17**	**$209.23**	**$212.28**	**0.614**	**$230.81**	**13.5%**	**$236.55**	**14.7%**	**$241.98**	**15.6%**	**$248.17**	**16.9%**	**8.7%**
		BlueChoice Total			**35,871**	**100%**	**0.827**	**$405.32**	**$411.00**	**$417.10**	**$423.17**	**0.830**	**$422.04**	**4.4%**	**$432.55**	**5.5%**	**$442.47**	**6.3%**	**$453.79**	**7.5%**	**0.0%**

LOW RENEWAL (Minimum):	**0.7%**	**1.8%**	**2.6%**	**3.7%**			
HIGH RENEWAL (Maximum):	**18.3%**	**19.6%**	**20.5%**	**21.8%**			

Note: The previous SERFF tracking number for BlueChoice DC Small Group (effective 1/1/2016) is CFAP-130051604 (On Exchange).

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

2017 ACA
SMALL GROUP - DC

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
	2016 Plans		2017 Plans		Members		HHS	Consumer Level Base Rates				HHS	Consumer Level Base Rates								
	Metal	Plan	Metal	Plan	Actual	% of Actual	2016					2017									
					2/29/2016	Total	AV	1Q16	2Q16	3Q16	4Q16	AV	1Q17	RNL	2Q17	RNL	3Q17	RNL	4Q17	RNL	1Q INC
1	Platinum	BlueChoice HMO Platinum 0	Platinum	BlueChoice HMO Platinum 0	1,825	2.7%	0.911	$477.60	$484.28	$491.48	$498.64	0.916	$490.96	2.8%	$503.18	3.9%	$514.72	4.7%	$527.89	5.9%	-1.5%
2	Platinum	BlueChoice HMO Referral Platinum 0	Platinum	BlueChoice HMO Referral Platinum 0	2,734	4.0%	0.911	$454.86	$461.22	$468.07	$474.89	0.916	$467.58	2.8%	$479.22	3.9%	$490.21	4.7%	$502.75	5.9%	-1.5%
3	Platinum	BlueChoice HMO Referral Platinum 1000	Platinum	BlueChoice HMO Referral Platinum 1000	1	0.0%	0.881	$429.41	$435.42	$441.89	$448.32	0.886	$436.53	1.7%	$447.39	2.7%	$457.65	3.6%	$469.36	4.7%	-2.6%
4	Platinum	BlueChoice Plus Opt-Out Platinum 0	Platinum	BlueChoice Plus Opt-Out Platinum 0	5,880	8.6%	0.911	$484.07	$490.85	$498.14	$505.39	0.916	$497.61	2.8%	$510.00	3.9%	$521.70	4.7%	$535.04	5.9%	-1.5%
5	Platinum	BlueChoice Advantage Platinum 0	Platinum	BlueChoice Advantage Platinum 0	1,384	2.0%	0.911	$511.59	$518.75	$526.45	$534.12	0.916	$525.90	2.8%	$538.99	3.9%	$551.35	4.7%	$565.45	5.9%	-1.5%
6	Platinum	HealthyBlue HMO Platinum 500	Platinum	HealthyBlue HMO Platinum 500	298	0.4%	0.889	$464.53	$471.03	$478.03	$484.99	0.895	$481.65	3.7%	$493.64	4.8%	$504.96	5.6%	$517.88	6.8%	-0.7%
7	Platinum	HealthyBlue HMO Platinum 1000	Platinum	HealthyBlue HMO Platinum 1000	86	0.1%	0.880	$459.08	$465.51	$472.42	$479.30	0.887	$462.41	0.7%	$473.92	1.8%	$484.79	2.6%	$497.19	3.7%	-3.5%
8	Platinum	HealthyBlue Plus Platinum 500	Platinum	HealthyBlue Plus Platinum 500	1,265	1.8%	0.889	$477.12	$483.80	$490.98	$498.13	0.895	$494.70	3.7%	$507.01	4.8%	$518.65	5.6%	$531.91	6.8%	-0.7%
9	Platinum	HealthyBlue Plus Platinum 1000	Platinum	HealthyBlue Plus Platinum 1000	505	0.7%	0.880	$471.52	$478.12	$485.22	$492.29	0.887	$474.94	0.7%	$486.76	1.8%	$497.92	2.6%	$510.66	3.7%	-3.5%
10	Platinum	HealthyBlue Advantage Platinum 500	Platinum	HealthyBlue Advantage Platinum 500	747	1.1%	0.889	$497.59	$504.55	$512.05	$519.50	0.895	$515.93	3.7%	$528.77	4.8%	$540.89	5.6%	$554.73	6.8%	-0.7%
11	Platinum	HealthyBlue Advantage Platinum 1000	Platinum	HealthyBlue Advantage Platinum 1000	684	1.0%	0.880	$491.75	$498.63	$506.04	$513.41	0.887	$495.31	0.7%	$507.64	1.8%	$519.28	2.6%	$532.57	3.7%	-3.5%
12	Platinum	BluePreferred PPO Platinum 0	Platinum	BluePreferred PPO Platinum 0	11,986	17.5%	0.911	$587.62	$596.42	$605.64	$614.88	0.916	$585.35	-0.4%	$601.48	0.8%	$616.69	1.8%	$633.60	3.0%	-4.8%
13	Platinum	BluePreferred PPO Platinum 500	Platinum	BluePreferred PPO Platinum 500	5,266	7.7%	0.884	$563.82	$572.26	$581.11	$589.98	0.890	$555.46	-1.5%	$570.77	-0.3%	$585.20	0.7%	$601.25	1.9%	-5.9%
14	Platinum	HealthyBlue PPO Platinum 500	Platinum	HealthyBlue PPO Platinum 500	449	0.7%	0.889	$574.32	$582.92	$591.93	$600.97	0.895	$571.09	-0.6%	$586.83	0.7%	$601.66	1.6%	$618.17	2.9%	-5.0%
15	Platinum	HealthyBlue PPO Platinum 1000	Platinum	HealthyBlue PPO Platinum 1000	207	0.3%	0.880	$568.04	$576.54	$585.45	$594.39	0.887	$548.97	-3.4%	$564.10	-2.2%	$578.36	-1.2%	$594.23	0.0%	-7.6%
	PLATINUM SUBTOTAL				**33,317**	**48.6%**	**0.904**	**$533.82**	**$541.60**	**$549.84**	**$558.07**	**0.909**	**$537.65**	**0.9%**	**$551.86**	**2.0%**	**$565.26**	**3.0%**	**$580.32**	**4.1%**	**-3.5%**
16	Gold	BlueChoice HMO Gold 500	Gold	BlueChoice HMO Gold 500	1,660	2.4%	0.815	$374.61	$379.85	$385.49	$391.11	0.818	$401.28	7.1%	$411.26	8.3%	$420.70	9.1%	$431.46	10.3%	2.6%
17	Gold	BlueChoice HMO Gold 1500	Gold	BlueChoice HMO Gold 1500	239	0.3%	0.780	$360.06	$365.10	$370.52	$375.92	0.790	$385.84	7.2%	$395.44	8.3%	$404.51	9.2%	$414.86	10.4%	2.6%
18	Gold	BlueChoice HMO Referral Gold 0	Gold	BlueChoice HMO Referral Gold 0	122	0.2%	0.818	$374.39	$379.63	$385.27	$390.88	0.818	$402.05	7.4%	$412.05	8.5%	$421.51	9.4%	$432.29	10.6%	2.9%
19	Gold	BlueChoice HMO Referral Gold 500	Gold	BlueChoice HMO Referral Gold 500	1,079	1.6%	0.815	$356.77	$361.76	$367.14	$372.48	0.818	$382.17	7.1%	$391.68	8.3%	$400.67	9.1%	$410.91	10.3%	2.6%
20	Gold	BlueChoice HMO Referral Gold 80	Gold	BlueChoice HMO Referral Gold 80	57	0.1%	0.780	$336.40	$341.11	$346.17	$351.21	0.790	$366.21	8.9%	$375.33	10.0%	$383.94	10.9%	$393.76	12.1%	4.3%
21	Gold	BlueChoice Plus Gold 500	Gold	BlueChoice Plus Gold 500	139	0.2%	0.815	$384.76	$390.15	$395.94	$401.71	0.818	$412.15	7.1%	$422.41	8.3%	$432.10	9.1%	$443.15	10.3%	2.6%
22	Gold	BlueChoice Plus Gold 1000	Gold	BlueChoice Plus Gold 1000	67	0.1%	0.791	$372.74	$377.95	$383.57	$389.15	0.801	$402.16	7.9%	$412.17	9.1%	$421.62	9.9%	$432.41	11.1%	3.3%
23	Gold	BlueChoice Advantage Gold 500	Gold	BlueChoice Advantage Gold 500	909	1.3%	0.815	$401.27	$406.88	$412.93	$418.94	0.818	$429.83	7.1%	$440.53	8.3%	$450.64	9.1%	$462.16	10.3%	2.6%
24	Gold	BlueChoice Advantage Gold 1000	Gold	BlueChoice Advantage Gold 1000	1,060	1.5%	0.791	$388.73	$394.17	$400.02	$405.85	0.801	$419.41	7.9%	$429.85	9.1%	$439.71	9.9%	$450.96	11.1%	3.3%
25	Gold	HealthyBlue HMO Gold 1500	Gold	HealthyBlue HMO Gold 1500	1,080	1.6%	0.818	$391.31	$396.78	$402.68	$408.54	0.813	$408.57	4.4%	$418.73	5.5%	$428.34	6.4%	$439.30	7.5%	0.0%
26	Gold	HealthyBlue Plus Gold 1500	Gold	HealthyBlue Plus Gold 1500	1,404	2.0%	0.818	$401.91	$407.54	$413.59	$419.61	0.813	$419.64	4.4%	$430.08	5.5%	$439.95	6.4%	$451.20	7.5%	0.0%
27	Gold	HealthyBlue Advantage Gold 1500	Gold	HealthyBlue Advantage Gold 1500	3,745	5.5%	0.818	$419.15	$425.02	$431.33	$437.61	0.813	$437.64	4.4%	$448.53	5.5%	$458.82	6.4%	$470.56	7.5%	0.0%
28	Gold	BlueCross BlueShield Preferred 1000, a Multi-State Plan	Gold	BluePreferred PPO 1000 90%/70%	276	0.4%	0.816	$463.35	$470.28	$477.55	$484.84	0.806	$449.18	-3.1%	$461.56	-1.9%	$473.23	-0.9%	$486.22	0.3%	-7.4%
29	Gold	BluePreferred PPO Gold 500	Gold	BluePreferred PPO Gold 500	1,299	1.9%	0.815	$474.05	$481.14	$488.58	$496.04	0.818	$487.07	2.7%	$500.50	4.0%	$513.15	5.0%	$527.23	6.3%	-1.8%
30	Gold	BluePreferred PPO Gold 1000	Gold	BluePreferred PPO Gold 1000	3,610	5.3%	0.791	$461.83	$468.75	$475.99	$483.26	0.801	$474.64	2.8%	$487.72	4.0%	$500.05	5.1%	$513.77	6.3%	-1.8%
31	Gold	BluePreferred PPO Gold 1500	Gold	BluePreferred PPO Gold 1500	2,396	3.5%	0.780	$459.70	$466.58	$473.79	$481.03	0.790	$467.16	1.6%	$480.04	2.9%	$492.17	3.9%	$505.68	5.1%	-2.9%
32	Gold	HealthyBlue PPO Gold 1500	Gold	HealthyBlue PPO Gold 1500	2,121	3.1%	0.818	$486.56	$493.84	$501.48	$509.13	0.813	$487.96	0.3%	$501.41	1.5%	$514.09	2.5%	$528.19	3.7%	-4.2%
	GOLD SUBTOTAL				**21,263**	**31.0%**	**0.806**	**$428.63**	**$434.83**	**$441.42**	**$448.01**	**0.809**	**$444.62**	**3.9%**	**$456.27**	**5.1%**	**$467.26**	**6.0%**	**$479.63**	**7.3%**	**-0.5%**
33	Silver	BlueChoice HMO Silver 1000	Silver	BlueChoice HMO Silver 1000	40	0.1%	0.714	$303.96	$308.21	$312.79	$317.35	0.720	$327.59	7.8%	$335.74	8.9%	$343.44	9.8%	$352.23	11.0%	3.2%
34	Silver	BlueChoice HMO HSA/HRA Silver 1500	Silver	BlueChoice HMO HSA/HRA Silver 1500	817	1.2%	0.716	$284.61	$288.60	$292.88	$297.15	0.717	$300.49	5.6%	$307.97	6.7%	$315.03	7.6%	$323.09	8.7%	1.1%
35	Silver	BlueChoice HMO HSA/HRA Silver 2000	Silver	BlueChoice HMO HSA/HRA Silver 2000	937	1.4%	0.696	$274.44	$278.28	$282.41	$286.52	0.709	$289.99	5.7%	$297.21	6.8%	$304.02	7.7%	$311.80	8.8%	1.2%
36	Silver	BlueChoice HMO HSA/HRA Silver 3000	Silver	BlueChoice HMO HSA/HRA Silver 3000	6	0.0%	0.682	$265.34	$269.06	$273.05	$277.03	0.694	$276.08	4.0%	$282.95	5.2%	$289.45	6.0%	$296.85	7.2%	-0.3%
37	Silver	BlueChoice HMO Referral Silver 70	Silver	BlueChoice HMO Referral Silver 70	16	0.0%	0.701	$274.05	$277.88	$282.01	$286.12	0.712	$297.67	8.6%	$305.08	9.8%	$312.08	10.7%	$320.06	11.9%	4.0%
38	Silver	BlueChoice Plus HSA/HRA Silver 1500	Silver	BlueChoice Plus HSA/HRA Silver 1500	1,280	1.9%	0.716	$292.32	$296.42	$300.82	$305.20	0.717	$308.63	5.6%	$316.31	6.7%	$323.57	7.6%	$331.85	8.7%	1.1%
39	Silver	BlueChoice Plus HSA/HRA Silver 3000	Silver	BlueChoice Plus HSA/HRA Silver 3000	597	0.9%	0.682	$272.54	$276.35	$280.45	$284.54	0.694	$283.57	4.0%	$290.62	5.2%	$297.29	6.0%	$304.89	7.2%	-0.3%
40	Silver	BlueChoice Advantage HSA/HRA Silver 1500	Silver	BlueChoice Advantage HSA/HRA Silver 1500	1,873	2.7%	0.716	$304.86	$309.13	$313.72	$318.29	0.717	$321.87	5.6%	$329.88	6.7%	$337.45	7.6%	$346.08	8.7%	1.1%
41	Silver	BlueChoice Advantage HSA/HRA Silver 3000	Silver	BlueChoice Advantage HSA/HRA Silver 3000	9	0.0%	0.682	$284.23	$288.20	$292.49	$296.74	0.694	$295.73	4.0%	$303.09	5.2%	$310.04	6.0%	$317.97	7.2%	-0.3%
42	Silver	HealthyBlue HMO HSA/HRA Silver 2000	Silver	HealthyBlue HMO HSA/HRA Silver 2000	980	1.4%	0.719	$286.80	$290.81	$295.13	$299.43	0.720	$298.87	4.2%	$306.31	5.3%	$313.34	6.2%	$321.35	7.3%	-0.2%
43	Silver	HealthyBlue Plus HSA/HRA Silver 2000	Silver	HealthyBlue Plus HSA/HRA Silver 2000	639	0.9%	0.719	$294.57	$298.69	$303.13	$307.55	0.720	$306.97	4.2%	$314.61	5.3%	$321.83	6.2%	$330.06	7.3%	-0.2%
44	Silver	HealthyBlue Advantage HSA/HRA Silver 2000	Silver	HealthyBlue Advantage HSA/HRA Silver 2000	1,323	1.9%	0.719	$307.21	$311.51	$316.14	$320.74	0.720	$320.14	4.2%	$328.11	5.3%	$335.63	6.2%	$344.22	7.3%	-0.2%
45	Silver	BlueCross BlueShield Preferred 2000, a Multi-State Plan	Silver	BluePreferred PPO HSA/HRA 2000 80%/60%	47	0.1%	0.720	$376.06	$381.69	$387.59	$393.51	0.711	$348.30	-7.4%	$357.90	-6.2%	$366.95	-5.3%	$377.02	-4.2%	-11.5%
46	Silver	BluePreferred PPO Silver 1000	Silver	BluePreferred PPO Silver 1000	431	0.6%	0.714	$392.96	$398.84	$405.00	$411.18	0.720	$401.96	2.3%	$413.04	3.6%	$423.49	4.6%	$435.10	5.8%	-2.2%
47	Silver	BluePreferred PPO HSA/HRA Silver 1500	Silver	BluePreferred PPO HSA/HRA Silver 1500	2,643	3.9%	0.716	$376.74	$382.37	$388.29	$394.21	0.717	$375.10	-0.4%	$385.44	0.8%	$395.18	1.8%	$406.02	3.0%	-4.8%
48	Silver	BluePreferred PPO HSA/HRA Silver 2000	Silver	BluePreferred PPO HSA/HRA Silver 2000	1,678	2.4%	0.696	$366.36	$371.84	$377.59	$383.35	0.709	$361.88	-1.2%	$371.85	0.0%	$381.26	1.0%	$391.71	2.2%	-5.6%
49	Silver	HealthyBlue PPO HSA/HRA Silver 2000	Silver	HealthyBlue PPO HSA/HRA Silver 2000	336	0.5%	0.719	$380.36	$386.05	$392.02	$398.00	0.720	$371.96	-2.2%	$382.22	-1.0%	$391.88	0.0%	$402.63	1.2%	-6.5%
	SILVER SUBTOTAL				**13,652**	**19.9%**	**0.711**	**$323.71**	**$328.38**	**$333.34**	**$338.30**	**0.715**	**$332.00**	**2.9%**	**$340.63**	**4.1%**	**$348.79**	**5.0%**	**$357.98**	**6.1%**	**-1.5%**
50	Bronze	BlueChoice HMO HSA/HRA Bronze 5000	Bronze	BlueChoice HMO HSA/HRA Bronze 6500	286	0.4%	0.619	$201.25	$204.07	$207.10	$210.12	0.614	$228.01	13.3%	$233.68	14.5%	$239.04	15.4%	$245.16	16.7%	8.5%
51	Bronze	BlueChoice HMO Referral Bronze 5500	Bronze	BlueChoice HMO Referral Bronze 5500	16	0.0%	0.620	$217.51	$220.55	$223.83	$227.09	0.616	$257.34	18.3%	$263.75	19.6%	$269.80	20.5%	$276.70	21.8%	13.3%
52	Bronze	BlueChoice Plus HSA/HRA Bronze 5000	Bronze	BlueChoice Plus HSA/HRA Bronze 6500	72	0.1%	0.619	$206.71	$209.60	$212.71	$215.81	0.614	$234.19	13.3%	$240.01	14.5%	$245.52	15.4%	$251.80	16.7%	8.5%
53	Bronze	BlueChoice Advantage HSA/HRA Bronze 5000	Bronze	BlueChoice Advantage HSA/HRA Bronze 6500	10	0.0%	0.619	$215.58	$218.59	$221.84	$225.07	0.614	$244.23	13.3%	$250.31	14.5%	$256.05	15.4%	$262.60	16.7%	8.5%
	BRONZE SUBTOTAL				**384**	**0.6%**	**0.619**	**$203.32**	**$206.17**	**$209.23**	**$212.28**	**0.614**	**$230.81**	**13.5%**	**$236.55**	**14.7%**	**$241.98**	**15.6%**	**$248.17**	**16.9%**	**8.7%**
		BlueChoice Total			35,871	52%	0.827	$405.32	$411.00	$417.10	$423.17	0.830	$422.04	4.4%	$432.55	5.5%	$442.47	6.3%	$453.79	7.5%	0.0%
		GHMSI Total			32,745	48%	0.841	$514.81	$522.51	$530.59	$538.69	0.846	$514.54	0.0%	$528.72	1.3%	$542.09	2.2%	$556.96	3.5%	-4.4%
		Grand Total			**68,616**	**100%**	**0.834**	**$457.57**	**$464.21**	**$471.26**	**$478.30**	**0.838**	**$466.19**	**2.3%**	**$478.45**	**3.5%**	**$490.01**	**4.4%**	**$503.02**	**5.6%**	**-2.1%**

LOW RENEWAL (Minimum):				**-7.4%**	**-6.2%**	**-5.3%**	**-4.2%**
HIGH RENEWAL (Maximum):				**18.3%**	**19.6%**	**20.5%**	**21.8%**
PPO/HMO:	**1.27**	**1.27**	**1.27**	**1.27**	**1.22**	**1.22**	**1.23**	**1.23**

Note: The previous SERFF tracking number for BlueChoice DC Small Group (effective 1/1/2016) is CFAP-130051604 (On Exchange).
The previous SERFF tracking number for GHMSI DC Small Group (effective 1/1/2016) is CFAP-130056354 (On Exchange).

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017
BlueChoice D.C. Small Group & Individual, Non-Medigap Allowed PMPM Projection (Includes EHB and Non-EHB Claims) & Derivation of Index Rate - Non-Grandfathered Business Only - 1/1/2017

	Begin	End	Mid-point		Months of Trend		
Experience Period	1/1/2015	12/31/2015	7/2/2015			pd through	2/29/2016
Rating Period	1/1/2017	12/31/2017	7/2/2017		24.0		

Experience Period Summary	**Total**
Experience Period Premiums	**$ 192,675,204**
MLR Rebates	**$ -**
Net Experience Period Premiums	$ 192,675,204
Experience Period Paid Claims (Non-Capitated)	$ 142,621,499
Completion Factor	0.99
Experience Period Incurred Claims (Non-Capitated)	$ 144,267,658
Capitations	**$ 675,829**
Rx Rebates	**$ (5,736,698)**
Other Manual Claims	**$ -**
Total Experience Period Claims	$ 139,206,789
Experience Period Loss Ratio (Before MLR Rebates)	72.2%
Experience Period Loss Ratio (After MLR Rebates)	72.2%
Experience Period Loss Ratio (System Claims Only)	74.9%
Experience Period Member Months	517,255
Average Members	43,105
End of Experience Period Contract	28,679
End of Experience Period Members	43,691
Experience Period Allowed Claims (System Only)	$ 170,734,313
Adjustments	$ (5,060,870)
Total Adjusted EP Allowed Claims	$ 165,673,443
EP Paid / Allowed Ratio	84.0%

Service Category Level Projection

Service Category Experience Period Allowed	**Utilization Measure**	**EP Units**	**EP Allowed $**	**Other**	**Rx Rebates**	**Net Allowed**
Inpatient	Admits	2,116	$ 28,938,117	$ -	$ -	$ 28,938,117
Outpatient	Visits	23,324	$ 30,752,255	$ -	$ -	$ 30,752,255
Professional	Visits	381,235	$ 56,280,075	$ -	$ -	$ 56,280,075
Other	Services	35,922	$ 8,504,818	$ -	$ -	$ 8,504,818
Rx	Scripts	341,994	$ 46,259,049	$ -	$ (5,736,698)	$ 40,522,351
Capitation	Member Months	517,255	$ 675,829	$ -	$ -	$ 675,829
Total			**$ 171,410,142**	**$ -**	**$ (5,736,698)**	**$ 165,673,443**
PMPM			**$ 331.38**	**$ -**	**$ (11.09)**	**$ 320.29**
					Non-EHB Claims In Experience PMPM ***	**$ 1.63**
					EP Index Rate for EHB (Rounded to Nearest Whole Dollar)	**$ 319.00**

Annual Trend Inputs	
Cost Trend	**Utilization Trend**
9.0%	**0.0%**
2.0%	**2.5%**
2.0%	**2.5%**
0.0%	**16.0%**
13.0%	**0.0%**
0.0%	**0.0%**

		Experience Period			**Projection Factors**					**Projected**			**Effective Allowed PMPM**
Service Category Experience Period Allowed	**Utilization Measure**	**Util / 1000**	**Unit Cost**	**PMPM**	**Population Risk / Morbidity ***	**Other**	**Cost Factor**	**Utilization Factor**	**Total Factor**	**Util / 1000**	**Unit Cost**	**PMPM**	**Annual Trend**
Inpatient	Admits	49.09	$ 13,675.84	**$ 55.95**	**0.964**	**1.005**	1.188	1.000	1.15	47.32	$ 16,335.87	**$ 64.42**	**9.0%**
Outpatient	Visits	541.10	$ 1,318.49	**$ 59.45**	**0.964**	**1.005**	1.040	1.051	1.06	548.03	$ 1,379.15	**$ 62.98**	**4.5%**
Professional	Visits	8,844.43	$ 147.63	**$ 108.81**	**0.964**	**1.005**	1.040	1.051	1.06	8,957.66	$ 154.42	**$ 115.27**	**4.5%**
Other	Services	833.36	$ 236.76	**$ 16.44**	**0.964**	**1.005**	1.000	1.346	1.30	1,081.00	$ 238.04	**$ 21.44**	**16.0%**
Rx	Scripts	7,934.05	$ 118.49	**$ 78.34**	**0.964**	**0.964**	1.277	1.000	1.19	7,648.43	$ 145.88	**$ 92.98**	**13.0%**
Capitation	Member Months	12,000.00	$ 1.31	**$ 1.31**	**1.000**	**0.862**	1.000	1.000	0.86	12,000.00	$ 1.13	**$ 1.13**	**0.0%**
Total				**$ 320.29**								**$ 358.22**	**8.0%**
											Non-EHB Claims In Projected PMPM **	**$ 1.76**	
											Index Rate for EHB	**$ 356.46**	

*** Please refer to page 50 for more information.**
**** Includes abortion claims and capitation for embedded adult vision benefit.**
***** Includes abortion claims and capitations for embedded adult vision benefit.**

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017
BlueChoice D.C. Small Group & Individual, Non-Medigap Allowed PMPM Projection (Includes EHB and Non-EHB Claims) & Derivation of Index Rate - Non-Grandfathered Business Only - 4/1/2017

	Begin	End	Mid-point	Months of Trend		
Experience Period	1/1/2015	12/31/2015	7/2/2015		pd through	2/29/2016
Rating Period	4/1/2017	3/31/2018	9/30/2017	27.0		

Experience Period Summary	Total
Experience Period Premiums	$ 192,675,204
MLR Rebates	$ -
Net Experience Period Premiums	$ 192,675,204
Experience Period Paid Claims (Non-Capitated)	$ 142,621,499
Completion Factor	0.99
Experience Period Incurred Claims (Non-Capitated)	$ 144,267,658
Capitations	$ 675,829
Rx Rebates	$ (5,736,698)
Other Manual Claims	$ -
Total Experience Period Claims	$ 139,206,789
Experience Period Loss Ratio (Before MLR Rebates)	72.2%
Experience Period Loss Ratio (After MLR Rebates)	72.2%
Experience Period Loss Ratio (System Claims Only)	74.9%
Experience Period Member Months	517,255
Average Members	43,105
End of Experience Period Contract	28,679
End of Experience Period Members	43,691
Experience Period Allowed Claims (System Only)	$ 170,734,313
Adjustments	$ (5,060,870)
Total Adjusted EP Allowed Claims	$ 165,673,443
EP Paid / Allowed Ratio	84.0%

Service Category Level Projection

Service Category Experience Period Allowed	**Utilization Measure**	**EP Units**	**EP Allowed $**	**Other**	**Rx Rebates**	**Net Allowed**	**Annual Trend Inputs** Cost Trend	Utilization Trend
Inpatient	Admits	2,116	$ 28,938,117	$ -	$ -	$ 28,938,117	9.0%	0.0%
Outpatient	Visits	23,324	$ 30,752,255	$ -	$ -	$ 30,752,255	2.0%	2.5%
Professional	Visits	381,235	$ 56,280,075	$ -	$ -	$ 56,280,075	2.0%	2.5%
Other	Services	35,922	$ 8,504,818	$ -	$ -	$ 8,504,818	0.0%	16.0%
Rx	Scripts	341,994	$ 46,259,049	$ -	$ (5,736,698)	$ 40,522,351	13.0%	0.0%
Capitation	Member Months	517,255	$ 675,829	$ -	$ -	$ 675,829	0.0%	0.0%
Total			**$ 171,410,142**	**$ -**	**$ (5,736,698)**	**$ 165,673,443**		
PMPM			**$ 331.38**	**$ -**	**$ (11.09)**	**$ 320.29**		

		Experience Period			**Projection Factors**					**Projected**			**Effective Allowed PMPM**
Service Category Experience Period Allowed	**Utilization Measure**	**Util / 1000**	**Unit Cost**	**PMPM**	**Population Risk / Morbidity ***	**Other**	**Cost Factor**	**Utilization Factor**	**Total Factor**	**Util / 1000**	**Unit Cost**	**PMPM**	**Annual Trend**
Inpatient	Admits	49.09	$ 13,675.84	**$ 55.95**	**0.964**	**1.005**	1.214	1.000	1.18	47.32	$ 16,691.64	**$ 65.82**	**9.0%**
Outpatient	Visits	541.10	$ 1,318.49	**$ 59.45**	**0.964**	**1.005**	1.046	1.057	1.07	551.42	$ 1,385.99	**$ 63.69**	**4.5%**
Professional	Visits	8,844.43	$ 147.63	**$ 108.81**	**0.964**	**1.005**	1.046	1.057	1.07	9,013.13	$ 155.18	**$ 116.56**	**4.5%**
Other	Services	833.36	$ 236.76	**$ 16.44**	**0.964**	**1.005**	1.000	1.396	1.35	1,121.87	$ 238.04	**$ 22.25**	**16.0%**
Rx	Scripts	7,934.05	$ 118.49	**$ 78.34**	**0.964**	**0.964**	1.317	1.000	1.22	7,648.43	$ 150.40	**$ 95.86**	**13.0%**
Capitation	Member Months	12,000.00	$ 1.31	**$ 1.31**	**1.000**	**0.862**	1.000	1.000	0.86	12,000.00	$ 1.13	**$ 1.13**	**0.0%**
Total				**$ 320.29**							**Projected Allowed Claims PMPM (EHB + Non-EHB)**	**$ 365.31**	**8.0%**
											Non-EHB Claims In Projected PMPM **	**$ 1.78**	
											Index Rate for EHB	**$ 363.53**	

*** Please refer to page 50 for more information.**
**** Includes abortion claims and capitation for embedded adult vision benefit.**

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017
BlueChoice D.C. Small Group & Individual, Non-Medigap Allowed PMPM Projection (Includes EHB and Non-EHB Claims) & Derivation of Index Rate - Non-Grandfathered Business Only - 7/1/2017

	Begin	End	Mid-point		Months of Trend		
Experience Period	1/1/2015	12/31/2015	7/2/2015			pd through	2/29/2016
Rating Period	7/1/2017	6/30/2018	12/30/2017		30.0		

Experience Period Summary	**Total**
Experience Period Premiums	**$ 192,675,204**
MLR Rebates	**$ -**
Net Experience Period Premiums	$ 192,675,204
Experience Period Paid Claims (Non-Capitated)	$ 142,621,499
Completion Factor	0.99
Experience Period Incurred Claims (Non-Capitated)	$ 144,267,658
Capitations	**$ 675,829**
Rx Rebates	**$ (5,736,698)**
Other Manual Claims	**$ -**
Total Experience Period Claims	$ 139,206,789
Experience Period Loss Ratio (Before MLR Rebates)	72.2%
Experience Period Loss Ratio (After MLR Rebates)	72.2%
Experience Period Loss Ratio (System Claims Only)	74.9%
Experience Period Member Months	517,255
Average Members	43,105
End of Experience Period Contract	28,679
End of Experience Period Members	43,691
Experience Period Allowed Claims (System Only)	$ 170,734,313
Adjustments	$ (5,060,870)
Total Adjusted EP Allowed Claims	$ 165,673,443
EP Paid / Allowed Ratio	84.0%

Service Category Level Projection

Service Category Experience Period Allowed	**Utilization Measure**	**EP Units**	**EP Allowed $**	**Other**	**Rx Rebates**	**Net Allowed**	**Annual Trend Inputs**	
							Cost Trend	**Utilization Trend**
Inpatient	Admits	2,116	$ 28,938,117	$ -	$ -	$ 28,938,117	**9.0%**	**0.0%**
Outpatient	Visits	23,324	$ 30,752,255	$ -	$ -	$ 30,752,255	**2.0%**	**2.5%**
Professional	Visits	381,235	$ 56,280,075	$ -	$ -	$ 56,280,075	**2.0%**	**2.5%**
Other	Services	35,922	$ 8,504,818	$ -	$ -	$ 8,504,818	**0.0%**	**16.0%**
Rx	Scripts	341,994	$ 46,259,049	$ -	$ (5,736,698)	$ 40,522,351	**13.0%**	**0.0%**
Capitation	Member Months	517,255	$ 675,829	$ -	$ -	$ 675,829	**0.0%**	**0.0%**
Total			**$ 171,410,142**	**$ -**	**$ (5,736,698)**	**$ 165,673,443**		
PMPM			**$ 331.38**	**$ -**	**$ (11.09)**	**$ 320.29**		

		Experience Period			**Projection Factors**						**Projected**			**Effective Allowed PMPM**
Service Category Experience Period Allowed	**Utilization Measure**	**Util / 1000**	**Unit Cost**	**PMPM**	**Population Risk / Morbidity ***	**Other**	**Cost Factor**	**Utilization Factor**	**Total Factor**	**Util / 1000**	**Unit Cost**	**PMPM**		**Annual Trend**
Inpatient	Admits	49.09	$ 13,675.84	**$ 55.95**	**0.964**	**1.005**	1.240	1.000	1.20	47.32	$ 17,055.15	**$ 67.26**		**9.0%**
Outpatient	Visits	541.10	$ 1,318.49	**$ 59.45**	**0.964**	**1.005**	1.051	1.064	1.08	554.84	$ 1,392.87	**$ 64.40**		**4.5%**
Professional	Visits	8,844.43	$ 147.63	**$ 108.81**	**0.964**	**1.005**	1.051	1.064	1.08	9,068.94	$ 155.95	**$ 117.86**		**4.5%**
Other	Services	833.36	$ 236.76	**$ 16.44**	**0.964**	**1.005**	1.000	1.449	1.40	1,164.28	$ 238.04	**$ 23.09**		**16.0%**
Rx	Scripts	7,934.05	$ 118.49	**$ 78.34**	**0.964**	**0.964**	1.357	1.000	1.26	7,648.43	$ 155.07	**$ 98.84**		**13.0%**
Capitation	Member Months	12,000.00	$ 1.31	**$ 1.31**	**1.000**	**0.862**	1.000	1.000	0.86	12,000.00	$ 1.13	**$ 1.13**		**0.0%**
Total				**$ 320.29**							**Projected Allowed Claims PMPM (EHB + Non-EHB)**	**$ 372.58**		**8.0%**
											Non-EHB Claims In Projected PMPM **	**$ 1.80**		
											Index Rate for EHB	**$ 370.78**		

*** Please refer to page 50 for more information.**
**** Includes abortion claims and capitation for embedded adult vision benefit.**

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017
BlueChoice D.C. Small Group & Individual, Non-Medigap Allowed PMPM Projection (Includes EHB and Non-EHB Claims) & Derivation of Index Rate - Non-Grandfathered Business Only - 10/1/2017

	Begin	End	Mid-point		Months of Trend		
Experience Period	1/1/2015	12/31/2015	7/2/2015			pd through	2/29/2016
Rating Period	10/1/2017	9/30/2018	4/1/2018		33.0		

Experience Period Summary	**Total**
Experience Period Premiums	**$ 192,675,204**
MLR Rebates	**$ -**
Net Experience Period Premiums	$ 192,675,204
Experience Period Paid Claims (Non-Capitated)	$ 142,621,499
Completion Factor	0.99
Experience Period Incurred Claims (Non-Capitated)	$ 144,267,658
Capitations	**$ 675,829**
Rx Rebates	**$ (5,736,698)**
Other Manual Claims	**$ -**
Total Experience Period Claims	$ 139,206,789
Experience Period Loss Ratio (Before MLR Rebates)	72.2%
Experience Period Loss Ratio (After MLR Rebates)	72.2%
Experience Period Loss Ratio (System Claims Only)	74.9%
Experience Period Member Months	517,255
Average Members	43,105
End of Experience Period Contract	28,679
End of Experience Period Members	43,691
Experience Period Allowed Claims (System Only)	$ 170,734,313
Adjustments	$ (5,060,870)
Total Adjusted EP Allowed Claims	$ 165,673,443
EP Paid / Allowed Ratio	84.0%

Service Category Level Projection

Service Category Experience Period Allowed	**Utilization Measure**	**EP Units**	**EP Allowed $**	**Other**	**Rx Rebates**	**Net Allowed**	**Annual Trend Inputs**	
							Cost Trend	**Utilization Trend**
Inpatient	Admits	2,116	$ 28,938,117	$ -	$ -	$ 28,938,117	**9.0%**	**0.0%**
Outpatient	Visits	23,324	$ 30,752,255	$ -	$ -	$ 30,752,255	**2.0%**	**2.5%**
Professional	Visits	381,235	$ 56,280,075	$ -	$ -	$ 56,280,075	**2.0%**	**2.5%**
Other	Services	35,922	$ 8,504,818	$ -	$ -	$ 8,504,818	**0.0%**	**16.0%**
Rx	Scripts	341,994	$ 46,259,049	$ -	$ (5,736,698)	$ 40,522,351	**13.0%**	**0.0%**
Capitation	Member Months	517,255	$ 675,829	$ -	$ -	$ 675,829	**0.0%**	**0.0%**
Total			**$ 171,410,142**	**$ -**	**$ (5,736,698)**	**$ 165,673,443**		
PMPM			**$ 331.38**	**$ -**	**$ (11.09)**	**$ 320.29**		

		Experience Period			**Projection Factors**					**Projected**			**Effective Allowed PMPM**
Service Category Experience Period Allowed	**Utilization Measure**	**Util / 1000**	**Unit Cost**	**PMPM**	**Population Risk / Morbidity ***	**Other**	**Cost Factor**	**Utilization Factor**	**Total Factor**	**Util / 1000**	**Unit Cost**	**PMPM**	**Annual Trend**
Inpatient	Admits	49.09	$ 13,675.84	**$ 55.95**	**0.964**	**1.005**	1.267	1.000	1.23	47.32	$ 17,426.58	**$ 68.72**	**9.0%**
Outpatient	Visits	541.10	$ 1,318.49	**$ 59.45**	**0.964**	**1.005**	1.056	1.070	1.10	558.27	$ 1,399.79	**$ 65.12**	**4.5%**
Professional	Visits	8,844.43	$ 147.63	**$ 108.81**	**0.964**	**1.005**	1.056	1.070	1.10	9,125.10	$ 156.73	**$ 119.18**	**4.5%**
Other	Services	833.36	$ 236.76	**$ 16.44**	**0.964**	**1.005**	1.000	1.504	1.46	1,208.29	$ 238.04	**$ 23.97**	**16.0%**
Rx	Scripts	7,934.05	$ 118.49	**$ 78.34**	**0.964**	**0.964**	1.399	1.000	1.30	7,648.43	$ 159.88	**$ 101.90**	**13.0%**
Capitation	Member Months	12,000.00	$ 1.31	**$ 1.31**	**1.000**	**0.862**	1.000	1.000	0.86	12,000.00	$ 1.13	**$ 1.13**	**0.0%**
Total				**$ 320.29**							**Projected Allowed Claims PMPM (EHB + Non-EHB)**	**$ 380.02**	**8.0%**
											Non-EHB Claims In Projected PMPM **	**$ 1.82**	
											Index Rate for EHB	**$ 378.20**	

*** Please refer to page 50 for more information.**
**** Includes abortion claims and capitation for embedded adult vision benefit.**

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017
Estimate of Non-EHB Claims - Individual, non-Medigap & Small Group Markets Combined

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

Total Abortion Related	Allowed Amount	2015 Member Months	Exp Period PMPM
BlueChoice	$790,287	557,839	**$1.42**

	Projected PMPM
1Q17	$1.55
2Q17	$1.57
3Q17	$1.59
4Q17	$1.61

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

Individual, non-Medigap Embedded PMPM (Vision Capitation)	% of D.C. Individual, non-Medigap Market Over Age 19	Projected PMPM Spread Over Individual Market	Blended with Small Group
$1.16	90%	$1.04	**$0.21**

	Projected PMPM
1Q17	$0.21
2Q17	$0.21
3Q17	$0.21
4Q17	$0.21

	Projected Non-EHB PMPM
1Q17	**$1.76**
2Q17	**$1.78**
3Q17	**$1.80**
4Q17	**$1.82**

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

Adjustments for Small Group Benefits in Excess of EHB

1Q17		**Med**		**Rx**		**Total**
Index Rate for EHB	$	263.48	$	92.98	$	356.46
Benefits to be Covered in Excess of EHB On Exchange (PMPM)						
Abortion *	$	1.62	$	-	$	1.62
Total Adjustment to Index Rate		**0.61%**		**0.00%**		**0.45%**

2Q17		**Med**		**Rx**		**Total**
Index Rate for EHB	$	267.67	$	95.86	$	363.53
Benefits to be Covered in Excess of EHB On Exchange (PMPM)						
Abortion *	$	1.65	$	-	$	1.65
Total Adjustment to Index Rate		**0.61%**		**0.00%**		**0.45%**

3Q17		**Med**		**Rx**		**Total**
Index Rate for EHB	$	271.94	$	98.84	$	370.78
Benefits to be Covered in Excess of EHB On Exchange (PMPM)						
Abortion *	$	1.67	$	-	$	1.67
Total Adjustment to Index Rate		**0.61%**		**0.00%**		**0.45%**

4Q17		**Med**		**Rx**		**Total**
Index Rate for EHB	$	276.30	$	101.90	$	378.20
Benefits to be Covered in Excess of EHB On Exchange (PMPM)						
Abortion *	$	1.70	$	-	$	1.70
Total Adjustment to Index Rate		**0.61%**		**0.00%**		**0.45%**

* Based on calendar year 2015 experience for DC BlueChoice Small Group business, trended to 2017.

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017
DC BC Index Rate History

Month	Index Rate	% Change	% Change Year to Year
201401	$ 362.28		
201404	$ 369.86	2.09%	
201407	$ 377.62	2.10%	
201410	$ 385.56	2.10%	
201501	$ 348.44	-9.63%	-3.82%
201504	$ 354.39	1.71%	-4.18%
201507	$ 360.45	1.71%	-4.55%
201510	$ 366.63	1.72%	-4.91%
201601	$ 349.04	-4.80%	0.17%
201604	$ 356.04	2.01%	0.47%
201607	$ 363.19	2.01%	0.76%
201610	$ 370.52	2.02%	1.06%
201701	**$ 356.46**	**-3.80%**	**2.13%**
201704	**$ 363.53**	**1.98%**	**2.10%**
201707	**$ 370.78**	**1.99%**	**2.09%**
201710	**$ 378.20**	**2.00%**	**2.07%**

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

2017 ACA - TREND ANALYSIS SUMMARY - DC BlueChoice

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
				2016 FILING							**2017 FILING**					
					PROJECTED					**EXPERIENCE PERIOD**				**PROJECTED**		
	BC-DC		Allowed		Cost	Utilization	Claims	Allowed		Cost	Utilization	Claims	Cost	Utilization	Claims	vs 2016
			Claims *	%	Trend	Trend	Trend	Claims	%	Trend	Trend	Trend	Trend	Trend	Trend **	Δ
1	Inpatient	Hospital	$27,263,984	17%	0.0%	2.5%	2.5%	$28,938,117	17%	13.1%	-2.7%	10.0%	9.0%	0.0%	9.0%	6.5%
2	Outpatient	Hospital	$30,736,866	19%	12.0%	0.0%	12.0%	$30,752,255	18%	0.5%	2.3%	2.8%	2.0%	2.5%	4.5%	-7.5%
3	Professional		$55,679,844	34%	3.0%	1.0%	4.0%	$56,280,075	33%	1.7%	1.9%	3.7%	2.0%	2.5%	4.5%	0.5%
4	Other Medical	Non-Capitated Ambulance	$6,878,923	4%	0.0%	9.0%	9.0%	$8,504,818	5%	13.8%	10.5%	25.8%	0.0%	16.0%	16.0%	7.0%
5		Home Health														
6		DME														
7		Prosthetics														
8		Supplies														
9		Vision Exams														
10		Dental Services														
11		Other Services														
12	**Medical**	**Subtotal (Clms-Wgtd):**	**$120,559,618**	**74%**	**4.4%**	**1.5%**	**6.0%**	**$124,475,264**	**73%**	**4.9%**	**1.5%**	**6.4%**	**3.5%**	**2.8%**	**6.4%**	**0.4%**
13																
14	**Capitation**	**Total**	**$ 893,726**	**1%**	**0.0%**	**0.0%**	**0.0%**	**$ 675,829**	**0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**
13																
14	**RX**	**Claims-Weighted**	$41,616,251	**26%**	13.0%	1.0%	**14.1%**	**$46,259,049**	**27%**	**15.7%**	**-1.1%**	**14.5%**	**13.0%**	**0.0%**	**13.0%**	**-1.1%**
15	**TOTAL**	**Claims-Weighted**	**$163,069,595**	**100%**	**6.6%**	**1.4%**	**8.1%**	**$171,410,142**	**100%**	**7.8%**	**0.8%**	**8.6%**	**6.0%**	**2.1%**	**8.2%**	**0.1%**
16																
17	**Weighted Total DC (BlueChoice & GHMSI Combined)**														**8.3%**	

* Includes grandfathered Small Group business.

** Note: The total trend shown is claims-weighted. The actual pricing trend utilized is 8.0%, calculated on a PMPM basis.

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

2017 ACA - PLAN LEVEL DERIVATIONS 1Q17
SG DC BLUECHOICE

		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	21	22
			Actual 2/29/2016	ON-Exchange 1Q17 Cohort		**INDEX RATE**	**Market-Level Adjustments (MLA)**			**INDEX RATE**	**Plan-Level Adjustments**				**(PLA)**			**INDEX RATE**		**Calibration Allowable Rating Factors (ARFs) ***	**BASE PREMIUM**	Average Cost	**INDEX RATE**	
Benefit Plan	Ded.	OOP Max	Mapped Mems	Projected EMMs	%	(Ave ALW EHB)	Reins.	Risk Adj	Exch User Fees	(Post-MLA)	CF Pricing Value	CDH Factor	Induced Demand	**= (10)x(11)x(12)** Cost-Share	Network & UM	Non-EHB	Distrib & Admin	(Plan-Level)	2017 HHS AV	Age	(Consumer-Level) 1Q17	Share 1Q17	(Plan-Level) 1Q16	Δ
Bronze Plans																								
BlueChoice HMO HSA/HRA Bronze 6500	$6,500 (Integrated)	$6,550	286	636	0.8%	$356.46	1.0000	1.0968	1.0000	$390.98	0.5168	0.9600	0.9226	0.4577	0.9804	1.0045	1.3378	$235.79	0.6138	0.9670	$228.01	0.4135	$211.92	11.3%
BlueChoice HMO Referral Bronze 5500	$5,500 Med / $100 Rx	$7,150	16	228	0.3%	$356.46	1.0000	1.0968	1.0000	$390.98	0.5821	1.0100	0.9226	0.5424	0.9337	1.0045	1.3378	$266.12	0.6162	0.9670	$257.34	0.4692	$229.04	16.2%
BlueChoice Plus HSA/HRA Bronze 6500	$6,500 (Integrated)	$6,550	72	228	0.3%	$356.46	1.0000	1.0968	1.0000	$390.98	0.5168	0.9600	0.9226	0.4577	1.0069	1.0045	1.3378	$242.18	0.6138	0.9670	$234.19	0.4135	$217.66	11.3%
BlueChoice Advantage HSA/HRA Bronze 6500	$6,500 (Integrated)	$6,550	10	228	0.3%	$356.46	1.0000	1.0968	1.0000	$390.98	0.5168	0.9600	0.9226	0.4577	1.0501	1.0045	1.3378	$252.57	0.6138	0.9670	$244.23	0.4135	$227.00	11.3%
BlueChoice Advantage Bronze 5500	$5,500 Med / $100 Rx	$7,150	0	228	0.3%	$356.46	1.0000	1.0968	1.0000	$390.98	0.5821	1.0100	0.9226	0.5424	1.0501	1.0045	1.3378	$299.31	0.6162	0.9670	$289.44	NA	NA	NA
Silver Plans																								
BlueChoice HMO Silver 1000	$1,000 Med / $100 Rx	$7,150	40	228	0.3%	$356.46	1.0000	1.0968	1.0000	$390.98	0.6852	1.0100	0.9503	0.6576	0.9804	1.0045	1.3378	$338.77	0.7199	0.9670	$327.59	0.6245	$320.07	5.8%
BlueChoice HMO HSA/HRA Silver 1500	$1,500 (Integrated)	$6,550	817	1,824	2.2%	$356.46	1.0000	1.0968	1.0000	$390.98	0.6613	0.9600	0.9503	0.6032	0.9804	1.0045	1.3378	$310.75	0.7172	0.9670	$300.49	0.5847	$299.70	3.7%
BlueChoice HMO HSA/HRA Silver 2000	$2,000 (Integrated)	$6,000	937	2,088	2.5%	$356.46	1.0000	1.0968	1.0000	$390.98	0.6382	0.9600	0.9503	0.5822	0.9804	1.0045	1.3378	$299.89	0.7090	0.9670	$289.99	0.5638	$288.98	3.8%
BlueChoice HMO HSA/HRA Silver 3000	$3,000 (Integrated)	$4,750	6	228	0.3%	$356.46	1.0000	1.0968	1.0000	$390.98	0.6076	0.9600	0.9503	0.5542	0.9804	1.0045	1.3378	$285.51	0.6942	0.9670	$276.08	0.5451	$279.41	2.2%
BlueChoice HMO Referral Silver 70	$2000 Med / $500 Rx	$6,850	16	228	0.3%	$356.46	1.0000	1.0968	1.0000	$390.98	0.6538	1.0100	0.9503	0.6275	0.9337	1.0045	1.3378	$307.83	0.7124	0.9670	$297.67	0.5912	$288.57	6.7%
BlueChoice HMO Referral Silver 4000	$4,000 Med / $0 Rx	$7,150	0	228	0.3%	$356.46	1.0000	1.0968	1.0000	$390.98	0.6899	1.0100	0.9503	0.6621	0.9337	1.0045	1.3378	$324.83	0.6892	0.9670	$314.12	NA	NA	NA
BlueChoice Plus HSA/HRA Silver 1500	$1,500 (Integrated)	$6,550	1,280	2,856	3.4%	$356.46	1.0000	1.0968	1.0000	$390.98	0.6613	0.9600	0.9503	0.6032	1.0069	1.0045	1.3378	$319.17	0.7172	0.9670	$308.63	0.5847	$307.82	3.7%
BlueChoice Plus HSA/HRA Silver 3000	$3,000 (Integrated)	$4,750	597	1,332	1.6%	$356.46	1.0000	1.0968	1.0000	$390.98	0.6076	0.9600	0.9503	0.5542	1.0069	1.0045	1.3378	$293.24	0.6942	0.9670	$283.57	0.5451	$286.98	2.2%
BlueChoice Advantage Silver 4000	$4,000 Med / $0 Rx	$7,150	0	228	0.3%	$356.46	1.0000	1.0968	1.0000	$390.98	0.6899	1.0100	0.9503	0.6621	1.0501	1.0045	1.3378	$365.35	0.6892	0.9670	$353.29	NA	NA	NA
BlueChoice Advantage HSA/HRA Silver 1500	$1,500 (Integrated)	$6,550	1,873	4,176	5.0%	$356.46	1.0000	1.0968	1.0000	$390.98	0.6613	0.9600	0.9503	0.6032	1.0501	1.0045	1.3378	$332.86	0.7172	0.9670	$321.87	0.5847	$321.02	3.7%
BlueChoice Advantage Silver 1500 BlueFund HSA	$1,500 (Integrated)	$6,350	0	228	0.3%	$356.46	1.0000	1.0968	1.0000	$390.98	0.6622	0.9600	0.9503	0.6041	1.0501	1.0045	1.3378	$333.34	0.7190	0.9670	$322.34	NA	NA	NA
BlueChoice Advantage HSA/HRA Silver 3000	$3,000 (Integrated)	$4,750	9	228	0.3%	$356.46	1.0000	1.0968	1.0000	$390.98	0.6076	0.9600	0.9503	0.5542	1.0501	1.0045	1.3378	$305.82	0.6942	0.9670	$295.73	0.5451	$299.29	2.2%
HealthyBlue HMO HSA/HRA Silver 2000	$2,000 (Integrated)	$6,550	980	2,184	2.6%	$356.46	1.0000	1.0968	1.0000	$390.98	0.6577	0.9600	0.9503	0.6000	0.9804	1.0045	1.3378	$309.07	0.7198	0.9670	$298.87	0.5892	$302.00	2.3%
HealthyBlue Plus HSA/HRA Silver 2000	$2,000 (Integrated)	$6,550	639	1,428	1.7%	$356.46	1.0000	1.0968	1.0000	$390.98	0.6577	0.9600	0.9503	0.6000	1.0069	1.0045	1.3378	$317.45	0.7198	0.9670	$306.97	0.5892	$310.18	2.3%
HealthyBlue Advantage HSA/HRA Silver 2000	$2,000 (Integrated)	$6,550	1,323	2,952	3.6%	$356.46	1.0000	1.0968	1.0000	$390.98	0.6577	0.9600	0.9503	0.6000	1.0501	1.0045	1.3378	$331.07	0.7198	0.9670	$320.14	0.5892	$323.49	2.3%
Gold Plans																								
BlueChoice HMO Gold 500	$500 Med / $250 Rx	$7,150	1,660	3,696	4.5%	$356.46	1.0000	1.0968	1.0000	$390.98	0.8005	1.0100	0.9964	0.8056	0.9804	1.0045	1.3378	$414.97	0.8182	0.9670	$401.28	0.7696	$394.46	5.2%
BlueChoice HMO Gold 1500	$1,500 Med / $250 Rx	$3,500	239	528	0.6%	$356.46	1.0000	1.0968	1.0000	$390.98	0.7697	1.0100	0.9964	0.7746	0.9804	1.0045	1.3378	$399.01	0.7900	0.9670	$385.84	0.7397	$379.15	5.2%
BlueChoice HMO HSA/HRA Gold 1500	$1,500 (Integrated)	$4,000	0	228	0.3%	$356.46	1.0000	1.0968	1.0000	$390.98	0.7185	0.9600	0.9964	0.6872	0.9804	1.0045	1.3378	$354.02	0.7868	0.9670	$342.33	NA	NA	NA
BlueChoice HMO Referral Gold 0	$0 Med / $0 Rx	$7,150	122	276	0.3%	$356.46	1.0000	1.0968	1.0000	$390.98	0.8421	1.0100	0.9964	0.8475	0.9337	1.0045	1.3378	$415.77	0.8183	0.9670	$402.05	0.8076	$394.24	5.5%
BlueChoice HMO Referral Gold 500	$500 Med / $250 Rx	$7,150	1,079	2,400	2.9%	$356.46	1.0000	1.0968	1.0000	$390.98	0.8005	1.0100	0.9964	0.8056	0.9337	1.0045	1.3378	$395.21	0.8182	0.9670	$382.17	0.7696	$375.68	5.2%
BlueChoice HMO Referral Gold 80	$1000 Med / $0 Rx	$6,000	57	228	0.3%	$356.46	1.0000	1.0968	1.0000	$390.98	0.7671	1.0100	0.9964	0.7719	0.9337	1.0045	1.3378	$378.71	0.7899	0.9670	$366.21	0.7256	$354.23	6.9%
BlueChoice Plus Gold 500	$500 Med / $250 Rx	$7,150	139	312	0.4%	$356.46	1.0000	1.0968	1.0000	$390.98	0.8005	1.0100	0.9964	0.8056	1.0069	1.0045	1.3378	$426.22	0.8182	0.9670	$412.15	0.7696	$405.15	5.2%
BlueChoice Plus Gold 1000	$1,000 Med / $250 Rx	$4,000	67	228	0.3%	$356.46	1.0000	1.0968	1.0000	$390.98	0.7811	1.0100	0.9964	0.7860	1.0069	1.0045	1.3378	$415.89	0.8006	0.9670	$402.16	0.7455	$392.49	6.0%
BlueChoice Advantage Gold 500	$500 Med / $250 Rx	$7,150	909	2,028	2.4%	$356.46	1.0000	1.0968	1.0000	$390.98	0.8005	1.0100	0.9964	0.8056	1.0501	1.0045	1.3378	$444.50	0.8182	0.9670	$429.83	0.7696	$422.53	5.2%
BlueChoice Advantage Gold 1000	$1,000 Med / $250 Rx	$4,000	1,060	2,364	2.8%	$356.46	1.0000	1.0968	1.0000	$390.98	0.7811	1.0100	0.9964	0.7860	1.0501	1.0045	1.3378	$433.73	0.8006	0.9670	$419.41	0.7455	$409.33	6.0%
BlueChoice Advantage HSA/HRA Gold 1500	$1,500 (Integrated)	$4,000	0	228	0.3%	$356.46	1.0000	1.0968	1.0000	$390.98	0.7185	0.9600	0.9964	0.6872	1.0501	1.0045	1.3378	$379.21	0.7868	0.9670	$366.70	NA	NA	NA
HealthyBlue HMO Gold 1500	$1,500 Med / $0 Rx	$7,150	1,080	2,400	2.9%	$356.46	1.0000	1.0968	1.0000	$390.98	0.8150	1.0100	0.9964	0.8202	0.9804	1.0045	1.3378	$422.51	0.8131	0.9670	$408.57	0.8039	$412.05	2.5%
HealthyBlue Plus Gold 1500	$1,500 Med / $0 Rx	$7,150	1,404	3,132	3.8%	$356.46	1.0000	1.0968	1.0000	$390.98	0.8150	1.0100	0.9964	0.8202	1.0069	1.0045	1.3378	$433.96	0.8131	0.9670	$419.64	0.8039	$423.21	2.5%
HealthyBlue Advantage Gold 1500	$1,500 Med / $0 Rx	$7,150	3,745	8,340	10.1%	$356.46	1.0000	1.0968	1.0000	$390.98	0.8150	1.0100	0.9964	0.8202	1.0501	1.0045	1.3378	$452.58	0.8131	0.9670	$437.64	0.8039	$441.37	2.5%
Platinum Plans																								
BlueChoice HMO Platinum 0	$0 Med / $0 Rx	$1,500	1,825	4,068	4.9%	$356.46	1.0000	1.0968	1.0000	$390.98	0.9198	1.0100	1.0610	0.9856	0.9804	1.0045	1.3378	$507.72	0.9158	0.9670	$490.96	0.9812	$502.91	1.0%
BlueChoice HMO Referral Platinum 0	$0 Med / $0 Rx	$1,500	2,734	6,084	7.3%	$356.46	1.0000	1.0968	1.0000	$390.98	0.9198	1.0100	1.0610	0.9856	0.9337	1.0045	1.3378	$483.54	0.9158	0.9670	$467.58	0.9812	$478.96	1.0%
BlueChoice HMO Referral Platinum 1000	$1000 Med / $0 Rx	$1,500	1	228	0.3%	$356.46	1.0000	1.0968	1.0000	$390.98	0.8587	1.0100	1.0610	0.9202	0.9337	1.0045	1.3378	$451.43	0.8863	0.9670	$436.53	0.9263	$452.17	-0.2%
BlueChoice Plus Opt-Out Platinum 0	$0 Med / $0 Rx	$1,500	5,880	13,092	15.8%	$356.46	1.0000	1.0968	1.0000	$390.98	0.9198	1.0100	1.0610	0.9856	0.9937	1.0045	1.3378	$514.60	0.9158	0.9670	$497.61	0.9812	$509.73	1.0%
BlueChoice Advantage Platinum 0	$0 Med / $0 Rx	$1,500	1,384	3,084	3.7%	$356.46	1.0000	1.0968	1.0000	$390.98	0.9198	1.0100	1.0610	0.9856	1.0501	1.0045	1.3378	$543.85	0.9158	0.9670	$525.90	0.9812	$538.70	1.0%
HealthyBlue HMO Platinum 500	$500 Med / $0 Rx	$1,500	298	660	0.8%	$356.46	1.0000	1.0968	1.0000	$390.98	0.9023	1.0100	1.0610	0.9669	0.9804	1.0045	1.3378	$498.09	0.8949	0.9670	$481.65	0.9543	$489.15	1.8%
HealthyBlue HMO Platinum 1000	$1,000 Med / $0 Rx	$1,500	86	228	0.3%	$356.46	1.0000	1.0968	1.0000	$390.98	0.8663	1.0100	1.0610	0.9283	0.9804	1.0045	1.3378	$478.19	0.8868	0.9670	$462.41	0.9431	$483.41	-1.1%
HealthyBlue Plus Platinum 500	$500 Med / $0 Rx	$1,500	1,265	2,820	3.4%	$356.46	1.0000	1.0968	1.0000	$390.98	0.9023	1.0100	1.0610	0.9669	1.0069	1.0045	1.3378	$511.59	0.8949	0.9670	$494.70	0.9543	$502.41	1.8%
HealthyBlue Plus Platinum 1000	$1,000 Med / $0 Rx	$1,500	505	1,128	1.4%	$356.46	1.0000	1.0968	1.0000	$390.98	0.8663	1.0100	1.0610	0.9283	1.0069	1.0045	1.3378	$491.15	0.8868	0.9670	$474.94	0.9431	$496.51	-1.1%
HealthyBlue Advantage Platinum 500	$500 Med / $0 Rx	$1,500	747	1,668	2.0%	$356.46	1.0000	1.0968	1.0000	$390.98	0.9023	1.0100	1.0610	0.9669	1.0501	1.0045	1.3378	$533.53	0.8949	0.9670	$515.93	0.9543	$523.96	1.8%
HealthyBlue Advantage Platinum 1000	$1,000 Med / $0 Rx	$1,500	684	1,524	1.8%	$356.46	1.0000	1.0968	1.0000	$390.98	0.8663	1.0100	1.0610	0.9283	1.0501	1.0045	1.3378	$512.22	0.8868	0.9670	$495.31	0.9431	$517.81	-1.1%
		BRONZE SUBTOTAL:	384	1,548	1.9%	$356.46	1.0000	1.0968	1.0000	$390.98	0.5361	0.9747	0.9226	0.4827	0.9980	1.0045	1.3378	$253.03	0.6145	0.9670	$244.68	0.4158	$214.10	11.5%
		SILVER SUBTOTAL:	8,517	20,436	24.6%	$356.46	1.0000	1.0968	1.0000	$390.98	0.6539	0.9622	0.9503	0.5980	1.0133	1.0045	1.3378	$318.38	0.7145	0.9670	$307.87	0.5813	$308.34	3.1%
		GOLD SUBTOTAL:	11,561	26,388	31.8%	$356.46	1.0000	1.0968	1.0000	$390.98	0.8043	1.0091	0.9964	0.8088	1.0132	1.0045	1.3378	$430.63	0.8125	0.9670	$416.42	0.7853	$416.21	3.9%
		PLATINUM SUBTOTAL:	15,409	34,584	41.7%	$356.46	1.0000	1.0968	1.0000	$390.98	0.9123	1.0100	1.0610	0.9776	0.9926	1.0045	1.3378	$509.76	0.9101	0.9670	$492.93	0.9740	$505.53	0.9%
		GRAND TOTAL:	**35,871**	**82,956**	**100.0%**	**$356.46**	**1.0000**	**1.0968**	**1.0000**	**$390.98**	**0.8073**	**0.9973**	**1.0106**	**0.8212**	**1.0043**	**1.0045**	**1.3378**	**$432.65**	**0.8254**	**0.9670**	**$418.37**	**0.8140**	**$426.80**	**2.5%**

