

SERFF Tracking Number: CFAP-126065404 State: District of Columbia
Filing Company: Group Hospitalization and Medical Services, Inc.State Tracking Number:
Company Tracking Number: 1227
TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
Product Name: Filing #1227 GHMSI DC PPO UW (Incl Saver&HSA) & HIPAA
Project Name/Number: DC PPO UW&HIPAA 200907 Effective /1227

Filing at a Glance

Company: Group Hospitalization and Medical Services, Inc.
Product Name: Filing #1227 GHMSI DC PPO SERFF Tr Num: CFAP-126065404 State: District of Columbia
UW (Incl Saver&HSA) & HIPAA
TOI: H21 Health - Other SERFF Status: Closed-APPROVEDState Tr Num:
Sub-TOI: H21.000 Health - Other Co Tr Num: 1227 State Status:
Filing Type: Rate Reviewer(s): Laszlo Pentek
Authors: Anna Guloy, Todd Switzer,Disposition Date: 04/01/2009
David Mok, Katheryn Barron
Date Submitted: 03/09/2009 Disposition Status: APPROVED
Implementation Date Requested: 07/01/2009 Implementation Date:

General Information

Project Name: DC PPO UW&HIPAA 200907 Effective Status of Filing in Domicile:
Project Number: 1227 Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments:
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Group Market Size:
Overall Rate Impact: 2.8% Group Market Type:
Filing Status Changed: 04/01/2009 Explanation for Other Group Market Type:
State Status Changed:
Deemer Date: Created By: David Mok
Submitted By: David Mok Corresponding Filing Tracking Number:
Filing Description:
To Whom It May Concern:

This filing contains the rate proposal for GHMSI Inc. dba CareFirst BlueCross BlueShield's Individual, non-medigap PPO Underwritten (including Saver & HSA) and HIPAA medical and rx, with an effective date of 7/1/2009. Please refer to the cover letter, actuarial memorandum (supporting documents), and rate filing (rate/rule schedule) for more details.

If you have questions regarding this filing, please contact me at (410) 998-5308 or Mr. Todd Switzer, A.S.A., M.A.A.A., Director of Actuarial Pricing at (410) 998-7107.

Sincerely,

SERFF Tracking Number: CFAP-126065404 State: District of Columbia
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Product Name: Filing #1227 GHMSI DC PPO UW (Incl Saver&HSA) & HIPAA
Project Name/Number: DC PPO UW&HIPAA 200907 Effective /1227

David Mok
Actuarial Assistant
Actuarial Pricing Department

Company and Contact

Filing Contact Information

David Mok, Actuarial Assistant david.mok@carefirst.com
10455 Mill Run Circle 410-998-5308 [Phone]
Owing Mills, MD 21117 410-998-7704 [FAX]

Filing Company Information

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

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:
Per Company: No

SERFF Tracking Number: CFAP-126065404 State: District of Columbia
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Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
APPROVE D 04/01/2009	#1227 DC PPO Rate Filing	D/DP-IEA-5/95, PPP-A-5/95, CMM/MM ATTB-5/95, C-DP-5/95, DC/CF/IND RX3 (1/03), DC/CF/DBDC/CF /LC70 (1/05), DC/CF/LC100 (1/05), DC/CF/LCRX (1/05), DC/CF/HSA 100 (4/05), DC/CF/HSA 80 (4/05), DC/CF/IND HSA RX3 (4/05), DC/CF/DB/TRANS (1/09), DC/CF/DB ALL DEP MAT (3/09), DC/CF/BP/DOCS (7/08)	Revised	Previous State Filing Number: Percent Rate Change Request: 2.800	1227_DC_PPO UW (incl Saver&HSA) Rate Filing.pdf

CareFirst BlueCross BlueShield

INDIVIDUAL, NON-MEDIGAP

**BLUEPREFERRED UNDERWRITTEN
(STANDARD, SAVER & H.S.A)**

& HIPAA

**DISTRICT OF COLUMBIA
PROPOSED MEDICAL RATES**

EFFECTIVE 7/1/2009

**GHMSI dba CareFirst BlueCross BlueShield
INDIVIDUAL, NON-MEDIGAP BUSINESS
DISTRICT OF COLUMBIA
PPO/ BLUEPREFERRED UNDERWRITTEN & HIPAA
AGE FACTORS**

UW Standard & Saver

<u>Age Factors</u>	
1-5	0.46
6-17	0.41
18-20	0.60
21	0.61
22	0.62
23	0.64
24	0.65
25	0.66
26	0.68
27	0.69
28	0.70
29	0.72
30	0.73
31	0.75
32	0.76
33	0.78
34	0.79
35	0.81
36	0.82
37	0.84
38	0.86
39	0.87
40	0.89
41	0.93
42	0.98
43	1.02
44	1.07
45	1.12
46	1.17
47	1.22
48	1.28
49	1.34
50	1.40
51	1.46
52	1.53
53	1.60
54	1.67
55	1.75
56	1.83
57	1.92
58	2.00
59	2.10
60	2.19
61	2.29
62	2.40
63	2.51
64	2.62
65	2.74
>65	2.87

UW H.S.A.

<u>Age Factors</u>	
1-5	0.46
6-17	0.41
18-20	0.58
21	0.59
22	0.60
23	0.61
24	0.62
25	0.63
26	0.64
27	0.65
28	0.66
29	0.67
30	0.69
31	0.71
32	0.73
33	0.75
34	0.77
35	0.79
36	0.81
37	0.83
38	0.85
39	0.87
40	0.89
41	0.93
42	0.98
43	1.02
44	1.07
45	1.12
46	1.17
47	1.22
48	1.28
49	1.34
50	1.40
51	1.46
52	1.53
53	1.60
54	1.67
55	1.75
56	1.83
57	1.92
58	2.00
59	2.10
60	2.19
61	2.29
62	2.40
63	2.51
64	2.62
65	2.74
>65	2.87

GHMSI dba CareFirst BlueCross BlueShield
INDIVIDUAL, NON-MEDIGAP BUSINESS
DISTRICT OF COLUMBIA BLUEPREFERRED UNDERWRITTEN STANDARD
FORM NOS. D/DP-IEA-5/95, PPP-A-5/95, CMM/MM ATTB-5/95, C-DP-5/95

EFFECTIVE 7/1/2009

DISTRICT OF COLUMBIA

NO PHARMACY OR MAIL ORDER DRUGS*
NO MATERNITY**
ANNUAL PHYSICALS

DEDUCTIBLE
COINSURANCE
OUT-OF-POCKET MAXIMUM

<u>In Network</u>	<u>Out-Of-Network</u>
\$2,500	\$5,000
80% / 20%	60% / 40%
\$5,000	\$7,500

Age	Individual	Individual & Child(ren)	Individual & Adult	Family
1-5	\$66	-	-	-
6-17	\$59	\$114	\$117	\$156
18-20	\$86	\$167	\$171	\$228
21	\$87	\$170	\$174	\$233
22	\$88	\$173	\$177	\$237
23	\$91	\$178	\$183	\$244
24	\$93	\$181	\$186	\$248
25	\$94	\$184	\$188	\$251
26	\$97	\$190	\$194	\$260
27	\$98	\$193	\$197	\$263
28	\$100	\$196	\$200	\$267
29	\$103	\$200	\$206	\$274
30	\$104	\$203	\$208	\$278
31	\$107	\$208	\$214	\$285
32	\$108	\$211	\$217	\$290
33	\$111	\$217	\$223	\$297
34	\$113	\$220	\$226	\$301
35	\$116	\$226	\$231	\$308
36	\$117	\$228	\$234	\$313
37	\$120	\$234	\$240	\$320
38	\$123	\$240	\$245	\$328
39	\$124	\$243	\$248	\$331
40	\$127	\$248	\$254	\$340
41	\$133	\$258	\$265	\$354
42	\$140	\$273	\$280	\$374
43	\$146	\$284	\$291	\$388
44	\$153	\$298	\$305	\$408
45	\$160	\$311	\$320	\$427
46	\$167	\$325	\$334	\$445
47	\$174	\$340	\$348	\$465
48	\$183	\$357	\$365	\$488
49	\$191	\$373	\$383	\$511
50	\$200	\$390	\$400	\$534
51	\$208	\$407	\$417	\$557
52	\$218	\$425	\$437	\$584
53	\$228	\$445	\$457	\$609
54	\$238	\$465	\$477	\$637
55	\$250	\$487	\$500	\$667
56	\$261	\$510	\$522	\$698
57	\$274	\$534	\$548	\$732
58	\$285	\$557	\$571	\$762
59	\$300	\$585	\$599	\$801
60	\$313	\$609	\$625	\$835
61	\$327	\$638	\$654	\$872
62	\$343	\$668	\$685	\$915
63	\$358	\$698	\$717	\$956
64	\$374	\$729	\$748	\$999
65	\$391	\$762	\$782	\$1,045
>65	\$410	\$799	\$819	\$1,093

* - Pharmacy Prescriptions covered by Prescription Drug Card Rider (not optional), priced separately.

