

State: District of Columbia **Filing Company:** CareFirst BlueChoice, Inc.
TOI/Sub-TOI: HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005D Individual - HMO
Product Name: 2633 - DC ACA Individual BlueChoice
Project Name/Number: 2633 - DC BC IND64- ACA ON-EXCHANGE/2633

Filing at a Glance

Company: CareFirst BlueChoice, Inc.
Product Name: 2633 - DC ACA Individual BlueChoice
State: District of Columbia
TOI: HOrg021 Individual Health Organizations - Health Maintenance (HMO)
Sub-TOI: HOrg021.005D Individual - HMO
Filing Type: Rate
Date Submitted: 05/02/2022
SERFF Tr Num: CFAP-133216949
SERFF Status: Assigned
State Tr Num:
State Status:
Co Tr Num: 2633
Effective: 01/01/2023
Date Requested:
Author(s): Anna Guloy, Shane Kontir, Cory Bream, Gregory Sucher, Alexandra Moorefield, Avraham Golish, Carmen Posteraro, Conor Gannon
Reviewer(s): Dave Dillon (primary), Efren Tanhehco
Disposition Date:
Disposition Status:
Effective Date:
State Filing Description:

State: District of Columbia **Filing Company:** CareFirst BlueChoice, Inc.
TOI/Sub-TOI: HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005D Individual - HMO
Product Name: 2633 - DC ACA Individual BlueChoice
Project Name/Number: 2633 - DC BC IND64- ACA ON-EXCHANGE/2633

General Information

Project Name: 2633 - DC BC IND64- ACA ON-EXCHANGE	Status of Filing in Domicile:
Project Number: 2633	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type: Individual
Overall Rate Impact: 29.3%	Filing Status Changed: 05/02/2022
	State Status Changed:
Deemer Date:	Created By: Shane Kontir
Submitted By: Shane Kontir	Corresponding Filing Tracking Number:
	PPACA: Non-Grandfathered Immed Mkt Reforms
PPACA Notes: null	
Include Exchange Intentions:	No

Filing Description:

This filing contains the rate proposal for the portfolio of benefits to be offered by CareFirst, Inc. to Individuals Under 65 on the D.C. Exchange. We are submitting 7 benefit plans on the D.C. Exchange.

Company and Contact

Filing Contact Information

Cory Bream, Actuarial Assistant	cory.bream@carefirst.com
10455 Mill Run Circle	410-998-5308 [Phone]
Owings Mills, MD 21117	410-998-7704 [FAX]

Filing Company Information

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

State: District of Columbia **Filing Company:** CareFirst BlueChoice, Inc.
TOI/Sub-TOI: HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005D Individual - HMO
Product Name: 2633 - DC ACA Individual BlueChoice
Project Name/Number: 2633 - DC BC IND64- ACA ON-EXCHANGE/2633

Filing Fees

State Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

SERFF Tracking #:

CFAP-133216949

State Tracking #:

Company Tracking #:

2633

State:

District of Columbia

Filing Company:

CareFirst BlueChoice, Inc.

TOI/Sub-TOI:

HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005D Individual - HMO

Product Name:

2633 - DC ACA Individual BlueChoice

Project Name/Number:

2633 - DC BC IND64- ACA ON-EXCHANGE/2633

Correspondence Summary

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
HMO Individual Index & Plan Comparison File	Note To Reviewer	Shane Kontir	05/04/2022	05/04/2022

State: District of Columbia **Filing Company:** CareFirst BlueChoice, Inc.
TOI/Sub-TOI: HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005D Individual - HMO
Product Name: 2633 - DC ACA Individual BlueChoice
Project Name/Number: 2633 - DC BC IND64- ACA ON-EXCHANGE/2633

Note To Reviewer

Created By:

Shane Kontir on 05/04/2022 02:55 PM

Last Edited By:

Shane Kontir

Submitted On:

05/04/2022 02:56 PM

Subject:

HMO Individual Index & Plan Comparison File

Comments:

Please see the attached Excel version of the PDF that is found under Supporting Documentation.

State: District of Columbia **Filing Company:** CareFirst BlueChoice, Inc.
TOI/Sub-TOI: HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005D Individual - HMO
Product Name: 2633 - DC ACA Individual BlueChoice
Project Name/Number: 2633 - DC BC IND64- ACA ON-EXCHANGE/2633

**Attachment DC Ind 2023 - BlueChoice - Index & Plan Comparison - Sub 5-2 -
SERFF.xlsx is not a PDF document and cannot be reproduced here.**

SERFF Tracking #:

CFAP-133216949

State Tracking #:

Company Tracking #:

2633

State: District of Columbia **Filing Company:** CareFirst BlueChoice, Inc.
TOI/Sub-TOI: HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005D Individual - HMO
Product Name: 2633 - DC ACA Individual BlueChoice
Project Name/Number: 2633 - DC BC IND64- ACA ON-EXCHANGE/2633

Rate Information

Rate data applies to filing.

Filing Method: SERFF
Rate Change Type: Increase
Overall Percentage of Last Rate Revision: 8.000%
Effective Date of Last Rate Revision: 01/01/2022
Filing Method of Last Filing: SERFF
SERFF Tracking Number of Last Filing: CFAP-132808793

Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
CareFirst BlueChoice, Inc.	Increase	29.300%	29.300%	\$5,770,825	3,158	\$19,717,888	38.700%	12.200%

State: District of Columbia Filing Company: CareFirst BlueChoice, Inc.
 TOI/Sub-TOI: HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005D Individual - HMO
 Product Name: 2633 - DC ACA Individual BlueChoice
 Project Name/Number: 2633 - DC BC IND64- ACA ON-EXCHANGE/2633

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	86052DC040	NA	3758

Trend Factors:

FORMS:

New Policy Forms: DC/CFBC/EXC/HMO HSA STD/BRZ 6350 (1/23), DC/CFBC/EXC/HMO HSA/GOLD 1500 (1/23), DC/CFBC/EXC/HMO STD/BRZ 7500 (1/23), DC/CFBC/EXC/HMO STD/GOLD 500 (1/23), DC/CFBC/EXC/HMO STD/NATAMER 0 (1/23), DC/CFBC/EXC/HMO STD/PLAT 0 (1/23), DC/CFBC/EXC/HMO STD/SIL 4850 (1/23), DC/CFBC/EXC/HMO STD/SIL 4850 A (1/23), DC/CFBC/EXC/HMO STD/SIL 4850 B (1/23), DC/CFBC/EXC/HMO STD/SIL 4850 C (1/23), DC/CFBC/EXC/HMO/ YA 9100 SOB (1/23), DC/CFBC/EXC/HMO/DOCS (R. 1/23), DC/CFBC/EXC/HMO/IEA (R. 1/23), DC/CFBC/EXC/HMO/NATAMER SOB (1/23), DC/CFBC/NO SURP ACT/AMEND (R. 1/23), DC/CFBC/CD/HMO/INCENT (1/23)

Affected Forms:

Other Affected Forms: DC/CFBC/CD/AUTH AMEND/HMO (R. 1/22), DC/CFBC/PT PROTECT (9/10), DC/CFBC/DOL APPEAL (R. 1/22), DC/CFBC/EXC/NATAMER (1/14), DC/CFBC/MEM/BLCRD (R. 6/18)

REQUESTED RATE CHANGE INFORMATION:

Change Period: Annual
 Member Months: 42,079
 Benefit Change: Increase
 Percent Change Requested: Min: 12.2 Max: 38.7 Avg: 29.3

PRIOR RATE:

Total Earned Premium: 19,717,888.00
 Total Incurred Claims: 18,457,905.00
 Annual \$: Min: 173.71 Max: 698.53 Avg: 406.23

REQUESTED RATE:

Projected Earned Premium: 23,262,056.00
 Projected Incurred Claims: 19,418,454.00
 Annual \$: Min: 240.95 Max: 783.72 Avg: 525.11

State: District of Columbia **Filing Company:** CareFirst BlueChoice, Inc.
TOI/Sub-TOI: HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005D Individual - HMO
Product Name: 2633 - DC ACA Individual BlueChoice
Project Name/Number: 2633 - DC BC IND64- ACA ON-EXCHANGE/2633

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		2633 - DC BlueChoice - Ind - Rate Sheets - 5-2	DC/CFBC/CD/AUTH AMEND/HMO (R. 1/22), DC/CFBC/PT PROTECT (9/10), DC/CFBC/DOL APPEAL (R. 1/22), DC/CFBC/EXC/NATAMER (1/14), DC/CFBC/MEM/BLCRD (R. 6/18), DC/CFBC/EXC/HMO HSA STD/BRZ 6350 (1/23), DC/CFBC/EXC/HMO HSA/GOLD 1500 (1/23), DC/CFBC/EXC/HMO STD/BRZ 7500 (1/23), DC/CFBC/EXC/HMO STD/GOLD 500 (1/23), DC/CFBC/EXC/HMO STD/NATAMER 0 (1/23), DC/CFBC/EXC/HMO STD/PLAT 0 (1/23), DC/CFBC/EXC/HMO STD/SIL 4850 (1/23), DC/CFBC/EXC/HMO STD/SIL 4850 A (1/23), DC/CFBC/EXC/HMO STD/SIL 4850 B (1/23), DC/CFBC/EXC/HMO STD/SIL 4850 C (1/23), DC/CFBC/EXC/HMO/ YA 9100 SOB (1/23), DC/CFBC/EXC/HMO/DOCS (R. 1/23), DC/CFBC/EXC/HMO/IEA (R. 1/23), DC/CFBC/EXC/HMO/NATAMER SOB (1/23), DC/CFBC/NO SURP ACT/AMEND (R. 1/23), DC/CFBC/CD/HMO/INCENT (1/23)	Revised	Previous State Filing Number: CFAP-132808793 Percent Rate Change Request: 29.3	2633 - DC BlueChoice - Ind - Rate Sheets - 5-2.pdf,

BlueChoice Inc.
d.b.a. CareFirst BlueCross BlueShield
(NAIC # 96202)
Rate Filing # 2633

D.C. Individual Products
Rate Filing Effective 1/1/2023

Rates & Factors

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

**Rates & Factors
Table of Contents
[Rate Filing Effective 1/1/2023](#)**

Cover	1
Table of Contents	2
Form Numbers	3
Age Factors	4
BlueChoice HMO Young Adult \$9,100	5
BlueChoice HMO Standard Bronze \$7,500	6
BlueChoice HMO HSA Standard Bronze \$6,350	7
BlueChoice HMO Standard Silver \$4,850	8
BlueChoice HMO Standard Gold \$500	9
BlueChoice HMO HSA Gold \$1,500	10
BlueChoice HMO Standard Platinum \$0	11

BlueChoice Inc.
d.b.a. CareFirst BlueCross BlueShield
(NAIC # 96202)
D.C. Individual Products
Rate Filing Effective 1/1/2023
Form Numbers

Form Numbers Associated With This ACA Filing:

BlueChoice HMO Standard Plans

DC/CFBC/EXC/HMO/IEA (R. 1/23)
DC/CFBC/DOL APPEAL (R. 1/22)
DC/CFBC/EXC/HMO/DOCS (R. 1/23)
DC/CFBC/EXC/HMO HSA STD/BRZ 6350 (1/23)
DC/CFBC/EXC/HMO HSA/GOLD 1500 (1/23)
DC/CFBC/EXC/HMO STD/BRZ 7500 (1/23)
DC/CFBC/EXC/HMO STD/GOLD 500 (1/23)
DC/CFBC/EXC/HMO STD/PLAT 0 (1/23)
DC/CFBC/EXC/HMO STD/SIL 4850 (1/23)
DC/CFBC/EXC/HMO STD/SIL 4850 A (1/23)
DC/CFBC/EXC/HMO STD/SIL 4850 B (1/23)
DC/CFBC/EXC/HMO STD/SIL 4850 C (1/23)
DC/CFBC/EXC/HMO STD/NATAMER 0 (1/23)
DC/CFBC/EXC/NATAMER (1/14)
DC/CFBC/MEM/BLCRD (R. 6/18)
DC/CFBC/CD/AUTH AMEND/HMO (R. 1/22)
DC/CFBC/NO SURP ACT/AMEND (R. 1/23)
DC/CFBC/PT PROTECT (9/10)
DC/CFBC/CD/HMO/INCENT (1/23)

BlueChoice HMO Young Adult

DC/CFBC/EXC/HMO/IEA (R. 1/23)
DC/CFBC/DOL APPEAL (R. 1/22)
DC/CFBC/EXC/HMO/DOCS (R. 1/23)
DC/CFBC/EXC/HMO/NATAMER SOB (1/23)
DC/CFBC/EXC/HMO/ YA 9100 SOB (1/23)
DC/CFBC/EXC/NATAMER (1/14)
DC/CFBC/MEM/BLCRD (R. 6/18)
DC/CFBC/CD/AUTH AMEND/HMO (R. 1/22)
DC/CFBC/NO SURP ACT/AMEND (R. 1/23)
DC/CFBC/PT PROTECT (9/10)
DC/CFBC/CD/HMO/INCENT (1/23)

BlueChoice Inc.
D.C. Individual Products, Rate Filing Effective 1/1/2023

Age Factors

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

BlueChoice Inc.

Individual On Exchange

DISTRICT OF COLUMBIA

BlueChoice HMO Young Adult \$9,100

Proposed Monthly Premium Rate Filing Effective 1/1/2023

Consumer Adjusted Rate **\$240.95**

Age	Monthly Premium
0-20	\$157.58
21	\$175.17
22	\$175.17
23	\$175.17
24	\$175.17
25	\$175.17
26	\$175.17
27	\$175.17
28	\$179.27
29	\$183.12
30	\$187.70
31	\$192.52
32	\$196.86
33	\$201.43
34	\$206.25
35	\$211.07
36	\$215.89
37	\$220.71
38	\$223.36
39	\$226.01
40	\$234.93
41	\$244.08
42	\$253.72
43	\$263.60
44	\$273.96
45	\$284.56
46	\$295.65
47	\$307.21
48	\$319.26
49	\$331.79
50	\$344.80
51	\$358.29
52	\$372.27
53	\$386.72
54	\$401.90
55	\$417.57
56	\$433.95
57	\$450.82
58	\$468.41
59	\$486.72
60	\$505.75
61	\$525.50
62	\$525.50
63	\$525.50
64+	\$525.50

Summary of Member Cost-Shares

	In Network
DEDUCTIBLE	\$9,100
COINSURANCE	0%
OUT-OF-POCKET MAXIMUM	\$9,100
Office Copays	\$0 PCP /\$0 Specialist
Drug:	\$0 Generic, \$0 Preferred Brand \$0 Non-Preferred Brand
Drug and Medical Combined for Deductible & OOP Max	

BlueChoice Inc.

Individual On Exchange
DISTRICT OF COLUMBIA

BlueChoice HMO Standard Bronze \$7,500

Proposed Monthly Premium Rate Filing Effective 1/1/2023

Consumer Adjusted Rate **\$518.96**

Age	Monthly Premium
0-20	\$339.40
21	\$377.28
22	\$377.28
23	\$377.28
24	\$377.28
25	\$377.28
26	\$377.28
27	\$377.28
28	\$386.11
29	\$394.41
30	\$404.27
31	\$414.65
32	\$423.99
33	\$433.85
34	\$444.23
35	\$454.61
36	\$464.99
37	\$475.37
38	\$481.08
39	\$486.78
40	\$505.99
41	\$525.71
42	\$546.46
43	\$567.74
44	\$590.06
45	\$612.89
46	\$636.76
47	\$661.67
48	\$687.62
49	\$714.61
50	\$742.63
51	\$771.69
52	\$801.79
53	\$832.93
54	\$865.63
55	\$899.36
56	\$934.65
57	\$970.97
58	\$1,008.86
59	\$1,048.30
60	\$1,089.30
61	\$1,131.83
62	\$1,131.83
63	\$1,131.83
64+	\$1,131.83

Summary of Member Cost-Shares

	In Network
DEDUCTIBLE	\$7,500
COINSURANCE	40%
OUT-OF-POCKET MAXIMUM	\$9,100
Office Copays	\$45 PCP /\$105 Specialist
Drug:	\$25 Generic, \$75 Preferred Brand \$100 Non-Preferred Brand
Drug and Medical Combined for OOP Max	

BlueChoice Inc.

Individual On Exchange

DISTRICT OF COLUMBIA

BlueChoice HMO HSA Standard Bronze \$6,350

Proposed Monthly Premium Rate Filing Effective 1/1/2023

Consumer Adjusted Rate **\$504.93**

Age	Monthly Premium
0-20	\$330.22
21	\$367.08
22	\$367.08
23	\$367.08
24	\$367.08
25	\$367.08
26	\$367.08
27	\$367.08
28	\$375.67
29	\$383.75
30	\$393.34
31	\$403.44
32	\$412.53
33	\$422.12
34	\$432.22
35	\$442.32
36	\$452.42
37	\$462.52
38	\$468.07
39	\$473.62
40	\$492.31
41	\$511.49
42	\$531.69
43	\$552.39
44	\$574.11
45	\$596.32
46	\$619.55
47	\$643.79
48	\$669.03
49	\$695.29
50	\$722.55
51	\$750.83
52	\$780.12
53	\$810.41
54	\$842.22
55	\$875.04
56	\$909.38
57	\$944.72
58	\$981.58
59	\$1,019.96
60	\$1,059.85
61	\$1,101.23
62	\$1,101.23
63	\$1,101.23
64+	\$1,101.23

Summary of Member Cost-Shares

	<u>In Network</u>
DEDUCTIBLE	\$6,350
COINSURANCE	20%
OUT-OF-POCKET MAXIMUM	\$6,900
Office Copays	20% Coinsurance
Drug:	20% Generic, 20% Preferred Brand 20% Non-Preferred Brand
Drug and Medical Combined for Deductible & OOP Max	

BlueChoice Inc.