*** Geographic and Tobacco calibration factors both = 1.000.**

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

2017 ACA - PLAN LEVEL DERIVATIONS 2Q17
SG DC BLUECHOICE

		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	21	22
			Actual 2/29/2016 Mapped Mems	ON-Exchange 2Q17 Cohort Projected EMMs		**INDEX RATE** (Ave ALW EHB)	**Market-Level Adjustments (MLA)** Reins.	Risk Adj	Exch User Fees	**INDEX RATE** (Post-MLA)	**Plan-Level Adjustments (PLA)** CF Pricing Value	CDH Factor	Induced Demand	**= (10)x(11)x(12)** Cost-Share	Network & UM	Non-EHB	Distrib & Admin	**INDEX RATE** (Plan-Level)	2017 HHS AV	**Calibration Allowable Rating Factors (ARFs) *** Age	**BASE PREMIUM** (Consumer-Level) 2Q17	Average Cost Share 2Q17	**INDEX RATE** (Plan-Level) 2Q16	Δ
Benefit Plan	Ded.	OOP Max			%																			
Bronze Plans																								
BlueChoice HMO HSA/HRA Bronze 6500	$6,500 (Integrated)	$6,550	286	324	0.8%	$363.53	1.0000	1.0950	1.0000	$398.05	0.5168	0.9600	0.9226	0.4577	0.9804	1.0045	1.3467	$241.66	0.6138	0.9670	$233.68	0.4135	$214.89	12.5%
BlueChoice HMO Referral Bronze 5500	$5,500 Med / $100 Rx	$7,150	16	108	0.3%	$363.53	1.0000	1.0950	1.0000	$398.05	0.5821	1.0100	0.9226	0.5424	0.9337	1.0045	1.3467	$272.75	0.6162	0.9670	$263.75	0.4692	$232.24	17.4%
BlueChoice Plus HSA/HRA Bronze 6500	$6,500 (Integrated)	$6,550	72	108	0.3%	$363.53	1.0000	1.0950	1.0000	$398.05	0.5168	0.9600	0.9226	0.4577	1.0069	1.0045	1.3467	$248.21	0.6138	0.9670	$240.01	0.4135	$220.71	12.5%
BlueChoice Advantage HSA/HRA Bronze 6500	$6,500 (Integrated)	$6,550	10	108	0.3%	$363.53	1.0000	1.0950	1.0000	$398.05	0.5168	0.9600	0.9226	0.4577	1.0501	1.0045	1.3467	$258.85	0.6138	0.9670	$250.31	0.4135	$230.18	12.5%
BlueChoice Advantage Bronze 5500	$5,500 Med / $100 Rx	$7,150	0	108	0.3%	$363.53	1.0000	1.0950	1.0000	$398.05	0.5821	1.0100	0.9226	0.5424	1.0501	1.0045	1.3467	$306.76	0.6162	0.9670	$296.64	NA	NA	NA
Silver Plans																								
BlueChoice HMO Silver 1000	$1,000 Med / $100 Rx	$7,150	40	108	0.3%	$363.53	1.0000	1.0950	1.0000	$398.05	0.6852	1.0100	0.9503	0.6576	0.9804	1.0045	1.3467	$347.20	0.7199	0.9670	$335.74	0.6245	$324.55	7.0%
BlueChoice HMO HSA/HRA Silver 1500	$1,500 (Integrated)	$6,550	817	912	2.2%	$363.53	1.0000	1.0950	1.0000	$398.05	0.6613	0.9600	0.9503	0.6032	0.9804	1.0045	1.3467	$318.48	0.7172	0.9670	$307.97	0.5847	$303.89	4.8%
BlueChoice HMO HSA/HRA Silver 2000	$2,000 (Integrated)	$6,000	937	1,044	2.5%	$363.53	1.0000	1.0950	1.0000	$398.05	0.6382	0.9600	0.9503	0.5822	0.9804	1.0045	1.3467	$307.35	0.7090	0.9670	$297.21	0.5638	$293.03	4.9%
BlueChoice HMO HSA/HRA Silver 3000	$3,000 (Integrated)	$4,750	6	108	0.3%	$363.53	1.0000	1.0950	1.0000	$398.05	0.6076	0.9600	0.9503	0.5542	0.9804	1.0045	1.3467	$292.61	0.6942	0.9670	$282.95	0.5451	$283.32	3.3%
BlueChoice HMO Referral Silver 70	$2000 Med / $500 Rx	$6,850	16	108	0.3%	$363.53	1.0000	1.0950	1.0000	$398.05	0.6538	1.0100	0.9503	0.6275	0.9337	1.0045	1.3467	$315.49	0.7124	0.9670	$305.08	0.5912	$292.61	7.8%
BlueChoice HMO Referral Silver 4000	$4,000 Med / $0 Rx	$7,150	0	108	0.3%	$363.53	1.0000	1.0950	1.0000	$398.05	0.6899	1.0100	0.9503	0.6621	0.9337	1.0045	1.3467	$332.92	0.6892	0.9670	$321.93	NA	NA	NA
BlueChoice Plus HSA/HRA Silver 1500	$1,500 (Integrated)	$6,550	1,280	1,428	3.4%	$363.53	1.0000	1.0950	1.0000	$398.05	0.6613	0.9600	0.9503	0.6032	1.0069	1.0045	1.3467	$327.11	0.7172	0.9670	$316.31	0.5847	$312.13	4.8%
BlueChoice Plus HSA/HRA Silver 3000	$3,000 (Integrated)	$4,750	597	672	1.6%	$363.53	1.0000	1.0950	1.0000	$398.05	0.6076	0.9600	0.9503	0.5542	1.0069	1.0045	1.3467	$300.54	0.6942	0.9670	$290.62	0.5451	$291.00	3.3%
BlueChoice Advantage Silver 4000	$4,000 Med / $0 Rx	$7,150	0	108	0.3%	$363.53	1.0000	1.0950	1.0000	$398.05	0.6899	1.0100	0.9503	0.6621	1.0501	1.0045	1.3467	$374.44	0.6892	0.9670	$362.08	NA	NA	NA
BlueChoice Advantage HSA/HRA Silver 1500	$1,500 (Integrated)	$6,550	1,873	2,100	5.0%	$363.53	1.0000	1.0950	1.0000	$398.05	0.6613	0.9600	0.9503	0.6032	1.0501	1.0045	1.3467	$341.14	0.7172	0.9670	$329.88	0.5847	$325.52	4.8%
BlueChoice Advantage Silver 1500 BlueFund HSA	$1,500 (Integrated)	$6,350	0	108	0.3%	$363.53	1.0000	1.0950	1.0000	$398.05	0.6622	0.9600	0.9503	0.6041	1.0501	1.0045	1.3467	$341.64	0.7190	0.9670	$330.36	NA	NA	NA
BlueChoice Advantage HSA/HRA Silver 3000	$3,000 (Integrated)	$4,750	9	108	0.3%	$363.53	1.0000	1.0950	1.0000	$398.05	0.6076	0.9600	0.9503	0.5542	1.0501	1.0045	1.3467	$313.43	0.6942	0.9670	$303.09	0.5451	$303.48	3.3%
HealthyBlue HMO HSA/HRA Silver 2000	$2,000 (Integrated)	$6,550	980	1,092	2.6%	$363.53	1.0000	1.0950	1.0000	$398.05	0.6577	0.9600	0.9503	0.6000	0.9804	1.0045	1.3467	$316.76	0.7198	0.9670	$306.31	0.5892	$306.23	3.4%
HealthyBlue Plus HSA/HRA Silver 2000	$2,000 (Integrated)	$6,550	639	708	1.7%	$363.53	1.0000	1.0950	1.0000	$398.05	0.6577	0.9600	0.9503	0.6000	1.0069	1.0045	1.3467	$325.35	0.7198	0.9670	$314.61	0.5892	$314.53	3.4%
HealthyBlue Advantage HSA/HRA Silver 2000	$2,000 (Integrated)	$6,550	1,323	1,476	3.5%	$363.53	1.0000	1.0950	1.0000	$398.05	0.6577	0.9600	0.9503	0.6000	1.0501	1.0045	1.3467	$339.31	0.7198	0.9670	$328.11	0.5892	$328.02	3.4%
Gold Plans																								
BlueChoice HMO Gold 500	$500 Med / $250 Rx	$7,150	1,660	1,860	4.5%	$363.53	1.0000	1.0950	1.0000	$398.05	0.8005	1.0100	0.9964	0.8056	0.9804	1.0045	1.3467	$425.30	0.8182	0.9670	$411.26	0.7696	$399.98	6.3%
BlueChoice HMO Gold 1500	$1,500 Med / $250 Rx	$3,500	239	276	0.7%	$363.53	1.0000	1.0950	1.0000	$398.05	0.7697	1.0100	0.9964	0.7746	0.9804	1.0045	1.3467	$408.94	0.7900	0.9670	$395.44	0.7397	$384.45	6.4%
BlueChoice HMO HSA/HRA Gold 1500	$1,500 (Integrated)	$4,000	0	108	0.3%	$363.53	1.0000	1.0950	1.0000	$398.05	0.7185	0.9600	0.9964	0.6872	0.9804	1.0045	1.3467	$362.83	0.7868	0.9670	$350.85	NA	NA	NA
BlueChoice HMO Referral Gold 0	$0 Med / $0 Rx	$7,150	122	132	0.3%	$363.53	1.0000	1.0950	1.0000	$398.05	0.8421	1.0100	0.9964	0.8475	0.9337	1.0045	1.3467	$426.11	0.8183	0.9670	$412.05	0.8076	$399.75	6.6%
BlueChoice HMO Referral Gold 500	$500 Med / $250 Rx	$7,150	1,079	1,212	2.9%	$363.53	1.0000	1.0950	1.0000	$398.05	0.8005	1.0100	0.9964	0.8056	0.9337	1.0045	1.3467	$405.05	0.8182	0.9670	$391.68	0.7696	$380.94	6.3%
BlueChoice HMO Referral Gold 80	$1000 Med / $0 Rx	$6,000	57	108	0.3%	$363.53	1.0000	1.0950	1.0000	$398.05	0.7671	1.0100	0.9964	0.7719	0.9337	1.0045	1.3467	$388.14	0.7899	0.9670	$375.33	0.7256	$359.19	8.1%
BlueChoice Plus Gold 500	$500 Med / $250 Rx	$7,150	139	156	0.4%	$363.53	1.0000	1.0950	1.0000	$398.05	0.8005	1.0100	0.9964	0.8056	1.0069	1.0045	1.3467	$436.82	0.8182	0.9670	$422.41	0.7696	$410.82	6.3%
BlueChoice Plus Gold 1000	$1,000 Med / $250 Rx	$4,000	67	108	0.3%	$363.53	1.0000	1.0950	1.0000	$398.05	0.7811	1.0100	0.9964	0.7860	1.0069	1.0045	1.3467	$426.24	0.8006	0.9670	$412.17	0.7455	$397.99	7.1%
BlueChoice Advantage Gold 500	$500 Med / $250 Rx	$7,150	909	1,020	2.5%	$363.53	1.0000	1.0950	1.0000	$398.05	0.8005	1.0100	0.9964	0.8056	1.0501	1.0045	1.3467	$455.56	0.8182	0.9670	$440.53	0.7696	$428.45	6.3%
BlueChoice Advantage Gold 1000	$1,000 Med / $250 Rx	$4,000	1,060	1,188	2.9%	$363.53	1.0000	1.0950	1.0000	$398.05	0.7811	1.0100	0.9964	0.7860	1.0501	1.0045	1.3467	$444.52	0.8006	0.9670	$429.85	0.7455	$415.06	7.1%
BlueChoice Advantage HSA/HRA Gold 1500	$1,500 (Integrated)	$4,000	0	108	0.3%	$363.53	1.0000	1.0950	1.0000	$398.05	0.7185	0.9600	0.9964	0.6872	1.0501	1.0045	1.3467	$388.65	0.7868	0.9670	$375.82	NA	NA	NA
HealthyBlue HMO Gold 1500	$1,500 Med / $0 Rx	$7,150	1,080	1,212	2.9%	$363.53	1.0000	1.0950	1.0000	$398.05	0.8150	1.0100	0.9964	0.8202	0.9804	1.0045	1.3467	$433.02	0.8131	0.9670	$418.73	0.8039	$417.81	3.6%
HealthyBlue Plus Gold 1500	$1,500 Med / $0 Rx	$7,150	1,404	1,572	3.8%	$363.53	1.0000	1.0950	1.0000	$398.05	0.8150	1.0100	0.9964	0.8202	1.0069	1.0045	1.3467	$444.76	0.8131	0.9670	$430.08	0.8039	$429.13	3.6%
HealthyBlue Advantage Gold 1500	$1,500 Med / $0 Rx	$7,150	3,745	4,200	10.1%	$363.53	1.0000	1.0950	1.0000	$398.05	0.8150	1.0100	0.9964	0.8202	1.0501	1.0045	1.3467	$463.84	0.8131	0.9670	$448.53	0.8039	$447.54	3.6%
Platinum Plans																								
BlueChoice HMO Platinum 0	$0 Med / $0 Rx	$1,500	1,825	2,040	4.9%	$363.53	1.0000	1.0950	1.0000	$398.05	0.9198	1.0100	1.0610	0.9856	0.9804	1.0045	1.3467	$520.35	0.9158	0.9670	$503.18	0.9812	$509.95	2.0%
BlueChoice HMO Referral Platinum 0	$0 Med / $0 Rx	$1,500	2,734	3,072	7.4%	$363.53	1.0000	1.0950	1.0000	$398.05	0.9198	1.0100	1.0610	0.9856	0.9337	1.0045	1.3467	$495.57	0.9158	0.9670	$479.22	0.9812	$485.67	2.0%
BlueChoice HMO Referral Platinum 1000	$1000 Med / $0 Rx	$1,500	1	108	0.3%	$363.53	1.0000	1.0950	1.0000	$398.05	0.8587	1.0100	1.0610	0.9202	0.9337	1.0045	1.3467	$462.66	0.8863	0.9670	$447.39	0.9263	$458.50	0.9%
BlueChoice Plus Opt-Out Platinum 0	$0 Med / $0 Rx	$1,500	5,880	6,600	15.9%	$363.53	1.0000	1.0950	1.0000	$398.05	0.9198	1.0100	1.0610	0.9856	0.9937	1.0045	1.3467	$527.40	0.9158	0.9670	$510.00	0.9812	$516.86	2.0%
BlueChoice Advantage Platinum 0	$0 Med / $0 Rx	$1,500	1,384	1,548	3.7%	$363.53	1.0000	1.0950	1.0000	$398.05	0.9198	1.0100	1.0610	0.9856	1.0501	1.0045	1.3467	$557.38	0.9158	0.9670	$538.99	0.9812	$546.24	2.0%
HealthyBlue HMO Platinum 500	$500 Med / $0 Rx	$1,500	298	336	0.8%	$363.53	1.0000	1.0950	1.0000	$398.05	0.9023	1.0100	1.0610	0.9669	0.9804	1.0045	1.3467	$510.48	0.8949	0.9670	$493.64	0.9543	$496.00	2.9%
HealthyBlue HMO Platinum 1000	$1,000 Med / $0 Rx	$1,500	86	108	0.3%	$363.53	1.0000	1.0950	1.0000	$398.05	0.8663	1.0100	1.0610	0.9283	0.9804	1.0045	1.3467	$490.09	0.8868	0.9670	$473.92	0.9431	$490.18	0.0%
HealthyBlue Plus Platinum 500	$500 Med / $0 Rx	$1,500	1,265	1,416	3.4%	$363.53	1.0000	1.0950	1.0000	$398.05	0.9023	1.0100	1.0610	0.9669	1.0069	1.0045	1.3467	$524.32	0.8949	0.9670	$507.01	0.9543	$509.44	2.9%
HealthyBlue Plus Platinum 1000	$1,000 Med / $0 Rx	$1,500	505	564	1.4%	$363.53	1.0000	1.0950	1.0000	$398.05	0.8663	1.0100	1.0610	0.9283	1.0069	1.0045	1.3467	$503.37	0.8868	0.9670	$486.76	0.9431	$503.46	0.0%
HealthyBlue Advantage Platinum 500	$500 Med / $0 Rx	$1,500	747	828	2.0%	$363.53	1.0000	1.0950	1.0000	$398.05	0.9023	1.0100	1.0610	0.9669	1.0501	1.0045	1.3467	$546.81	0.8949	0.9670	$528.77	0.9543	$531.29	2.9%
HealthyBlue Advantage Platinum 1000	$1,000 Med / $0 Rx	$1,500	684	768	1.8%	$363.53	1.0000	1.0950	1.0000	$398.05	0.8663	1.0100	1.0610	0.9283	1.0501	1.0045	1.3467	$524.96	0.8868	0.9670	$507.64	0.9431	$525.06	0.0%
		BRONZE SUBTOTAL:	384	756	1.8%	$363.53	1.0000	1.0950	1.0000	$398.05	0.5355	0.9743	0.9226	0.4819	0.9974	1.0045	1.3467	$258.79	0.6145	0.9670	$250.25	0.4158	$217.10	12.7%
		SILVER SUBTOTAL:	8,517	10,188	24.5%	$363.53	1.0000	1.0950	1.0000	$398.05	0.6539	0.9621	0.9503	0.5979	1.0134	1.0045	1.3467	$326.28	0.7146	0.9670	$315.52	0.5813	$312.66	4.2%
		GOLD SUBTOTAL:	11,561	13,260	31.9%	$363.53	1.0000	1.0950	1.0000	$398.05	0.8044	1.0092	0.9964	0.8089	1.0132	1.0045	1.3467	$441.42	0.8125	0.9670	$426.85	0.7853	$422.03	5.0%
		PLATINUM SUBTOTAL:	15,409	17,388	41.8%	$363.53	1.0000	1.0950	1.0000	$398.05	0.9124	1.0100	1.0610	0.9777	0.9925	1.0045	1.3467	$522.44	0.9101	0.9670	$505.21	0.9740	$512.61	2.0%
		GRAND TOTAL:	**35,871**	**41,592**	**100.0%**	**$363.53**	**1.0000**	**1.0950**	**1.0000**	**$398.05**	**0.8078**	**0.9974**	**1.0107**	**0.8218**	**1.0043**	**1.0045**	**1.3467**	**$443.77**	**0.8257**	**0.9670**	**$429.13**	**0.8140**	**$432.78**	**3.6%**

*** Geographic and Tobacco calibration factors both = 1.000.**

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

2017 ACA - PLAN LEVEL DERIVATIONS 3Q17
SG DC BLUECHOICE

		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	21	22
			Actual 2/29/2016 Mapped Mems	ON-Exchange 3Q17 Cohort Projected EMMs		**INDEX RATE** (Ave ALW EHB)	**Market-Level Adjustments (MLA)** Reins.	Risk Adj	Exch User Fees	**INDEX RATE** (Post-MLA)	**Plan-Level Adjustments (PLA)** CF Pricing Value	CDH Factor	Induced Demand	= (10)x(11)x(12) Cost-Share	Network & UM	Non-EHB	Distrib & Admin	**INDEX RATE** (Plan-Level)	2017 HHS AV	**Calibration Allowable Rating Factors (ARFs) *** Age	**BASE PREMIUM** (Consumer-Level) 3Q17	Average Cost Share 3Q17	**INDEX RATE** (Plan-Level) 3Q16	Δ
Benefit Plan	Ded.	OOP Max																						
Bronze Plans																								
BlueChoice HMO HSA/HRA Bronze 6500	$6,500 (Integrated)	$6,550	286	660	0.8%	$370.78	1.0000	1.0931	1.0000	$405.30	0.5168	0.9600	0.9226	0.4577	0.9804	1.0045	1.3530	$247.20	0.6138	0.9670	$239.04	0.4135	$218.08	13.4%
BlueChoice HMO Referral Bronze 5500	$5,500 Med / $100 Rx	$7,150	16	228	0.3%	$370.78	1.0000	1.0931	1.0000	$405.30	0.5821	1.0100	0.9226	0.5424	0.9337	1.0045	1.3530	$279.00	0.6162	0.9670	$269.80	0.4692	$235.69	18.4%
BlueChoice Plus HSA/HRA Bronze 6500	$6,500 (Integrated)	$6,550	72	228	0.3%	$370.78	1.0000	1.0931	1.0000	$405.30	0.5168	0.9600	0.9226	0.4577	1.0069	1.0045	1.3530	$253.90	0.6138	0.9670	$245.52	0.4135	$223.99	13.4%
BlueChoice Advantage HSA/HRA Bronze 6500	$6,500 (Integrated)	$6,550	10	228	0.3%	$370.78	1.0000	1.0931	1.0000	$405.30	0.5168	0.9600	0.9226	0.4577	1.0501	1.0045	1.3530	$264.79	0.6138	0.9670	$256.05	0.4135	$233.60	13.4%
BlueChoice Advantage Bronze 5500	$5,500 Med / $100 Rx	$7,150	0	228	0.3%	$370.78	1.0000	1.0931	1.0000	$405.30	0.5821	1.0100	0.9226	0.5424	1.0501	1.0045	1.3530	$313.80	0.6162	0.9670	$303.44	NA	NA	NA
Silver Plans																								
BlueChoice HMO Silver 1000	$1,000 Med / $100 Rx	$7,150	40	228	0.3%	$370.78	1.0000	1.0931	1.0000	$405.30	0.6852	1.0100	0.9503	0.6576	0.9804	1.0045	1.3530	$355.16	0.7199	0.9670	$343.44	0.6245	$329.37	7.8%
BlueChoice HMO HSA/HRA Silver 1500	$1,500 (Integrated)	$6,550	817	1,872	2.2%	$370.78	1.0000	1.0931	1.0000	$405.30	0.6613	0.9600	0.9503	0.6032	0.9804	1.0045	1.3530	$325.78	0.7172	0.9670	$315.03	0.5847	$308.40	5.6%
BlueChoice HMO HSA/HRA Silver 2000	$2,000 (Integrated)	$6,000	937	2,160	2.5%	$370.78	1.0000	1.0931	1.0000	$405.30	0.6382	0.9600	0.9503	0.5822	0.9804	1.0045	1.3530	$314.40	0.7090	0.9670	$304.02	0.5638	$297.38	5.7%
BlueChoice HMO HSA/HRA Silver 3000	$3,000 (Integrated)	$4,750	6	228	0.3%	$370.78	1.0000	1.0931	1.0000	$405.30	0.6076	0.9600	0.9503	0.5542	0.9804	1.0045	1.3530	$299.32	0.6942	0.9670	$289.45	0.5451	$287.53	4.1%
BlueChoice HMO Referral Silver 70	$2000 Med / $500 Rx	$6,850	16	228	0.3%	$370.78	1.0000	1.0931	1.0000	$405.30	0.6538	1.0100	0.9503	0.6275	0.9337	1.0045	1.3530	$322.73	0.7124	0.9670	$312.08	0.5912	$296.96	8.7%
BlueChoice HMO Referral Silver 4000	$4,000 Med / $0 Rx	$7,150	0	228	0.3%	$370.78	1.0000	1.0931	1.0000	$405.30	0.6899	1.0100	0.9503	0.6621	0.9337	1.0045	1.3530	$340.56	0.6892	0.9670	$329.32	NA	NA	NA
BlueChoice Plus HSA/HRA Silver 1500	$1,500 (Integrated)	$6,550	1,280	2,940	3.4%	$370.78	1.0000	1.0931	1.0000	$405.30	0.6613	0.9600	0.9503	0.6032	1.0069	1.0045	1.3530	$334.61	0.7172	0.9670	$323.57	0.5847	$316.76	5.6%
BlueChoice Plus HSA/HRA Silver 3000	$3,000 (Integrated)	$4,750	597	1,368	1.6%	$370.78	1.0000	1.0931	1.0000	$405.30	0.6076	0.9600	0.9503	0.5542	1.0069	1.0045	1.3530	$307.43	0.6942	0.9670	$297.29	0.5451	$295.32	4.1%
BlueChoice Advantage Silver 4000	$4,000 Med / $0 Rx	$7,150	0	228	0.3%	$370.78	1.0000	1.0931	1.0000	$405.30	0.6899	1.0100	0.9503	0.6621	1.0501	1.0045	1.3530	$383.03	0.6892	0.9670	$370.39	NA	NA	NA
BlueChoice Advantage HSA/HRA Silver 1500	$1,500 (Integrated)	$6,550	1,873	4,296	5.0%	$370.78	1.0000	1.0931	1.0000	$405.30	0.6613	0.9600	0.9503	0.6032	1.0501	1.0045	1.3530	$348.97	0.7172	0.9670	$337.45	0.5847	$330.35	5.6%
BlueChoice Advantage Silver 1500 BlueFund HSA	$1,500 (Integrated)	$6,350	0	228	0.3%	$370.78	1.0000	1.0931	1.0000	$405.30	0.6622	0.9600	0.9503	0.6041	1.0501	1.0045	1.3530	$349.47	0.7190	0.9670	$337.94	NA	NA	NA
BlueChoice Advantage HSA/HRA Silver 3000	$3,000 (Integrated)	$4,750	9	228	0.3%	$370.78	1.0000	1.0931	1.0000	$405.30	0.6076	0.9600	0.9503	0.5542	1.0501	1.0045	1.3530	$320.62	0.6942	0.9670	$310.04	0.5451	$307.99	4.1%
HealthyBlue HMO HSA/HRA Silver 2000	$2,000 (Integrated)	$6,550	980	2,256	2.6%	$370.78	1.0000	1.0931	1.0000	$405.30	0.6577	0.9600	0.9503	0.6000	0.9804	1.0045	1.3530	$324.03	0.7198	0.9670	$313.34	0.5892	$310.78	4.3%
HealthyBlue Plus HSA/HRA Silver 2000	$2,000 (Integrated)	$6,550	639	1,476	1.7%	$370.78	1.0000	1.0931	1.0000	$405.30	0.6577	0.9600	0.9503	0.6000	1.0069	1.0045	1.3530	$332.81	0.7198	0.9670	$321.83	0.5892	$319.20	4.3%
HealthyBlue Advantage HSA/HRA Silver 2000	$2,000 (Integrated)	$6,550	1,323	3,036	3.6%	$370.78	1.0000	1.0931	1.0000	$405.30	0.6577	0.9600	0.9503	0.6000	1.0501	1.0045	1.3530	$347.09	0.7198	0.9670	$335.63	0.5892	$332.89	4.3%
Gold Plans																								
BlueChoice HMO Gold 500	$500 Med / $250 Rx	$7,150	1,660	3,816	4.5%	$370.78	1.0000	1.0931	1.0000	$405.30	0.8005	1.0100	0.9964	0.8056	0.9804	1.0045	1.3530	$435.06	0.8182	0.9670	$420.70	0.7696	$405.93	7.2%
BlueChoice HMO Gold 1500	$1,500 Med / $250 Rx	$3,500	239	540	0.6%	$370.78	1.0000	1.0931	1.0000	$405.30	0.7697	1.0100	0.9964	0.7746	0.9804	1.0045	1.3530	$418.32	0.7900	0.9670	$404.51	0.7397	$390.16	7.2%
BlueChoice HMO HSA/HRA Gold 1500	$1,500 (Integrated)	$4,000	0	228	0.3%	$370.78	1.0000	1.0931	1.0000	$405.30	0.7185	0.9600	0.9964	0.6872	0.9804	1.0045	1.3530	$371.15	0.7868	0.9670	$358.90	NA	NA	NA
BlueChoice HMO Referral Gold 0	$0 Med / $0 Rx	$7,150	122	276	0.3%	$370.78	1.0000	1.0931	1.0000	$405.30	0.8421	1.0100	0.9964	0.8475	0.9337	1.0045	1.3530	$435.89	0.8183	0.9670	$421.51	0.8076	$405.69	7.4%
BlueChoice HMO Referral Gold 500	$500 Med / $250 Rx	$7,150	1,079	2,484	2.9%	$370.78	1.0000	1.0931	1.0000	$405.30	0.8005	1.0100	0.9964	0.8056	0.9337	1.0045	1.3530	$414.34	0.8182	0.9670	$400.67	0.7696	$386.60	7.2%
BlueChoice HMO Referral Gold 80	$1000 Med / $0 Rx	$6,000	57	228	0.3%	$370.78	1.0000	1.0931	1.0000	$405.30	0.7671	1.0100	0.9964	0.7719	0.9337	1.0045	1.3530	$397.04	0.7899	0.9670	$383.94	0.7256	$364.52	8.9%
BlueChoice Plus Gold 500	$500 Med / $250 Rx	$7,150	139	312	0.4%	$370.78	1.0000	1.0931	1.0000	$405.30	0.8005	1.0100	0.9964	0.8056	1.0069	1.0045	1.3530	$446.84	0.8182	0.9670	$432.10	0.7696	$416.93	7.2%
BlueChoice Plus Gold 1000	$1,000 Med / $250 Rx	$4,000	67	228	0.3%	$370.78	1.0000	1.0931	1.0000	$405.30	0.7811	1.0100	0.9964	0.7860	1.0069	1.0045	1.3530	$436.01	0.8006	0.9670	$421.62	0.7455	$403.90	8.0%
BlueChoice Advantage Gold 500	$500 Med / $250 Rx	$7,150	909	2,088	2.4%	$370.78	1.0000	1.0931	1.0000	$405.30	0.8005	1.0100	0.9964	0.8056	1.0501	1.0045	1.3530	$466.01	0.8182	0.9670	$450.64	0.7696	$434.81	7.2%
BlueChoice Advantage Gold 1000	$1,000 Med / $250 Rx	$4,000	1,060	2,436	2.9%	$370.78	1.0000	1.0931	1.0000	$405.30	0.7811	1.0100	0.9964	0.7860	1.0501	1.0045	1.3530	$454.72	0.8006	0.9670	$439.71	0.7455	$421.22	8.0%
BlueChoice Advantage HSA/HRA Gold 1500	$1,500 (Integrated)	$4,000	0	228	0.3%	$370.78	1.0000	1.0931	1.0000	$405.30	0.7185	0.9600	0.9964	0.6872	1.0501	1.0045	1.3530	$397.56	0.7868	0.9670	$384.44	NA	NA	NA
HealthyBlue HMO Gold 1500	$1,500 Med / $0 Rx	$7,150	1,080	2,484	2.9%	$370.78	1.0000	1.0931	1.0000	$405.30	0.8150	1.0100	0.9964	0.8202	0.9804	1.0045	1.3530	$442.96	0.8131	0.9670	$428.34	0.8039	$424.02	4.5%
HealthyBlue Plus Gold 1500	$1,500 Med / $0 Rx	$7,150	1,404	3,228	3.8%	$370.78	1.0000	1.0931	1.0000	$405.30	0.8150	1.0100	0.9964	0.8202	1.0069	1.0045	1.3530	$454.96	0.8131	0.9670	$439.95	0.8039	$435.51	4.5%
HealthyBlue Advantage Gold 1500	$1,500 Med / $0 Rx	$7,150	3,745	8,604	10.1%	$370.78	1.0000	1.0931	1.0000	$405.30	0.8150	1.0100	0.9964	0.8202	1.0501	1.0045	1.3530	$474.48	0.8131	0.9670	$458.82	0.8039	$454.19	4.5%
Platinum Plans																								
BlueChoice HMO Platinum 0	$0 Med / $0 Rx	$1,500	1,825	4,200	4.9%	$370.78	1.0000	1.0931	1.0000	$405.30	0.9198	1.0100	1.0610	0.9856	0.9804	1.0045	1.3530	$532.29	0.9158	0.9670	$514.72	0.9812	$517.53	2.9%
BlueChoice HMO Referral Platinum 0	$0 Med / $0 Rx	$1,500	2,734	6,276	7.3%	$370.78	1.0000	1.0931	1.0000	$405.30	0.9198	1.0100	1.0610	0.9856	0.9337	1.0045	1.3530	$506.94	0.9158	0.9670	$490.21	0.9812	$492.88	2.9%
BlueChoice HMO Referral Platinum 1000	$1000 Med / $0 Rx	$1,500	1	228	0.3%	$370.78	1.0000	1.0931	1.0000	$405.30	0.8587	1.0100	1.0610	0.9202	0.9337	1.0045	1.3530	$473.27	0.8863	0.9670	$457.65	0.9263	$465.31	1.7%
BlueChoice Plus Opt-Out Platinum 0	$0 Med / $0 Rx	$1,500	5,880	13,512	15.8%	$370.78	1.0000	1.0931	1.0000	$405.30	0.9198	1.0100	1.0610	0.9856	0.9937	1.0045	1.3530	$539.50	0.9158	0.9670	$521.70	0.9812	$524.54	2.9%
BlueChoice Advantage Platinum 0	$0 Med / $0 Rx	$1,500	1,384	3,180	3.7%	$370.78	1.0000	1.0931	1.0000	$405.30	0.9198	1.0100	1.0610	0.9856	1.0501	1.0045	1.3530	$570.17	0.9158	0.9670	$551.35	0.9812	$554.35	2.9%
HealthyBlue HMO Platinum 500	$500 Med / $0 Rx	$1,500	298	684	0.8%	$370.78	1.0000	1.0931	1.0000	$405.30	0.9023	1.0100	1.0610	0.9669	0.9804	1.0045	1.3530	$522.19	0.8949	0.9670	$504.96	0.9543	$503.36	3.7%
HealthyBlue HMO Platinum 1000	$1,000 Med / $0 Rx	$1,500	86	228	0.3%	$370.78	1.0000	1.0931	1.0000	$405.30	0.8663	1.0100	1.0610	0.9283	0.9804	1.0045	1.3530	$501.33	0.8868	0.9670	$484.79	0.9431	$497.46	0.8%
HealthyBlue Plus Platinum 500	$500 Med / $0 Rx	$1,500	1,265	2,904	3.4%	$370.78	1.0000	1.0931	1.0000	$405.30	0.9023	1.0100	1.0610	0.9669	1.0069	1.0045	1.3530	$536.34	0.8949	0.9670	$518.65	0.9543	$517.00	3.7%
HealthyBlue Plus Platinum 1000	$1,000 Med / $0 Rx	$1,500	505	1,164	1.4%	$370.78	1.0000	1.0931	1.0000	$405.30	0.8663	1.0100	1.0610	0.9283	1.0069	1.0045	1.3530	$514.92	0.8868	0.9670	$497.92	0.9431	$510.94	0.8%
HealthyBlue Advantage Platinum 500	$500 Med / $0 Rx	$1,500	747	1,716	2.0%	$370.78	1.0000	1.0931	1.0000	$405.30	0.9023	1.0100	1.0610	0.9669	1.0501	1.0045	1.3530	$559.35	0.8949	0.9670	$540.89	0.9543	$539.18	3.7%
HealthyBlue Advantage Platinum 1000	$1,000 Med / $0 Rx	$1,500	684	1,572	1.8%	$370.78	1.0000	1.0931	1.0000	$405.30	0.8663	1.0100	1.0610	0.9283	1.0501	1.0045	1.3530	$537.01	0.8868	0.9670	$519.28	0.9431	$532.86	0.8%
	BRONZE SUBTOTAL:		384	1,572	1.8%	$370.78	1.0000	1.0931	1.0000	$405.30	0.5358	0.9745	0.9226	0.4823	0.9977	1.0045	1.3530	$264.99	0.6145	0.9670	$256.25	0.4158	$220.33	13.6%
	SILVER SUBTOTAL:		8,517	21,000	24.6%	$370.78	1.0000	1.0931	1.0000	$405.30	0.6539	0.9622	0.9503	0.5979	1.0133	1.0045	1.3530	$333.76	0.7146	0.9670	$322.75	0.5813	$317.30	5.1%
	GOLD SUBTOTAL:		11,561	27,180	31.8%	$370.78	1.0000	1.0931	1.0000	$405.30	0.8044	1.0092	0.9964	0.8089	1.0132	1.0045	1.3530	$451.52	0.8125	0.9670	$436.62	0.7853	$428.30	5.8%
	PLATINUM SUBTOTAL:		15,409	35,664	41.8%	$370.78	1.0000	1.0931	1.0000	$405.30	0.9123	1.0100	1.0610	0.9777	0.9926	1.0045	1.3530	$534.44	0.9101	0.9670	$516.81	0.9740	$520.22	2.8%
	GRAND TOTAL:		**35,871**	**85,416**	**100.0%**	**$370.78**	**1.0000**	**1.0931**	**1.0000**	**$405.30**	**0.8075**	**0.9973**	**1.0107**	**0.8215**	**1.0043**	**1.0045**	**1.3530**	**$453.76**	**0.8255**	**0.9670**	**$438.78**	**0.8140**	**$439.21**	**4.4%**

*** Geographic and Tobacco calibration factors both = 1.000.**

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

2017 ACA - PLAN LEVEL DERIVATIONS 4Q17
SG DC BLUECHOICE

			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	21	22
				Actual 2/29/2016 Mapped	ON-Exchange 4Q17 Cohort Projected		**INDEX RATE**	**Market-Level Adjustments (MLA)**			**INDEX RATE**			**Plan-Level Adjustments (PLA)**				**INDEX RATE**		**Calibration Allowable Rating Factors (ARFs) ***	**BASE PREMIUM**	Average Cost	**INDEX RATE**	
										Exch					**= (10)x(11)x(12)**					2017		(Consumer-Level)	Share	(Plan-Level)	
Benefit Plan				Mems	EMMs	%	(Ave ALW EHB)	Reins.	Risk Adj	User Fees	(Post-MLA)	Pricing Value	CDH Factor	Induced Demand	Cost-Share	Network & UM	Non-EHB	Distrib & Admin	(Plan-Level)	HHS AV	Age	4Q17	4Q17	4Q16	Δ
Bronze Plans	Ded.	OOP Max																							
BlueChoice HMO HSA/HRA Bronze 6500	$6,500 (Integrated)	$6,550		286	1,812	0.8%	$378.20	1.0000	1.0913	1.0000	$412.72	0.5168	0.9600	0.9226	0.4577	0.9804	1.0045	1.3627	$253.52	0.6138	0.9670	$245.16	0.4135	$221.26	14.6%
BlueChoice HMO Referral Bronze 5500	$5,500 Med / $100 Rx	$7,150		16	636	0.3%	$378.20	1.0000	1.0913	1.0000	$412.72	0.5821	1.0100	0.9226	0.5424	0.9337	1.0045	1.3627	$286.14	0.6162	0.9670	$276.70	0.4692	$239.12	19.7%
BlueChoice Plus HSA/HRA Bronze 6500	$6,500 (Integrated)	$6,550		72	636	0.3%	$378.20	1.0000	1.0913	1.0000	$412.72	0.5168	0.9600	0.9226	0.4577	1.0069	1.0045	1.3627	$260.39	0.6138	0.9670	$251.80	0.4135	$227.25	14.6%
BlueChoice Advantage HSA/HRA Bronze 6500	$6,500 (Integrated)	$6,550		10	636	0.3%	$378.20	1.0000	1.0913	1.0000	$412.72	0.5168	0.9600	0.9226	0.4577	1.0501	1.0045	1.3627	$271.56	0.6138	0.9670	$262.60	0.4135	$237.00	14.6%
BlueChoice Advantage Bronze 5500	$5,500 Med / $100 Rx	$7,150		0	636	0.3%	$378.20	1.0000	1.0913	1.0000	$412.72	0.5821	1.0100	0.9226	0.5424	1.0501	1.0045	1.3627	$321.83	0.6162	0.9670	$311.21	NA	NA	NA
Silver Plans																									
BlueChoice HMO Silver 1000	$1,000 Med / $100 Rx	$7,150		40	636	0.3%	$378.20	1.0000	1.0913	1.0000	$412.72	0.6852	1.0100	0.9503	0.6576	0.9804	1.0045	1.3627	$364.25	0.7199	0.9670	$352.23	0.6245	$334.17	9.0%
BlueChoice HMO HSA/HRA Silver 1500	$1,500 (Integrated)	$6,550		817	5,196	2.2%	$378.20	1.0000	1.0913	1.0000	$412.72	0.6613	0.9600	0.9503	0.6032	0.9804	1.0045	1.3627	$334.12	0.7172	0.9670	$323.09	0.5847	$312.90	6.8%
BlueChoice HMO HSA/HRA Silver 2000	$2,000 (Integrated)	$6,000		937	5,952	2.5%	$378.20	1.0000	1.0913	1.0000	$412.72	0.6382	0.9600	0.9503	0.5822	0.9804	1.0045	1.3627	$322.44	0.7090	0.9670	$311.80	0.5638	$301.71	6.9%
BlueChoice HMO HSA/HRA Silver 3000	$3,000 (Integrated)	$4,750		6	636	0.3%	$378.20	1.0000	1.0913	1.0000	$412.72	0.6076	0.9600	0.9503	0.5542	0.9804	1.0045	1.3627	$306.98	0.6942	0.9670	$296.85	0.5451	$291.71	5.2%
BlueChoice HMO Referral Silver 70	$2000 Med / $500 Rx	$6,850		16	636	0.3%	$378.20	1.0000	1.0913	1.0000	$412.72	0.6538	1.0100	0.9503	0.6275	0.9337	1.0045	1.3627	$330.98	0.7124	0.9670	$320.06	0.5912	$301.28	9.9%
BlueChoice HMO Referral Silver 4000	$4,000 Med / $0 Rx	$7,150		0	636	0.3%	$378.20	1.0000	1.0913	1.0000	$412.72	0.6899	1.0100	0.9503	0.6621	0.9337	1.0045	1.3627	$349.27	0.6892	0.9670	$337.74	NA	NA	NA
BlueChoice Plus HSA/HRA Silver 1500	$1,500 (Integrated)	$6,550		1,280	8,136	3.4%	$378.20	1.0000	1.0913	1.0000	$412.72	0.6613	0.9600	0.9503	0.6032	1.0069	1.0045	1.3627	$343.17	0.7172	0.9670	$331.85	0.5847	$321.37	6.8%
BlueChoice Plus HSA/HRA Silver 3000	$3,000 (Integrated)	$4,750		597	3,792	1.6%	$378.20	1.0000	1.0913	1.0000	$412.72	0.6076	0.9600	0.9503	0.5542	1.0069	1.0045	1.3627	$315.30	0.6942	0.9670	$304.89	0.5451	$299.62	5.2%
BlueChoice Advantage Silver 4000	$4,000 Med / $0 Rx	$7,150		0	636	0.3%	$378.20	1.0000	1.0913	1.0000	$412.72	0.6899	1.0100	0.9503	0.6621	1.0501	1.0045	1.3627	$392.83	0.6892	0.9670	$379.86	NA	NA	NA
BlueChoice Advantage HSA/HRA Silver 1500	$1,500 (Integrated)	$6,550		1,873	11,904	5.0%	$378.20	1.0000	1.0913	1.0000	$412.72	0.6613	0.9600	0.9503	0.6032	1.0501	1.0045	1.3627	$357.89	0.7172	0.9670	$346.08	0.5847	$335.16	6.8%
BlueChoice Advantage Silver 1500 BlueFund HSA	$1,500 (Integrated)	$6,350		0	636	0.3%	$378.20	1.0000	1.0913	1.0000	$412.72	0.6622	0.9600	0.9503	0.6041	1.0501	1.0045	1.3627	$358.41	0.7190	0.9670	$346.58	NA	NA	NA
BlueChoice Advantage HSA/HRA Silver 3000	$3,000 (Integrated)	$4,750		9	636	0.3%	$378.20	1.0000	1.0913	1.0000	$412.72	0.6076	0.9600	0.9503	0.5542	1.0501	1.0045	1.3627	$328.82	0.6942	0.9670	$317.97	0.5451	$312.47	5.2%
HealthyBlue HMO HSA/HRA Silver 2000	$2,000 (Integrated)	$6,550		980	6,228	2.6%	$378.20	1.0000	1.0913	1.0000	$412.72	0.6577	0.9600	0.9503	0.6000	0.9804	1.0045	1.3627	$332.32	0.7198	0.9670	$321.35	0.5892	$315.30	5.4%
HealthyBlue Plus HSA/HRA Silver 2000	$2,000 (Integrated)	$6,550		639	4,056	1.7%	$378.20	1.0000	1.0913	1.0000	$412.72	0.6577	0.9600	0.9503	0.6000	1.0069	1.0045	1.3627	$341.32	0.7198	0.9670	$330.06	0.5892	$323.85	5.4%
HealthyBlue Advantage HSA/HRA Silver 2000	$2,000 (Integrated)	$6,550		1,323	8,412	3.6%	$378.20	1.0000	1.0913	1.0000	$412.72	0.6577	0.9600	0.9503	0.6000	1.0501	1.0045	1.3627	$355.97	0.7198	0.9670	$344.22	0.5892	$337.74	5.4%
Gold Plans																									
BlueChoice HMO Gold 500	$500 Med / $250 Rx	$7,150		1,660	10,548	4.5%	$378.20	1.0000	1.0913	1.0000	$412.72	0.8005	1.0100	0.9964	0.8056	0.9804	1.0045	1.3627	$446.18	0.8182	0.9670	$431.46	0.7696	$411.84	8.3%
BlueChoice HMO Gold 1500	$1,500 Med / $250 Rx	$3,500		239	1,524	0.6%	$378.20	1.0000	1.0913	1.0000	$412.72	0.7697	1.0100	0.9964	0.7746	0.9804	1.0045	1.3627	$429.02	0.7900	0.9670	$414.86	0.7397	$395.84	8.4%
BlueChoice HMO HSA/HRA Gold 1500	$1,500 (Integrated)	$4,000		0	636	0.3%	$378.20	1.0000	1.0913	1.0000	$412.72	0.7185	0.9600	0.9964	0.6872	0.9804	1.0045	1.3627	$380.64	0.7868	0.9670	$368.08	NA	NA	NA
BlueChoice HMO Referral Gold 0	$0 Med / $0 Rx	$7,150		122	780	0.3%	$378.20	1.0000	1.0913	1.0000	$412.72	0.8421	1.0100	0.9964	0.8475	0.9337	1.0045	1.3627	$447.04	0.8183	0.9670	$432.29	0.8076	$411.60	8.6%
BlueChoice HMO Referral Gold 500	$500 Med / $250 Rx	$7,150		1,079	6,852	2.9%	$378.20	1.0000	1.0913	1.0000	$412.72	0.8005	1.0100	0.9964	0.8056	0.9337	1.0045	1.3627	$424.94	0.8182	0.9670	$410.91	0.7696	$392.23	8.3%
BlueChoice HMO Referral Gold 80	$1000 Med / $0 Rx	$6,000		57	636	0.3%	$378.20	1.0000	1.0913	1.0000	$412.72	0.7671	1.0100	0.9964	0.7719	0.9337	1.0045	1.3627	$407.19	0.7899	0.9670	$393.76	0.7256	$369.83	10.1%
BlueChoice Plus Gold 500	$500 Med / $250 Rx	$7,150		139	888	0.4%	$378.20	1.0000	1.0913	1.0000	$412.72	0.8005	1.0100	0.9964	0.8056	1.0069	1.0045	1.3627	$458.27	0.8182	0.9670	$443.15	0.7696	$423.00	8.3%
BlueChoice Plus Gold 1000	$1,000 Med / $250 Rx	$4,000		67	636	0.3%	$378.20	1.0000	1.0913	1.0000	$412.72	0.7811	1.0100	0.9964	0.7860	1.0069	1.0045	1.3627	$447.17	0.8006	0.9670	$432.41	0.7455	$409.78	9.1%
BlueChoice Advantage Gold 500	$500 Med / $250 Rx	$7,150		909	5,772	2.4%	$378.20	1.0000	1.0913	1.0000	$412.72	0.8005	1.0100	0.9964	0.8056	1.0501	1.0045	1.3627	$477.93	0.8182	0.9670	$462.16	0.7696	$441.14	8.3%
BlueChoice Advantage Gold 1000	$1,000 Med / $250 Rx	$4,000		1,060	6,732	2.8%	$378.20	1.0000	1.0913	1.0000	$412.72	0.7811	1.0100	0.9964	0.7860	1.0501	1.0045	1.3627	$466.35	0.8006	0.9670	$450.96	0.7455	$427.36	9.1%
BlueChoice Advantage HSA/HRA Gold 1500	$1,500 (Integrated)	$4,000		0	636	0.3%	$378.20	1.0000	1.0913	1.0000	$412.72	0.7185	0.9600	0.9964	0.6872	1.0501	1.0045	1.3627	$407.73	0.7868	0.9670	$394.28	NA	NA	NA
HealthyBlue HMO Gold 1500	$1,500 Med / $0 Rx	$7,150		1,080	6,864	2.9%	$378.20	1.0000	1.0913	1.0000	$412.72	0.8150	1.0100	0.9964	0.8202	0.9804	1.0045	1.3627	$454.29	0.8131	0.9670	$439.30	0.8039	$430.19	5.6%
HealthyBlue Plus Gold 1500	$1,500 Med / $0 Rx	$7,150		1,404	8,916	3.8%	$378.20	1.0000	1.0913	1.0000	$412.72	0.8150	1.0100	0.9964	0.8202	1.0069	1.0045	1.3627	$466.60	0.8131	0.9670	$451.20	0.8039	$441.85	5.6%
HealthyBlue Advantage Gold 1500	$1,500 Med / $0 Rx	$7,150		3,745	23,796	10.1%	$378.20	1.0000	1.0913	1.0000	$412.72	0.8150	1.0100	0.9964	0.8202	1.0501	1.0045	1.3627	$486.62	0.8131	0.9670	$470.56	0.8039	$460.81	5.6%
Platinum Plans																									
BlueChoice HMO Platinum 0	$0 Med / $0 Rx	$1,500		1,825	11,592	4.9%	$378.20	1.0000	1.0913	1.0000	$412.72	0.9198	1.0100	1.0610	0.9856	0.9804	1.0045	1.3627	$545.90	0.9158	0.9670	$527.89	0.9812	$525.06	4.0%
BlueChoice HMO Referral Platinum 0	$0 Med / $0 Rx	$1,500		2,734	17,376	7.4%	$378.20	1.0000	1.0913	1.0000	$412.72	0.9198	1.0100	1.0610	0.9856	0.9337	1.0045	1.3627	$519.91	0.9158	0.9670	$502.75	0.9812	$500.06	4.0%
BlueChoice HMO Referral Platinum 1000	$1000 Med / $0 Rx	$1,500		1	636	0.3%	$378.20	1.0000	1.0913	1.0000	$412.72	0.8587	1.0100	1.0610	0.9202	0.9337	1.0045	1.3627	$485.38	0.8863	0.9670	$469.36	0.9263	$472.08	2.8%
BlueChoice Plus Opt-Out Platinum 0	$0 Med / $0 Rx	$1,500		5,880	37,356	15.8%	$378.20	1.0000	1.0913	1.0000	$412.72	0.9198	1.0100	1.0610	0.9856	0.9937	1.0045	1.3627	$553.30	0.9158	0.9670	$535.04	0.9812	$532.18	4.0%
BlueChoice Advantage Platinum 0	$0 Med / $0 Rx	$1,500		1,384	8,796	3.7%	$378.20	1.0000	1.0913	1.0000	$412.72	0.9198	1.0100	1.0610	0.9856	1.0501	1.0045	1.3627	$584.75	0.9158	0.9670	$565.45	0.9812	$562.43	4.0%
HealthyBlue HMO Platinum 500	$500 Med / $0 Rx	$1,500		298	1,896	0.8%	$378.20	1.0000	1.0913	1.0000	$412.72	0.9023	1.0100	1.0610	0.9669	0.9804	1.0045	1.3627	$535.55	0.8949	0.9670	$517.88	0.9543	$510.70	4.9%
HealthyBlue HMO Platinum 1000	$1,000 Med / $0 Rx	$1,500		86	636	0.3%	$378.20	1.0000	1.0913	1.0000	$412.72	0.8663	1.0100	1.0610	0.9283	0.9804	1.0045	1.3627	$514.15	0.8868	0.9670	$497.19	0.9431	$504.71	1.9%
HealthyBlue Plus Platinum 500	$500 Med / $0 Rx	$1,500		1,265	8,040	3.4%	$378.20	1.0000	1.0913	1.0000	$412.72	0.9023	1.0100	1.0610	0.9669	1.0069	1.0045	1.3627	$550.06	0.8949	0.9670	$531.91	0.9543	$524.53	4.9%
HealthyBlue Plus Platinum 1000	$1,000 Med / $0 Rx	$1,500		505	3,204	1.4%	$378.20	1.0000	1.0913	1.0000	$412.72	0.8663	1.0100	1.0610	0.9283	1.0069	1.0045	1.3627	$528.09	0.8868	0.9670	$510.66	0.9431	$518.38	1.9%
HealthyBlue Advantage Platinum 500	$500 Med / $0 Rx	$1,500		747	4,752	2.0%	$378.20	1.0000	1.0913	1.0000	$412.72	0.9023	1.0100	1.0610	0.9669	1.0501	1.0045	1.3627	$573.66	0.8949	0.9670	$554.73	0.9543	$547.04	4.9%
HealthyBlue Advantage Platinum 1000	$1,000 Med / $0 Rx	$1,500		684	4,344	1.8%	$378.20	1.0000	1.0913	1.0000	$412.72	0.8663	1.0100	1.0610	0.9283	1.0501	1.0045	1.3627	$550.74	0.8868	0.9670	$532.57	0.9431	$540.62	1.9%
	BRONZE SUBTOTAL:			384	4,356	1.8%	$378.20	1.0000	1.0913	1.0000	$412.72	0.5359	0.9746	0.9226	0.4825	0.9978	1.0045	1.3627	$271.90	0.6145	0.9670	$262.92	0.4158	$223.53	14.8%
	SILVER SUBTOTAL:			8,517	58,128	24.6%	$378.20	1.0000	1.0913	1.0000	$412.72	0.6539	0.9622	0.9503	0.5979	1.0133	1.0045	1.3627	$342.32	0.7146	0.9670	$331.02	0.5813	$321.93	6.2%
	GOLD SUBTOTAL:			11,561	75,216	31.8%	$378.20	1.0000	1.0913	1.0000	$412.72	0.8044	1.0092	0.9964	0.8089	1.0132	1.0045	1.3627	$463.04	0.8125	0.9670	$447.76	0.7853	$434.54	7.0%
	PLATINUM SUBTOTAL:			15,409	98,628	41.7%	$378.20	1.0000	1.0913	1.0000	$412.72	0.9123	1.0100	1.0610	0.9777	0.9926	1.0045	1.3627	$548.11	0.9101	0.9670	$530.02	0.9740	$527.80	3.9%
	GRAND TOTAL:			**35,871**	**236,328**	**100.0%**	**$378.20**	**1.0000**	**1.0913**	**1.0000**	**$412.72**	**0.8075**	**0.9973**	**1.0106**	**0.8214**	**1.0043**	**1.0045**	**1.3627**	**$465.33**	**0.8255**	**0.9670**	**$449.97**	**0.8140**	**$445.60**	**5.6%**