** - To include Maternity benefit add \$126 to the monthly premium rate

Composite Rate: \$142.73

FACETS CODE: P510

GHMSI dba CareFirst BlueCross BlueShield
INDIVIDUAL, NON-MEDIGAP BUSINESS
DISTRICT OF COLUMBIA BLUEPREFERRED UNDERWRITTEN STANDARD
FORM NOS. D/DP-IEA-5/95, PPP-A-5/95, CMM/MM ATTB-5/95, C-DP-5/95

EFFECTIVE 7/1/2009

DISTRICT OF COLUMBIA

NO PHARMACY OR MAIL ORDER DRUGS*
NO MATERNITY**
ANNUAL PHYSICALS

DEDUCTIBLE
COINSURANCE
OUT-OF-POCKET MAXIMUM

<u>In Network</u>	<u>Out-Of-Network</u>
\$750	\$1,500
80% / 20%	60% / 40%
\$3,500	\$7,000

Age	Individual	Individual & Child(ren)	Individual & Adult	Family
1-5	\$88	-	-	-
6-17	\$79	\$153	\$157	\$209
18-20	\$115	\$224	\$230	\$306
21	\$117	\$228	\$234	\$312
22	\$119	\$232	\$237	\$318
23	\$123	\$239	\$245	\$327
24	\$124	\$243	\$249	\$333
25	\$126	\$247	\$253	\$337
26	\$130	\$255	\$260	\$349
27	\$132	\$259	\$264	\$352
28	\$134	\$262	\$268	\$358
29	\$138	\$268	\$276	\$368
30	\$140	\$272	\$280	\$373
31	\$144	\$280	\$287	\$383
32	\$146	\$283	\$291	\$389
33	\$149	\$291	\$299	\$398
34	\$151	\$295	\$303	\$404
35	\$155	\$303	\$310	\$414
36	\$157	\$306	\$314	\$419
37	\$161	\$314	\$322	\$429
38	\$165	\$322	\$329	\$440
39	\$167	\$326	\$333	\$444
40	\$170	\$333	\$341	\$456
41	\$178	\$347	\$356	\$475
42	\$188	\$366	\$375	\$502
43	\$195	\$381	\$391	\$521
44	\$205	\$400	\$410	\$548
45	\$215	\$418	\$429	\$573
46	\$224	\$437	\$448	\$598
47	\$234	\$456	\$467	\$624
48	\$245	\$479	\$490	\$655
49	\$257	\$500	\$513	\$686
50	\$268	\$523	\$536	\$716
51	\$280	\$546	\$559	\$747
52	\$293	\$571	\$586	\$783
53	\$306	\$598	\$613	\$818
54	\$320	\$624	\$640	\$854
55	\$335	\$653	\$670	\$894
56	\$350	\$684	\$701	\$937
57	\$368	\$716	\$735	\$982
58	\$383	\$747	\$766	\$1,023
59	\$402	\$785	\$804	\$1,074
60	\$419	\$818	\$839	\$1,120
61	\$439	\$856	\$877	\$1,170
62	\$460	\$896	\$919	\$1,228
63	\$481	\$937	\$961	\$1,283
64	\$502	\$979	\$1,004	\$1,341
65	\$525	\$1,023	\$1,050	\$1,402
>65	\$550	\$1,073	\$1,099	\$1,467

* - Pharmacy Prescriptions covered by Prescription Drug Card Rider (not optional), priced separately.

** - To include Maternity benefit add \$126 to the monthly premium rate

Composite Rate: \$191.52

FACETS CODE: P509

GHMSI dba CareFirst BlueCross BlueShield
 INDIVIDUAL, NON-MEDIGAP BUSINESS
 DISTRICT OF COLUMBIA BLUEPREFERRED UNDERWRITTEN STANDARD
 FORM NOS. D/DP-IEA-5/95, PPP-A-5/95, CMM/MM ATTB-5/95, C-DP-5/95

EFFECTIVE 7/1/2009

DISTRICT OF COLUMBIA

NO PHARMACY OR MAIL ORDER DRUGS*
 NO MATERNITY**
 ANNUAL PHYSICALS

DEDUCTIBLE
 COINSURANCE
 OUT-OF-POCKET MAXIMUM

<u>In Network</u>	<u>Out-Of-Network</u>
\$500	\$1,000
80% / 20%	60% / 40%
\$2,500	\$5,000

Age	Individual	Individual & Child(ren)	Individual & Adult	Family
1-5	\$98	-	-	-
6-17	\$87	\$170	\$175	\$232
18-20	\$128	\$249	\$256	\$341
21	\$130	\$253	\$260	\$347
22	\$132	\$258	\$264	\$353
23	\$136	\$266	\$273	\$364
24	\$138	\$270	\$277	\$371
25	\$141	\$275	\$281	\$375
26	\$145	\$283	\$290	\$388
27	\$147	\$287	\$294	\$392
28	\$149	\$292	\$298	\$398
29	\$153	\$298	\$307	\$409
30	\$155	\$302	\$311	\$415
31	\$160	\$311	\$319	\$426
32	\$162	\$315	\$324	\$432
33	\$166	\$324	\$332	\$443
34	\$168	\$328	\$336	\$449
35	\$172	\$336	\$345	\$460
36	\$175	\$341	\$349	\$466
37	\$179	\$349	\$358	\$477
38	\$183	\$358	\$366	\$490
39	\$185	\$362	\$371	\$494
40	\$190	\$371	\$379	\$507
41	\$198	\$385	\$396	\$528
42	\$209	\$407	\$417	\$558
43	\$217	\$424	\$434	\$579
44	\$228	\$445	\$456	\$609
45	\$238	\$464	\$477	\$637
46	\$249	\$486	\$498	\$664
47	\$260	\$507	\$520	\$694
48	\$273	\$532	\$545	\$728
49	\$285	\$556	\$571	\$762
50	\$298	\$581	\$596	\$796
51	\$311	\$607	\$622	\$830
52	\$326	\$635	\$652	\$871
53	\$341	\$664	\$681	\$909
54	\$356	\$694	\$711	\$950
55	\$373	\$726	\$745	\$994
56	\$390	\$760	\$779	\$1,041
57	\$409	\$796	\$818	\$1,092
58	\$426	\$830	\$852	\$1,137
59	\$447	\$873	\$894	\$1,195
60	\$466	\$909	\$933	\$1,246
61	\$488	\$952	\$975	\$1,301
62	\$511	\$997	\$1,022	\$1,365
63	\$534	\$1,041	\$1,069	\$1,427
64	\$558	\$1,088	\$1,116	\$1,491
65	\$583	\$1,137	\$1,167	\$1,559
>65	\$611	\$1,192	\$1,222	\$1,631

* - Pharmacy Prescriptions covered by Prescription Drug Card Rider (not optional), priced separately.

** - To include Maternity benefit add \$126 to the monthly premium rate

Composite Rate: \$212.94

FACETS CODE: P508

GHMSI dba CareFirst BlueCross BlueShield
 INDIVIDUAL, NON-MEDIGAP BUSINESS
 DISTRICT OF COLUMBIA BLUEPREFERRED UNDERWRITTEN STANDARD
 FORM NOS. D/DP-IEA-5/95, PPP-A-5/95, CMM/MM ATTB-5/95, C-DP-5/95

EFFECTIVE 7/1/2009

DISTRICT OF COLUMBIA

NO PHARMACY OR MAIL ORDER DRUGS*
 NO MATERNITY**
 ANNUAL PHYSICALS

DEDUCTIBLE
 COINSURANCE
 OUT-OF-POCKET MAXIMUM

<u>In Network</u>	<u>Out-Of-Network</u>
\$300	\$600
80% / 20%	60% / 40%
\$2,500	\$5,000

Age	Individual	Individual & Child(ren)	Individual & Adult	Family
1-5	\$106	-	-	-
6-17	\$95	\$185	\$189	\$252
18-20	\$139	\$270	\$277	\$370
21	\$141	\$275	\$282	\$377
22	\$143	\$280	\$286	\$384
23	\$148	\$289	\$296	\$395
24	\$150	\$293	\$300	\$402
25	\$152	\$298	\$305	\$407
26	\$157	\$307	\$314	\$420
27	\$159	\$312	\$319	\$425
28	\$162	\$317	\$323	\$432
29	\$166	\$323	\$333	\$444
30	\$169	\$328	\$337	\$451
31	\$173	\$337	\$347	\$462
32	\$176	\$342	\$351	\$469
33	\$180	\$351	\$360	\$481
34	\$183	\$356	\$365	\$487
35	\$187	\$365	\$374	\$499
36	\$189	\$370	\$379	\$506
37	\$194	\$379	\$388	\$518
38	\$199	\$388	\$397	\$531
39	\$201	\$393	\$402	\$536
40	\$206	\$402	\$411	\$550
41	\$215	\$418	\$430	\$573
42	\$226	\$441	\$453	\$605
43	\$236	\$460	\$471	\$628
44	\$247	\$483	\$494	\$661
45	\$259	\$504	\$518	\$691
46	\$270	\$527	\$541	\$721
47	\$282	\$550	\$564	\$753
48	\$296	\$578	\$591	\$790
49	\$310	\$603	\$619	\$827
50	\$323	\$631	\$647	\$864
51	\$337	\$658	\$675	\$901
52	\$353	\$688	\$707	\$945
53	\$370	\$721	\$739	\$986
54	\$386	\$753	\$772	\$1,030
55	\$404	\$788	\$809	\$1,079
56	\$423	\$825	\$846	\$1,130
57	\$444	\$864	\$887	\$1,185
58	\$462	\$901	\$924	\$1,234
59	\$485	\$947	\$970	\$1,296
60	\$506	\$986	\$1,012	\$1,352
61	\$529	\$1,033	\$1,058	\$1,412
62	\$554	\$1,081	\$1,109	\$1,481
63	\$580	\$1,130	\$1,160	\$1,548
64	\$605	\$1,181	\$1,211	\$1,617
65	\$633	\$1,234	\$1,266	\$1,691
>65	\$663	\$1,294	\$1,326	\$1,770

* - Pharmacy Prescriptions covered by Prescription Drug Card Rider (not optional), priced separately.