Individual On Exchange
DISTRICT OF COLUMBIA

BlueChoice HMO Standard Silver \$4,850

Proposed Monthly Premium Rate Filing Effective 1/1/2023

Consumer Adjusted Rate **\$589.19**

Age	Monthly Premium
0-20	\$385.33
21	\$428.34
22	\$428.34
23	\$428.34
24	\$428.34
25	\$428.34
26	\$428.34
27	\$428.34
28	\$438.36
29	\$447.78
30	\$458.98
31	\$470.76
32	\$481.37
33	\$492.56
34	\$504.35
35	\$516.13
36	\$527.91
37	\$539.70
38	\$546.18
39	\$552.66
40	\$574.46
41	\$596.85
42	\$620.42
43	\$644.57
44	\$669.91
45	\$695.83
46	\$722.94
47	\$751.22
48	\$780.68
49	\$811.31
50	\$843.13
51	\$876.13
52	\$910.30
53	\$945.65
54	\$982.77
55	\$1,021.07
56	\$1,061.13
57	\$1,102.37
58	\$1,145.39
59	\$1,190.16
60	\$1,236.71
61	\$1,284.99
62	\$1,284.99
63	\$1,284.99
64+	\$1,284.99

Summary of Member Cost-Shares

	In Network
DEDUCTIBLE	\$4,850
COINSURANCE	20%
OUT-OF-POCKET MAXIMUM	\$8,850
Office Copays	\$40 PCP /\$80 Specialist
Drug:	\$20 Generic, \$50 Preferred Brand \$70 Non-Preferred Brand
Drug and Medical Combined for OOP Max	

BlueChoice Inc.

Individual On Exchange

DISTRICT OF COLUMBIA

BlueChoice HMO Standard Gold \$500

Proposed Monthly Premium Rate Filing Effective 1/1/2023

Consumer Adjusted Rate **\$730.46**

Age	Monthly Premium
0-20	\$477.72
21	\$531.04
22	\$531.04
23	\$531.04
24	\$531.04
25	\$531.04
26	\$531.04
27	\$531.04
28	\$543.46
29	\$555.15
30	\$569.03
31	\$583.64
32	\$596.79
33	\$610.66
34	\$625.27
35	\$639.88
36	\$654.49
37	\$669.10
38	\$677.14
39	\$685.17
40	\$712.20
41	\$739.96
42	\$769.17
43	\$799.12
44	\$830.53
45	\$862.67
46	\$896.27
47	\$931.34
48	\$967.86
49	\$1,005.84
50	\$1,045.29
51	\$1,086.19
52	\$1,128.56
53	\$1,172.39
54	\$1,218.41
55	\$1,265.89
56	\$1,315.56
57	\$1,366.69
58	\$1,420.01
59	\$1,475.53
60	\$1,533.24
61	\$1,593.10
62	\$1,593.10
63	\$1,593.10
64+	\$1,593.10

Summary of Member Cost-Shares

	In Network
DEDUCTIBLE	\$500
COINSURANCE	0%
OUT-OF-POCKET MAXIMUM	\$5,800
Office Copays	\$25 PCP /\$50 Specialist
Drug:	\$15 Generic, \$50 Preferred Brand \$70 Non-Preferred Brand
Drug and Medical Combined for OOP Max	

BlueChoice Inc.

Individual On Exchange
DISTRICT OF COLUMBIA

BlueChoice HMO HSA Gold \$1,500

Proposed Monthly Premium Rate Filing Effective 1/1/2023

Consumer Adjusted Rate **\$680.38**

Age	Monthly Premium
0-20	\$444.97
21	\$494.64
22	\$494.64
23	\$494.64
24	\$494.64
25	\$494.64
26	\$494.64
27	\$494.64
28	\$506.20
29	\$517.09
30	\$530.02
31	\$543.62
32	\$555.87
33	\$568.80
34	\$582.41
35	\$596.01
36	\$609.62
37	\$623.23
38	\$630.71
39	\$638.20
40	\$663.37
41	\$689.22
42	\$716.44
43	\$744.34
44	\$773.59
45	\$803.53
46	\$834.83
47	\$867.48
48	\$901.50
49	\$936.88
50	\$973.62
51	\$1,011.73
52	\$1,051.19
53	\$1,092.01
54	\$1,134.87
55	\$1,179.10
56	\$1,225.36
57	\$1,272.99
58	\$1,322.66
59	\$1,374.37
60	\$1,428.12
61	\$1,483.87
62	\$1,483.87
63	\$1,483.87
64+	\$1,483.87

Summary of Member Cost-Shares

	In Network
DEDUCTIBLE	\$1,500
COINSURANCE	0%
OUT-OF-POCKET MAXIMUM	\$3,000
Office Copays	\$25 PCP /\$50 Specialist
Drug:	\$15 Generic, \$50 Preferred Brand \$70 Non-Preferred Brand
Drug and Medical Combined for Deductible & OOP Max	

BlueChoice Inc.

Individual On Exchange
DISTRICT OF COLUMBIA

BlueChoice HMO Standard Platinum \$0

Proposed Monthly Premium Rate Filing Effective 1/1/2023

Consumer Adjusted Rate **\$783.72**

Age	Monthly Premium
0-20	\$512.55
21	\$569.76
22	\$569.76
23	\$569.76
24	\$569.76
25	\$569.76
26	\$569.76
27	\$569.76
28	\$583.09
29	\$595.63
30	\$610.52
31	\$626.19
32	\$640.30
33	\$655.19
34	\$670.86
35	\$686.54
36	\$702.21
37	\$717.89
38	\$726.51
39	\$735.13
40	\$764.13
41	\$793.91
42	\$825.26
43	\$857.39
44	\$891.09
45	\$925.57
46	\$961.62
47	\$999.24
48	\$1,038.43
49	\$1,079.18
50	\$1,121.50
51	\$1,165.39
52	\$1,210.85
53	\$1,257.87
54	\$1,307.24
55	\$1,358.19
56	\$1,411.48
57	\$1,466.34
58	\$1,523.55
59	\$1,583.11
60	\$1,645.03
61	\$1,709.25
62	\$1,709.25
63	\$1,709.25
64+	\$1,709.25

Summary of Member Cost-Shares

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

SERFF Tracking #:

CFAP-133216949

State Tracking #:

Company Tracking #:

2633

State:

District of Columbia

Filing Company:

CareFirst BlueChoice, Inc.

TOI/Sub-TOI:

HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005D Individual - HMO

Product Name:

2633 - DC ACA Individual BlueChoice

Project Name/Number:

2633 - DC BC IND64- ACA ON-EXCHANGE/2633

URRT

State Determination

Review Status:

Incomplete

SERFF Tracking #:

CFAP-133216949

State Tracking #:

Company Tracking #:

2633

State:

District of Columbia

Filing Company:

CareFirst BlueChoice, Inc.

TOI/Sub-TOI:

HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005D Individual - HMO

Product Name:

2633 - DC ACA Individual BlueChoice

Project Name/Number:

2633 - DC BC IND64- ACA ON-EXCHANGE/2633

URRT Items

Item Name	Attachment(s)
Unified Rate Review Template	<i>UnifiedRateReviewSubmission_2022042911338.xml</i>
Actuarial Memorandum	<i>2633_Ind_DC_BlueChoice_1.1.23_Actuarial_Memorandum.pdf</i>
Actuarial Memorandum - Redacted	<i>2633_Ind_DC_BlueChoice_1.1.23_Actuarial_Memorandum-Red.pdf</i>
Consumer Justification Narrative	<i>2633-DCInd-BlueChoice-PartII_RateJustification-5-2.pdf</i>

SERFF Tracking #:

CFAP-133216949

State Tracking #:

Company Tracking #:

2633

State:

District of Columbia

Filing Company:

CareFirst BlueChoice, Inc.

TOI/Sub-TOI:

HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005D Individual - HMO

Product Name:

2633 - DC ACA Individual BlueChoice

Project Name/Number:

2633 - DC BC IND64- ACA ON-EXCHANGE/2633

Attachment UnifiedRateReviewSubmission_2022042911338.xml is not a PDF document and cannot be reproduced here.

CareFirst BlueCross BlueShield

Part III Actuarial Memorandum

4.1 Redacted Actuarial Memorandum

CareFirst is making no redactions so both Actuarial Memorandum submissions are the same.

4.2 General Information Section

Company Identifying Information:

- **Company Legal Name:** CareFirst BlueChoice, Inc. (CFBC) - NAIC # 96202
- **State:** District of Columbia
- **HIOS Issuer ID:** 86052
- **Market:** Individual, Non-Medigap (On Exchange)
- **Effective Date:** 1/1/23 – 12/31/23
- **Company Filing Number:** 2633
- **SERFF Filing Number:** CFAP-133216949

Company Contact Information:

- **Primary Contact Name:** Mr. Cory Bream, ASA, MAAA
- **Primary Contact Telephone Number:** 410-998-5308
- **Primary Contact E-Mail Address:** Cory.Bream@CareFirst.com

4.3 Proposed Rate Changes (Individual market)

Base rates are changing 29.3% on average. The range is 12.2% to 38.7%. This filing applies to all new and renewing, in-force business in the guaranteed renewable, non-grandfathered, ACA, metaled benefit plans. The number of policyholders affected by this rate change is 3,158.

Reason for Rate Change(s):

The main drivers supporting the rate change are 1) increase in the base period claims experience of the combined pool, 2) trend, 3) projected changes in pool morbidity, and 4) increases in assumed plan actuarial values.

4.4 Market Experience (Combined Individual/Small Group market)

Our SRP reflects all covered lives for every non-grandfathered product in our market per 45 CFR Part § 156.80 (d).

4.4.1 Experience and Current Period Premium, Claims, and Enrollment

The incurred period is 1/1/21 through 12/31/21, as required.

Paid Through Date: 2/28/22

Current Date: 2/28/22

Premiums (prior to MLR rebates) in Experience Period: \$283,598,455

Experience Period Member Months: 568,133

Current Date Members: 47,964

Allowed and Incurred Claims Incurred During the Experience Period

Allowed Claims

- **Processed through issuer's claim system:** \$262,264,641

- **Processed outside issuer's claim system:** \$0
- **IBNR:** \$4,394,584

Incurred Claims

- **Processed through issuer's claim system:** \$227,131,241
- **Processed outside issuer's claim system:** \$0
- **IBNR:** \$3,780,817

Method used for determining Allowed Claims

The allowed claims come directly from our claim records and account for capitations by applying contracted PMPM amounts directly to enrollment from the experience period. Drug rebates from the experience period are also included.

Support for IBNR estimates

Our estimates of IBNR paid claims were derived using a "chain and ladder" model based on the most recent 36 months to derive the completion factor and IBNR for each incurred month. Estimates of IBNR allowed claims were derived using the same completion factors as those estimated based on paid claims.

4.4.2 Benefit Categories

Inpatient (hospital), outpatient (hospital), professional, other medical (non-capitated ambulance, home health care, durable medical equipment, prosthetics, supplies, vision exams, pediatric dental services and other), prescription drug & capitations.

4.4.3 Projection Factors

4.4.3.1 Trend Factors

Trend Factors (Cost/Utilization):

Exhibit 8 in the Memorandum contains our selected annual utilization and unit cost trends by service category. Unit cost and utilization trends were set by service category to produce the overall anticipated trend of 5.0%, which is a decrease compared to the 8.1% trend assumed in our prior filing. Current observed medical trends as of 202112 are 17.3%, up from -1.8% in 202012. Current observed drug trends are 8.0% as of 202112, up from 2.6% in 202012. The composite medical and drug trend is 14.8% as of 202112, up from -0.6% in 202012.

When normalized for induced demand, network, and demographics, the observed composite trends of 14.8% in 202112 and -0.6% in 202012 become 14.1% and -1.3%, respectively.

Using the proposed trend factor, in combination with other assumptions such as morbidity, etc., the annualized allowed PMPM change between 2023 and 2021 represented in this filing is 7.2%.

4.4.3.2 Adjustments to Trended EHB Allowed Claims PMPM

Morbidity Adjustment:

Exhibit 4 in our memorandum contains support for this adjustment. To measure the projected morbidity of our population, we split our projected population into cohorts defined by metal tier and membership type. Membership type is defined as new member, existing member, or transfer from other lines of business. Consistent with the rules in the 2023 Unified Rate Review Instructions, we began our morbidity projection by normalizing allowed claims for each of the cohorts outlined above for projected changes in age, gender, network and induced utilization.

We have not reflected any morbidity adjustments to the base period normalized allowed PMPMs by metal tier for the existing and transfer membership types. Exhibit 4 demonstrates how these PMPMs are unchanged from the current year YTD to remainder of current year. For the new membership type we have assumed a claims PMPM by metal equal to that of the existing members.

The resulting morbidity calculation is completed in steps split by year:

- Once the remainder of current year (2022) is completed, the membership and claims by metal are combined to derive a total estimate for the year.
- This result carries over to the rating year (2023) as the metal specific normalized PMPMs for the existing members.
- The assumed claims PMPMs by metal for the new members are again assumed to equal those for the existing members.
- Transfer members PMPMs are treated separately and reflect base period amounts projected forward. Our projection factor for these members is 0.916. The normalized PMPMs for these transfer members are materially higher than the existing membership. This difference is driven by high-cost conditions associated with these transfer members. Some of these higher costs are expected to persist in the future while some are not. Given this, we have adjusted the normalized PMPMs down to expected future levels.
- Once these PMPMs are set, the final morbidity calculation is driven by the projected member months at these levels.

The total morbidity change from 2021 to 2023 is expected to be 5.4%, which is the factor used in Exhibit 1 in the calculation of the market adjustment index rate.

Demographic Shift:

Exhibit 6 in the Memorandum contains support for our adjustment due to the anticipated change in the average age of this population between the experience and projection periods. Our methodology measures the change in average demographic factor between the base and rating periods. The demographic factors used are from an internal age/gender curve with an approximate 4.5:1 ratio (age 64+ to age 21 factors). Factors for both time periods are weighted using member months and the ratio of the two is applied as our market level adjustment.

Plan Design Changes:

Exhibit 5 in the Memorandum details our support for this adjustment to account for anticipated changes in the average utilization of services due to differences in average cost sharing requirements between the experience and projection periods. Our methodology measures the change in the average induced utilization factor between the base and rating periods. The factors used are the metal level factors from the federal risk adjustment program. Once the average internal pricing AV, weighted by member months, is determined for both the experience and rating periods the linearly interpolated factor is determined. The ratio of these two factors is applied as our market level adjustment.

Other Adjustments:

Exhibit 7 in the Memorandum details our support for these adjustments. We are proposing additional other adjustments for changes to our capitation fees and drug rebates.

4.4.3.3 Manual Rate Adjustments

Not applicable, as experience was determined to be fully credible.

4.4.3.4 Credibility of Experience

Exhibit 2 in the Memorandum contains a summary of our base period experience, including member months. We have assigned full credibility to this experience.

4.4.3.5 Establishing the Index Rate

The experience period index rate for this filing is \$469.06 and the projection period index rate is \$539.23. Both rates and the adjustments made to develop the projected amount from the experience period amount can be found on Exhibit 1 of the Memorandum. Specifically, these adjustments correspond to those outlined in sections 4.4.3.1 and 4.4.3.2.

4.4.3.6 Development of the Market-wide Adjusted Index Rate

The Market-wide Adjusted Index Rate for the Individual market is \$679.71 and is derived by multiplying the projection period index rate with the market level adjustments for the risk adjustment program. Details for the risk adjustment program can be found below.

Reinsurance

There are no reinsurance recoveries applicable to this market.

Risk Adjustment Payment/Charge:

The Experience Period Risk Adjustment transfers in the URRT are based on the most recent Wakely results.

Our projected 2023 risk adjustment transfers, found in Exhibit 9, have been calculated consistent with our membership and morbidity projections found elsewhere in this filing. To project the risk adjustment factors from 2021 to 2023, we have assumed an increase in the statewide premium of 25.0% which reflects an estimate of an average 5.0% increase in 2022 and 19.0% increase in 2023. We have assumed that our CFI Individual non-Catastrophic market share will decrease from 81.3% in 2021 to 78.5% in 2023 and that our CFI Individual non-Catastrophic PLRS ratio to the state will increase from 1.051 in 2021 to 1.060 in 2023. The resultant estimate of risk adjustment is that the BlueChoice payable transfer PMPM for the Individual market will decrease from -\$99.39 in 2021 to -\$93.02 in 2023. Combined with the -\$93.02 is a projected HCRP net PMPM payable of -\$1.19, which results in a total projected risk adjustment payable of -\$94.21.

The risk adjustment estimates above are calculated separately for the Individual market and the Small Group market as required. This approach is different than the blended approach used to calculate the Index Rate and therefore there is an inconsistency between the risk assumed in rates and the claims data used in the calculation.

Exchange User Fees:

There are no applicable exchange user fees since the rates in this filing are not offered on the Federal Marketplace.

4.4.4 Plan Adjusted Index Rate

Exhibit 11 in the Memorandum displays the adjustments made for each plan. Every plan adjusted index rate is developed from the market adjusted index rate using only the allowable plan level modifiers as follows:

- **Actuarial value and cost-sharing design of the plan:** The actuarial value for each plan was determined using our own internal model and estimates the ratio of paid to allowed dollars given that plan's benefit design and the assumed allowed amount consistent with the projection period index rate. The assumed actuarial values also include a multiplicative factor applied uniformly across plans. The application of the AV to an index rate that is the same across all plans results in a member months weighted average AV (and resulting average paid PMPM assumed in rates) that may be materially deficient depending on the distribution of projected membership and actual cost. This factor accounts for the deficiency specific to this block of business. The URRT instructions

state that this adjustment may take into account the benefit differences and utilization differences due to differences in cost-sharing. As a result, our plan adjusted index rates also include adjustments to account for the impact the metal level has on utilization.

- **Provider network:** All plans offered use the Open Access network.
- **Benefits in addition to EHBs:** There is an adjustment to account for abortion coverage and adult vision (which are offered in addition to EHBs).
- **Administrative costs:** See Exhibit 10A in the Memorandum for the assumed values of the following additional items.
 1. Administrative Expense (G&A)
 2. Broker Commissions & Fees
 3. Federal Income Tax (FIT)
 4. Contribution to Reserve (Post-Tax)
 5. State Premium Tax
 6. PCORI Fee
 7. Risk Adjustment User Fee
 8. Exchange Assessment Fee
- **Catastrophic adjustment:** The catastrophic factor has been developed from the experience of the catastrophic population and is applied only to the catastrophic plan as required. See the Appendix in the Memorandum for more details. All other factors applied to the Market Adjusted Index Rate are the same across all plans.

For each plan, we have taken the applicable adjustment factor from each category above and multiplied them by the market adjusted index rate to derive each plan adjusted index rate.

4.4.5 Calibration

Age Curve Calibration

We have calibrated to the rounded weighted average age which was determined as the age for the factor nearest our projected average factor. We have used the standard DC age curve factors and weighted them using member months in our calculation.

