

SERFF Tracking Number: CFAP-126066015 State: District of Columbia
Filing Company: Group Hospitalization and Medical Services, Inc. State Tracking Number:
Company Tracking Number: 1218
TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
Product Name: Filing #1218 GHMSI DC
Project Name/Number: DC GHMSI Small Group Eff 200907/1218

Filing at a Glance

Company: Group Hospitalization and Medical Services, Inc.

Product Name: Filing #1218 GHMSI DC SERFF Tr Num: CFAP-126066015 State: District of Columbia
TOI: H21 Health - Other SERFF Status: Closed-APPROVED State Tr Num:
Sub-TOI: H21.000 Health - Other Co Tr Num: 1218 State Status:
Filing Type: Rate Reviewer(s): Laszlo Pentek
Authors: Dwayne Lucado, Todd Disposition Date: 04/01/2009
Switzer, Katheryn Barron, Yazan
Dahu
Date Submitted: 03/09/2009 Disposition Status: APPROVED
Implementation Date Requested: 07/01/2009 Implementation Date:

General Information

Project Name: DC GHMSI Small Group Eff 200907 Status of Filing in Domicile:
Project Number: 1218 Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments:
Explanation for Combination/Other: Market Type: Group
Submission Type: New Submission Group Market Size: Small
Overall Rate Impact: 1.3% Group Market Type: Employer
Filing Status Changed: 04/01/2009 Explanation for Other Group Market Type:
State Status Changed:
Deemer Date: Created By: Yazan Dahu
Submitted By: Yazan Dahu Corresponding Filing Tracking Number:
Filing Description:
This filing contains the rate proposal for Group Hospitalization and Medical Services, Inc. (GHMSI) dba CareFirst BlueCross BlueShield's Small Group (2 - 50 contracts) medical and prescription drug coverages, with an effective date of July 1, 2009.
Please refer to the Cover Letter and Actuarial Memorandum (Supporting Documentation) and the Rate Filing (Rate/Rule Schedule) for more details.

Company and Contact

Filing Contact Information

SERFF Tracking Number: CFAP-126066015 State: District of Columbia
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Yazan Dahu, Senior Actuarial Assistant yazan.dahu@carefirst.com
10455 Mill Run Circle 410-998-7470 [Phone]
Owings 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

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Project Name/Number: DC GHMSI Small Group Eff 200907/1218

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Cover Letter	APPROVED	04/01/2009
Comments:		
Attachment: File 1218 SERFF Cover Letter.pdf		

	Item Status:	Status Date:
Satisfied - Item: NAIC Transmittal Document	APPROVED	04/01/2009
Comments:		
Attachment: File 1218 NAIC Transmittal Doc.pdf		

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

March 9 2009

Mr. Laszlo Pentek
Department of Insurance & Securities Regulation
810 1st Street, NE
Suite 701
Washington, DC 20002-8023



Re: Group Hospitalization and Medical Services Inc. trading as CareFirst
BlueCross BlueShield
NAIC 53007
FEIN 53-0078070
Rate Filing for Small Group Rate Increase (Our Filing #1218)

Dear Mr. Pentek:

Enclosed for your review is the rate filing for the small group business (2 – 50 contracts) of CareFirst BlueCross BlueShield, Inc. We are requesting a rate increase of 0.5 % for our non-CDH, 6.5% for our HSA, and 15.4% for our HRA medical products. We are also requesting a rate increase of 3.0% for our drug products (CDH and non-CDH) effective July 1, 2009. These increases are in lieu of the already filed increases of 2.8% and 3.4% for our Non-CDH and CDH products respectively.

In addition, we are requesting a rate increase of 2.8% for all of our Non-CDH products, and 3.0% for all our CDH products effective October 1, 2009. These rating actions are summarized in the following table:

Effective August 1, 2009, we are adding retiree coverage upon the request of the group; however, the lowest HIPAA factor possible for a group with retirees will be one (1). Also, any existing group that wants to add retirees to their plan would have to go through underwriting. Also, effective July 1, 2009, we are modifying our Drug benefits to allow a 90 day supply of maintenance drugs to be obtained from retail pharmacies for 2 member copays, instead of 3, thus matching the benefit available through mail-in pharmacies. Contract revisions regarding this change will be forthcoming. The estimated cost of this benefit is already included in the pricing page, in the manual claims adjustment, and in the requested rate increase.

The form numbers associated with the rates are displayed throughout the filing.

We appreciate your consideration of this matter. If you have questions regarding this filing, please contact me at (410) 998-7470.

Sincerely,

Yazan Dahu, F.S.A., M.A.A.A.
Sr. Actuarial Assistant

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											
		<p><input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____</p> <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>	
<p>Print Name _____ Title _____</p>	
<p>Signature _____ Date: _____</p>	

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 _____	
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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 _____	

LH RFA-1