*** Geographic and Tobacco calibration factors both = 1.000.**

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017
DICR & MLR

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
		SG DC BC Projected 1Q17			**SG DC BC** Projected 2Q17			**SG DC BC** Projected 3Q17			**SG DC BC** Projected 4Q17			**SG DC BC** Projected 2017			**SG DC BC** Filed 4Q16	
TRADITIONAL LOSS RATIO		PMPM	%	$s	PMPM	%	$s	PMPM	%	$s	PMPM	%	$s	PMPM	%	$s	PMPM	%
1 Allowed Claims & Captns (EHB Only)	Medical	$ 263.48			$ 267.67			$ 271.94			$ 276.30			$ 272.28			$ 270.17	
2	RX	$ 92.98			$ 95.86			$ 98.84			$ 101.90			$ 99.09			$ 100.35	
3	**TOTAL**	**$ 356.46**			**$ 363.53**			**$ 370.78**			**$ 378.20**			**$ 371.37**			**$ 370.52**	
4																		
5 Allowed Claims & Captns (EHB & Non-EHB)	Medical	$ 265.10			$ 269.32			$ 273.61			$ 278.00			$ 273.95			$ 272.19	
6	RX	$ 92.98			$ 95.86			$ 98.84			$ 101.90			$ 99.09			$ 100.35	
7	**TOTAL**	**$ 358.08**			**$ 365.18**			**$ 372.45**			**$ 379.90**			**$ 373.05**			**$ 372.54**	
8																		
9 Projected EMMs		82,956			41,592			85,416			236,328			446,292			224,340	
10 Average Members		6,913			3,466			7,118			19,694			37,191			18,695	
11 %		19%			9%			19%			53%			100%			52%	
12 Paid/Allowed Ratio		82.3%			82.4%			82.4%			82.4%			82.4%			83.2%	
13 Paid Claims & Captns		$ 294.85			$ 300.93			$ 306.79			$ 312.91			$ 307.26			$ 309.81	
14																		
15 **"3Rs"**																		
16 Risk Corridor		n/a			n/a			n/a			n/a			n/a			n/a	
17 Risk Adjustment/Transfer (Paid Claims Basis)		$ 28.29		$ 2,347,223	$ 28.29		$ 1,176,837	$ 28.29		$ 2,416,828	$ 28.29		$ 6,686,851	$ 28.29		$ 12,627,738	$ 14.28	
18 Reinsurance Recoveries (State & Federal) (Individual Only, Paid Claims Basis)		$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	
19 **Subtotal:**		**$ 28.29**		$ 2,347,223	**$ 28.29**		$ 1,176,837	**$ 28.29**		$ 2,416,828	**$ 28.29**		$ 6,686,851	**$28.29**		$ 12,627,738	**$ 14.28**	
20																		
21 Paid Claims & Captns (Post-3Rs)		**$ 323.14**	**74.7%**	**$ 26,806,693**	**$329.23**	**74.2%**	**$ 13,693,236**	**$335.09**	**73.9%**	**$ 28,622,026**	**$341.20**	**73.4%**	**$ 80,635,104**	**$ 335.56**	**73.8%**	**$ 149,757,059**	**$ 324.09**	**71.7%**
22 Administrative Expense		**$ 48.59**	11.2%	$ 4,031,162	**$ 48.59**	11.0%	$ 2,021,121	**$ 48.59**	10.7%	$ 4,150,703	**$ 48.59**	10.4%	$ 11,484,118	**$ 48.59**	10.7%	$ 21,687,104	**$ 49.38**	10.9%
23 Broker Commissions & Fee		**$ 28.65**	6.6%	$ 2,376,818	**$ 28.65**	6.5%	$ 1,191,675	**$ 28.65**	6.3%	$ 2,447,301	**$ 28.65**	6.2%	$ 6,771,165	**$ 28.65**	6.3%	$ 12,786,960	**$ 31.00**	6.9%
24 Contribution to Reserve (CtR) - Post-FIT		$ 7.78	**1.8%**	$ 645,809	$ 7.98	**1.8%**	$ 332,092	$ 8.16	**1.8%**	$ 697,367	$ 8.37	**1.8%**	$ 1,978,643	$ 8.19	**1.8%**	$ 3,653,910	$ 5.88	**1.3%**
25 Investment Income Credit		$ (0.00)	**0.0%**	$ (35)	$ (0.00)	**0.0%**	$ (18)	$ (0.00)	**0.0%**	$ (38)	$ (0.00)	**0.0%**	$ (107)	$ (0.00)	**0.0%**	$ (198)	$ (0.00)	**0.0%**
26																		
27 **Non-ACA Taxes & Fees**																		
28 State Premium Tax		$ 8.65	**2.0%**	$ 717,565	$ 8.87	**2.0%**	$ 368,991	$ 9.07	**2.0%**	$ 774,852	$ 9.30	**2.0%**	$ 2,198,492	$ 9.10	**2.0%**	$ 4,059,900	$ 9.04	**2.0%**
29 State Assessment Fees		$ 0.50	**0.1%**	$ 41,250	$ 0.51	**0.1%**	$ 21,212	$ 0.52	**0.1%**	$ 44,544	$ 0.53	**0.1%**	$ 126,384	$ 0.52	**0.1%**	$ 233,390	$ 0.52	**0.1%**
30 State Income Tax (SIT)		$ -	**0.0%**	$ -	$ -	**0.0%**	$ -	$ -	**0.0%**	$ -	$ -	**0.0%**	$ -	$ -	**0.0%**	$ -	$ -	**0.0%**
31 Federal Income Tax (FIT)		$ 4.32	**1.0%**	$ 358,783	$ 4.44	**1.0%**	$ 184,495	$ 4.54	**1.0%**	$ 387,426	$ 4.65	**1.0%**	$ 1,099,246	$ 4.55	**1.0%**	$ 2,029,950	$ 3.16	**0.7%**
32																		
33 **ACA Taxes & Fees**																		
34 Health Insurer Fee		$ 0.53	**0.1%**	$ 43,660	$ 4.87	**1.1%**	$ 202,665	$ 8.41	**1.9%**	$ 718,437	$ 13.17	**2.8%**	$ 3,112,540	$ 9.14	**2.0%**	$ 4,077,302	$ 14.47	**3.2%**
35 ***Reinsurance Contribution***		**$ -**	0.0%	$ -	**$ -**	0.0%	$ -	**$ -**	0.0%	$ -	**$ -**	0.0%	$ -	**$ -**	0.0%	$ -	***$ 0.25***	0.1%
36 Risk Adjustment User Fee		**$ 0.13**	0.0%	$ 10,784	**$ 0.13**	0.0%	$ 5,407	**$ 0.13**	0.0%	$ 11,104	**$ 0.13**	0.0%	$ 30,723	**$ 0.13**	0.0%	$ 58,018	**$ 0.15**	0.0%
37 ***Exchange Assessment Fee***		$ 4.32	**1.0%**	$ 358,783	$ 4.44	**1.0%**	$ 184,495	$ 4.54	**1.0%**	$ 387,426	$ 4.65	**1.0%**	$ 1,099,246	$ 4.55	**1.0%**	$ 2,029,950	$ 4.52	**1.0%**
38 ***Exchange User Fees (FFEs Only)***		**$ -**	0.0%	$ -	**$ -**	0.0%	$ -	**$ -**	0.0%	$ -	**$ -**	0.0%	$ -	**$ -**	0.0%	$ -	**$ -**	0.0%
39 Patient-Centered Outcomes Research Institute (PCORI) Tax		**$ 0.20**	0.0%	$ 16,225	**$ 0.20**	0.0%	$ 8,135	**$ 0.20**	0.0%	$ 16,706	**$ 0.20**	0.0%	$ 47,880	**$ 0.20**	0.0%	$ 88,947	**$ 0.19**	0.0%
40																		
41 BlueRewards/Incentive Program-Medical Debit Cards		**$ 5.68**	1.3%	$ 470,775	**$ 5.68**	1.3%	$ 236,035	**$ 5.68**	1.3%	$ 484,736	**$ 5.68**	1.2%	$ 1,341,161	**$ 5.68**	1.2%	$ 2,532,707	**$ 9.44**	2.1%
42																		
43 Other		**$ -**	0.0%	$ -	**$ -**	0.0%	$ -	**$ -**	0.0%	$ -	**$ -**	0.0%	$ -	**$ -**	0.0%	$ -	**$ -**	0.0%
44 **TOTAL**		**$ 432.50**	**100.0%**	**$ 35,878,274**	**$ 443.58**	**100.0%**	**$ 18,449,541**	**$ 453.58**	**100.0%**	**$ 38,742,590**	**$ 465.14**	**100.0%**	**$ 109,924,594**	**$ 454.85**	**100.0%**	**$ 202,994,999**	**$ 452.11**	**100.0%**
45																		
46 Contribution to Reserve (CtR) - Pre-FIT			2.8%			2.8%			2.8%			2.8%			2.8%			**2.0%**
47																		
48 **FHCR MEDICAL LOSS RATIO**																		
49 Risk Adjustment		$ 28.29		$ 2,347,223	$ 28.29		$ 1,176,837	$ 28.29		$ 2,416,828	$ 28.29		$ 6,686,851	$ 28.29		$ 12,627,738	$ 15.58	
50 Reinsurance Receipts (Individual Only)		$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	
51 BlueRewards/Incentive Program-Medical Debit Cards		$ 5.68		$ 470,775	$ 5.68		$ 236,035	$ 5.68		$ 484,736	$ 5.68		$ 1,341,161	$ 5.68		$ 2,532,707	$ 9.44	
52 Quality Improvement Expenses		$ 6.52		$ 540,940	$ 6.52		$ 271,214	$ 6.52		$ 556,982	$ 6.52		$ 1,541,050	$ 6.52		$ 2,910,185	$ 5.94	
53 Removal of costs which we book as care, but are not considered care under MLR guidelines (including ITS fees)		$ (3.93)		$ (325,729)	$ (3.93)		$ (163,312)	$ (3.93)		$ (335,388)	$ (3.93)		$ (927,949)	$ (3.93)		$ (1,752,378)	$ (3.30)	
54 **Numerator (Claims) Adjustment**		**$ 36.56**		**$ 3,033,209**	**$ 36.56**		**$ 1,520,773**	**$ 36.56**		**$ 3,123,157**	**$ 36.56**		**$ 8,641,114**	**$ 36.56**		**$ 16,318,252**	**$ 27.66**	
55																		
56 Non-ACA: Taxes & Regulatory Fees	State Premium Tax	$ 8.65		$ 717,565	$ 8.87		$ 368,991	$ 9.07		$ 774,852	$ 9.30		$ 2,198,492	$ 9.10		$ 4,059,900	$ 9.04	
57	State Assmt Fee	$ 0.50		$ 41,250	$ 0.51		$ 21,212	$ 0.52		$ 44,544	$ 0.53		$ 126,384	$ 0.52		$ 233,390	$ 0.52	
58	State Income Tax	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	
59	Federal Income Tax	$ 4.32		$ 358,783	$ 4.44		$ 184,495	$ 4.54		$ 387,426	$ 4.65		$ 1,099,246	$ 4.55		$ 2,029,950	$ 3.16	
60																		
61 ACA: Taxes & Regulatory Fees	Health Insurer Fee	$ 0.53		$ 43,660	$ 4.87		$ 202,665	$ 8.41		$ 718,437	$ 13.17		$ 3,112,540	$ 9.14		$ 4,077,302	$ 14.47	
62	Reinsurance Contribution	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ 0.25	
64	Risk Adj User Fees	$ 0.13		$ 10,784	$ 0.13		$ 5,407	$ 0.13		$ 11,104	$ 0.13		$ 30,723	$ 0.13		$ 58,018	$ 0.15	
65	Exchange Assessment Fee	$ 4.32		$ 358,783	$ 4.44		$ 184,495	$ 4.54		$ 387,426	$ 4.65		$ 1,099,246	$ 4.55		$ 2,029,950	$ 4.52	
66	Exchange User Fee	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	
67	PCORI	$ 0.20		$ 16,225	$ 0.20		$ 8,135	$ 0.20		$ 16,706	$ 0.20		$ 47,880	$ 0.20		$ 88,947	$ 0.19	
68 **Denominator (Premium) Adjustment**		**$ 18.65**		**$ 1,547,051**	**$ 23.45**		**$ 975,401**	**$ 27.40**		**$ 2,340,495**	**$ 32.64**		**$ 7,714,511**	**$ 28.18**		**$ 12,577,457**	**$ 32.31**	
69																		
70 FHCR Claims		$ 331.41		$ 27,492,680	$ 337.50		$ 14,037,172	$ 343.36		$ 29,328,355	$ 349.47		$ 82,589,366	$ 343.83		$ 153,447,573	$ 337.47	
71 FHCR MLR Premium		$ 413.85		$ 34,331,223	$ 420.13		$ 17,474,140	$ 426.17		$ 36,402,095	$ 432.49		$ 102,210,083	$ 426.67		$ 190,417,542	$ 419.79	
72 **FHCR Loss Ratio**		**80.1%**			**80.3%**			**80.6%**			**80.8%**			**80.6%**			**80.4%**	

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017
DICR & MLR

		1	2	3	4
			Ind 64-DC BC Projected 2017		
	TRADITIONAL LOSS RATIO		PMPM	%	$s
1	Allowed Claims & Captns (EHB Only)	Medical	$ 263.48		
2		RX	$ 92.98		
3		**TOTAL**	**$ 356.46**		
4					
5	Allowed Claims & Captns (EHB & Non-EHB)	Medical	$ 266.06		
6		RX	$ 92.98		
7		**TOTAL**	**$ 359.03**		
8					
9	Projected EMMs		197,506		
10	Average Members		16,459		
11					
12	Paid/Allowed Ratio		63.4%		
13	Paid Claims & Captns		$ 227.68		
14					
15	**"3Rs"**				
16	Risk Corridor		n/a		
17	Risk Adjustment/Transfer (Paid Claims Basis)		$ 21.68		
18	Reinsurance Recoveries (State & Federal) (Individual Only, Paid Claims Basis)		$ -		
19	**Subtotal:**		**$ 21.68**		
20					
21	Paid Claims & Captns (Post-3Rs)		**$ 249.36**	**76.7%**	**$ 49,249,767**
22	Administrative Expense		**$ 61.67**	19.0%	$ 12,179,677
23	Broker Commissions & Fee		**$ 2.89**	0.9%	$ 570,218
24	Contribution to Reserve (CtR) - Post-FIT		$ -	**0.0%**	$ -
25	Investment Income Credit		$ (0.00)	**0.0%**	$ (63)
26					
27	**Non-ACA Taxes & Fees**				
28	State Premium Tax		$ 6.50	**2.0%**	$ 1,284,315
29	State Assessment Fees		$ 0.14	**0.0%**	$ 27,847
30	State Income Tax (SIT)		$ -	**0.0%**	$ -
31	Federal Income Tax (FIT)		$ -	**0.0%**	$ -
32					
33	**ACA Taxes & Fees**				
34	Health Insurer Fee		$ -	**0.0%**	$ -
35	Risk Adjustment User Fee		**$ 0.13**	0.0%	$ 25,676
36	***Exchange Assessment Fee***		$ 3.25	**1.0%**	$ 642,157
37	***Exchange User Fees (FFEs Only)***		***$ -***	0.0%	$ -
38	Patient-Centered Outcomes Research Institute (PCORI) Tax		**$ 0.20**	0.1%	$ 38,630
39					
40	BlueRewards/Incentive Program-Medical Debit Cards		**$ 1.00**	0.3%	$ 197,506
41					
42	Other		**$ -**	0.0%	$ -
43	**TOTAL**		**$ 325.13**	**100.0%**	**$ 64,215,730**
44					
45	Contribution to Reserve (CtR) - Pre-FIT			**0.0%**	
46					
47	**FHCR MEDICAL LOSS RATIO**				
48	Risk Adjustment		$ 21.68		$ 4,282,282
49	Reinsurance Receipts (Individual Only)		$ -		$ -
50	BlueRewards/Incentive Program-Medical Debit Cards		$ 1.00		$ 197,506
51	Quality Improvement Expenses (net after MLR reclass from care)		$ 5.50		$ 1,085,606
52	Removal of costs which we book as care, but are not considered care under MLR guidelines (including ITS fees)		$ (1.31)		$ (258,680)
53	**Numerator (Claims) Adjustment**		**$ 26.87**		**$ 5,306,714**
54					
55	Non-ACA: Taxes & Regulatory Fees	State Premium Tax	$ 6.50		$ 1,284,315
56		State Assmt Fee	$ 0.14		$ 27,847
57		State Income Tax	$ -		$ -
58		Federal Income Tax	$ -		$ -
59					
60	ACA: Taxes & Regulatory Fees	Health Insurer Fee	$ -		$ -
61		Reinsurance Contribution	$ -		$ -
62		Risk Adj User Fees	$ 0.13		$ 25,676
63		Exchange Assessment Fee	$ 3.25		$ 642,157
64		Exchange User Fee	$ -		$ -
65		PCORI	$ 0.20		$ 38,630
66	**Denominator (Premium) Adjustment**		**$ 10.22**		**$ 2,018,625**
67					
68	FHCR Claims		$ 254.55		$ 50,274,199
69	FHCR MLR Premium		$ 314.91		$ 62,197,105
70	**FHCR Loss Ratio**		**80.8%**		

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017
DICR & MLR

		1	2	3	4
			SG & Ind DC BC Projected 2017		
	TRADITIONAL LOSS RATIO		PMPM	%	$s
1	Allowed Claims & Captns (EHB Only)	Medical	$ 269.58		
2		RX	$ 97.22		
3		**TOTAL**	**$ 366.80**		
4					
5	Allowed Claims & Captns (EHB & Non-EHB)	Medical	$ 271.53		
6		RX	$ 97.22		
7		**TOTAL**	**$ 368.75**		
8					
9	Projected EMMs		643,798		
10	Average Members		53,650		
11					
12	Paid/Allowed Ratio		76.7%		
13	Paid Claims & Captns		$ 282.85		
14					
15	**"3Rs"**				
16	Risk Corridor		n/a		
17	Risk Adjustment/Transfer (Paid Claims Basis)		$ 26.27		
18	Reinsurance Recoveries (State & Federal) (Individual Only, Paid Claims Basis)		$ -		
19	**Subtotal:**		**$ 26.27**		
20					
21	Paid Claims & Captns (Post-3Rs)		**$ 309.11**	**74.5%**	**$ 199,006,826**
22	Administrative Expense		**$ 52.60**	12.7%	$ 33,866,781
23	Broker Commissions & Fee		**$ 20.75**	5.0%	$ 13,357,177
24	Contribution to Reserve (CtR) - Post-FIT		$ 5.68	**1.4%**	$ 3,653,910
25	Investment Income Credit		$ (0.00)	**0.0%**	$ (260)
26					
27	**Non-ACA Taxes & Fees**				
28	State Premium Tax		$ 8.30	**2.0%**	$ 5,344,215
29	State Assessment Fees		$ 0.41	**0.1%**	$ 261,237
30	State Income Tax (SIT)		$ -	**0.0%**	$ -
31	Federal Income Tax (FIT)		$ 3.15	**0.8%**	$ 2,029,950
32					
33	**ACA Taxes & Fees**				
34	Health Insurer Fee		$ 6.33	**1.5%**	$ 4,077,302
35	***Reinsurance Contribution***		**$ -**	0.0%	$ -
36	Risk Adjustment User Fee		**$ 0.13**	0.0%	$ 83,694
37	***Exchange Assessment Fee***		$ 4.15	**1.0%**	$ 2,672,107
38	***Exchange User Fees (FFEs Only)***		**$ -**	0.0%	$ -
39	Patient-Centered Outcomes Research Institute (PCORI) Tax		**$ 0.20**	0.0%	$ 127,577
40					
41	BlueRewards/Incentive Program-Medical Debit Cards		**$ 4.24**	1.0%	$ 2,730,213
42					
43	Other		**$ -**	0.0%	$ -
44	**TOTAL**		**$ 415.05**	**100.0%**	**$ 267,210,729**
45					
46	Contribution to Reserve (CtR) - Pre-FIT			**2.1%**	
47					
48	**FHCR MEDICAL LOSS RATIO**				
49	Risk Adjustment		$ 26.27		$ 16,910,021
50	Reinsurance Receipts (Individual Only)		$ -		$ -
51	BlueRewards/Incentive Program-Medical Debit Cards		$ 4.24		$ 2,730,213
52	Quality Improvement Expenses		$ 6.21		$ 3,995,791
53	Removal of costs which we book as care, but are not considered care under MLR guidelines (including ITS fees)		$ (3.12)		$ (2,011,059)
54	**Numerator (Claims) Adjustment**		**$ 33.59**		**$ 21,624,966**
55					
56	Non-ACA: Taxes & Regulatory Fees	State Premium Tax	$ 8.30		$ 5,344,215
57		State Assmt Fee	$ 0.41		$ 261,237
58		State Income Tax	$ -		$ -
59		Federal Income Tax	$ 3.15		$ 2,029,950
60					$ -
61	ACA: Taxes & Regulatory Fees	Health Insurer Fee	$ 6.33		$ 4,077,302
62		Reinsurance Contribution	$ -		$ -
64		Risk Adj User Fees	$ 0.13		$ 83,694
65		Exchange Assessment Fee	$ 4.15		$ 2,672,107
66		Exchange User Fee	$ -		$ -
67		PCORI	$ 0.20		$ 127,577
68	**Denominator (Premium) Adjustment**		**$ 22.67**		**$ 14,596,082**
69					
70	FHCR Claims		$ 316.44		$ 203,721,772
71	FHCR MLR Premium		$ 392.38		$ 252,614,648
72	**FHCR Loss Ratio**		**80.6%**		

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

2017 DC Small Group BlueChoice
Exhibit 8 - Risk Adjustment

2015

Metallic Tier	Member Months	Distribution	PLRS	ARF	Transfer $	PMPM
Bronze	5,825	1%	0.951	1.119	-$200,326	-$34.39
Silver	73,898	18%	1.026	1.039	-$2,929,354	-$39.64
Gold	130,672	32%	1.132	1.022	-$7,020,943	-$53.73
Platinum	200,050	49%	1.469	1.027	-$267,626	-$1.34
Total	410,444	100%	1.274	1.029	-$10,418,250	-$25.38

Statewide		1.389	1.042
State Average Premium	$448.83		

2016

Metallic Tier	Member Months	Distribution	PLRS	ARF	Transfer $	PMPM
Bronze	2,783	1%	0.982	1.125	-$76,581	-$27.51
Silver	89,835	20%	1.027	1.045	-$3,747,733	-$41.72
Gold	123,267	28%	1.139	1.028	-$6,721,405	-$54.53
Platinum	203,843	46%	1.492	1.032	$1,026,969	$5.04
Total	419,728	100%	1.285	1.034	-$10,070,812	-$23.99

Statewide		1.388	1.049
State Average Premium	$463.64		

2017

Metallic Tier	Member Months	Distribution	PLRS	ARF	Transfer $	PMPM
Bronze	8,151	2%	0.982	1.125	-$231,668	-$28.42
Silver	108,815	25%	1.027	1.045	-$4,689,321	-$43.09
Gold	141,082	32%	1.139	1.028	-$7,946,671	-$56.33
Platinum	185,393	42%	1.492	1.032	$964,840	$5.20
Total	443,441	100%	1.25620	1.0358	-$12,547,061	-$28.29

Statewide		1.375	1.050
State Average Premium	$478.94		

Assumptions:
1. Statewide risk adjustment factors are assumed to move proportionately with movement in the estimated CareFirst risk fac
2. Statewide Average Premiums increase at the 2015 / 2014 rate.
3. 2016 and 2017 estimates account for mapped changes in metal levels that occur at renewal

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

Summary of Wakely Small Group Modeling

		(1) Projected Index Rate	(2) Estimated Risk Adjustment PMPM (Applied to Projected Index Rate)	(3) Calculated Risk Adjustment Factor	(4) = (2) x 1.00 Proposed Risk Adjustment PMPM Applied to Projected Index Rate	(5) Risk Adjustment User Fee PMPM**	(6) Avg Paid/Allowed Ratio	(7) = ((4) + (5))/(6) Net Risk Transfer Allowed Basis	(8) = (1) Projected Index Rate After Reinsurance Adjustment	(9) = 1 + (7)/(8) Proposed Value for Rate Filing
BlueChoice	1Q17	$ 356.46	$ 28.29	1.0794	$ 28.29	$ 0.13	82.3%	$ 34.52	$ 356.46	1.0968
	2Q17	$ 363.53	$ 28.29	1.0778	$ 28.29	$ 0.13	82.3%	$ 34.52	$ 363.53	1.0950
	3Q17	$ 370.78	$ 28.29	1.0763	$ 28.29	$ 0.13	82.3%	$ 34.52	$ 370.78	1.0931
	4Q17	$ 378.20	$ 28.29	1.0748	$ 28.29	$ 0.13	82.3%	$ 34.52	$ 378.20	1.0913

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

** Risk Adjustment User Fee = $1.56 PMPY / 12 = $0.13 PMPM.

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

Support for DICR Components

Estimated Breakdown of Admin Costs

	% of Revenue
Salaries/Wages/Benefits	5.0%
Quality Improvement Activities	1.5%
Other General Admin	4.8%
Total Admin Costs	**11.2%**

ACA Fees

Policy years ending 10/31/2017 - 9/30/2018		$2.35	PMPY
Divide by 12:	**$**	**0.20**	PMPM
Policy years ending 10/31/2018 forward		$2.44	PMPY
Divide by 12:	**$**	**0.20**	PMPM
Reinsurance Contribution 2017 & 2018	**$**	**-**	PMPM
Risk Adjustment User Fees	$	1.56	PMPY
Divide by 12:	**$**	**0.13**	PMPM
Health Insurer Fee 2017		**0.0%**	of premium
Health Insurer Fee 2018		**3.2%**	of premium
Exchange Fees		**0.0%**	of premium
Exchange Assessment Fee 2017		**1.0%**	of premium

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017
Description of "Other" Adjustments to Experience Period Data

The adjustment descriptions below detail the build up of our "Other" multiplicative factors
used in adjusting the experience period allowed PMPM amounts to the projection period.
These adjustments coincide with those used in worksheet I section II of the URRT.
Please see page 29 for support of these factors.

Service Category	Other Factor	Description of Adjustment
Inpatient	1.005	Factor of 1.005 for the impact of the increased age of the pool.
Outpatient	1.005	Factor of 1.005 for the impact of the increased age of the pool.
Professional	1.005	Factor of 1.005 for the impact of the increased age of the pool.
Other	1.005	Factor of 1.005 for the impact of the increased age of the pool.
Rx	0.964	Multiplicative factors of 1.005 for the impact of the increased age of the pool and 0.959 to reflect a projected increase in pharmacy rebates.
Capitation	0.862	Factor of 0.862 to adjust for changes to the capitation fee schedule to occur in the rating period.

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

Support for "Other" Adjustment Factors

1. Factors to Adjust for Capitation Schedule Changes

		Allowed Claims	Item	Calculation
Experience Period Capitation PMPM	$	1.31	(1)	
Projected Difference in Capitations PMPM due to lower negotiated rates		($0.18)	(2)	
Adjustment Factor - Impact to Capitations only (Blended Across Single Risk Pool)		**-13.8%**	(3)	= (2) / (1)

2. Pharmacy Rebates Adjustment

CareFirst changed its Pharmacy Benefits Manager (PBM) in 2014 and has received increased pharmacy rebates as a result of this change. The adjustment below is the ratio of the rebate PMPM for the last 3 months of 2015, which better represents current and future higher rebates, over the average rebate PMPM for all of 2015.

Ind 64-

Experience Period Allowed Rx PMPM (Pre-Rebate)	$	112.38	(1)	
Experience Period Pharmacy Rebates PMPM		($13.81)	(2)	
Projection Period Pharmacy Rebates PMPM		($23.32)	(3)	
Rebate adjustment factor - Impact to Rx only (Ind64- Only)		**-9.7%**	(4)	= [(3)-(2)] / [(1)+(2)]

Small Group

Experience Period Allowed Rx PMPM (Pre-Rebate)	$	83.71	(1)	
Experience Period Pharmacy Rebates PMPM		($10.45)	(2)	
Projection Period Pharmacy Rebates PMPM		($12.31)	(3)	
Rebate adjustment factor - Impact to Rx only (Small Group Only)		**-2.5%**	(4)	= [(3)-(2)] / [(1)+(2)]
Rebate Adjustment Factor - Impact to Rx only (Blended Across Single Risk Pool)		**-4.1%**		

3. Demographic Factor Derivation (see page 31 for details)

Average Relative Risk using 6/30/15 Age Distribution	1.645	(1)	
Average Relative Risk using 2/29/16 Age Distribution	1.654	(2)	
Demographic Impact (Blended Across Single Risk Pool)	**0.5%**	(3)	= (2) / (1) -1

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

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017
Support for Induced Demand Adjustment - Small Group/Individual Combined

		Item	Calculation
2015 AV	80.85%	(1)	
2015 Induced Demand Factor	1.086	(2)	
2017 AV	80.37%	(3)	
2017 Induced Demand Factor	1.083	(4)	
Buydown Impact Implied by Base Period and Projected Average AVs	-0.3%	(5)	=(4)/(2) - 1

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

Demographic Factor Derivation

The factor below represents the change in age factors from our 2015 ACA enrollment vs. actual results from ACA open enrollment through 2/29/16.

The factor is applied as change to all service categories, except capitations, on the Index Rate Derivation page. The factor is specifically applied to the Other Projection Factors section.

The age factors used to calculate the increase in demographic factor are based on our internal data that has a slope of approximately 4.5:1 for adults. We think this better approximates actual claims experience than the Federal curve which is constrained to a 3:1 slope.

	Members	Total Age Factor		Members	Total Age Factor	
Totals	46,119	75,872.48		47,235	78,127.46	**Change**
Average Age Factor		1.645			1.654	**0.5%**
Average Age		40.5			40.6	**0.1**
	6/30/2015	CF		2/29/2016	CF	
Age	Members	Factor	Mem x Age Factor	Members	Factor	Mem x Age Factor
0-20	8809	0.750	6,606.75	8917	0.750	6,687.75
21	279	1.000	279.17	270	1.000	270.00
22	480	1.016	487.91	423	1.016	429.82
23	678	1.048	710.98	688	1.048	721.29
24	856	1.065	911.40	869	1.065	925.06
25	1150	1.081	1,242.92	1020	1.081	1,102.26
26	1526	1.113	1,698.48	1579	1.113	1,757.27
27	1584	1.129	1,788.39	1558	1.129	1,759.03
28	1469	1.145	1,682.24	1637	1.145	1,874.63
29	1499	1.177	1,764.95	1528	1.177	1,799.10
30	1447	1.194	1,727.06	1540	1.194	1,838.06
31	1410	1.226	1,728.39	1445	1.226	1,771.29
32	1289	1.242	1,600.85	1402	1.242	1,741.19
33	1184	1.274	1,508.65	1219	1.274	1,553.24
34	1157	1.290	1,492.90	1197	1.290	1,544.52
35	1079	1.323	1,427.06	1153	1.323	1,524.94
36	1021	1.339	1,366.82	1031	1.339	1,380.21
37	942	1.371	1,291.45	992	1.371	1,360.00
38	837	1.403	1,174.50	932	1.403	1,307.81
39	787	1.419	1,117.03	834	1.419	1,183.74
40	825	1.452	1,197.58	823	1.452	1,194.68
41	751	1.548	1,162.84	771	1.548	1,193.81
42	750	1.629	1,221.77	748	1.629	1,218.52
43	741	1.694	1,254.92	729	1.694	1,234.60
44	808	1.774	1,433.55	728	1.774	1,291.61
45	770	1.855	1,428.23	807	1.855	1,496.85
46	735	1.952	1,434.44	754	1.952	1,471.52
47	682	2.032	1,386.00	704	2.032	1,430.71
48	642	2.129	1,366.84	670	2.129	1,426.45
49	656	2.226	1,460.13	671	2.226	1,493.52
50	688	2.323	1,597.94	660	2.323	1,532.90
51	678	2.468	1,673.13	693	2.468	1,710.15
52	605	2.597	1,571.05	669	2.597	1,737.24
53	622	2.710	1,685.42	637	2.710	1,726.06
54	628	2.823	1,772.58	608	2.823	1,716.13
55	597	2.968	1,771.74	619	2.968	1,837.03
56	607	3.097	1,879.74	617	3.097	1,910.71
57	564	3.258	1,837.55	577	3.258	1,879.90
58	561	3.387	1,900.16	561	3.387	1,900.16
59	508	3.565	1,810.77	562	3.565	2,003.26
60	452	3.710	1,676.77	486	3.710	1,802.90
61	497	3.871	1,923.87	420	3.871	1,625.81
62	448	4.065	1,820.90	506	4.065	2,056.65
63	428	4.258	1,822.45	460	4.258	1,958.71
64 and Over	1392	4.435	6,174.19	1521	4.435	6,746.37
	46,119		**75,872.48**	**47,235**		**78,127.46**

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

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

Projected Pool Allowed PMPM	**$**	**358.08**
Total Estimated Allowed $ Per Month, Based on Age Factors	$	14,249,491
Total Experience Members		38,464
PMPM Based On Age Factors	$	370.46
Calibration Adjustment		**0.967**
Average Age Factor		**1.035**

Derivation of Small Group Network Factors

BlueChoice Small Group Network Variations

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

Network Type	Raw Factor	Assumed Network Factor * (Scaled to 1.000)
Lock In / Referral	**1.000**	**0.934**
Open Access	**1.050**	**0.980**
Open Access Opt-Out	**1.064**	**0.994**
Open Access Plus	**1.078**	**1.007**
Open Access Advantage	**1.125**	**1.050**

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

The Open Access Plus products use the BlueChoice Fee allowances for In Network services.
Out of Network services pay up to our Regional Preferred Network allowances. Members can be balance billed.

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

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

Open Access Advantage plans pay Out Of Area BlueCard Services as In Network.
Out of Network, Out of Area services pay up to our Regional Preferred Network allowances. Members can be balance billed.

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

* Please refer to page 35 for normalization.

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

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

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

Total BlueChoice Small Group

	Midpoint AV	Projected 2017 Member Months	Utilization Impact Relative to Bronze	Impact Relative to Average *
Platinum	90%	186,264	**1.150**	1.061
Gold	80%	142,044	**1.080**	0.996
Silver	70%	109,752	**1.030**	0.950
Bronze	60%	8,232	**1.000**	0.923
Subtotal:		446,292		
Average	81.3%		1.095	

	Impact of Health Savings/Reimbursement Account	Projected 2017 Member Months
HSA/HRA	0.960	113,184
All Other *	1.01	333,108
Total	0.997	446,292

* Please refer to page 35 for normalization.

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

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

Metal Level	Market	Initial Factor	Projected MMs	Normalized Factors
Platinum	SG & Ind	1.150	186,264	1.061
Gold	SG & Ind	1.080	171,001	0.996
Silver	SG & Ind	1.030	136,166	0.950
Silver 200	Ind	1.030	1,115	0.950
Catastrophic	Ind	1.000	8,244	0.923
Bronze	SG & Ind	1.000	42,256	0.923
Subtotal:		1.084	545,046	1.000

Network	Market	Initial Factor	Projected MMs	Normalized Factors
Lock In / Referral	SG	1.000	53,220	0.934
Open Access	SG	1.050	102,264	0.980
BlueChoice Open Access	Ind	1.050	98,754	0.980
Open Access Plus	SG	1.078	72,348	1.007
Open Access Opt-Out	SG	1.064	70,560	0.994
Open Access Advantage	SG	1.125	147,900	1.050
Subtotal:		1.071	545,046	1.000

	Market	Initial Factor	Projected MMs	Normalized Factors
HSA/HRA	SG	0.960	113,184	0.960
Other	SG & Ind		431,862	1.010
Subtotal:			545,046	1.000

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

Rating Methdology & Sample Calculation

Methodology:

Group ABC
Selects BlueChoice Bronze Plan

	Employee 1	**Employee 2**
1. For each subscriber in a group, identify:		
All dependents associated with the subscriber including the following categories:	A spouse, and 1 child	5 children
Spouse/Domestic Partner	1	0
# of children ages 21 or older	0	1
# of children ages under 21 (if more than 3, select 3 oldest children)	1	4

	Subscriber	**Spouse**	**Child 1**	**Subscriber**	**Child 1 ***	**Child 2**	**Child 3**	**Child 4**	**Child 5**
2. For each subscriber and dependent, identify their age.	46	34	15	52	6	10	13	18	22
3. Determine appropriate age factor.	1.227	0.856	0.654	1.545		0.654	0.654	0.654	0.727
4. Idenfity the appropriate consumer level base rate.	$244.23	$244.23	$244.23	$244.23		$244.23	$244.23	$244.23	$244.23
5. Multiply the (base rate x age factor) and round to the nearest whole cent to determine the member's individual rate.	$299.67	$209.06	$159.73	$377.34		$159.73	$159.73	$159.73	$177.56
6. The group's total rate is the sum of individual rates for all members combined.	**$1,702.55**								

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

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

Age Factors

Age	Proposed Factor *
<= 20	0.654
21	0.727
22	0.727
23	0.727
24	0.727
25	0.727
26	0.727
27	0.727
28	0.744
29	0.760
30	0.779
31	0.799
32	0.817
33	0.836
34	0.856
35	0.876
36	0.896
37	0.916
38	0.927
39	0.938
40	0.975
41	1.013
42	1.053
43	1.094
44	1.137
45	1.181
46	1.227
47	1.275
48	1.325
49	1.377
50	1.431
51	1.487
52	1.545
53	1.605
54	1.668
55	1.733
56	1.801
57	1.871
58	1.944
59	2.020
60	2.099
61	2.181
62	2.181
63	2.181
64 and over	2.181

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

APPENDIX

CareFirst BlueChoice, Inc.
d.b.a. CareFirst BlueCross BlueShield
(NAIC # 96202)
D.C. Small Group Products - On Exchange
Rate Filing Effective 1/1/2017
Non-Grandfathered Experience for Pre-ACA Plans

Existing Closed Pre-ACA Products Included in Experience Period

HIOS Product ID	HIOS Product Name	On/Off Exchange	Member Months	Total Premium	Total Allowed Claims *	Incurred Claims *
86052DC024	BlueChoice Advantage HRA	N/A	-	$ -	$ -	$ -
86052DC023	BlueChoice Advantage HSA	N/A	-	$ -	$ -	$ -
86052DC008	BlueChoice HMO	N/A	-	$ -	$ 2,197	$ 1,868
86052DC018	BlueChoice Opt-Out Open Access	N/A	7	$ 3,173	$ 12,606	$ 11,444
86052DC017	BlueChoice HMO Open Access	N/A	-	$ -	$ 1,195	$ 997
86052DC019	BlueChoice Opt-Out Plus Open Access	N/A	-	$ -	$ 5,521	$ 4,931
86052DC025	HealthyBlue 2.0	N/A	-	$ -	$ 506	$ 506
86052DC031	HealthyBlue 2.0 HRA	N/A	-	$ -	$ -	$ -
86052DC030	HealthyBlue 2.0 HSA	N/A	-	$ -	$ -	$ -
86052DC035	HealthyBlue Advantage	N/A	-	$ -	$ -	$ -
86052DC037	HealthyBlue Advantage HRA	N/A	-	$ -	$ -	$ -
86052DC036	HealthyBlue Advantage HSA	N/A	-	$ -	$ -	$ -
86052DC014	HealthyBlue Triple Option	N/A	-	$ -	$ -	$ -
86052DC016	HealthyBlue Triple Option HRA	N/A	-	$ -	$ -	$ -
86052DC015	HealthyBlue Triple Option HSA	N/A	-	$ -	$ -	$ -
86052DC010	BlueChoice HMO HRA Open Access	N/A	-	$ -	$ -	$ -
86052DC009	BlueChoice HMO HSA Open Access	N/A	-	$ -	$ -	$ -
86052DC013	BlueChoice Advantage	N/A	-	$ -	$ 3,110	$ 2,628
86052DC012	BlueChoice Opt-Out Plus HRA Open Access	N/A	-	$ -	$ -	$ -
86052DC011	BlueChoice Opt-Out Plus HSA Open Access	N/A	-	$ -	$ -	$ -
86052DC038	BlueChoice HMO Open Access HDHP	N/A	-	$ -	$ -	$ -
86052DC039	BlueChoice Opt-Out Plus Open Access HDHP	N/A	-	$ -	$ -	$ -
	Subtotal Termed Non-ACA for URRT		**7**	**$ 3,173**	**$ 25,134**	**$ 22,373**

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

CareFirst BlueChoice, Inc.
d.b.a. CareFirst BlueCross BlueShield
(NAIC # 96202)
D.C. Small Group Products - On Exchange
Rate Filing Effective 1/1/2017
Non-Grandfathered Experience for ACA Plans

Existing ACA Products Included in Experience Period

2015 HIOS Plan ID	2015 HIOS Plan Name	2017 HIOS Plan ID *	2017 HIOS Plan Name	On/Off Exchange	Contracts a/o Dec 2015	Member Months	Total Premium	Total Allowed Claims **	Incurred Claims **
86052DC0490001	BlueChoice HMO Referral HSA/HRA $4,000	86052DC0460014	BlueChoice HMO HSA/HRA Bronze 6500	On	183	2,756	$ 692,479	$ 431,423	$ 200,875
86052DC0470002	BlueChoice HMO HSA/HRA $2,000, 80%	86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000	On	56	479	$ 152,148	$ 200,418	$ 144,097
86052DC0460003	BlueChoice HMO $1,000	86052DC0460009	BlueChoice HMO Gold 1500	On	49	792	$ 221,122	$ 95,761	$ 60,340
86052DC0440004	BlueChoice Advantage 90%/70%	86052DC0440012	BlueChoice Advantage Platinum 0	On	9	137	$ 73,628	$ 33,002	$ 26,836
86052DC0470005	BlueChoice HMO HSA/HRA $1,500	86052DC0460012	BlueChoice HMO HSA/HRA Silver 1500	On	541	10,821	$ 3,664,273	$ 2,521,456	$ 1,808,406
86052DC0470006	BlueChoice HMO HSA/HRA $2,000	86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000	On	523	10,516	$ 3,069,159	$ 2,706,135	$ 1,878,891
86052DC0460008	BlueChoice HMO $1,800	86052DC0460009	BlueChoice HMO Gold 1500	On	76	866	$ 293,636	$ 236,677	$ 172,526
86052DC0480004	BlueChoice HMO Referral $10/$20	86052DC0480007	BlueChoice HMO Referral Platinum 0	On	743	13,518	$ 6,112,829	$ 4,589,270	$ 4,323,104
86052DC0480006	BlueChoice HMO Referral $30/$40	86052DC0480007	BlueChoice HMO Referral Platinum 0	On	1,276	26,460	$ 11,977,491	$ 8,028,635	$ 7,318,142
86052DC0480005	BlueChoice HMO Referral $500	86052DC0480008	BlueChoice HMO Referral Gold 500	On	757	11,176	$ 4,118,531	$ 3,331,479	$ 2,804,284
86052DC0460006	BlueChoice HMO $250	86052DC0460010	BlueChoice HMO Gold 500	On	1,096	20,353	$ 7,439,646	$ 6,275,318	$ 5,493,967
86052DC0460007	BlueChoice HMO $30/$40	86052DC0460011	BlueChoice HMO Platinum 0	On	1,215	23,372	$ 10,346,615	$ 6,595,738	$ 5,966,077
86052DC0440006	BlueChoice Advantage 80%/50%	86052DC0440012	BlueChoice Advantage Platinum 0	On	25	1,010	$ 536,479	$ 502,207	$ 458,665
86052DC0440007	BlueChoice Advantage 100%/70%	86052DC0440012	BlueChoice Advantage Platinum 0	On	718	14,092	$ 6,522,769	$ 4,391,669	$ 3,902,943
86052DC0440008	BlueChoice Advantage $1000	86052DC0440010	BlueChoice Advantage Gold 1000	On	415	10,068	$ 3,598,334	$ 3,206,834	$ 2,584,495
86052DC0440009	BlueChoice Advantage $500 $20/$30	86052DC0440011	BlueChoice Advantage Gold 500	On	320	3,914	$ 1,231,544	$ 1,026,348	$ 818,638
86052DC0450002	BlueChoice Advantage HSA/HRA $1500	86052DC0440013	BlueChoice Advantage HSA/HRA Silver 1500	On	935	13,523	$ 3,792,560	$ 3,492,716	$ 2,426,703
86052DC0500005	BlueChoice Plus $2000	86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000	On	72	1,636	$ 579,193	$ 798,126	$ 639,803
86052DC0500008	BlueChoice Plus 100%/80%, $10/$20	86052DC0580001	BlueChoice Plus Opt-Out Platinum 0	On	655	13,390	$ 6,533,373	$ 5,032,671	$ 4,573,833
86052DC0500006	BlueChoice Plus 100%/80%, $20/$30	86052DC0580001	BlueChoice Plus Opt-Out Platinum 0	On	2,180	45,718	$ 21,594,092	$ 17,733,094	$ 16,107,469
86052DC0500007	BlueChoice Plus 100%/60%, $20/$30	86052DC0580001	BlueChoice Plus Opt-Out Platinum 0	On	933	17,770	$ 7,928,809	$ 6,965,445	$ 6,333,300
86052DC0510004	BlueChoice Plus HSA/HRA $1500	86052DC0500009	BlueChoice Plus HSA/HRA Silver 1500	On	746	14,531	$ 4,459,958	$ 3,747,664	$ 2,560,025
86052DC0510005	BlueChoice Plus HSA/HRA $2000	86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000	On	166	2,967	$ 816,477	$ 680,268	$ 444,029
86052DC0510006	BlueChoice Plus HSA/HRA $3500	86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000	On	154	3,175	$ 799,886	$ 702,190	$ 443,435
86052DC0540005	HealthyBlue HMO $300	86052DC0460016	HealthyBlue HMO Platinum 500	On	194	3,736	$ 1,599,845	$ 1,250,845	$ 1,157,787
86052DC0540006	HealthyBlue HMO $600	86052DC0460017	HealthyBlue HMO Platinum 1000	On	64	1,114	$ 418,808	$ 242,063	$ 216,563
86052DC0540004	HealthyBlue HMO $1,500	86052DC0460015	HealthyBlue HMO Gold 1500	On	787	11,146	$ 4,101,407	$ 2,876,209	$ 2,552,396
86052DC0550002	HealthyBlue HMO HSA/HRA $2,000	86052DC0460018	HealthyBlue HMO HSA/HRA Silver 2000	On	602	11,371	$ 3,235,206	$ 3,328,161	$ 2,384,383
86052DC0560005	HealthyBlue Plus $300	86052DC0500012	HealthyBlue Plus Platinum 500	On	732	17,545	$ 8,220,604	$ 7,962,259	$ 7,285,044
86052DC0560006	HealthyBlue Plus $600	86052DC0500013	HealthyBlue Plus Platinum 1000	On	368	5,826	$ 2,550,706	$ 2,044,284	$ 1,803,499
86052DC0560004	HealthyBlue Plus $1,500	86052DC0500011	HealthyBlue Plus Gold 1500	On	909	17,600	$ 6,642,326	$ 4,913,021	$ 4,165,221
86052DC0570002	HealthyBlue Plus HSA/HRA $2,000	86052DC0500014	HealthyBlue Plus HSA/HRA Silver 2000	On	340	6,051	$ 1,745,249	$ 1,999,379	$ 1,437,407
86052DC0520005	HealthyBlue Advantage $300	86052DC0440015	HealthyBlue Advantage Platinum 500	On	533	10,405	$ 4,494,745	$ 4,124,322	$ 3,792,173
86052DC0520006	HealthyBlue Advantage $600	86052DC0440016	HealthyBlue Advantage Platinum 1000	On	403	6,700	$ 3,007,407	$ 2,485,003	$ 2,222,108
86052DC0520004	HealthyBlue Advantage $1,500	86052DC0440014	HealthyBlue Advantage Gold 1500	On	2,212	45,764	$ 16,080,498	$ 14,242,791	$ 12,403,730
86052DC0530002	HealthyBlue Advantage HSA/HRA $2,000	86052DC0440017	HealthyBlue Advantage HSA/HRA Silver 2000	On	660	13,766	$ 3,852,158	$ 4,436,917	$ 3,169,735
				Total	**21,647**	**414,064**	**$ 162,503,990**	**$ 133,229,796**	**$114,080,927**

*** Experience for mapped plans will be listed in the URRT under these 2017 HIOS Plan IDs.**
**** These amounts do not include pharmacy rebates or capitations.**

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017
Blended Index Rate

Effective Date	Index Rate	Total Member Months	%	Average Members
1/1/2017	$ 356.46	82,956	19%	6,913
4/1/2017	$ 363.53	41,592	9%	3,466
7/1/2017	$ 370.78	85,416	19%	7,118
10/1/2017	$ 378.20	236,328	53%	19,694
Blended	**$ 371.37**	**446,292**	**100%**	**37,191**

CareFirst BlueCross BlueShield (BlueChoice)

D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

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

Experience Period: Incurred 201501 - 201512, Paid through 201602

						Completed		Rolling 12 PMPM			Rolling 12 Trend		
Month	**Contracts**	**Members**	**Allowed**	**Admits**	**Completion Factor**	**Allowed**	**Admits**	**Allowed**	**Admits/1000**	**Unit Cost**	**Allowed**	**Admits/1000**	**Unit Cost**
201304	22,199	35,135	$2,740,131	146	1.00	$2,740,131	146						
201305	22,328	35,161	$1,900,521	155	1.00	$1,900,521	155						
201306	22,753	35,868	$1,500,305	149	1.00	$1,500,305	149						
201307	23,069	36,382	$3,026,062	187	1.00	$3,026,063	187						
201308	23,563	37,260	$2,153,733	187	1.00	$2,153,734	187						
201309	23,829	37,648	$2,244,040	178	1.00	$2,244,047	178						
201310	23,811	37,674	$2,087,527	155	1.00	$2,087,534	155						
201311	24,089	38,242	$1,927,560	173	1.00	$1,927,566	173						
201312	25,042	39,857	$2,215,003	154	1.00	$2,215,043	154						
201401	27,215	43,474	$2,681,929	194	1.00	$2,681,973	194						
201402	27,606	44,012	$2,001,755	185	1.00	$2,001,894	185						
201403	27,835	44,143	$2,301,688	205	1.00	$2,301,861	205	$57.61	53.39	$12,949.81			
201404	28,330	44,736	$1,738,419	159	1.00	$1,738,639	159	$54.33	52.63	$12,387.55			
201405	29,572	45,927	$2,270,052	195	1.00	$2,270,512	195	$53.89	52.46	$12,328.16			
201406	29,313	45,596	$2,542,912	187	1.00	$2,543,475	187	$54.94	52.35	$12,594.10			
201407	29,067	45,244	$2,162,109	177	1.00	$2,162,657	177	$52.26	51.19	$12,250.70			
201408	29,012	45,090	$1,587,741	183	1.00	$1,588,155	183	$50.35	50.31	$12,009.63			
201409	28,655	44,523	$2,862,688	179	1.00	$2,863,858	179	$50.88	49.67	$12,292.48			
201410	28,382	44,057	$2,186,965	205	1.00	$2,187,887	205	$50.45	50.21	$12,057.76			
201411	28,173	43,734	$2,622,550	191	1.00	$2,623,505	191	$51.24	50.10	$12,273.53			
201412	27,173	42,121	$2,127,317	180	1.00	$2,128,550	180	$50.86	50.48	$12,091.86			
201501	27,855	42,745	$2,521,950	196	1.00	$2,524,190	196	$50.64	50.60	$12,009.85			
201502	27,809	42,643	$2,178,714	168	1.00	$2,181,271	168	$51.11	50.35	$12,181.21			
201503	28,679	43,554	$2,502,802	190	1.00	$2,507,368	190	$51.55	50.07	$12,354.99	-10.5%	-6.2%	-4.6%
201504	28,751	43,584	$2,193,521	170	1.00	$2,198,472	170	$52.53	50.44	$12,498.73	-3.3%	-4.2%	0.9%
201505	28,618	43,448	$2,086,195	153	1.00	$2,093,158	153	$52.44	49.73	$12,655.53	-2.7%	-5.2%	2.7%
201506	28,518	43,358	$1,965,609	160	0.99	$1,975,821	161	$51.58	49.34	$12,546.31	-6.1%	-5.8%	-0.4%
201507	28,337	43,067	$2,377,619	180	0.99	$2,393,569	181	$52.24	49.64	$12,629.14	0.0%	-3.0%	3.1%
201508	28,184	42,904	$2,560,657	192	0.99	$2,584,669	194	$54.38	50.10	$13,025.63	8.0%	-0.4%	8.5%
201509	28,193	42,870	$2,084,581	191	0.99	$2,112,652	194	$53.10	50.59	$12,595.16	4.4%	1.9%	2.5%
201510	28,136	42,801	$2,507,566	161	0.98	$2,569,493	165	$53.97	49.79	$13,008.48	7.0%	-0.9%	7.9%
201511	28,172	42,897	$2,745,804	153	0.97	$2,844,911	159	$54.49	49.11	$13,313.61	6.3%	-2.0%	8.5%
201512	28,445	43,384	$2,736,852	171	0.93	$2,952,543	184	$55.95	49.09	$13,675.84	10.0%	-2.7%	13.1%
201601	29,059	44,260	$1,438,140	113	0.77	$1,867,781	147	$54.52	47.81	$13,684.41	7.7%	-5.5%	13.9%
201602	29,435	44,648	$375,723	32	0.23	$1,604,022	136	$53.20	46.87	$13,619.90	4.1%	-6.9%	11.8%
Experience Period	**339,697**	**517,255**	**$28,461,870**	**2,085**	**0.98**	**$28,938,117**	**2,116**						
201503	28,679	43,554									-10.5%	-6.2%	-4.6%
201509	28,193	42,870									4.4%	1.9%	2.5%
201512	28,445	43,384									10.0%	-2.7%	13.1%
Avg last 6 months	28,245	42,987									5.9%	-1.2%	7.2%
Selected Pricing Trend												**0.0%**	**9.0%**

CareFirst BlueCross BlueShield (BlueChoice)