** - To include Maternity benefit add \$126 to the monthly premium rate

Composite Rate: \$231.03

FACETS CODE: P507

GHMSI dba CareFirst BlueCross BlueShield
 INDIVIDUAL, NON-MEDIGAP BUSINESS
 DISTRICT OF COLUMBIA BLUEPREFERRED UNDERWRITTEN STANDARD
 FORM NOS. D/DP-IEA-5/95, PPP-A-5/95, CMM/MM ATTB-5/95, C-DP-5/95

EFFECTIVE 7/1/2009

DISTRICT OF COLUMBIA

NO PHARMACY OR MAIL ORDER DRUGS*
 NO MATERNITY**
 ANNUAL PHYSICALS

DEDUCTIBLE
 COINSURANCE
 OUT-OF-POCKET MAXIMUM

<u>In Network</u>	<u>Out-Of-Network</u>
\$300	\$600
90% / 10%	70% / 30%
\$2,500	\$5,000

Age	Individual	Individual & Child(ren)	Individual & Adult	Family
1-5	\$128	-	-	-
6-17	\$114	\$222	\$228	\$303
18-20	\$167	\$325	\$333	\$444
21	\$169	\$331	\$339	\$453
22	\$172	\$336	\$344	\$461
23	\$178	\$347	\$356	\$475
24	\$181	\$353	\$361	\$483
25	\$183	\$358	\$367	\$489
26	\$189	\$369	\$378	\$506
27	\$192	\$375	\$383	\$511
28	\$194	\$381	\$389	\$519
29	\$200	\$389	\$400	\$533
30	\$203	\$394	\$406	\$542
31	\$208	\$406	\$417	\$556
32	\$211	\$411	\$422	\$564
33	\$217	\$422	\$433	\$578
34	\$219	\$428	\$439	\$586
35	\$225	\$439	\$450	\$600
36	\$228	\$444	\$456	\$608
37	\$233	\$456	\$467	\$622
38	\$239	\$467	\$478	\$639
39	\$242	\$472	\$483	\$644
40	\$247	\$483	\$494	\$661
41	\$258	\$503	\$517	\$689
42	\$272	\$531	\$544	\$728
43	\$283	\$553	\$567	\$756
44	\$297	\$581	\$594	\$794
45	\$311	\$606	\$622	\$831
46	\$325	\$633	\$650	\$867
47	\$339	\$661	\$678	\$906
48	\$356	\$694	\$711	\$950
49	\$372	\$725	\$744	\$994
50	\$389	\$758	\$778	\$1,039
51	\$406	\$792	\$811	\$1,083
52	\$425	\$828	\$850	\$1,136
53	\$444	\$867	\$889	\$1,186
54	\$464	\$906	\$928	\$1,239
55	\$486	\$947	\$972	\$1,297
56	\$508	\$992	\$1,017	\$1,358
57	\$533	\$1,039	\$1,067	\$1,425
58	\$556	\$1,083	\$1,111	\$1,483
59	\$583	\$1,139	\$1,167	\$1,558
60	\$608	\$1,186	\$1,217	\$1,625
61	\$636	\$1,242	\$1,272	\$1,697
62	\$667	\$1,300	\$1,333	\$1,781
63	\$697	\$1,358	\$1,395	\$1,861
64	\$728	\$1,420	\$1,456	\$1,945
65	\$761	\$1,483	\$1,522	\$2,033
>65	\$797	\$1,556	\$1,595	\$2,128

* - Pharmacy Prescriptions covered by Prescription Drug Card Rider (not optional), priced separately.

** - To include Maternity benefit add \$126 to the monthly premium rate

Composite Rate: \$277.79

FACETS CODE: P506

GHMSI dba CareFirst BlueCross BlueShield
INDIVIDUAL, NON-MEDIGAP BUSINESS
DISTRICT OF COLUMBIA BLUEPREFERRED UNDERWRITTEN STANDARD
FORM NOS. D/DP-IEA-5/95, PPP-A-5/95, CMM/MM ATTB-5/95, C-DP-5/95

EFFECTIVE 7/1/2009

DISTRICT OF COLUMBIA

NO PHARMACY OR MAIL ORDER DRUGS*
NO MATERNITY**
ANNUAL PHYSICALS

DEDUCTIBLE
COINSURANCE
OUT-OF-POCKET MAXIMUM

<u>In Network</u>	<u>Out-Of-Network</u>
\$100	\$300
90% / 10%	70% / 30%
\$2,500	\$5,000

Age	Individual	Individual & Child(ren)	Individual & Adult	Family
1-5	\$165	-	-	-
6-17	\$147	\$286	\$293	\$390
18-20	\$215	\$419	\$430	\$573
21	\$218	\$426	\$437	\$583
22	\$222	\$433	\$444	\$594
23	\$229	\$447	\$458	\$612
24	\$233	\$455	\$465	\$623
25	\$236	\$462	\$472	\$630
26	\$243	\$476	\$487	\$651
27	\$247	\$483	\$494	\$659
28	\$251	\$490	\$501	\$669
29	\$258	\$501	\$515	\$687
30	\$261	\$508	\$523	\$698
31	\$268	\$523	\$537	\$716
32	\$272	\$530	\$544	\$727
33	\$279	\$544	\$558	\$744
34	\$283	\$551	\$566	\$755
35	\$290	\$566	\$580	\$773
36	\$293	\$573	\$587	\$784
37	\$301	\$587	\$601	\$802
38	\$308	\$601	\$616	\$823
39	\$311	\$608	\$623	\$830
40	\$319	\$623	\$637	\$852
41	\$333	\$648	\$666	\$888
42	\$351	\$684	\$702	\$938
43	\$365	\$712	\$730	\$974
44	\$383	\$748	\$766	\$1,024
45	\$401	\$780	\$802	\$1,070
46	\$419	\$816	\$838	\$1,117
47	\$437	\$852	\$873	\$1,167
48	\$458	\$895	\$916	\$1,224
49	\$480	\$934	\$959	\$1,281
50	\$501	\$977	\$1,002	\$1,339
51	\$523	\$1,020	\$1,045	\$1,396
52	\$548	\$1,067	\$1,095	\$1,464
53	\$573	\$1,117	\$1,145	\$1,528
54	\$598	\$1,167	\$1,195	\$1,596
55	\$626	\$1,221	\$1,253	\$1,671
56	\$655	\$1,278	\$1,310	\$1,750
57	\$687	\$1,339	\$1,374	\$1,836
58	\$716	\$1,396	\$1,432	\$1,911
59	\$752	\$1,467	\$1,503	\$2,008
60	\$784	\$1,528	\$1,568	\$2,094
61	\$820	\$1,600	\$1,639	\$2,187
62	\$859	\$1,675	\$1,718	\$2,294
63	\$898	\$1,750	\$1,797	\$2,398
64	\$938	\$1,829	\$1,876	\$2,505
65	\$981	\$1,911	\$1,961	\$2,620
>65	\$1,027	\$2,004	\$2,054	\$2,742

* - Pharmacy Prescriptions covered by Prescription Drug Card Rider (not optional), priced separately.

** - To include Maternity benefit add \$126 to the monthly premium rate

Composite Rate: \$357.92

FACETS CODE: P505

**GHMSI dba CareFirst BlueCross BlueShield
INDIVIDUAL, NON-MEDIGAP BUSINESS
DISTRICT OF COLUMBIA BLUEPREFERRED UNDERWRITTEN SAVER PRODUCT
FORM NOS: DC/CF/LC70 (1/05), DC/CF/LC100 (1/05)**

DISTRICT OF COLUMBIA

EFFECTIVE 7/1/2009

NO PHARMACY OR MAIL ORDER DRUGS*	DEDUCTIBLE	<u>In Network</u>	<u>Out-Of-Network</u>
MATERNITY RIDER**	COINSURANCE	\$2,500	\$5,000
ANNUAL PHYSICALS	OUT-OF-POCKET MAXIMUM	70% / 30%	60% / 40%
		\$5,000	\$10,000