A demonstration of how the plan adjusted index rates and the age curve are used to generate the schedule of premium rates for each plan can be found on Exhibit 13.

Geographic Factor Calibration

We have elected not to rate for geographic region.

Tobacco Use Rating Factor Calibration

We have elected not to rate for tobacco usage.

4.4.6 Consumer Adjusted Premium Rate Development

The premium rate that a given consumer will be charged is calculated by first taking the plan adjusted index rate for that member's chosen plan and dividing by the projected average age rating factor. The resulting value is the base rate for that plan. The final step in determining a consumer adjusted premium rate is to take the rate from the first step and multiply it by the corresponding factor for that member's age from the standard DC age curve. Rate charts are provided for all the consumer adjusted premiums.

4.5 Projected Loss Ratio

The projected loss ratio for the rates provided in this file, using the Federally-prescribed MLR methodology, is 86.5% for the Individual market and 82.9% for the combined Individual/Small Group market. Details behind this calculation can be found in Exhibit 10B.

4.6 Plan Product Information

4.6.1 AV Metal Values

The majority of our 2023 plans include varying cost share levels for some services that depend on the setting in which care is delivered. The HHS 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 level of cost-share. The results were blended assuming 81% of the designated services are rendered in higher cost-share setting and the remaining 19% at the lower, consistent with experience from our small group and individual markets. Plans without these features used the AV calculator without modification.

Additional details regarding the unique plan designs not accommodated by the HHS AV Calculator along with printouts for each plan are provided in the “Actuarial Memorandum” section of the Supporting Documentation tab of the SERFF filing.

4.6.2 Membership Projections

The membership projections found in Worksheet 2 of the URRT were developed from enrollment as of 2/28/22 using assumptions for termination rates, new sales and transfers. The projections also incorporate any plan mappings anticipated between that month and the rating period. For new plan offerings where no plans are being uniformly modified into them, a minimum level of enrollment was assumed.

4.6.3 Terminated Plans and Products

Plan mappings from the experience period to the rating period can be found in Appendix – Mapping.

4.6.4 Plan Type

Each plan in Worksheet 2, Section I of the URRT contains a plan type that describes the plan exactly.

4.7 Miscellaneous Instructions

4.7.1 Effective Rate Review Information (Optional)

We have no additional exhibits.

4.7.2 Reliance

We do not have any reliance to state.

4.7.3 Actuarial Certification

Included in the Memorandum.

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

**Rate Filing # 2633
D.C. Individual Products
Rate Filing Effective 1/1/2023**

Actuarial Memorandum

BlueChoice Inc.
(NAIC # 96202)
H.R. 3950 - Public Law 111-148 - Patient Protection and Affordable Care Act (ACA)
D.C. Individual Products
Rate Filing Effective 1/1/2023
Actuarial Certification

I, Cory Bream, am a(n) Assistant Actuary with CareFirst BlueChoice 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
- viii. ASOP No. 50, Determining Minimum Value and Actuarial Value under the Affordable Care Act

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 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 and 147.102)
 - b. Developed in compliance with the applicable Actuarial Standards of Practice
 - c. Reasonable in relation to the benefits provided and the population anticipated to be covered
 - d. 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. Consistent with 45 CFR § 156.135, the 2023 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.

Cory Bream Digitally signed by Cory Bream
Date: 2022.05.02 10:45:00
-04'00'

Cory Bream, ASA, MAAA
Assistant Actuary
CareFirst BlueCross BlueShield
Mail Drop-Point 01-720
10455 Mill Run Circle
Owings Mills, MD 21117

Table of Contents

Page	Exhibit Name/Description
1	Cover Page
2	Actuarial Certification
3	Table of Contents
4	Exhibit 1 - Summary
5	Exhibit 2 - Base Period Allowed
6	Exhibit 3 - Non-EHB
7	Exhibit 4 - Morbidity
8	Exhibit 5 - Induced Demand
9	Exhibit 6 - Demographics
10	Exhibit 7 - Other Adjustments
11	Exhibit 8 - Trend
12	Exhibit 9 - Risk Adjustment
13	Exhibit 10A - Desired Loss Ratio
14	Exhibit 10B - Federal MLR
15	Exhibit 10B - Federal Combined MLR
16	Exhibit 11 - Plan Adjusted Index Rates
17	Exhibit 12 - HHS Actuarial Values
18	Exhibit 13 - Age Calibration
19	Exhibit 14 - Age Factors
20	Exhibit 15 - Induced Utilization Factors
21	Appendix - Network Factors
22	Appendix - Catastrophic Adjustment
23	Appendix - HIOS ID Mappings
24	Appendix - Rate Changes
25	Appendix - Max Renewal
26	Appendix - Abortion Charge
27	Appendix - Form Numbers
28 - 33	Appendix - Experience by Service Category
34	Appendix - Total Experience

Exhibit 1 - Market Adjusted Index Rate Summary

		2023	Exhibit
(1)	Base Period Total Allowed	\$ 469.36	2
(2)	Base Period Non-EHB PMPM	\$ 0.30	2
(3)	Experience Period Index Rate	\$ 469.06	
(4)	Change in Morbidity	1.0541	4
(5)	Additional Population Adjustment	1.0000	
(6)	Induced Demand	0.9977	5
(7)	Projection Period Utilization and Network Adjustment	1.0000	
(8)	Demographic Adjustment	0.9960	6
(9)	Area Adjustment	1.0000	
(10)	Additional "Other" Adjustments	0.9956	7
(11)	Annualized Trend	5.0%	8
(12)	Months of Trend	24.0	
(13)	Unit cost & Utilization/1,000 Trend Factor	1.1024	
(14)	Projection Period Index Rate	\$ 539.23	
(15)	Reinsurance Program	1.0000	
(16)	Risk Adjustment Program	1.2605	9
(17)	Federal Exchange User Fee	1.0000	
(18)	Market Adjusted Index Rate	\$ 679.71	
	Without Risk Adjustment	\$ 539.23	

The projection period index rate was developed by projecting individual URRT service categories and then building up into a total PMPM. As a result the adjustments above may not match the referenced exhibits exactly because these represent the average factor when considering application at the service category level.

Exhibit 2 - Base Period Experience

Service Category	Incurred	Allowed	Allowed PMPM	Utilization Description	Utilization per 1,000	Average Cost/Service
Inpatient Hospital	\$ 41,626,939	\$ 73.27	Admits	47.96	\$ 18,333.26	
Outpatient Hospital	\$ 52,355,454	\$ 92.15	Visits	917.94	\$ 1,204.71	
Professional	\$ 100,194,039	\$ 176.36	Visits	14,291.18	\$ 148.08	
Other Medical	\$ 15,678,528	\$ 27.60	Services	1,224.89	\$ 270.36	
Capitation	\$ 573,799	\$ 1.01	Benefit Period	1,000	\$ 12.12	
Prescription Drug	\$ 56,230,466	\$ 98.97	Prescriptions	8,039.55	\$ 147.73	
Total (EHB & Non-EHB)	\$ 266,659,226	\$ 469.36				
EHB Allowed	\$ 266,491,113	\$ 469.06				
Non-EHB Allowed	\$ 168,112	\$ 0.30				
Incurred Net	\$ 230,912,058	\$ 406.44				
Net/Allowed	86.59%					
Experience Period Member Months	568,133					
Experience Period Revenue	\$ 283,598,455					

Exhibit 3 - Non-EHB Adjustment

HIOS Plan ID	Plan Name	Exchange	2023 Index Rate	2023 Non-EHB PMPM	2023 Non-EHB Adjustment
86052DC0400001	BlueChoice HMO Standard Silver \$4,850	On	\$ 539.23	\$ 2.31	1.0043
86052DC0400002	BlueChoice HMO Standard Gold \$500	On	\$ 539.23	\$ 2.04	1.0038
86052DC0400004	BlueChoice HMO Young Adult \$9,100	On	\$ 539.23	\$ 4.36	1.0081
86052DC0400007	BlueChoice HMO Standard Bronze \$7,500	On	\$ 539.23	\$ 2.50	1.0046
86052DC0400008	BlueChoice HMO Standard Platinum \$0	On	\$ 539.23	\$ 1.97	1.0036
86052DC0400010	BlueChoice HMO HSA Standard Bronze \$6,350	On	\$ 539.23	\$ 2.55	1.0047
86052DC0400011	BlueChoice HMO HSA Gold \$1,500	On	\$ 539.23	\$ 2.13	1.0039

Exhibit 4 - Morbidity Adjustment Factor

Base Year

Metal Level	Member Months	2021 Normalized Allowed PMPM
Catastrophic	7,047	\$ 141.27
Bronze	51,014	\$ 160.79
Silver	139,409	\$ 213.90
Gold	220,751	\$ 263.21
Platinum	149,873	\$ 283.76
Subtotal	568,094	\$ 245.82

Current Year YTD

Existing

Metal Level	Member Months	2021 Normalized Allowed PMPM	Morbidity Adjustment	2022 Adjusted Normalized Allowed PMPM
Catastrophic	701	\$ 197.94	1.000	\$ 197.94
Bronze	6,460	\$ 167.00	1.000	\$ 167.00
Silver	19,529	\$ 212.96	1.000	\$ 212.96
Gold	31,591	\$ 256.80	1.000	\$ 256.80
Platinum	21,232	\$ 283.79	1.000	\$ 283.79
Subtotal	79,513	\$ 245.42	1.000	\$ 245.42

New

Metal Level	Member Months	Existing Cohort Adjusted Normalized Allowed PMPM	Morbidity Adjustment	2022 Adjusted Normalized Allowed PMPM
Catastrophic	170	\$ 197.94	1.000	\$ 197.94
Bronze	1,041	\$ 167.00	1.000	\$ 167.00
Silver	3,203	\$ 212.96	1.000	\$ 212.96
Gold	5,795	\$ 256.80	1.000	\$ 256.80
Platinum	3,011	\$ 283.79	1.000	\$ 283.79
Subtotal	13,220	\$ 244.50	1.000	\$ 244.50

Transfer

Metal Level	Member Months	2021 Normalized Allowed PMPM	Morbidity Adjustment	2022 Adjusted Normalized Allowed PMPM
Catastrophic	26	\$ 100.02	0.916	\$ 91.61
Bronze	263	\$ 262.82	0.916	\$ 240.71
Silver	530	\$ 287.91	0.916	\$ 263.69
Gold	1,054	\$ 404.07	0.916	\$ 370.08
Platinum	742	\$ 604.23	0.916	\$ 553.42
Subtotal	2,615	\$ 420.09	0.916	\$ 384.76

Total

Metal Level	Member Months	2021 Normalized Allowed PMPM	Morbidity Adjustment	2022 Adjusted Normalized Allowed PMPM
Catastrophic	897	\$ 195.11	0.999	\$ 194.86
Bronze	7,764	\$ 170.25	0.996	\$ 169.50
Silver	23,262	\$ 214.67	0.997	\$ 214.11
Gold	38,440	\$ 260.83	0.996	\$ 259.90
Platinum	24,985	\$ 293.31	0.995	\$ 291.80
Subtotal	95,348	\$ 250.08	0.996	\$ 249.12

Remainder of Current Year

Existing

Metal Level	Member Months	2022 Adjusted Normalized Allowed PMPM
Catastrophic	2,940	\$ 197.94
Bronze	29,464	\$ 167.00
Silver	93,609	\$ 212.96
Gold	152,133	\$ 256.80
Platinum	102,139	\$ 283.79
Subtotal	380,285	\$ 245.84

New

Metal Level	Member Months	2022 Adjusted Normalized Allowed PMPM
Catastrophic	1,784	\$ 197.94
Bronze	7,367	\$ 167.00
Silver	20,043	\$ 212.96
Gold	36,829	\$ 256.80
Platinum	20,442	\$ 283.79
Subtotal	86,465	\$ 244.15

Transfer

Metal Level	Member Months	2022 Adjusted Normalized Allowed PMPM
Catastrophic	170	\$ 91.61
Bronze	1,692	\$ 240.71
Silver	3,225	\$ 263.69
Gold	5,822	\$ 370.08
Platinum	4,274	\$ 553.42
Subtotal	15,183	\$ 381.56

Total

Metal Level	Member Months	2022 Adjusted Normalized Allowed PMPM
Catastrophic	4,894	\$ 194.25
Bronze	38,523	\$ 170.24
Silver	116,877	\$ 214.36
Gold	194,784	\$ 260.18
Platinum	126,855	\$ 292.88
Subtotal	481,933	\$ 249.82

Total Current Year

Total	Member Months	2022 Adjusted Normalized Allowed PMPM
Catastrophic	5,791	\$ 194.34
Bronze	46,287	\$ 170.12
Silver	140,139	\$ 214.32
Gold	233,224	\$ 260.14
Platinum	151,840	\$ 292.70
Subtotal	577,281	\$ 249.70

Rating Year

Existing

Metal Level	Member Months	2022 Normalized Allowed PMPM	Morbidity Adjustment	2023 Adjusted Normalized Allowed PMPM
Catastrophic	4,400	\$ 194.34	1.000	\$ 194.34
Bronze	35,971	\$ 170.12	1.000	\$ 170.12
Silver	111,493	\$ 214.32	1.000	\$ 214.32
Gold	185,993	\$ 260.14	1.000	\$ 260.14
Platinum	121,615	\$ 292.70	1.000	\$ 292.70
Subtotal	459,472	\$ 249.96	1.000	\$ 249.96

New

Metal Level	Member Months	Existing Cohort Adjusted Normalized Allowed PMPM	Morbidity Adjustment	2023 Adjusted Normalized Allowed PMPM
Catastrophic	1,498	\$ 194.34	1.000	\$ 194.34
Bronze	7,804	\$ 170.12	1.000	\$ 170.12
Silver	23,394	\$ 214.32	1.000	\$ 214.32
Gold	43,692	\$ 260.14	1.000	\$ 260.14
Platinum	24,715	\$ 292.70	1.000	\$ 292.70
Subtotal	101,103	\$ 249.57	1.000	\$ 249.57

Transfer

Metal Level	Member Months	2022 Normalized Allowed PMPM	Morbidity Adjustment	2023 Adjusted Normalized Allowed PMPM
Catastrophic	144	\$ 91.61	1.000	\$ 91.61
Bronze	3,933	\$ 240.71	1.000	\$ 240.71
Silver	10,210	\$ 263.69	1.000	\$ 263.69
Gold	21,048	\$ 370.08	1.000	\$ 370.08
Platinum	9,841	\$ 553.42	1.000	\$ 553.42
Subtotal	45,176	\$ 373.83	1.000	\$ 373.83

Total

Metal Level	Member Months	2022 Normalized Allowed PMPM	Morbidity Adjustment	2023 Adjusted Normalized Allowed PMPM
Catastrophic	6,042	\$ 191.90	1.000	\$ 191.90
Bronze	47,708	\$ 175.94	1.000	\$ 175.94
Silver	145,097	\$ 217.79	1.000	\$ 217.79
Gold	250,733	\$ 269.37	1.000	\$ 269.37
Platinum	156,171	\$ 309.13	1.000	\$ 309.13
Subtotal	605,751	\$ 259.13	1.000	\$ 259.13

Year	Adjusted Normalized PMPM	Year over Year Change
2021	\$ 245.82	n/a
2022	\$ 249.70	1.6%
2023	\$ 259.13	3.8%

Morbidity Adjustment Change	5.4%
Morbidity Adjustment Factor	1.0541

Exhibit 5 - Induced Utilization Adjustment Factor

Year	Actuarial Value	Induced Demand Factor	
(1) 2021	81.49%	1.0904	
(2) Projected 2023	81.13%	1.0879	
(3) Adjustment*		0.9977	(2)/(1)

***Applied to all service categories except capitations**

Exhibit 6 - Demographic Adjustment

	Period	Cohort	Demo Factor*	Weight	Average Age**
(1)	Base Period	All	1.6750	100.0%	34.4
(2)	Rating Period	Existing	1.7278	75.9%	
		New	1.4387	16.7%	
		Transfer	1.5764	7.5%	
(3)	Rating Period	All	1.6682	100.0%	34.3
(4)	Demographic Adjustment***	All	0.9960		

(3) / (1)

***Demo factors by cohort for the rating period are based on average factors for each cohort from the current year to date. Weights are based on expected distribution of member months.**

****Average ages are member weighted**

*****Applied to all service categories except capitations**

Exhibit 7 - Factors for Additional "Other" Adjustments

Capitation adjustment			
(1) Experience Period Capitations PMPM (EHBs only)	\$	0.79	
(2) Projection Period Capitations PMPM	\$	0.81	
(3) Adjustment to Capitation Category		1.0183	(2)/(1)
Drug Rebates adjustment			
(4) Experience Period Allowed Rx PMPM (Pre-Rebates)	\$	125.83	
(5) Morbidity		1.0541	Exhibit 4
(6) Induced Demand		0.9977	Exhibit 5
(7) Demographics		0.9960	Exhibit 6
(8) Rx Trend (Force of Trend)		1.1130	Exhibit 8
(9) Projected Target Allowed Rx PMPM using Multiplicative Factors (Pre-Rebates)	\$	146.70	(4)*(5)*(6)*(7)*(8)
(10) Target Projection Period Rx Rebates PMPM	\$	33.71	
(11) Target Post-Rebates Allowed Rx PMPM using Target Projection Period Rx Rebates PMPM	\$	112.99	(9)-(10)
(12) Experience Period Rx Rebates PMPM	\$	26.85	
(13) Experience Period Allowed Rx PMPM (Post-Rebates)	\$	98.97	(4)-(12)
(14) Morbidity		1.0541	Exhibit 4
(15) Induced Demand		0.9977	Exhibit 5
(16) Demographics		0.9960	Exhibit 6
(17) Rx Trend (Force of Trend)		1.1130	Exhibit 8
(18) Projection Period Allowed Rx PMPM using Multiplicative Factors (Post-Rebates)	\$	115.39	(13)*(14)*(15)*(16)*(17)
(19) Adjustment to Drug Category		0.9792	(11)/(18)

	PMPM	Adjustment	
Inpatient Hospital	\$ 78.29	1.0000	
Outpatient Hospital	\$ 109.48	1.0000	
Professional	\$ 207.60	1.0000	
Other Medical	\$ 30.07	1.0000	
Capitation	\$ 0.79	1.0183	(3)
Prescription Drug	\$ 115.39	0.9792	(19)
Total	\$ 541.62	0.9956	

PMPM weights are set equal to projected PMPM without "other" adj.