D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

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

Experience Period: Incurred 201501 - 201512, Paid through 201602

						Completed		Rolling 12 PMPM			Rolling 12 Trend		
Month	**Contracts**	**Members**	**Allowed**	**Visits**	**Completion Factor**	**Allowed**	**Visits**	**Allowed**	**Visits/1000**	**Unit Cost**	**Allowed**	**Visits/1000**	**Unit Cost**
201304	22,199	35,135	$1,832,366	1,705	1.00	$1,832,366	1,705						
201305	22,328	35,161	$2,324,472	1,765	1.00	$2,324,472	1,765						
201306	22,753	35,868	$1,949,860	1,638	1.00	$1,949,860	1,638						
201307	23,069	36,382	$2,183,513	1,666	1.00	$2,183,514	1,666						
201308	23,563	37,260	$1,955,436	1,613	1.00	$1,955,437	1,613						
201309	23,829	37,648	$1,968,150	1,655	1.00	$1,968,157	1,655						
201310	23,811	37,674	$2,104,749	1,791	1.00	$2,104,757	1,791						
201311	24,089	38,242	$2,172,607	1,717	1.00	$2,172,616	1,717						
201312	25,042	39,857	$2,239,495	1,696	1.00	$2,239,532	1,696						
201401	27,215	43,474	$2,771,391	1,929	1.00	$2,771,431	1,929						
201402	27,606	44,012	$2,671,976	1,862	1.00	$2,672,174	1,862						
201403	27,835	44,143	$2,556,778	1,914	1.00	$2,556,978	1,914	$57.50	540.85	$1,275.87			
201404	28,330	44,736	$2,629,950	1,986	1.00	$2,630,271	1,986	$58.02	537.02	$1,296.55			
201405	29,572	45,927	$2,751,602	2,138	1.00	$2,752,164	2,138	$57.62	534.34	$1,293.94			
201406	29,313	45,596	$2,410,317	2,002	1.00	$2,410,831	2,002	$57.42	532.67	$1,293.46			
201407	29,067	45,244	$2,833,311	2,048	1.00	$2,834,097	2,049	$57.70	532.41	$1,300.43			
201408	29,012	45,090	$2,470,915	1,909	1.00	$2,471,627	1,910	$57.82	531.22	$1,306.19			
201409	28,655	44,523	$2,376,645	2,007	1.00	$2,377,456	2,008	$57.85	532.34	$1,303.96			
201410	28,382	44,057	$2,708,891	2,080	1.00	$2,709,974	2,081	$58.30	532.49	$1,313.72			
201411	28,173	43,734	$2,297,335	1,803	1.00	$2,298,416	1,804	$57.93	528.94	$1,314.22			
201412	27,173	42,121	$2,331,201	1,802	1.00	$2,332,754	1,803	$57.86	529.11	$1,312.19			
201501	27,855	42,745	$2,381,007	1,820	1.00	$2,383,064	1,822	$57.21	527.41	$1,301.61			
201502	27,809	42,643	$2,444,454	1,707	1.00	$2,447,155	1,709	$56.93	525.31	$1,300.50			
201503	28,679	43,554	$2,672,944	1,977	1.00	$2,677,818	1,981	$57.22	527.40	$1,301.97	-0.5%	-2.5%	2.0%
201504	28,751	43,584	$2,513,739	1,943	1.00	$2,519,500	1,947	$57.14	527.67	$1,299.37	-1.5%	-1.7%	0.2%
201505	28,618	43,448	$2,590,203	1,976	1.00	$2,598,523	1,982	$57.11	526.60	$1,301.50	-0.9%	-1.4%	0.6%
201506	28,518	43,358	$2,674,203	1,959	1.00	$2,687,461	1,969	$57.89	528.08	$1,315.39	0.8%	-0.9%	1.7%
201507	28,337	43,067	$2,417,493	1,892	0.99	$2,433,699	1,905	$57.36	526.97	$1,306.17	-0.6%	-1.0%	0.4%
201508	28,184	42,904	$2,680,526	1,892	0.99	$2,706,200	1,910	$58.05	529.20	$1,316.38	0.4%	-0.4%	0.8%
201509	28,193	42,870	$2,467,995	1,981	0.99	$2,502,263	2,008	$58.48	530.90	$1,321.79	1.1%	-0.3%	1.4%
201510	28,136	42,801	$2,469,783	2,019	0.98	$2,532,217	2,070	$58.28	531.93	$1,314.69	0.0%	-0.1%	0.1%
201511	28,172	42,897	$2,370,155	1,903	0.96	$2,457,951	1,973	$58.68	536.73	$1,311.95	1.3%	1.5%	-0.2%
201512	28,445	43,384	$2,606,617	1,901	0.93	$2,806,404	2,048	$59.45	541.10	$1,318.49	2.8%	2.3%	0.5%
201601	29,059	44,260	$1,980,972	1,478	0.77	$2,587,179	1,931	$59.67	542.04	$1,321.06	4.3%	2.8%	1.5%
201602	29,435	44,648	$469,506	480	0.23	$1,998,608	2,036	$58.58	547.49	$1,284.01	2.9%	4.2%	-1.3%
Experience Period	**339,697**	**517,255**	**$30,289,119**	**22,970**	**0.98**	**$30,752,255**	**23,324**						
201503	28,679	43,554									-0.5%	-2.5%	2.0%
201509	28,193	42,870									1.1%	-0.3%	1.4%
201512	28,445	43,384									2.8%	2.3%	0.5%
Avg last 6 months	28,245	42,987									0.8%	0.3%	0.5%
Selected Pricing Trend												**2.5%**	**2.0%**

CareFirst BlueCross BlueShield (BlueChoice)

D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

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

Experience Period: Incurred 201501 - 201512, Paid through 201602

						Completed		Rolling 12 PMPM			Rolling 12 Trend		
Month	**Contracts**	**Members**	**Allowed**	**Visits**	**Completion Factor**	**Allowed**	**Visits**	**Allowed**	**Visits/1000**	**Unit Cost**	**Allowed**	**Visits/1000**	**Unit Cost**
201304	22,199	35,135	$3,921,175	27,754	1.00	$3,921,175	27,754						
201305	22,328	35,161	$3,898,895	26,954	1.00	$3,898,895	26,954						
201306	22,753	35,868	$3,524,576	24,846	1.00	$3,524,577	24,846						
201307	23,069	36,382	$3,888,041	27,143	1.00	$3,888,043	27,143						
201308	23,563	37,260	$3,889,518	27,470	1.00	$3,889,519	27,470						
201309	23,829	37,648	$3,825,353	27,183	1.00	$3,825,366	27,183						
201310	23,811	37,674	$4,249,814	30,976	1.00	$4,249,829	30,976						
201311	24,089	38,242	$3,823,168	26,830	1.00	$3,823,183	26,830						
201312	25,042	39,857	$3,705,504	25,777	1.00	$3,705,564	25,777						
201401	27,215	43,474	$4,861,212	32,118	1.00	$4,861,286	32,118						
201402	27,606	44,012	$4,261,770	29,164	1.00	$4,262,079	29,166						
201403	27,835	44,143	$4,573,378	31,310	1.00	$4,573,727	31,312	$104.17	8,713.17	$143.46			
201404	28,330	44,736	$4,837,617	32,947	1.00	$4,838,196	32,951	$103.99	8,668.29	$143.96			
201405	29,572	45,927	$4,740,477	32,981	1.00	$4,741,322	32,987	$103.42	8,625.16	$143.89			
201406	29,313	45,596	$4,672,859	32,901	1.00	$4,673,900	32,908	$103.71	8,651.10	$143.86			
201407	29,067	45,244	$4,835,625	32,846	1.00	$4,836,879	32,855	$103.77	8,634.97	$144.21			
201408	29,012	45,090	$4,546,235	31,262	1.00	$4,547,537	31,271	$103.47	8,591.98	$144.51			
201409	28,655	44,523	$4,767,677	32,477	1.00	$4,769,369	32,488	$103.92	8,600.84	$144.99			
201410	28,382	44,057	$5,174,090	36,795	1.00	$5,176,182	36,810	$104.42	8,629.62	$145.20			
201411	28,173	43,734	$4,304,317	30,186	1.00	$4,306,278	30,200	$104.25	8,616.50	$145.18			
201412	27,173	42,121	$4,322,739	30,117	1.00	$4,325,689	30,138	$104.97	8,678.10	$145.15			
201501	27,855	42,745	$4,552,979	30,453	1.00	$4,557,053	30,480	$104.54	8,653.04	$144.98			
201502	27,809	42,643	$4,097,867	27,901	1.00	$4,102,989	27,936	$104.51	8,647.53	$145.03			
201503	28,679	43,554	$4,746,592	31,666	1.00	$4,755,664	31,727	$104.97	8,666.52	$145.35	0.8%	-0.5%	1.3%
201504	28,751	43,584	$4,704,022	32,510	1.00	$4,715,101	32,586	$104.97	8,677.11	$145.16	0.9%	0.1%	0.8%
201505	28,618	43,448	$4,491,341	30,720	1.00	$4,506,132	30,820	$105.01	8,668.57	$145.37	1.5%	0.5%	1.0%
201506	28,518	43,358	$4,838,775	32,838	0.99	$4,863,489	33,004	$105.82	8,707.79	$145.83	2.0%	0.7%	1.4%
201507	28,337	43,067	$4,590,348	31,332	0.99	$4,621,687	31,544	$105.85	8,713.97	$145.77	2.0%	0.9%	1.1%
201508	28,184	42,904	$4,518,815	30,045	0.99	$4,562,460	30,334	$106.33	8,728.98	$146.17	2.8%	1.6%	1.1%
201509	28,193	42,870	$4,672,334	31,360	0.99	$4,737,650	31,791	$106.60	8,740.67	$146.36	2.6%	1.6%	0.9%
201510	28,136	42,801	$4,918,207	34,279	0.98	$5,043,284	35,145	$106.61	8,723.25	$146.65	2.1%	1.1%	1.0%
201511	28,172	42,897	$4,557,244	30,525	0.96	$4,726,582	31,657	$107.59	8,771.30	$147.20	3.2%	1.8%	1.4%
201512	28,445	43,384	$4,720,739	31,744	0.93	$5,087,984	34,213	$108.81	8,844.43	$147.63	3.7%	1.9%	1.7%
201601	29,059	44,260	$3,638,460	25,017	0.77	$4,754,227	32,689	$108.87	8,869.69	$147.29	4.1%	2.5%	1.6%
201602	29,435	44,648	$1,746,704	13,059	0.24	$7,332,772	54,778	$114.65	9,454.05	$145.53	9.7%	9.3%	0.3%
Experience Period	**339,697**	**517,255**	**$55,409,262**	**375,373**	**0.98**	**$56,280,075**	**381,235**						
201503	28,679	43,554									0.8%	-0.5%	1.3%
201509	28,193	42,870									2.6%	1.6%	0.9%
201512	28,445	43,384									3.7%	1.9%	1.7%
Avg last 6 months	28,245	42,987									2.7%	1.5%	1.2%
Selected Pricing Trend												**2.5%**	**2.0%**

CareFirst BlueCross BlueShield (BlueChoice)

D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

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

Experience Period: Incurred 201501 - 201512, Paid through 201602

						Completed		Rolling 12 PMPM			Rolling 12 Trend		
Month	**Contracts**	**Members**	**Allowed**	**Services**	**Completion Factor**	**Allowed**	**Services**	**Allowed**	**Services/1000**	**Unit Cost**	**Allowed**	**Services/1000**	**Unit Cost**
201304	22,199	35,135	$385,349	1,828	1.00	$385,349	1,828						
201305	22,328	35,161	$432,940	1,831	1.00	$432,940	1,831						
201306	22,753	35,868	$422,423	1,865	1.00	$422,424	1,865						
201307	23,069	36,382	$480,141	1,912	1.00	$480,142	1,912						
201308	23,563	37,260	$495,065	1,996	1.00	$495,065	1,996						
201309	23,829	37,648	$487,272	1,860	1.00	$487,274	1,860						
201310	23,811	37,674	$554,158	2,093	1.00	$554,160	2,093						
201311	24,089	38,242	$428,500	1,747	1.00	$428,502	1,747						
201312	25,042	39,857	$511,960	1,634	1.00	$511,968	1,634						
201401	27,215	43,474	$474,052	1,950	1.00	$474,059	1,950						
201402	27,606	44,012	$441,152	2,069	1.00	$441,184	2,069						
201403	27,835	44,143	$541,641	2,539	1.00	$541,681	2,539	$12.16	602.11	$242.44			
201404	28,330	44,736	$511,321	2,411	1.00	$511,379	2,411	$12.18	604.68	$241.80			
201405	29,572	45,927	$628,586	2,647	1.00	$628,699	2,648	$12.32	611.46	$241.73			
201406	29,313	45,596	$686,493	2,541	1.00	$686,637	2,542	$12.61	615.84	$245.69			
201407	29,067	45,244	$665,712	3,133	1.00	$665,895	3,134	$12.76	634.12	$241.39			
201408	29,012	45,090	$688,135	3,139	1.00	$688,321	3,140	$12.94	651.25	$238.40			
201409	28,655	44,523	$570,685	2,783	1.00	$570,886	2,784	$12.93	664.00	$233.64			
201410	28,382	44,057	$540,015	3,463	1.00	$540,243	3,465	$12.74	687.29	$222.51			
201411	28,173	43,734	$610,782	2,911	1.00	$611,055	2,913	$12.96	706.54	$220.05			
201412	27,173	42,121	$602,702	3,883	1.00	$603,098	3,886	$13.07	754.28	$207.97			
201501	27,855	42,745	$613,090	3,217	1.00	$613,592	3,220	$13.35	783.97	$204.39			
201502	27,809	42,643	$558,842	3,114	1.00	$559,539	3,119	$13.61	809.73	$201.70			
201503	28,679	43,554	$599,396	3,743	1.00	$600,544	3,752	$13.74	838.08	$196.68	12.9%	39.2%	-18.9%
201504	28,751	43,584	$672,453	3,871	1.00	$674,044	3,882	$14.07	873.29	$193.39	15.5%	44.4%	-20.0%
201505	28,618	43,448	$586,474	3,257	1.00	$588,434	3,270	$14.06	891.58	$189.29	14.2%	45.8%	-21.7%
201506	28,518	43,358	$734,724	3,909	0.99	$738,626	3,930	$14.22	927.17	$184.08	12.8%	50.6%	-25.1%
201507	28,337	43,067	$733,627	3,515	0.99	$738,693	3,541	$14.42	940.39	$184.03	13.1%	48.3%	-23.8%
201508	28,184	42,904	$702,707	3,835	0.99	$709,686	3,876	$14.52	961.33	$181.29	12.3%	47.6%	-24.0%
201509	28,193	42,870	$731,831	2,222	0.99	$741,979	2,256	$14.90	952.16	$187.78	15.3%	43.4%	-19.6%
201510	28,136	42,801	$797,404	1,580	0.98	$817,711	1,623	$15.47	911.73	$203.66	21.4%	32.7%	-8.5%
201511	28,172	42,897	$702,856	1,557	0.96	$729,655	1,622	$15.73	883.19	$213.70	21.4%	25.0%	-2.9%
201512	28,445	43,384	$922,609	1,696	0.93	$992,315	1,831	$16.44	833.36	$236.76	25.8%	10.5%	13.8%
201601	29,059	44,260	$470,551	1,199	0.77	$614,005	1,557	$16.39	792.44	$248.27	22.8%	1.1%	21.5%
201602	29,435	44,648	$248,798	811	0.24	$1,042,785	3,407	$17.26	796.04	$260.18	26.8%	-1.7%	29.0%
Experience Period	**339,697**	**517,255**	**$8,356,014**	**35,516**	**0.98**	**$8,504,818**	**35,922**						
201503	28,679	43,554									12.9%	39.2%	-18.9%
201509	28,193	42,870									15.3%	43.4%	-19.6%
201512	28,445	43,384									25.8%	10.5%	13.8%
Avg last 6 months	28,245	42,987									18.2%	34.6%	-10.8%
Selected Pricing Trend												**16.0%**	**0.0%**

CareFirst BlueCross BlueShield (BlueChoice)

D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

BlueChoice Non-Grandfathered D.C. Small Group & Individual Base Experience Rx

Experience Period: Incurred 201501 - 201512, Paid through 201602

						Completed		Rolling 12 PMPM			Rolling 12 Trend		
Month	**Contracts**	**Members**	**Allowed**	**Scripts**	**Completion Factor**	**Allowed**	**Scripts**	**Allowed**	**Scripts/1000**	**Unit Cost**	**Allowed**	**Scripts/1000**	**Unit Cost**
201304	22,199	35,135	$2,768,834	25,161	1.00	$2,768,834	25,161						
201305	22,328	35,161	$3,032,614	25,206	1.00	$3,032,614	25,206						
201306	22,753	35,868	$2,791,282	23,992	1.00	$2,791,282	23,992						
201307	23,069	36,382	$3,003,353	25,425	1.00	$3,003,353	25,425						
201308	23,563	37,260	$3,224,673	25,324	1.00	$3,224,673	25,324						
201309	23,829	37,648	$2,993,700	24,647	1.00	$2,993,700	24,647						
201310	23,811	37,674	$3,382,380	26,487	1.00	$3,382,380	26,487						
201311	24,089	38,242	$3,193,239	25,226	1.00	$3,193,239	25,226						
201312	25,042	39,857	$3,476,314	27,011	1.00	$3,476,314	27,011						
201401	27,215	43,474	$3,346,474	29,077	1.00	$3,346,474	29,077						
201402	27,606	44,012	$3,113,856	27,297	1.00	$3,113,856	27,297						
201403	27,835	44,143	$3,510,015	29,955	1.00	$3,510,015	29,955	$81.39	8,126.59	$120.19			
201404	28,330	44,736	$3,543,453	31,055	1.00	$3,543,453	31,055	$81.38	8,111.22	$120.40			
201405	29,572	45,927	$3,529,141	31,175	1.00	$3,529,141	31,175	$80.60	8,078.87	$119.72			
201406	29,313	45,596	$3,550,493	30,361	1.00	$3,550,493	30,361	$80.55	8,074.50	$119.71			
201407	29,067	45,244	$3,782,873	30,480	1.00	$3,782,873	30,480	$80.68	8,052.87	$120.22			
201408	29,012	45,090	$3,481,030	29,460	1.00	$3,481,030	29,460	$79.94	8,026.64	$119.52			
201409	28,655	44,523	$3,437,423	29,203	1.00	$3,437,423	29,203	$79.74	8,025.65	$119.23			
201410	28,382	44,057	$3,687,439	30,559	1.00	$3,687,439	30,559	$79.35	8,021.15	$118.71			
201411	28,173	43,734	$3,193,181	27,972	1.00	$3,193,181	27,972	$78.53	8,000.22	$117.79			
201412	27,173	42,121	$3,444,090	29,543	1.00	$3,444,090	29,543	$78.14	8,023.26	$116.86			
201501	27,855	42,745	$3,552,495	28,863	1.00	$3,552,495	28,863	$78.63	8,029.43	$117.51			
201502	27,809	42,643	$3,288,598	26,269	1.00	$3,288,598	26,269	$79.16	8,026.89	$118.35			
201503	28,679	43,554	$3,764,448	29,377	1.00	$3,764,448	29,377	$79.73	8,022.73	$119.26	-2.0%	-1.3%	-0.8%
201504	28,751	43,584	$3,770,778	28,608	1.00	$3,770,778	28,608	$80.33	7,984.68	$120.73	-1.3%	-1.6%	0.3%
201505	28,618	43,448	$3,708,601	28,429	1.00	$3,708,601	28,429	$81.05	7,959.68	$122.20	0.6%	-1.5%	2.1%
201506	28,518	43,358	$3,934,303	28,757	1.00	$3,934,303	28,757	$82.13	7,956.94	$123.86	2.0%	-1.5%	3.5%
201507	28,337	43,067	$4,087,549	28,850	1.00	$4,087,549	28,850	$83.06	7,952.65	$125.33	2.9%	-1.2%	4.2%
201508	28,184	42,904	$3,988,111	27,758	1.00	$3,988,111	27,758	$84.38	7,946.80	$127.42	5.6%	-1.0%	6.6%
201509	28,193	42,870	$3,764,924	27,918	1.00	$3,764,924	27,918	$85.28	7,942.40	$128.85	7.0%	-1.0%	8.1%
201510	28,136	42,801	$3,865,274	28,980	1.00	$3,865,274	28,980	$85.84	7,925.04	$129.97	8.2%	-1.2%	9.5%
201511	28,172	42,897	$3,976,340	27,640	1.00	$3,976,340	27,640	$87.49	7,930.17	$132.39	11.4%	-0.9%	12.4%
201512	28,445	43,384	$4,557,627	30,545	1.00	$4,557,627	30,545	$89.43	7,934.05	$135.26	14.5%	-1.1%	15.7%
201601	29,059	44,260	$3,557,716	27,133	1.00	$3,557,716	27,133	$89.18	7,870.86	$135.97	13.4%	-2.0%	15.7%
201602	29,435	44,648	$4,204,152	28,467	1.00	$4,204,152	28,467	$90.60	7,891.21	$137.77	14.4%	-1.7%	16.4%
Experience Period	**339,697**	**517,255**	**$46,259,049**	**341,994**	**1.00**	**$46,259,049**	**341,994**						
201503	28,679	43,554									-2.0%	-1.3%	-0.8%
201509	28,193	42,870									7.0%	-1.0%	8.1%
201512	28,445	43,384									14.5%	-1.1%	15.7%
Avg last 6 months	28,245	42,987									8.2%	-1.1%	9.4%
Selected Pricing Trend												**0.0%**	**13.0%**

CareFirst BlueCross BlueShield (BlueChoice)

D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

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

Experience Period: Incurred 201501 - 201512, Paid through 201602

Month	Contracts	Members	Allowed	Completion Factor	Completed Allowed	Rolling 12 PMPM Allowed	Rolling 12 Trend Allowed	Rolling 3 Trend Allowed	Paid	Rolling 12 Trend Paid
201304	22,199	35,135	$11,647,854	1.00	$11,647,854				$10,372,931	
201305	22,328	35,161	$11,589,441	1.00	$11,589,441				$10,346,405	
201306	22,753	35,868	$10,188,445	1.00	$10,188,448				$9,023,424	
201307	23,069	36,382	$12,581,110	1.00	$12,581,114				$11,350,993	
201308	23,563	37,260	$11,718,425	1.00	$11,718,428				$10,449,178	
201309	23,829	37,648	$11,518,515	1.00	$11,518,543				$10,267,245	
201310	23,811	37,674	$12,378,627	1.00	$12,378,658				$11,043,269	
201311	24,089	38,242	$11,545,075	1.00	$11,545,106				$10,320,352	
201312	25,042	39,857	$12,148,275	1.00	$12,148,420				$10,723,984	
201401	27,215	43,474	$14,135,057	1.00	$14,135,222				$12,264,670	
201402	27,606	44,012	$12,490,508	1.00	$12,491,186				$10,843,572	
201403	27,835	44,143	$13,483,499	1.00	$13,484,262	$312.84			$11,784,855	
201404	28,330	44,736	$13,260,760	1.00	$13,261,939	$309.91			$11,492,322	
201405	29,572	45,927	$13,919,857	1.00	$13,921,839	$307.84			$12,030,903	
201406	29,313	45,596	$13,863,074	1.00	$13,865,336	$309.22		-4.3%	$12,102,153	
201407	29,067	45,244	$14,279,630	1.00	$14,282,401	$307.16		-3.8%	$12,421,240	
201408	29,012	45,090	$12,774,057	1.00	$12,776,671	$304.53		-4.4%	$11,003,948	
201409	28,655	44,523	$14,015,119	1.00	$14,018,992	$305.31		-5.4%	$12,245,414	
201410	28,382	44,057	$14,297,401	1.00	$14,301,725	$305.26		-2.8%	$12,349,966	
201411	28,173	43,734	$13,028,165	1.00	$13,032,435	$304.91		0.1%	$11,356,027	
201412	27,173	42,121	$12,828,049	1.00	$12,834,182	$304.90		-0.8%	$10,697,641	
201501	27,855	42,745	$13,621,522	1.00	$13,630,394	$304.37		-1.3%	$10,949,699	
201502	27,809	42,643	$12,568,475	1.00	$12,579,553	$305.32		0.6%	$10,351,319	
201503	28,679	43,554	$14,286,182	1.00	$14,305,842	$307.21	-1.8%	3.1%	$11,949,064	1.4%
201504	28,751	43,584	$13,854,514	1.00	$13,877,895	$309.04	-0.3%	6.4%	$11,612,170	1.0%
201505	28,618	43,448	$13,462,814	1.00	$13,494,848	$309.69	0.6%	5.8%	$11,366,633	-5.5%
201506	28,518	43,358	$14,147,614	1.00	$14,199,700	$311.65	0.8%	5.8%	$12,037,396	-0.5%
201507	28,337	43,067	$14,206,636	1.00	$14,275,197	$312.93	1.9%	5.1%	$12,192,281	-1.8%
201508	28,184	42,904	$14,450,816	0.99	$14,551,126	$317.66	4.3%	10.5%	$12,529,997	13.9%
201509	28,193	42,870	$13,721,665	0.99	$13,859,469	$318.37	4.3%	8.8%	$11,872,934	-3.0%
201510	28,136	42,801	$14,558,235	0.98	$14,827,978	$320.16	4.9%	9.4%	$12,763,205	3.3%
201511	28,172	42,897	$14,352,398	0.97	$14,735,439	$323.98	6.3%	8.1%	$12,719,197	12.0%
201512	28,445	43,384	$15,544,444	0.95	$16,396,873	$330.08	8.3%	**15.2%**	$13,923,763	**30.2%**
201601	29,059	44,260	$11,085,840	0.83	$13,380,907	$328.63	8.0%	11.0%	$10,684,489	-2.4%
201602	29,435	44,648	$7,044,883	0.44	$16,182,339	$334.29	9.5%	13.5%	$12,833,750	24.0%
Experience Period	**339,697**	**517,255**	**$168,775,314**	**0.99**	**$170,734,313**					
201503	28,679	43,554					-1.8%			
201509	28,193	42,870					4.3%			
201512	28,445	43,384					8.3%			
Avg last 6 months	28,245	42,987					5.0%			

CareFirst BlueCross BlueShield (BlueChoice)

D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

2017 ACA - TREND ANALYSIS SUMMARY - SMALL GROUP & INDIVIDUAL - DC BLUECHOICE

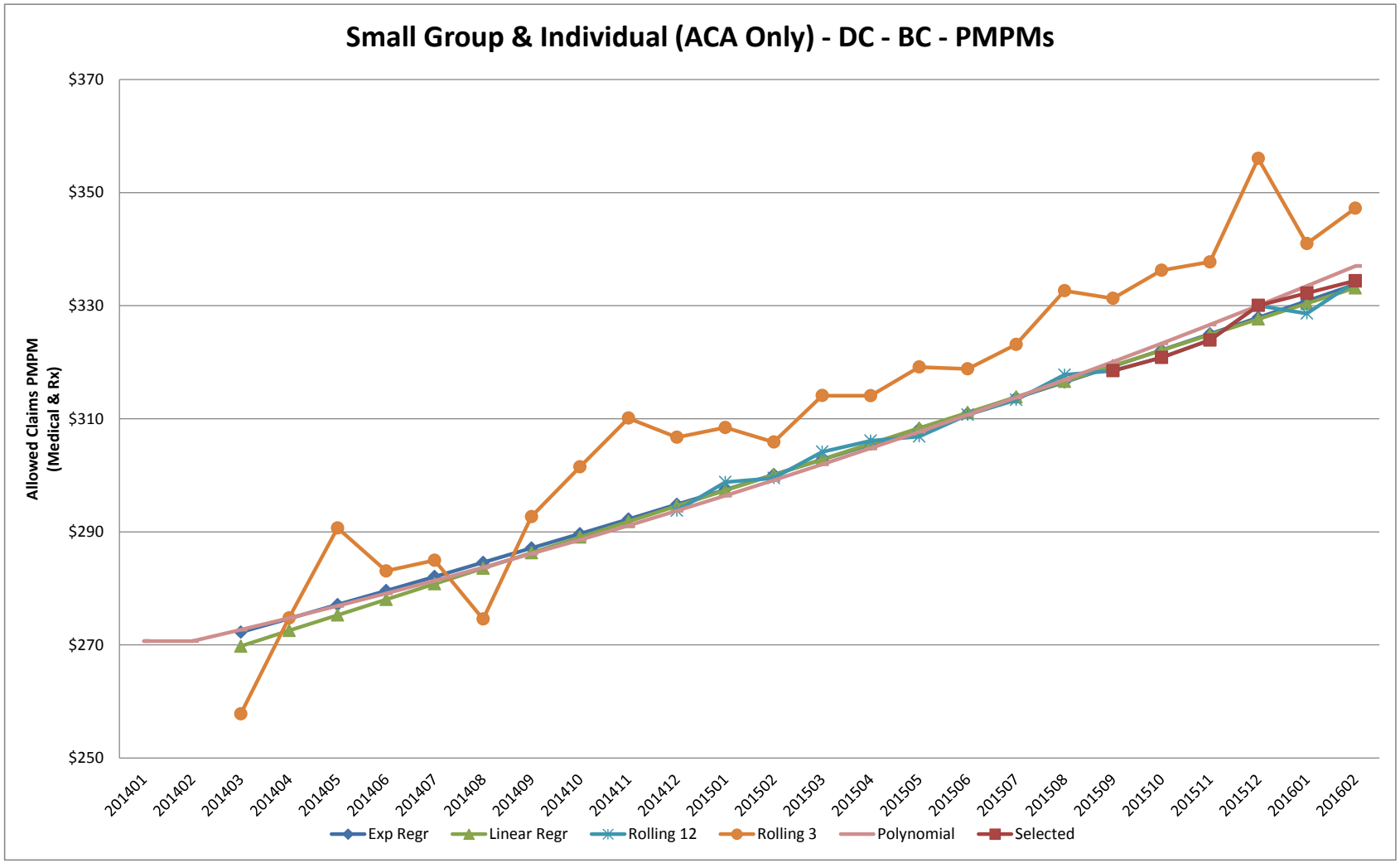
ACA Total Med & Rx Experience

Regressions based on R12 allowed claims PMPMs (Period: 201412 - 201512)

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	24	25	26	27	30	31
										TOTAL (Medical & RX)												**Linear Regression**		**Exponential Regression**			
												ROLLING 3						**ROLLING 12**				Y = MX + B		Y = BM^X			
															Δ						Δ						
																						M 2.755		M 1.009			
																						B 267.008		B 269.848		Selected	Selected
																						R2 = 0.987		**R2 = 0.988**			
	Date	Members	Allowed Claims	Paid Claims	Utilization Units	Allowed Claims PMPM	Paid Claims PMPM	Allowed Cost/ Case	Annualized Util/ 1000	Allowed Cost/ Case	Annual **Cost** Trend	Util/ 1000	Annual **Utilization** Trend	Allowed Claims PMPM	Annual **Claims** Trend	Allowed Cost/ Case	Annual **Cost** Trend	Util/ 1000	Annual **Utilization** Trend	Allowed Claims PMPM	Annual **Claims** Trend	PMPM - Linear Reg	R12 Trend Projected PMPMs	PMPM -Exp Reg	R12 Trend Projected PMPMs	Trends %	Trends $s
10	201401	5,286	$1,321,428	$255,715	5,876	$250		$225	13,339																	8.1%	
11	201402	7,244	$1,788,431	$438,470	9,021	$247		$198	14,944																	8.1%	
12	201403	8,875	$2,408,528	$685,699	12,761	$271		$189	17,255	$200		15,506		$258								$270		$272		8.1%	
13	201404	10,571	$3,136,619	$683,614	15,603	$297		$201	17,712	$196		16,809		$275								$273		$275		8.1%	
14	201405	13,249	$3,957,970	$947,303	18,747	$299		$211	16,980	$202		17,291		$291								$275		$277		8.1%	
15	201406	14,861	$3,854,944	$908,520	21,228	$259		$182	17,141	$197		17,242		$283								$278		$280		8.1%	
16	201407	17,985	$5,322,508	$1,236,636	26,804	$296		$199	17,884	$197		17,385		$285								$281		$282		8.1%	
17	201408	20,744	$5,536,497	$1,291,082	29,499	$267		$188	17,065	$190		17,361		$275								$284		$285		8.1%	
18	201409	23,135	$7,247,724	$1,381,214	33,772	$313		$215	17,517	$201		17,472		$293								$286		$287		8.1%	
19	201410	25,412	$8,105,729	$1,614,341	41,175	$319		$197	19,444	$200		18,088		$301								$289		$290		8.1%	
20	201411	28,448	$8,523,321	$2,430,304	39,974	$300		$213	16,862	$208		17,911		$310								$292		$292		8.1%	
21	201412	41,952	$12,757,853	$2,170,039	65,186	$304		$196	18,646	$201		18,328		$307		$200		17,614		$294		$295		$295		8.1%	
22	201501	42,745	$13,615,813	$1,712,261	64,549	$319		$211	18,121	$206		17,999		$308		$202		17,788		$299		$297		$297		8.2%	
23	201502	42,643	$12,578,668	$2,163,312	59,179	$295		$213	16,653	$206		17,802		$306		$203		17,692		$300		$300		$300		8.2%	
24	201503	43,554	$14,305,491	$2,645,064	67,020	$328		$213	18,465	$212	6.4%	17,752	14.5%	$314	21.8%	$205		17,808		$304		$303	12.3%	$303	11.2%	8.2%	
25	201504	43,584	$13,877,464	$2,437,375	67,184	$318		$207	18,498	$211	7.5%	17,881	6.4%	$314	14.3%	$205		17,894		$306		$306	12.1%	$305	11.2%	8.2%	
26	201505	43,448	$13,493,687	$2,440,749	64,627	$311		$209	17,849	$210	3.9%	18,271	5.7%	$319	9.8%	$205		17,921		$307		$308	12.0%	$308	11.2%	8.2%	
27	201506	43,358	$14,198,846	$2,528,513	67,808	$327		$209	18,767	$208	5.7%	18,371	6.5%	$319	12.6%	$207		18,036		$311		$311	11.9%	$311	11.2%	8.2%	
28	201507	43,067	$14,274,869	$2,930,477	66,011	$331		$216	18,393	$211	7.5%	18,336	5.5%	$323	13.4%	$208		18,077		$313		$314	11.8%	$314	11.2%	8.2%	
29	201508	42,904	$14,549,011	$2,788,584	64,054	$339		$227	17,916	$217	14.6%	18,360	5.8%	$333	21.2%	$211		18,108		$318		$317	11.7%	$316	11.2%	8.2%	
30	201509	42,870	$13,859,392	$2,513,832	64,164	$323		$216	17,961	$220	9.3%	18,090	3.5%	$331	13.2%	$211		18,123		$318		$319	11.5%	$319	11.2%	8.2%	$318
31	201510	42,801	$14,827,898	$2,573,292	67,982	$346		$218	19,060	$220	10.2%	18,312	1.2%	$336	11.5%	$212		18,136		$321		$322	11.4%	$322	11.2%	8.2%	$321
32	201511	42,897	$14,735,005	$2,426,213	63,043	$343		$234	17,636	$222	7.1%	18,218	1.7%	$338	8.9%	$214		18,165		$324		$325	11.3%	$325	11.2%	8.2%	$324
33	201512	43,377	$16,391,710	$3,003,546	68,774	$378		$238	19,026	$230	14.5%	18,575	1.3%	$356	16.1%	$218	8.8%	18,198	3.3%	$330	**12.4%**	$328	11.2%	$328	11.2%	8.2%	$330
34	201601	44,249	$13,377,370	$1,397,385	63,420	$302		$211	17,199	$228	10.9%	17,950	-0.3%	$341	10.6%	$218	8.0%	18,119	1.9%	$329	10.0%	$330	11.1%	$331	11.2%	8.2%	$332
35	201602	44,642	$16,156,651	$1,668,742	88,723	$362		$182	23,849	$208	0.8%	20,043	12.6%	$347	13.5%	$214	5.4%	18,730	5.9%	$334	11.6%	$333	11.0%	$334	11.2%	8.2%	$334
36	201603																					$336	10.9%	$337	11.2%	8.2%	$337
37	201604																					$339	10.8%	$340	11.2%	8.2%	$339
38	201605																					$341	10.7%	$343	11.2%	8.2%	$341
39	201606																					$344	10.6%	$346	11.2%	8.2%	$343
40	201607																					$347	10.5%	$349	11.2%	8.2%	$346
41	201608																					$350	10.4%	$352	11.2%	8.2%	$348
42	201609																					$352	10.4%	$355	11.2%	8.2%	$350
43	201610																					$355	10.3%	$358	11.2%	8.2%	$353
44	201611																					$358	10.2%	$361	11.2%	8.2%	$355
45	201612																					$361	10.1%	$365	11.2%	8.2%	$357
46	201701																					$363	10.0%	$368	11.2%	8.2%	$360
47	201702																					$366	9.9%	$371	11.2%	8.2%	$362
48	201703																					$369	9.8%	$374	11.2%	8.2%	$364
49	201704																					$372	9.8%	$378	11.2%	8.2%	$367
50	201705																					$374	9.7%	$381	11.2%	8.2%	$369
51	201706																					$377	**9.6%**	$385	**11.2%**	**8.2%**	$372
52	201707																					$380	9.5%	$388	11.2%	8.2%	$374
53	201708																					$383	9.5%	$391	11.2%	8.2%	$377
54	201709																					$385	9.4%	$395	11.2%	8.2%	$379
55	201710																					$388	9.3%	$398	11.2%	8.2%	$382
56	201711																					$391	9.2%	$402	11.2%	8.2%	$384
57	201712																					$394	9.2%	$406	11.2%	8.2%	$387

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

2017 ACA - TREND ANALYSIS SUMMARY - SMALL GROUP & INDIVIDUAL - DC BLUECHOICE



CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017
BlueChoice Projected Morbidity

2017 Change in Morbidity Projection					
	2015 Actual		2017 Projected		
Metal	Age & Induced Demand Normalized Allowed PMPM	Single Risk Pool Members 12/31/2015	Projected Age & Induced Demand Normalized Allowed PMPM	6/30/17 Projected Members	PMPM Δ
Catastrophic	$84	412	$95	974	
Bronze	$161	2,281	$168	3,153	
Silver	$245	2,088	$254	2,568	
Gold	$438	1,954	$540	2,305	
Platinum	$730	1,557			
Ind Under 65 Single Risk Pool	$340	8,292	$275	9,000	0.808
Small Group Single Risk Pool	$327	35,085	$329	35,427	1.006
Combined Single Risk Pool	**$330**	**43,377**	**$318**	**44,427**	**0.964**

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

DC ACA Combined - Small Group & Individual Capitations

BlueChoice	Description	1/1/15 PMPM	1/1/16 PMPM	1/1/17 PMPM
	Mental Health UR	$0.60	$0.51	$0.42
	Nurse Hotline	$0.04	$0.04	$0.04
	Wellness *	$0.22	$0.22	$0.22
	Embedded Pediatric Vision **	$0.24	$0.24	$0.24
	Embedded Adult Vision ***	$0.21	$0.21	$0.21
	AVERAGE PMPM:	$1.31	$1.22	$1.13

* 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 apples to members over the age of 19.

CAREFIRST BLUECROSS BLUESHIELD
PART III ACTUARIAL MEMORANDUM

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

2. GENERAL INFORMATION:

Company Legal Name: CareFirst BlueChoice, Inc. (NAIC # 96202) (CFBC).
State: District of Columbia.
HIOS Issuer ID: 86052.
Market: Small Group (SG) – On Exchange.
Effective Date: 1/1/17 and quarterly incremental "trend" increases effective 4/1/17, 7/1/17 and 10/1/17.

Primary Contact Name: Mr. Dwayne Lucado, F.S.A., M.A.A.A.
Primary Contact Telephone Number: 410-998-7519.
Primary Contact E-Mail Address: Dwayne.Lucado@CareFirst.com.

3. PROPOSED RATE INCREASE(S): In compliance with the "Patient Protection and Affordable Care Act" (ACA, H.R. 3590) and toward the company's objectives of maximizing access and affordability, long-term financial viability and customer rate stability, CFBC is proposing to raise premiums by 4.4% on average for 1Q17, prior to age band changes. For CF overall (including the SG PPO business) the proposed average renewal is 2.3%. The range for CFBC is 0.7% to 18.3% for 1Q17. For renewing customers, an age band change adds 2.6% to the renewal, on average, with a range of 0.0% to 3.9% for ages 22 and upwards per the DC age curve. The estimated average renewals for 2Q17, 3Q17, and 4Q17 will be 5.5%, 6.3% and 7.5%, respectively. Consistent with 45 CFR Part § 155.705(b)(6) and Market Standards Proposed Rules 78 FR 13406 and 37032, we understand that we may subsequently file for changes to the post-1Q17 quarterly rate changes proposed herein if deemed necessary. This filing applies to all new and renewing, in-force business in the guaranteed renewable, non-grandfathered, ACA, metaled benefit plans.

Reason for Rate Increase(s): The main drivers supporting the rate increase are the assumed increases in allowed costs (8% assumed annual trend), the re-estimation of projected risk transfers for 2017, and the reduction in the Health Insurer Fee for 2017. The expected rate changes vary from 0.7% to 18.3% for 1Q17 renewals in this filing (prior to any impact of age band changes). This range is impacted by the compression of our induced demand factors by adopting the HHS factors.

4. MARKET EXPERIENCE:

4.1 - EXPERIENCE PERIOD PREMIUM AND CLAIMS: The incurred period is 1/1/15 through 12/31/15, as required.

Paid Through Date: 2/29/16.
Premiums (Net of MLR Rebate) in Experience Period: $192,675,204 (Merged).
Allowed and Incurred Claims From Experience Period: $165,673,443 (Merged Index Rate).

4.2 - BENEFIT CATEGORIES:
Inpatient (hospital).
Outpatient (hospital) (OP).
Professional.
Other Medical (non-capitated ambulance, home health care, durable medical equipment, prosthetics, supplies, vision exams, dental services and other).
Prescription drug (Rx).
Capitations.

4.3 - PROJECTION FACTORS:

Changes in the Morbidity of the Population Insured: Examination of the 2015 experience of the cohort as of 02/29/16 shows an improvement of -3.6%. From this 02/29/16 cohort we had prior claims experience for 82% of them.

Changes in Benefits: For 2017 we have minimally redesigned our small group portfolio. Some plans, requiring adjustments in order to comply with AV thresholds, received minor changes to member cost sharing. The changes to our plan designs have been accounted for in each specific plan level cost-share factor.

Changes in Demographics: We do anticipate a material change in the average age of this population between the experience and projection periods. As such, a 0.5% adjustment factor has been included.

Other Adjustments: CF is proposing to continue the incentive program whereby members can earn medical expense debit cards. 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. The impact of this program is now implicit in our base experience therefore no explicit adjustment has been made. Our aim is that this incentive program will improve our member' health.

This calculation also includes the following:

1. A decrease to prescription drug claims costs due to a projected increase in rebates realized by the move to a new "Pharmacy Benefits Manager" (PBM) in 2014.

2. A decrease in the PMPM capitations.

Trend Factors (Cost/Utilization): The proposed trend of 8.0% remains the same over 2016's 8.0%. In accordance with URRT instructions, we chose our proposed trend of 8.0% incorporating an estimated decrease in utilization solely attributable to induced demand from experience period to projection period of 30 basis points. An attached exhibit outlines the calculation.

4.4 - CREDIBILITY MANUAL RATE DEVELOPMENT: Not applicable.

4.5 - CREDIBILITY OF EXPERIENCE: The calendar 2015 base data includes 517,255 member months (average monthly of 43,105) and is therefore considered 100% credible.

4.6 - PAID TO ALLOWED RATIO: Projected at 82.3%, on average, for all quarters.

4.7 - RISK ADJUSTMENT AND REINSURANCE:

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

Projected Risk Adjustments PMPM: +$28.29 PMPM for 1Q17. 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 projected transfer receipts from 2015 to 2017. We referenced the CMS report released on 03/18/16 and used their 2015 state average premium of $448.83 and billable members of 975,427. However, we used our own state average PLRS (1.3891 versus CMS' 1.340) estimates since Wakely's PLRS includes an estimate of "incurred but not reported" claims. Since CF represents 83% of the market according to Wakely, our calculations assume that the state average scores will change in step with CF's changes from 2015 to 2016 to 2017. We have anchored on 2015 data including IBNR since we believe this best estimates final transfers. We itemize the variables such as "plan liability risk score" (PLRS), "allowable rating factor" (ARF) and state averages assumed to calculate PMPM transfers.

Per the DISB's request, CF has agreed to change its risk adjustment calculation from merged to unmerged starting in 2017. The impact was estimated to increase the renewal by 40 basis points from 4.0% to 4.4%.

Projected ACA Reinsurance Recoveries Net of Reinsurance Premium (Individual Market and Combined Markets Only): Reinsurance does not apply for 2017.

4.8 - NON-BENEFIT EXPENSES AND CONTRIBUTION TO RESERVE (CtR) & RISK: The "desired incurred claims ratio" (DICR) has changed from 71.7% (4Q 2016) to 74.7% (1Q 2017).

Administrative Expense Load: PMPMs decreased by 4% versus 2016. This includes broker expenses. CF has had some cost increases attributable to 1) ACA and operational complexity, 2) cybersecurity and 3) audit and compliance exposure and demands.

Contribution to Reserve & Risk Margin: 2.8% prior to income taxes (2016 was 2.0%).

Taxes and Fees:

1) Premium Tax of 2.0%.
2) Federal Income Tax (FIT) of 1.0% (35% tax rate).
3) Health Insurer Fee does not apply for 2017. A fee of 2.6% is assumed for 2018 and is phased in to the proposed rates for 2Q, 3Q, 4Q.
4) PCORI increased from $2.33 PMPY to $2.35 PMPY for 1Q – 3Q 2017 and $2.44 for 4Q 2017.
5) Reinsurance does not apply for 2017.
6) Risk Adjustment User Fees are included as $0.13 PMPM.
7) Exchange User Fees remained at $0.
8) Exchange Assessment Fee of 1.0% for 2017 per the "Health Benefit Exchange Authority Financial Sustainability Emergency Amendment Act of 2014" (D.C. Act 20-329) approved on 5/22/14. In addition, there is also a state assessment fee of 0.1%.

5. PROJECTED LOSS RATIO: Our projected loss ratio for ACA MLR rebate purposes is 80.6%, meeting the 80.0% minimum of the "Public Health Service Act" (PHSA) 218. Please note that this is based on the combined experience of INM and SG.

6. APPLICATION OF MARKET REFORM RATING RULES:

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

6.2 - INDEX RATE: Last year's implicit 2015 index rate was $321.81 (($300.17 EP allowed claims PMPM - $2.20 Non-EHB) x trend of 8.0%). As shown on Worksheet 1 of the URRT, the actual index rate for 2015 is $319 for a favorable variance of -1%.

After applying projection factors, the allowed claims PMPM for 1Q17 is $358.22. This includes projected claims for non-EHBs, estimated at $1.76 PMPM. The proposed 1Q17 index rate is $356.46.

Because the index rate merges Individual non-Medigap (IND64-) and Small Group (SG), the starting point experience period index rate for SG is higher by 2%.

6.2.1 - Small Group Quarterly Rate Filings: This filing includes quarterly incremental "trend" increases. Index rates are $363.53, $370.78 and $378.20 for 2Q, 3Q and 4Q17, respectively. As required, the index rate entered in the URRT reflects a member weighted blend of the quarterly index rates.

6.3 - MARKET ADJUSTED INDEX RATE:

Federal Reinsurance Program Adjustment: 1.00 for 1Q17.
Risk Adjustment: 1.0968 for 1Q17. A summary exhibit is provided.
Marketplace User Fee Adjustment: 1.00. A summary exhibit is provided.

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

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

Age Curve Calibration – We have calibrated to the average age factor produced by our projected distribution and the required age curve.

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

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

7. PLAN PRODUCT INFORMATION:

7.1 - HHS ACTUARIAL METAL VALUES (AV): The majority of our 2017 plans include varying cost-share levels for some services that depend on the setting in which care is delivered. The Federal AV calculator was used to compute two separate AVs for each impacted plan – one which applied the higher level of cost-share, and one which applied the lower. The results were blended assuming 2/3 of the designated services are rendered in higher cost-share setting and the remaining 1/3 at the lower, consistent with 2014 experience for our SG and INM markets. Plans without these features used the AV calculator without modification.

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

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

7.3 - MEMBERSHIP PROJECTIONS: The distribution of projected enrollment is based on actual enrollment by plan as of 2/29/16. Total projected enrollment is consistent with our corporate plan.

7.4 - TERMINATED PLANS AND PRODUCTS: None

7.5 - PLAN TYPE: HMO and POS.

7.6 - WARNING ALERTS:

1. **Worksheet 2**

   a. **General:** Per the District's instructions, the index rate was developed with combined SG/INM experience which is entered on Worksheet 1 of the URRT, but the plan level rates were developed separately as the markets are remaining separate from the Federal perspective. Therefore, Worksheet 2 has only the SG market's plan data, and most of the warnings have been triggered because the SG totals on Worksheet 2 are less than the combined SG/INM totals on Worksheet 1.

b. **Section IV: Plan Adjusted Index Rate, Total Premium (TP)** – Per URRT guidelines, the Plan Adjusted Index Rate must reflect the member weighted average of the Plan Adjusted Index Rates for all effective dates in the submission (1Q – 4Q16). As such, the average rate shown on Worksheet 2 will not match the SRP Gross Premium Avg. Rate on Worksheet 1, which reflects only the effective date of the change in Index Rate (January 1). Similarly, since the Total Premium on Worksheet 2 is calculated as Plan Adjusted Index Rate x Member Months, it will not match the Projected Period Total Premium from Worksheet 1.

8**. MISCELLANEOUS INSTRUCTIONS:**

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

8.2 - Reliance: None.

8.3 – Actuarial Certification: Included in the AM.

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

Rate Filing # 2100
D.C. Small Group Products - On Exchange
Rate Filing Effective 1/1/2017

Actuarial Memorandum

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

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CareFirst BlueChoice, Inc.
d.b.a. CareFirst BlueCross BlueShield
(NAIC # 96202)
D.C. Small Group Products - On Exchange
Rate Filing Effective 1/1/2017

Form Numbers

Form Numbers Associated With This Filing:

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

The SERFF Tracking # for the corresponding form filing On Exchange is as follows:
CFBC-130551815

ON-Exchange

Forms Used for ALL ON-Exchange BlueChoice Group Products

DC-CFBC-SHOP-GC (R 1-17)
DC/CFBC/DOL APPEAL (R. 1/16)
DC/CFBC/SHOP/ELIG (1/14)
DC/CFBC/FAM PLAN (8/12)
DC/CFBC/PARTNER (R. 7/09)
DC/CFBC/PT PROTECT (9/10)
DC/CFBC/SG/INCENT (1/16)
DC CFBC SHOP ELIG AMEND (1-17)

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

DC-CF-SHOP-GC (R 1-17)
DC-CF-SHOP-POS-OON-EOC (1-17)
DC/GHMSI/DOL APPEAL (R. 1/16)
DC-CF-SHOP-POS OON-DOCS (1-17)
DC/GHMSI/FAM PLAN (8/12)
DC/CF/PARTNER (R. 7/09)
DC/CF/BLCRD (1/12)
DC/CF/MEM/BLCRD (1/12)
DC/CF/ANCILLARY AMEND (10/12)
DC/CF/PT PROTECT (9/10)
DC/GHMSI-HEALTH GUARANTEE 1/15

Product: BlueChoice Plus Opt-Out
Network: Open Access

DC/CFBC/SHOP/HMO POS/EOC (1/17)
DC CFBC SHOP BC+OOOA DOCS (1-17)
DC/CFBC/BLCRD (1/12)
DC/CFBC/MEM/BLCRD (1/12)
DC CFBC SG BC+ OO PLAT 0 (1-17)

Product: BlueChoice Advantage
In-Network

DC/CFBC/SHOP/HMO POS/EOC (1/17)
DC CFBC SHOP ADV IN DOCS (1-17)
DC/CFBC/ADV IN/IPP GRP (1/14)
DC/CFBC/ADV IN/IPP MEM (1/14)
DC/CFBC/ANCILLARY AMEND (10/12)
DC CFBC SG BC ADV IN BF HSA SIL 1500 (1-17)
DC CFBC SG POS IN BRZ 5500 (1-17)
DC CFBC SG POS IN CDH BRZ 6500 (1-17)
DC CFBC SG POS IN CDH GOLD 1500 (1-17)
DC CFBC SG POS IN CDH SIL 1500 (1-17)
DC CFBC SG POS IN CDH SIL 3000 (1-17)
DC CFBC SG POS IN GOLD 500 (1-17)
DC CFBC SG POS IN GOLD 1000 (1-17)
DC CFBC SG POS IN PLAT 0 (1-17)
DC CFBC SG POS IN SIL 4000 (1-17)

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

DC CF SG BC ADV OON BF HSA SIL 1500 (1-17)
DC CF SG POS OON BRZ 5500 (1-17)
DC CF SG POS OON CDH BRZ 6500 (1-17)
DC CF SG POS OON CDH GOLD 1500 (1-17)
DC CF SG POS OON CDH SIL 1500 (1-17)
DC CF SG POS OON CDH SIL 3000 (1-17)
DC CF SG POS OON CDH SIL 3000 (1-17)
DC CF SG POS OON GOLD 1000 (1-17)
DC CF SG POS OON PLAT 0 (1-17)
DC CF SG POS OON SIL 4000 (1-17)

Product: BlueChoice Plus
In-Network

DC/CFBC/SHOP/HMO POS/EOC (1/17)
DC CFBC SHOP PLUS IN DOCS (1-17)
DC/CFBC/BLCRD (1/12)
DC/CFBC/MEM/BLCRD (1/12)
DC CFBC SG POS IN CDH BRZ 6500 (1-17)
DC CFBC SG POS IN CDH SIL 1500 (1-17)
DC CFBC SG POS IN CDH SIL 3000 (1-17)
DC CFBC SG POS IN GOLD 500 (1-17)
DC CFBC SG POS IN GOLD 1000 (1-17)

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

DC CF SG POS OON CDH BRZ 6500 (1-17)
DC CF SG POS OON CDH SIL 1500 (1-17)
DC CF SG POS OON CDH SIL 3000 (1-17)
DC CF SG POS OON CDH SIL 3000 (1-17)
DC CF SG POS OON GOLD 1000 (1-17)

Product: HealthyBlue Plus
In-Network

DC/CFBC/SHOP/HMO POS/EOC (1/17)
DC CFBC SHOP PLUS IN DOCS (1-17)
DC/CFBC/BLCRD (1/12)
DC/CFBC/MEM/BLCRD (1/12)
DC CFBC SG POS IN CDH SIL 2000 (1-17)
DC CFBC SG POS IN GOLD 1500 (1-17)
DC CFBC SG POS IN PLAT 500 (1-17)
DC CFBC SG POS IN PLAT 1000 (1-17)

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

DC CF SG POS OON CDH SIL 2000 (1-17)
DC CF SG POS OON GOLD 1500 (1-17)
DC CF SG POS OON PLAT 500 (1-17)
DC CF SG POS OON PLAT 1000 (1-17)

CareFirst BlueChoice, Inc.
d.b.a. CareFirst BlueCross BlueShield
(NAIC # 96202)
D.C. Small Group Products - On Exchange
Rate Filing Effective 1/1/2017

Form Numbers

Form Numbers Associated With This Filing:

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

The SERFF Tracking # for the corresponding form filing On Exchange is as follows:
CFBC-130551815

ON-Exchange (continued)

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

DC/CFBC/SHOP/HMO POS/EOC (1/17)
DC CFBC SHOP HMO DOCS (1-17)
DC/CFBC/BLCRD (1/12)
DC/CFBC/MEM/BLCRD (1/12)
DC CFBC SG HMO OA CDH BRZ 6500 (1-17)
DC CFBC SG HMO OA CDH GOLD 1500 (1-17)
DC CFBC SG HMO OA CDH SIL 1500 (1-17)
DC CFBC SG HMO OA CDH SIL 2000 (1-17)
DC CFBC SG HMO OA CDH SIL 3000 (1-17)
DC CFBC SG HMO OA GOLD 500 (1-17)
DC CFBC SG HMO OA GOLD 1500 (1-17)
DC CFBC SG HMO OA PLAT 0 (1-17)
DC CFBC SG HMO OA SIL 1000 (1-17)
DC CFBC SG HMO REF BRZ 5500 (1-17)
DC CFBC SG HMO REF GOLD 0 (1-17)
DC CFBC SG HMO REF GOLD 500 (1-17)
DC CFBC SG HMO REF GOLD 1000 (1-17)
DC CFBC SG HMO REF PLAT 0 (1-17)
DC CFBC SG HMO REF PLAT 1000 (1-17)
DC CFBC SG HMO REF SIL 2000 (1-17)
DC CFBC SG HMO REF SIL 4000 (1-17)

Product: HealthyBlue HMO
Network: Open Access

DC/CFBC/SHOP/HMO POS/EOC (1/17)
DC CFBC SHOP HMO DOCS (1-17)
DC/CFBC/BLCRD (1/12)
DC/CFBC/MEM/BLCRD (1/12)
DC CFBC SG HB HMO CDH SIL 2000 (1-17)
DC CFBC SG HB HMO GOLD 1500 (1-17)
DC CFBC SG HB HMO PLAT 500 (1-17)
DC CFBC SG HB HMO PLAT 1000 (1-17)

Product: HealthyBlue Advantage
In-Network

DC/CFBC/SHOP/HMO POS/EOC (1/17)
DC CFBC SHOP ADV IN DOCS (1-17)
DC/CFBC/ADV IN/IPP GRP (1/14)
DC/CFBC/ADV IN/IPP MEM (1/14)
DC/CFBC/ANCILLARY AMEND (10/12)
DC CFBC SG POS IN CDH SIL 2000 (1-17)
DC CFBC SG POS IN GOLD 1500 (1-17)
DC CFBC SG POS IN PLAT 500 (1-17)
DC CFBC SG POS IN PLAT 1000 (1-17)

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

DC CF SG POS OON CDH SIL 2000 (1-17)
DC CF SG POS OON GOLD 1500 (1-17)
DC CF SG POS OON PLAT 500 (1-17)
DC CF SG POS OON PLAT 1000 (1-17)

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

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

CareFirst BlueChoice, Inc.
(NAIC # 96202)
H.R. 3950 - Public Law 111-148 - Patient Protection and Affordable Care Act (ACA)
D.C. Small Group Products - On Exchange
Rate Filing Effective 1/1/2017
Actuarial Certification

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

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

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

I further certify the following:

1. The projected Index Rate is:

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

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

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

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

As a qualifier to the opinion, the URRT does not demonstrate the process used by the issuer to develop the rates. Rather it represents information required by Federal regulation to be provided in support of the review of rate increases, for certification of Qualified Health Plans for Federally-facilitated Marketplaces, and for certification that the Index Rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.