Age	Individual	Individual & Child(ren)	Individual & Adult	Family
1-5	\$50	-	-	-
6-17	\$45	\$87	\$89	\$119
18-20	\$65	\$128	\$131	\$174
21	\$67	\$130	\$133	\$178
22	\$68	\$132	\$135	\$181
23	\$70	\$136	\$140	\$186
24	\$71	\$138	\$142	\$190
25	\$72	\$141	\$144	\$192
26	\$74	\$145	\$148	\$198
27	\$75	\$147	\$150	\$201
28	\$76	\$149	\$153	\$204
29	\$79	\$153	\$157	\$209
30	\$80	\$155	\$159	\$213
31	\$82	\$159	\$164	\$218
32	\$83	\$161	\$166	\$221
33	\$85	\$166	\$170	\$227
34	\$86	\$168	\$172	\$230
35	\$88	\$172	\$177	\$236
36	\$89	\$174	\$179	\$239
37	\$92	\$179	\$183	\$244
38	\$94	\$183	\$188	\$251
39	\$95	\$185	\$190	\$253
40	\$97	\$190	\$194	\$260
41	\$101	\$197	\$203	\$270
42	\$107	\$208	\$214	\$286
43	\$111	\$217	\$222	\$297
44	\$117	\$228	\$233	\$312
45	\$122	\$238	\$244	\$326
46	\$128	\$249	\$255	\$340
47	\$133	\$260	\$266	\$356
48	\$140	\$273	\$279	\$373
49	\$146	\$285	\$292	\$390
50	\$153	\$298	\$305	\$408
51	\$159	\$311	\$318	\$425
52	\$167	\$325	\$334	\$446
53	\$174	\$340	\$349	\$466
54	\$182	\$356	\$364	\$486
55	\$191	\$372	\$382	\$509
56	\$200	\$389	\$399	\$533
57	\$209	\$408	\$419	\$559
58	\$218	\$425	\$436	\$582
59	\$229	\$447	\$458	\$612
60	\$239	\$466	\$478	\$638
61	\$250	\$487	\$499	\$666
62	\$262	\$510	\$523	\$699
63	\$274	\$533	\$547	\$731
64	\$286	\$557	\$571	\$763
65	\$299	\$582	\$598	\$798
>65	\$313	\$611	\$626	\$835

* - Pharmacy Prescriptions covered by Prescription Drug Card Rider (not optional), priced separately.

** - Maternity coverage, with Deductible and then Coinsurance, may be added to any subscriber's coverage for an additional rate of \$126 per month.

Composite Rate: \$109.05

FACETS CODE: P523

**GHMSI dba CareFirst BlueCross BlueShield
INDIVIDUAL, NON-MEDIGAP BUSINESS
DISTRICT OF COLUMBIA BLUEPREFERRED UNDERWRITTEN SAVER PRODUCT
FORM NOS: DC/CF/LC70 (1/05), DC/CF/LC100 (1/05)**

DISTRICT OF COLUMBIA

EFFECTIVE 7/1/2009

NO PHARMACY OR MAIL ORDER DRUGS*
MATERNITY RIDER**
ANNUAL PHYSICALS

DEDUCTIBLE
COINSURANCE
OUT-OF-POCKET MAXIMUM

<u>In Network</u>	<u>Out-Of-Network</u>
\$5,000	\$10,000
100% / 0%	80% / 20%
\$5,000	\$12,500

<u>Age</u>	<u>Individual</u>	<u>Individual & Child(ren)</u>	<u>Individual & Adult</u>	<u>Family</u>
1-5	\$49	-	-	-
6-17	\$43	\$84	\$86	\$115
18-20	\$63	\$123	\$127	\$169
21	\$64	\$125	\$129	\$172
22	\$65	\$128	\$131	\$175
23	\$67	\$132	\$135	\$180
24	\$69	\$134	\$137	\$183
25	\$70	\$136	\$139	\$186
26	\$72	\$140	\$143	\$192
27	\$73	\$142	\$146	\$194
28	\$74	\$144	\$148	\$197
29	\$76	\$148	\$152	\$202
30	\$77	\$150	\$154	\$206
31	\$79	\$154	\$158	\$211
32	\$80	\$156	\$160	\$214
33	\$82	\$160	\$165	\$219
34	\$83	\$162	\$167	\$222
35	\$85	\$167	\$171	\$228
36	\$86	\$169	\$173	\$231
37	\$89	\$173	\$177	\$236
38	\$91	\$177	\$181	\$243
39	\$92	\$179	\$183	\$245
40	\$94	\$183	\$188	\$251
41	\$98	\$191	\$196	\$262
42	\$103	\$201	\$207	\$276
43	\$108	\$210	\$215	\$287
44	\$113	\$220	\$226	\$302
45	\$118	\$230	\$236	\$315
46	\$123	\$240	\$247	\$329
47	\$129	\$251	\$257	\$344
48	\$135	\$264	\$270	\$361
49	\$141	\$275	\$283	\$378
50	\$148	\$288	\$295	\$394
51	\$154	\$301	\$308	\$411
52	\$161	\$314	\$323	\$431
53	\$169	\$329	\$337	\$450
54	\$176	\$344	\$352	\$470
55	\$185	\$360	\$369	\$492
56	\$193	\$376	\$386	\$516
57	\$202	\$394	\$405	\$541
58	\$211	\$411	\$422	\$563
59	\$221	\$432	\$443	\$592
60	\$231	\$450	\$462	\$617
61	\$241	\$471	\$483	\$644
62	\$253	\$494	\$506	\$676
63	\$265	\$516	\$529	\$707
64	\$276	\$539	\$553	\$738
65	\$289	\$563	\$578	\$772
>65	\$303	\$591	\$605	\$808

* - Pharmacy Prescriptions covered by Prescription Drug Card Rider (not optional), priced separately.

** - Maternity coverage, with Deductible and then Coinsurance, may be added to any subscriber's coverage for an additional rate of \$126 per month.

Composite Rate: \$105.45

FACETS CODE: P524

**GHMSI dba CareFirst BlueCross BlueShield
INDIVIDUAL, NON-MEDIGAP BUSINESS
DISTRICT OF COLUMBIA BLUEPREFERRED UNDERWRITTEN SAVER PRODUCT
FORM NOS: DC/CF/LC70 (1/05), DC/CF/LC100 (1/05)**

DISTRICT OF COLUMBIA

EFFECTIVE 7/1/2009

NO PHARMACY OR MAIL ORDER DRUGS*
MATERNITY RIDER**
ANNUAL PHYSICALS

DEDUCTIBLE
COINSURANCE
OUT-OF-POCKET MAXIMUM

<u>In Network</u>	<u>Out-Of-Network</u>
\$10,000	\$12,500
100% / 0%	80% / 20%
\$10,000	\$15,000

Age	Individual	Individual & Child(ren)	Individual & Adult	Family
1-5	\$35	-	-	-
6-17	\$31	\$61	\$63	\$83
18-20	\$46	\$89	\$92	\$122
21	\$47	\$91	\$93	\$125
22	\$47	\$92	\$95	\$127
23	\$49	\$96	\$98	\$131
24	\$50	\$97	\$99	\$133
25	\$50	\$99	\$101	\$135
26	\$52	\$102	\$104	\$139
27	\$53	\$103	\$105	\$141
28	\$54	\$105	\$107	\$143
29	\$55	\$107	\$110	\$147
30	\$56	\$109	\$112	\$149
31	\$57	\$112	\$115	\$153
32	\$58	\$113	\$116	\$155
33	\$60	\$116	\$119	\$159
34	\$60	\$118	\$121	\$161
35	\$62	\$121	\$124	\$165
36	\$63	\$122	\$125	\$167
37	\$64	\$125	\$128	\$171
38	\$66	\$128	\$131	\$176
39	\$67	\$130	\$133	\$177
40	\$68	\$133	\$136	\$182
41	\$71	\$138	\$142	\$190
42	\$75	\$146	\$150	\$200
43	\$78	\$152	\$156	\$208
44	\$82	\$160	\$164	\$219
45	\$86	\$167	\$171	\$229
46	\$89	\$174	\$179	\$238
47	\$93	\$182	\$187	\$249
48	\$98	\$191	\$196	\$261
49	\$102	\$200	\$205	\$274
50	\$107	\$209	\$214	\$286
51	\$112	\$218	\$223	\$298
52	\$117	\$228	\$234	\$313
53	\$122	\$238	\$245	\$326
54	\$128	\$249	\$255	\$341
55	\$134	\$261	\$268	\$357
56	\$140	\$273	\$280	\$374
57	\$147	\$286	\$294	\$392
58	\$153	\$298	\$306	\$408
59	\$161	\$313	\$321	\$429
60	\$167	\$326	\$335	\$447
61	\$175	\$342	\$350	\$467
62	\$183	\$358	\$367	\$490
63	\$192	\$374	\$384	\$512
64	\$200	\$391	\$401	\$535
65	\$209	\$408	\$419	\$560
>65	\$219	\$428	\$439	\$586

* - Pharmacy Prescriptions covered by Prescription Drug Card Rider (not optional), priced separately.

** - Maternity coverage, with Deductible and then Coinsurance, may be added to any subscriber's coverage for an additional rate of \$126 per month.