Exhibit 8 - Annual Trend Assumptions

	2021				Trended
	EHB PMPM	Weight	Utilization/1,000	Unit Cost	Composite
Inpatient Hospital	\$ 73.27	15.6%	1.0100	1.0000	1.0201
Outpatient Hospital	\$ 92.15	19.6%	1.0650	1.0000	1.1342
Professional	\$ 176.29	37.6%	1.0550	1.0050	1.1242
Other Medical	\$ 27.59	5.9%	1.0150	1.0050	1.0406
Capitation	\$ 0.79	0.2%	1.0000	1.0000	1.0000
Prescription Drug	\$ 98.97	21.1%	1.0550	1.0000	1.1130
Total	\$ 469.06	100.0%			1.0500
Proposed Trend					1.0500

Exhibit 9 - Risk Adjustment

Statewide 2021

Metallic Tier	Member Months		PLRS	ARF	GCF	IDF	AV	PWRS	PWORS	Transfer \$	PMPM	Statewide PMPM 2021
Catastrophic	7,835		0.383	0.736	1.000	1.000	0.570	0.383	0.420			\$ 115.85
Individual Non-Catastrophic	187,340		1.461	1.123	1.000	1.057	0.735	1.591	0.872			\$ 471.35

CFI & Competition 2021

Metallic Tier	Member Months	Distribution	PLRS	ARF	GCF	IDF	AV	PWRS	PWORS	Transfer \$	PMPM
CFI Non-Catastrophic	152,314	81.3%	1.535	1.133	1.000	1.056	0.733	1.672	0.877		
Competition Non-Catastrophic	35,026	18.7%	1.138	1.079	1.000	1.061	0.745	-	-		

2021

Metallic Tier	Member Months	Distribution	PLRS	ARF	GCF	IDF	AV	PWRS	PWORS	Transfer \$	PMPM
Catastrophic	7,196	12.3%	0.369	0.737	1.000	1.000	0.570	0.369	0.420	-\$30,922	-\$4.30
Bronze	27,421	46.8%	0.669	1.174	1.000	1.000	0.600	0.669	0.705	-\$5,012,370	-\$182.79
Silver	15,511	26.5%	1.041	1.181	1.000	1.030	0.700	1.072	0.851	-\$2,210,679	-\$142.52
Gold	6,092	10.4%	1.655	1.040	1.000	1.080	0.800	1.788	0.899	\$266,652	\$43.77
Platinum	2,327	4.0%	3.307	1.116	1.000	1.150	0.900	3.803	1.155	\$1,168,586	\$502.27
Total	58,547	100.0%	0.938	1.106	1.000	1.022	0.656	0.980	0.747	-\$5,818,732	-\$99.39

Statewide 2023

Metallic Tier	Member Months		PLRS	ARF	GCF	IDF	AV	PWRS	PWORS	Transfer \$	PMPM	Statewide PMPM 2023
Catastrophic	6,789		0.502	0.734	1.000	1.000	0.570	0.502	0.418			\$ 142.64
Individual Non-Catastrophic	167,620		1.473	1.130	1.000	1.060	0.742	1.609	0.888			\$ 588.95

CFI & Competition 2023

Metallic Tier	Member Months	Distribution	PLRS	ARF	GCF	IDF	AV	PWRS	PWORS	Transfer \$	PMPM
CFI Non-Catastrophic	131,582	78.5%	1.561	1.141	1.000	1.060	0.741	1.702	0.895		
Competition Non-Catastrophic	36,038	21.5%	1.150	1.093	1.000	1.061	0.745	-	-		

2023

Metallic Tier	Member Months	Distribution	PLRS	ARF	GCF	IDF	AV	PWRS	PWORS	Transfer \$	PMPM
Catastrophic	6,042	14.4%	0.502	0.734	1.000	1.000	0.570	0.502	0.418	-\$354	-\$0.06
Bronze	19,689	46.8%	0.732	1.194	1.000	1.000	0.600	0.732	0.716	-\$4,073,904	-\$206.91
Silver	10,440	24.8%	1.072	1.197	1.000	1.030	0.700	1.104	0.863	-\$1,751,055	-\$167.73
Gold	4,501	10.7%	2.177	1.090	1.000	1.080	0.800	2.351	0.942	\$1,063,076	\$236.19
Platinum	1,407	3.3%	3.289	1.139	1.000	1.150	0.900	3.782	1.179	\$848,125	\$602.79
Total	42,079	100.0%	1.023	1.116	1.000	1.021	0.652	1.067	0.749	-\$3,914,112	-\$93.02

Adjustment Factor applied to Market Adjusted Index Rate

Projected Index Rate	Projected Transfer PMPM (Allowed basis)	Risk Adjustment User Fee (Allowed basis)	Adjustment Factor*
\$539.23	-\$140.14	\$0.33	1.2605

Estimated HCRP Receivable	Estimated HCRP Charge	Net Charge PMPM
\$0.00	\$50,000	-\$1.19

*Adjustment Factor = (\$539.23 - \$-140.14+ \$0.33) / \$539.23

Exhibit 10A - Desired Incurred Claims Ratio

	2023	
	PMPM	% of Revenue
Allowed Claims	\$ 485.22	
Paid/Allowed Ratio	74.8%	
Paid Claims & Capitations	\$ 363.14	
RA Transfer & HCRP (Paid Basis)	\$ (94.21)	
Reinsurance Recoveries (Paid Basis)	\$ -	
Paid Claims & Capitations (Post-3Rs)	\$ 457.35	83.5%
Administrative Expense	\$ 61.54	11.2%
Broker Commissions & Fee	\$ 1.91	0.3%
Contribution to Reserve (Post-Tax)	\$ 8.77	1.6%
Investment Income Credit	\$ (0.55)	-0.1%
Risk Charge	\$ -	0.0%
<u>Non-ACA Taxes & Fees</u>		
State Premium Tax	\$ 10.96	2.0%
State Assessment Fee	\$ 0.55	0.1%
Reinsurance Program Fee	\$ -	0.0%
State Income Tax	\$ -	0.0%
Federal Income Tax	\$ 2.19	0.4%
<u>ACA Taxes & Fees</u>		
Health Insurer Tax	\$ -	0.0%
Risk Adjustment User Fee	\$ 0.22	0.0%
Exchange Assessment Fee	\$ 4.52	0.825%
Federal Exchange User Fee	\$ -	0.0%
PCORI Tax	\$ 0.26	0.0%
BlueRewards/Incentive Program	\$ 0.17	0.0%
Total Revenue	\$ 547.87	100.0%
Plan Level Admin Load Adjustment	1.1974	
Projected Member Months	42,079	
Average Members	3,507	
% Total 2023	100.0%	

Exhibit 10B - Federal MLR

	Total 2023 PMPM / %
<u>Traditional MLR Development</u>	
Paid Claims & Capitations (Post-3Rs) \$	457.35
Total Revenue \$	547.87
<hr/>	
Traditional MLR (i.e. DICR)	83.5%
 <u>Federal MLR Development</u>	
Numerator Adjustments	
BlueRewards/Incentive Program \$	0.17
Quality Improvement Expenses \$	2.02
Removal of non-care costs under MLR guidelines \$	(1.67)
 Denominator Adjustments	
Non-ACA Taxes & Fees \$	13.70
ACA Taxes & Fees \$	5.00
 Federal MLR Numerator \$	 457.87
Federal MLR Denominator \$	529.18
<hr/>	
Federal MLR	86.5%
 Projected Member Months	 42,079

Exhibit 10B - Federal MLR (Combined SG & Individual)

	Total 2023	
	PMPM / %	
<u>Traditional MLR Development</u>		
Paid Claims & Capitations (Post-3Rs)	\$	490.39
Total Revenue	\$	<u>609.38</u>
Traditional MLR (i.e. DICR)		80.5%
<u>Federal MLR Development</u>		
Numerator Adjustments		
BlueRewards/Incentive Program	\$	0.10
Quality Improvement Expenses	\$	2.60
removal of non-care costs under MLR guidelines	\$	(5.84)
Denominator Adjustments		
Non-ACA Taxes & Fees	\$	16.38
ACA Taxes & Fees	\$	5.51
Federal MLR Numerator	\$	487.26
Federal MLR Denominator	\$	<u>587.50</u>
Federal MLR		82.9%
Projected Member Months		605,751

Exhibit 11 - Plan Adjusted Index Rates

HIOS Plan ID	Plan Name	Plan Type	Metallic Tier	Exchange	Network	Market Adjusted Index Rate	Internal Pricing AV	Network Factor	Induced Utilization	Non-EHB	Catastrophic Adjustment	Capped Dependents	Admin	Plan Adjusted Index Rate
86052DC0400001	BlueChoice HMO Standard Silver \$4,850	HMO	SILVER	On	Open Access	\$679.71	0.8337	0.9478	0.9604	1.0043	1.0000	1.0000	1.1974	\$620.28
86052DC0400002	BlueChoice HMO Standard Gold \$500	HMO	GOLD	On	Open Access	\$679.71	0.9923	0.9478	1.0009	1.0038	1.0000	1.0000	1.1974	\$769.00
86052DC0400004	BlueChoice HMO Young Adult \$9,100	HMO	CATASTROPHIC	On	Open Access	\$679.71	0.7040	0.9478	0.9267	1.0081	0.5000	1.0000	1.1974	\$253.66
86052DC0400007	BlueChoice HMO Standard Bronze \$7,500	HMO	BRONZE	On	Open Access	\$679.71	0.7608	0.9478	0.9267	1.0046	1.0000	1.0000	1.1974	\$546.34
86052DC0400008	BlueChoice HMO Standard Platinum \$0	HMO	PLATINUM	On	Open Access	\$679.71	1.0000	0.9478	1.0657	1.0036	1.0000	1.0000	1.1974	\$825.06
86052DC0400010	BlueChoice HMO HSA Standard Bronze \$6,350	HMO	BRONZE	On	Open Access	\$679.71	0.7401	0.9478	0.9267	1.0047	1.0000	1.0000	1.1974	\$531.57
86052DC0400011	BlueChoice HMO HSA Gold \$1,500	HMO	GOLD	On	Open Access	\$679.71	0.9241	0.9478	1.0009	1.0039	1.0000	1.0000	1.1974	\$716.28

Exhibit 12 - AV Values

HIOS Plan ID	Suffix	HIOS Plan Name	HHS AV
86052DC0400001	01	BlueChoice HMO Standard Silver \$4,850	0.718
86052DC0400001	02	BlueChoice HMO Standard Silver \$4,850 NAO	1.000
86052DC0400001	03	BlueChoice HMO Standard Silver \$4,850 NAL	0.718
86052DC0400001	04	BlueChoice HMO Standard Silver \$4,850 A	0.739
86052DC0400001	05	BlueChoice HMO Standard Silver \$4,850 B	0.878
86052DC0400001	06	BlueChoice HMO Standard Silver \$4,850 C	0.940
86052DC0400002	01	BlueChoice HMO Standard Gold \$500	0.819
86052DC0400002	02	BlueChoice HMO Standard Gold \$500 NAO	1.000
86052DC0400002	03	BlueChoice HMO Standard Gold \$500 NAL	0.819
86052DC0400004	01	BlueChoice HMO Young Adult \$9,100	0.625
86052DC0400007	01	BlueChoice HMO Standard Bronze \$7,500	0.648
86052DC0400007	02	BlueChoice HMO Standard Bronze \$7,500 NAO	1.000
86052DC0400007	03	BlueChoice HMO Standard Bronze \$7,500 NAL	0.648
86052DC0400008	01	BlueChoice HMO Standard Platinum \$0	0.899
86052DC0400008	02	BlueChoice HMO Standard Platinum \$0 NAO	1.000
86052DC0400008	03	BlueChoice HMO Standard Platinum \$0 NAL	0.899
86052DC0400010	01	BlueChoice HMO HSA Standard Bronze \$6,350	0.646
86052DC0400010	02	BlueChoice HMO Standard Bronze \$6,350 NAO	1.000
86052DC0400010	03	BlueChoice HMO Standard Bronze \$6,350 NAL	0.646
86052DC0400011	01	BlueChoice HMO HSA Gold \$1,500	0.816
86052DC0400011	02	BlueChoice HMO Gold \$1,500 NAO	1.000
86052DC0400011	03	BlueChoice HMO Gold \$1,500 NAL	0.816

Exhibit 13 - Age Calibration

Age Curve Calibration					
	Period	Cohort	Rating Factor*	Weight	Average Age**
(1)	Rating Period	Existing	1.0819	75.9%	
		New	0.9399	16.7%	
		Transfer	1.0094	7.5%	
(2)	Rating Period	All	1.0528	100.0%	42.0
(3)	Nearest Rounded	All	1.0530		42.0
(4)	Calibration***	All	1.0002		

(3)/(2)

Premium Rate Demonstration		
	HIOS Plan Name	BlueChoice HMO Standard Silver \$4,850
(5)	Plan Adjusted Index Rate	\$620.28
(6)	Calibration	1.0002
(7)	Calibrated Rate	\$620.42
(8)	Age 40 Factor/Rounded Avg Age Factor = (0.975/1.053)	0.9259
(9)	Age 40 Premium Rate	\$574.46

(4)

(5)*(6)

(7)*(8)

*Rating factors by cohort for the rating period are based on average factors for each cohort from the current year to date. Weights are based on expected distribution of member months.

**The rating period average age is determined from the member weighted average factor. Specifically it is linearly interpolated using the two age factors on the curve surrounding the member weighted average factor.

***Applied uniformly to all plans

Exhibit 14 - Age Factors

Age	Factor
<=14	0.654
15	0.654
16	0.654
17	0.654
18	0.654
19	0.654
20	0.654
21	0.727
22	0.727
23	0.727
24	0.727
25	0.727
26	0.727
27	0.727
28	0.744
29	0.760
30	0.779
31	0.799
32	0.817
33	0.836
34	0.856
35	0.876
36	0.896
37	0.916
38	0.927
39	0.938
40	0.975
41	1.013
42	1.053
43	1.094
44	1.137
45	1.181
46	1.227
47	1.275
48	1.325
49	1.377
50	1.431
51	1.487
52	1.545
53	1.605
54	1.668
55	1.733
56	1.801
57	1.871
58	1.944
59	2.020
60	2.099
61	2.181
62	2.181
63	2.181
64+	2.181

Exhibit 15 - Induced Utilization Factors

CDH/Non-CDH	Projected Member Months	Relative to HSA/HRA	Relative to Average
HSA/HRA	153,444	1.0000	1.0000
Non-CDH	452,307	1.0000	1.0000
	605,751	1.0000	

Full HIOS Plan ID	Base HIOS Plan ID	Plan Name	Metal Level	Relative to Bronze	Projected Member Months	Relative to Average (Pool)	Relative to Average (CSR)
86052DC040000101	86052DC0400001	BlueChoice HMO Standard Silver \$4,850	SILVER	1.0300	9,348	0.9545	0.9604
86052DC040000102	86052DC0400001	BlueChoice HMO Standard Silver \$4,850 NAO	SILVER	1.0300	-	0.9545	0.9604
86052DC040000103	86052DC0400001	BlueChoice HMO Standard Silver \$4,850 NAL	SILVER	1.0300	-	0.9545	0.9604
86052DC040000104	86052DC0400001	BlueChoice HMO Standard Silver \$4,850 A	SILVER	1.0300	538	0.9545	0.9604
86052DC040000105	86052DC0400001	BlueChoice HMO Standard Silver \$4,850 B	SILVER	1.1500	160	1.0657	0.9604
86052DC040000106	86052DC0400001	BlueChoice HMO Standard Silver \$4,850 C	SILVER	1.1500	394	1.0657	0.9604
86052DC040000201	86052DC0400002	BlueChoice HMO Standard Gold \$500	GOLD	1.0800	2,909	1.0009	1.0009
86052DC040000202	86052DC0400002	BlueChoice HMO Standard Gold \$500 NAO	GOLD	1.0800	-	1.0009	1.0009
86052DC040000203	86052DC0400002	BlueChoice HMO Standard Gold \$500 NAL	GOLD	1.0800	-	1.0009	1.0009
86052DC040000401	86052DC0400004	BlueChoice HMO Young Adult \$9,100	CATASTROPHIC	1.0000	6,042	0.9267	0.9267
86052DC040000701	86052DC0400007	BlueChoice HMO Standard Bronze \$7,500	BRONZE	1.0000	7,748	0.9267	0.9267
86052DC040000702	86052DC0400007	BlueChoice HMO Standard Bronze \$7,500 NAO	BRONZE	1.0000	-	0.9267	0.9267
86052DC040000703	86052DC0400007	BlueChoice HMO Standard Bronze \$7,500 NAL	BRONZE	1.0000	-	0.9267	0.9267
86052DC040000801	86052DC0400008	BlueChoice HMO Standard Platinum \$0	PLATINUM	1.1500	1,407	1.0657	1.0657
86052DC040000802	86052DC0400008	BlueChoice HMO Standard Platinum \$0 NAO	PLATINUM	1.1500	-	1.0657	1.0657
86052DC040000803	86052DC0400008	BlueChoice HMO Standard Platinum \$0 NAL	PLATINUM	1.1500	-	1.0657	1.0657
86052DC040001001	86052DC0400010	BlueChoice HMO HSA Standard Bronze \$6,350	BRONZE	1.0000	11,941	0.9267	0.9267
86052DC040001002	86052DC0400010	BlueChoice HMO Standard Bronze \$6,350 NAO	BRONZE	1.0000	-	0.9267	0.9267
86052DC040001003	86052DC0400010	BlueChoice HMO Standard Bronze \$6,350 NAL	BRONZE	1.0000	-	0.9267	0.9267
86052DC040001101	86052DC0400011	BlueChoice HMO HSA Gold \$1,500	GOLD	1.0800	1,592	1.0009	1.0009
86052DC040001102	86052DC0400011	BlueChoice HMO Gold \$1,500 NAO	GOLD	1.0800	-	1.0009	1.0009
86052DC040001103	86052DC0400011	BlueChoice HMO Gold \$1,500 NAL	GOLD	1.0800	-	1.0009	1.0009

Appendix - Network Factors

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 Opt-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	Projected Member Months	Relative to Lock In / Referral	Relative to Average
Lock In / Referral	45,285	1.0000	0.9027
Open Access	184,466	1.0500	0.9478
Open Access Opt-Out	35,382	1.0617	0.9583
Open Access Plus	81,275	1.0733	0.9689
Open Access Advantage	259,343	1.1849	1.0696
Total	605,751	1.1078	

Factors are applied as plan level adjustments

Appendix - Catastrophic Plans Adjustment

Step 1: Normalize Experience Period Catastrophic PMPM

	Catastrophic	Non-Catastrophic	Total (single risk pool)
Member Months	7,047	561,086	568,133
Distribution	1.2%	98.8%	
Completed Allowed	\$1,188,055	\$265,471,171	\$266,659,226
Allowed PMPM	\$168.59	\$473.14	\$469.36
Age Rating Factor	0.7409	1.0610	1.0570
Induced Demand Factor	1.0000	1.0793	1.0783
Actuarial Value	1.0000	1.0000	1.0000
Net Factor	0.7409	1.1451	1.1401
Normalized Factor	1.5388	0.9956	1.0000
Normalized PMPM	\$259.43	\$471.07	\$469.36

Step 2: Apply Credibility to Normalized Catastrophic PMPM

(1)	Normalized Catastrophic PMPM	\$259.43	
(2)	Member Months	7,047	
(3)	Full Credibility (Member Months)	24,000	
(4)	Credibility	54.2%	
(5)	Normalized Non-Catastrophic PMPM	\$471.07	
(6)	Morbidity Adjustment*	0.6355	(a)/(b)
(7)	Morbidity-Adjusted Non-Catastrophic PMPM	\$299.34	(5)*(6)
(8)	Credibility-Adjusted Catastrophic PMPM	\$277.72	(1)*(4)+(1-(4))*(7)

Step 3: Ratio of Credibility-Normalized Catastrophic PMPM vs. Single Risk Pool

(9)	Normalized SRP PMPM	\$469.36	
(10)	Catastrophic Adjustment (Calculated)	0.5917	(8)/(9)
(11)	Catastrophic Adjustment (Selected)	0.5000	

Total Individual ACA BlueChoice Experience (202101-202112 Paid Through: 202202)

Metal Level	Member Months	Normalized Allowed PMPM	
Catastrophic	86,158	\$176.04	(a)
Bronze	521,304	\$154.41	
Silver	401,640	\$325.89	
Gold	876,322	\$326.41	
Platinum	2,307	\$715.87	
Non-Catastrophic Total	1,801,573	\$277.02	(b)

*The Morbidity Adjustment is the ratio of the Catastrophic Normalized Allowed PMPM to the Non-Catastrophic Normalized Allowed PMPM for our Total Individual ACA BlueChoice Experience.