Dwayne Lucado Digitally signed by Dwayne Lucado
Date: 2016.05.02 16:11:04 -04'00'

_____

Dwayne Lucado, FSA, MAAA
Director, Actuarial Pricing
CareFirst BlueCross BlueShield
Mail Drop-Point 01-720
10455 Mill Run Circle
Owings Mills, MD 21117

CareFirst BlueChoice, Inc.
d.b.a. CareFirst BlueCross BlueShield
(NAIC # 96202)
D.C. Small Group Products - On Exchange
Rate Filing Effective 1/1/2017

2017 HIOS IDs

HIOS Product ID	HIOS Product Name	HIOS Plan ID	HIOS Plan Name	On/Off Exchange	Product Type	Abortion Coverage	Actuarial Value	Metal Level	Unique Plan	Projected Members 12/31/17
86052DC046	BlueChoice HMO	86052DC0460011	BlueChoice HMO Platinum 0	On	HMO	Yes	91.58%	Platinum	Yes	1,825
86052DC046	BlueChoice HMO	86052DC0460010	BlueChoice HMO Gold 500	On	HMO	Yes	81.82%	Gold	Yes	1,660
86052DC046	BlueChoice HMO	86052DC0460020	BlueChoice HMO Silver 1000	On	HMO	Yes	71.99%	Silver	Yes	100
86052DC046	BlueChoice HMO	86052DC0460009	BlueChoice HMO Gold 1500	On	HMO	Yes	79.00%	Gold	Yes	239
86052DC046	BlueChoice HMO	86052DC0460021	BlueChoice HMO HSA/HRA Gold 1500	On	HMO	Yes	78.68%	Gold	Yes	100
86052DC046	BlueChoice HMO	86052DC0460012	BlueChoice HMO HSA/HRA Silver 1500	On	HMO	Yes	71.72%	Silver	Yes	817
86052DC046	BlueChoice HMO	86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000	On	HMO	Yes	70.90%	Silver	Yes	937
86052DC046	BlueChoice HMO	86052DC0460019	BlueChoice HMO HSA/HRA Silver 3000	On	HMO	Yes	69.42%	Silver	Yes	100
86052DC046	BlueChoice HMO	86052DC0460014	BlueChoice HMO HSA/HRA Bronze 6500	On	HMO	Yes	61.38%	Bronze	Yes	286
86052DC048	BlueChoice HMO Referral	86052DC0480007	BlueChoice HMO Referral Platinum 0	On	HMO	Yes	91.58%	Platinum	Yes	2,734
86052DC048	BlueChoice HMO Referral	86052DC0480010	BlueChoice HMO Referral Gold 0	On	HMO	Yes	81.83%	Gold	Yes	122
86052DC048	BlueChoice HMO Referral	86052DC0480008	BlueChoice HMO Referral Gold 500	On	HMO	Yes	81.82%	Gold	Yes	1,079
86052DC048	BlueChoice HMO Referral	86052DC0480012	BlueChoice HMO Referral Platinum 1000	On	HMO	Yes	88.63%	Platinum	Yes	100
86052DC048	BlueChoice HMO Referral	86052DC0480011	BlueChoice HMO Referral Gold 80	On	HMO	Yes	78.99%	Gold	Yes	100
86052DC048	BlueChoice HMO Referral	86052DC0480013	BlueChoice HMO Referral Silver 70	On	HMO	Yes	71.24%	Silver	Yes	100
86052DC048	BlueChoice HMO Referral	86052DC0480014	BlueChoice HMO Referral Silver 4000	On	HMO	Yes	68.92%	Silver	Yes	100
86052DC048	BlueChoice HMO Referral	86052DC0480009	BlueChoice HMO Referral Bronze 5500	On	HMO	Yes	61.62%	Bronze	Yes	100
86052DC058	BlueChoice Plus Opt-Out	86052DC0580001	BlueChoice Plus Opt-Out Platinum 0	On	POS	Yes	91.58%	Platinum	Yes	5,880
86052DC050	BlueChoice Plus	86052DC0500016	BlueChoice Plus Gold 500	On	POS	Yes	81.82%	Gold	Yes	139
86052DC050	BlueChoice Plus	86052DC0500015	BlueChoice Plus Gold 1000	On	POS	Yes	80.06%	Gold	Yes	100
86052DC050	BlueChoice Plus	86052DC0500009	BlueChoice Plus HSA/HRA Silver 1500	On	POS	Yes	71.72%	Silver	Yes	1,280
86052DC050	BlueChoice Plus	86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000	On	POS	Yes	69.42%	Silver	Yes	597
86052DC050	BlueChoice Plus	86052DC0500017	BlueChoice Plus HSA/HRA Bronze 6500	On	POS	Yes	61.38%	Bronze	Yes	100
86052DC044	BlueChoice Advantage	86052DC0440012	BlueChoice Advantage Platinum 0	On	POS	Yes	91.58%	Platinum	Yes	1,384
86052DC044	BlueChoice Advantage	86052DC0440011	BlueChoice Advantage Gold 500	On	POS	Yes	81.82%	Gold	Yes	909
86052DC044	BlueChoice Advantage	86052DC0440010	BlueChoice Advantage Gold 1000	On	POS	Yes	80.06%	Gold	Yes	1,060
86052DC044	BlueChoice Advantage	86052DC0440021	BlueChoice Advantage HSA/HRA Gold 1500	On	POS	Yes	78.68%	Gold	Yes	100
86052DC044	BlueChoice Advantage	86052DC0440013	BlueChoice Advantage HSA/HRA Silver 1500	On	POS	Yes	71.72%	Silver	Yes	1,873
86052DC044	BlueChoice Advantage	86052DC0440023	BlueChoice Advantage Silver 1500 BlueFund HSA	On	POS	Yes	71.90%	Silver	Yes	100
86052DC044	BlueChoice Advantage	86052DC0440019	BlueChoice Advantage HSA/HRA Silver 3000	On	POS	Yes	69.42%	Silver	Yes	100
86052DC044	BlueChoice Advantage	86052DC0440022	BlueChoice Advantage Silver 4000	On	POS	Yes	68.92%	Silver	Yes	100
86052DC044	BlueChoice Advantage	86052DC0440018	BlueChoice Advantage HSA/HRA Bronze 6500	On	POS	Yes	61.38%	Bronze	Yes	100
86052DC044	BlueChoice Advantage	86052DC0440020	BlueChoice Advantage Bronze 5500	On	POS	Yes	61.62%	Bronze	Yes	100
86052DC046	BlueChoice HMO	86052DC0460016	HealthyBlue HMO Platinum 500	On	HMO	Yes	89.49%	Platinum	Yes	298
86052DC046	BlueChoice HMO	86052DC0460017	HealthyBlue HMO Platinum 1000	On	HMO	Yes	88.68%	Platinum	Yes	100
86052DC046	BlueChoice HMO	86052DC0460015	HealthyBlue HMO Gold 1500	On	HMO	Yes	81.31%	Gold	Yes	1,080
86052DC046	BlueChoice HMO	86052DC0460018	HealthyBlue HMO HSA/HRA Silver 2000	On	HMO	Yes	71.98%	Silver	Yes	980
86052DC050	BlueChoice Plus	86052DC0500012	HealthyBlue Plus Platinum 500	On	POS	Yes	89.49%	Platinum	Yes	1,265
86052DC050	BlueChoice Plus	86052DC0500013	HealthyBlue Plus Platinum 1000	On	POS	Yes	88.68%	Platinum	Yes	505
86052DC050	BlueChoice Plus	86052DC0500011	HealthyBlue Plus Gold 1500	On	POS	Yes	81.31%	Gold	Yes	1,404
86052DC050	BlueChoice Plus	86052DC0500014	HealthyBlue Plus HSA/HRA Silver 2000	On	POS	Yes	71.98%	Silver	Yes	639
86052DC044	BlueChoice Advantage	86052DC0440015	HealthyBlue Advantage Platinum 500	On	POS	Yes	89.49%	Platinum	Yes	747
86052DC044	BlueChoice Advantage	86052DC0440016	HealthyBlue Advantage Platinum 1000	On	POS	Yes	88.68%	Platinum	Yes	684
86052DC044	BlueChoice Advantage	86052DC0440014	HealthyBlue Advantage Gold 1500	On	POS	Yes	81.31%	Gold	Yes	3,745
86052DC044	BlueChoice Advantage	86052DC0440017	HealthyBlue Advantage HSA/HRA Silver 2000	On	POS	Yes	71.98%	Silver	Yes	1,323
TOTAL										**37,191**

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

2017 ACA
SMALL GROUP - DC BC

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
	2016 Plans		2017 Plans		Members		HHS	Consumer Level Base Rates				HHS	Consumer Level Base Rates								
	Metal	Plan	Metal	Plan	Actual	% of Actual	2016					2017									
					2/29/2016	Total	AV	1Q16	2Q16	3Q16	4Q16	AV	1Q17	RNL	2Q17	RNL	3Q17	RNL	4Q17	RNL	1Q INC
1	Platinum	BlueChoice HMO Platinum 0	Platinum	BlueChoice HMO Platinum 0	1,825	5.1%	0.911	$477.60	$484.28	$491.48	$498.64	0.916	$490.96	2.8%	$503.18	3.9%	$514.72	4.7%	$527.89	5.9%	-1.5%
2	Platinum	BlueChoice HMO Referral Platinum 0	Platinum	BlueChoice HMO Referral Platinum 0	2,734	7.6%	0.911	$454.86	$461.22	$468.07	$474.89	0.916	$467.58	2.8%	$479.22	3.9%	$490.21	4.7%	$502.75	5.9%	-1.5%
3	Platinum	BlueChoice HMO Referral Platinum 1000	Platinum	BlueChoice HMO Referral Platinum 1000	1	0.0%	0.881	$429.41	$435.42	$441.89	$448.32	0.886	$436.53	1.7%	$447.39	2.7%	$457.65	3.6%	$469.36	4.7%	-2.6%
4	Platinum	BlueChoice Plus Opt-Out Platinum 0	Platinum	BlueChoice Plus Opt-Out Platinum 0	5,880	16.4%	0.911	$484.07	$490.85	$498.14	$505.39	0.916	$497.61	2.8%	$510.00	3.9%	$521.70	4.7%	$535.04	5.9%	-1.5%
5	Platinum	BlueChoice Advantage Platinum 0	Platinum	BlueChoice Advantage Platinum 0	1,384	3.9%	0.911	$511.59	$518.75	$526.45	$534.12	0.916	$525.90	2.8%	$538.99	3.9%	$551.35	4.7%	$565.45	5.9%	-1.5%
6	Platinum	HealthyBlue HMO Platinum 500	Platinum	HealthyBlue HMO Platinum 500	298	0.8%	0.889	$464.53	$471.03	$478.03	$484.99	0.895	$481.65	3.7%	$493.64	4.8%	$504.96	5.6%	$517.88	6.8%	-0.7%
7	Platinum	HealthyBlue HMO Platinum 1000	Platinum	HealthyBlue HMO Platinum 1000	86	0.2%	0.880	$459.08	$465.51	$472.42	$479.30	0.887	$462.41	0.7%	$473.92	1.8%	$484.79	2.6%	$497.19	3.7%	-3.5%
8	Platinum	HealthyBlue Plus Platinum 500	Platinum	HealthyBlue Plus Platinum 500	1,265	3.5%	0.889	$477.12	$483.80	$490.98	$498.13	0.895	$494.70	3.7%	$507.01	4.8%	$518.65	5.6%	$531.91	6.8%	-0.7%
9	Platinum	HealthyBlue Plus Platinum 1000	Platinum	HealthyBlue Plus Platinum 1000	505	1.4%	0.880	$471.52	$478.12	$485.22	$492.29	0.887	$474.94	0.7%	$486.76	1.8%	$497.92	2.6%	$510.66	3.7%	-3.5%
10	Platinum	HealthyBlue Advantage Platinum 500	Platinum	HealthyBlue Advantage Platinum 500	747	2.1%	0.889	$497.59	$504.55	$512.05	$519.50	0.895	$515.93	3.7%	$528.77	4.8%	$540.89	5.6%	$554.73	6.8%	-0.7%
11	Platinum	HealthyBlue Advantage Platinum 1000	Platinum	HealthyBlue Advantage Platinum 1000	684	1.9%	0.880	$491.75	$498.63	$506.04	$513.41	0.887	$495.31	0.7%	$507.64	1.8%	$519.28	2.6%	$532.57	3.7%	-3.5%
	PLATINUM SUBTOTAL				**15,409**	**43.0%**	**0.905**	**$480.09**	**$486.81**	**$494.04**	**$501.23**	**0.910**	**$493.33**	**2.8%**	**$505.61**	**3.9%**	**$517.21**	**4.7%**	**$530.44**	**5.8%**	**-1.6%**
12	Gold	BlueChoice HMO Gold 500	Gold	BlueChoice HMO Gold 500	1,660	4.6%	0.815	$374.61	$379.85	$385.49	$391.11	0.818	$401.28	7.1%	$411.26	8.3%	$420.70	9.1%	$431.46	10.3%	2.6%
13	Gold	BlueChoice HMO Gold 1500	Gold	BlueChoice HMO Gold 1500	239	0.7%	0.780	$360.06	$365.10	$370.52	$375.92	0.790	$385.84	7.2%	$395.44	8.3%	$404.51	9.2%	$414.86	10.4%	2.6%
14	Gold	BlueChoice HMO Referral Gold 0	Gold	BlueChoice HMO Referral Gold 0	122	0.3%	0.818	$374.39	$379.63	$385.27	$390.88	0.818	$402.05	7.4%	$412.05	8.5%	$421.51	9.4%	$432.29	10.6%	2.9%
15	Gold	BlueChoice HMO Referral Gold 500	Gold	BlueChoice HMO Referral Gold 500	1,079	3.0%	0.815	$356.77	$361.76	$367.14	$372.48	0.818	$382.17	7.1%	$391.68	8.3%	$400.67	9.1%	$410.91	10.3%	2.6%
16	Gold	BlueChoice HMO Referral Gold 80	Gold	BlueChoice HMO Referral Gold 80	57	0.2%	0.780	$336.40	$341.11	$346.17	$351.21	0.790	$366.21	8.9%	$375.33	10.0%	$383.94	10.9%	$393.76	12.1%	4.3%
17	Gold	BlueChoice Plus Gold 500	Gold	BlueChoice Plus Gold 500	139	0.4%	0.815	$384.76	$390.15	$395.94	$401.71	0.818	$412.15	7.1%	$422.41	8.3%	$432.10	9.1%	$443.15	10.3%	2.6%
18	Gold	BlueChoice Plus Gold 1000	Gold	BlueChoice Plus Gold 1000	67	0.2%	0.791	$372.74	$377.95	$383.57	$389.15	0.801	$402.16	7.9%	$412.17	9.1%	$421.62	9.9%	$432.41	11.1%	3.3%
19	Gold	BlueChoice Advantage Gold 500	Gold	BlueChoice Advantage Gold 500	909	2.5%	0.815	$401.27	$406.88	$412.93	$418.94	0.818	$429.83	7.1%	$440.53	8.3%	$450.64	9.1%	$462.16	10.3%	2.6%
20	Gold	BlueChoice Advantage Gold 1000	Gold	BlueChoice Advantage Gold 1000	1,060	3.0%	0.791	$388.73	$394.17	$400.02	$405.85	0.801	$419.41	7.9%	$429.85	9.1%	$439.71	9.9%	$450.96	11.1%	3.3%
21	Gold	HealthyBlue HMO Gold 1500	Gold	HealthyBlue HMO Gold 1500	1,080	3.0%	0.818	$391.31	$396.78	$402.68	$408.54	0.813	$408.57	4.4%	$418.73	5.5%	$428.34	6.4%	$439.30	7.5%	0.0%
22	Gold	HealthyBlue Plus Gold 1500	Gold	HealthyBlue Plus Gold 1500	1,404	3.9%	0.818	$401.91	$407.54	$413.59	$419.61	0.813	$419.64	4.4%	$430.08	5.5%	$439.95	6.4%	$451.20	7.5%	0.0%
23	Gold	HealthyBlue Advantage Gold 1500	Gold	HealthyBlue Advantage Gold 1500	3,745	10.4%	0.818	$419.15	$425.02	$431.33	$437.61	0.813	$437.64	4.4%	$448.53	5.5%	$458.82	6.4%	$470.56	7.5%	0.0%
	GOLD SUBTOTAL				**11,561**	**32.2%**	**0.813**	**$395.26**	**$400.79**	**$406.74**	**$412.67**	**0.813**	**$417.74**	**5.7%**	**$428.14**	**6.9%**	**$437.96**	**7.7%**	**$449.17**	**8.9%**	**1.3%**
24	Silver	BlueChoice HMO Silver 1000	Silver	BlueChoice HMO Silver 1000	40	0.1%	0.714	$303.96	$308.21	$312.79	$317.35	0.720	$327.59	7.8%	$335.74	8.9%	$343.44	9.8%	$352.23	11.0%	3.2%
25	Silver	BlueChoice HMO HSA/HRA Silver 1500	Silver	BlueChoice HMO HSA/HRA Silver 1500	817	2.3%	0.716	$284.61	$288.60	$292.88	$297.15	0.717	$300.49	5.6%	$307.97	6.7%	$315.03	7.6%	$323.09	8.7%	1.1%
26	Silver	BlueChoice HMO HSA/HRA Silver 2000	Silver	BlueChoice HMO HSA/HRA Silver 2000	937	2.6%	0.696	$274.44	$278.28	$282.41	$286.52	0.709	$289.99	5.7%	$297.21	6.8%	$304.02	7.7%	$311.80	8.8%	1.2%
27	Silver	BlueChoice HMO HSA/HRA Silver 3000	Silver	BlueChoice HMO HSA/HRA Silver 3000	6	0.0%	0.682	$265.34	$269.06	$273.05	$277.03	0.694	$276.08	4.0%	$282.95	5.2%	$289.45	6.0%	$296.85	7.2%	-0.3%
28	Silver	BlueChoice HMO Referral Silver 70	Silver	BlueChoice HMO Referral Silver 70	16	0.0%	0.701	$274.05	$277.88	$282.01	$286.12	0.712	$297.67	8.6%	$305.08	9.8%	$312.08	10.7%	$320.06	11.9%	4.0%
29	Silver	BlueChoice Plus HSA/HRA Silver 1500	Silver	BlueChoice Plus HSA/HRA Silver 1500	1,280	3.6%	0.716	$292.32	$296.42	$300.82	$305.20	0.717	$308.63	5.6%	$316.31	6.7%	$323.57	7.6%	$331.85	8.7%	1.1%
30	Silver	BlueChoice Plus HSA/HRA Silver 3000	Silver	BlueChoice Plus HSA/HRA Silver 3000	597	1.7%	0.682	$272.54	$276.35	$280.45	$284.54	0.694	$283.57	4.0%	$290.62	5.2%	$297.29	6.0%	$304.89	7.2%	-0.3%
31	Silver	BlueChoice Advantage HSA/HRA Silver 1500	Silver	BlueChoice Advantage HSA/HRA Silver 1500	1,873	5.2%	0.716	$304.86	$309.13	$313.72	$318.29	0.717	$321.87	5.6%	$329.88	6.7%	$337.45	7.6%	$346.08	8.7%	1.1%
32	Silver	BlueChoice Advantage HSA/HRA Silver 3000	Silver	BlueChoice Advantage HSA/HRA Silver 3000	9	0.0%	0.682	$284.23	$288.20	$292.49	$296.74	0.694	$295.73	4.0%	$303.09	5.2%	$310.04	6.0%	$317.97	7.2%	-0.3%
33	Silver	HealthyBlue HMO HSA/HRA Silver 2000	Silver	HealthyBlue HMO HSA/HRA Silver 2000	980	2.7%	0.719	$286.80	$290.81	$295.13	$299.43	0.720	$298.87	4.2%	$306.31	5.3%	$313.34	6.2%	$321.35	7.3%	-0.2%
34	Silver	HealthyBlue Plus HSA/HRA Silver 2000	Silver	HealthyBlue Plus HSA/HRA Silver 2000	639	1.8%	0.719	$294.57	$298.69	$303.13	$307.55	0.720	$306.97	4.2%	$314.61	5.3%	$321.83	6.2%	$330.06	7.3%	-0.2%
35	Silver	HealthyBlue Advantage HSA/HRA Silver 2000	Silver	HealthyBlue Advantage HSA/HRA Silver 2000	1,323	3.7%	0.719	$307.21	$311.51	$316.14	$320.74	0.720	$320.14	4.2%	$328.11	5.3%	$335.63	6.2%	$344.22	7.3%	-0.2%
	SILVER SUBTOTAL				**8,517**	**23.7%**	**0.712**	**$292.82**	**$296.92**	**$301.33**	**$305.72**	**0.716**	**$307.53**	**5.0%**	**$315.18**	**6.1%**	**$322.41**	**7.0%**	**$330.66**	**8.2%**	**0.6%**
36	Bronze	BlueChoice HMO HSA/HRA Bronze 5000	Bronze	BlueChoice HMO HSA/HRA Bronze 6500	286	0.8%	0.619	$201.25	$204.07	$207.10	$210.12	0.614	$228.01	13.3%	$233.68	14.5%	$239.04	15.4%	$245.16	16.7%	8.5%
37	Bronze	BlueChoice HMO Referral Bronze 5500	Bronze	BlueChoice HMO Referral Bronze 5500	16	0.0%	0.620	$217.51	$220.55	$223.83	$227.09	0.616	$257.34	18.3%	$263.75	19.6%	$269.80	20.5%	$276.70	21.8%	13.3%
38	Bronze	BlueChoice Plus HSA/HRA Bronze 5000	Bronze	BlueChoice Plus HSA/HRA Bronze 6500	72	0.2%	0.619	$206.71	$209.60	$212.71	$215.81	0.614	$234.19	13.3%	$240.01	14.5%	$245.52	15.4%	$251.80	16.7%	8.5%
39	Bronze	BlueChoice Advantage HSA/HRA Bronze 5000	Bronze	BlueChoice Advantage HSA/HRA Bronze 6500	10	0.0%	0.619	$215.58	$218.59	$221.84	$225.07	0.614	$244.23	13.3%	$250.31	14.5%	$256.05	15.4%	$262.60	16.7%	8.5%
	BRONZE SUBTOTAL				**384**	**1.1%**	**0.619**	**$203.32**	**$206.17**	**$209.23**	**$212.28**	**0.614**	**$230.81**	**13.5%**	**$236.55**	**14.7%**	**$241.98**	**15.6%**	**$248.17**	**16.9%**	**8.7%**
		BlueChoice Total			**35,871**	**100%**	**0.827**	**$405.32**	**$411.00**	**$417.10**	**$423.17**	**0.830**	**$422.04**	**4.4%**	**$432.55**	**5.5%**	**$442.47**	**6.3%**	**$453.79**	**7.5%**	**0.0%**

LOW RENEWAL (Minimum):	**0.7%**	**1.8%**	**2.6%**	**3.7%**			
HIGH RENEWAL (Maximum):	**18.3%**	**19.6%**	**20.5%**	**21.8%**			

Note: The previous SERFF tracking number for BlueChoice DC Small Group (effective 1/1/2016) is CFAP-130051604 (On Exchange).

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

2017 ACA
SMALL GROUP - DC

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
	2016 Plans		2017 Plans		Members		HHS	Consumer Level Base Rates				HHS	Consumer Level Base Rates								
	Metal	Plan	Metal	Plan	Actual	% of Actual	2016					2017									
					2/29/2016	Total	AV	1Q16	2Q16	3Q16	4Q16	AV	1Q17	RNL	2Q17	RNL	3Q17	RNL	4Q17	RNL	1Q INC
1	Platinum	BlueChoice HMO Platinum 0	Platinum	BlueChoice HMO Platinum 0	1,825	2.7%	0.911	$477.60	$484.28	$491.48	$498.64	0.916	$490.96	2.8%	$503.18	3.9%	$514.72	4.7%	$527.89	5.9%	-1.5%
2	Platinum	BlueChoice HMO Referral Platinum 0	Platinum	BlueChoice HMO Referral Platinum 0	2,734	4.0%	0.911	$454.86	$461.22	$468.07	$474.89	0.916	$467.58	2.8%	$479.22	3.9%	$490.21	4.7%	$502.75	5.9%	-1.5%
3	Platinum	BlueChoice HMO Referral Platinum 1000	Platinum	BlueChoice HMO Referral Platinum 1000	1	0.0%	0.881	$429.41	$435.42	$441.89	$448.32	0.886	$436.53	1.7%	$447.39	2.7%	$457.65	3.6%	$469.36	4.7%	-2.6%
4	Platinum	BlueChoice Plus Opt-Out Platinum 0	Platinum	BlueChoice Plus Opt-Out Platinum 0	5,880	8.6%	0.911	$484.07	$490.85	$498.14	$505.39	0.916	$497.61	2.8%	$510.00	3.9%	$521.70	4.7%	$535.04	5.9%	-1.5%
5	Platinum	BlueChoice Advantage Platinum 0	Platinum	BlueChoice Advantage Platinum 0	1,384	2.0%	0.911	$511.59	$518.75	$526.45	$534.12	0.916	$525.90	2.8%	$538.99	3.9%	$551.35	4.7%	$565.45	5.9%	-1.5%
6	Platinum	HealthyBlue HMO Platinum 500	Platinum	HealthyBlue HMO Platinum 500	298	0.4%	0.889	$464.53	$471.03	$478.03	$484.99	0.895	$481.65	3.7%	$493.64	4.8%	$504.96	5.6%	$517.88	6.8%	-0.7%
7	Platinum	HealthyBlue HMO Platinum 1000	Platinum	HealthyBlue HMO Platinum 1000	86	0.1%	0.880	$459.08	$465.51	$472.42	$479.30	0.887	$462.41	0.7%	$473.92	1.8%	$484.79	2.6%	$497.19	3.7%	-3.5%
8	Platinum	HealthyBlue Plus Platinum 500	Platinum	HealthyBlue Plus Platinum 500	1,265	1.8%	0.889	$477.12	$483.80	$490.98	$498.13	0.895	$494.70	3.7%	$507.01	4.8%	$518.65	5.6%	$531.91	6.8%	-0.7%
9	Platinum	HealthyBlue Plus Platinum 1000	Platinum	HealthyBlue Plus Platinum 1000	505	0.7%	0.880	$471.52	$478.12	$485.22	$492.29	0.887	$474.94	0.7%	$486.76	1.8%	$497.92	2.6%	$510.66	3.7%	-3.5%
10	Platinum	HealthyBlue Advantage Platinum 500	Platinum	HealthyBlue Advantage Platinum 500	747	1.1%	0.889	$497.59	$504.55	$512.05	$519.50	0.895	$515.93	3.7%	$528.77	4.8%	$540.89	5.6%	$554.73	6.8%	-0.7%
11	Platinum	HealthyBlue Advantage Platinum 1000	Platinum	HealthyBlue Advantage Platinum 1000	684	1.0%	0.880	$491.75	$498.63	$506.04	$513.41	0.887	$495.31	0.7%	$507.64	1.8%	$519.28	2.6%	$532.57	3.7%	-3.5%
12	Platinum	BluePreferred PPO Platinum 0	Platinum	BluePreferred PPO Platinum 0	11,986	17.5%	0.911	$587.62	$596.42	$605.64	$614.88	0.916	$585.35	-0.4%	$601.48	0.8%	$616.69	1.8%	$633.60	3.0%	-4.8%
13	Platinum	BluePreferred PPO Platinum 500	Platinum	BluePreferred PPO Platinum 500	5,266	7.7%	0.884	$563.82	$572.26	$581.11	$589.98	0.890	$555.46	-1.5%	$570.77	-0.3%	$585.20	0.7%	$601.25	1.9%	-5.9%
14	Platinum	HealthyBlue PPO Platinum 500	Platinum	HealthyBlue PPO Platinum 500	449	0.7%	0.889	$574.32	$582.92	$591.93	$600.97	0.895	$571.09	-0.6%	$586.83	0.7%	$601.66	1.6%	$618.17	2.9%	-5.0%
15	Platinum	HealthyBlue PPO Platinum 1000	Platinum	HealthyBlue PPO Platinum 1000	207	0.3%	0.880	$568.04	$576.54	$585.45	$594.39	0.887	$548.97	-3.4%	$564.10	-2.2%	$578.36	-1.2%	$594.23	0.0%	-7.6%
	PLATINUM SUBTOTAL				**33,317**	**48.6%**	**0.904**	**$533.82**	**$541.60**	**$549.84**	**$558.07**	**0.909**	**$537.65**	**0.9%**	**$551.86**	**2.0%**	**$565.26**	**3.0%**	**$580.32**	**4.1%**	**-3.5%**
16	Gold	BlueChoice HMO Gold 500	Gold	BlueChoice HMO Gold 500	1,660	2.4%	0.815	$374.61	$379.85	$385.49	$391.11	0.818	$401.28	7.1%	$411.26	8.3%	$420.70	9.1%	$431.46	10.3%	2.6%
17	Gold	BlueChoice HMO Gold 1500	Gold	BlueChoice HMO Gold 1500	239	0.3%	0.780	$360.06	$365.10	$370.52	$375.92	0.790	$385.84	7.2%	$395.44	8.3%	$404.51	9.2%	$414.86	10.4%	2.6%
18	Gold	BlueChoice HMO Referral Gold 0	Gold	BlueChoice HMO Referral Gold 0	122	0.2%	0.818	$374.39	$379.63	$385.27	$390.88	0.818	$402.05	7.4%	$412.05	8.5%	$421.51	9.4%	$432.29	10.6%	2.9%
19	Gold	BlueChoice HMO Referral Gold 500	Gold	BlueChoice HMO Referral Gold 500	1,079	1.6%	0.815	$356.77	$361.76	$367.14	$372.48	0.818	$382.17	7.1%	$391.68	8.3%	$400.67	9.1%	$410.91	10.3%	2.6%
20	Gold	BlueChoice HMO Referral Gold 80	Gold	BlueChoice HMO Referral Gold 80	57	0.1%	0.780	$336.40	$341.11	$346.17	$351.21	0.790	$366.21	8.9%	$375.33	10.0%	$383.94	10.9%	$393.76	12.1%	4.3%
21	Gold	BlueChoice Plus Gold 500	Gold	BlueChoice Plus Gold 500	139	0.2%	0.815	$384.76	$390.15	$395.94	$401.71	0.818	$412.15	7.1%	$422.41	8.3%	$432.10	9.1%	$443.15	10.3%	2.6%
22	Gold	BlueChoice Plus Gold 1000	Gold	BlueChoice Plus Gold 1000	67	0.1%	0.791	$372.74	$377.95	$383.57	$389.15	0.801	$402.16	7.9%	$412.17	9.1%	$421.62	9.9%	$432.41	11.1%	3.3%
23	Gold	BlueChoice Advantage Gold 500	Gold	BlueChoice Advantage Gold 500	909	1.3%	0.815	$401.27	$406.88	$412.93	$418.94	0.818	$429.83	7.1%	$440.53	8.3%	$450.64	9.1%	$462.16	10.3%	2.6%
24	Gold	BlueChoice Advantage Gold 1000	Gold	BlueChoice Advantage Gold 1000	1,060	1.5%	0.791	$388.73	$394.17	$400.02	$405.85	0.801	$419.41	7.9%	$429.85	9.1%	$439.71	9.9%	$450.96	11.1%	3.3%
25	Gold	HealthyBlue HMO Gold 1500	Gold	HealthyBlue HMO Gold 1500	1,080	1.6%	0.818	$391.31	$396.78	$402.68	$408.54	0.813	$408.57	4.4%	$418.73	5.5%	$428.34	6.4%	$439.30	7.5%	0.0%
26	Gold	HealthyBlue Plus Gold 1500	Gold	HealthyBlue Plus Gold 1500	1,404	2.0%	0.818	$401.91	$407.54	$413.59	$419.61	0.813	$419.64	4.4%	$430.08	5.5%	$439.95	6.4%	$451.20	7.5%	0.0%
27	Gold	HealthyBlue Advantage Gold 1500	Gold	HealthyBlue Advantage Gold 1500	3,745	5.5%	0.818	$419.15	$425.02	$431.33	$437.61	0.813	$437.64	4.4%	$448.53	5.5%	$458.82	6.4%	$470.56	7.5%	0.0%
28	Gold	BlueCross BlueShield Preferred 1000, a Multi-State Plan	Gold	BluePreferred PPO 1000 90%/70%	276	0.4%	0.816	$463.35	$470.28	$477.55	$484.84	0.806	$449.18	-3.1%	$461.56	-1.9%	$473.23	-0.9%	$486.22	0.3%	-7.4%
29	Gold	BluePreferred PPO Gold 500	Gold	BluePreferred PPO Gold 500	1,299	1.9%	0.815	$474.05	$481.14	$488.58	$496.04	0.818	$487.07	2.7%	$500.50	4.0%	$513.15	5.0%	$527.23	6.3%	-1.8%
30	Gold	BluePreferred PPO Gold 1000	Gold	BluePreferred PPO Gold 1000	3,610	5.3%	0.791	$461.83	$468.75	$475.99	$483.26	0.801	$474.64	2.8%	$487.72	4.0%	$500.05	5.1%	$513.77	6.3%	-1.8%
31	Gold	BluePreferred PPO Gold 1500	Gold	BluePreferred PPO Gold 1500	2,396	3.5%	0.780	$459.70	$466.58	$473.79	$481.03	0.790	$467.16	1.6%	$480.04	2.9%	$492.17	3.9%	$505.68	5.1%	-2.9%
32	Gold	HealthyBlue PPO Gold 1500	Gold	HealthyBlue PPO Gold 1500	2,121	3.1%	0.818	$486.56	$493.84	$501.48	$509.13	0.813	$487.96	0.3%	$501.41	1.5%	$514.09	2.5%	$528.19	3.7%	-4.2%
	GOLD SUBTOTAL				**21,263**	**31.0%**	**0.806**	**$428.63**	**$434.83**	**$441.42**	**$448.01**	**0.809**	**$444.62**	**3.9%**	**$456.27**	**5.1%**	**$467.26**	**6.0%**	**$479.63**	**7.3%**	**-0.5%**
33	Silver	BlueChoice HMO Silver 1000	Silver	BlueChoice HMO Silver 1000	40	0.1%	0.714	$303.96	$308.21	$312.79	$317.35	0.720	$327.59	7.8%	$335.74	8.9%	$343.44	9.8%	$352.23	11.0%	3.2%
34	Silver	BlueChoice HMO HSA/HRA Silver 1500	Silver	BlueChoice HMO HSA/HRA Silver 1500	817	1.2%	0.716	$284.61	$288.60	$292.88	$297.15	0.717	$300.49	5.6%	$307.97	6.7%	$315.03	7.6%	$323.09	8.7%	1.1%
35	Silver	BlueChoice HMO HSA/HRA Silver 2000	Silver	BlueChoice HMO HSA/HRA Silver 2000	937	1.4%	0.696	$274.44	$278.28	$282.41	$286.52	0.709	$289.99	5.7%	$297.21	6.8%	$304.02	7.7%	$311.80	8.8%	1.2%
36	Silver	BlueChoice HMO HSA/HRA Silver 3000	Silver	BlueChoice HMO HSA/HRA Silver 3000	6	0.0%	0.682	$265.34	$269.06	$273.05	$277.03	0.694	$276.08	4.0%	$282.95	5.2%	$289.45	6.0%	$296.85	7.2%	-0.3%
37	Silver	BlueChoice HMO Referral Silver 70	Silver	BlueChoice HMO Referral Silver 70	16	0.0%	0.701	$274.05	$277.88	$282.01	$286.12	0.712	$297.67	8.6%	$305.08	9.8%	$312.08	10.7%	$320.06	11.9%	4.0%
38	Silver	BlueChoice Plus HSA/HRA Silver 1500	Silver	BlueChoice Plus HSA/HRA Silver 1500	1,280	1.9%	0.716	$292.32	$296.42	$300.82	$305.20	0.717	$308.63	5.6%	$316.31	6.7%	$323.57	7.6%	$331.85	8.7%	1.1%
39	Silver	BlueChoice Plus HSA/HRA Silver 3000	Silver	BlueChoice Plus HSA/HRA Silver 3000	597	0.9%	0.682	$272.54	$276.35	$280.45	$284.54	0.694	$283.57	4.0%	$290.62	5.2%	$297.29	6.0%	$304.89	7.2%	-0.3%
40	Silver	BlueChoice Advantage HSA/HRA Silver 1500	Silver	BlueChoice Advantage HSA/HRA Silver 1500	1,873	2.7%	0.716	$304.86	$309.13	$313.72	$318.29	0.717	$321.87	5.6%	$329.88	6.7%	$337.45	7.6%	$346.08	8.7%	1.1%
41	Silver	BlueChoice Advantage HSA/HRA Silver 3000	Silver	BlueChoice Advantage HSA/HRA Silver 3000	9	0.0%	0.682	$284.23	$288.20	$292.49	$296.74	0.694	$295.73	4.0%	$303.09	5.2%	$310.04	6.0%	$317.97	7.2%	-0.3%
42	Silver	HealthyBlue HMO HSA/HRA Silver 2000	Silver	HealthyBlue HMO HSA/HRA Silver 2000	980	1.4%	0.719	$286.80	$290.81	$295.13	$299.43	0.720	$298.87	4.2%	$306.31	5.3%	$313.34	6.2%	$321.35	7.3%	-0.2%
43	Silver	HealthyBlue Plus HSA/HRA Silver 2000	Silver	HealthyBlue Plus HSA/HRA Silver 2000	639	0.9%	0.719	$294.57	$298.69	$303.13	$307.55	0.720	$306.97	4.2%	$314.61	5.3%	$321.83	6.2%	$330.06	7.3%	-0.2%
44	Silver	HealthyBlue Advantage HSA/HRA Silver 2000	Silver	HealthyBlue Advantage HSA/HRA Silver 2000	1,323	1.9%	0.719	$307.21	$311.51	$316.14	$320.74	0.720	$320.14	4.2%	$328.11	5.3%	$335.63	6.2%	$344.22	7.3%	-0.2%
45	Silver	BlueCross BlueShield Preferred 2000, a Multi-State Plan	Silver	BluePreferred PPO HSA/HRA 2000 80%/60%	47	0.1%	0.720	$376.06	$381.69	$387.59	$393.51	0.711	$348.30	-7.4%	$357.90	-6.2%	$366.95	-5.3%	$377.02	-4.2%	-11.5%
46	Silver	BluePreferred PPO Silver 1000	Silver	BluePreferred PPO Silver 1000	431	0.6%	0.714	$392.96	$398.84	$405.00	$411.18	0.720	$401.96	2.3%	$413.04	3.6%	$423.49	4.6%	$435.10	5.8%	-2.2%
47	Silver	BluePreferred PPO HSA/HRA Silver 1500	Silver	BluePreferred PPO HSA/HRA Silver 1500	2,643	3.9%	0.716	$376.74	$382.37	$388.29	$394.21	0.717	$375.10	-0.4%	$385.44	0.8%	$395.18	1.8%	$406.02	3.0%	-4.8%
48	Silver	BluePreferred PPO HSA/HRA Silver 2000	Silver	BluePreferred PPO HSA/HRA Silver 2000	1,678	2.4%	0.696	$366.36	$371.84	$377.59	$383.35	0.709	$361.88	-1.2%	$371.85	0.0%	$381.26	1.0%	$391.71	2.2%	-5.6%
49	Silver	HealthyBlue PPO HSA/HRA Silver 2000	Silver	HealthyBlue PPO HSA/HRA Silver 2000	336	0.5%	0.719	$380.36	$386.05	$392.02	$398.00	0.720	$371.96	-2.2%	$382.22	-1.0%	$391.88	0.0%	$402.63	1.2%	-6.5%
	SILVER SUBTOTAL				**13,652**	**19.9%**	**0.711**	**$323.71**	**$328.38**	**$333.34**	**$338.30**	**0.715**	**$332.00**	**2.9%**	**$340.63**	**4.1%**	**$348.79**	**5.0%**	**$357.98**	**6.1%**	**-1.5%**
50	Bronze	BlueChoice HMO HSA/HRA Bronze 5000	Bronze	BlueChoice HMO HSA/HRA Bronze 6500	286	0.4%	0.619	$201.25	$204.07	$207.10	$210.12	0.614	$228.01	13.3%	$233.68	14.5%	$239.04	15.4%	$245.16	16.7%	8.5%
51	Bronze	BlueChoice HMO Referral Bronze 5500	Bronze	BlueChoice HMO Referral Bronze 5500	16	0.0%	0.620	$217.51	$220.55	$223.83	$227.09	0.616	$257.34	18.3%	$263.75	19.6%	$269.80	20.5%	$276.70	21.8%	13.3%
52	Bronze	BlueChoice Plus HSA/HRA Bronze 5000	Bronze	BlueChoice Plus HSA/HRA Bronze 6500	72	0.1%	0.619	$206.71	$209.60	$212.71	$215.81	0.614	$234.19	13.3%	$240.01	14.5%	$245.52	15.4%	$251.80	16.7%	8.5%
53	Bronze	BlueChoice Advantage HSA/HRA Bronze 5000	Bronze	BlueChoice Advantage HSA/HRA Bronze 6500	10	0.0%	0.619	$215.58	$218.59	$221.84	$225.07	0.614	$244.23	13.3%	$250.31	14.5%	$256.05	15.4%	$262.60	16.7%	8.5%
	BRONZE SUBTOTAL				**384**	**0.6%**	**0.619**	**$203.32**	**$206.17**	**$209.23**	**$212.28**	**0.614**	**$230.81**	**13.5%**	**$236.55**	**14.7%**	**$241.98**	**15.6%**	**$248.17**	**16.9%**	**8.7%**
		BlueChoice Total			35,871	52%	0.827	$405.32	$411.00	$417.10	$423.17	0.830	$422.04	4.4%	$432.55	5.5%	$442.47	6.3%	$453.79	7.5%	0.0%
		GHMSI Total			32,745	48%	0.841	$514.81	$522.51	$530.59	$538.69	0.846	$514.54	0.0%	$528.72	1.3%	$542.09	2.2%	$556.96	3.5%	-4.4%
		Grand Total			**68,616**	**100%**	**0.834**	**$457.57**	**$464.21**	**$471.26**	**$478.30**	**0.838**	**$466.19**	**2.3%**	**$478.45**	**3.5%**	**$490.01**	**4.4%**	**$503.02**	**5.6%**	**-2.1%**

LOW RENEWAL (Minimum):				**-7.4%**	**-6.2%**	**-5.3%**	**-4.2%**
HIGH RENEWAL (Maximum):				**18.3%**	**19.6%**	**20.5%**	**21.8%**
PPO/HMO:	**1.27**	**1.27**	**1.27**	**1.27**	**1.22**	**1.22**	**1.23**	**1.23**

Note: The previous SERFF tracking number for BlueChoice DC Small Group (effective 1/1/2016) is CFAP-130051604 (On Exchange).
The previous SERFF tracking number for GHMSI DC Small Group (effective 1/1/2016) is CFAP-130056354 (On Exchange).

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017
BlueChoice D.C. Small Group & Individual, Non-Medigap Allowed PMPM Projection (Includes EHB and Non-EHB Claims) & Derivation of Index Rate - Non-Grandfathered Business Only - 1/1/2017

	Begin	End	Mid-point		Months of Trend		
Experience Period	1/1/2015	12/31/2015	7/2/2015			pd through	2/29/2016
Rating Period	1/1/2017	12/31/2017	7/2/2017		24.0		

Experience Period Summary	**Total**
Experience Period Premiums	**$ 192,675,204**
MLR Rebates	**$ -**
Net Experience Period Premiums	$ 192,675,204
Experience Period Paid Claims (Non-Capitated)	$ 142,621,499
Completion Factor	0.99
Experience Period Incurred Claims (Non-Capitated)	$ 144,267,658
Capitations	**$ 675,829**
Rx Rebates	**$ (5,736,698)**
Other Manual Claims	**$ -**
Total Experience Period Claims	$ 139,206,789
Experience Period Loss Ratio (Before MLR Rebates)	72.2%
Experience Period Loss Ratio (After MLR Rebates)	72.2%
Experience Period Loss Ratio (System Claims Only)	74.9%
Experience Period Member Months	517,255
Average Members	43,105
End of Experience Period Contract	28,679
End of Experience Period Members	43,691
Experience Period Allowed Claims (System Only)	$ 170,734,313
Adjustments	$ (5,060,870)
Total Adjusted EP Allowed Claims	$ 165,673,443
EP Paid / Allowed Ratio	84.0%

Service Category Level Projection

Service Category Experience Period Allowed	**Utilization Measure**	**EP Units**	**EP Allowed $**	**Other**	**Rx Rebates**	**Net Allowed**
Inpatient	Admits	2,116	$ 28,938,117	$ -	$ -	$ 28,938,117
Outpatient	Visits	23,324	$ 30,752,255	$ -	$ -	$ 30,752,255
Professional	Visits	381,235	$ 56,280,075	$ -	$ -	$ 56,280,075
Other	Services	35,922	$ 8,504,818	$ -	$ -	$ 8,504,818
Rx	Scripts	341,994	$ 46,259,049	$ -	$ (5,736,698)	$ 40,522,351
Capitation	Member Months	517,255	$ 675,829	$ -	$ -	$ 675,829
Total			**$ 171,410,142**	**$ -**	**$ (5,736,698)**	**$ 165,673,443**
PMPM			**$ 331.38**	**$ -**	**$ (11.09)**	**$ 320.29**
					Non-EHB Claims In Experience PMPM ***	**$ 1.63**
					EP Index Rate for EHB (Rounded to Nearest Whole Dollar)	**$ 319.00**

Annual Trend Inputs	
Cost Trend	**Utilization Trend**
9.0%	**0.0%**
2.0%	**2.5%**
2.0%	**2.5%**
0.0%	**16.0%**
13.0%	**0.0%**
0.0%	**0.0%**

		Experience Period			**Projection Factors**					**Projected**			**Effective Allowed PMPM**
Service Category Experience Period Allowed	**Utilization Measure**	**Util / 1000**	**Unit Cost**	**PMPM**	**Population Risk / Morbidity ***	**Other**	**Cost Factor**	**Utilization Factor**	**Total Factor**	**Util / 1000**	**Unit Cost**	**PMPM**	**Annual Trend**
Inpatient	Admits	49.09	$ 13,675.84	**$ 55.95**	**0.964**	**1.005**	1.188	1.000	1.15	47.32	$ 16,335.87	**$ 64.42**	**9.0%**
Outpatient	Visits	541.10	$ 1,318.49	**$ 59.45**	**0.964**	**1.005**	1.040	1.051	1.06	548.03	$ 1,379.15	**$ 62.98**	**4.5%**
Professional	Visits	8,844.43	$ 147.63	**$ 108.81**	**0.964**	**1.005**	1.040	1.051	1.06	8,957.66	$ 154.42	**$ 115.27**	**4.5%**
Other	Services	833.36	$ 236.76	**$ 16.44**	**0.964**	**1.005**	1.000	1.346	1.30	1,081.00	$ 238.04	**$ 21.44**	**16.0%**
Rx	Scripts	7,934.05	$ 118.49	**$ 78.34**	**0.964**	**0.964**	1.277	1.000	1.19	7,648.43	$ 145.88	**$ 92.98**	**13.0%**
Capitation	Member Months	12,000.00	$ 1.31	**$ 1.31**	**1.000**	**0.862**	1.000	1.000	0.86	12,000.00	$ 1.13	**$ 1.13**	**0.0%**
Total				**$ 320.29**								**$ 358.22**	**8.0%**
											Non-EHB Claims In Projected PMPM **	**$ 1.76**	
											Index Rate for EHB	**$ 356.46**	

*** Please refer to page 50 for more information.**
**** Includes abortion claims and capitation for embedded adult vision benefit.**
***** Includes abortion claims and capitations for embedded adult vision benefit.**

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017
BlueChoice D.C. Small Group & Individual, Non-Medigap Allowed PMPM Projection (Includes EHB and Non-EHB Claims) & Derivation of Index Rate - Non-Grandfathered Business Only - 4/1/2017

	Begin	End	Mid-point	Months of Trend		
Experience Period	1/1/2015	12/31/2015	7/2/2015		pd through	2/29/2016
Rating Period	4/1/2017	3/31/2018	9/30/2017	27.0		

Experience Period Summary	Total
Experience Period Premiums	$ 192,675,204
MLR Rebates	$ -
Net Experience Period Premiums	$ 192,675,204
Experience Period Paid Claims (Non-Capitated)	$ 142,621,499
Completion Factor	0.99
Experience Period Incurred Claims (Non-Capitated)	$ 144,267,658
Capitations	$ 675,829
Rx Rebates	$ (5,736,698)
Other Manual Claims	$ -
Total Experience Period Claims	$ 139,206,789
Experience Period Loss Ratio (Before MLR Rebates)	72.2%
Experience Period Loss Ratio (After MLR Rebates)	72.2%
Experience Period Loss Ratio (System Claims Only)	74.9%
Experience Period Member Months	517,255
Average Members	43,105
End of Experience Period Contract	28,679
End of Experience Period Members	43,691
Experience Period Allowed Claims (System Only)	$ 170,734,313
Adjustments	$ (5,060,870)
Total Adjusted EP Allowed Claims	$ 165,673,443
EP Paid / Allowed Ratio	84.0%

Service Category Level Projection

Service Category Experience Period Allowed	**Utilization Measure**	**EP Units**	**EP Allowed $**	**Other**	**Rx Rebates**	**Net Allowed**	**Annual Trend Inputs** Cost Trend	Utilization Trend
Inpatient	Admits	2,116	$ 28,938,117	$ -	$ -	$ 28,938,117	9.0%	0.0%
Outpatient	Visits	23,324	$ 30,752,255	$ -	$ -	$ 30,752,255	2.0%	2.5%
Professional	Visits	381,235	$ 56,280,075	$ -	$ -	$ 56,280,075	2.0%	2.5%
Other	Services	35,922	$ 8,504,818	$ -	$ -	$ 8,504,818	0.0%	16.0%
Rx	Scripts	341,994	$ 46,259,049	$ -	$ (5,736,698)	$ 40,522,351	13.0%	0.0%
Capitation	Member Months	517,255	$ 675,829	$ -	$ -	$ 675,829	0.0%	0.0%
Total			**$ 171,410,142**	**$ -**	**$ (5,736,698)**	**$ 165,673,443**		
PMPM			**$ 331.38**	**$ -**	**$ (11.09)**	**$ 320.29**		

		Experience Period			**Projection Factors**					**Projected**			**Effective Allowed PMPM**
Service Category Experience Period Allowed	**Utilization Measure**	**Util / 1000**	**Unit Cost**	**PMPM**	**Population Risk / Morbidity ***	**Other**	**Cost Factor**	**Utilization Factor**	**Total Factor**	**Util / 1000**	**Unit Cost**	**PMPM**	**Annual Trend**
Inpatient	Admits	49.09	$ 13,675.84	**$ 55.95**	**0.964**	**1.005**	1.214	1.000	1.18	47.32	$ 16,691.64	**$ 65.82**	**9.0%**
Outpatient	Visits	541.10	$ 1,318.49	**$ 59.45**	**0.964**	**1.005**	1.046	1.057	1.07	551.42	$ 1,385.99	**$ 63.69**	**4.5%**
Professional	Visits	8,844.43	$ 147.63	**$ 108.81**	**0.964**	**1.005**	1.046	1.057	1.07	9,013.13	$ 155.18	**$ 116.56**	**4.5%**
Other	Services	833.36	$ 236.76	**$ 16.44**	**0.964**	**1.005**	1.000	1.396	1.35	1,121.87	$ 238.04	**$ 22.25**	**16.0%**
Rx	Scripts	7,934.05	$ 118.49	**$ 78.34**	**0.964**	**0.964**	1.317	1.000	1.22	7,648.43	$ 150.40	**$ 95.86**	**13.0%**
Capitation	Member Months	12,000.00	$ 1.31	**$ 1.31**	**1.000**	**0.862**	1.000	1.000	0.86	12,000.00	$ 1.13	**$ 1.13**	**0.0%**
Total				**$ 320.29**							**Projected Allowed Claims PMPM (EHB + Non-EHB)**	**$ 365.31**	**8.0%**
											Non-EHB Claims In Projected PMPM **	**$ 1.78**	
											Index Rate for EHB	**$ 363.53**	

*** Please refer to page 50 for more information.**
**** Includes abortion claims and capitation for embedded adult vision benefit.**

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017
BlueChoice D.C. Small Group & Individual, Non-Medigap Allowed PMPM Projection (Includes EHB and Non-EHB Claims) & Derivation of Index Rate - Non-Grandfathered Business Only - 7/1/2017

	Begin	End	Mid-point		Months of Trend		
Experience Period	1/1/2015	12/31/2015	7/2/2015			pd through	2/29/2016
Rating Period	7/1/2017	6/30/2018	12/30/2017		30.0		

Experience Period Summary	**Total**
Experience Period Premiums	**$ 192,675,204**
MLR Rebates	**$ -**
Net Experience Period Premiums	$ 192,675,204
Experience Period Paid Claims (Non-Capitated)	$ 142,621,499
Completion Factor	0.99
Experience Period Incurred Claims (Non-Capitated)	$ 144,267,658
Capitations	**$ 675,829**
Rx Rebates	**$ (5,736,698)**
Other Manual Claims	**$ -**
Total Experience Period Claims	$ 139,206,789
Experience Period Loss Ratio (Before MLR Rebates)	72.2%
Experience Period Loss Ratio (After MLR Rebates)	72.2%
Experience Period Loss Ratio (System Claims Only)	74.9%
Experience Period Member Months	517,255
Average Members	43,105
End of Experience Period Contract	28,679
End of Experience Period Members	43,691
Experience Period Allowed Claims (System Only)	$ 170,734,313
Adjustments	$ (5,060,870)
Total Adjusted EP Allowed Claims	$ 165,673,443
EP Paid / Allowed Ratio	84.0%

Service Category Level Projection

Service Category Experience Period Allowed	**Utilization Measure**	**EP Units**	**EP Allowed $**	**Other**	**Rx Rebates**	**Net Allowed**	**Annual Trend Inputs**	
							Cost Trend	**Utilization Trend**
Inpatient	Admits	2,116	$ 28,938,117	$ -	$ -	$ 28,938,117	**9.0%**	**0.0%**
Outpatient	Visits	23,324	$ 30,752,255	$ -	$ -	$ 30,752,255	**2.0%**	**2.5%**
Professional	Visits	381,235	$ 56,280,075	$ -	$ -	$ 56,280,075	**2.0%**	**2.5%**
Other	Services	35,922	$ 8,504,818	$ -	$ -	$ 8,504,818	**0.0%**	**16.0%**
Rx	Scripts	341,994	$ 46,259,049	$ -	$ (5,736,698)	$ 40,522,351	**13.0%**	**0.0%**
Capitation	Member Months	517,255	$ 675,829	$ -	$ -	$ 675,829	**0.0%**	**0.0%**
Total			**$ 171,410,142**	**$ -**	**$ (5,736,698)**	**$ 165,673,443**		
PMPM			**$ 331.38**	**$ -**	**$ (11.09)**	**$ 320.29**		

		Experience Period			**Projection Factors**						**Projected**			**Effective Allowed PMPM**
Service Category Experience Period Allowed	**Utilization Measure**	**Util / 1000**	**Unit Cost**	**PMPM**	**Population Risk / Morbidity ***	**Other**	**Cost Factor**	**Utilization Factor**	**Total Factor**	**Util / 1000**	**Unit Cost**	**PMPM**		**Annual Trend**
Inpatient	Admits	49.09	$ 13,675.84	**$ 55.95**	**0.964**	**1.005**	1.240	1.000	1.20	47.32	$ 17,055.15	**$ 67.26**		**9.0%**
Outpatient	Visits	541.10	$ 1,318.49	**$ 59.45**	**0.964**	**1.005**	1.051	1.064	1.08	554.84	$ 1,392.87	**$ 64.40**		**4.5%**
Professional	Visits	8,844.43	$ 147.63	**$ 108.81**	**0.964**	**1.005**	1.051	1.064	1.08	9,068.94	$ 155.95	**$ 117.86**		**4.5%**
Other	Services	833.36	$ 236.76	**$ 16.44**	**0.964**	**1.005**	1.000	1.449	1.40	1,164.28	$ 238.04	**$ 23.09**		**16.0%**
Rx	Scripts	7,934.05	$ 118.49	**$ 78.34**	**0.964**	**0.964**	1.357	1.000	1.26	7,648.43	$ 155.07	**$ 98.84**		**13.0%**
Capitation	Member Months	12,000.00	$ 1.31	**$ 1.31**	**1.000**	**0.862**	1.000	1.000	0.86	12,000.00	$ 1.13	**$ 1.13**		**0.0%**
Total				**$ 320.29**							**Projected Allowed Claims PMPM (EHB + Non-EHB)**	**$ 372.58**		**8.0%**
											Non-EHB Claims In Projected PMPM **	**$ 1.80**		
											Index Rate for EHB	**$ 370.78**		

*** Please refer to page 50 for more information.**
**** Includes abortion claims and capitation for embedded adult vision benefit.**

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017
BlueChoice D.C. Small Group & Individual, Non-Medigap Allowed PMPM Projection (Includes EHB and Non-EHB Claims) & Derivation of Index Rate - Non-Grandfathered Business Only - 10/1/2017

	Begin	End	Mid-point		Months of Trend		
Experience Period	1/1/2015	12/31/2015	7/2/2015			pd through	2/29/2016
Rating Period	10/1/2017	9/30/2018	4/1/2018		33.0		

Experience Period Summary	**Total**
Experience Period Premiums	**$ 192,675,204**
MLR Rebates	**$ -**
Net Experience Period Premiums	$ 192,675,204
Experience Period Paid Claims (Non-Capitated)	$ 142,621,499
Completion Factor	0.99
Experience Period Incurred Claims (Non-Capitated)	$ 144,267,658
Capitations	**$ 675,829**
Rx Rebates	**$ (5,736,698)**
Other Manual Claims	**$ -**
Total Experience Period Claims	$ 139,206,789
Experience Period Loss Ratio (Before MLR Rebates)	72.2%
Experience Period Loss Ratio (After MLR Rebates)	72.2%
Experience Period Loss Ratio (System Claims Only)	74.9%
Experience Period Member Months	517,255
Average Members	43,105
End of Experience Period Contract	28,679
End of Experience Period Members	43,691
Experience Period Allowed Claims (System Only)	$ 170,734,313
Adjustments	$ (5,060,870)
Total Adjusted EP Allowed Claims	$ 165,673,443
EP Paid / Allowed Ratio	84.0%

Service Category Level Projection

Service Category Experience Period Allowed	**Utilization Measure**	**EP Units**	**EP Allowed $**	**Other**	**Rx Rebates**	**Net Allowed**	**Annual Trend Inputs**	
							Cost Trend	**Utilization Trend**
Inpatient	Admits	2,116	$ 28,938,117	$ -	$ -	$ 28,938,117	**9.0%**	**0.0%**
Outpatient	Visits	23,324	$ 30,752,255	$ -	$ -	$ 30,752,255	**2.0%**	**2.5%**
Professional	Visits	381,235	$ 56,280,075	$ -	$ -	$ 56,280,075	**2.0%**	**2.5%**
Other	Services	35,922	$ 8,504,818	$ -	$ -	$ 8,504,818	**0.0%**	**16.0%**
Rx	Scripts	341,994	$ 46,259,049	$ -	$ (5,736,698)	$ 40,522,351	**13.0%**	**0.0%**
Capitation	Member Months	517,255	$ 675,829	$ -	$ -	$ 675,829	**0.0%**	**0.0%**
Total			**$ 171,410,142**	**$ -**	**$ (5,736,698)**	**$ 165,673,443**		
PMPM			**$ 331.38**	**$ -**	**$ (11.09)**	**$ 320.29**		

		Experience Period			**Projection Factors**					**Projected**			**Effective Allowed PMPM**
Service Category Experience Period Allowed	**Utilization Measure**	**Util / 1000**	**Unit Cost**	**PMPM**	**Population Risk / Morbidity ***	**Other**	**Cost Factor**	**Utilization Factor**	**Total Factor**	**Util / 1000**	**Unit Cost**	**PMPM**	**Annual Trend**
Inpatient	Admits	49.09	$ 13,675.84	**$ 55.95**	**0.964**	**1.005**	1.267	1.000	1.23	47.32	$ 17,426.58	**$ 68.72**	**9.0%**
Outpatient	Visits	541.10	$ 1,318.49	**$ 59.45**	**0.964**	**1.005**	1.056	1.070	1.10	558.27	$ 1,399.79	**$ 65.12**	**4.5%**
Professional	Visits	8,844.43	$ 147.63	**$ 108.81**	**0.964**	**1.005**	1.056	1.070	1.10	9,125.10	$ 156.73	**$ 119.18**	**4.5%**
Other	Services	833.36	$ 236.76	**$ 16.44**	**0.964**	**1.005**	1.000	1.504	1.46	1,208.29	$ 238.04	**$ 23.97**	**16.0%**
Rx	Scripts	7,934.05	$ 118.49	**$ 78.34**	**0.964**	**0.964**	1.399	1.000	1.30	7,648.43	$ 159.88	**$ 101.90**	**13.0%**
Capitation	Member Months	12,000.00	$ 1.31	**$ 1.31**	**1.000**	**0.862**	1.000	1.000	0.86	12,000.00	$ 1.13	**$ 1.13**	**0.0%**
Total				**$ 320.29**							**Projected Allowed Claims PMPM (EHB + Non-EHB)**	**$ 380.02**	**8.0%**
											Non-EHB Claims In Projected PMPM **	**$ 1.82**	
											Index Rate for EHB	**$ 378.20**	

*** Please refer to page 50 for more information.**
**** Includes abortion claims and capitation for embedded adult vision benefit.**

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017
Estimate of Non-EHB Claims - Individual, non-Medigap & Small Group Markets Combined

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

Total Abortion Related	Allowed Amount	2015 Member Months	Exp Period PMPM
BlueChoice	$790,287	557,839	**$1.42**

	Projected PMPM
1Q17	$1.55
2Q17	$1.57
3Q17	$1.59
4Q17	$1.61

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

Individual, non-Medigap Embedded PMPM (Vision Capitation)	% of D.C. Individual, non-Medigap Market Over Age 19	Projected PMPM Spread Over Individual Market	Blended with Small Group
$1.16	90%	$1.04	**$0.21**

	Projected PMPM
1Q17	$0.21
2Q17	$0.21
3Q17	$0.21
4Q17	$0.21

	Projected Non-EHB PMPM
1Q17	**$1.76**
2Q17	**$1.78**
3Q17	**$1.80**
4Q17	**$1.82**

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

Adjustments for Small Group Benefits in Excess of EHB

1Q17		**Med**		**Rx**		**Total**
Index Rate for EHB	$	263.48	$	92.98	$	356.46
Benefits to be Covered in Excess of EHB On Exchange (PMPM)						
Abortion *	$	1.62	$	-	$	1.62
Total Adjustment to Index Rate		**0.61%**		**0.00%**		**0.45%**

2Q17		**Med**		**Rx**		**Total**
Index Rate for EHB	$	267.67	$	95.86	$	363.53
Benefits to be Covered in Excess of EHB On Exchange (PMPM)						
Abortion *	$	1.65	$	-	$	1.65
Total Adjustment to Index Rate		**0.61%**		**0.00%**		**0.45%**

3Q17		**Med**		**Rx**		**Total**
Index Rate for EHB	$	271.94	$	98.84	$	370.78
Benefits to be Covered in Excess of EHB On Exchange (PMPM)						
Abortion *	$	1.67	$	-	$	1.67
Total Adjustment to Index Rate		**0.61%**		**0.00%**		**0.45%**

4Q17		**Med**		**Rx**		**Total**
Index Rate for EHB	$	276.30	$	101.90	$	378.20
Benefits to be Covered in Excess of EHB On Exchange (PMPM)						
Abortion *	$	1.70	$	-	$	1.70
Total Adjustment to Index Rate		**0.61%**		**0.00%**		**0.45%**

* Based on calendar year 2015 experience for DC BlueChoice Small Group business, trended to 2017.