Composite Rate: \$76.44

FACETS CODE: P525

**GHMSI dba CareFirst BlueCross BlueShield
INDIVIDUAL, NON-MEDIGAP BUSINESS
DISTRICT OF COLUMBIA BLUEPREFERRED HIPAA
FORM NOS. D/DP-IEA-5/95, PPP-A-5/95, CMM/MM ATTB-5/95, C-DP-5/95**

**EFFECTIVE 7/1/2009
DISTRICT OF COLUMBIA**

NO PHARMACY OR MAIL ORDER DRUGS*
FULL MATERNITY**
ANNUAL PHYSICALS

DEDUCTIBLE
COINSURANCE
OUT-OF-POCKET MAXIMUM

<u>In Network</u>	<u>Out-Of-Network</u>
\$100	\$300
90% / 10%	70% / 30%
\$2,500	\$5,000

Age	Individual	Individual & Child(ren)	Individual & Adult	Family
1-5	\$494	-	-	-
6-17	\$440	\$859	\$880	\$1,170
18-20	\$644	\$1,256	\$1,289	\$1,718
21	\$655	\$1,278	\$1,310	\$1,750
22	\$666	\$1,299	\$1,331	\$1,782
23	\$687	\$1,342	\$1,374	\$1,836
24	\$698	\$1,364	\$1,396	\$1,868
25	\$709	\$1,385	\$1,417	\$1,890
26	\$730	\$1,428	\$1,460	\$1,954
27	\$741	\$1,450	\$1,482	\$1,976
28	\$752	\$1,471	\$1,503	\$2,008
29	\$773	\$1,503	\$1,546	\$2,062
30	\$784	\$1,525	\$1,568	\$2,094
31	\$805	\$1,568	\$1,611	\$2,148
32	\$816	\$1,589	\$1,632	\$2,180
33	\$838	\$1,632	\$1,675	\$2,233
34	\$848	\$1,654	\$1,697	\$2,266
35	\$870	\$1,697	\$1,739	\$2,319
36	\$880	\$1,718	\$1,761	\$2,352
37	\$902	\$1,761	\$1,804	\$2,405
38	\$923	\$1,804	\$1,847	\$2,470
39	\$934	\$1,825	\$1,868	\$2,491
40	\$956	\$1,868	\$1,911	\$2,556
41	\$999	\$1,944	\$1,997	\$2,663
42	\$1,052	\$2,051	\$2,105	\$2,813
43	\$1,095	\$2,137	\$2,190	\$2,921
44	\$1,149	\$2,244	\$2,298	\$3,071
45	\$1,203	\$2,341	\$2,405	\$3,211
46	\$1,256	\$2,448	\$2,513	\$3,350
47	\$1,310	\$2,556	\$2,620	\$3,500
48	\$1,374	\$2,684	\$2,749	\$3,672
49	\$1,439	\$2,803	\$2,878	\$3,844
50	\$1,503	\$2,931	\$3,007	\$4,016
51	\$1,568	\$3,060	\$3,135	\$4,188
52	\$1,643	\$3,200	\$3,286	\$4,392
53	\$1,718	\$3,350	\$3,436	\$4,585
54	\$1,793	\$3,500	\$3,586	\$4,789
55	\$1,879	\$3,662	\$3,758	\$5,014
56	\$1,965	\$3,833	\$3,930	\$5,251
57	\$2,062	\$4,016	\$4,123	\$5,508
58	\$2,148	\$4,188	\$4,295	\$5,734
59	\$2,255	\$4,402	\$4,510	\$6,024
60	\$2,352	\$4,585	\$4,703	\$6,281
61	\$2,459	\$4,800	\$4,918	\$6,561
62	\$2,577	\$5,025	\$5,154	\$6,883
63	\$2,695	\$5,251	\$5,390	\$7,194
64	\$2,813	\$5,487	\$5,627	\$7,516
65	\$2,942	\$5,734	\$5,884	\$7,860
>65	\$3,082	\$6,013	\$6,163	\$8,225

* - Pharmacy Prescriptions covered by Prescription Drug Card Rider (not optional), priced separately.

Composite Rate: \$1,073.76

FACETS CODE: P605

**GHMSI dba CareFirst BlueCross BlueShield
INDIVIDUAL, NON-MEDIGAP BUSINESS
DISTRICT OF COLUMBIA BLUEPREFERRED HIPAA
FORM NOS. D/DP-IEA-5/95, PPP-A-5/95, CMM/MM ATTB-5/95, C-DP-5/95**

**EFFECTIVE 7/1/2009
DISTRICT OF COLUMBIA**

NO PHARMACY OR MAIL ORDER DRUGS*
NO MATERNITY
ANNUAL PHYSICALS

DEDUCTIBLE
COINSURANCE
OUT-OF-POCKET MAXIMUM

<u>In Network</u>	<u>Out-Of-Network</u>
\$300	\$600
80% / 20%	60% / 40%
\$2,500	\$5,000

Age	Individual	Individual & Child(ren)	Individual & Adult	Family
1-5	\$319	-	-	-
6-17	\$284	\$554	\$568	\$755
18-20	\$416	\$811	\$832	\$1,109
21	\$423	\$825	\$846	\$1,130
22	\$430	\$839	\$859	\$1,151
23	\$444	\$866	\$887	\$1,185
24	\$451	\$880	\$901	\$1,206
25	\$457	\$894	\$915	\$1,220
26	\$471	\$922	\$943	\$1,261
27	\$478	\$936	\$956	\$1,275
28	\$485	\$950	\$970	\$1,296
29	\$499	\$970	\$998	\$1,331
30	\$506	\$984	\$1,012	\$1,352
31	\$520	\$1,012	\$1,040	\$1,386
32	\$527	\$1,026	\$1,053	\$1,407
33	\$541	\$1,053	\$1,081	\$1,442
34	\$548	\$1,067	\$1,095	\$1,462
35	\$561	\$1,095	\$1,123	\$1,497
36	\$568	\$1,109	\$1,137	\$1,518
37	\$582	\$1,137	\$1,164	\$1,553
38	\$596	\$1,164	\$1,192	\$1,594
39	\$603	\$1,178	\$1,206	\$1,608
40	\$617	\$1,206	\$1,234	\$1,650
41	\$645	\$1,254	\$1,289	\$1,719
42	\$679	\$1,324	\$1,358	\$1,816
43	\$707	\$1,379	\$1,414	\$1,885
44	\$742	\$1,449	\$1,483	\$1,982
45	\$776	\$1,511	\$1,553	\$2,072
46	\$811	\$1,580	\$1,622	\$2,162
47	\$846	\$1,650	\$1,691	\$2,259
48	\$887	\$1,733	\$1,774	\$2,370
49	\$929	\$1,809	\$1,857	\$2,481
50	\$970	\$1,892	\$1,941	\$2,592
51	\$1,012	\$1,975	\$2,024	\$2,703
52	\$1,060	\$2,065	\$2,121	\$2,835
53	\$1,109	\$2,162	\$2,218	\$2,959
54	\$1,157	\$2,259	\$2,315	\$3,091
55	\$1,213	\$2,363	\$2,426	\$3,237
56	\$1,268	\$2,474	\$2,537	\$3,389
57	\$1,331	\$2,592	\$2,661	\$3,556
58	\$1,386	\$2,703	\$2,772	\$3,701
59	\$1,455	\$2,842	\$2,911	\$3,888
60	\$1,518	\$2,959	\$3,036	\$4,055
61	\$1,587	\$3,098	\$3,174	\$4,235
62	\$1,663	\$3,244	\$3,327	\$4,443
63	\$1,740	\$3,389	\$3,479	\$4,644
64	\$1,816	\$3,542	\$3,632	\$4,852
65	\$1,899	\$3,701	\$3,798	\$5,073
>65	\$1,989	\$3,881	\$3,978	\$5,309

* - Pharmacy Prescriptions covered by Prescription Drug Card Rider (not optional), priced separately.

Composite Rate: \$693.09

FACETS CODE: P607

GHMSI dba Carefirst BlueCross BlueShield
INDIVIDUAL, NON-MEDIGAP BUSINESS - PPO/BLUEPREFERRED PLAN - UNDERWRITTEN LOW COST
FORM NUMBERS: DC/CF/HSA 100 (4/05), DC/CF/HSA 80 (4/05) & DC/CF/IND HSA RX3 (4/05)

PPO/BLUEPREFERRED H.S.A. PRODUCT (OPTION 1)

EFFECTIVE 7/1/2009

Rx and Medical Combined for Ded, OOP Max and Lifetime Max*	DEDUCTIBLE	<u>In Network</u>	<u>Out-Of-Network</u>
MATERNITY RIDER**	COINSURANCE	\$1,200	\$2,400
	OUT-OF-POCKET MAXIMUM	80% / 20%	60% / 40%
		\$2,800	\$5,000