Appendix - Experience Period to Rating Period Plan Mappings

Exp. Period		Current Period		Rating Period	
2021 Base HIOS Plan ID	2021 HIOS Plan Name	2022 Base HIOS Plan ID	2022 HIOS Plan Name	2023 Base HIOS Plan ID	2023 HIOS Plan Name
86052DC0400001	BlueChoice HMO Standard Silver \$4,000	86052DC0400001	BlueChoice HMO Standard Silver \$4,000	86052DC0400001	BlueChoice HMO Standard Silver \$4,850
86052DC0400002	BlueChoice HMO Standard Gold \$500	86052DC0400002	BlueChoice HMO Standard Gold \$500	86052DC0400002	BlueChoice HMO Standard Gold \$500
86052DC0400004	BlueChoice HMO Young Adult \$8,550	86052DC0400004	BlueChoice HMO Young Adult \$8,700	86052DC0400004	BlueChoice HMO Young Adult \$9,100
86052DC0400007	BlueChoice HMO Standard Bronze \$7,500	86052DC0400007	BlueChoice HMO Standard Bronze \$7,500	86052DC0400007	BlueChoice HMO Standard Bronze \$7,500
86052DC0400008	BlueChoice HMO Standard Platinum \$0	86052DC0400008	BlueChoice HMO Standard Platinum \$0	86052DC0400008	BlueChoice HMO Standard Platinum \$0
86052DC0400010	BlueChoice HMO HSA Standard Bronze \$6,350	86052DC0400010	BlueChoice HMO HSA Standard Bronze \$6,350	86052DC0400010	BlueChoice HMO HSA Standard Bronze \$6,350
86052DC0400011	BlueChoice HMO HSA Gold \$1,500	86052DC0400011	BlueChoice HMO HSA Gold \$1,500	86052DC0400011	BlueChoice HMO HSA Gold \$1,500

Appendix - Annual Rate Change Based on Mapping

Catastrophic	Catastrophic/Avg Renewal	477	512	38.7%
Bronze	Bronze Members/Avg Renewal	1,908	1,756	33.8%
Silver	Silver Members/Avg Renewal	1,067	954	27.0%
Gold	Gold Members/Avg Renewal	441	402	23.7%
Platinum	Platinum Members/Avg Renewal	156	134	12.2%
	All Members/Avg Renewal	4,049	3,758	29.3%
	Minimum Renewal			12.2%
	Maximum Renewal			38.7%

2022 HIOS Plan ID	2022 HIOS Plan Name	2022 Metal Level	2022 Marketplace Indicator	2023 HIOS Plan ID	2023 HIOS Plan Name	2023 Metal Level	2023 Marketplace Indicator	Current Month Member Count	Projected 2022 EOY Members	2022 Base Rate	2023 Base Rate	Annual Rate Change
86052DC0400001	BlueChoice HMO Standard Silver \$4,000	SILVER	On	86052DC0400001	BlueChoice HMO Standard Silver \$4,850	SILVER	On	1,067	954	\$463.89	\$589.19	27.0%
86052DC0400002	BlueChoice HMO Standard Gold \$500	GOLD	On	86052DC0400002	BlueChoice HMO Standard Gold \$500	GOLD	On	293	263	\$596.89	\$730.46	22.4%
86052DC0400004	BlueChoice HMO Young Adult \$8,700	CATASTROPHIC	On	86052DC0400004	BlueChoice HMO Young Adult \$9,100	CATASTROPHIC	On	477	512	\$173.71	\$240.95	38.7%
86052DC0400007	BlueChoice HMO Standard Bronze \$7,500	BRONZE	On	86052DC0400007	BlueChoice HMO Standard Bronze \$7,500	BRONZE	On	730	682	\$387.93	\$518.96	33.8%
86052DC0400008	BlueChoice HMO Standard Platinum \$0	PLATINUM	On	86052DC0400008	BlueChoice HMO Standard Platinum \$0	PLATINUM	On	156	134	\$698.53	\$783.72	12.2%
86052DC0400010	BlueChoice HMO HSA Standard Bronze \$6,350	BRONZE	On	86052DC0400010	BlueChoice HMO HSA Standard Bronze \$6,350	BRONZE	On	1,178	1,074	\$377.21	\$504.93	33.9%
86052DC0400011	BlueChoice HMO HSA Gold \$1,500	GOLD	On	86052DC0400011	BlueChoice HMO HSA Gold \$1,500	GOLD	On	148	139	\$538.32	\$680.38	26.4%

Appendix - Maximum Rate Renewal

	2022	2023	% Change
Base Rate	\$173.71	\$240.95	38.7%
Age Factor	0.654	0.727	11.2%
Geographic Factor	1.000	1.000	0.0%
Tobacco Factor	1.000	1.000	0.0%
Total	\$113.61	\$175.17	54.2%

	BlueChoice HMO Young Adult	BlueChoice HMO Young Adult
Base Rate/Product(s)	\$8,700	\$9,100
Age Change	20	21
Geo Change*	N/A	N/A
Tobacco Change**	N/A	N/A

*we did not geo rate

**we did not tobacco rate

Appendix - Federal Required \$1.00 minimum for abortion

HIOS Plan ID	Plan Name	Exchange	Minimum Charge	Lowest Age Factor	Base Premium	Age Calibration	Plan Adjusted Index Rate	Admin	Catastrophic Adjustment	Network Factor	Non-EHB	Induced Utilization	Benefit	Market Adjusted Index Rate	Exchange User Fee	Risk Adjustment Fee	Reinsurance Factor	Index Rate	\$1 Check	Final Rate, above \$1.00
86052DC0400001	BlueChoice HMO Standard Silver \$4,850	On	\$1.00	0.6540	\$1.53	0.9499	\$1.61	1.1974	1.0000	0.9478	1.0000	0.9604	0.8337	\$1.77	1.0000	1.2605	1.0000	\$1.40	\$1.00	\$1.40
86052DC0400002	BlueChoice HMO Standard Gold \$500	On	\$1.00	0.6540	\$1.53	0.9499	\$1.61	1.1974	1.0000	0.9478	1.0000	1.0009	0.9923	\$1.43	1.0000	1.2605	1.0000	\$1.13	\$1.00	\$1.13
86052DC0400004	BlueChoice HMO Young Adult \$9,100	On	\$1.00	0.6540	\$1.53	0.9499	\$1.61	1.1974	0.5000	0.9478	1.0000	0.9267	0.7040	\$4.35	1.0000	1.2605	1.0000	\$3.45	\$1.00	\$3.45
86052DC0400007	BlueChoice HMO Standard Bronze \$7,500	On	\$1.00	0.6540	\$1.53	0.9499	\$1.61	1.1974	1.0000	0.9478	1.0000	0.9267	0.7608	\$2.01	1.0000	1.2605	1.0000	\$1.59	\$1.00	\$1.59
86052DC0400008	BlueChoice HMO Standard Platinum \$0	On	\$1.00	0.6540	\$1.53	0.9499	\$1.61	1.1974	1.0000	0.9478	1.0000	1.0657	1.0000	\$1.33	1.0000	1.2605	1.0000	\$1.06	\$1.00	\$1.06
86052DC0400010	BlueChoice HMO HSA Standard Bronze \$6,350	On	\$1.00	0.6540	\$1.53	0.9499	\$1.61	1.1974	1.0000	0.9478	1.0000	0.9267	0.7401	\$2.07	1.0000	1.2605	1.0000	\$1.64	\$1.00	\$1.64
86052DC0400011	BlueChoice HMO HSA Gold \$1,500	On	\$1.00	0.6540	\$1.53	0.9499	\$1.61	1.1974	1.0000	0.9478	1.0000	1.0009	0.9241	\$1.53	1.0000	1.2605	1.0000	\$1.21	\$0.99	\$1.22

Appendix - Form Numbers

Form Numbers Associated With This Filing:

This list contains the applicable forms for the new 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-133246584

ON-Exchange

BlueChoice HMO Standard Plans

DC/CFBC/EXC/HMO/IEA (R. 1/23)
DC/CFBC/DOL APPEAL (R. 1/22)
DC/CFBC/EXC/HMO/DOCS (R. 1/23)
DC/CFBC/EXC/HMO HSA STD/BRZ 6350 (1/23)
DC/CFBC/EXC/HMO HSA/GOLD 1500 (1/23)
DC/CFBC/EXC/HMO STD/BRZ 7500 (1/23)
DC/CFBC/EXC/HMO STD/GOLD 500 (1/23)
DC/CFBC/EXC/HMO STD/PLAT 0 (1/23)
DC/CFBC/EXC/HMO STD/SIL 4850 (1/23)
DC/CFBC/EXC/HMO STD/SIL 4850 A (1/23)
DC/CFBC/EXC/HMO STD/SIL 4850 B (1/23)
DC/CFBC/EXC/HMO STD/SIL 4850 C (1/23)
DC/CFBC/EXC/HMO STD/NATAMER 0 (1/23)
DC/CFBC/EXC/NATAMER (1/14)
DC/CFBC/MEM/BLCRD (R. 6/18)
DC/CFBC/CD/AUTH AMEND/HMO (R. 1/22)
DC/CFBC/NO SURP ACT/AMEND (R. 1/23)
DC/CFBC/PT PROTECT (9/10)
DC/CFBC/CD/HMO/INCENT (1/23)

BlueChoice HMO Young Adult

DC/CFBC/EXC/HMO/IEA (R. 1/23)
DC/CFBC/DOL APPEAL (R. 1/22)
DC/CFBC/EXC/HMO/DOCS (R. 1/23)
DC/CFBC/EXC/HMO/NATAMER SOB (1/23)
DC/CFBC/EXC/HMO/ YA 9100 SOB (1/23)
DC/CFBC/EXC/NATAMER (1/14)
DC/CFBC/MEM/BLCRD (R. 6/18)
DC/CFBC/CD/AUTH AMEND/HMO (R. 1/22)
DC/CFBC/NO SURP ACT/AMEND (R. 1/23)
DC/CFBC/PT PROTECT (9/10)
DC/CFBC/CD/HMO/INCENT (1/23)

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Ultimate Incurred	Allowed	Incurred	Drug Rebates	Utilization Unit	Utilization
201901	42,431	Inpatient Hospital	\$2,627,023	\$2,483,317	\$2,627,023	\$2,483,317	\$0	Admits	169
201902	42,697	Inpatient Hospital	\$2,576,955	\$2,435,951	\$2,576,955	\$2,435,951	\$0	Admits	167
201903	42,785	Inpatient Hospital	\$2,896,054	\$2,808,694	\$2,896,054	\$2,808,694	\$0	Admits	168
201904	43,042	Inpatient Hospital	\$3,063,249	\$2,970,428	\$3,063,249	\$2,970,428	\$0	Admits	168
201905	43,059	Inpatient Hospital	\$3,499,047	\$3,347,274	\$3,499,047	\$3,347,274	\$0	Admits	176
201906	43,048	Inpatient Hospital	\$2,670,494	\$2,554,128	\$2,670,494	\$2,554,128	\$0	Admits	173
201907	43,084	Inpatient Hospital	\$3,154,621	\$3,002,661	\$3,154,567	\$3,002,609	\$0	Admits	176
201908	43,062	Inpatient Hospital	\$4,442,160	\$4,323,920	\$4,442,070	\$4,323,833	\$0	Admits	200
201909	43,164	Inpatient Hospital	\$4,031,362	\$3,926,080	\$4,031,159	\$3,925,881	\$0	Admits	176
201910	43,245	Inpatient Hospital	\$4,845,167	\$4,718,553	\$4,844,884	\$4,718,277	\$0	Admits	202
201911	43,257	Inpatient Hospital	\$2,636,991	\$2,524,169	\$2,636,812	\$2,523,997	\$0	Admits	189
201912	43,625	Inpatient Hospital	\$2,953,739	\$2,828,663	\$2,953,515	\$2,828,448	\$0	Admits	188
202001	44,512	Inpatient Hospital	\$3,266,113	\$3,101,207	\$3,265,722	\$3,100,835	\$0	Admits	193
202002	44,747	Inpatient Hospital	\$2,505,853	\$2,419,378	\$2,505,463	\$2,419,001	\$0	Admits	163
202003	45,242	Inpatient Hospital	\$2,783,465	\$2,674,094	\$2,782,991	\$2,673,638	\$0	Admits	170
202004	45,527	Inpatient Hospital	\$3,362,475	\$3,297,247	\$3,361,743	\$3,296,528	\$0	Admits	167
202005	45,537	Inpatient Hospital	\$3,209,703	\$3,133,319	\$3,208,989	\$3,132,623	\$0	Admits	212
202006	45,654	Inpatient Hospital	\$2,610,631	\$2,536,147	\$2,610,001	\$2,535,535	\$0	Admits	164
202007	45,692	Inpatient Hospital	\$6,291,465	\$6,208,937	\$6,289,734	\$6,207,233	\$0	Admits	153
202008	45,568	Inpatient Hospital	\$3,170,181	\$3,076,202	\$3,168,985	\$3,075,049	\$0	Admits	171
202009	45,879	Inpatient Hospital	\$3,335,884	\$3,227,826	\$3,334,200	\$3,226,197	\$0	Admits	170
202010	45,963	Inpatient Hospital	\$3,724,583	\$3,625,783	\$3,722,703	\$3,623,963	\$0	Admits	187
202011	46,151	Inpatient Hospital	\$3,872,307	\$3,731,362	\$3,869,788	\$3,728,955	\$0	Admits	204
202012	46,669	Inpatient Hospital	\$3,034,682	\$2,918,554	\$3,032,557	\$2,916,524	\$0	Admits	172
202101	46,744	Inpatient Hospital	\$2,811,772	\$2,669,352	\$2,808,961	\$2,666,698	\$0	Admits	171
202102	47,000	Inpatient Hospital	\$2,993,113	\$2,878,026	\$2,987,692	\$2,872,815	\$0	Admits	172
202103	47,185	Inpatient Hospital	\$4,158,427	\$4,036,442	\$4,144,720	\$4,023,122	\$0	Admits	197
202104	47,263	Inpatient Hospital	\$3,581,176	\$3,441,319	\$3,564,130	\$3,424,897	\$0	Admits	196
202105	47,283	Inpatient Hospital	\$3,984,828	\$3,867,173	\$3,957,115	\$3,840,232	\$0	Admits	173
202106	47,112	Inpatient Hospital	\$4,308,700	\$4,184,092	\$4,269,017	\$4,145,512	\$0	Admits	185
202107	47,361	Inpatient Hospital	\$3,466,325	\$3,354,467	\$3,422,675	\$3,312,213	\$0	Admits	152
202108	47,626	Inpatient Hospital	\$3,616,248	\$3,483,722	\$3,557,919	\$3,427,465	\$0	Admits	212
202109	47,874	Inpatient Hospital	\$3,591,935	\$3,451,131	\$3,503,954	\$3,366,421	\$0	Admits	287
202110	47,491	Inpatient Hospital	\$3,382,087	\$3,265,016	\$3,263,879	\$3,150,857	\$0	Admits	183
202111	47,541	Inpatient Hospital	\$3,567,013	\$3,429,661	\$3,381,479	\$3,251,194	\$0	Admits	204
202112	47,653	Inpatient Hospital	\$2,165,315	\$2,072,740	\$1,995,263	\$1,909,955	\$0	Admits	140
202201	47,521	Inpatient Hospital	\$1,634,994	\$1,464,172	\$1,242,450	\$1,114,062	\$0	Admits	138
202202	47,964	Inpatient Hospital	\$1,008,902	\$913,407	\$322,946	\$292,808	\$0	Admits	72