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017
DC BC Index Rate History

Month	Index Rate	% Change	% Change Year to Year
201401	$ 362.28		
201404	$ 369.86	2.09%	
201407	$ 377.62	2.10%	
201410	$ 385.56	2.10%	
201501	$ 348.44	-9.63%	-3.82%
201504	$ 354.39	1.71%	-4.18%
201507	$ 360.45	1.71%	-4.55%
201510	$ 366.63	1.72%	-4.91%
201601	$ 349.04	-4.80%	0.17%
201604	$ 356.04	2.01%	0.47%
201607	$ 363.19	2.01%	0.76%
201610	$ 370.52	2.02%	1.06%
201701	**$ 356.46**	**-3.80%**	**2.13%**
201704	**$ 363.53**	**1.98%**	**2.10%**
201707	**$ 370.78**	**1.99%**	**2.09%**
201710	**$ 378.20**	**2.00%**	**2.07%**

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

2017 ACA - TREND ANALYSIS SUMMARY - DC BlueChoice

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
				2016 FILING							**2017 FILING**					
					PROJECTED					**EXPERIENCE PERIOD**				**PROJECTED**		
	BC-DC		Allowed		Cost	Utilization	Claims	Allowed		Cost	Utilization	Claims	Cost	Utilization	Claims	vs 2016
			Claims *	%	Trend	Trend	Trend	Claims	%	Trend	Trend	Trend	Trend	Trend	Trend **	Δ
1	Inpatient	Hospital	$27,263,984	17%	0.0%	2.5%	2.5%	$28,938,117	17%	13.1%	-2.7%	10.0%	9.0%	0.0%	9.0%	6.5%
2	Outpatient	Hospital	$30,736,866	19%	12.0%	0.0%	12.0%	$30,752,255	18%	0.5%	2.3%	2.8%	2.0%	2.5%	4.5%	-7.5%
3	Professional		$55,679,844	34%	3.0%	1.0%	4.0%	$56,280,075	33%	1.7%	1.9%	3.7%	2.0%	2.5%	4.5%	0.5%
4	Other Medical	Non-Capitated Ambulance	$6,878,923	4%	0.0%	9.0%	9.0%	$8,504,818	5%	13.8%	10.5%	25.8%	0.0%	16.0%	16.0%	7.0%
5		Home Health														
6		DME														
7		Prosthetics														
8		Supplies														
9		Vision Exams														
10		Dental Services														
11		Other Services														
12	**Medical**	**Subtotal (Clms-Wgtd):**	**$120,559,618**	**74%**	**4.4%**	**1.5%**	**6.0%**	**$124,475,264**	**73%**	**4.9%**	**1.5%**	**6.4%**	**3.5%**	**2.8%**	**6.4%**	**0.4%**
13																
14	**Capitation**	**Total**	**$ 893,726**	**1%**	**0.0%**	**0.0%**	**0.0%**	**$ 675,829**	**0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**
13																
14	**RX**	**Claims-Weighted**	$41,616,251	**26%**	13.0%	1.0%	**14.1%**	**$46,259,049**	**27%**	**15.7%**	**-1.1%**	**14.5%**	**13.0%**	**0.0%**	**13.0%**	**-1.1%**
15	**TOTAL**	**Claims-Weighted**	**$163,069,595**	**100%**	**6.6%**	**1.4%**	**8.1%**	**$171,410,142**	**100%**	**7.8%**	**0.8%**	**8.6%**	**6.0%**	**2.1%**	**8.2%**	**0.1%**
16																
17	**Weighted Total DC (BlueChoice & GHMSI Combined)**														**8.3%**	

* Includes grandfathered Small Group business.

** Note: The total trend shown is claims-weighted. The actual pricing trend utilized is 8.0%, calculated on a PMPM basis.

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

2017 ACA - PLAN LEVEL DERIVATIONS 1Q17
SG DC BLUECHOICE

		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	21	22
			Actual 2/29/2016	ON-Exchange 1Q17 Cohort		**INDEX RATE**	**Market-Level Adjustments (MLA)**			**INDEX RATE**	**Plan-Level Adjustments**				**(PLA)**			**INDEX RATE**		**Calibration Allowable Rating Factors (ARFs) ***	**BASE PREMIUM**	Average Cost	**INDEX RATE**	
Benefit Plan	Ded.	OOP Max	Mapped Mems	Projected EMMs	%	(Ave ALW EHB)	Reins.	Risk Adj	Exch User Fees	(Post-MLA)	CF Pricing Value	CDH Factor	Induced Demand	**= (10)x(11)x(12)** Cost-Share	Network & UM	Non-EHB	Distrib & Admin	(Plan-Level)	2017 HHS AV	Age	(Consumer-Level) 1Q17	Share 1Q17	(Plan-Level) 1Q16	Δ
Bronze Plans																								
BlueChoice HMO HSA/HRA Bronze 6500	$6,500 (Integrated)	$6,550	286	636	0.8%	$356.46	1.0000	1.0968	1.0000	$390.98	0.5168	0.9600	0.9226	0.4577	0.9804	1.0045	1.3378	$235.79	0.6138	0.9670	$228.01	0.4135	$211.92	11.3%
BlueChoice HMO Referral Bronze 5500	$5,500 Med / $100 Rx	$7,150	16	228	0.3%	$356.46	1.0000	1.0968	1.0000	$390.98	0.5821	1.0100	0.9226	0.5424	0.9337	1.0045	1.3378	$266.12	0.6162	0.9670	$257.34	0.4692	$229.04	16.2%
BlueChoice Plus HSA/HRA Bronze 6500	$6,500 (Integrated)	$6,550	72	228	0.3%	$356.46	1.0000	1.0968	1.0000	$390.98	0.5168	0.9600	0.9226	0.4577	1.0069	1.0045	1.3378	$242.18	0.6138	0.9670	$234.19	0.4135	$217.66	11.3%
BlueChoice Advantage HSA/HRA Bronze 6500	$6,500 (Integrated)	$6,550	10	228	0.3%	$356.46	1.0000	1.0968	1.0000	$390.98	0.5168	0.9600	0.9226	0.4577	1.0501	1.0045	1.3378	$252.57	0.6138	0.9670	$244.23	0.4135	$227.00	11.3%
BlueChoice Advantage Bronze 5500	$5,500 Med / $100 Rx	$7,150	0	228	0.3%	$356.46	1.0000	1.0968	1.0000	$390.98	0.5821	1.0100	0.9226	0.5424	1.0501	1.0045	1.3378	$299.31	0.6162	0.9670	$289.44	NA	NA	NA
Silver Plans																								
BlueChoice HMO Silver 1000	$1,000 Med / $100 Rx	$7,150	40	228	0.3%	$356.46	1.0000	1.0968	1.0000	$390.98	0.6852	1.0100	0.9503	0.6576	0.9804	1.0045	1.3378	$338.77	0.7199	0.9670	$327.59	0.6245	$320.07	5.8%
BlueChoice HMO HSA/HRA Silver 1500	$1,500 (Integrated)	$6,550	817	1,824	2.2%	$356.46	1.0000	1.0968	1.0000	$390.98	0.6613	0.9600	0.9503	0.6032	0.9804	1.0045	1.3378	$310.75	0.7172	0.9670	$300.49	0.5847	$299.70	3.7%
BlueChoice HMO HSA/HRA Silver 2000	$2,000 (Integrated)	$6,000	937	2,088	2.5%	$356.46	1.0000	1.0968	1.0000	$390.98	0.6382	0.9600	0.9503	0.5822	0.9804	1.0045	1.3378	$299.89	0.7090	0.9670	$289.99	0.5638	$288.98	3.8%
BlueChoice HMO HSA/HRA Silver 3000	$3,000 (Integrated)	$4,750	6	228	0.3%	$356.46	1.0000	1.0968	1.0000	$390.98	0.6076	0.9600	0.9503	0.5542	0.9804	1.0045	1.3378	$285.51	0.6942	0.9670	$276.08	0.5451	$279.41	2.2%
BlueChoice HMO Referral Silver 70	$2000 Med / $500 Rx	$6,850	16	228	0.3%	$356.46	1.0000	1.0968	1.0000	$390.98	0.6538	1.0100	0.9503	0.6275	0.9337	1.0045	1.3378	$307.83	0.7124	0.9670	$297.67	0.5912	$288.57	6.7%
BlueChoice HMO Referral Silver 4000	$4,000 Med / $0 Rx	$7,150	0	228	0.3%	$356.46	1.0000	1.0968	1.0000	$390.98	0.6899	1.0100	0.9503	0.6621	0.9337	1.0045	1.3378	$324.83	0.6892	0.9670	$314.12	NA	NA	NA
BlueChoice Plus HSA/HRA Silver 1500	$1,500 (Integrated)	$6,550	1,280	2,856	3.4%	$356.46	1.0000	1.0968	1.0000	$390.98	0.6613	0.9600	0.9503	0.6032	1.0069	1.0045	1.3378	$319.17	0.7172	0.9670	$308.63	0.5847	$307.82	3.7%
BlueChoice Plus HSA/HRA Silver 3000	$3,000 (Integrated)	$4,750	597	1,332	1.6%	$356.46	1.0000	1.0968	1.0000	$390.98	0.6076	0.9600	0.9503	0.5542	1.0069	1.0045	1.3378	$293.24	0.6942	0.9670	$283.57	0.5451	$286.98	2.2%
BlueChoice Advantage Silver 4000	$4,000 Med / $0 Rx	$7,150	0	228	0.3%	$356.46	1.0000	1.0968	1.0000	$390.98	0.6899	1.0100	0.9503	0.6621	1.0501	1.0045	1.3378	$365.35	0.6892	0.9670	$353.29	NA	NA	NA
BlueChoice Advantage HSA/HRA Silver 1500	$1,500 (Integrated)	$6,550	1,873	4,176	5.0%	$356.46	1.0000	1.0968	1.0000	$390.98	0.6613	0.9600	0.9503	0.6032	1.0501	1.0045	1.3378	$332.86	0.7172	0.9670	$321.87	0.5847	$321.02	3.7%
BlueChoice Advantage Silver 1500 BlueFund HSA	$1,500 (Integrated)	$6,350	0	228	0.3%	$356.46	1.0000	1.0968	1.0000	$390.98	0.6622	0.9600	0.9503	0.6041	1.0501	1.0045	1.3378	$333.34	0.7190	0.9670	$322.34	NA	NA	NA
BlueChoice Advantage HSA/HRA Silver 3000	$3,000 (Integrated)	$4,750	9	228	0.3%	$356.46	1.0000	1.0968	1.0000	$390.98	0.6076	0.9600	0.9503	0.5542	1.0501	1.0045	1.3378	$305.82	0.6942	0.9670	$295.73	0.5451	$299.29	2.2%
HealthyBlue HMO HSA/HRA Silver 2000	$2,000 (Integrated)	$6,550	980	2,184	2.6%	$356.46	1.0000	1.0968	1.0000	$390.98	0.6577	0.9600	0.9503	0.6000	0.9804	1.0045	1.3378	$309.07	0.7198	0.9670	$298.87	0.5892	$302.00	2.3%
HealthyBlue Plus HSA/HRA Silver 2000	$2,000 (Integrated)	$6,550	639	1,428	1.7%	$356.46	1.0000	1.0968	1.0000	$390.98	0.6577	0.9600	0.9503	0.6000	1.0069	1.0045	1.3378	$317.45	0.7198	0.9670	$306.97	0.5892	$310.18	2.3%
HealthyBlue Advantage HSA/HRA Silver 2000	$2,000 (Integrated)	$6,550	1,323	2,952	3.6%	$356.46	1.0000	1.0968	1.0000	$390.98	0.6577	0.9600	0.9503	0.6000	1.0501	1.0045	1.3378	$331.07	0.7198	0.9670	$320.14	0.5892	$323.49	2.3%
Gold Plans																								
BlueChoice HMO Gold 500	$500 Med / $250 Rx	$7,150	1,660	3,696	4.5%	$356.46	1.0000	1.0968	1.0000	$390.98	0.8005	1.0100	0.9964	0.8056	0.9804	1.0045	1.3378	$414.97	0.8182	0.9670	$401.28	0.7696	$394.46	5.2%
BlueChoice HMO Gold 1500	$1,500 Med / $250 Rx	$3,500	239	528	0.6%	$356.46	1.0000	1.0968	1.0000	$390.98	0.7697	1.0100	0.9964	0.7746	0.9804	1.0045	1.3378	$399.01	0.7900	0.9670	$385.84	0.7397	$379.15	5.2%
BlueChoice HMO HSA/HRA Gold 1500	$1,500 (Integrated)	$4,000	0	228	0.3%	$356.46	1.0000	1.0968	1.0000	$390.98	0.7185	0.9600	0.9964	0.6872	0.9804	1.0045	1.3378	$354.02	0.7868	0.9670	$342.33	NA	NA	NA
BlueChoice HMO Referral Gold 0	$0 Med / $0 Rx	$7,150	122	276	0.3%	$356.46	1.0000	1.0968	1.0000	$390.98	0.8421	1.0100	0.9964	0.8475	0.9337	1.0045	1.3378	$415.77	0.8183	0.9670	$402.05	0.8076	$394.24	5.5%
BlueChoice HMO Referral Gold 500	$500 Med / $250 Rx	$7,150	1,079	2,400	2.9%	$356.46	1.0000	1.0968	1.0000	$390.98	0.8005	1.0100	0.9964	0.8056	0.9337	1.0045	1.3378	$395.21	0.8182	0.9670	$382.17	0.7696	$375.68	5.2%
BlueChoice HMO Referral Gold 80	$1000 Med / $0 Rx	$6,000	57	228	0.3%	$356.46	1.0000	1.0968	1.0000	$390.98	0.7671	1.0100	0.9964	0.7719	0.9337	1.0045	1.3378	$378.71	0.7899	0.9670	$366.21	0.7256	$354.23	6.9%
BlueChoice Plus Gold 500	$500 Med / $250 Rx	$7,150	139	312	0.4%	$356.46	1.0000	1.0968	1.0000	$390.98	0.8005	1.0100	0.9964	0.8056	1.0069	1.0045	1.3378	$426.22	0.8182	0.9670	$412.15	0.7696	$405.15	5.2%
BlueChoice Plus Gold 1000	$1,000 Med / $250 Rx	$4,000	67	228	0.3%	$356.46	1.0000	1.0968	1.0000	$390.98	0.7811	1.0100	0.9964	0.7860	1.0069	1.0045	1.3378	$415.89	0.8006	0.9670	$402.16	0.7455	$392.49	6.0%
BlueChoice Advantage Gold 500	$500 Med / $250 Rx	$7,150	909	2,028	2.4%	$356.46	1.0000	1.0968	1.0000	$390.98	0.8005	1.0100	0.9964	0.8056	1.0501	1.0045	1.3378	$444.50	0.8182	0.9670	$429.83	0.7696	$422.53	5.2%
BlueChoice Advantage Gold 1000	$1,000 Med / $250 Rx	$4,000	1,060	2,364	2.8%	$356.46	1.0000	1.0968	1.0000	$390.98	0.7811	1.0100	0.9964	0.7860	1.0501	1.0045	1.3378	$433.73	0.8006	0.9670	$419.41	0.7455	$409.33	6.0%
BlueChoice Advantage HSA/HRA Gold 1500	$1,500 (Integrated)	$4,000	0	228	0.3%	$356.46	1.0000	1.0968	1.0000	$390.98	0.7185	0.9600	0.9964	0.6872	1.0501	1.0045	1.3378	$379.21	0.7868	0.9670	$366.70	NA	NA	NA
HealthyBlue HMO Gold 1500	$1,500 Med / $0 Rx	$7,150	1,080	2,400	2.9%	$356.46	1.0000	1.0968	1.0000	$390.98	0.8150	1.0100	0.9964	0.8202	0.9804	1.0045	1.3378	$422.51	0.8131	0.9670	$408.57	0.8039	$412.05	2.5%
HealthyBlue Plus Gold 1500	$1,500 Med / $0 Rx	$7,150	1,404	3,132	3.8%	$356.46	1.0000	1.0968	1.0000	$390.98	0.8150	1.0100	0.9964	0.8202	1.0069	1.0045	1.3378	$433.96	0.8131	0.9670	$419.64	0.8039	$423.21	2.5%
HealthyBlue Advantage Gold 1500	$1,500 Med / $0 Rx	$7,150	3,745	8,340	10.1%	$356.46	1.0000	1.0968	1.0000	$390.98	0.8150	1.0100	0.9964	0.8202	1.0501	1.0045	1.3378	$452.58	0.8131	0.9670	$437.64	0.8039	$441.37	2.5%
Platinum Plans																								
BlueChoice HMO Platinum 0	$0 Med / $0 Rx	$1,500	1,825	4,068	4.9%	$356.46	1.0000	1.0968	1.0000	$390.98	0.9198	1.0100	1.0610	0.9856	0.9804	1.0045	1.3378	$507.72	0.9158	0.9670	$490.96	0.9812	$502.91	1.0%
BlueChoice HMO Referral Platinum 0	$0 Med / $0 Rx	$1,500	2,734	6,084	7.3%	$356.46	1.0000	1.0968	1.0000	$390.98	0.9198	1.0100	1.0610	0.9856	0.9337	1.0045	1.3378	$483.54	0.9158	0.9670	$467.58	0.9812	$478.96	1.0%
BlueChoice HMO Referral Platinum 1000	$1000 Med / $0 Rx	$1,500	1	228	0.3%	$356.46	1.0000	1.0968	1.0000	$390.98	0.8587	1.0100	1.0610	0.9202	0.9337	1.0045	1.3378	$451.43	0.8863	0.9670	$436.53	0.9263	$452.17	-0.2%
BlueChoice Plus Opt-Out Platinum 0	$0 Med / $0 Rx	$1,500	5,880	13,092	15.8%	$356.46	1.0000	1.0968	1.0000	$390.98	0.9198	1.0100	1.0610	0.9856	0.9937	1.0045	1.3378	$514.60	0.9158	0.9670	$497.61	0.9812	$509.73	1.0%
BlueChoice Advantage Platinum 0	$0 Med / $0 Rx	$1,500	1,384	3,084	3.7%	$356.46	1.0000	1.0968	1.0000	$390.98	0.9198	1.0100	1.0610	0.9856	1.0501	1.0045	1.3378	$543.85	0.9158	0.9670	$525.90	0.9812	$538.70	1.0%
HealthyBlue HMO Platinum 500	$500 Med / $0 Rx	$1,500	298	660	0.8%	$356.46	1.0000	1.0968	1.0000	$390.98	0.9023	1.0100	1.0610	0.9669	0.9804	1.0045	1.3378	$498.09	0.8949	0.9670	$481.65	0.9543	$489.15	1.8%
HealthyBlue HMO Platinum 1000	$1,000 Med / $0 Rx	$1,500	86	228	0.3%	$356.46	1.0000	1.0968	1.0000	$390.98	0.8663	1.0100	1.0610	0.9283	0.9804	1.0045	1.3378	$478.19	0.8868	0.9670	$462.41	0.9431	$483.41	-1.1%
HealthyBlue Plus Platinum 500	$500 Med / $0 Rx	$1,500	1,265	2,820	3.4%	$356.46	1.0000	1.0968	1.0000	$390.98	0.9023	1.0100	1.0610	0.9669	1.0069	1.0045	1.3378	$511.59	0.8949	0.9670	$494.70	0.9543	$502.41	1.8%
HealthyBlue Plus Platinum 1000	$1,000 Med / $0 Rx	$1,500	505	1,128	1.4%	$356.46	1.0000	1.0968	1.0000	$390.98	0.8663	1.0100	1.0610	0.9283	1.0069	1.0045	1.3378	$491.15	0.8868	0.9670	$474.94	0.9431	$496.51	-1.1%
HealthyBlue Advantage Platinum 500	$500 Med / $0 Rx	$1,500	747	1,668	2.0%	$356.46	1.0000	1.0968	1.0000	$390.98	0.9023	1.0100	1.0610	0.9669	1.0501	1.0045	1.3378	$533.53	0.8949	0.9670	$515.93	0.9543	$523.96	1.8%
HealthyBlue Advantage Platinum 1000	$1,000 Med / $0 Rx	$1,500	684	1,524	1.8%	$356.46	1.0000	1.0968	1.0000	$390.98	0.8663	1.0100	1.0610	0.9283	1.0501	1.0045	1.3378	$512.22	0.8868	0.9670	$495.31	0.9431	$517.81	-1.1%
		BRONZE SUBTOTAL:	384	1,548	1.9%	$356.46	1.0000	1.0968	1.0000	$390.98	0.5361	0.9747	0.9226	0.4827	0.9980	1.0045	1.3378	$253.03	0.6145	0.9670	$244.68	0.4158	$214.10	11.5%
		SILVER SUBTOTAL:	8,517	20,436	24.6%	$356.46	1.0000	1.0968	1.0000	$390.98	0.6539	0.9622	0.9503	0.5980	1.0133	1.0045	1.3378	$318.38	0.7145	0.9670	$307.87	0.5813	$308.34	3.1%
		GOLD SUBTOTAL:	11,561	26,388	31.8%	$356.46	1.0000	1.0968	1.0000	$390.98	0.8043	1.0091	0.9964	0.8088	1.0132	1.0045	1.3378	$430.63	0.8125	0.9670	$416.42	0.7853	$416.21	3.9%
		PLATINUM SUBTOTAL:	15,409	34,584	41.7%	$356.46	1.0000	1.0968	1.0000	$390.98	0.9123	1.0100	1.0610	0.9776	0.9926	1.0045	1.3378	$509.76	0.9101	0.9670	$492.93	0.9740	$505.53	0.9%
		GRAND TOTAL:	**35,871**	**82,956**	**100.0%**	**$356.46**	**1.0000**	**1.0968**	**1.0000**	**$390.98**	**0.8073**	**0.9973**	**1.0106**	**0.8212**	**1.0043**	**1.0045**	**1.3378**	**$432.65**	**0.8254**	**0.9670**	**$418.37**	**0.8140**	**$426.80**	**2.5%**

*** Geographic and Tobacco calibration factors both = 1.000.**

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

2017 ACA - PLAN LEVEL DERIVATIONS 2Q17
SG DC BLUECHOICE

		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	21	22
			Actual 2/29/2016 Mapped Mems	ON-Exchange 2Q17 Cohort Projected EMMs		**INDEX RATE** (Ave ALW EHB)	**Market-Level Adjustments (MLA)** Reins.	Risk Adj	Exch User Fees	**INDEX RATE** (Post-MLA)	**Plan-Level Adjustments (PLA)** CF Pricing Value	CDH Factor	Induced Demand	**= (10)x(11)x(12)** Cost-Share	Network & UM	Non-EHB	Distrib & Admin	**INDEX RATE** (Plan-Level)	2017 HHS AV	**Calibration Allowable Rating Factors (ARFs) *** Age	**BASE PREMIUM** (Consumer-Level) 2Q17	Average Cost Share 2Q17	**INDEX RATE** (Plan-Level) 2Q16	Δ
Benefit Plan	Ded.	OOP Max			%																			
Bronze Plans																								
BlueChoice HMO HSA/HRA Bronze 6500	$6,500 (Integrated)	$6,550	286	324	0.8%	$363.53	1.0000	1.0950	1.0000	$398.05	0.5168	0.9600	0.9226	0.4577	0.9804	1.0045	1.3467	$241.66	0.6138	0.9670	$233.68	0.4135	$214.89	12.5%
BlueChoice HMO Referral Bronze 5500	$5,500 Med / $100 Rx	$7,150	16	108	0.3%	$363.53	1.0000	1.0950	1.0000	$398.05	0.5821	1.0100	0.9226	0.5424	0.9337	1.0045	1.3467	$272.75	0.6162	0.9670	$263.75	0.4692	$232.24	17.4%
BlueChoice Plus HSA/HRA Bronze 6500	$6,500 (Integrated)	$6,550	72	108	0.3%	$363.53	1.0000	1.0950	1.0000	$398.05	0.5168	0.9600	0.9226	0.4577	1.0069	1.0045	1.3467	$248.21	0.6138	0.9670	$240.01	0.4135	$220.71	12.5%
BlueChoice Advantage HSA/HRA Bronze 6500	$6,500 (Integrated)	$6,550	10	108	0.3%	$363.53	1.0000	1.0950	1.0000	$398.05	0.5168	0.9600	0.9226	0.4577	1.0501	1.0045	1.3467	$258.85	0.6138	0.9670	$250.31	0.4135	$230.18	12.5%
BlueChoice Advantage Bronze 5500	$5,500 Med / $100 Rx	$7,150	0	108	0.3%	$363.53	1.0000	1.0950	1.0000	$398.05	0.5821	1.0100	0.9226	0.5424	1.0501	1.0045	1.3467	$306.76	0.6162	0.9670	$296.64	NA	NA	NA
Silver Plans																								
BlueChoice HMO Silver 1000	$1,000 Med / $100 Rx	$7,150	40	108	0.3%	$363.53	1.0000	1.0950	1.0000	$398.05	0.6852	1.0100	0.9503	0.6576	0.9804	1.0045	1.3467	$347.20	0.7199	0.9670	$335.74	0.6245	$324.55	7.0%
BlueChoice HMO HSA/HRA Silver 1500	$1,500 (Integrated)	$6,550	817	912	2.2%	$363.53	1.0000	1.0950	1.0000	$398.05	0.6613	0.9600	0.9503	0.6032	0.9804	1.0045	1.3467	$318.48	0.7172	0.9670	$307.97	0.5847	$303.89	4.8%
BlueChoice HMO HSA/HRA Silver 2000	$2,000 (Integrated)	$6,000	937	1,044	2.5%	$363.53	1.0000	1.0950	1.0000	$398.05	0.6382	0.9600	0.9503	0.5822	0.9804	1.0045	1.3467	$307.35	0.7090	0.9670	$297.21	0.5638	$293.03	4.9%
BlueChoice HMO HSA/HRA Silver 3000	$3,000 (Integrated)	$4,750	6	108	0.3%	$363.53	1.0000	1.0950	1.0000	$398.05	0.6076	0.9600	0.9503	0.5542	0.9804	1.0045	1.3467	$292.61	0.6942	0.9670	$282.95	0.5451	$283.32	3.3%
BlueChoice HMO Referral Silver 70	$2000 Med / $500 Rx	$6,850	16	108	0.3%	$363.53	1.0000	1.0950	1.0000	$398.05	0.6538	1.0100	0.9503	0.6275	0.9337	1.0045	1.3467	$315.49	0.7124	0.9670	$305.08	0.5912	$292.61	7.8%
BlueChoice HMO Referral Silver 4000	$4,000 Med / $0 Rx	$7,150	0	108	0.3%	$363.53	1.0000	1.0950	1.0000	$398.05	0.6899	1.0100	0.9503	0.6621	0.9337	1.0045	1.3467	$332.92	0.6892	0.9670	$321.93	NA	NA	NA
BlueChoice Plus HSA/HRA Silver 1500	$1,500 (Integrated)	$6,550	1,280	1,428	3.4%	$363.53	1.0000	1.0950	1.0000	$398.05	0.6613	0.9600	0.9503	0.6032	1.0069	1.0045	1.3467	$327.11	0.7172	0.9670	$316.31	0.5847	$312.13	4.8%
BlueChoice Plus HSA/HRA Silver 3000	$3,000 (Integrated)	$4,750	597	672	1.6%	$363.53	1.0000	1.0950	1.0000	$398.05	0.6076	0.9600	0.9503	0.5542	1.0069	1.0045	1.3467	$300.54	0.6942	0.9670	$290.62	0.5451	$291.00	3.3%
BlueChoice Advantage Silver 4000	$4,000 Med / $0 Rx	$7,150	0	108	0.3%	$363.53	1.0000	1.0950	1.0000	$398.05	0.6899	1.0100	0.9503	0.6621	1.0501	1.0045	1.3467	$374.44	0.6892	0.9670	$362.08	NA	NA	NA
BlueChoice Advantage HSA/HRA Silver 1500	$1,500 (Integrated)	$6,550	1,873	2,100	5.0%	$363.53	1.0000	1.0950	1.0000	$398.05	0.6613	0.9600	0.9503	0.6032	1.0501	1.0045	1.3467	$341.14	0.7172	0.9670	$329.88	0.5847	$325.52	4.8%
BlueChoice Advantage Silver 1500 BlueFund HSA	$1,500 (Integrated)	$6,350	0	108	0.3%	$363.53	1.0000	1.0950	1.0000	$398.05	0.6622	0.9600	0.9503	0.6041	1.0501	1.0045	1.3467	$341.64	0.7190	0.9670	$330.36	NA	NA	NA
BlueChoice Advantage HSA/HRA Silver 3000	$3,000 (Integrated)	$4,750	9	108	0.3%	$363.53	1.0000	1.0950	1.0000	$398.05	0.6076	0.9600	0.9503	0.5542	1.0501	1.0045	1.3467	$313.43	0.6942	0.9670	$303.09	0.5451	$303.48	3.3%
HealthyBlue HMO HSA/HRA Silver 2000	$2,000 (Integrated)	$6,550	980	1,092	2.6%	$363.53	1.0000	1.0950	1.0000	$398.05	0.6577	0.9600	0.9503	0.6000	0.9804	1.0045	1.3467	$316.76	0.7198	0.9670	$306.31	0.5892	$306.23	3.4%
HealthyBlue Plus HSA/HRA Silver 2000	$2,000 (Integrated)	$6,550	639	708	1.7%	$363.53	1.0000	1.0950	1.0000	$398.05	0.6577	0.9600	0.9503	0.6000	1.0069	1.0045	1.3467	$325.35	0.7198	0.9670	$314.61	0.5892	$314.53	3.4%
HealthyBlue Advantage HSA/HRA Silver 2000	$2,000 (Integrated)	$6,550	1,323	1,476	3.5%	$363.53	1.0000	1.0950	1.0000	$398.05	0.6577	0.9600	0.9503	0.6000	1.0501	1.0045	1.3467	$339.31	0.7198	0.9670	$328.11	0.5892	$328.02	3.4%
Gold Plans																								
BlueChoice HMO Gold 500	$500 Med / $250 Rx	$7,150	1,660	1,860	4.5%	$363.53	1.0000	1.0950	1.0000	$398.05	0.8005	1.0100	0.9964	0.8056	0.9804	1.0045	1.3467	$425.30	0.8182	0.9670	$411.26	0.7696	$399.98	6.3%
BlueChoice HMO Gold 1500	$1,500 Med / $250 Rx	$3,500	239	276	0.7%	$363.53	1.0000	1.0950	1.0000	$398.05	0.7697	1.0100	0.9964	0.7746	0.9804	1.0045	1.3467	$408.94	0.7900	0.9670	$395.44	0.7397	$384.45	6.4%
BlueChoice HMO HSA/HRA Gold 1500	$1,500 (Integrated)	$4,000	0	108	0.3%	$363.53	1.0000	1.0950	1.0000	$398.05	0.7185	0.9600	0.9964	0.6872	0.9804	1.0045	1.3467	$362.83	0.7868	0.9670	$350.85	NA	NA	NA
BlueChoice HMO Referral Gold 0	$0 Med / $0 Rx	$7,150	122	132	0.3%	$363.53	1.0000	1.0950	1.0000	$398.05	0.8421	1.0100	0.9964	0.8475	0.9337	1.0045	1.3467	$426.11	0.8183	0.9670	$412.05	0.8076	$399.75	6.6%
BlueChoice HMO Referral Gold 500	$500 Med / $250 Rx	$7,150	1,079	1,212	2.9%	$363.53	1.0000	1.0950	1.0000	$398.05	0.8005	1.0100	0.9964	0.8056	0.9337	1.0045	1.3467	$405.05	0.8182	0.9670	$391.68	0.7696	$380.94	6.3%
BlueChoice HMO Referral Gold 80	$1000 Med / $0 Rx	$6,000	57	108	0.3%	$363.53	1.0000	1.0950	1.0000	$398.05	0.7671	1.0100	0.9964	0.7719	0.9337	1.0045	1.3467	$388.14	0.7899	0.9670	$375.33	0.7256	$359.19	8.1%
BlueChoice Plus Gold 500	$500 Med / $250 Rx	$7,150	139	156	0.4%	$363.53	1.0000	1.0950	1.0000	$398.05	0.8005	1.0100	0.9964	0.8056	1.0069	1.0045	1.3467	$436.82	0.8182	0.9670	$422.41	0.7696	$410.82	6.3%
BlueChoice Plus Gold 1000	$1,000 Med / $250 Rx	$4,000	67	108	0.3%	$363.53	1.0000	1.0950	1.0000	$398.05	0.7811	1.0100	0.9964	0.7860	1.0069	1.0045	1.3467	$426.24	0.8006	0.9670	$412.17	0.7455	$397.99	7.1%
BlueChoice Advantage Gold 500	$500 Med / $250 Rx	$7,150	909	1,020	2.5%	$363.53	1.0000	1.0950	1.0000	$398.05	0.8005	1.0100	0.9964	0.8056	1.0501	1.0045	1.3467	$455.56	0.8182	0.9670	$440.53	0.7696	$428.45	6.3%
BlueChoice Advantage Gold 1000	$1,000 Med / $250 Rx	$4,000	1,060	1,188	2.9%	$363.53	1.0000	1.0950	1.0000	$398.05	0.7811	1.0100	0.9964	0.7860	1.0501	1.0045	1.3467	$444.52	0.8006	0.9670	$429.85	0.7455	$415.06	7.1%
BlueChoice Advantage HSA/HRA Gold 1500	$1,500 (Integrated)	$4,000	0	108	0.3%	$363.53	1.0000	1.0950	1.0000	$398.05	0.7185	0.9600	0.9964	0.6872	1.0501	1.0045	1.3467	$388.65	0.7868	0.9670	$375.82	NA	NA	NA
HealthyBlue HMO Gold 1500	$1,500 Med / $0 Rx	$7,150	1,080	1,212	2.9%	$363.53	1.0000	1.0950	1.0000	$398.05	0.8150	1.0100	0.9964	0.8202	0.9804	1.0045	1.3467	$433.02	0.8131	0.9670	$418.73	0.8039	$417.81	3.6%
HealthyBlue Plus Gold 1500	$1,500 Med / $0 Rx	$7,150	1,404	1,572	3.8%	$363.53	1.0000	1.0950	1.0000	$398.05	0.8150	1.0100	0.9964	0.8202	1.0069	1.0045	1.3467	$444.76	0.8131	0.9670	$430.08	0.8039	$429.13	3.6%
HealthyBlue Advantage Gold 1500	$1,500 Med / $0 Rx	$7,150	3,745	4,200	10.1%	$363.53	1.0000	1.0950	1.0000	$398.05	0.8150	1.0100	0.9964	0.8202	1.0501	1.0045	1.3467	$463.84	0.8131	0.9670	$448.53	0.8039	$447.54	3.6%
Platinum Plans																								
BlueChoice HMO Platinum 0	$0 Med / $0 Rx	$1,500	1,825	2,040	4.9%	$363.53	1.0000	1.0950	1.0000	$398.05	0.9198	1.0100	1.0610	0.9856	0.9804	1.0045	1.3467	$520.35	0.9158	0.9670	$503.18	0.9812	$509.95	2.0%
BlueChoice HMO Referral Platinum 0	$0 Med / $0 Rx	$1,500	2,734	3,072	7.4%	$363.53	1.0000	1.0950	1.0000	$398.05	0.9198	1.0100	1.0610	0.9856	0.9337	1.0045	1.3467	$495.57	0.9158	0.9670	$479.22	0.9812	$485.67	2.0%
BlueChoice HMO Referral Platinum 1000	$1000 Med / $0 Rx	$1,500	1	108	0.3%	$363.53	1.0000	1.0950	1.0000	$398.05	0.8587	1.0100	1.0610	0.9202	0.9337	1.0045	1.3467	$462.66	0.8863	0.9670	$447.39	0.9263	$458.50	0.9%
BlueChoice Plus Opt-Out Platinum 0	$0 Med / $0 Rx	$1,500	5,880	6,600	15.9%	$363.53	1.0000	1.0950	1.0000	$398.05	0.9198	1.0100	1.0610	0.9856	0.9937	1.0045	1.3467	$527.40	0.9158	0.9670	$510.00	0.9812	$516.86	2.0%
BlueChoice Advantage Platinum 0	$0 Med / $0 Rx	$1,500	1,384	1,548	3.7%	$363.53	1.0000	1.0950	1.0000	$398.05	0.9198	1.0100	1.0610	0.9856	1.0501	1.0045	1.3467	$557.38	0.9158	0.9670	$538.99	0.9812	$546.24	2.0%
HealthyBlue HMO Platinum 500	$500 Med / $0 Rx	$1,500	298	336	0.8%	$363.53	1.0000	1.0950	1.0000	$398.05	0.9023	1.0100	1.0610	0.9669	0.9804	1.0045	1.3467	$510.48	0.8949	0.9670	$493.64	0.9543	$496.00	2.9%
HealthyBlue HMO Platinum 1000	$1,000 Med / $0 Rx	$1,500	86	108	0.3%	$363.53	1.0000	1.0950	1.0000	$398.05	0.8663	1.0100	1.0610	0.9283	0.9804	1.0045	1.3467	$490.09	0.8868	0.9670	$473.92	0.9431	$490.18	0.0%
HealthyBlue Plus Platinum 500	$500 Med / $0 Rx	$1,500	1,265	1,416	3.4%	$363.53	1.0000	1.0950	1.0000	$398.05	0.9023	1.0100	1.0610	0.9669	1.0069	1.0045	1.3467	$524.32	0.8949	0.9670	$507.01	0.9543	$509.44	2.9%
HealthyBlue Plus Platinum 1000	$1,000 Med / $0 Rx	$1,500	505	564	1.4%	$363.53	1.0000	1.0950	1.0000	$398.05	0.8663	1.0100	1.0610	0.9283	1.0069	1.0045	1.3467	$503.37	0.8868	0.9670	$486.76	0.9431	$503.46	0.0%
HealthyBlue Advantage Platinum 500	$500 Med / $0 Rx	$1,500	747	828	2.0%	$363.53	1.0000	1.0950	1.0000	$398.05	0.9023	1.0100	1.0610	0.9669	1.0501	1.0045	1.3467	$546.81	0.8949	0.9670	$528.77	0.9543	$531.29	2.9%
HealthyBlue Advantage Platinum 1000	$1,000 Med / $0 Rx	$1,500	684	768	1.8%	$363.53	1.0000	1.0950	1.0000	$398.05	0.8663	1.0100	1.0610	0.9283	1.0501	1.0045	1.3467	$524.96	0.8868	0.9670	$507.64	0.9431	$525.06	0.0%
		BRONZE SUBTOTAL:	384	756	1.8%	$363.53	1.0000	1.0950	1.0000	$398.05	0.5355	0.9743	0.9226	0.4819	0.9974	1.0045	1.3467	$258.79	0.6145	0.9670	$250.25	0.4158	$217.10	12.7%
		SILVER SUBTOTAL:	8,517	10,188	24.5%	$363.53	1.0000	1.0950	1.0000	$398.05	0.6539	0.9621	0.9503	0.5979	1.0134	1.0045	1.3467	$326.28	0.7146	0.9670	$315.52	0.5813	$312.66	4.2%
		GOLD SUBTOTAL:	11,561	13,260	31.9%	$363.53	1.0000	1.0950	1.0000	$398.05	0.8044	1.0092	0.9964	0.8089	1.0132	1.0045	1.3467	$441.42	0.8125	0.9670	$426.85	0.7853	$422.03	5.0%
		PLATINUM SUBTOTAL:	15,409	17,388	41.8%	$363.53	1.0000	1.0950	1.0000	$398.05	0.9124	1.0100	1.0610	0.9777	0.9925	1.0045	1.3467	$522.44	0.9101	0.9670	$505.21	0.9740	$512.61	2.0%
		GRAND TOTAL:	**35,871**	**41,592**	**100.0%**	**$363.53**	**1.0000**	**1.0950**	**1.0000**	**$398.05**	**0.8078**	**0.9974**	**1.0107**	**0.8218**	**1.0043**	**1.0045**	**1.3467**	**$443.77**	**0.8257**	**0.9670**	**$429.13**	**0.8140**	**$432.78**	**3.6%**

*** Geographic and Tobacco calibration factors both = 1.000.**

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

2017 ACA - PLAN LEVEL DERIVATIONS 3Q17
SG DC BLUECHOICE

		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	21	22
			Actual 2/29/2016 Mapped Mems	ON-Exchange 3Q17 Cohort Projected EMMs		**INDEX RATE** (Ave ALW EHB)	**Market-Level Adjustments (MLA)** Reins.	Risk Adj	Exch User Fees	**INDEX RATE** (Post-MLA)	**Plan-Level Adjustments (PLA)** CF Pricing Value	CDH Factor	Induced Demand	= (10)x(11)x(12) Cost-Share	Network & UM	Non-EHB	Distrib & Admin	**INDEX RATE** (Plan-Level)	2017 HHS AV	**Calibration Allowable Rating Factors (ARFs) *** Age	**BASE PREMIUM** (Consumer-Level) 3Q17	Average Cost Share 3Q17	**INDEX RATE** (Plan-Level) 3Q16	Δ
Benefit Plan	Ded.	OOP Max																						
Bronze Plans																								
BlueChoice HMO HSA/HRA Bronze 6500	$6,500 (Integrated)	$6,550	286	660	0.8%	$370.78	1.0000	1.0931	1.0000	$405.30	0.5168	0.9600	0.9226	0.4577	0.9804	1.0045	1.3530	$247.20	0.6138	0.9670	$239.04	0.4135	$218.08	13.4%
BlueChoice HMO Referral Bronze 5500	$5,500 Med / $100 Rx	$7,150	16	228	0.3%	$370.78	1.0000	1.0931	1.0000	$405.30	0.5821	1.0100	0.9226	0.5424	0.9337	1.0045	1.3530	$279.00	0.6162	0.9670	$269.80	0.4692	$235.69	18.4%
BlueChoice Plus HSA/HRA Bronze 6500	$6,500 (Integrated)	$6,550	72	228	0.3%	$370.78	1.0000	1.0931	1.0000	$405.30	0.5168	0.9600	0.9226	0.4577	1.0069	1.0045	1.3530	$253.90	0.6138	0.9670	$245.52	0.4135	$223.99	13.4%
BlueChoice Advantage HSA/HRA Bronze 6500	$6,500 (Integrated)	$6,550	10	228	0.3%	$370.78	1.0000	1.0931	1.0000	$405.30	0.5168	0.9600	0.9226	0.4577	1.0501	1.0045	1.3530	$264.79	0.6138	0.9670	$256.05	0.4135	$233.60	13.4%
BlueChoice Advantage Bronze 5500	$5,500 Med / $100 Rx	$7,150	0	228	0.3%	$370.78	1.0000	1.0931	1.0000	$405.30	0.5821	1.0100	0.9226	0.5424	1.0501	1.0045	1.3530	$313.80	0.6162	0.9670	$303.44	NA	NA	NA
Silver Plans																								
BlueChoice HMO Silver 1000	$1,000 Med / $100 Rx	$7,150	40	228	0.3%	$370.78	1.0000	1.0931	1.0000	$405.30	0.6852	1.0100	0.9503	0.6576	0.9804	1.0045	1.3530	$355.16	0.7199	0.9670	$343.44	0.6245	$329.37	7.8%
BlueChoice HMO HSA/HRA Silver 1500	$1,500 (Integrated)	$6,550	817	1,872	2.2%	$370.78	1.0000	1.0931	1.0000	$405.30	0.6613	0.9600	0.9503	0.6032	0.9804	1.0045	1.3530	$325.78	0.7172	0.9670	$315.03	0.5847	$308.40	5.6%
BlueChoice HMO HSA/HRA Silver 2000	$2,000 (Integrated)	$6,000	937	2,160	2.5%	$370.78	1.0000	1.0931	1.0000	$405.30	0.6382	0.9600	0.9503	0.5822	0.9804	1.0045	1.3530	$314.40	0.7090	0.9670	$304.02	0.5638	$297.38	5.7%
BlueChoice HMO HSA/HRA Silver 3000	$3,000 (Integrated)	$4,750	6	228	0.3%	$370.78	1.0000	1.0931	1.0000	$405.30	0.6076	0.9600	0.9503	0.5542	0.9804	1.0045	1.3530	$299.32	0.6942	0.9670	$289.45	0.5451	$287.53	4.1%
BlueChoice HMO Referral Silver 70	$2000 Med / $500 Rx	$6,850	16	228	0.3%	$370.78	1.0000	1.0931	1.0000	$405.30	0.6538	1.0100	0.9503	0.6275	0.9337	1.0045	1.3530	$322.73	0.7124	0.9670	$312.08	0.5912	$296.96	8.7%
BlueChoice HMO Referral Silver 4000	$4,000 Med / $0 Rx	$7,150	0	228	0.3%	$370.78	1.0000	1.0931	1.0000	$405.30	0.6899	1.0100	0.9503	0.6621	0.9337	1.0045	1.3530	$340.56	0.6892	0.9670	$329.32	NA	NA	NA
BlueChoice Plus HSA/HRA Silver 1500	$1,500 (Integrated)	$6,550	1,280	2,940	3.4%	$370.78	1.0000	1.0931	1.0000	$405.30	0.6613	0.9600	0.9503	0.6032	1.0069	1.0045	1.3530	$334.61	0.7172	0.9670	$323.57	0.5847	$316.76	5.6%
BlueChoice Plus HSA/HRA Silver 3000	$3,000 (Integrated)	$4,750	597	1,368	1.6%	$370.78	1.0000	1.0931	1.0000	$405.30	0.6076	0.9600	0.9503	0.5542	1.0069	1.0045	1.3530	$307.43	0.6942	0.9670	$297.29	0.5451	$295.32	4.1%
BlueChoice Advantage Silver 4000	$4,000 Med / $0 Rx	$7,150	0	228	0.3%	$370.78	1.0000	1.0931	1.0000	$405.30	0.6899	1.0100	0.9503	0.6621	1.0501	1.0045	1.3530	$383.03	0.6892	0.9670	$370.39	NA	NA	NA
BlueChoice Advantage HSA/HRA Silver 1500	$1,500 (Integrated)	$6,550	1,873	4,296	5.0%	$370.78	1.0000	1.0931	1.0000	$405.30	0.6613	0.9600	0.9503	0.6032	1.0501	1.0045	1.3530	$348.97	0.7172	0.9670	$337.45	0.5847	$330.35	5.6%
BlueChoice Advantage Silver 1500 BlueFund HSA	$1,500 (Integrated)	$6,350	0	228	0.3%	$370.78	1.0000	1.0931	1.0000	$405.30	0.6622	0.9600	0.9503	0.6041	1.0501	1.0045	1.3530	$349.47	0.7190	0.9670	$337.94	NA	NA	NA
BlueChoice Advantage HSA/HRA Silver 3000	$3,000 (Integrated)	$4,750	9	228	0.3%	$370.78	1.0000	1.0931	1.0000	$405.30	0.6076	0.9600	0.9503	0.5542	1.0501	1.0045	1.3530	$320.62	0.6942	0.9670	$310.04	0.5451	$307.99	4.1%
HealthyBlue HMO HSA/HRA Silver 2000	$2,000 (Integrated)	$6,550	980	2,256	2.6%	$370.78	1.0000	1.0931	1.0000	$405.30	0.6577	0.9600	0.9503	0.6000	0.9804	1.0045	1.3530	$324.03	0.7198	0.9670	$313.34	0.5892	$310.78	4.3%
HealthyBlue Plus HSA/HRA Silver 2000	$2,000 (Integrated)	$6,550	639	1,476	1.7%	$370.78	1.0000	1.0931	1.0000	$405.30	0.6577	0.9600	0.9503	0.6000	1.0069	1.0045	1.3530	$332.81	0.7198	0.9670	$321.83	0.5892	$319.20	4.3%
HealthyBlue Advantage HSA/HRA Silver 2000	$2,000 (Integrated)	$6,550	1,323	3,036	3.6%	$370.78	1.0000	1.0931	1.0000	$405.30	0.6577	0.9600	0.9503	0.6000	1.0501	1.0045	1.3530	$347.09	0.7198	0.9670	$335.63	0.5892	$332.89	4.3%
Gold Plans																								
BlueChoice HMO Gold 500	$500 Med / $250 Rx	$7,150	1,660	3,816	4.5%	$370.78	1.0000	1.0931	1.0000	$405.30	0.8005	1.0100	0.9964	0.8056	0.9804	1.0045	1.3530	$435.06	0.8182	0.9670	$420.70	0.7696	$405.93	7.2%
BlueChoice HMO Gold 1500	$1,500 Med / $250 Rx	$3,500	239	540	0.6%	$370.78	1.0000	1.0931	1.0000	$405.30	0.7697	1.0100	0.9964	0.7746	0.9804	1.0045	1.3530	$418.32	0.7900	0.9670	$404.51	0.7397	$390.16	7.2%
BlueChoice HMO HSA/HRA Gold 1500	$1,500 (Integrated)	$4,000	0	228	0.3%	$370.78	1.0000	1.0931	1.0000	$405.30	0.7185	0.9600	0.9964	0.6872	0.9804	1.0045	1.3530	$371.15	0.7868	0.9670	$358.90	NA	NA	NA
BlueChoice HMO Referral Gold 0	$0 Med / $0 Rx	$7,150	122	276	0.3%	$370.78	1.0000	1.0931	1.0000	$405.30	0.8421	1.0100	0.9964	0.8475	0.9337	1.0045	1.3530	$435.89	0.8183	0.9670	$421.51	0.8076	$405.69	7.4%
BlueChoice HMO Referral Gold 500	$500 Med / $250 Rx	$7,150	1,079	2,484	2.9%	$370.78	1.0000	1.0931	1.0000	$405.30	0.8005	1.0100	0.9964	0.8056	0.9337	1.0045	1.3530	$414.34	0.8182	0.9670	$400.67	0.7696	$386.60	7.2%
BlueChoice HMO Referral Gold 80	$1000 Med / $0 Rx	$6,000	57	228	0.3%	$370.78	1.0000	1.0931	1.0000	$405.30	0.7671	1.0100	0.9964	0.7719	0.9337	1.0045	1.3530	$397.04	0.7899	0.9670	$383.94	0.7256	$364.52	8.9%
BlueChoice Plus Gold 500	$500 Med / $250 Rx	$7,150	139	312	0.4%	$370.78	1.0000	1.0931	1.0000	$405.30	0.8005	1.0100	0.9964	0.8056	1.0069	1.0045	1.3530	$446.84	0.8182	0.9670	$432.10	0.7696	$416.93	7.2%
BlueChoice Plus Gold 1000	$1,000 Med / $250 Rx	$4,000	67	228	0.3%	$370.78	1.0000	1.0931	1.0000	$405.30	0.7811	1.0100	0.9964	0.7860	1.0069	1.0045	1.3530	$436.01	0.8006	0.9670	$421.62	0.7455	$403.90	8.0%
BlueChoice Advantage Gold 500	$500 Med / $250 Rx	$7,150	909	2,088	2.4%	$370.78	1.0000	1.0931	1.0000	$405.30	0.8005	1.0100	0.9964	0.8056	1.0501	1.0045	1.3530	$466.01	0.8182	0.9670	$450.64	0.7696	$434.81	7.2%
BlueChoice Advantage Gold 1000	$1,000 Med / $250 Rx	$4,000	1,060	2,436	2.9%	$370.78	1.0000	1.0931	1.0000	$405.30	0.7811	1.0100	0.9964	0.7860	1.0501	1.0045	1.3530	$454.72	0.8006	0.9670	$439.71	0.7455	$421.22	8.0%
BlueChoice Advantage HSA/HRA Gold 1500	$1,500 (Integrated)	$4,000	0	228	0.3%	$370.78	1.0000	1.0931	1.0000	$405.30	0.7185	0.9600	0.9964	0.6872	1.0501	1.0045	1.3530	$397.56	0.7868	0.9670	$384.44	NA	NA	NA
HealthyBlue HMO Gold 1500	$1,500 Med / $0 Rx	$7,150	1,080	2,484	2.9%	$370.78	1.0000	1.0931	1.0000	$405.30	0.8150	1.0100	0.9964	0.8202	0.9804	1.0045	1.3530	$442.96	0.8131	0.9670	$428.34	0.8039	$424.02	4.5%
HealthyBlue Plus Gold 1500	$1,500 Med / $0 Rx	$7,150	1,404	3,228	3.8%	$370.78	1.0000	1.0931	1.0000	$405.30	0.8150	1.0100	0.9964	0.8202	1.0069	1.0045	1.3530	$454.96	0.8131	0.9670	$439.95	0.8039	$435.51	4.5%
HealthyBlue Advantage Gold 1500	$1,500 Med / $0 Rx	$7,150	3,745	8,604	10.1%	$370.78	1.0000	1.0931	1.0000	$405.30	0.8150	1.0100	0.9964	0.8202	1.0501	1.0045	1.3530	$474.48	0.8131	0.9670	$458.82	0.8039	$454.19	4.5%
Platinum Plans																								
BlueChoice HMO Platinum 0	$0 Med / $0 Rx	$1,500	1,825	4,200	4.9%	$370.78	1.0000	1.0931	1.0000	$405.30	0.9198	1.0100	1.0610	0.9856	0.9804	1.0045	1.3530	$532.29	0.9158	0.9670	$514.72	0.9812	$517.53	2.9%
BlueChoice HMO Referral Platinum 0	$0 Med / $0 Rx	$1,500	2,734	6,276	7.3%	$370.78	1.0000	1.0931	1.0000	$405.30	0.9198	1.0100	1.0610	0.9856	0.9337	1.0045	1.3530	$506.94	0.9158	0.9670	$490.21	0.9812	$492.88	2.9%
BlueChoice HMO Referral Platinum 1000	$1000 Med / $0 Rx	$1,500	1	228	0.3%	$370.78	1.0000	1.0931	1.0000	$405.30	0.8587	1.0100	1.0610	0.9202	0.9337	1.0045	1.3530	$473.27	0.8863	0.9670	$457.65	0.9263	$465.31	1.7%
BlueChoice Plus Opt-Out Platinum 0	$0 Med / $0 Rx	$1,500	5,880	13,512	15.8%	$370.78	1.0000	1.0931	1.0000	$405.30	0.9198	1.0100	1.0610	0.9856	0.9937	1.0045	1.3530	$539.50	0.9158	0.9670	$521.70	0.9812	$524.54	2.9%
BlueChoice Advantage Platinum 0	$0 Med / $0 Rx	$1,500	1,384	3,180	3.7%	$370.78	1.0000	1.0931	1.0000	$405.30	0.9198	1.0100	1.0610	0.9856	1.0501	1.0045	1.3530	$570.17	0.9158	0.9670	$551.35	0.9812	$554.35	2.9%
HealthyBlue HMO Platinum 500	$500 Med / $0 Rx	$1,500	298	684	0.8%	$370.78	1.0000	1.0931	1.0000	$405.30	0.9023	1.0100	1.0610	0.9669	0.9804	1.0045	1.3530	$522.19	0.8949	0.9670	$504.96	0.9543	$503.36	3.7%
HealthyBlue HMO Platinum 1000	$1,000 Med / $0 Rx	$1,500	86	228	0.3%	$370.78	1.0000	1.0931	1.0000	$405.30	0.8663	1.0100	1.0610	0.9283	0.9804	1.0045	1.3530	$501.33	0.8868	0.9670	$484.79	0.9431	$497.46	0.8%
HealthyBlue Plus Platinum 500	$500 Med / $0 Rx	$1,500	1,265	2,904	3.4%	$370.78	1.0000	1.0931	1.0000	$405.30	0.9023	1.0100	1.0610	0.9669	1.0069	1.0045	1.3530	$536.34	0.8949	0.9670	$518.65	0.9543	$517.00	3.7%
HealthyBlue Plus Platinum 1000	$1,000 Med / $0 Rx	$1,500	505	1,164	1.4%	$370.78	1.0000	1.0931	1.0000	$405.30	0.8663	1.0100	1.0610	0.9283	1.0069	1.0045	1.3530	$514.92	0.8868	0.9670	$497.92	0.9431	$510.94	0.8%
HealthyBlue Advantage Platinum 500	$500 Med / $0 Rx	$1,500	747	1,716	2.0%	$370.78	1.0000	1.0931	1.0000	$405.30	0.9023	1.0100	1.0610	0.9669	1.0501	1.0045	1.3530	$559.35	0.8949	0.9670	$540.89	0.9543	$539.18	3.7%
HealthyBlue Advantage Platinum 1000	$1,000 Med / $0 Rx	$1,500	684	1,572	1.8%	$370.78	1.0000	1.0931	1.0000	$405.30	0.8663	1.0100	1.0610	0.9283	1.0501	1.0045	1.3530	$537.01	0.8868	0.9670	$519.28	0.9431	$532.86	0.8%
	BRONZE SUBTOTAL:		384	1,572	1.8%	$370.78	1.0000	1.0931	1.0000	$405.30	0.5358	0.9745	0.9226	0.4823	0.9977	1.0045	1.3530	$264.99	0.6145	0.9670	$256.25	0.4158	$220.33	13.6%
	SILVER SUBTOTAL:		8,517	21,000	24.6%	$370.78	1.0000	1.0931	1.0000	$405.30	0.6539	0.9622	0.9503	0.5979	1.0133	1.0045	1.3530	$333.76	0.7146	0.9670	$322.75	0.5813	$317.30	5.1%
	GOLD SUBTOTAL:		11,561	27,180	31.8%	$370.78	1.0000	1.0931	1.0000	$405.30	0.8044	1.0092	0.9964	0.8089	1.0132	1.0045	1.3530	$451.52	0.8125	0.9670	$436.62	0.7853	$428.30	5.8%
	PLATINUM SUBTOTAL:		15,409	35,664	41.8%	$370.78	1.0000	1.0931	1.0000	$405.30	0.9123	1.0100	1.0610	0.9777	0.9926	1.0045	1.3530	$534.44	0.9101	0.9670	$516.81	0.9740	$520.22	2.8%
	GRAND TOTAL:		**35,871**	**85,416**	**100.0%**	**$370.78**	**1.0000**	**1.0931**	**1.0000**	**$405.30**	**0.8075**	**0.9973**	**1.0107**	**0.8215**	**1.0043**	**1.0045**	**1.3530**	**$453.76**	**0.8255**	**0.9670**	**$438.78**	**0.8140**	**$439.21**	**4.4%**