<u>Age</u>	<u>Individual</u>	<u>Individual & Child(ren)</u>	<u>Individual & Adult</u>	<u>Family</u>
1-5	\$74	-	-	-
6-17	\$66	\$128	\$131	\$174
18-20	\$93	\$181	\$186	\$248
21	\$94	\$184	\$189	\$253
22	\$96	\$187	\$192	\$256
23	\$98	\$190	\$195	\$261
24	\$99	\$194	\$198	\$266
25	\$101	\$197	\$202	\$269
26	\$102	\$200	\$205	\$274
27	\$104	\$203	\$208	\$278
28	\$106	\$206	\$211	\$282
29	\$107	\$210	\$214	\$286
30	\$110	\$216	\$221	\$294
31	\$114	\$221	\$227	\$304
32	\$117	\$227	\$234	\$312
33	\$120	\$234	\$240	\$320
34	\$123	\$240	\$246	\$330
35	\$126	\$246	\$253	\$338
36	\$130	\$253	\$259	\$346
37	\$133	\$259	\$266	\$355
38	\$136	\$266	\$272	\$363
39	\$139	\$272	\$278	\$371
40	\$142	\$278	\$285	\$381
41	\$149	\$290	\$298	\$397
42	\$157	\$306	\$314	\$419
43	\$163	\$318	\$326	\$435
44	\$171	\$334	\$342	\$458
45	\$179	\$349	\$358	\$478
46	\$187	\$365	\$374	\$499
47	\$195	\$381	\$390	\$522
48	\$205	\$400	\$410	\$547
49	\$214	\$418	\$429	\$573
50	\$224	\$437	\$448	\$598
51	\$234	\$456	\$467	\$624
52	\$245	\$477	\$490	\$654
53	\$256	\$499	\$512	\$683
54	\$267	\$522	\$534	\$714
55	\$280	\$546	\$560	\$747
56	\$293	\$571	\$586	\$782
57	\$307	\$598	\$614	\$821
58	\$320	\$624	\$640	\$854
59	\$336	\$656	\$672	\$897
60	\$350	\$683	\$701	\$936
61	\$366	\$715	\$733	\$977
62	\$384	\$749	\$768	\$1,025
63	\$402	\$782	\$803	\$1,072
64	\$419	\$817	\$838	\$1,120
65	\$438	\$854	\$877	\$1,171
>65	\$459	\$896	\$918	\$1,225

*- Prescription Drug Benefit:
\$10 Generic, \$25 Preferred Brand
\$45 Non-Preferred Brand Copays
\$1,500 Annual Max

**- Maternity coverage, with
Deductible and then Coinsurance,
may be added to any subscriber's cov-
erage for an additional rate of \$126 per
month.

Composite Rate: \$159.98

FACETS CODE: P801

GHMSI dba Carefirst BlueCross BlueShield
 INDIVIDUAL, NON-MEDIGAP BUSINESS - PPO/BLUEPREFERRED PLAN - UNDERWRITTEN LOW COST
 FORM NUMBERS: DC/CF/HSA 100 (4/05), DC/CF/HSA 80 (4/05) & DC/CF/IND HSA RX3 (4/05)

PPO/BLUEPREFERRED H.S.A. PRODUCT (OPTION 2)

EFFECTIVE 7/1/2009

Rx and Medical Combined for Ded, OOP Max and Lifetime Max*	DEDUCTIBLE	<u>In Network</u>	<u>Out-Of-Network</u>
MATERNITY RIDER**	COINSURANCE	\$2,700	\$5,400
	OUT-OF-POCKET MAXIMUM	100% / 0%	80% / 20%
		\$3,200	\$6,400

<u>Age</u>	<u>Individual</u>	<u>Individual & Child(ren)</u>	<u>Individual & Adult</u>	<u>Family</u>
1-5	\$66	-	-	-
6-17	\$59	\$114	\$117	\$156
18-20	\$83	\$162	\$166	\$222
21	\$84	\$165	\$169	\$226
22	\$86	\$167	\$172	\$229
23	\$87	\$170	\$175	\$233
24	\$89	\$173	\$177	\$238
25	\$90	\$176	\$180	\$240
26	\$92	\$179	\$183	\$245
27	\$93	\$182	\$186	\$249
28	\$94	\$185	\$189	\$252
29	\$96	\$187	\$192	\$256
30	\$99	\$193	\$197	\$263
31	\$102	\$197	\$203	\$272
32	\$104	\$203	\$209	\$279
33	\$107	\$209	\$215	\$286
34	\$110	\$215	\$220	\$295
35	\$113	\$220	\$226	\$302
36	\$116	\$226	\$232	\$309
37	\$119	\$232	\$238	\$318
38	\$122	\$238	\$243	\$325
39	\$125	\$243	\$249	\$332
40	\$127	\$249	\$255	\$341
41	\$133	\$259	\$266	\$355
42	\$140	\$273	\$280	\$375
43	\$146	\$285	\$292	\$389
44	\$153	\$299	\$306	\$409
45	\$160	\$312	\$321	\$428
46	\$167	\$326	\$335	\$447
47	\$175	\$341	\$349	\$467
48	\$183	\$358	\$366	\$489
49	\$192	\$374	\$384	\$512
50	\$200	\$391	\$401	\$535
51	\$209	\$408	\$418	\$558
52	\$219	\$426	\$438	\$585
53	\$229	\$447	\$458	\$611
54	\$239	\$467	\$478	\$638
55	\$250	\$488	\$501	\$668
56	\$262	\$511	\$524	\$700
57	\$275	\$535	\$550	\$734
58	\$286	\$558	\$572	\$764
59	\$301	\$587	\$601	\$803
60	\$313	\$611	\$627	\$837
61	\$328	\$640	\$655	\$874
62	\$343	\$670	\$687	\$917
63	\$359	\$700	\$718	\$959
64	\$375	\$731	\$750	\$1,002
65	\$392	\$764	\$784	\$1,048
>65	\$411	\$801	\$821	\$1,096

*- Prescription Drug Benefit:
 \$10 Generic, \$25 Preferred Brand
 \$45 Non-Preferred Brand Copays
 \$1,500 Annual Max

**- Maternity coverage, with
 Deductible and then Coinsurance,
 may be added to any subscriber's cov-
 erage for an additional rate of \$126 per
 month.

Composite Rate: \$143.11

FACETS CODE: P802

CareFirst BlueCross BlueShield
INDIVIDUAL, NON-MEDIGAP BUSINESS
DISTRICT OF COLUMBIA
BLUEPREFERRED
UNDERWRITTEN AND HIPAA
CLOSED AND OPEN BENEFITS
PROPOSED PRESCRIPTION DRUG RATES
EFFECTIVE 7/1/2009

CAREFIRST BLUECROSS BLUESHIELD
Individual, non-Medigap Business - PPO/BluePreferred - Prescription Drug Card Rider
Form Numbers: DC/CF/IND RX3 (1/03)
DISTRICT OF COLUMBIA
UNDERWRITTEN COVERAGE (open)
MONTHLY PREMIUM RATES EFFECTIVE 7/1/2009

Deductible = \$100
RETAIL: 30 Day Supply, Copay = \$10 Generic, \$25 Formulary Brand, \$45 Nonformulary
MAIL ORDER: 90 Day Supply, Copay = \$20 Generic, \$50 Formulary Brand, \$90 Nonformulary
Annual Benefits Maximum = \$1,500 (100% member coinsurance thereafter)

Average Individual Premium = **\$34.11**

<u>Age</u>	<u>Individual</u>	<u>Individual & Child(ren)</u>	<u>Individual & Adult</u>	<u>Family</u>
1-5	\$16			
6-17	\$14	\$27	\$28	\$37
18-20	\$20	\$40	\$41	\$55
21	\$21	\$41	\$42	\$56
22	\$21	\$41	\$42	\$57
23	\$22	\$43	\$44	\$58
24	\$22	\$43	\$44	\$59
25	\$23	\$44	\$45	\$60
26	\$23	\$45	\$46	\$62
27	\$24	\$46	\$47	\$63
28	\$24	\$47	\$48	\$64
29	\$25	\$48	\$49	\$65
30	\$25	\$48	\$50	\$67
31	\$26	\$50	\$51	\$68
32	\$26	\$50	\$52	\$69
33	\$27	\$52	\$53	\$71
34	\$27	\$53	\$54	\$72
35	\$28	\$54	\$55	\$74
36	\$28	\$55	\$56	\$75
37	\$29	\$56	\$57	\$76
38	\$29	\$57	\$59	\$78
39	\$30	\$58	\$59	\$79
40	\$30	\$59	\$61	\$81
41	\$32	\$62	\$63	\$85
42	\$33	\$65	\$67	\$89
43	\$35	\$68	\$70	\$93
44	\$36	\$71	\$73	\$98
45	\$38	\$74	\$76	\$102
46	\$40	\$78	\$80	\$106
47	\$42	\$81	\$83	\$111
48	\$44	\$85	\$87	\$117
49	\$46	\$89	\$91	\$122
50	\$48	\$93	\$96	\$128
51	\$50	\$97	\$100	\$133
52	\$52	\$102	\$104	\$140
53	\$55	\$106	\$109	\$146
54	\$57	\$111	\$114	\$152
55	\$60	\$116	\$119	\$159
56	\$62	\$122	\$125	\$167
57	\$65	\$128	\$131	\$175
58	\$68	\$133	\$136	\$182
59	\$72	\$140	\$143	\$191
60	\$75	\$146	\$149	\$200
61	\$78	\$152	\$156	\$208
62	\$82	\$160	\$164	\$219
63	\$86	\$167	\$171	\$229
64	\$89	\$174	\$179	\$239
65	\$93	\$182	\$187	\$250
>65	\$98	\$191	\$196	\$261

BSBS Code: RZ17

CAREFIRST BLUECROSS BLUESHIELD
Individual, non-Medigap Business - PPO/BluePreferred - Prescription Drug Card Rider
FORM NUMBERS: DC/NCA/RX-DRUG 7/97 DC/NCA/RX-DRUG /SOB 7/97
DISTRICT OF COLUMBIA
UNDERWRITTEN COVERAGE (closed)
MONTHLY PREMIUM RATES EFFECTIVE 7/1/2009