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Ultimate Incurred	Allowed	Incurred	Drug Rebates	Utilization Unit	Utilization
201901	42,431	Outpatient Hospital	\$3,444,357	\$2,890,934	\$3,444,357	\$2,890,934	\$0	Visits	2,796
201902	42,697	Outpatient Hospital	\$3,006,225	\$2,531,364	\$3,006,225	\$2,531,364	\$0	Visits	2,472
201903	42,785	Outpatient Hospital	\$3,006,078	\$2,475,844	\$3,006,078	\$2,475,844	\$0	Visits	2,853
201904	43,042	Outpatient Hospital	\$3,640,293	\$3,121,901	\$3,640,293	\$3,121,901	\$0	Visits	3,007
201905	43,059	Outpatient Hospital	\$3,202,986	\$2,674,618	\$3,202,986	\$2,674,618	\$0	Visits	2,900
201906	43,048	Outpatient Hospital	\$2,809,307	\$2,352,432	\$2,809,307	\$2,352,432	\$0	Visits	2,644
201907	43,084	Outpatient Hospital	\$3,100,153	\$2,636,895	\$3,100,099	\$2,636,849	\$0	Visits	2,676
201908	43,062	Outpatient Hospital	\$3,160,443	\$2,670,239	\$3,160,379	\$2,670,185	\$0	Visits	2,705
201909	43,164	Outpatient Hospital	\$3,019,114	\$2,564,795	\$3,018,964	\$2,564,667	\$0	Visits	2,603
201910	43,245	Outpatient Hospital	\$3,535,091	\$3,028,246	\$3,534,886	\$3,028,070	\$0	Visits	2,946
201911	43,257	Outpatient Hospital	\$3,285,367	\$2,805,123	\$3,285,145	\$2,804,933	\$0	Visits	2,586
201912	43,625	Outpatient Hospital	\$3,803,893	\$3,244,903	\$3,803,604	\$3,244,657	\$0	Visits	2,768
202001	44,512	Outpatient Hospital	\$3,467,626	\$2,864,400	\$3,467,214	\$2,864,059	\$0	Visits	2,718
202002	44,747	Outpatient Hospital	\$3,239,594	\$2,701,195	\$3,239,085	\$2,700,768	\$0	Visits	2,529
202003	45,242	Outpatient Hospital	\$2,818,829	\$2,412,077	\$2,818,344	\$2,411,659	\$0	Visits	2,339
202004	45,527	Outpatient Hospital	\$1,785,300	\$1,606,928	\$1,784,919	\$1,606,582	\$0	Visits	1,390
202005	45,537	Outpatient Hospital	\$2,481,774	\$2,219,817	\$2,481,220	\$2,219,321	\$0	Visits	1,840
202006	45,654	Outpatient Hospital	\$3,820,498	\$3,445,833	\$3,819,573	\$3,445,001	\$0	Visits	2,420
202007	45,692	Outpatient Hospital	\$3,569,356	\$3,126,540	\$3,568,372	\$3,125,684	\$0	Visits	2,663
202008	45,568	Outpatient Hospital	\$3,511,425	\$3,091,554	\$3,510,168	\$3,090,458	\$0	Visits	2,730
202009	45,879	Outpatient Hospital	\$4,141,157	\$3,674,793	\$4,139,028	\$3,672,927	\$0	Visits	2,956
202010	45,963	Outpatient Hospital	\$3,843,490	\$3,401,815	\$3,841,450	\$3,400,041	\$0	Visits	3,103
202011	46,151	Outpatient Hospital	\$3,620,346	\$3,209,035	\$3,618,020	\$3,206,992	\$0	Visits	2,977
202012	46,669	Outpatient Hospital	\$4,082,359	\$3,589,620	\$4,079,360	\$3,586,983	\$0	Visits	3,210
202101	46,744	Outpatient Hospital	\$3,432,488	\$2,929,271	\$3,429,288	\$2,926,553	\$0	Visits	2,923
202102	47,000	Outpatient Hospital	\$3,790,259	\$3,331,971	\$3,783,406	\$3,325,948	\$0	Visits	2,905
202103	47,185	Outpatient Hospital	\$4,545,183	\$3,994,043	\$4,530,126	\$3,980,765	\$0	Visits	3,935
202104	47,263	Outpatient Hospital	\$4,403,601	\$3,832,063	\$4,382,183	\$3,813,338	\$0	Visits	4,233
202105	47,283	Outpatient Hospital	\$4,690,299	\$4,134,674	\$4,658,107	\$4,106,245	\$0	Visits	3,728
202106	47,112	Outpatient Hospital	\$4,384,620	\$3,760,950	\$4,344,502	\$3,726,457	\$0	Visits	3,541
202107	47,361	Outpatient Hospital	\$4,398,204	\$3,907,229	\$4,343,807	\$3,858,859	\$0	Visits	3,416
202108	47,626	Outpatient Hospital	\$4,613,149	\$4,022,343	\$4,538,508	\$3,957,142	\$0	Visits	3,718
202109	47,874	Outpatient Hospital	\$4,274,706	\$3,761,550	\$4,168,085	\$3,667,405	\$0	Visits	3,579
202110	47,491	Outpatient Hospital	\$4,592,172	\$4,043,767	\$4,431,158	\$3,901,894	\$0	Visits	3,800
202111	47,541	Outpatient Hospital	\$4,764,426	\$4,220,891	\$4,516,148	\$4,000,853	\$0	Visits	3,683
202112	47,653	Outpatient Hospital	\$4,466,346	\$3,824,899	\$4,115,630	\$3,524,555	\$0	Visits	3,999
202201	47,521	Outpatient Hospital	\$3,872,195	\$3,291,942	\$2,956,380	\$2,514,260	\$0	Visits	3,284
202202	47,964	Outpatient Hospital	\$4,338,916	\$3,680,204	\$1,398,044	\$1,186,713	\$0	Visits	3,417

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Ultimate Incurred	Allowed	Incurred	Drug Rebates	Utilization Unit	Utilization
201901	42,431	Professional	\$6,526,267	\$4,900,961	\$6,526,267	\$4,900,961	\$0	Visits	42,175
201902	42,697	Professional	\$5,550,695	\$4,238,336	\$5,550,695	\$4,238,336	\$0	Visits	36,120
201903	42,785	Professional	\$6,033,546	\$4,609,861	\$6,033,546	\$4,609,861	\$0	Visits	40,363
201904	43,042	Professional	\$6,126,269	\$4,750,836	\$6,126,269	\$4,750,836	\$0	Visits	40,160
201905	43,059	Professional	\$6,086,258	\$4,755,104	\$6,086,258	\$4,755,104	\$0	Visits	41,078
201906	43,048	Professional	\$5,738,275	\$4,461,612	\$5,738,275	\$4,461,612	\$0	Visits	37,307
201907	43,084	Professional	\$6,109,071	\$4,767,327	\$6,108,980	\$4,767,258	\$0	Visits	39,627
201908	43,062	Professional	\$6,233,473	\$4,956,780	\$6,233,361	\$4,956,693	\$0	Visits	40,488
201909	43,164	Professional	\$6,038,917	\$4,801,993	\$6,038,619	\$4,801,757	\$0	Visits	39,968
201910	43,245	Professional	\$7,126,683	\$5,740,946	\$7,126,271	\$5,740,617	\$0	Visits	47,149
201911	43,257	Professional	\$6,113,985	\$4,861,959	\$6,113,574	\$4,861,634	\$0	Visits	40,730
201912	43,625	Professional	\$6,136,232	\$4,746,797	\$6,135,766	\$4,746,438	\$0	Visits	38,926
202001	44,512	Professional	\$6,991,224	\$5,233,944	\$6,990,397	\$5,233,324	\$0	Visits	47,240
202002	44,747	Professional	\$6,386,456	\$4,877,035	\$6,385,466	\$4,876,274	\$0	Visits	41,804
202003	45,242	Professional	\$5,450,239	\$4,275,616	\$5,449,306	\$4,274,882	\$0	Visits	35,810
202004	45,527	Professional	\$3,514,354	\$2,985,593	\$3,513,596	\$2,984,948	\$0	Visits	25,410
202005	45,537	Professional	\$4,507,910	\$3,795,929	\$4,506,905	\$3,795,083	\$0	Visits	30,438
202006	45,654	Professional	\$6,023,902	\$5,034,406	\$6,022,452	\$5,033,198	\$0	Visits	40,470
202007	45,692	Professional	\$6,675,176	\$5,539,828	\$6,673,307	\$5,538,291	\$0	Visits	44,342
202008	45,568	Professional	\$6,662,452	\$5,368,950	\$6,660,125	\$5,367,107	\$0	Visits	44,411
202009	45,879	Professional	\$7,307,848	\$5,923,000	\$7,304,077	\$5,919,982	\$0	Visits	51,160
202010	45,963	Professional	\$8,073,331	\$6,641,321	\$8,069,057	\$6,637,849	\$0	Visits	56,707
202011	46,151	Professional	\$7,532,727	\$6,185,167	\$7,527,888	\$6,181,224	\$0	Visits	51,428
202012	46,669	Professional	\$7,909,835	\$6,386,743	\$7,904,135	\$6,382,160	\$0	Visits	53,594
202101	46,744	Professional	\$7,515,510	\$5,962,990	\$7,508,419	\$5,957,393	\$0	Visits	53,470
202102	47,000	Professional	\$7,238,570	\$5,704,339	\$7,225,483	\$5,694,029	\$0	Visits	48,877
202103	47,185	Professional	\$8,857,907	\$7,028,854	\$8,828,601	\$7,005,529	\$0	Visits	61,694
202104	47,263	Professional	\$8,603,240	\$6,876,836	\$8,561,415	\$6,843,263	\$0	Visits	59,474
202105	47,283	Professional	\$7,832,048	\$6,207,438	\$7,778,089	\$6,164,541	\$0	Visits	51,618
202106	47,112	Professional	\$8,219,509	\$6,447,934	\$8,143,609	\$6,388,132	\$0	Visits	52,183
202107	47,361	Professional	\$7,798,886	\$6,207,938	\$7,702,178	\$6,130,626	\$0	Visits	51,355
202108	47,626	Professional	\$8,617,324	\$6,972,816	\$8,477,414	\$6,859,333	\$0	Visits	56,518
202109	47,874	Professional	\$8,824,870	\$7,178,712	\$8,604,910	\$6,999,306	\$0	Visits	60,241
202110	47,491	Professional	\$8,847,888	\$7,213,205	\$8,537,700	\$6,960,185	\$0	Visits	61,233
202111	47,541	Professional	\$8,538,433	\$6,895,565	\$8,092,195	\$6,534,926	\$0	Visits	57,691
202112	47,653	Professional	\$9,299,852	\$7,614,752	\$8,569,538	\$7,016,760	\$0	Visits	62,255
202201	47,521	Professional	\$9,166,688	\$7,249,991	\$6,986,492	\$5,528,816	\$0	Visits	61,897
202202	47,964	Professional	\$10,865,410	\$8,378,107	\$3,490,935	\$2,694,732	\$0	Visits	71,025

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Ultimate Incurred	Allowed	Incurred	Drug Rebates	Utilization Unit	Utilization
201901	42,431	Other Medical	\$1,106,690	\$971,342	\$1,106,690	\$971,342	\$0	Services	4,254
201902	42,697	Other Medical	\$1,045,307	\$924,707	\$1,045,307	\$924,707	\$0	Services	3,601
201903	42,785	Other Medical	\$1,225,489	\$1,130,828	\$1,225,489	\$1,130,828	\$0	Services	4,183
201904	43,042	Other Medical	\$1,183,437	\$1,085,532	\$1,183,437	\$1,085,532	\$0	Services	4,654
201905	43,059	Other Medical	\$1,223,270	\$1,116,607	\$1,223,270	\$1,116,607	\$0	Services	4,475
201906	43,048	Other Medical	\$988,005	\$886,604	\$988,005	\$886,604	\$0	Services	4,100
201907	43,084	Other Medical	\$1,059,972	\$946,440	\$1,059,955	\$946,425	\$0	Services	4,387
201908	43,062	Other Medical	\$1,159,243	\$1,058,126	\$1,159,221	\$1,058,106	\$0	Services	4,510
201909	43,164	Other Medical	\$992,348	\$905,391	\$992,300	\$905,346	\$0	Services	3,713
201910	43,245	Other Medical	\$1,192,294	\$1,102,233	\$1,192,225	\$1,102,169	\$0	Services	4,140
201911	43,257	Other Medical	\$1,081,876	\$1,003,063	\$1,081,803	\$1,002,995	\$0	Services	2,959
201912	43,625	Other Medical	\$1,029,750	\$902,071	\$1,029,673	\$902,003	\$0	Services	3,447
202001	44,512	Other Medical	\$1,163,463	\$1,027,264	\$1,163,326	\$1,027,142	\$0	Services	4,736
202002	44,747	Other Medical	\$961,533	\$841,301	\$961,385	\$841,171	\$0	Services	4,303
202003	45,242	Other Medical	\$1,106,122	\$1,015,087	\$1,105,931	\$1,014,912	\$0	Services	3,540
202004	45,527	Other Medical	\$953,291	\$877,585	\$953,086	\$877,397	\$0	Services	2,527
202005	45,537	Other Medical	\$1,007,126	\$923,505	\$1,006,902	\$923,300	\$0	Services	3,077
202006	45,654	Other Medical	\$1,043,776	\$941,171	\$1,043,525	\$940,944	\$0	Services	4,643
202007	45,692	Other Medical	\$1,286,861	\$1,160,383	\$1,286,508	\$1,160,065	\$0	Services	4,952
202008	45,568	Other Medical	\$1,030,732	\$949,934	\$1,030,376	\$949,606	\$0	Services	4,795
202009	45,879	Other Medical	\$1,252,303	\$1,155,182	\$1,251,658	\$1,154,585	\$0	Services	5,237
202010	45,963	Other Medical	\$1,309,596	\$1,181,951	\$1,308,916	\$1,181,336	\$0	Services	5,118
202011	46,151	Other Medical	\$1,246,897	\$1,154,101	\$1,246,095	\$1,153,358	\$0	Services	3,807
202012	46,669	Other Medical	\$1,288,897	\$1,137,912	\$1,287,972	\$1,137,096	\$0	Services	4,453
202101	46,744	Other Medical	\$1,139,594	\$1,006,994	\$1,138,524	\$1,006,056	\$0	Services	4,130
202102	47,000	Other Medical	\$1,104,362	\$986,519	\$1,102,366	\$984,737	\$0	Services	4,352
202103	47,185	Other Medical	\$1,416,949	\$1,287,743	\$1,412,244	\$1,283,460	\$0	Services	5,426
202104	47,263	Other Medical	\$1,196,068	\$1,071,308	\$1,190,256	\$1,066,085	\$0	Services	4,897
202105	47,283	Other Medical	\$1,256,069	\$1,137,949	\$1,247,367	\$1,130,055	\$0	Services	4,485
202106	47,112	Other Medical	\$1,442,328	\$1,314,902	\$1,428,986	\$1,302,740	\$0	Services	5,116
202107	47,361	Other Medical	\$1,252,126	\$1,149,926	\$1,236,579	\$1,135,634	\$0	Services	4,698
202108	47,626	Other Medical	\$1,403,553	\$1,279,429	\$1,380,772	\$1,258,643	\$0	Services	5,437
202109	47,874	Other Medical	\$1,277,627	\$1,138,760	\$1,245,742	\$1,110,296	\$0	Services	4,830
202110	47,491	Other Medical	\$1,275,536	\$1,170,923	\$1,230,843	\$1,129,893	\$0	Services	4,767
202111	47,541	Other Medical	\$1,299,575	\$1,174,570	\$1,231,465	\$1,112,998	\$0	Services	4,995
202112	47,653	Other Medical	\$1,614,741	\$1,438,564	\$1,487,926	\$1,325,586	\$0	Services	4,859
202201	47,521	Other Medical	\$1,370,215	\$1,184,515	\$1,043,317	\$902,379	\$0	Services	5,338
202202	47,964	Other Medical	\$1,777,927	\$1,570,924	\$571,359	\$505,209	\$0	Services	8,536