*** Geographic and Tobacco calibration factors both = 1.000.**

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

2017 ACA - PLAN LEVEL DERIVATIONS 4Q17
SG DC BLUECHOICE

			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	21	22
				Actual 2/29/2016 Mapped	ON-Exchange 4Q17 Cohort Projected		**INDEX RATE**	**Market-Level Adjustments (MLA)**			**INDEX RATE**			**Plan-Level Adjustments (PLA)**				**INDEX RATE**		**Calibration Allowable Rating Factors (ARFs) ***	**BASE PREMIUM**	Average Cost	**INDEX RATE**	
										Exch					**= (10)x(11)x(12)**					2017		(Consumer-Level)	Share	(Plan-Level)	
Benefit Plan				Mems	EMMs	%	(Ave ALW EHB)	Reins.	Risk Adj	User Fees	(Post-MLA)	Pricing Value	CDH Factor	Induced Demand	Cost-Share	Network & UM	Non-EHB	Distrib & Admin	(Plan-Level)	HHS AV	Age	4Q17	4Q17	4Q16	Δ
Bronze Plans	Ded.	OOP Max																							
BlueChoice HMO HSA/HRA Bronze 6500	$6,500 (Integrated)	$6,550		286	1,812	0.8%	$378.20	1.0000	1.0913	1.0000	$412.72	0.5168	0.9600	0.9226	0.4577	0.9804	1.0045	1.3627	$253.52	0.6138	0.9670	$245.16	0.4135	$221.26	14.6%
BlueChoice HMO Referral Bronze 5500	$5,500 Med / $100 Rx	$7,150		16	636	0.3%	$378.20	1.0000	1.0913	1.0000	$412.72	0.5821	1.0100	0.9226	0.5424	0.9337	1.0045	1.3627	$286.14	0.6162	0.9670	$276.70	0.4692	$239.12	19.7%
BlueChoice Plus HSA/HRA Bronze 6500	$6,500 (Integrated)	$6,550		72	636	0.3%	$378.20	1.0000	1.0913	1.0000	$412.72	0.5168	0.9600	0.9226	0.4577	1.0069	1.0045	1.3627	$260.39	0.6138	0.9670	$251.80	0.4135	$227.25	14.6%
BlueChoice Advantage HSA/HRA Bronze 6500	$6,500 (Integrated)	$6,550		10	636	0.3%	$378.20	1.0000	1.0913	1.0000	$412.72	0.5168	0.9600	0.9226	0.4577	1.0501	1.0045	1.3627	$271.56	0.6138	0.9670	$262.60	0.4135	$237.00	14.6%
BlueChoice Advantage Bronze 5500	$5,500 Med / $100 Rx	$7,150		0	636	0.3%	$378.20	1.0000	1.0913	1.0000	$412.72	0.5821	1.0100	0.9226	0.5424	1.0501	1.0045	1.3627	$321.83	0.6162	0.9670	$311.21	NA	NA	NA
Silver Plans																									
BlueChoice HMO Silver 1000	$1,000 Med / $100 Rx	$7,150		40	636	0.3%	$378.20	1.0000	1.0913	1.0000	$412.72	0.6852	1.0100	0.9503	0.6576	0.9804	1.0045	1.3627	$364.25	0.7199	0.9670	$352.23	0.6245	$334.17	9.0%
BlueChoice HMO HSA/HRA Silver 1500	$1,500 (Integrated)	$6,550		817	5,196	2.2%	$378.20	1.0000	1.0913	1.0000	$412.72	0.6613	0.9600	0.9503	0.6032	0.9804	1.0045	1.3627	$334.12	0.7172	0.9670	$323.09	0.5847	$312.90	6.8%
BlueChoice HMO HSA/HRA Silver 2000	$2,000 (Integrated)	$6,000		937	5,952	2.5%	$378.20	1.0000	1.0913	1.0000	$412.72	0.6382	0.9600	0.9503	0.5822	0.9804	1.0045	1.3627	$322.44	0.7090	0.9670	$311.80	0.5638	$301.71	6.9%
BlueChoice HMO HSA/HRA Silver 3000	$3,000 (Integrated)	$4,750		6	636	0.3%	$378.20	1.0000	1.0913	1.0000	$412.72	0.6076	0.9600	0.9503	0.5542	0.9804	1.0045	1.3627	$306.98	0.6942	0.9670	$296.85	0.5451	$291.71	5.2%
BlueChoice HMO Referral Silver 70	$2000 Med / $500 Rx	$6,850		16	636	0.3%	$378.20	1.0000	1.0913	1.0000	$412.72	0.6538	1.0100	0.9503	0.6275	0.9337	1.0045	1.3627	$330.98	0.7124	0.9670	$320.06	0.5912	$301.28	9.9%
BlueChoice HMO Referral Silver 4000	$4,000 Med / $0 Rx	$7,150		0	636	0.3%	$378.20	1.0000	1.0913	1.0000	$412.72	0.6899	1.0100	0.9503	0.6621	0.9337	1.0045	1.3627	$349.27	0.6892	0.9670	$337.74	NA	NA	NA
BlueChoice Plus HSA/HRA Silver 1500	$1,500 (Integrated)	$6,550		1,280	8,136	3.4%	$378.20	1.0000	1.0913	1.0000	$412.72	0.6613	0.9600	0.9503	0.6032	1.0069	1.0045	1.3627	$343.17	0.7172	0.9670	$331.85	0.5847	$321.37	6.8%
BlueChoice Plus HSA/HRA Silver 3000	$3,000 (Integrated)	$4,750		597	3,792	1.6%	$378.20	1.0000	1.0913	1.0000	$412.72	0.6076	0.9600	0.9503	0.5542	1.0069	1.0045	1.3627	$315.30	0.6942	0.9670	$304.89	0.5451	$299.62	5.2%
BlueChoice Advantage Silver 4000	$4,000 Med / $0 Rx	$7,150		0	636	0.3%	$378.20	1.0000	1.0913	1.0000	$412.72	0.6899	1.0100	0.9503	0.6621	1.0501	1.0045	1.3627	$392.83	0.6892	0.9670	$379.86	NA	NA	NA
BlueChoice Advantage HSA/HRA Silver 1500	$1,500 (Integrated)	$6,550		1,873	11,904	5.0%	$378.20	1.0000	1.0913	1.0000	$412.72	0.6613	0.9600	0.9503	0.6032	1.0501	1.0045	1.3627	$357.89	0.7172	0.9670	$346.08	0.5847	$335.16	6.8%
BlueChoice Advantage Silver 1500 BlueFund HSA	$1,500 (Integrated)	$6,350		0	636	0.3%	$378.20	1.0000	1.0913	1.0000	$412.72	0.6622	0.9600	0.9503	0.6041	1.0501	1.0045	1.3627	$358.41	0.7190	0.9670	$346.58	NA	NA	NA
BlueChoice Advantage HSA/HRA Silver 3000	$3,000 (Integrated)	$4,750		9	636	0.3%	$378.20	1.0000	1.0913	1.0000	$412.72	0.6076	0.9600	0.9503	0.5542	1.0501	1.0045	1.3627	$328.82	0.6942	0.9670	$317.97	0.5451	$312.47	5.2%
HealthyBlue HMO HSA/HRA Silver 2000	$2,000 (Integrated)	$6,550		980	6,228	2.6%	$378.20	1.0000	1.0913	1.0000	$412.72	0.6577	0.9600	0.9503	0.6000	0.9804	1.0045	1.3627	$332.32	0.7198	0.9670	$321.35	0.5892	$315.30	5.4%
HealthyBlue Plus HSA/HRA Silver 2000	$2,000 (Integrated)	$6,550		639	4,056	1.7%	$378.20	1.0000	1.0913	1.0000	$412.72	0.6577	0.9600	0.9503	0.6000	1.0069	1.0045	1.3627	$341.32	0.7198	0.9670	$330.06	0.5892	$323.85	5.4%
HealthyBlue Advantage HSA/HRA Silver 2000	$2,000 (Integrated)	$6,550		1,323	8,412	3.6%	$378.20	1.0000	1.0913	1.0000	$412.72	0.6577	0.9600	0.9503	0.6000	1.0501	1.0045	1.3627	$355.97	0.7198	0.9670	$344.22	0.5892	$337.74	5.4%
Gold Plans																									
BlueChoice HMO Gold 500	$500 Med / $250 Rx	$7,150		1,660	10,548	4.5%	$378.20	1.0000	1.0913	1.0000	$412.72	0.8005	1.0100	0.9964	0.8056	0.9804	1.0045	1.3627	$446.18	0.8182	0.9670	$431.46	0.7696	$411.84	8.3%
BlueChoice HMO Gold 1500	$1,500 Med / $250 Rx	$3,500		239	1,524	0.6%	$378.20	1.0000	1.0913	1.0000	$412.72	0.7697	1.0100	0.9964	0.7746	0.9804	1.0045	1.3627	$429.02	0.7900	0.9670	$414.86	0.7397	$395.84	8.4%
BlueChoice HMO HSA/HRA Gold 1500	$1,500 (Integrated)	$4,000		0	636	0.3%	$378.20	1.0000	1.0913	1.0000	$412.72	0.7185	0.9600	0.9964	0.6872	0.9804	1.0045	1.3627	$380.64	0.7868	0.9670	$368.08	NA	NA	NA
BlueChoice HMO Referral Gold 0	$0 Med / $0 Rx	$7,150		122	780	0.3%	$378.20	1.0000	1.0913	1.0000	$412.72	0.8421	1.0100	0.9964	0.8475	0.9337	1.0045	1.3627	$447.04	0.8183	0.9670	$432.29	0.8076	$411.60	8.6%
BlueChoice HMO Referral Gold 500	$500 Med / $250 Rx	$7,150		1,079	6,852	2.9%	$378.20	1.0000	1.0913	1.0000	$412.72	0.8005	1.0100	0.9964	0.8056	0.9337	1.0045	1.3627	$424.94	0.8182	0.9670	$410.91	0.7696	$392.23	8.3%
BlueChoice HMO Referral Gold 80	$1000 Med / $0 Rx	$6,000		57	636	0.3%	$378.20	1.0000	1.0913	1.0000	$412.72	0.7671	1.0100	0.9964	0.7719	0.9337	1.0045	1.3627	$407.19	0.7899	0.9670	$393.76	0.7256	$369.83	10.1%
BlueChoice Plus Gold 500	$500 Med / $250 Rx	$7,150		139	888	0.4%	$378.20	1.0000	1.0913	1.0000	$412.72	0.8005	1.0100	0.9964	0.8056	1.0069	1.0045	1.3627	$458.27	0.8182	0.9670	$443.15	0.7696	$423.00	8.3%
BlueChoice Plus Gold 1000	$1,000 Med / $250 Rx	$4,000		67	636	0.3%	$378.20	1.0000	1.0913	1.0000	$412.72	0.7811	1.0100	0.9964	0.7860	1.0069	1.0045	1.3627	$447.17	0.8006	0.9670	$432.41	0.7455	$409.78	9.1%
BlueChoice Advantage Gold 500	$500 Med / $250 Rx	$7,150		909	5,772	2.4%	$378.20	1.0000	1.0913	1.0000	$412.72	0.8005	1.0100	0.9964	0.8056	1.0501	1.0045	1.3627	$477.93	0.8182	0.9670	$462.16	0.7696	$441.14	8.3%
BlueChoice Advantage Gold 1000	$1,000 Med / $250 Rx	$4,000		1,060	6,732	2.8%	$378.20	1.0000	1.0913	1.0000	$412.72	0.7811	1.0100	0.9964	0.7860	1.0501	1.0045	1.3627	$466.35	0.8006	0.9670	$450.96	0.7455	$427.36	9.1%
BlueChoice Advantage HSA/HRA Gold 1500	$1,500 (Integrated)	$4,000		0	636	0.3%	$378.20	1.0000	1.0913	1.0000	$412.72	0.7185	0.9600	0.9964	0.6872	1.0501	1.0045	1.3627	$407.73	0.7868	0.9670	$394.28	NA	NA	NA
HealthyBlue HMO Gold 1500	$1,500 Med / $0 Rx	$7,150		1,080	6,864	2.9%	$378.20	1.0000	1.0913	1.0000	$412.72	0.8150	1.0100	0.9964	0.8202	0.9804	1.0045	1.3627	$454.29	0.8131	0.9670	$439.30	0.8039	$430.19	5.6%
HealthyBlue Plus Gold 1500	$1,500 Med / $0 Rx	$7,150		1,404	8,916	3.8%	$378.20	1.0000	1.0913	1.0000	$412.72	0.8150	1.0100	0.9964	0.8202	1.0069	1.0045	1.3627	$466.60	0.8131	0.9670	$451.20	0.8039	$441.85	5.6%
HealthyBlue Advantage Gold 1500	$1,500 Med / $0 Rx	$7,150		3,745	23,796	10.1%	$378.20	1.0000	1.0913	1.0000	$412.72	0.8150	1.0100	0.9964	0.8202	1.0501	1.0045	1.3627	$486.62	0.8131	0.9670	$470.56	0.8039	$460.81	5.6%
Platinum Plans																									
BlueChoice HMO Platinum 0	$0 Med / $0 Rx	$1,500		1,825	11,592	4.9%	$378.20	1.0000	1.0913	1.0000	$412.72	0.9198	1.0100	1.0610	0.9856	0.9804	1.0045	1.3627	$545.90	0.9158	0.9670	$527.89	0.9812	$525.06	4.0%
BlueChoice HMO Referral Platinum 0	$0 Med / $0 Rx	$1,500		2,734	17,376	7.4%	$378.20	1.0000	1.0913	1.0000	$412.72	0.9198	1.0100	1.0610	0.9856	0.9337	1.0045	1.3627	$519.91	0.9158	0.9670	$502.75	0.9812	$500.06	4.0%
BlueChoice HMO Referral Platinum 1000	$1000 Med / $0 Rx	$1,500		1	636	0.3%	$378.20	1.0000	1.0913	1.0000	$412.72	0.8587	1.0100	1.0610	0.9202	0.9337	1.0045	1.3627	$485.38	0.8863	0.9670	$469.36	0.9263	$472.08	2.8%
BlueChoice Plus Opt-Out Platinum 0	$0 Med / $0 Rx	$1,500		5,880	37,356	15.8%	$378.20	1.0000	1.0913	1.0000	$412.72	0.9198	1.0100	1.0610	0.9856	0.9937	1.0045	1.3627	$553.30	0.9158	0.9670	$535.04	0.9812	$532.18	4.0%
BlueChoice Advantage Platinum 0	$0 Med / $0 Rx	$1,500		1,384	8,796	3.7%	$378.20	1.0000	1.0913	1.0000	$412.72	0.9198	1.0100	1.0610	0.9856	1.0501	1.0045	1.3627	$584.75	0.9158	0.9670	$565.45	0.9812	$562.43	4.0%
HealthyBlue HMO Platinum 500	$500 Med / $0 Rx	$1,500		298	1,896	0.8%	$378.20	1.0000	1.0913	1.0000	$412.72	0.9023	1.0100	1.0610	0.9669	0.9804	1.0045	1.3627	$535.55	0.8949	0.9670	$517.88	0.9543	$510.70	4.9%
HealthyBlue HMO Platinum 1000	$1,000 Med / $0 Rx	$1,500		86	636	0.3%	$378.20	1.0000	1.0913	1.0000	$412.72	0.8663	1.0100	1.0610	0.9283	0.9804	1.0045	1.3627	$514.15	0.8868	0.9670	$497.19	0.9431	$504.71	1.9%
HealthyBlue Plus Platinum 500	$500 Med / $0 Rx	$1,500		1,265	8,040	3.4%	$378.20	1.0000	1.0913	1.0000	$412.72	0.9023	1.0100	1.0610	0.9669	1.0069	1.0045	1.3627	$550.06	0.8949	0.9670	$531.91	0.9543	$524.53	4.9%
HealthyBlue Plus Platinum 1000	$1,000 Med / $0 Rx	$1,500		505	3,204	1.4%	$378.20	1.0000	1.0913	1.0000	$412.72	0.8663	1.0100	1.0610	0.9283	1.0069	1.0045	1.3627	$528.09	0.8868	0.9670	$510.66	0.9431	$518.38	1.9%
HealthyBlue Advantage Platinum 500	$500 Med / $0 Rx	$1,500		747	4,752	2.0%	$378.20	1.0000	1.0913	1.0000	$412.72	0.9023	1.0100	1.0610	0.9669	1.0501	1.0045	1.3627	$573.66	0.8949	0.9670	$554.73	0.9543	$547.04	4.9%
HealthyBlue Advantage Platinum 1000	$1,000 Med / $0 Rx	$1,500		684	4,344	1.8%	$378.20	1.0000	1.0913	1.0000	$412.72	0.8663	1.0100	1.0610	0.9283	1.0501	1.0045	1.3627	$550.74	0.8868	0.9670	$532.57	0.9431	$540.62	1.9%
	BRONZE SUBTOTAL:			384	4,356	1.8%	$378.20	1.0000	1.0913	1.0000	$412.72	0.5359	0.9746	0.9226	0.4825	0.9978	1.0045	1.3627	$271.90	0.6145	0.9670	$262.92	0.4158	$223.53	14.8%
	SILVER SUBTOTAL:			8,517	58,128	24.6%	$378.20	1.0000	1.0913	1.0000	$412.72	0.6539	0.9622	0.9503	0.5979	1.0133	1.0045	1.3627	$342.32	0.7146	0.9670	$331.02	0.5813	$321.93	6.2%
	GOLD SUBTOTAL:			11,561	75,216	31.8%	$378.20	1.0000	1.0913	1.0000	$412.72	0.8044	1.0092	0.9964	0.8089	1.0132	1.0045	1.3627	$463.04	0.8125	0.9670	$447.76	0.7853	$434.54	7.0%
	PLATINUM SUBTOTAL:			15,409	98,628	41.7%	$378.20	1.0000	1.0913	1.0000	$412.72	0.9123	1.0100	1.0610	0.9777	0.9926	1.0045	1.3627	$548.11	0.9101	0.9670	$530.02	0.9740	$527.80	3.9%
	GRAND TOTAL:			**35,871**	**236,328**	**100.0%**	**$378.20**	**1.0000**	**1.0913**	**1.0000**	**$412.72**	**0.8075**	**0.9973**	**1.0106**	**0.8214**	**1.0043**	**1.0045**	**1.3627**	**$465.33**	**0.8255**	**0.9670**	**$449.97**	**0.8140**	**$445.60**	**5.6%**

*** Geographic and Tobacco calibration factors both = 1.000.**

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017
DICR & MLR

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
		SG DC BC Projected 1Q17			**SG DC BC** Projected 2Q17			**SG DC BC** Projected 3Q17			**SG DC BC** Projected 4Q17			**SG DC BC** Projected 2017			**SG DC BC** Filed 4Q16	
TRADITIONAL LOSS RATIO		PMPM	%	$s	PMPM	%	$s	PMPM	%	$s	PMPM	%	$s	PMPM	%	$s	PMPM	%
1 Allowed Claims & Captns (EHB Only)	Medical	$ 263.48			$ 267.67			$ 271.94			$ 276.30			$ 272.28			$ 270.17	
2	RX	$ 92.98			$ 95.86			$ 98.84			$ 101.90			$ 99.09			$ 100.35	
3	**TOTAL**	**$ 356.46**			**$ 363.53**			**$ 370.78**			**$ 378.20**			**$ 371.37**			**$ 370.52**	
4																		
5 Allowed Claims & Captns (EHB & Non-EHB)	Medical	$ 265.10			$ 269.32			$ 273.61			$ 278.00			$ 273.95			$ 272.19	
6	RX	$ 92.98			$ 95.86			$ 98.84			$ 101.90			$ 99.09			$ 100.35	
7	**TOTAL**	**$ 358.08**			**$ 365.18**			**$ 372.45**			**$ 379.90**			**$ 373.05**			**$ 372.54**	
8																		
9 Projected EMMs		82,956			41,592			85,416			236,328			446,292			224,340	
10 Average Members		6,913			3,466			7,118			19,694			37,191			18,695	
11 %		19%			9%			19%			53%			100%			52%	
12 Paid/Allowed Ratio		82.3%			82.4%			82.4%			82.4%			82.4%			83.2%	
13 Paid Claims & Captns		$ 294.85			$ 300.93			$ 306.79			$ 312.91			$ 307.26			$ 309.81	
14																		
15 **"3Rs"**																		
16 Risk Corridor		n/a			n/a			n/a			n/a			n/a			n/a	
17 Risk Adjustment/Transfer (Paid Claims Basis)		$ 28.29		$ 2,347,223	$ 28.29		$ 1,176,837	$ 28.29		$ 2,416,828	$ 28.29		$ 6,686,851	$ 28.29		$ 12,627,738	$ 14.28	
18 Reinsurance Recoveries (State & Federal) (Individual Only, Paid Claims Basis)		$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	
19 **Subtotal:**		**$ 28.29**		$ 2,347,223	**$ 28.29**		$ 1,176,837	**$ 28.29**		$ 2,416,828	**$ 28.29**		$ 6,686,851	**$28.29**		$ 12,627,738	**$ 14.28**	
20																		
21 Paid Claims & Captns (Post-3Rs)		**$ 323.14**	**74.7%**	**$ 26,806,693**	**$329.23**	**74.2%**	**$ 13,693,236**	**$335.09**	**73.9%**	**$ 28,622,026**	**$341.20**	**73.4%**	**$ 80,635,104**	**$ 335.56**	**73.8%**	**$ 149,757,059**	**$ 324.09**	**71.7%**
22 Administrative Expense		**$ 48.59**	11.2%	$ 4,031,162	**$ 48.59**	11.0%	$ 2,021,121	**$ 48.59**	10.7%	$ 4,150,703	**$ 48.59**	10.4%	$ 11,484,118	**$ 48.59**	10.7%	$ 21,687,104	**$ 49.38**	10.9%
23 Broker Commissions & Fee		**$ 28.65**	6.6%	$ 2,376,818	**$ 28.65**	6.5%	$ 1,191,675	**$ 28.65**	6.3%	$ 2,447,301	**$ 28.65**	6.2%	$ 6,771,165	**$ 28.65**	6.3%	$ 12,786,960	**$ 31.00**	6.9%
24 Contribution to Reserve (CtR) - Post-FIT		$ 7.78	**1.8%**	$ 645,809	$ 7.98	**1.8%**	$ 332,092	$ 8.16	**1.8%**	$ 697,367	$ 8.37	**1.8%**	$ 1,978,643	$ 8.19	**1.8%**	$ 3,653,910	$ 5.88	**1.3%**
25 Investment Income Credit		$ (0.00)	**0.0%**	$ (35)	$ (0.00)	**0.0%**	$ (18)	$ (0.00)	**0.0%**	$ (38)	$ (0.00)	**0.0%**	$ (107)	$ (0.00)	**0.0%**	$ (198)	$ (0.00)	**0.0%**
26																		
27 **Non-ACA Taxes & Fees**																		
28 State Premium Tax		$ 8.65	**2.0%**	$ 717,565	$ 8.87	**2.0%**	$ 368,991	$ 9.07	**2.0%**	$ 774,852	$ 9.30	**2.0%**	$ 2,198,492	$ 9.10	**2.0%**	$ 4,059,900	$ 9.04	**2.0%**
29 State Assessment Fees		$ 0.50	**0.1%**	$ 41,250	$ 0.51	**0.1%**	$ 21,212	$ 0.52	**0.1%**	$ 44,544	$ 0.53	**0.1%**	$ 126,384	$ 0.52	**0.1%**	$ 233,390	$ 0.52	**0.1%**
30 State Income Tax (SIT)		$ -	**0.0%**	$ -	$ -	**0.0%**	$ -	$ -	**0.0%**	$ -	$ -	**0.0%**	$ -	$ -	**0.0%**	$ -	$ -	**0.0%**
31 Federal Income Tax (FIT)		$ 4.32	**1.0%**	$ 358,783	$ 4.44	**1.0%**	$ 184,495	$ 4.54	**1.0%**	$ 387,426	$ 4.65	**1.0%**	$ 1,099,246	$ 4.55	**1.0%**	$ 2,029,950	$ 3.16	**0.7%**
32																		
33 **ACA Taxes & Fees**																		
34 Health Insurer Fee		$ 0.53	**0.1%**	$ 43,660	$ 4.87	**1.1%**	$ 202,665	$ 8.41	**1.9%**	$ 718,437	$ 13.17	**2.8%**	$ 3,112,540	$ 9.14	**2.0%**	$ 4,077,302	$ 14.47	**3.2%**
35 ***Reinsurance Contribution***		**$ -**	0.0%	$ -	**$ -**	0.0%	$ -	**$ -**	0.0%	$ -	**$ -**	0.0%	$ -	**$ -**	0.0%	$ -	***$ 0.25***	0.1%
36 Risk Adjustment User Fee		**$ 0.13**	0.0%	$ 10,784	**$ 0.13**	0.0%	$ 5,407	**$ 0.13**	0.0%	$ 11,104	**$ 0.13**	0.0%	$ 30,723	**$ 0.13**	0.0%	$ 58,018	**$ 0.15**	0.0%
37 ***Exchange Assessment Fee***		$ 4.32	**1.0%**	$ 358,783	$ 4.44	**1.0%**	$ 184,495	$ 4.54	**1.0%**	$ 387,426	$ 4.65	**1.0%**	$ 1,099,246	$ 4.55	**1.0%**	$ 2,029,950	$ 4.52	**1.0%**
38 ***Exchange User Fees (FFEs Only)***		**$ -**	0.0%	$ -	**$ -**	0.0%	$ -	**$ -**	0.0%	$ -	**$ -**	0.0%	$ -	**$ -**	0.0%	$ -	**$ -**	0.0%
39 Patient-Centered Outcomes Research Institute (PCORI) Tax		**$ 0.20**	0.0%	$ 16,225	**$ 0.20**	0.0%	$ 8,135	**$ 0.20**	0.0%	$ 16,706	**$ 0.20**	0.0%	$ 47,880	**$ 0.20**	0.0%	$ 88,947	**$ 0.19**	0.0%
40																		
41 BlueRewards/Incentive Program-Medical Debit Cards		**$ 5.68**	1.3%	$ 470,775	**$ 5.68**	1.3%	$ 236,035	**$ 5.68**	1.3%	$ 484,736	**$ 5.68**	1.2%	$ 1,341,161	**$ 5.68**	1.2%	$ 2,532,707	**$ 9.44**	2.1%
42																		
43 Other		**$ -**	0.0%	$ -	**$ -**	0.0%	$ -	**$ -**	0.0%	$ -	**$ -**	0.0%	$ -	**$ -**	0.0%	$ -	**$ -**	0.0%
44 **TOTAL**		**$ 432.50**	**100.0%**	**$ 35,878,274**	**$ 443.58**	**100.0%**	**$ 18,449,541**	**$ 453.58**	**100.0%**	**$ 38,742,590**	**$ 465.14**	**100.0%**	**$ 109,924,594**	**$ 454.85**	**100.0%**	**$ 202,994,999**	**$ 452.11**	**100.0%**
45																		
46 Contribution to Reserve (CtR) - Pre-FIT			2.8%			2.8%			2.8%			2.8%			2.8%			**2.0%**
47																		
48 **FHCR MEDICAL LOSS RATIO**																		
49 Risk Adjustment		$ 28.29		$ 2,347,223	$ 28.29		$ 1,176,837	$ 28.29		$ 2,416,828	$ 28.29		$ 6,686,851	$ 28.29		$ 12,627,738	$ 15.58	
50 Reinsurance Receipts (Individual Only)		$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	
51 BlueRewards/Incentive Program-Medical Debit Cards		$ 5.68		$ 470,775	$ 5.68		$ 236,035	$ 5.68		$ 484,736	$ 5.68		$ 1,341,161	$ 5.68		$ 2,532,707	$ 9.44	
52 Quality Improvement Expenses		$ 6.52		$ 540,940	$ 6.52		$ 271,214	$ 6.52		$ 556,982	$ 6.52		$ 1,541,050	$ 6.52		$ 2,910,185	$ 5.94	
53 Removal of costs which we book as care, but are not considered care under MLR guidelines (including ITS fees)		$ (3.93)		$ (325,729)	$ (3.93)		$ (163,312)	$ (3.93)		$ (335,388)	$ (3.93)		$ (927,949)	$ (3.93)		$ (1,752,378)	$ (3.30)	
54 **Numerator (Claims) Adjustment**		**$ 36.56**		**$ 3,033,209**	**$ 36.56**		**$ 1,520,773**	**$ 36.56**		**$ 3,123,157**	**$ 36.56**		**$ 8,641,114**	**$ 36.56**		**$ 16,318,252**	**$ 27.66**	
55																		
56 Non-ACA: Taxes & Regulatory Fees	State Premium Tax	$ 8.65		$ 717,565	$ 8.87		$ 368,991	$ 9.07		$ 774,852	$ 9.30		$ 2,198,492	$ 9.10		$ 4,059,900	$ 9.04	
57	State Assmt Fee	$ 0.50		$ 41,250	$ 0.51		$ 21,212	$ 0.52		$ 44,544	$ 0.53		$ 126,384	$ 0.52		$ 233,390	$ 0.52	
58	State Income Tax	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	
59	Federal Income Tax	$ 4.32		$ 358,783	$ 4.44		$ 184,495	$ 4.54		$ 387,426	$ 4.65		$ 1,099,246	$ 4.55		$ 2,029,950	$ 3.16	
60																		
61 ACA: Taxes & Regulatory Fees	Health Insurer Fee	$ 0.53		$ 43,660	$ 4.87		$ 202,665	$ 8.41		$ 718,437	$ 13.17		$ 3,112,540	$ 9.14		$ 4,077,302	$ 14.47	
62	Reinsurance Contribution	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ 0.25	
64	Risk Adj User Fees	$ 0.13		$ 10,784	$ 0.13		$ 5,407	$ 0.13		$ 11,104	$ 0.13		$ 30,723	$ 0.13		$ 58,018	$ 0.15	
65	Exchange Assessment Fee	$ 4.32		$ 358,783	$ 4.44		$ 184,495	$ 4.54		$ 387,426	$ 4.65		$ 1,099,246	$ 4.55		$ 2,029,950	$ 4.52	
66	Exchange User Fee	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	
67	PCORI	$ 0.20		$ 16,225	$ 0.20		$ 8,135	$ 0.20		$ 16,706	$ 0.20		$ 47,880	$ 0.20		$ 88,947	$ 0.19	
68 **Denominator (Premium) Adjustment**		**$ 18.65**		**$ 1,547,051**	**$ 23.45**		**$ 975,401**	**$ 27.40**		**$ 2,340,495**	**$ 32.64**		**$ 7,714,511**	**$ 28.18**		**$ 12,577,457**	**$ 32.31**	
69																		
70 FHCR Claims		$ 331.41		$ 27,492,680	$ 337.50		$ 14,037,172	$ 343.36		$ 29,328,355	$ 349.47		$ 82,589,366	$ 343.83		$ 153,447,573	$ 337.47	
71 FHCR MLR Premium		$ 413.85		$ 34,331,223	$ 420.13		$ 17,474,140	$ 426.17		$ 36,402,095	$ 432.49		$ 102,210,083	$ 426.67		$ 190,417,542	$ 419.79	
72 **FHCR Loss Ratio**		**80.1%**			**80.3%**			**80.6%**			**80.8%**			**80.6%**			**80.4%**	

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017
DICR & MLR

		1	2	3	4
			Ind 64-DC BC Projected 2017		
	TRADITIONAL LOSS RATIO		PMPM	%	$s
1	Allowed Claims & Captns (EHB Only)	Medical	$ 263.48		
2		RX	$ 92.98		
3		**TOTAL**	**$ 356.46**		
4					
5	Allowed Claims & Captns (EHB & Non-EHB)	Medical	$ 266.06		
6		RX	$ 92.98		
7		**TOTAL**	**$ 359.03**		
8					
9	Projected EMMs		197,506		
10	Average Members		16,459		
11					
12	Paid/Allowed Ratio		63.4%		
13	Paid Claims & Captns		$ 227.68		
14					
15	**"3Rs"**				
16	Risk Corridor		n/a		
17	Risk Adjustment/Transfer (Paid Claims Basis)		$ 21.68		
18	Reinsurance Recoveries (State & Federal) (Individual Only, Paid Claims Basis)		$ -		
19	**Subtotal:**		**$ 21.68**		
20					
21	Paid Claims & Captns (Post-3Rs)		**$ 249.36**	**76.7%**	**$ 49,249,767**
22	Administrative Expense		**$ 61.67**	19.0%	$ 12,179,677
23	Broker Commissions & Fee		**$ 2.89**	0.9%	$ 570,218
24	Contribution to Reserve (CtR) - Post-FIT		$ -	**0.0%**	$ -
25	Investment Income Credit		$ (0.00)	**0.0%**	$ (63)
26					
27	**Non-ACA Taxes & Fees**				
28	State Premium Tax		$ 6.50	**2.0%**	$ 1,284,315
29	State Assessment Fees		$ 0.14	**0.0%**	$ 27,847
30	State Income Tax (SIT)		$ -	**0.0%**	$ -
31	Federal Income Tax (FIT)		$ -	**0.0%**	$ -
32					
33	**ACA Taxes & Fees**				
34	Health Insurer Fee		$ -	**0.0%**	$ -
35	Risk Adjustment User Fee		**$ 0.13**	0.0%	$ 25,676
36	***Exchange Assessment Fee***		$ 3.25	**1.0%**	$ 642,157
37	***Exchange User Fees (FFEs Only)***		***$ -***	0.0%	$ -
38	Patient-Centered Outcomes Research Institute (PCORI) Tax		**$ 0.20**	0.1%	$ 38,630
39					
40	BlueRewards/Incentive Program-Medical Debit Cards		**$ 1.00**	0.3%	$ 197,506
41					
42	Other		**$ -**	0.0%	$ -
43	**TOTAL**		**$ 325.13**	**100.0%**	**$ 64,215,730**
44					
45	Contribution to Reserve (CtR) - Pre-FIT			**0.0%**	
46					
47	**FHCR MEDICAL LOSS RATIO**				
48	Risk Adjustment		$ 21.68		$ 4,282,282
49	Reinsurance Receipts (Individual Only)		$ -		$ -
50	BlueRewards/Incentive Program-Medical Debit Cards		$ 1.00		$ 197,506
51	Quality Improvement Expenses (net after MLR reclass from care)		$ 5.50		$ 1,085,606
52	Removal of costs which we book as care, but are not considered care under MLR guidelines (including ITS fees)		$ (1.31)		$ (258,680)
53	**Numerator (Claims) Adjustment**		**$ 26.87**		**$ 5,306,714**
54					
55	Non-ACA: Taxes & Regulatory Fees	State Premium Tax	$ 6.50		$ 1,284,315
56		State Assmt Fee	$ 0.14		$ 27,847
57		State Income Tax	$ -		$ -
58		Federal Income Tax	$ -		$ -
59					
60	ACA: Taxes & Regulatory Fees	Health Insurer Fee	$ -		$ -
61		Reinsurance Contribution	$ -		$ -
62		Risk Adj User Fees	$ 0.13		$ 25,676
63		Exchange Assessment Fee	$ 3.25		$ 642,157
64		Exchange User Fee	$ -		$ -
65		PCORI	$ 0.20		$ 38,630
66	**Denominator (Premium) Adjustment**		**$ 10.22**		**$ 2,018,625**
67					
68	FHCR Claims		$ 254.55		$ 50,274,199
69	FHCR MLR Premium		$ 314.91		$ 62,197,105
70	**FHCR Loss Ratio**		**80.8%**		

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017
DICR & MLR

		1	2	3	4
			SG & Ind DC BC Projected 2017		
	TRADITIONAL LOSS RATIO		PMPM	%	$s
1	Allowed Claims & Captns (EHB Only)	Medical	$ 269.58		
2		RX	$ 97.22		
3		**TOTAL**	**$ 366.80**		
4					
5	Allowed Claims & Captns (EHB & Non-EHB)	Medical	$ 271.53		
6		RX	$ 97.22		
7		**TOTAL**	**$ 368.75**		
8					
9	Projected EMMs		643,798		
10	Average Members		53,650		
11					
12	Paid/Allowed Ratio		76.7%		
13	Paid Claims & Captns		$ 282.85		
14					
15	**"3Rs"**				
16	Risk Corridor		n/a		
17	Risk Adjustment/Transfer (Paid Claims Basis)		$ 26.27		
18	Reinsurance Recoveries (State & Federal) (Individual Only, Paid Claims Basis)		$ -		
19	**Subtotal:**		**$ 26.27**		
20					
21	Paid Claims & Captns (Post-3Rs)		**$ 309.11**	**74.5%**	**$ 199,006,826**
22	Administrative Expense		**$ 52.60**	12.7%	$ 33,866,781
23	Broker Commissions & Fee		**$ 20.75**	5.0%	$ 13,357,177
24	Contribution to Reserve (CtR) - Post-FIT		$ 5.68	**1.4%**	$ 3,653,910
25	Investment Income Credit		$ (0.00)	**0.0%**	$ (260)
26					
27	**Non-ACA Taxes & Fees**				
28	State Premium Tax		$ 8.30	**2.0%**	$ 5,344,215
29	State Assessment Fees		$ 0.41	**0.1%**	$ 261,237
30	State Income Tax (SIT)		$ -	**0.0%**	$ -
31	Federal Income Tax (FIT)		$ 3.15	**0.8%**	$ 2,029,950
32					
33	**ACA Taxes & Fees**				
34	Health Insurer Fee		$ 6.33	**1.5%**	$ 4,077,302
35	***Reinsurance Contribution***		**$ -**	0.0%	$ -
36	Risk Adjustment User Fee		**$ 0.13**	0.0%	$ 83,694
37	***Exchange Assessment Fee***		$ 4.15	**1.0%**	$ 2,672,107
38	***Exchange User Fees (FFEs Only)***		**$ -**	0.0%	$ -
39	Patient-Centered Outcomes Research Institute (PCORI) Tax		**$ 0.20**	0.0%	$ 127,577
40					
41	BlueRewards/Incentive Program-Medical Debit Cards		**$ 4.24**	1.0%	$ 2,730,213
42					
43	Other		**$ -**	0.0%	$ -
44	**TOTAL**		**$ 415.05**	**100.0%**	**$ 267,210,729**
45					
46	Contribution to Reserve (CtR) - Pre-FIT			**2.1%**	
47					
48	**FHCR MEDICAL LOSS RATIO**				
49	Risk Adjustment		$ 26.27		$ 16,910,021
50	Reinsurance Receipts (Individual Only)		$ -		$ -
51	BlueRewards/Incentive Program-Medical Debit Cards		$ 4.24		$ 2,730,213
52	Quality Improvement Expenses		$ 6.21		$ 3,995,791
53	Removal of costs which we book as care, but are not considered care under MLR guidelines (including ITS fees)		$ (3.12)		$ (2,011,059)
54	**Numerator (Claims) Adjustment**		**$ 33.59**		**$ 21,624,966**
55					
56	Non-ACA: Taxes & Regulatory Fees	State Premium Tax	$ 8.30		$ 5,344,215
57		State Assmt Fee	$ 0.41		$ 261,237
58		State Income Tax	$ -		$ -
59		Federal Income Tax	$ 3.15		$ 2,029,950
60					$ -
61	ACA: Taxes & Regulatory Fees	Health Insurer Fee	$ 6.33		$ 4,077,302
62		Reinsurance Contribution	$ -		$ -
64		Risk Adj User Fees	$ 0.13		$ 83,694
65		Exchange Assessment Fee	$ 4.15		$ 2,672,107
66		Exchange User Fee	$ -		$ -
67		PCORI	$ 0.20		$ 127,577
68	**Denominator (Premium) Adjustment**		**$ 22.67**		**$ 14,596,082**
69					
70	FHCR Claims		$ 316.44		$ 203,721,772
71	FHCR MLR Premium		$ 392.38		$ 252,614,648
72	**FHCR Loss Ratio**		**80.6%**		

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

2017 DC Small Group BlueChoice
Exhibit 8 - Risk Adjustment

2015

Metallic Tier	Member Months	Distribution	PLRS	ARF	Transfer $	PMPM
Bronze	5,825	1%	0.951	1.119	-$200,326	-$34.39
Silver	73,898	18%	1.026	1.039	-$2,929,354	-$39.64
Gold	130,672	32%	1.132	1.022	-$7,020,943	-$53.73
Platinum	200,050	49%	1.469	1.027	-$267,626	-$1.34
Total	410,444	100%	1.274	1.029	-$10,418,250	-$25.38

Statewide		1.389	1.042
State Average Premium	$448.83		

2016

Metallic Tier	Member Months	Distribution	PLRS	ARF	Transfer $	PMPM
Bronze	2,783	1%	0.982	1.125	-$76,581	-$27.51
Silver	89,835	20%	1.027	1.045	-$3,747,733	-$41.72
Gold	123,267	28%	1.139	1.028	-$6,721,405	-$54.53
Platinum	203,843	46%	1.492	1.032	$1,026,969	$5.04
Total	419,728	100%	1.285	1.034	-$10,070,812	-$23.99

Statewide		1.388	1.049
State Average Premium	$463.64		

2017

Metallic Tier	Member Months	Distribution	PLRS	ARF	Transfer $	PMPM
Bronze	8,151	2%	0.982	1.125	-$231,668	-$28.42
Silver	108,815	25%	1.027	1.045	-$4,689,321	-$43.09
Gold	141,082	32%	1.139	1.028	-$7,946,671	-$56.33
Platinum	185,393	42%	1.492	1.032	$964,840	$5.20
Total	443,441	100%	1.25620	1.0358	-$12,547,061	-$28.29

Statewide		1.375	1.050
State Average Premium	$478.94		

Assumptions:
1. Statewide risk adjustment factors are assumed to move proportionately with movement in the estimated CareFirst risk fac
2. Statewide Average Premiums increase at the 2015 / 2014 rate.
3. 2016 and 2017 estimates account for mapped changes in metal levels that occur at renewal

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

Summary of Wakely Small Group Modeling

		(1) Projected Index Rate	(2) Estimated Risk Adjustment PMPM (Applied to Projected Index Rate)	(3) Calculated Risk Adjustment Factor	(4) = (2) x 1.00 Proposed Risk Adjustment PMPM Applied to Projected Index Rate	(5) Risk Adjustment User Fee PMPM**	(6) Avg Paid/Allowed Ratio	(7) = ((4) + (5))/(6) Net Risk Transfer Allowed Basis	(8) = (1) Projected Index Rate After Reinsurance Adjustment	(9) = 1 + (7)/(8) Proposed Value for Rate Filing
BlueChoice	1Q17	$ 356.46	$ 28.29	1.0794	$ 28.29	$ 0.13	82.3%	$ 34.52	$ 356.46	1.0968
	2Q17	$ 363.53	$ 28.29	1.0778	$ 28.29	$ 0.13	82.3%	$ 34.52	$ 363.53	1.0950
	3Q17	$ 370.78	$ 28.29	1.0763	$ 28.29	$ 0.13	82.3%	$ 34.52	$ 370.78	1.0931
	4Q17	$ 378.20	$ 28.29	1.0748	$ 28.29	$ 0.13	82.3%	$ 34.52	$ 378.20	1.0913

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

** Risk Adjustment User Fee = $1.56 PMPY / 12 = $0.13 PMPM.

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

Support for DICR Components

Estimated Breakdown of Admin Costs

	% of Revenue
Salaries/Wages/Benefits	5.0%
Quality Improvement Activities	1.5%
Other General Admin	4.8%
Total Admin Costs	**11.2%**

ACA Fees

Policy years ending 10/31/2017 - 9/30/2018		$2.35	PMPY
Divide by 12:	**$**	**0.20**	PMPM
Policy years ending 10/31/2018 forward		$2.44	PMPY
Divide by 12:	**$**	**0.20**	PMPM
Reinsurance Contribution 2017 & 2018	**$**	**-**	PMPM
Risk Adjustment User Fees	$	1.56	PMPY
Divide by 12:	**$**	**0.13**	PMPM
Health Insurer Fee 2017		**0.0%**	of premium
Health Insurer Fee 2018		**3.2%**	of premium
Exchange Fees		**0.0%**	of premium
Exchange Assessment Fee 2017		**1.0%**	of premium

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017
Description of "Other" Adjustments to Experience Period Data

The adjustment descriptions below detail the build up of our "Other" multiplicative factors
used in adjusting the experience period allowed PMPM amounts to the projection period.
These adjustments coincide with those used in worksheet I section II of the URRT.
Please see page 29 for support of these factors.

Service Category	Other Factor	Description of Adjustment
Inpatient	1.005	Factor of 1.005 for the impact of the increased age of the pool.
Outpatient	1.005	Factor of 1.005 for the impact of the increased age of the pool.
Professional	1.005	Factor of 1.005 for the impact of the increased age of the pool.
Other	1.005	Factor of 1.005 for the impact of the increased age of the pool.
Rx	0.964	Multiplicative factors of 1.005 for the impact of the increased age of the pool and 0.959 to reflect a projected increase in pharmacy rebates.
Capitation	0.862	Factor of 0.862 to adjust for changes to the capitation fee schedule to occur in the rating period.

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

Support for "Other" Adjustment Factors

1. Factors to Adjust for Capitation Schedule Changes

		Allowed Claims	Item	Calculation
Experience Period Capitation PMPM	$	1.31	(1)	
Projected Difference in Capitations PMPM due to lower negotiated rates		($0.18)	(2)	
Adjustment Factor - Impact to Capitations only (Blended Across Single Risk Pool)		**-13.8%**	(3)	= (2) / (1)

2. Pharmacy Rebates Adjustment

CareFirst changed its Pharmacy Benefits Manager (PBM) in 2014 and has received increased pharmacy rebates as a result of this change. The adjustment below is the ratio of the rebate PMPM for the last 3 months of 2015, which better represents current and future higher rebates, over the average rebate PMPM for all of 2015.

Ind 64-

Experience Period Allowed Rx PMPM (Pre-Rebate)	$	112.38	(1)	
Experience Period Pharmacy Rebates PMPM		($13.81)	(2)	
Projection Period Pharmacy Rebates PMPM		($23.32)	(3)	
Rebate adjustment factor - Impact to Rx only (Ind64- Only)		**-9.7%**	(4)	= [(3)-(2)] / [(1)+(2)]

Small Group

Experience Period Allowed Rx PMPM (Pre-Rebate)	$	83.71	(1)	
Experience Period Pharmacy Rebates PMPM		($10.45)	(2)	
Projection Period Pharmacy Rebates PMPM		($12.31)	(3)	
Rebate adjustment factor - Impact to Rx only (Small Group Only)		**-2.5%**	(4)	= [(3)-(2)] / [(1)+(2)]
Rebate Adjustment Factor - Impact to Rx only (Blended Across Single Risk Pool)		**-4.1%**		

3. Demographic Factor Derivation (see page 31 for details)

Average Relative Risk using 6/30/15 Age Distribution	1.645	(1)	
Average Relative Risk using 2/29/16 Age Distribution	1.654	(2)	
Demographic Impact (Blended Across Single Risk Pool)	**0.5%**	(3)	= (2) / (1) -1

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

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017
Support for Induced Demand Adjustment - Small Group/Individual Combined

		Item	Calculation
2015 AV	80.85%	(1)	
2015 Induced Demand Factor	1.086	(2)	
2017 AV	80.37%	(3)	
2017 Induced Demand Factor	1.083	(4)	
Buydown Impact Implied by Base Period and Projected Average AVs	-0.3%	(5)	=(4)/(2) - 1

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

Demographic Factor Derivation

The factor below represents the change in age factors from our 2015 ACA enrollment vs. actual results from ACA open enrollment through 2/29/16.

The factor is applied as change to all service categories, except capitations, on the Index Rate Derivation page. The factor is specifically applied to the Other Projection Factors section.

The age factors used to calculate the increase in demographic factor are based on our internal data that has a slope of approximately 4.5:1 for adults. We think this better approximates actual claims experience than the Federal curve which is constrained to a 3:1 slope.

	Members	Total Age Factor		Members	Total Age Factor	
Totals	46,119	75,872.48		47,235	78,127.46	**Change**
Average Age Factor		1.645			1.654	**0.5%**
Average Age		40.5			40.6	**0.1**
	6/30/2015	CF		2/29/2016	CF	
Age	Members	Factor	Mem x Age Factor	Members	Factor	Mem x Age Factor
0-20	8809	0.750	6,606.75	8917	0.750	6,687.75
21	279	1.000	279.17	270	1.000	270.00
22	480	1.016	487.91	423	1.016	429.82
23	678	1.048	710.98	688	1.048	721.29
24	856	1.065	911.40	869	1.065	925.06
25	1150	1.081	1,242.92	1020	1.081	1,102.26
26	1526	1.113	1,698.48	1579	1.113	1,757.27
27	1584	1.129	1,788.39	1558	1.129	1,759.03
28	1469	1.145	1,682.24	1637	1.145	1,874.63
29	1499	1.177	1,764.95	1528	1.177	1,799.10
30	1447	1.194	1,727.06	1540	1.194	1,838.06
31	1410	1.226	1,728.39	1445	1.226	1,771.29
32	1289	1.242	1,600.85	1402	1.242	1,741.19
33	1184	1.274	1,508.65	1219	1.274	1,553.24
34	1157	1.290	1,492.90	1197	1.290	1,544.52
35	1079	1.323	1,427.06	1153	1.323	1,524.94
36	1021	1.339	1,366.82	1031	1.339	1,380.21
37	942	1.371	1,291.45	992	1.371	1,360.00
38	837	1.403	1,174.50	932	1.403	1,307.81
39	787	1.419	1,117.03	834	1.419	1,183.74
40	825	1.452	1,197.58	823	1.452	1,194.68
41	751	1.548	1,162.84	771	1.548	1,193.81
42	750	1.629	1,221.77	748	1.629	1,218.52
43	741	1.694	1,254.92	729	1.694	1,234.60
44	808	1.774	1,433.55	728	1.774	1,291.61
45	770	1.855	1,428.23	807	1.855	1,496.85
46	735	1.952	1,434.44	754	1.952	1,471.52
47	682	2.032	1,386.00	704	2.032	1,430.71
48	642	2.129	1,366.84	670	2.129	1,426.45
49	656	2.226	1,460.13	671	2.226	1,493.52
50	688	2.323	1,597.94	660	2.323	1,532.90
51	678	2.468	1,673.13	693	2.468	1,710.15
52	605	2.597	1,571.05	669	2.597	1,737.24
53	622	2.710	1,685.42	637	2.710	1,726.06
54	628	2.823	1,772.58	608	2.823	1,716.13
55	597	2.968	1,771.74	619	2.968	1,837.03
56	607	3.097	1,879.74	617	3.097	1,910.71
57	564	3.258	1,837.55	577	3.258	1,879.90
58	561	3.387	1,900.16	561	3.387	1,900.16
59	508	3.565	1,810.77	562	3.565	2,003.26
60	452	3.710	1,676.77	486	3.710	1,802.90
61	497	3.871	1,923.87	420	3.871	1,625.81
62	448	4.065	1,820.90	506	4.065	2,056.65
63	428	4.258	1,822.45	460	4.258	1,958.71
64 and Over	1392	4.435	6,174.19	1521	4.435	6,746.37
	46,119		**75,872.48**	**47,235**		**78,127.46**

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

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

Projected Pool Allowed PMPM	**$**	**358.08**
Total Estimated Allowed $ Per Month, Based on Age Factors	$	14,249,491
Total Experience Members		38,464
PMPM Based On Age Factors	$	370.46
Calibration Adjustment		**0.967**
Average Age Factor		**1.035**

Derivation of Small Group Network Factors

BlueChoice Small Group Network Variations

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

Network Type	Raw Factor	Assumed Network Factor * (Scaled to 1.000)
Lock In / Referral	**1.000**	**0.934**
Open Access	**1.050**	**0.980**
Open Access Opt-Out	**1.064**	**0.994**
Open Access Plus	**1.078**	**1.007**
Open Access Advantage	**1.125**	**1.050**

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

The Open Access Plus products use the BlueChoice Fee allowances for In Network services.
Out of Network services pay up to our Regional Preferred Network allowances. Members can be balance billed.

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

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

Open Access Advantage plans pay Out Of Area BlueCard Services as In Network.
Out of Network, Out of Area services pay up to our Regional Preferred Network allowances. Members can be balance billed.

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

* Please refer to page 35 for normalization.

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

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

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

Total BlueChoice Small Group

	Midpoint AV	Projected 2017 Member Months	Utilization Impact Relative to Bronze	Impact Relative to Average *
Platinum	90%	186,264	**1.150**	1.061
Gold	80%	142,044	**1.080**	0.996
Silver	70%	109,752	**1.030**	0.950
Bronze	60%	8,232	**1.000**	0.923
Subtotal:		446,292		
Average	81.3%		1.095	

	Impact of Health Savings/Reimbursement Account	Projected 2017 Member Months
HSA/HRA	0.960	113,184
All Other *	1.01	333,108
Total	0.997	446,292

* Please refer to page 35 for normalization.