Deductible = \$100
RETAIL: 34 Day Supply, Copay = \$10 Generic, \$20 Brand Name
MAIL ORDER: 90 Day Supply, Copay = \$20 Generic, \$40 Brand Name
Annual Benefits Maximum = \$1,500 (100% member coinsurance thereafter)

Average Individual Premium = **\$45.03**

<u>Age</u>	<u>Individual</u>	<u>Individual & Child(ren)</u>	<u>Individual & Adult</u>	<u>Family</u>
<21	\$27	\$51	\$54	\$73
21	\$27	\$52	\$55	\$74
22	\$28	\$53	\$56	\$75
23	\$29	\$55	\$58	\$78
24	\$29	\$56	\$59	\$79
25	\$30	\$56	\$59	\$80
26	\$31	\$58	\$61	\$83
27	\$31	\$59	\$62	\$84
28	\$32	\$60	\$63	\$85
29	\$32	\$62	\$65	\$87
30	\$33	\$63	\$66	\$89
31	\$34	\$64	\$68	\$91
32	\$34	\$65	\$68	\$92
33	\$35	\$67	\$70	\$95
34	\$36	\$68	\$71	\$96
35	\$36	\$69	\$73	\$99
36	\$37	\$70	\$74	\$100
37	\$38	\$72	\$76	\$102
38	\$39	\$73	\$77	\$104
39	\$39	\$74	\$78	\$106
40	\$40	\$76	\$80	\$108
41	\$42	\$80	\$84	\$113
42	\$44	\$84	\$88	\$119
43	\$46	\$87	\$92	\$124
44	\$48	\$91	\$96	\$130
45	\$50	\$96	\$101	\$136
46	\$53	\$100	\$105	\$142
47	\$55	\$104	\$110	\$148
48	\$58	\$109	\$115	\$156
49	\$60	\$115	\$121	\$163
50	\$63	\$120	\$126	\$170
51	\$66	\$125	\$131	\$177
52	\$69	\$131	\$138	\$186
53	\$72	\$137	\$144	\$195
54	\$75	\$143	\$150	\$203
55	\$79	\$150	\$158	\$213
56	\$82	\$157	\$165	\$222
57	\$86	\$164	\$173	\$233
58	\$90	\$171	\$180	\$243
59	\$95	\$180	\$189	\$255
60	\$99	\$187	\$197	\$266
61	\$103	\$196	\$206	\$278
62	\$108	\$205	\$216	\$292
63	\$113	\$215	\$226	\$305
64	\$118	\$224	\$236	\$318
65	\$123	\$235	\$247	\$333
>65	\$129	\$245	\$258	\$349

BSBS Code: RZ14

CAREFIRST BLUECROSS BLUESHIELD
Individual, non-Medigap Business - PPO/BluePreferred - Prescription Drug Card Rider

Form Numbers: DC/CF/IND RX3 (1/03)

DISTRICT OF COLUMBIA

HIPAA COVERAGE (High & Low Option) (open)
MONTHLY PREMIUM RATES EFFECTIVE 7/1/2009

Deductible = \$100
 RETAIL: 30 Day Supply, Copay = \$10 Generic, \$25 Formulary Brand, \$45 Nonformulary
 MAIL ORDER: 90 Day Supply, Copay = \$20 Generic, \$50 Formulary Brand, \$90 Nonformulary
 Annual Benefits Maximum = \$1,500 (100% member coinsurance thereafter)

Average Individual Premium = **\$102.32**

<u>Age</u>	<u>Individual</u>	<u>Individual & Child(ren)</u>	<u>Individual & Adult</u>	<u>Family</u>
1-5	\$47			
6-17	\$42	\$82	\$84	\$112
18-20	\$61	\$120	\$123	\$164
21	\$62	\$122	\$125	\$167
22	\$63	\$124	\$127	\$170
23	\$65	\$128	\$131	\$175
24	\$67	\$130	\$133	\$178
25	\$68	\$132	\$135	\$180
26	\$70	\$136	\$139	\$186
27	\$71	\$138	\$141	\$188
28	\$72	\$140	\$143	\$191
29	\$74	\$143	\$147	\$196
30	\$75	\$145	\$149	\$200
31	\$77	\$149	\$153	\$205
32	\$78	\$151	\$156	\$208
33	\$80	\$156	\$160	\$213
34	\$81	\$158	\$162	\$216
35	\$83	\$162	\$166	\$221
36	\$84	\$164	\$168	\$224
37	\$86	\$168	\$172	\$229
38	\$88	\$172	\$176	\$235
39	\$89	\$174	\$178	\$237
40	\$91	\$178	\$182	\$244
41	\$95	\$185	\$190	\$254
42	\$100	\$195	\$201	\$268
43	\$104	\$204	\$209	\$278
44	\$109	\$214	\$219	\$293
45	\$115	\$223	\$229	\$306
46	\$120	\$233	\$239	\$319
47	\$125	\$244	\$250	\$334
48	\$131	\$256	\$262	\$350
49	\$137	\$267	\$274	\$366
50	\$143	\$279	\$286	\$383
51	\$149	\$292	\$299	\$399
52	\$157	\$305	\$313	\$418
53	\$164	\$319	\$327	\$437
54	\$171	\$334	\$342	\$456
55	\$179	\$349	\$358	\$478
56	\$187	\$365	\$374	\$500
57	\$196	\$383	\$393	\$525
58	\$205	\$399	\$409	\$546
59	\$215	\$420	\$430	\$574
60	\$224	\$437	\$448	\$599
61	\$234	\$457	\$469	\$625
62	\$246	\$479	\$491	\$656
63	\$257	\$500	\$514	\$686
64	\$268	\$523	\$536	\$716
65	\$280	\$546	\$561	\$749
>65	\$294	\$573	\$587	\$784

BSBS Code: RW17

CAREFIRST BLUECROSS BLUESHIELD
Individual, non-Medigap Business - PPO/BluePreferred - Prescription Drug Card Rider
FORM NUMBERS: DC/NCA/RX-DRUG 7/97 DC/NCA/RX-DRUG /SOB 7/97
DISTRICT OF COLUMBIA
HIPAA COVERAGE (High & Low Option) (closed)
MONTHLY PREMIUM RATES EFFECTIVE 7/1/2009

Deductible = \$100
RETAIL: 34 Day Supply, Copay = \$10 Generic, \$20 Brand Name
MAIL ORDER: 90 Day Supply, Copay = \$20 Generic, \$40 Brand Name
Annual Benefits Maximum = \$1,500 (100% member coinsurance thereafter)

Average Individual Premium = **\$135.11**

<u>Age</u>	<u>Individual</u>	<u>Individual & Child(ren)</u>	<u>Individual & Adult</u>	<u>Family</u>
<21	\$81	\$154	\$162	\$219
21	\$82	\$157	\$165	\$223
22	\$84	\$159	\$168	\$226
23	\$86	\$165	\$173	\$234
24	\$88	\$168	\$176	\$238
25	\$89	\$169	\$178	\$240
26	\$92	\$174	\$184	\$249
27	\$93	\$177	\$186	\$251
28	\$95	\$180	\$189	\$255
29	\$97	\$185	\$195	\$262
30	\$99	\$188	\$197	\$266
31	\$101	\$193	\$203	\$274
32	\$103	\$195	\$205	\$277
33	\$105	\$200	\$211	\$285
34	\$107	\$203	\$213	\$288
35	\$109	\$208	\$219	\$296
36	\$111	\$211	\$222	\$299
37	\$113	\$216	\$227	\$307
38	\$116	\$220	\$232	\$313
39	\$118	\$223	\$235	\$318
40	\$120	\$228	\$240	\$324
41	\$126	\$239	\$251	\$339
42	\$132	\$251	\$265	\$358
43	\$138	\$262	\$276	\$372
44	\$145	\$274	\$289	\$390
45	\$151	\$288	\$303	\$408
46	\$158	\$300	\$316	\$427
47	\$165	\$313	\$330	\$445
48	\$173	\$328	\$346	\$467
49	\$181	\$345	\$362	\$489
50	\$189	\$359	\$378	\$511
51	\$197	\$374	\$395	\$532
52	\$207	\$393	\$413	\$558
53	\$216	\$411	\$432	\$584
54	\$226	\$428	\$451	\$609
55	\$236	\$450	\$473	\$639
56	\$247	\$470	\$495	\$667
57	\$259	\$493	\$519	\$700
58	\$270	\$513	\$540	\$730
59	\$284	\$539	\$567	\$766
60	\$296	\$562	\$592	\$799
61	\$309	\$588	\$619	\$835
62	\$324	\$616	\$649	\$876
63	\$339	\$644	\$678	\$916
64	\$354	\$673	\$708	\$955
65	\$370	\$704	\$740	\$1,000
>65	\$388	\$736	\$776	\$1,047

BSBS Code: RW14

GHMSI dba CareFirst BlueCross BlueShield
Individual, Non-Medigap Business

PPO/BLUEPREFERRED SAVER PRODUCT

PRESCRIPTION DRUG RATES

EFFECTIVE 7/1/2009

GHMSI dba
CareFirst BlueCross BlueShield
Individual, non-Medigap Business - Prescription Drug Card Rider
 Form Nos: DC/CF/LCRX (1/05)
DISTRICT OF COLUMBIA
PPO/BLUEPREFERRED UNDERWRITTEN Saver Product