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Ultimate Incurred	Allowed	Incurred	Drug Rebates	Utilization Unit	Utilization
201901	42,431	Prescription Drug	\$4,843,244	\$4,196,542	\$4,843,244	\$4,196,542	\$782,360	Scripts	28,072
201902	42,697	Prescription Drug	\$4,310,034	\$3,836,436	\$4,310,034	\$3,836,436	\$736,987	Scripts	25,349
201903	42,785	Prescription Drug	\$4,768,847	\$4,285,691	\$4,768,847	\$4,285,691	\$840,896	Scripts	27,898
201904	43,042	Prescription Drug	\$4,982,914	\$4,541,110	\$4,982,914	\$4,541,110	\$870,146	Scripts	27,954
201905	43,059	Prescription Drug	\$5,020,753	\$4,617,947	\$5,020,753	\$4,617,947	\$867,716	Scripts	28,473
201906	43,048	Prescription Drug	\$4,583,935	\$4,231,317	\$4,583,935	\$4,231,317	\$830,547	Scripts	26,253
201907	43,084	Prescription Drug	\$5,189,302	\$4,778,227	\$5,189,302	\$4,778,227	\$941,157	Scripts	27,679
201908	43,062	Prescription Drug	\$4,929,301	\$4,527,507	\$4,929,301	\$4,527,507	\$923,588	Scripts	27,327
201909	43,164	Prescription Drug	\$4,871,792	\$4,482,661	\$4,871,792	\$4,482,661	\$892,621	Scripts	25,996
201910	43,245	Prescription Drug	\$5,174,389	\$4,762,560	\$5,174,389	\$4,762,560	\$957,422	Scripts	28,119
201911	43,257	Prescription Drug	\$4,609,370	\$4,242,540	\$4,609,370	\$4,242,540	\$890,569	Scripts	26,578
201912	43,625	Prescription Drug	\$5,362,618	\$4,794,063	\$5,362,618	\$4,794,063	\$949,134	Scripts	28,749
202001	44,512	Prescription Drug	\$4,846,840	\$4,115,526	\$4,846,840	\$4,115,526	\$834,981	Scripts	29,818
202002	44,747	Prescription Drug	\$4,876,263	\$4,333,909	\$4,876,263	\$4,333,909	\$896,987	Scripts	28,118
202003	45,242	Prescription Drug	\$5,822,316	\$5,232,424	\$5,822,316	\$5,232,424	\$1,124,587	Scripts	31,822
202004	45,527	Prescription Drug	\$5,257,551	\$4,816,574	\$5,257,551	\$4,816,574	\$1,082,600	Scripts	24,448
202005	45,537	Prescription Drug	\$5,141,224	\$4,725,420	\$5,141,224	\$4,725,420	\$1,028,797	Scripts	24,654
202006	45,654	Prescription Drug	\$5,356,225	\$4,921,601	\$5,356,225	\$4,921,601	\$1,110,173	Scripts	26,054
202007	45,692	Prescription Drug	\$5,520,085	\$5,056,205	\$5,520,085	\$5,056,205	\$1,075,782	Scripts	26,504
202008	45,568	Prescription Drug	\$5,248,117	\$4,838,404	\$5,248,117	\$4,838,404	\$1,043,041	Scripts	25,960
202009	45,879	Prescription Drug	\$5,206,605	\$4,779,208	\$5,206,605	\$4,779,208	\$1,047,412	Scripts	26,417
202010	45,963	Prescription Drug	\$5,860,320	\$5,395,593	\$5,860,320	\$5,395,593	\$1,113,298	Scripts	27,011
202011	46,151	Prescription Drug	\$5,132,029	\$4,710,411	\$5,132,029	\$4,710,411	\$1,070,046	Scripts	25,428
202012	46,669	Prescription Drug	\$5,490,992	\$4,913,841	\$5,490,992	\$4,913,841	\$1,081,145	Scripts	27,764
202101	46,744	Prescription Drug	\$5,297,335	\$4,627,936	\$5,297,335	\$4,627,936	\$1,070,166	Scripts	27,132
202102	47,000	Prescription Drug	\$5,075,382	\$4,565,164	\$5,075,382	\$4,565,164	\$1,080,483	Scripts	26,269
202103	47,185	Prescription Drug	\$6,256,959	\$5,662,789	\$6,256,959	\$5,662,789	\$1,339,732	Scripts	33,321
202104	47,263	Prescription Drug	\$6,011,890	\$5,540,100	\$6,011,890	\$5,540,100	\$1,281,602	Scripts	37,195
202105	47,283	Prescription Drug	\$5,670,285	\$5,213,493	\$5,670,285	\$5,213,493	\$1,211,735	Scripts	32,535
202106	47,112	Prescription Drug	\$5,929,911	\$5,443,483	\$5,929,911	\$5,443,483	\$1,264,527	Scripts	30,848
202107	47,361	Prescription Drug	\$5,925,583	\$5,450,833	\$5,925,583	\$5,450,833	\$1,282,280	Scripts	29,765
202108	47,626	Prescription Drug	\$6,040,805	\$5,537,496	\$6,040,805	\$5,537,496	\$1,375,902	Scripts	30,937
202109	47,874	Prescription Drug	\$5,931,775	\$5,449,365	\$5,931,775	\$5,449,365	\$1,308,071	Scripts	29,677
202110	47,491	Prescription Drug	\$6,141,368	\$5,661,345	\$6,141,368	\$5,661,345	\$1,335,076	Scripts	31,077
202111	47,541	Prescription Drug	\$6,452,531	\$5,982,162	\$6,452,531	\$5,982,162	\$1,356,363	Scripts	35,856
202112	47,653	Prescription Drug	\$6,752,705	\$6,094,402	\$6,752,705	\$6,094,402	\$1,350,126	Scripts	36,016
202201	47,521	Prescription Drug	\$6,358,463	\$5,675,139	\$6,358,463	\$5,675,139	\$1,511,031	Scripts	31,990
202202	47,964	Prescription Drug	\$6,108,253	\$5,496,464	\$6,108,253	\$5,496,464	\$1,485,765	Scripts	28,796

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Ultimate Incurred	Allowed	Incurred	Drug Rebates	Utilization Unit	Utilization
201901	42,431	Capitations	\$42,765	\$42,765	\$42,765	\$42,765	\$0	Benefit Period	42,431
201902	42,697	Capitations	\$42,878	\$42,878	\$42,878	\$42,878	\$0	Benefit Period	42,697
201903	42,785	Capitations	\$43,038	\$43,038	\$43,038	\$43,038	\$0	Benefit Period	42,785
201904	43,042	Capitations	\$43,217	\$43,217	\$43,217	\$43,217	\$0	Benefit Period	43,042
201905	43,059	Capitations	\$42,970	\$42,970	\$42,970	\$42,970	\$0	Benefit Period	43,059
201906	43,048	Capitations	\$42,784	\$42,784	\$42,784	\$42,784	\$0	Benefit Period	43,048
201907	43,084	Capitations	\$42,696	\$42,696	\$42,696	\$42,696	\$0	Benefit Period	43,084
201908	43,062	Capitations	\$42,637	\$42,637	\$42,637	\$42,637	\$0	Benefit Period	43,062
201909	43,164	Capitations	\$42,684	\$42,684	\$42,684	\$42,684	\$0	Benefit Period	43,164
201910	43,245	Capitations	\$42,588	\$42,588	\$42,588	\$42,588	\$0	Benefit Period	43,245
201911	43,257	Capitations	\$42,385	\$42,385	\$42,385	\$42,385	\$0	Benefit Period	43,257
201912	43,625	Capitations	\$42,492	\$42,492	\$42,492	\$42,492	\$0	Benefit Period	43,625
202001	44,512	Capitations	\$45,809	\$45,809	\$45,809	\$45,809	\$0	Benefit Period	44,512
202002	44,747	Capitations	\$45,973	\$45,973	\$45,973	\$45,973	\$0	Benefit Period	44,747
202003	45,242	Capitations	\$48,134	\$48,134	\$48,134	\$48,134	\$0	Benefit Period	45,242
202004	45,527	Capitations	\$47,911	\$47,911	\$47,911	\$47,911	\$0	Benefit Period	45,527
202005	45,537	Capitations	\$47,211	\$47,211	\$47,211	\$47,211	\$0	Benefit Period	45,537
202006	45,654	Capitations	\$46,611	\$46,611	\$46,611	\$46,611	\$0	Benefit Period	45,654
202007	45,692	Capitations	\$47,432	\$47,432	\$47,432	\$47,432	\$0	Benefit Period	45,692
202008	45,568	Capitations	\$46,579	\$46,579	\$46,579	\$46,579	\$0	Benefit Period	45,568
202009	45,879	Capitations	\$46,851	\$46,851	\$46,851	\$46,851	\$0	Benefit Period	45,879
202010	45,963	Capitations	\$46,866	\$46,866	\$46,866	\$46,866	\$0	Benefit Period	45,963
202011	46,151	Capitations	\$46,917	\$46,917	\$46,917	\$46,917	\$0	Benefit Period	46,151
202012	46,669	Capitations	\$47,261	\$47,261	\$47,261	\$47,261	\$0	Benefit Period	46,669
202101	46,744	Capitations	\$47,597	\$47,597	\$47,597	\$47,597	\$0	Benefit Period	46,744
202102	47,000	Capitations	\$47,846	\$47,846	\$47,846	\$47,846	\$0	Benefit Period	47,000
202103	47,185	Capitations	\$48,104	\$48,104	\$48,104	\$48,104	\$0	Benefit Period	47,185
202104	47,263	Capitations	\$48,132	\$48,132	\$48,132	\$48,132	\$0	Benefit Period	47,263
202105	47,283	Capitations	\$48,049	\$48,049	\$48,049	\$48,049	\$0	Benefit Period	47,283
202106	47,112	Capitations	\$47,827	\$47,827	\$47,827	\$47,827	\$0	Benefit Period	47,112
202107	47,361	Capitations	\$47,995	\$47,995	\$47,995	\$47,995	\$0	Benefit Period	47,361
202108	47,626	Capitations	\$48,273	\$48,273	\$48,273	\$48,273	\$0	Benefit Period	47,626
202109	47,874	Capitations	\$48,598	\$48,598	\$48,598	\$48,598	\$0	Benefit Period	47,874
202110	47,491	Capitations	\$47,253	\$47,253	\$47,253	\$47,253	\$0	Benefit Period	47,491
202111	47,541	Capitations	\$47,133	\$47,133	\$47,133	\$47,133	\$0	Benefit Period	47,541
202112	47,653	Capitations	\$46,992	\$46,992	\$46,992	\$46,992	\$0	Benefit Period	47,653
202201	47,521	Capitations	\$45,220	\$45,220	\$45,220	\$45,220	\$0	Benefit Period	47,521
202202	47,964	Capitations	\$45,735	\$45,735	\$45,735	\$45,735	\$0	Benefit Period	47,964

Appendix - Total Experience

Month	Members	Contracts	Ultimate Allowed	Drug Rebates	Post-Rx Rebate Ultimate Allowed	Post-Rx Rebate Ultimate Incurred	Premium	Loss Ratio
201901	42,431	27,057	\$18,590,345	\$782,360	\$17,807,985	\$14,703,501	\$19,085,260	77.0%
201902	42,697	27,248	\$16,532,093	\$736,987	\$15,795,107	\$13,272,686	\$19,190,875	69.2%
201903	42,785	27,336	\$17,973,051	\$840,896	\$17,132,155	\$14,513,059	\$19,237,587	75.4%
201904	43,042	27,499	\$19,039,377	\$870,146	\$18,169,231	\$15,642,877	\$19,416,829	80.6%
201905	43,059	27,487	\$19,075,285	\$867,716	\$18,207,569	\$15,686,805	\$19,390,284	80.9%
201906	43,048	27,412	\$16,832,800	\$830,547	\$16,002,252	\$13,698,330	\$19,527,897	70.1%
201907	43,084	27,405	\$18,655,814	\$941,157	\$17,714,657	\$15,233,089	\$19,525,946	78.0%
201908	43,062	27,415	\$19,967,257	\$923,588	\$19,043,668	\$16,655,622	\$19,611,520	84.9%
201909	43,164	27,441	\$18,996,217	\$892,621	\$18,103,596	\$15,830,982	\$19,634,362	80.6%
201910	43,245	27,477	\$21,916,213	\$957,422	\$20,958,791	\$18,437,703	\$19,758,614	93.3%
201911	43,257	27,468	\$17,769,975	\$890,569	\$16,879,406	\$14,588,671	\$19,875,843	73.4%
201912	43,625	27,621	\$19,328,725	\$949,134	\$18,379,591	\$15,609,855	\$20,356,635	76.7%
202001	44,512	28,404	\$19,781,075	\$834,981	\$18,946,093	\$15,553,170	\$21,133,146	73.6%
202002	44,747	28,555	\$18,015,671	\$896,987	\$17,118,685	\$14,321,805	\$21,362,965	67.0%
202003	45,242	28,881	\$18,029,105	\$1,124,587	\$16,904,518	\$14,532,845	\$21,597,899	67.3%
202004	45,527	29,102	\$14,920,882	\$1,082,600	\$13,838,282	\$12,549,238	\$21,771,090	57.6%
202005	45,537	29,061	\$16,394,949	\$1,028,797	\$15,366,152	\$13,816,404	\$21,758,892	63.5%
202006	45,654	29,117	\$18,901,644	\$1,110,173	\$17,791,471	\$15,815,597	\$22,101,592	71.6%
202007	45,692	29,119	\$23,390,376	\$1,075,782	\$22,314,594	\$20,063,545	\$22,214,053	90.3%
202008	45,568	29,052	\$19,669,486	\$1,043,041	\$18,626,445	\$16,328,581	\$22,214,839	73.5%
202009	45,879	29,177	\$21,290,648	\$1,047,412	\$20,243,236	\$17,759,449	\$19,583,293	90.7%
202010	45,963	29,204	\$22,858,186	\$1,113,298	\$21,744,888	\$19,180,031	\$22,526,004	85.1%
202011	46,151	29,257	\$21,451,223	\$1,070,046	\$20,381,177	\$17,966,947	\$22,457,985	80.0%
202012	46,669	29,491	\$21,854,026	\$1,081,145	\$20,772,881	\$17,912,787	\$23,192,513	77.2%
202101	46,744	29,682	\$20,244,296	\$1,070,166	\$19,174,130	\$16,173,974	\$23,377,928	69.2%
202102	47,000	29,871	\$20,249,532	\$1,080,483	\$19,169,049	\$16,433,382	\$23,460,454	70.0%
202103	47,185	29,984	\$25,283,530	\$1,339,732	\$23,943,799	\$20,718,243	\$23,538,671	88.0%
202104	47,263	29,985	\$23,844,107	\$1,281,602	\$22,562,505	\$19,528,155	\$23,599,467	82.7%
202105	47,283	30,006	\$23,481,579	\$1,211,735	\$22,269,844	\$19,397,041	\$23,567,160	82.3%
202106	47,112	29,895	\$24,332,895	\$1,264,527	\$23,068,368	\$19,934,659	\$23,521,802	84.7%
202107	47,361	30,037	\$22,889,118	\$1,282,280	\$21,606,838	\$18,836,106	\$23,655,326	79.6%
202108	47,626	30,199	\$24,339,353	\$1,375,902	\$22,963,451	\$19,968,178	\$23,692,700	84.3%
202109	47,874	30,359	\$23,949,512	\$1,308,071	\$22,641,441	\$19,720,045	\$23,845,576	82.7%
202110	47,491	29,938	\$24,286,305	\$1,335,076	\$22,951,229	\$20,066,433	\$23,547,997	85.2%
202111	47,541	29,955	\$24,669,110	\$1,356,363	\$23,312,748	\$20,393,619	\$23,792,588	85.7%
202112	47,653	29,983	\$24,345,951	\$1,350,126	\$22,995,825	\$19,742,224	\$23,998,786	82.3%
202201	47,521	29,934	\$22,447,776	\$1,511,031	\$20,936,745	\$17,399,947	\$24,262,612	71.7%
202202	47,964	30,297	\$24,145,143	\$1,485,765	\$22,659,378	\$18,599,076	\$24,301,131	76.5%

CareFirst BlueCross BlueShield

Part III Actuarial Memorandum

4.1 Redacted Actuarial Memorandum

CareFirst is making no redactions so both Actuarial Memorandum submissions are the same.

4.2 General Information Section

Company Identifying Information:

- **Company Legal Name:** CareFirst BlueChoice, Inc. (CFBC) - NAIC # 96202
- **State:** District of Columbia
- **HIOS Issuer ID:** 86052
- **Market:** Individual, Non-Medigap (On Exchange)
- **Effective Date:** 1/1/23 – 12/31/23
- **Company Filing Number:** 2633
- **SERFF Filing Number:** CFAP-133216949

Company Contact Information:

- **Primary Contact Name:** Mr. Cory Bream, ASA, MAAA
- **Primary Contact Telephone Number:** 410-998-5308
- **Primary Contact E-Mail Address:** Cory.Bream@CareFirst.com

4.3 Proposed Rate Changes (Individual market)

Base rates are changing 29.3% on average. The range is 12.2% to 38.7%. This filing applies to all new and renewing, in-force business in the guaranteed renewable, non-grandfathered, ACA, metaled benefit plans. The number of policyholders affected by this rate change is 3,158.

Reason for Rate Change(s):

The main drivers supporting the rate change are 1) increase in the base period claims experience of the combined pool, 2) trend, 3) projected changes in pool morbidity, and 4) increases in assumed plan actuarial values.

4.4 Market Experience (Combined Individual/Small Group market)

Our SRP reflects all covered lives for every non-grandfathered product in our market per 45 CFR Part § 156.80 (d).

4.4.1 Experience and Current Period Premium, Claims, and Enrollment

The incurred period is 1/1/21 through 12/31/21, as required.

Paid Through Date: 2/28/22

Current Date: 2/28/22

Premiums (prior to MLR rebates) in Experience Period: \$283,598,455

Experience Period Member Months: 568,133

Current Date Members: 47,964

Allowed and Incurred Claims Incurred During the Experience Period

Allowed Claims

- **Processed through issuer's claim system:** \$262,264,641

- **Processed outside issuer's claim system:** \$0
- **IBNR:** \$4,394,584

Incurred Claims

- **Processed through issuer's claim system:** \$227,131,241
- **Processed outside issuer's claim system:** \$0
- **IBNR:** \$3,780,817

Method used for determining Allowed Claims

The allowed claims come directly from our claim records and account for capitations by applying contracted PMPM amounts directly to enrollment from the experience period. Drug rebates from the experience period are also included.

Support for IBNR estimates

Our estimates of IBNR paid claims were derived using a "chain and ladder" model based on the most recent 36 months to derive the completion factor and IBNR for each incurred month. Estimates of IBNR allowed claims were derived using the same completion factors as those estimated based on paid claims.

4.4.2 Benefit Categories

Inpatient (hospital), outpatient (hospital), professional, other medical (non-capitated ambulance, home health care, durable medical equipment, prosthetics, supplies, vision exams, pediatric dental services and other), prescription drug & capitations.

4.4.3 Projection Factors

4.4.3.1 Trend Factors

Trend Factors (Cost/Utilization):

Exhibit 8 in the Memorandum contains our selected annual utilization and unit cost trends by service category. Unit cost and utilization trends were set by service category to produce the overall anticipated trend of 5.0%, which is a decrease compared to the 8.1% trend assumed in our prior filing. Current observed medical trends as of 202112 are 17.3%, up from -1.8% in 202012. Current observed drug trends are 8.0% as of 202112, up from 2.6% in 202012. The composite medical and drug trend is 14.8% as of 202112, up from -0.6% in 202012.

When normalized for induced demand, network, and demographics, the observed composite trends of 14.8% in 202112 and -0.6% in 202012 become 14.1% and -1.3%, respectively.

Using the proposed trend factor, in combination with other assumptions such as morbidity, etc., the annualized allowed PMPM change between 2023 and 2021 represented in this filing is 7.2%.

4.4.3.2 Adjustments to Trended EHB Allowed Claims PMPM

Morbidity Adjustment:

Exhibit 4 in our memorandum contains support for this adjustment. To measure the projected morbidity of our population, we split our projected population into cohorts defined by metal tier and membership type. Membership type is defined as new member, existing member, or transfer from other lines of business. Consistent with the rules in the 2023 Unified Rate Review Instructions, we began our morbidity projection by normalizing allowed claims for each of the cohorts outlined above for projected changes in age, gender, network and induced utilization.

We have not reflected any morbidity adjustments to the base period normalized allowed PMPMs by metal tier for the existing and transfer membership types. Exhibit 4 demonstrates how these PMPMs are unchanged from the current year YTD to remainder of current year. For the new membership type we have assumed a claims PMPM by metal equal to that of the existing members.

The resulting morbidity calculation is completed in steps split by year:

- Once the remainder of current year (2022) is completed, the membership and claims by metal are combined to derive a total estimate for the year.
- This result carries over to the rating year (2023) as the metal specific normalized PMPMs for the existing members.
- The assumed claims PMPMs by metal for the new members are again assumed to equal those for the existing members.
- Transfer members PMPMs are treated separately and reflect base period amounts projected forward. Our projection factor for these members is 0.916. The normalized PMPMs for these transfer members are materially higher than the existing membership. This difference is driven by high-cost conditions associated with these transfer members. Some of these higher costs are expected to persist in the future while some are not. Given this, we have adjusted the normalized PMPMs down to expected future levels.
- Once these PMPMs are set, the final morbidity calculation is driven by the projected member months at these levels.