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

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

Metal Level	Market	Initial Factor	Projected MMs	Normalized Factors
Platinum	SG & Ind	1.150	186,264	1.061
Gold	SG & Ind	1.080	171,001	0.996
Silver	SG & Ind	1.030	136,166	0.950
Silver 200	Ind	1.030	1,115	0.950
Catastrophic	Ind	1.000	8,244	0.923
Bronze	SG & Ind	1.000	42,256	0.923
Subtotal:		1.084	545,046	1.000

Network	Market	Initial Factor	Projected MMs	Normalized Factors
Lock In / Referral	SG	1.000	53,220	0.934
Open Access	SG	1.050	102,264	0.980
BlueChoice Open Access	Ind	1.050	98,754	0.980
Open Access Plus	SG	1.078	72,348	1.007
Open Access Opt-Out	SG	1.064	70,560	0.994
Open Access Advantage	SG	1.125	147,900	1.050
Subtotal:		1.071	545,046	1.000

	Market	Initial Factor	Projected MMs	Normalized Factors
HSA/HRA	SG	0.960	113,184	0.960
Other	SG & Ind		431,862	1.010
Subtotal:			545,046	1.000

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

Rating Methdology & Sample Calculation

Methodology:

Group ABC
Selects BlueChoice Bronze Plan

	Employee 1	**Employee 2**
1. For each subscriber in a group, identify:		
All dependents associated with the subscriber including the following categories:	A spouse, and 1 child	5 children
Spouse/Domestic Partner	1	0
# of children ages 21 or older	0	1
# of children ages under 21 (if more than 3, select 3 oldest children)	1	4

	Subscriber	**Spouse**	**Child 1**	**Subscriber**	**Child 1 ***	**Child 2**	**Child 3**	**Child 4**	**Child 5**
2. For each subscriber and dependent, identify their age.	46	34	15	52	6	10	13	18	22
3. Determine appropriate age factor.	1.227	0.856	0.654	1.545		0.654	0.654	0.654	0.727
4. Idenfity the appropriate consumer level base rate.	$244.23	$244.23	$244.23	$244.23		$244.23	$244.23	$244.23	$244.23
5. Multiply the (base rate x age factor) and round to the nearest whole cent to determine the member's individual rate.	$299.67	$209.06	$159.73	$377.34		$159.73	$159.73	$159.73	$177.56
6. The group's total rate is the sum of individual rates for all members combined.	**$1,702.55**								

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

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

Age Factors

Age	Proposed Factor *
<= 20	0.654
21	0.727
22	0.727
23	0.727
24	0.727
25	0.727
26	0.727
27	0.727
28	0.744
29	0.760
30	0.779
31	0.799
32	0.817
33	0.836
34	0.856
35	0.876
36	0.896
37	0.916
38	0.927
39	0.938
40	0.975
41	1.013
42	1.053
43	1.094
44	1.137
45	1.181
46	1.227
47	1.275
48	1.325
49	1.377
50	1.431
51	1.487
52	1.545
53	1.605
54	1.668
55	1.733
56	1.801
57	1.871
58	1.944
59	2.020
60	2.099
61	2.181
62	2.181
63	2.181
64 and over	2.181

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

APPENDIX

CareFirst BlueChoice, Inc.
d.b.a. CareFirst BlueCross BlueShield
(NAIC # 96202)
D.C. Small Group Products - On Exchange
Rate Filing Effective 1/1/2017
Non-Grandfathered Experience for Pre-ACA Plans

Existing Closed Pre-ACA Products Included in Experience Period

HIOS Product ID	HIOS Product Name	On/Off Exchange	Member Months	Total Premium	Total Allowed Claims *	Incurred Claims *
86052DC024	BlueChoice Advantage HRA	N/A	-	$ -	$ -	$ -
86052DC023	BlueChoice Advantage HSA	N/A	-	$ -	$ -	$ -
86052DC008	BlueChoice HMO	N/A	-	$ -	$ 2,197	$ 1,868
86052DC018	BlueChoice Opt-Out Open Access	N/A	7	$ 3,173	$ 12,606	$ 11,444
86052DC017	BlueChoice HMO Open Access	N/A	-	$ -	$ 1,195	$ 997
86052DC019	BlueChoice Opt-Out Plus Open Access	N/A	-	$ -	$ 5,521	$ 4,931
86052DC025	HealthyBlue 2.0	N/A	-	$ -	$ 506	$ 506
86052DC031	HealthyBlue 2.0 HRA	N/A	-	$ -	$ -	$ -
86052DC030	HealthyBlue 2.0 HSA	N/A	-	$ -	$ -	$ -
86052DC035	HealthyBlue Advantage	N/A	-	$ -	$ -	$ -
86052DC037	HealthyBlue Advantage HRA	N/A	-	$ -	$ -	$ -
86052DC036	HealthyBlue Advantage HSA	N/A	-	$ -	$ -	$ -
86052DC014	HealthyBlue Triple Option	N/A	-	$ -	$ -	$ -
86052DC016	HealthyBlue Triple Option HRA	N/A	-	$ -	$ -	$ -
86052DC015	HealthyBlue Triple Option HSA	N/A	-	$ -	$ -	$ -
86052DC010	BlueChoice HMO HRA Open Access	N/A	-	$ -	$ -	$ -
86052DC009	BlueChoice HMO HSA Open Access	N/A	-	$ -	$ -	$ -
86052DC013	BlueChoice Advantage	N/A	-	$ -	$ 3,110	$ 2,628
86052DC012	BlueChoice Opt-Out Plus HRA Open Access	N/A	-	$ -	$ -	$ -
86052DC011	BlueChoice Opt-Out Plus HSA Open Access	N/A	-	$ -	$ -	$ -
86052DC038	BlueChoice HMO Open Access HDHP	N/A	-	$ -	$ -	$ -
86052DC039	BlueChoice Opt-Out Plus Open Access HDHP	N/A	-	$ -	$ -	$ -
	Subtotal Termed Non-ACA for URRT		**7**	**$ 3,173**	**$ 25,134**	**$ 22,373**

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

CareFirst BlueChoice, Inc.
d.b.a. CareFirst BlueCross BlueShield
(NAIC # 96202)
D.C. Small Group Products - On Exchange
Rate Filing Effective 1/1/2017
Non-Grandfathered Experience for ACA Plans

Existing ACA Products Included in Experience Period

2015 HIOS Plan ID	2015 HIOS Plan Name	2017 HIOS Plan ID *	2017 HIOS Plan Name	On/Off Exchange	Contracts a/o Dec 2015	Member Months	Total Premium	Total Allowed Claims **	Incurred Claims **
86052DC0490001	BlueChoice HMO Referral HSA/HRA $4,000	86052DC0460014	BlueChoice HMO HSA/HRA Bronze 6500	On	183	2,756	$ 692,479	$ 431,423	$ 200,875
86052DC0470002	BlueChoice HMO HSA/HRA $2,000, 80%	86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000	On	56	479	$ 152,148	$ 200,418	$ 144,097
86052DC0460003	BlueChoice HMO $1,000	86052DC0460009	BlueChoice HMO Gold 1500	On	49	792	$ 221,122	$ 95,761	$ 60,340
86052DC0440004	BlueChoice Advantage 90%/70%	86052DC0440012	BlueChoice Advantage Platinum 0	On	9	137	$ 73,628	$ 33,002	$ 26,836
86052DC0470005	BlueChoice HMO HSA/HRA $1,500	86052DC0460012	BlueChoice HMO HSA/HRA Silver 1500	On	541	10,821	$ 3,664,273	$ 2,521,456	$ 1,808,406
86052DC0470006	BlueChoice HMO HSA/HRA $2,000	86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000	On	523	10,516	$ 3,069,159	$ 2,706,135	$ 1,878,891
86052DC0460008	BlueChoice HMO $1,800	86052DC0460009	BlueChoice HMO Gold 1500	On	76	866	$ 293,636	$ 236,677	$ 172,526
86052DC0480004	BlueChoice HMO Referral $10/$20	86052DC0480007	BlueChoice HMO Referral Platinum 0	On	743	13,518	$ 6,112,829	$ 4,589,270	$ 4,323,104
86052DC0480006	BlueChoice HMO Referral $30/$40	86052DC0480007	BlueChoice HMO Referral Platinum 0	On	1,276	26,460	$ 11,977,491	$ 8,028,635	$ 7,318,142
86052DC0480005	BlueChoice HMO Referral $500	86052DC0480008	BlueChoice HMO Referral Gold 500	On	757	11,176	$ 4,118,531	$ 3,331,479	$ 2,804,284
86052DC0460006	BlueChoice HMO $250	86052DC0460010	BlueChoice HMO Gold 500	On	1,096	20,353	$ 7,439,646	$ 6,275,318	$ 5,493,967
86052DC0460007	BlueChoice HMO $30/$40	86052DC0460011	BlueChoice HMO Platinum 0	On	1,215	23,372	$ 10,346,615	$ 6,595,738	$ 5,966,077
86052DC0440006	BlueChoice Advantage 80%/50%	86052DC0440012	BlueChoice Advantage Platinum 0	On	25	1,010	$ 536,479	$ 502,207	$ 458,665
86052DC0440007	BlueChoice Advantage 100%/70%	86052DC0440012	BlueChoice Advantage Platinum 0	On	718	14,092	$ 6,522,769	$ 4,391,669	$ 3,902,943
86052DC0440008	BlueChoice Advantage $1000	86052DC0440010	BlueChoice Advantage Gold 1000	On	415	10,068	$ 3,598,334	$ 3,206,834	$ 2,584,495
86052DC0440009	BlueChoice Advantage $500 $20/$30	86052DC0440011	BlueChoice Advantage Gold 500	On	320	3,914	$ 1,231,544	$ 1,026,348	$ 818,638
86052DC0450002	BlueChoice Advantage HSA/HRA $1500	86052DC0440013	BlueChoice Advantage HSA/HRA Silver 1500	On	935	13,523	$ 3,792,560	$ 3,492,716	$ 2,426,703
86052DC0500005	BlueChoice Plus $2000	86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000	On	72	1,636	$ 579,193	$ 798,126	$ 639,803
86052DC0500008	BlueChoice Plus 100%/80%, $10/$20	86052DC0580001	BlueChoice Plus Opt-Out Platinum 0	On	655	13,390	$ 6,533,373	$ 5,032,671	$ 4,573,833
86052DC0500006	BlueChoice Plus 100%/80%, $20/$30	86052DC0580001	BlueChoice Plus Opt-Out Platinum 0	On	2,180	45,718	$ 21,594,092	$ 17,733,094	$ 16,107,469
86052DC0500007	BlueChoice Plus 100%/60%, $20/$30	86052DC0580001	BlueChoice Plus Opt-Out Platinum 0	On	933	17,770	$ 7,928,809	$ 6,965,445	$ 6,333,300
86052DC0510004	BlueChoice Plus HSA/HRA $1500	86052DC0500009	BlueChoice Plus HSA/HRA Silver 1500	On	746	14,531	$ 4,459,958	$ 3,747,664	$ 2,560,025
86052DC0510005	BlueChoice Plus HSA/HRA $2000	86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000	On	166	2,967	$ 816,477	$ 680,268	$ 444,029
86052DC0510006	BlueChoice Plus HSA/HRA $3500	86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000	On	154	3,175	$ 799,886	$ 702,190	$ 443,435
86052DC0540005	HealthyBlue HMO $300	86052DC0460016	HealthyBlue HMO Platinum 500	On	194	3,736	$ 1,599,845	$ 1,250,845	$ 1,157,787
86052DC0540006	HealthyBlue HMO $600	86052DC0460017	HealthyBlue HMO Platinum 1000	On	64	1,114	$ 418,808	$ 242,063	$ 216,563
86052DC0540004	HealthyBlue HMO $1,500	86052DC0460015	HealthyBlue HMO Gold 1500	On	787	11,146	$ 4,101,407	$ 2,876,209	$ 2,552,396
86052DC0550002	HealthyBlue HMO HSA/HRA $2,000	86052DC0460018	HealthyBlue HMO HSA/HRA Silver 2000	On	602	11,371	$ 3,235,206	$ 3,328,161	$ 2,384,383
86052DC0560005	HealthyBlue Plus $300	86052DC0500012	HealthyBlue Plus Platinum 500	On	732	17,545	$ 8,220,604	$ 7,962,259	$ 7,285,044
86052DC0560006	HealthyBlue Plus $600	86052DC0500013	HealthyBlue Plus Platinum 1000	On	368	5,826	$ 2,550,706	$ 2,044,284	$ 1,803,499
86052DC0560004	HealthyBlue Plus $1,500	86052DC0500011	HealthyBlue Plus Gold 1500	On	909	17,600	$ 6,642,326	$ 4,913,021	$ 4,165,221
86052DC0570002	HealthyBlue Plus HSA/HRA $2,000	86052DC0500014	HealthyBlue Plus HSA/HRA Silver 2000	On	340	6,051	$ 1,745,249	$ 1,999,379	$ 1,437,407
86052DC0520005	HealthyBlue Advantage $300	86052DC0440015	HealthyBlue Advantage Platinum 500	On	533	10,405	$ 4,494,745	$ 4,124,322	$ 3,792,173
86052DC0520006	HealthyBlue Advantage $600	86052DC0440016	HealthyBlue Advantage Platinum 1000	On	403	6,700	$ 3,007,407	$ 2,485,003	$ 2,222,108
86052DC0520004	HealthyBlue Advantage $1,500	86052DC0440014	HealthyBlue Advantage Gold 1500	On	2,212	45,764	$ 16,080,498	$ 14,242,791	$ 12,403,730
86052DC0530002	HealthyBlue Advantage HSA/HRA $2,000	86052DC0440017	HealthyBlue Advantage HSA/HRA Silver 2000	On	660	13,766	$ 3,852,158	$ 4,436,917	$ 3,169,735
				Total	**21,647**	**414,064**	**$ 162,503,990**	**$ 133,229,796**	**$114,080,927**

*** Experience for mapped plans will be listed in the URRT under these 2017 HIOS Plan IDs.**
**** These amounts do not include pharmacy rebates or capitations.**

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017
Blended Index Rate

Effective Date	Index Rate	Total Member Months	%	Average Members
1/1/2017	$ 356.46	82,956	19%	6,913
4/1/2017	$ 363.53	41,592	9%	3,466
7/1/2017	$ 370.78	85,416	19%	7,118
10/1/2017	$ 378.20	236,328	53%	19,694
Blended	**$ 371.37**	**446,292**	**100%**	**37,191**

CareFirst BlueCross BlueShield (BlueChoice)

D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

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

Experience Period: Incurred 201501 - 201512, Paid through 201602

						Completed		Rolling 12 PMPM			Rolling 12 Trend		
Month	**Contracts**	**Members**	**Allowed**	**Admits**	**Completion Factor**	**Allowed**	**Admits**	**Allowed**	**Admits/1000**	**Unit Cost**	**Allowed**	**Admits/1000**	**Unit Cost**
201304	22,199	35,135	$2,740,131	146	1.00	$2,740,131	146						
201305	22,328	35,161	$1,900,521	155	1.00	$1,900,521	155						
201306	22,753	35,868	$1,500,305	149	1.00	$1,500,305	149						
201307	23,069	36,382	$3,026,062	187	1.00	$3,026,063	187						
201308	23,563	37,260	$2,153,733	187	1.00	$2,153,734	187						
201309	23,829	37,648	$2,244,040	178	1.00	$2,244,047	178						
201310	23,811	37,674	$2,087,527	155	1.00	$2,087,534	155						
201311	24,089	38,242	$1,927,560	173	1.00	$1,927,566	173						
201312	25,042	39,857	$2,215,003	154	1.00	$2,215,043	154						
201401	27,215	43,474	$2,681,929	194	1.00	$2,681,973	194						
201402	27,606	44,012	$2,001,755	185	1.00	$2,001,894	185						
201403	27,835	44,143	$2,301,688	205	1.00	$2,301,861	205	$57.61	53.39	$12,949.81			
201404	28,330	44,736	$1,738,419	159	1.00	$1,738,639	159	$54.33	52.63	$12,387.55			
201405	29,572	45,927	$2,270,052	195	1.00	$2,270,512	195	$53.89	52.46	$12,328.16			
201406	29,313	45,596	$2,542,912	187	1.00	$2,543,475	187	$54.94	52.35	$12,594.10			
201407	29,067	45,244	$2,162,109	177	1.00	$2,162,657	177	$52.26	51.19	$12,250.70			
201408	29,012	45,090	$1,587,741	183	1.00	$1,588,155	183	$50.35	50.31	$12,009.63			
201409	28,655	44,523	$2,862,688	179	1.00	$2,863,858	179	$50.88	49.67	$12,292.48			
201410	28,382	44,057	$2,186,965	205	1.00	$2,187,887	205	$50.45	50.21	$12,057.76			
201411	28,173	43,734	$2,622,550	191	1.00	$2,623,505	191	$51.24	50.10	$12,273.53			
201412	27,173	42,121	$2,127,317	180	1.00	$2,128,550	180	$50.86	50.48	$12,091.86			
201501	27,855	42,745	$2,521,950	196	1.00	$2,524,190	196	$50.64	50.60	$12,009.85			
201502	27,809	42,643	$2,178,714	168	1.00	$2,181,271	168	$51.11	50.35	$12,181.21			
201503	28,679	43,554	$2,502,802	190	1.00	$2,507,368	190	$51.55	50.07	$12,354.99	-10.5%	-6.2%	-4.6%
201504	28,751	43,584	$2,193,521	170	1.00	$2,198,472	170	$52.53	50.44	$12,498.73	-3.3%	-4.2%	0.9%
201505	28,618	43,448	$2,086,195	153	1.00	$2,093,158	153	$52.44	49.73	$12,655.53	-2.7%	-5.2%	2.7%
201506	28,518	43,358	$1,965,609	160	0.99	$1,975,821	161	$51.58	49.34	$12,546.31	-6.1%	-5.8%	-0.4%
201507	28,337	43,067	$2,377,619	180	0.99	$2,393,569	181	$52.24	49.64	$12,629.14	0.0%	-3.0%	3.1%
201508	28,184	42,904	$2,560,657	192	0.99	$2,584,669	194	$54.38	50.10	$13,025.63	8.0%	-0.4%	8.5%
201509	28,193	42,870	$2,084,581	191	0.99	$2,112,652	194	$53.10	50.59	$12,595.16	4.4%	1.9%	2.5%
201510	28,136	42,801	$2,507,566	161	0.98	$2,569,493	165	$53.97	49.79	$13,008.48	7.0%	-0.9%	7.9%
201511	28,172	42,897	$2,745,804	153	0.97	$2,844,911	159	$54.49	49.11	$13,313.61	6.3%	-2.0%	8.5%
201512	28,445	43,384	$2,736,852	171	0.93	$2,952,543	184	$55.95	49.09	$13,675.84	10.0%	-2.7%	13.1%
201601	29,059	44,260	$1,438,140	113	0.77	$1,867,781	147	$54.52	47.81	$13,684.41	7.7%	-5.5%	13.9%
201602	29,435	44,648	$375,723	32	0.23	$1,604,022	136	$53.20	46.87	$13,619.90	4.1%	-6.9%	11.8%
Experience Period	**339,697**	**517,255**	**$28,461,870**	**2,085**	**0.98**	**$28,938,117**	**2,116**						
201503	28,679	43,554									-10.5%	-6.2%	-4.6%
201509	28,193	42,870									4.4%	1.9%	2.5%
201512	28,445	43,384									10.0%	-2.7%	13.1%
Avg last 6 months	28,245	42,987									5.9%	-1.2%	7.2%
Selected Pricing Trend												**0.0%**	**9.0%**

CareFirst BlueCross BlueShield (BlueChoice)

D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

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

Experience Period: Incurred 201501 - 201512, Paid through 201602

						Completed		Rolling 12 PMPM			Rolling 12 Trend		
Month	**Contracts**	**Members**	**Allowed**	**Visits**	**Completion Factor**	**Allowed**	**Visits**	**Allowed**	**Visits/1000**	**Unit Cost**	**Allowed**	**Visits/1000**	**Unit Cost**
201304	22,199	35,135	$1,832,366	1,705	1.00	$1,832,366	1,705						
201305	22,328	35,161	$2,324,472	1,765	1.00	$2,324,472	1,765						
201306	22,753	35,868	$1,949,860	1,638	1.00	$1,949,860	1,638						
201307	23,069	36,382	$2,183,513	1,666	1.00	$2,183,514	1,666						
201308	23,563	37,260	$1,955,436	1,613	1.00	$1,955,437	1,613						
201309	23,829	37,648	$1,968,150	1,655	1.00	$1,968,157	1,655						
201310	23,811	37,674	$2,104,749	1,791	1.00	$2,104,757	1,791						
201311	24,089	38,242	$2,172,607	1,717	1.00	$2,172,616	1,717						
201312	25,042	39,857	$2,239,495	1,696	1.00	$2,239,532	1,696						
201401	27,215	43,474	$2,771,391	1,929	1.00	$2,771,431	1,929						
201402	27,606	44,012	$2,671,976	1,862	1.00	$2,672,174	1,862						
201403	27,835	44,143	$2,556,778	1,914	1.00	$2,556,978	1,914	$57.50	540.85	$1,275.87			
201404	28,330	44,736	$2,629,950	1,986	1.00	$2,630,271	1,986	$58.02	537.02	$1,296.55			
201405	29,572	45,927	$2,751,602	2,138	1.00	$2,752,164	2,138	$57.62	534.34	$1,293.94			
201406	29,313	45,596	$2,410,317	2,002	1.00	$2,410,831	2,002	$57.42	532.67	$1,293.46			
201407	29,067	45,244	$2,833,311	2,048	1.00	$2,834,097	2,049	$57.70	532.41	$1,300.43			
201408	29,012	45,090	$2,470,915	1,909	1.00	$2,471,627	1,910	$57.82	531.22	$1,306.19			
201409	28,655	44,523	$2,376,645	2,007	1.00	$2,377,456	2,008	$57.85	532.34	$1,303.96			
201410	28,382	44,057	$2,708,891	2,080	1.00	$2,709,974	2,081	$58.30	532.49	$1,313.72			
201411	28,173	43,734	$2,297,335	1,803	1.00	$2,298,416	1,804	$57.93	528.94	$1,314.22			
201412	27,173	42,121	$2,331,201	1,802	1.00	$2,332,754	1,803	$57.86	529.11	$1,312.19			
201501	27,855	42,745	$2,381,007	1,820	1.00	$2,383,064	1,822	$57.21	527.41	$1,301.61			
201502	27,809	42,643	$2,444,454	1,707	1.00	$2,447,155	1,709	$56.93	525.31	$1,300.50			
201503	28,679	43,554	$2,672,944	1,977	1.00	$2,677,818	1,981	$57.22	527.40	$1,301.97	-0.5%	-2.5%	2.0%
201504	28,751	43,584	$2,513,739	1,943	1.00	$2,519,500	1,947	$57.14	527.67	$1,299.37	-1.5%	-1.7%	0.2%
201505	28,618	43,448	$2,590,203	1,976	1.00	$2,598,523	1,982	$57.11	526.60	$1,301.50	-0.9%	-1.4%	0.6%
201506	28,518	43,358	$2,674,203	1,959	1.00	$2,687,461	1,969	$57.89	528.08	$1,315.39	0.8%	-0.9%	1.7%
201507	28,337	43,067	$2,417,493	1,892	0.99	$2,433,699	1,905	$57.36	526.97	$1,306.17	-0.6%	-1.0%	0.4%
201508	28,184	42,904	$2,680,526	1,892	0.99	$2,706,200	1,910	$58.05	529.20	$1,316.38	0.4%	-0.4%	0.8%
201509	28,193	42,870	$2,467,995	1,981	0.99	$2,502,263	2,008	$58.48	530.90	$1,321.79	1.1%	-0.3%	1.4%
201510	28,136	42,801	$2,469,783	2,019	0.98	$2,532,217	2,070	$58.28	531.93	$1,314.69	0.0%	-0.1%	0.1%
201511	28,172	42,897	$2,370,155	1,903	0.96	$2,457,951	1,973	$58.68	536.73	$1,311.95	1.3%	1.5%	-0.2%
201512	28,445	43,384	$2,606,617	1,901	0.93	$2,806,404	2,048	$59.45	541.10	$1,318.49	2.8%	2.3%	0.5%
201601	29,059	44,260	$1,980,972	1,478	0.77	$2,587,179	1,931	$59.67	542.04	$1,321.06	4.3%	2.8%	1.5%
201602	29,435	44,648	$469,506	480	0.23	$1,998,608	2,036	$58.58	547.49	$1,284.01	2.9%	4.2%	-1.3%
Experience Period	**339,697**	**517,255**	**$30,289,119**	**22,970**	**0.98**	**$30,752,255**	**23,324**						
201503	28,679	43,554									-0.5%	-2.5%	2.0%
201509	28,193	42,870									1.1%	-0.3%	1.4%
201512	28,445	43,384									2.8%	2.3%	0.5%
Avg last 6 months	28,245	42,987									0.8%	0.3%	0.5%
Selected Pricing Trend												**2.5%**	**2.0%**

CareFirst BlueCross BlueShield (BlueChoice)

D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

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

Experience Period: Incurred 201501 - 201512, Paid through 201602

						Completed		Rolling 12 PMPM			Rolling 12 Trend		
Month	**Contracts**	**Members**	**Allowed**	**Visits**	**Completion Factor**	**Allowed**	**Visits**	**Allowed**	**Visits/1000**	**Unit Cost**	**Allowed**	**Visits/1000**	**Unit Cost**
201304	22,199	35,135	$3,921,175	27,754	1.00	$3,921,175	27,754						
201305	22,328	35,161	$3,898,895	26,954	1.00	$3,898,895	26,954						
201306	22,753	35,868	$3,524,576	24,846	1.00	$3,524,577	24,846						
201307	23,069	36,382	$3,888,041	27,143	1.00	$3,888,043	27,143						
201308	23,563	37,260	$3,889,518	27,470	1.00	$3,889,519	27,470						
201309	23,829	37,648	$3,825,353	27,183	1.00	$3,825,366	27,183						
201310	23,811	37,674	$4,249,814	30,976	1.00	$4,249,829	30,976						
201311	24,089	38,242	$3,823,168	26,830	1.00	$3,823,183	26,830						
201312	25,042	39,857	$3,705,504	25,777	1.00	$3,705,564	25,777						
201401	27,215	43,474	$4,861,212	32,118	1.00	$4,861,286	32,118						
201402	27,606	44,012	$4,261,770	29,164	1.00	$4,262,079	29,166						
201403	27,835	44,143	$4,573,378	31,310	1.00	$4,573,727	31,312	$104.17	8,713.17	$143.46			
201404	28,330	44,736	$4,837,617	32,947	1.00	$4,838,196	32,951	$103.99	8,668.29	$143.96			
201405	29,572	45,927	$4,740,477	32,981	1.00	$4,741,322	32,987	$103.42	8,625.16	$143.89			
201406	29,313	45,596	$4,672,859	32,901	1.00	$4,673,900	32,908	$103.71	8,651.10	$143.86			
201407	29,067	45,244	$4,835,625	32,846	1.00	$4,836,879	32,855	$103.77	8,634.97	$144.21			
201408	29,012	45,090	$4,546,235	31,262	1.00	$4,547,537	31,271	$103.47	8,591.98	$144.51			
201409	28,655	44,523	$4,767,677	32,477	1.00	$4,769,369	32,488	$103.92	8,600.84	$144.99			
201410	28,382	44,057	$5,174,090	36,795	1.00	$5,176,182	36,810	$104.42	8,629.62	$145.20			
201411	28,173	43,734	$4,304,317	30,186	1.00	$4,306,278	30,200	$104.25	8,616.50	$145.18			
201412	27,173	42,121	$4,322,739	30,117	1.00	$4,325,689	30,138	$104.97	8,678.10	$145.15			
201501	27,855	42,745	$4,552,979	30,453	1.00	$4,557,053	30,480	$104.54	8,653.04	$144.98			
201502	27,809	42,643	$4,097,867	27,901	1.00	$4,102,989	27,936	$104.51	8,647.53	$145.03			
201503	28,679	43,554	$4,746,592	31,666	1.00	$4,755,664	31,727	$104.97	8,666.52	$145.35	0.8%	-0.5%	1.3%
201504	28,751	43,584	$4,704,022	32,510	1.00	$4,715,101	32,586	$104.97	8,677.11	$145.16	0.9%	0.1%	0.8%
201505	28,618	43,448	$4,491,341	30,720	1.00	$4,506,132	30,820	$105.01	8,668.57	$145.37	1.5%	0.5%	1.0%
201506	28,518	43,358	$4,838,775	32,838	0.99	$4,863,489	33,004	$105.82	8,707.79	$145.83	2.0%	0.7%	1.4%
201507	28,337	43,067	$4,590,348	31,332	0.99	$4,621,687	31,544	$105.85	8,713.97	$145.77	2.0%	0.9%	1.1%
201508	28,184	42,904	$4,518,815	30,045	0.99	$4,562,460	30,334	$106.33	8,728.98	$146.17	2.8%	1.6%	1.1%
201509	28,193	42,870	$4,672,334	31,360	0.99	$4,737,650	31,791	$106.60	8,740.67	$146.36	2.6%	1.6%	0.9%
201510	28,136	42,801	$4,918,207	34,279	0.98	$5,043,284	35,145	$106.61	8,723.25	$146.65	2.1%	1.1%	1.0%
201511	28,172	42,897	$4,557,244	30,525	0.96	$4,726,582	31,657	$107.59	8,771.30	$147.20	3.2%	1.8%	1.4%
201512	28,445	43,384	$4,720,739	31,744	0.93	$5,087,984	34,213	$108.81	8,844.43	$147.63	3.7%	1.9%	1.7%
201601	29,059	44,260	$3,638,460	25,017	0.77	$4,754,227	32,689	$108.87	8,869.69	$147.29	4.1%	2.5%	1.6%
201602	29,435	44,648	$1,746,704	13,059	0.24	$7,332,772	54,778	$114.65	9,454.05	$145.53	9.7%	9.3%	0.3%
Experience Period	**339,697**	**517,255**	**$55,409,262**	**375,373**	**0.98**	**$56,280,075**	**381,235**						
201503	28,679	43,554									0.8%	-0.5%	1.3%
201509	28,193	42,870									2.6%	1.6%	0.9%
201512	28,445	43,384									3.7%	1.9%	1.7%
Avg last 6 months	28,245	42,987									2.7%	1.5%	1.2%
Selected Pricing Trend												**2.5%**	**2.0%**

CareFirst BlueCross BlueShield (BlueChoice)

D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

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

Experience Period: Incurred 201501 - 201512, Paid through 201602

						Completed		Rolling 12 PMPM			Rolling 12 Trend		
Month	**Contracts**	**Members**	**Allowed**	**Services**	**Completion Factor**	**Allowed**	**Services**	**Allowed**	**Services/1000**	**Unit Cost**	**Allowed**	**Services/1000**	**Unit Cost**
201304	22,199	35,135	$385,349	1,828	1.00	$385,349	1,828						
201305	22,328	35,161	$432,940	1,831	1.00	$432,940	1,831						
201306	22,753	35,868	$422,423	1,865	1.00	$422,424	1,865						
201307	23,069	36,382	$480,141	1,912	1.00	$480,142	1,912						
201308	23,563	37,260	$495,065	1,996	1.00	$495,065	1,996						
201309	23,829	37,648	$487,272	1,860	1.00	$487,274	1,860						
201310	23,811	37,674	$554,158	2,093	1.00	$554,160	2,093						
201311	24,089	38,242	$428,500	1,747	1.00	$428,502	1,747						
201312	25,042	39,857	$511,960	1,634	1.00	$511,968	1,634						
201401	27,215	43,474	$474,052	1,950	1.00	$474,059	1,950						
201402	27,606	44,012	$441,152	2,069	1.00	$441,184	2,069						
201403	27,835	44,143	$541,641	2,539	1.00	$541,681	2,539	$12.16	602.11	$242.44			
201404	28,330	44,736	$511,321	2,411	1.00	$511,379	2,411	$12.18	604.68	$241.80			
201405	29,572	45,927	$628,586	2,647	1.00	$628,699	2,648	$12.32	611.46	$241.73			
201406	29,313	45,596	$686,493	2,541	1.00	$686,637	2,542	$12.61	615.84	$245.69			
201407	29,067	45,244	$665,712	3,133	1.00	$665,895	3,134	$12.76	634.12	$241.39			
201408	29,012	45,090	$688,135	3,139	1.00	$688,321	3,140	$12.94	651.25	$238.40			
201409	28,655	44,523	$570,685	2,783	1.00	$570,886	2,784	$12.93	664.00	$233.64			
201410	28,382	44,057	$540,015	3,463	1.00	$540,243	3,465	$12.74	687.29	$222.51			
201411	28,173	43,734	$610,782	2,911	1.00	$611,055	2,913	$12.96	706.54	$220.05			
201412	27,173	42,121	$602,702	3,883	1.00	$603,098	3,886	$13.07	754.28	$207.97			
201501	27,855	42,745	$613,090	3,217	1.00	$613,592	3,220	$13.35	783.97	$204.39			
201502	27,809	42,643	$558,842	3,114	1.00	$559,539	3,119	$13.61	809.73	$201.70			
201503	28,679	43,554	$599,396	3,743	1.00	$600,544	3,752	$13.74	838.08	$196.68	12.9%	39.2%	-18.9%
201504	28,751	43,584	$672,453	3,871	1.00	$674,044	3,882	$14.07	873.29	$193.39	15.5%	44.4%	-20.0%
201505	28,618	43,448	$586,474	3,257	1.00	$588,434	3,270	$14.06	891.58	$189.29	14.2%	45.8%	-21.7%
201506	28,518	43,358	$734,724	3,909	0.99	$738,626	3,930	$14.22	927.17	$184.08	12.8%	50.6%	-25.1%
201507	28,337	43,067	$733,627	3,515	0.99	$738,693	3,541	$14.42	940.39	$184.03	13.1%	48.3%	-23.8%
201508	28,184	42,904	$702,707	3,835	0.99	$709,686	3,876	$14.52	961.33	$181.29	12.3%	47.6%	-24.0%
201509	28,193	42,870	$731,831	2,222	0.99	$741,979	2,256	$14.90	952.16	$187.78	15.3%	43.4%	-19.6%
201510	28,136	42,801	$797,404	1,580	0.98	$817,711	1,623	$15.47	911.73	$203.66	21.4%	32.7%	-8.5%
201511	28,172	42,897	$702,856	1,557	0.96	$729,655	1,622	$15.73	883.19	$213.70	21.4%	25.0%	-2.9%
201512	28,445	43,384	$922,609	1,696	0.93	$992,315	1,831	$16.44	833.36	$236.76	25.8%	10.5%	13.8%
201601	29,059	44,260	$470,551	1,199	0.77	$614,005	1,557	$16.39	792.44	$248.27	22.8%	1.1%	21.5%
201602	29,435	44,648	$248,798	811	0.24	$1,042,785	3,407	$17.26	796.04	$260.18	26.8%	-1.7%	29.0%
Experience Period	**339,697**	**517,255**	**$8,356,014**	**35,516**	**0.98**	**$8,504,818**	**35,922**						
201503	28,679	43,554									12.9%	39.2%	-18.9%
201509	28,193	42,870									15.3%	43.4%	-19.6%
201512	28,445	43,384									25.8%	10.5%	13.8%
Avg last 6 months	28,245	42,987									18.2%	34.6%	-10.8%
Selected Pricing Trend												**16.0%**	**0.0%**

CareFirst BlueCross BlueShield (BlueChoice)

D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

BlueChoice Non-Grandfathered D.C. Small Group & Individual Base Experience Rx

Experience Period: Incurred 201501 - 201512, Paid through 201602

						Completed		Rolling 12 PMPM			Rolling 12 Trend		
Month	**Contracts**	**Members**	**Allowed**	**Scripts**	**Completion Factor**	**Allowed**	**Scripts**	**Allowed**	**Scripts/1000**	**Unit Cost**	**Allowed**	**Scripts/1000**	**Unit Cost**
201304	22,199	35,135	$2,768,834	25,161	1.00	$2,768,834	25,161						
201305	22,328	35,161	$3,032,614	25,206	1.00	$3,032,614	25,206						
201306	22,753	35,868	$2,791,282	23,992	1.00	$2,791,282	23,992						
201307	23,069	36,382	$3,003,353	25,425	1.00	$3,003,353	25,425						
201308	23,563	37,260	$3,224,673	25,324	1.00	$3,224,673	25,324						
201309	23,829	37,648	$2,993,700	24,647	1.00	$2,993,700	24,647						
201310	23,811	37,674	$3,382,380	26,487	1.00	$3,382,380	26,487						
201311	24,089	38,242	$3,193,239	25,226	1.00	$3,193,239	25,226						
201312	25,042	39,857	$3,476,314	27,011	1.00	$3,476,314	27,011						
201401	27,215	43,474	$3,346,474	29,077	1.00	$3,346,474	29,077						
201402	27,606	44,012	$3,113,856	27,297	1.00	$3,113,856	27,297						
201403	27,835	44,143	$3,510,015	29,955	1.00	$3,510,015	29,955	$81.39	8,126.59	$120.19			
201404	28,330	44,736	$3,543,453	31,055	1.00	$3,543,453	31,055	$81.38	8,111.22	$120.40			
201405	29,572	45,927	$3,529,141	31,175	1.00	$3,529,141	31,175	$80.60	8,078.87	$119.72			
201406	29,313	45,596	$3,550,493	30,361	1.00	$3,550,493	30,361	$80.55	8,074.50	$119.71			
201407	29,067	45,244	$3,782,873	30,480	1.00	$3,782,873	30,480	$80.68	8,052.87	$120.22			
201408	29,012	45,090	$3,481,030	29,460	1.00	$3,481,030	29,460	$79.94	8,026.64	$119.52			
201409	28,655	44,523	$3,437,423	29,203	1.00	$3,437,423	29,203	$79.74	8,025.65	$119.23			
201410	28,382	44,057	$3,687,439	30,559	1.00	$3,687,439	30,559	$79.35	8,021.15	$118.71			
201411	28,173	43,734	$3,193,181	27,972	1.00	$3,193,181	27,972	$78.53	8,000.22	$117.79			
201412	27,173	42,121	$3,444,090	29,543	1.00	$3,444,090	29,543	$78.14	8,023.26	$116.86			
201501	27,855	42,745	$3,552,495	28,863	1.00	$3,552,495	28,863	$78.63	8,029.43	$117.51			
201502	27,809	42,643	$3,288,598	26,269	1.00	$3,288,598	26,269	$79.16	8,026.89	$118.35			
201503	28,679	43,554	$3,764,448	29,377	1.00	$3,764,448	29,377	$79.73	8,022.73	$119.26	-2.0%	-1.3%	-0.8%
201504	28,751	43,584	$3,770,778	28,608	1.00	$3,770,778	28,608	$80.33	7,984.68	$120.73	-1.3%	-1.6%	0.3%
201505	28,618	43,448	$3,708,601	28,429	1.00	$3,708,601	28,429	$81.05	7,959.68	$122.20	0.6%	-1.5%	2.1%
201506	28,518	43,358	$3,934,303	28,757	1.00	$3,934,303	28,757	$82.13	7,956.94	$123.86	2.0%	-1.5%	3.5%
201507	28,337	43,067	$4,087,549	28,850	1.00	$4,087,549	28,850	$83.06	7,952.65	$125.33	2.9%	-1.2%	4.2%
201508	28,184	42,904	$3,988,111	27,758	1.00	$3,988,111	27,758	$84.38	7,946.80	$127.42	5.6%	-1.0%	6.6%
201509	28,193	42,870	$3,764,924	27,918	1.00	$3,764,924	27,918	$85.28	7,942.40	$128.85	7.0%	-1.0%	8.1%
201510	28,136	42,801	$3,865,274	28,980	1.00	$3,865,274	28,980	$85.84	7,925.04	$129.97	8.2%	-1.2%	9.5%
201511	28,172	42,897	$3,976,340	27,640	1.00	$3,976,340	27,640	$87.49	7,930.17	$132.39	11.4%	-0.9%	12.4%
201512	28,445	43,384	$4,557,627	30,545	1.00	$4,557,627	30,545	$89.43	7,934.05	$135.26	14.5%	-1.1%	15.7%
201601	29,059	44,260	$3,557,716	27,133	1.00	$3,557,716	27,133	$89.18	7,870.86	$135.97	13.4%	-2.0%	15.7%
201602	29,435	44,648	$4,204,152	28,467	1.00	$4,204,152	28,467	$90.60	7,891.21	$137.77	14.4%	-1.7%	16.4%
Experience Period	**339,697**	**517,255**	**$46,259,049**	**341,994**	**1.00**	**$46,259,049**	**341,994**						
201503	28,679	43,554									-2.0%	-1.3%	-0.8%
201509	28,193	42,870									7.0%	-1.0%	8.1%
201512	28,445	43,384									14.5%	-1.1%	15.7%
Avg last 6 months	28,245	42,987									8.2%	-1.1%	9.4%
Selected Pricing Trend												**0.0%**	**13.0%**

CareFirst BlueCross BlueShield (BlueChoice)

D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

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

Experience Period: Incurred 201501 - 201512, Paid through 201602

Month	Contracts	Members	Allowed	Completion Factor	Completed Allowed	Rolling 12 PMPM Allowed	Rolling 12 Trend Allowed	Rolling 3 Trend Allowed	Paid	Rolling 12 Trend Paid
201304	22,199	35,135	$11,647,854	1.00	$11,647,854				$10,372,931	
201305	22,328	35,161	$11,589,441	1.00	$11,589,441				$10,346,405	
201306	22,753	35,868	$10,188,445	1.00	$10,188,448				$9,023,424	
201307	23,069	36,382	$12,581,110	1.00	$12,581,114				$11,350,993	
201308	23,563	37,260	$11,718,425	1.00	$11,718,428				$10,449,178	
201309	23,829	37,648	$11,518,515	1.00	$11,518,543				$10,267,245	
201310	23,811	37,674	$12,378,627	1.00	$12,378,658				$11,043,269	
201311	24,089	38,242	$11,545,075	1.00	$11,545,106				$10,320,352	
201312	25,042	39,857	$12,148,275	1.00	$12,148,420				$10,723,984	
201401	27,215	43,474	$14,135,057	1.00	$14,135,222				$12,264,670	
201402	27,606	44,012	$12,490,508	1.00	$12,491,186				$10,843,572	
201403	27,835	44,143	$13,483,499	1.00	$13,484,262	$312.84			$11,784,855	
201404	28,330	44,736	$13,260,760	1.00	$13,261,939	$309.91			$11,492,322	
201405	29,572	45,927	$13,919,857	1.00	$13,921,839	$307.84			$12,030,903	
201406	29,313	45,596	$13,863,074	1.00	$13,865,336	$309.22		-4.3%	$12,102,153	
201407	29,067	45,244	$14,279,630	1.00	$14,282,401	$307.16		-3.8%	$12,421,240	
201408	29,012	45,090	$12,774,057	1.00	$12,776,671	$304.53		-4.4%	$11,003,948	
201409	28,655	44,523	$14,015,119	1.00	$14,018,992	$305.31		-5.4%	$12,245,414	
201410	28,382	44,057	$14,297,401	1.00	$14,301,725	$305.26		-2.8%	$12,349,966	
201411	28,173	43,734	$13,028,165	1.00	$13,032,435	$304.91		0.1%	$11,356,027	
201412	27,173	42,121	$12,828,049	1.00	$12,834,182	$304.90		-0.8%	$10,697,641	
201501	27,855	42,745	$13,621,522	1.00	$13,630,394	$304.37		-1.3%	$10,949,699	
201502	27,809	42,643	$12,568,475	1.00	$12,579,553	$305.32		0.6%	$10,351,319	
201503	28,679	43,554	$14,286,182	1.00	$14,305,842	$307.21	-1.8%	3.1%	$11,949,064	1.4%
201504	28,751	43,584	$13,854,514	1.00	$13,877,895	$309.04	-0.3%	6.4%	$11,612,170	1.0%
201505	28,618	43,448	$13,462,814	1.00	$13,494,848	$309.69	0.6%	5.8%	$11,366,633	-5.5%
201506	28,518	43,358	$14,147,614	1.00	$14,199,700	$311.65	0.8%	5.8%	$12,037,396	-0.5%
201507	28,337	43,067	$14,206,636	1.00	$14,275,197	$312.93	1.9%	5.1%	$12,192,281	-1.8%
201508	28,184	42,904	$14,450,816	0.99	$14,551,126	$317.66	4.3%	10.5%	$12,529,997	13.9%
201509	28,193	42,870	$13,721,665	0.99	$13,859,469	$318.37	4.3%	8.8%	$11,872,934	-3.0%
201510	28,136	42,801	$14,558,235	0.98	$14,827,978	$320.16	4.9%	9.4%	$12,763,205	3.3%
201511	28,172	42,897	$14,352,398	0.97	$14,735,439	$323.98	6.3%	8.1%	$12,719,197	12.0%
201512	28,445	43,384	$15,544,444	0.95	$16,396,873	$330.08	8.3%	**15.2%**	$13,923,763	**30.2%**
201601	29,059	44,260	$11,085,840	0.83	$13,380,907	$328.63	8.0%	11.0%	$10,684,489	-2.4%
201602	29,435	44,648	$7,044,883	0.44	$16,182,339	$334.29	9.5%	13.5%	$12,833,750	24.0%
Experience Period	**339,697**	**517,255**	**$168,775,314**	**0.99**	**$170,734,313**					
201503	28,679	43,554					-1.8%			
201509	28,193	42,870					4.3%			
201512	28,445	43,384					8.3%			
Avg last 6 months	28,245	42,987					5.0%			

CareFirst BlueCross BlueShield (BlueChoice)

D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

2017 ACA - TREND ANALYSIS SUMMARY - SMALL GROUP & INDIVIDUAL - DC BLUECHOICE

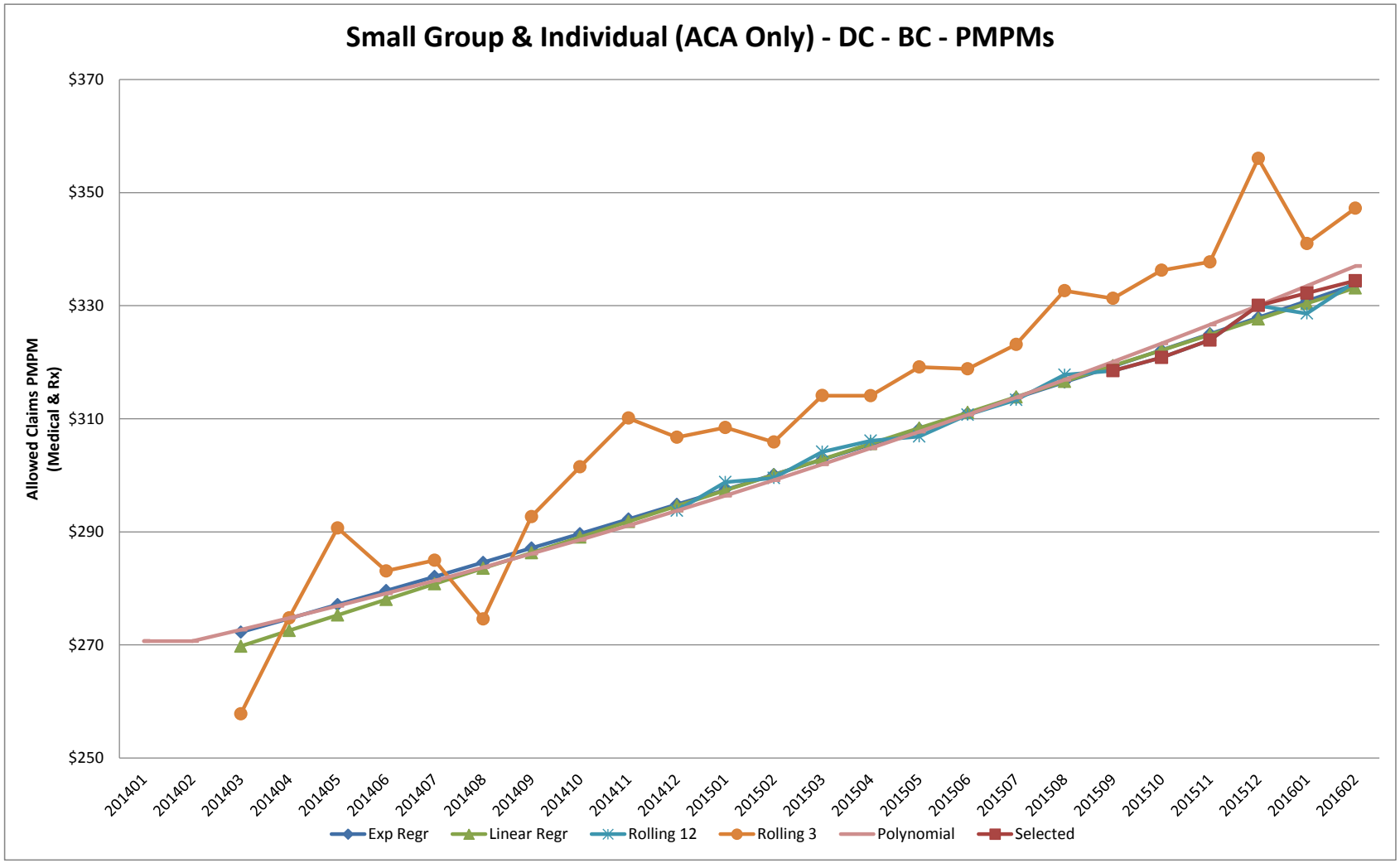
ACA Total Med & Rx Experience

Regressions based on R12 allowed claims PMPMs (Period: 201412 - 201512)

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	24	25	26	27	30	31
										TOTAL (Medical & RX)												**Linear Regression**		**Exponential Regression**			
												ROLLING 3						**ROLLING 12**				Y = MX + B		Y = BM^X			
															Δ						Δ						
																						M 2.755		M 1.009			
																						B 267.008		B 269.848		Selected	Selected
																						R2 = 0.987		**R2 = 0.988**			
	Date	Members	Allowed Claims	Paid Claims	Utilization Units	Allowed Claims PMPM	Paid Claims PMPM	Allowed Cost/ Case	Annualized Util/ 1000	Allowed Cost/ Case	Annual **Cost** Trend	Util/ 1000	Annual **Utilization** Trend	Allowed Claims PMPM	Annual **Claims** Trend	Allowed Cost/ Case	Annual **Cost** Trend	Util/ 1000	Annual **Utilization** Trend	Allowed Claims PMPM	Annual **Claims** Trend	PMPM - Linear Reg	R12 Trend Projected PMPMs	PMPM -Exp Reg	R12 Trend Projected PMPMs	Trends %	Trends $s
10	201401	5,286	$1,321,428	$255,715	5,876	$250		$225	13,339																	8.1%	
11	201402	7,244	$1,788,431	$438,470	9,021	$247		$198	14,944																	8.1%	
12	201403	8,875	$2,408,528	$685,699	12,761	$271		$189	17,255	$200		15,506		$258								$270		$272		8.1%	
13	201404	10,571	$3,136,619	$683,614	15,603	$297		$201	17,712	$196		16,809		$275								$273		$275		8.1%	
14	201405	13,249	$3,957,970	$947,303	18,747	$299		$211	16,980	$202		17,291		$291								$275		$277		8.1%	
15	201406	14,861	$3,854,944	$908,520	21,228	$259		$182	17,141	$197		17,242		$283								$278		$280		8.1%	
16	201407	17,985	$5,322,508	$1,236,636	26,804	$296		$199	17,884	$197		17,385		$285								$281		$282		8.1%	
17	201408	20,744	$5,536,497	$1,291,082	29,499	$267		$188	17,065	$190		17,361		$275								$284		$285		8.1%	
18	201409	23,135	$7,247,724	$1,381,214	33,772	$313		$215	17,517	$201		17,472		$293								$286		$287		8.1%	
19	201410	25,412	$8,105,729	$1,614,341	41,175	$319		$197	19,444	$200		18,088		$301								$289		$290		8.1%	
20	201411	28,448	$8,523,321	$2,430,304	39,974	$300		$213	16,862	$208		17,911		$310								$292		$292		8.1%	
21	201412	41,952	$12,757,853	$2,170,039	65,186	$304		$196	18,646	$201		18,328		$307		$200		17,614		$294		$295		$295		8.1%	
22	201501	42,745	$13,615,813	$1,712,261	64,549	$319		$211	18,121	$206		17,999		$308		$202		17,788		$299		$297		$297		8.2%	
23	201502	42,643	$12,578,668	$2,163,312	59,179	$295		$213	16,653	$206		17,802		$306		$203		17,692		$300		$300		$300		8.2%	
24	201503	43,554	$14,305,491	$2,645,064	67,020	$328		$213	18,465	$212	6.4%	17,752	14.5%	$314	21.8%	$205		17,808		$304		$303	12.3%	$303	11.2%	8.2%	
25	201504	43,584	$13,877,464	$2,437,375	67,184	$318		$207	18,498	$211	7.5%	17,881	6.4%	$314	14.3%	$205		17,894		$306		$306	12.1%	$305	11.2%	8.2%	
26	201505	43,448	$13,493,687	$2,440,749	64,627	$311		$209	17,849	$210	3.9%	18,271	5.7%	$319	9.8%	$205		17,921		$307		$308	12.0%	$308	11.2%	8.2%	
27	201506	43,358	$14,198,846	$2,528,513	67,808	$327		$209	18,767	$208	5.7%	18,371	6.5%	$319	12.6%	$207		18,036		$311		$311	11.9%	$311	11.2%	8.2%	
28	201507	43,067	$14,274,869	$2,930,477	66,011	$331		$216	18,393	$211	7.5%	18,336	5.5%	$323	13.4%	$208		18,077		$313		$314	11.8%	$314	11.2%	8.2%	
29	201508	42,904	$14,549,011	$2,788,584	64,054	$339		$227	17,916	$217	14.6%	18,360	5.8%	$333	21.2%	$211		18,108		$318		$317	11.7%	$316	11.2%	8.2%	
30	201509	42,870	$13,859,392	$2,513,832	64,164	$323		$216	17,961	$220	9.3%	18,090	3.5%	$331	13.2%	$211		18,123		$318		$319	11.5%	$319	11.2%	8.2%	$318
31	201510	42,801	$14,827,898	$2,573,292	67,982	$346		$218	19,060	$220	10.2%	18,312	1.2%	$336	11.5%	$212		18,136		$321		$322	11.4%	$322	11.2%	8.2%	$321
32	201511	42,897	$14,735,005	$2,426,213	63,043	$343		$234	17,636	$222	7.1%	18,218	1.7%	$338	8.9%	$214		18,165		$324		$325	11.3%	$325	11.2%	8.2%	$324
33	201512	43,377	$16,391,710	$3,003,546	68,774	$378		$238	19,026	$230	14.5%	18,575	1.3%	$356	16.1%	$218	8.8%	18,198	3.3%	$330	**12.4%**	$328	11.2%	$328	11.2%	8.2%	$330
34	201601	44,249	$13,377,370	$1,397,385	63,420	$302		$211	17,199	$228	10.9%	17,950	-0.3%	$341	10.6%	$218	8.0%	18,119	1.9%	$329	10.0%	$330	11.1%	$331	11.2%	8.2%	$332
35	201602	44,642	$16,156,651	$1,668,742	88,723	$362		$182	23,849	$208	0.8%	20,043	12.6%	$347	13.5%	$214	5.4%	18,730	5.9%	$334	11.6%	$333	11.0%	$334	11.2%	8.2%	$334
36	201603																					$336	10.9%	$337	11.2%	8.2%	$337
37	201604																					$339	10.8%	$340	11.2%	8.2%	$339
38	201605																					$341	10.7%	$343	11.2%	8.2%	$341
39	201606																					$344	10.6%	$346	11.2%	8.2%	$343
40	201607																					$347	10.5%	$349	11.2%	8.2%	$346
41	201608																					$350	10.4%	$352	11.2%	8.2%	$348
42	201609																					$352	10.4%	$355	11.2%	8.2%	$350
43	201610																					$355	10.3%	$358	11.2%	8.2%	$353
44	201611																					$358	10.2%	$361	11.2%	8.2%	$355
45	201612																					$361	10.1%	$365	11.2%	8.2%	$357
46	201701																					$363	10.0%	$368	11.2%	8.2%	$360
47	201702																					$366	9.9%	$371	11.2%	8.2%	$362
48	201703																					$369	9.8%	$374	11.2%	8.2%	$364
49	201704																					$372	9.8%	$378	11.2%	8.2%	$367
50	201705																					$374	9.7%	$381	11.2%	8.2%	$369
51	201706																					$377	**9.6%**	$385	**11.2%**	**8.2%**	$372
52	201707																					$380	9.5%	$388	11.2%	8.2%	$374
53	201708																					$383	9.5%	$391	11.2%	8.2%	$377
54	201709																					$385	9.4%	$395	11.2%	8.2%	$379
55	201710																					$388	9.3%	$398	11.2%	8.2%	$382
56	201711																					$391	9.2%	$402	11.2%	8.2%	$384
57	201712																					$394	9.2%	$406	11.2%	8.2%	$387

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

2017 ACA - TREND ANALYSIS SUMMARY - SMALL GROUP & INDIVIDUAL - DC BLUECHOICE



CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017
BlueChoice Projected Morbidity

2017 Change in Morbidity Projection					
	2015 Actual		2017 Projected		
Metal	Age & Induced Demand Normalized Allowed PMPM	Single Risk Pool Members 12/31/2015	Projected Age & Induced Demand Normalized Allowed PMPM	6/30/17 Projected Members	PMPM Δ
Catastrophic	$84	412	$95	974	
Bronze	$161	2,281	$168	3,153	
Silver	$245	2,088	$254	2,568	
Gold	$438	1,954	$540	2,305	
Platinum	$730	1,557			
Ind Under 65 Single Risk Pool	$340	8,292	$275	9,000	0.808
Small Group Single Risk Pool	$327	35,085	$329	35,427	1.006
Combined Single Risk Pool	**$330**	**43,377**	**$318**	**44,427**	**0.964**

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

DC ACA Combined - Small Group & Individual Capitations

BlueChoice	Description	1/1/15 PMPM	1/1/16 PMPM	1/1/17 PMPM
	Mental Health UR	$0.60	$0.51	$0.42
	Nurse Hotline	$0.04	$0.04	$0.04
	Wellness *	$0.22	$0.22	$0.22
	Embedded Pediatric Vision **	$0.24	$0.24	$0.24
	Embedded Adult Vision ***	$0.21	$0.21	$0.21
	AVERAGE PMPM:	$1.31	$1.22	$1.13

* 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 apples to members over the age of 19.