PRESCRIPTION DRUG
MONTHLY PREMIUM RATES EFFECTIVE 7/1/2009

Deductible = \$150
 RETAIL (Acute) : 34 Day Supply, Copay = \$15 Generic, Discount on Brand
 Annual Benefits Maximum (on Generic only) = \$1500 (100% member coinsurance thereafter)

Average Individual Premium = **\$12.72**

Age	Individual	Individual & Child(ren)	Individual & Adult	Family
1-5	\$6	-	-	-
6-17	\$5	\$10	\$10	\$14
18-20	\$8	\$15	\$15	\$20
21	\$8	\$15	\$16	\$21
22	\$8	\$15	\$16	\$21
23	\$8	\$16	\$16	\$22
24	\$8	\$16	\$17	\$22
25	\$8	\$16	\$17	\$22
26	\$9	\$17	\$17	\$23
27	\$9	\$17	\$18	\$23
28	\$9	\$17	\$18	\$24
29	\$9	\$18	\$18	\$24
30	\$9	\$18	\$19	\$25
31	\$10	\$19	\$19	\$25
32	\$10	\$19	\$19	\$26
33	\$10	\$19	\$20	\$26
34	\$10	\$20	\$20	\$27
35	\$10	\$20	\$21	\$27
36	\$10	\$20	\$21	\$28
37	\$11	\$21	\$21	\$28
38	\$11	\$21	\$22	\$29
39	\$11	\$22	\$22	\$30
40	\$11	\$22	\$23	\$30
41	\$12	\$23	\$24	\$32
42	\$12	\$24	\$25	\$33
43	\$13	\$25	\$26	\$35
44	\$14	\$27	\$27	\$36
45	\$14	\$28	\$28	\$38
46	\$15	\$29	\$30	\$40
47	\$16	\$30	\$31	\$41
48	\$16	\$32	\$33	\$44
49	\$17	\$33	\$34	\$46
50	\$18	\$35	\$36	\$48
51	\$19	\$36	\$37	\$50
52	\$19	\$38	\$39	\$52
53	\$20	\$40	\$41	\$54
54	\$21	\$41	\$42	\$57
55	\$22	\$43	\$45	\$59
56	\$23	\$45	\$47	\$62
57	\$24	\$48	\$49	\$65
58	\$25	\$50	\$51	\$68
59	\$27	\$52	\$53	\$71
60	\$28	\$54	\$56	\$74
61	\$29	\$57	\$58	\$78
62	\$31	\$60	\$61	\$82
63	\$32	\$62	\$64	\$85
64	\$33	\$65	\$67	\$89
65	\$35	\$68	\$70	\$93
>65	\$37	\$71	\$73	\$97

BSBS Code: RZ20

SERFF Tracking Number: CFAP-126065404 State: District of Columbia
 Filing Company: Group Hospitalization and Medical Services, Inc. State Tracking Number:
 Company Tracking Number: 1227
 TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
 Product Name: Filing #1227 GHMSI DC PPO UW (Incl Saver&HSA) & HIPAA
 Project Name/Number: DC PPO UW&HIPAA 200907 Effective /1227

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Cover Letter Comments: Attachment: 1227 DC SERFF BluePref UW & HIPAA Cover Letter.pdf	APPROVED	04/01/2009
Satisfied - Item: NAIC Transmittal Doc Comments: Attachment: 1227 NAIC Transmittal Doc.pdf	APPROVED	04/01/2009

CareFirst BlueCross BlueShield
10455 Mill Run Circle
Owings Mills, MD 21117-5559
www.carefirst.com

March 9, 2009

Mr. Laszlo Pentek
Actuary
Government of the District of Columbia
Department of Insurance, Securities and Banking
Insurance Products Division
810 First Street, NE, Suite 701
Washington, DC 20002-8023



Re: Group Hospitalization and Medical Services, Inc. dba
CareFirst BlueCross BlueShield
NAIC# 53007. FEIN# 53-0078070
Individual, non-Medigap Business
PPO/BluePreferred, Underwritten (Standard, Saver & H.S.A. Plans) & HIPAA
Medical & Prescription Drug Coverage
Company Filing # 1227 (Previous Approved Filing Number: #1203)

Dear Mr. Pentek:

Enclosed for your review is a rate filing for Group Hospitalization and Medical Services, Inc. dba CareFirst BlueCross BlueShield's (NAIC # 53007) individual, non-Medigap, PPO/BluePreferred Underwritten (Standard, Saver and Health Savings Account (H.S.A) Plans) and HIPAA for a July 1, 2009 effective date.

CFBCBS is proposing an aggregate 2.8% rate increase to the Medical & Rx coverage (with 2.8% to the Underwritten & HIPAA Standard plan, 8.8% to the Underwritten Saver and 0.0% to the H.S.A. plans). Details are shown on page 4 of the Actuarial Memorandum. These rate increases will also apply to the 25% and 50% CounterOffers.

If you have questions regarding this filing, please contact me at (410) 998-5308 or Mr. Todd Switzer, A.S.A., M.A.A.A., Director of Actuarial Pricing, at (410) 998-7107.

Sincerely,

David Mok
Actuarial Assistant
Actuarial Pricing Department

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	
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2.	Department Use Only
	State Tracking ID

3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address

5.	Requested Filing Mode	<input type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____
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6.	Company Tracking Number	
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7.	<input type="checkbox"/> New Submission <input type="checkbox"/> Resubmission	Previous file # _____
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8.	Market	<input type="checkbox"/> Individual <input type="checkbox"/> Franchise	
		Group	<input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____

9.	Type of Insurance	
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10.	Product Coding Matrix Filing Code	
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11.	Submitted Documents	<p><input type="checkbox"/> FORMS</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Policy</td> <td><input type="checkbox"/> Outline of Coverage</td> <td><input type="checkbox"/> Certificate</td> </tr> <tr> <td><input type="checkbox"/> Application/Enrollment</td> <td><input type="checkbox"/> Rider/Endorsement</td> <td><input type="checkbox"/> Advertising</td> </tr> <tr> <td><input type="checkbox"/> Schedule of Benefits</td> <td><input type="checkbox"/> Other</td> <td></td> </tr> </table> <p>Rates</p> <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate	<input type="checkbox"/> Policy	<input type="checkbox"/> Outline of Coverage	<input type="checkbox"/> Certificate	<input type="checkbox"/> Application/Enrollment	<input type="checkbox"/> Rider/Endorsement	<input type="checkbox"/> Advertising	<input type="checkbox"/> Schedule of Benefits	<input type="checkbox"/> Other		
<input type="checkbox"/> Policy	<input type="checkbox"/> Outline of Coverage	<input type="checkbox"/> Certificate										
<input type="checkbox"/> Application/Enrollment	<input type="checkbox"/> Rider/Endorsement	<input type="checkbox"/> Advertising										
<input type="checkbox"/> Schedule of Benefits	<input type="checkbox"/> Other											
		<input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____										
		<p>SUPPORTING DOCUMENTATION</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Articles of Incorporation</td> <td><input type="checkbox"/> Third Party Authorization</td> </tr> <tr> <td><input type="checkbox"/> Association Bylaws</td> <td><input type="checkbox"/> Trust Agreements</td> </tr> <tr> <td><input type="checkbox"/> Statement of Variability</td> <td><input type="checkbox"/> Certifications</td> </tr> <tr> <td><input type="checkbox"/> Actuarial Memorandum</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> <td></td> </tr> </table>	<input type="checkbox"/> Articles of Incorporation	<input type="checkbox"/> Third Party Authorization	<input type="checkbox"/> Association Bylaws	<input type="checkbox"/> Trust Agreements	<input type="checkbox"/> Statement of Variability	<input type="checkbox"/> Certifications	<input type="checkbox"/> Actuarial Memorandum		<input type="checkbox"/> Other _____	
<input type="checkbox"/> Articles of Incorporation	<input type="checkbox"/> Third Party Authorization											
<input type="checkbox"/> Association Bylaws	<input type="checkbox"/> Trust Agreements											
<input type="checkbox"/> Statement of Variability	<input type="checkbox"/> Certifications											
<input type="checkbox"/> Actuarial Memorandum												
<input type="checkbox"/> Other _____												

12.	Filing Submission Date		
13.	Filing Fee (If required)	Amount _____	Check Date _____
		Retaliatory <input type="checkbox"/> Yes <input type="checkbox"/> No	Check Number _____
14.	Date of Domiciliary Approval		
15.	Filing Description:		

16.	Certification (If required)		
<p>I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of _____.</p>			
Print Name _____		Title _____	
Signature _____		Date: _____	

17.	Form Filing Attachment
This filing transmittal is part of company tracking number	
This filing corresponds to rate filing company tracking number	

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

LH FFA-1

18.		Rate Filing Attachment		
This filing transmittal is part of company tracking number				
This filing corresponds to form filing company tracking number				
Overall percentage rate indication (when applicable)				
Overall percentage rate impact for this filing		%		
	Document Name	Affected Form Numbers		Previous State Filing Number
	Description			
01			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	

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