The total morbidity change from 2021 to 2023 is expected to be 5.4%, which is the factor used in Exhibit 1 in the calculation of the market adjustment index rate.

Demographic Shift:

Exhibit 6 in the Memorandum contains support for our adjustment due to the anticipated change in the average age of this population between the experience and projection periods. Our methodology measures the change in average demographic factor between the base and rating periods. The demographic factors used are from an internal age/gender curve with an approximate 4.5:1 ratio (age 64+ to age 21 factors). Factors for both time periods are weighted using member months and the ratio of the two is applied as our market level adjustment.

Plan Design Changes:

Exhibit 5 in the Memorandum details our support for this adjustment to account for anticipated changes in the average utilization of services due to differences in average cost sharing requirements between the experience and projection periods. Our methodology measures the change in the average induced utilization factor between the base and rating periods. The factors used are the metal level factors from the federal risk adjustment program. Once the average internal pricing AV, weighted by member months, is determined for both the experience and rating periods the linearly interpolated factor is determined. The ratio of these two factors is applied as our market level adjustment.

Other Adjustments:

Exhibit 7 in the Memorandum details our support for these adjustments. We are proposing additional other adjustments for changes to our capitation fees and drug rebates.

4.4.3.3 Manual Rate Adjustments

Not applicable, as experience was determined to be fully credible.

4.4.3.4 Credibility of Experience

Exhibit 2 in the Memorandum contains a summary of our base period experience, including member months. We have assigned full credibility to this experience.

4.4.3.5 Establishing the Index Rate

The experience period index rate for this filing is \$469.06 and the projection period index rate is \$539.23. Both rates and the adjustments made to develop the projected amount from the experience period amount can be found on Exhibit 1 of the Memorandum. Specifically, these adjustments correspond to those outlined in sections 4.4.3.1 and 4.4.3.2.

4.4.3.6 Development of the Market-wide Adjusted Index Rate

The Market-wide Adjusted Index Rate for the Individual market is \$679.71 and is derived by multiplying the projection period index rate with the market level adjustments for the risk adjustment program. Details for the risk adjustment program can be found below.

Reinsurance

There are no reinsurance recoveries applicable to this market.

Risk Adjustment Payment/Charge:

The Experience Period Risk Adjustment transfers in the URRT are based on the most recent Wakely results.

Our projected 2023 risk adjustment transfers, found in Exhibit 9, have been calculated consistent with our membership and morbidity projections found elsewhere in this filing. To project the risk adjustment factors from 2021 to 2023, we have assumed an increase in the statewide premium of 25.0% which reflects an estimate of an average 5.0% increase in 2022 and 19.0% increase in 2023. We have assumed that our CFI Individual non-Catastrophic market share will decrease from 81.3% in 2021 to 78.5% in 2023 and that our CFI Individual non-Catastrophic PLRS ratio to the state will increase from 1.051 in 2021 to 1.060 in 2023. The resultant estimate of risk adjustment is that the BlueChoice payable transfer PMPM for the Individual market will decrease from -\$99.39 in 2021 to -\$93.02 in 2023. Combined with the -\$93.02 is a projected HCRP net PMPM payable of -\$1.19, which results in a total projected risk adjustment payable of -\$94.21.

The risk adjustment estimates above are calculated separately for the Individual market and the Small Group market as required. This approach is different than the blended approach used to calculate the Index Rate and therefore there is an inconsistency between the risk assumed in rates and the claims data used in the calculation.

Exchange User Fees:

There are no applicable exchange user fees since the rates in this filing are not offered on the Federal Marketplace.

4.4.4 Plan Adjusted Index Rate

Exhibit 11 in the Memorandum displays the adjustments made for each plan. Every plan adjusted index rate is developed from the market adjusted index rate using only the allowable plan level modifiers as follows:

- **Actuarial value and cost-sharing design of the plan:** The actuarial value for each plan was determined using our own internal model and estimates the ratio of paid to allowed dollars given that plan's benefit design and the assumed allowed amount consistent with the projection period index rate. The assumed actuarial values also include a multiplicative factor applied uniformly across plans. The application of the AV to an index rate that is the same across all plans results in a member months weighted average AV (and resulting average paid PMPM assumed in rates) that may be materially deficient depending on the distribution of projected membership and actual cost. This factor accounts for the deficiency specific to this block of business. The URRT instructions

state that this adjustment may take into account the benefit differences and utilization differences due to differences in cost-sharing. As a result, our plan adjusted index rates also include adjustments to account for the impact the metal level has on utilization.

- **Provider network:** All plans offered use the Open Access network.
- **Benefits in addition to EHBs:** There is an adjustment to account for abortion coverage and adult vision (which are offered in addition to EHBs).
- **Administrative costs:** See Exhibit 10A in the Memorandum for the assumed values of the following additional items.
 1. Administrative Expense (G&A)
 2. Broker Commissions & Fees
 3. Federal Income Tax (FIT)
 4. Contribution to Reserve (Post-Tax)
 5. State Premium Tax
 6. PCORI Fee
 7. Risk Adjustment User Fee
 8. Exchange Assessment Fee
- **Catastrophic adjustment:** The catastrophic factor has been developed from the experience of the catastrophic population and is applied only to the catastrophic plan as required. See the Appendix in the Memorandum for more details. All other factors applied to the Market Adjusted Index Rate are the same across all plans.

For each plan, we have taken the applicable adjustment factor from each category above and multiplied them by the market adjusted index rate to derive each plan adjusted index rate.

4.4.5 Calibration

Age Curve Calibration

We have calibrated to the rounded weighted average age which was determined as the age for the factor nearest our projected average factor. We have used the standard DC age curve factors and weighted them using member months in our calculation.

A demonstration of how the plan adjusted index rates and the age curve are used to generate the schedule of premium rates for each plan can be found on Exhibit 13.

Geographic Factor Calibration

We have elected not to rate for geographic region.

Tobacco Use Rating Factor Calibration

We have elected not to rate for tobacco usage.

4.4.6 Consumer Adjusted Premium Rate Development

The premium rate that a given consumer will be charged is calculated by first taking the plan adjusted index rate for that member's chosen plan and dividing by the projected average age rating factor. The resulting value is the base rate for that plan. The final step in determining a consumer adjusted premium rate is to take the rate from the first step and multiply it by the corresponding factor for that member's age from the standard DC age curve. Rate charts are provided for all the consumer adjusted premiums.

4.5 Projected Loss Ratio

The projected loss ratio for the rates provided in this file, using the Federally-prescribed MLR methodology, is 86.5% for the Individual market and 82.9% for the combined Individual/Small Group market. Details behind this calculation can be found in Exhibit 10B.

4.6 Plan Product Information

4.6.1 AV Metal Values

The majority of our 2023 plans include varying cost share levels for some services that depend on the setting in which care is delivered. The HHS 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 level of cost-share. The results were blended assuming 81% of the designated services are rendered in higher cost-share setting and the remaining 19% at the lower, consistent with experience from our small group and individual markets. Plans without these features used the AV calculator without modification.

Additional details regarding the unique plan designs not accommodated by the HHS AV Calculator along with printouts for each plan are provided in the “Actuarial Memorandum” section of the Supporting Documentation tab of the SERFF filing.

4.6.2 Membership Projections

The membership projections found in Worksheet 2 of the URRT were developed from enrollment as of 2/28/22 using assumptions for termination rates, new sales and transfers. The projections also incorporate any plan mappings anticipated between that month and the rating period. For new plan offerings where no plans are being uniformly modified into them, a minimum level of enrollment was assumed.

4.6.3 Terminated Plans and Products

Plan mappings from the experience period to the rating period can be found in Appendix – Mapping.

4.6.4 Plan Type

Each plan in Worksheet 2, Section I of the URRT contains a plan type that describes the plan exactly.

4.7 Miscellaneous Instructions

4.7.1 Effective Rate Review Information (Optional)

We have no additional exhibits.

4.7.2 Reliance

We do not have any reliance to state.

4.7.3 Actuarial Certification

Included in the Memorandum.

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

**Rate Filing # 2633
D.C. Individual Products
Rate Filing Effective 1/1/2023**

Actuarial Memorandum

BlueChoice Inc.
(NAIC # 96202)
H.R. 3950 - Public Law 111-148 - Patient Protection and Affordable Care Act (ACA)
D.C. Individual Products
Rate Filing Effective 1/1/2023
Actuarial Certification

I, Cory Bream, am a(n) Assistant Actuary with CareFirst BlueChoice 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
- viii. ASOP No. 50, Determining Minimum Value and Actuarial Value under the Affordable Care Act

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 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 and 147.102)
 - b. Developed in compliance with the applicable Actuarial Standards of Practice
 - c. Reasonable in relation to the benefits provided and the population anticipated to be covered
 - d. 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. Consistent with 45 CFR § 156.135, the 2023 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.

Cory Bream Digitally signed by Cory Bream
Date: 2022.05.02 10:45:00
-04'00'

Cory Bream, ASA, MAAA
Assistant Actuary
CareFirst BlueCross BlueShield
Mail Drop-Point 01-720
10455 Mill Run Circle
Owings Mills, MD 21117

Table of Contents

Page	Exhibit Name/Description
1	Cover Page
2	Actuarial Certification
3	Table of Contents
4	Exhibit 1 - Summary
5	Exhibit 2 - Base Period Allowed
6	Exhibit 3 - Non-EHB
7	Exhibit 4 - Morbidity
8	Exhibit 5 - Induced Demand
9	Exhibit 6 - Demographics
10	Exhibit 7 - Other Adjustments
11	Exhibit 8 - Trend
12	Exhibit 9 - Risk Adjustment
13	Exhibit 10A - Desired Loss Ratio
14	Exhibit 10B - Federal MLR
15	Exhibit 10B - Federal Combined MLR
16	Exhibit 11 - Plan Adjusted Index Rates
17	Exhibit 12 - HHS Actuarial Values
18	Exhibit 13 - Age Calibration
19	Exhibit 14 - Age Factors
20	Exhibit 15 - Induced Utilization Factors
21	Appendix - Network Factors
22	Appendix - Catastrophic Adjustment
23	Appendix - HIOS ID Mappings
24	Appendix - Rate Changes
25	Appendix - Max Renewal
26	Appendix - Abortion Charge
27	Appendix - Form Numbers
28 - 33	Appendix - Experience by Service Category
34	Appendix - Total Experience

Exhibit 1 - Market Adjusted Index Rate Summary

		2023	Exhibit
(1)	Base Period Total Allowed	\$ 469.36	2
(2)	Base Period Non-EHB PMPM	\$ 0.30	2
(3)	Experience Period Index Rate	\$ 469.06	
(4)	Change in Morbidity	1.0541	4
(5)	Additional Population Adjustment	1.0000	
(6)	Induced Demand	0.9977	5
(7)	Projection Period Utilization and Network Adjustment	1.0000	
(8)	Demographic Adjustment	0.9960	6
(9)	Area Adjustment	1.0000	
(10)	Additional "Other" Adjustments	0.9956	7
(11)	Annualized Trend	5.0%	8
(12)	Months of Trend	24.0	
(13)	Unit cost & Utilization/1,000 Trend Factor	1.1024	
(14)	Projection Period Index Rate	\$ 539.23	
(15)	Reinsurance Program	1.0000	
(16)	Risk Adjustment Program	1.2605	9
(17)	Federal Exchange User Fee	1.0000	
(18)	Market Adjusted Index Rate	\$ 679.71	
	Without Risk Adjustment	\$ 539.23	

The projection period index rate was developed by projecting individual URRT service categories and then building up into a total PMPM. As a result the adjustments above may not match the referenced exhibits exactly because these represent the average factor when considering application at the service category level.

Exhibit 2 - Base Period Experience

Service Category	Incurred	Allowed	Allowed PMPM	Utilization Description	Utilization per 1,000	Average Cost/Service
Inpatient Hospital	\$ 41,626,939	\$ 73.27	Admits	47.96	\$ 18,333.26	
Outpatient Hospital	\$ 52,355,454	\$ 92.15	Visits	917.94	\$ 1,204.71	
Professional	\$ 100,194,039	\$ 176.36	Visits	14,291.18	\$ 148.08	
Other Medical	\$ 15,678,528	\$ 27.60	Services	1,224.89	\$ 270.36	
Capitation	\$ 573,799	\$ 1.01	Benefit Period	1,000	\$ 12.12	
Prescription Drug	\$ 56,230,466	\$ 98.97	Prescriptions	8,039.55	\$ 147.73	
Total (EHB & Non-EHB)	\$ 266,659,226	\$ 469.36				
EHB Allowed	\$ 266,491,113	\$ 469.06				
Non-EHB Allowed	\$ 168,112	\$ 0.30				
Incurred Net	\$ 230,912,058	\$ 406.44				
Net/Allowed	86.59%					
Experience Period Member Months	568,133					
Experience Period Revenue	\$ 283,598,455					

Exhibit 3 - Non-EHB Adjustment

HIOS Plan ID	Plan Name	Exchange	2023 Index Rate	2023 Non-EHB PMPM	2023 Non-EHB Adjustment
86052DC0400001	BlueChoice HMO Standard Silver \$4,850	On	\$ 539.23	\$ 2.31	1.0043
86052DC0400002	BlueChoice HMO Standard Gold \$500	On	\$ 539.23	\$ 2.04	1.0038
86052DC0400004	BlueChoice HMO Young Adult \$9,100	On	\$ 539.23	\$ 4.36	1.0081
86052DC0400007	BlueChoice HMO Standard Bronze \$7,500	On	\$ 539.23	\$ 2.50	1.0046
86052DC0400008	BlueChoice HMO Standard Platinum \$0	On	\$ 539.23	\$ 1.97	1.0036
86052DC0400010	BlueChoice HMO HSA Standard Bronze \$6,350	On	\$ 539.23	\$ 2.55	1.0047
86052DC0400011	BlueChoice HMO HSA Gold \$1,500	On	\$ 539.23	\$ 2.13	1.0039

Exhibit 4 - Morbidity Adjustment Factor

Base Year

Metal Level	Member Months	2021 Normalized Allowed PMPM
Catastrophic	7,047	\$ 141.27
Bronze	51,014	\$ 160.79
Silver	139,409	\$ 213.90
Gold	220,751	\$ 263.21
Platinum	149,873	\$ 283.76
Subtotal	568,094	\$ 245.82

Current Year YTD

Existing

Metal Level	Member Months	2021 Normalized Allowed PMPM	Morbidity Adjustment	2022 Adjusted Normalized Allowed PMPM
Catastrophic	701	\$ 197.94	1.000	\$ 197.94
Bronze	6,460	\$ 167.00	1.000	\$ 167.00
Silver	19,529	\$ 212.96	1.000	\$ 212.96
Gold	31,591	\$ 256.80	1.000	\$ 256.80
Platinum	21,232	\$ 283.79	1.000	\$ 283.79
Subtotal	79,513	\$ 245.42	1.000	\$ 245.42

New

Metal Level	Member Months	Existing Cohort Adjusted Normalized Allowed PMPM	Morbidity Adjustment	2022 Adjusted Normalized Allowed PMPM
Catastrophic	170	\$ 197.94	1.000	\$ 197.94
Bronze	1,041	\$ 167.00	1.000	\$ 167.00
Silver	3,203	\$ 212.96	1.000	\$ 212.96
Gold	5,795	\$ 256.80	1.000	\$ 256.80
Platinum	3,011	\$ 283.79	1.000	\$ 283.79
Subtotal	13,220	\$ 244.50	1.000	\$ 244.50

Transfer

Metal Level	Member Months	2021 Normalized Allowed PMPM	Morbidity Adjustment	2022 Adjusted Normalized Allowed PMPM
Catastrophic	26	\$ 100.02	0.916	\$ 91.61
Bronze	263	\$ 262.82	0.916	\$ 240.71
Silver	530	\$ 287.91	0.916	\$ 263.69
Gold	1,054	\$ 404.07	0.916	\$ 370.08
Platinum	742	\$ 604.23	0.916	\$ 553.42
Subtotal	2,615	\$ 420.09	0.916	\$ 384.76

Total

Metal Level	Member Months	2021 Normalized Allowed PMPM	Morbidity Adjustment	2022 Adjusted Normalized Allowed PMPM
Catastrophic	897	\$ 195.11	0.999	\$ 194.86
Bronze	7,764	\$ 170.25	0.996	\$ 169.50
Silver	23,262	\$ 214.67	0.997	\$ 214.11
Gold	38,440	\$ 260.83	0.996	\$ 259.90
Platinum	24,985	\$ 293.31	0.995	\$ 291.80
Subtotal	95,348	\$ 250.08	0.996	\$ 249.12

Remainder of Current Year

Existing

Metal Level	Member Months	2022 Adjusted Normalized Allowed PMPM
Catastrophic	2,940	\$ 197.94
Bronze	29,464	\$ 167.00
Silver	93,609	\$ 212.96
Gold	152,133	\$ 256.80
Platinum	102,139	\$ 283.79
Subtotal	380,285	\$ 245.84

New

Metal Level	Member Months	2022 Adjusted Normalized Allowed PMPM
Catastrophic	1,784	\$ 197.94
Bronze	7,367	\$ 167.00
Silver	20,043	\$ 212.96
Gold	36,829	\$ 256.80
Platinum	20,442	\$ 283.79
Subtotal	86,465	\$ 244.15

Transfer

Metal Level	Member Months	2022 Adjusted Normalized Allowed PMPM
Catastrophic	170	\$ 91.61
Bronze	1,692	\$ 240.71
Silver	3,225	\$ 263.69
Gold	5,822	\$ 370.08
Platinum	4,274	\$ 553.42
Subtotal	15,183	\$ 381.56

Total

Metal Level	Member Months	2022 Adjusted Normalized Allowed PMPM
Catastrophic	4,894	\$ 194.25
Bronze	38,523	\$ 170.24
Silver	116,877	\$ 214.36
Gold	194,784	\$ 260.18
Platinum	126,855	\$ 292.88
Subtotal	481,933	\$ 249.82

Total Current Year

Total	Member Months	2022 Adjusted Normalized Allowed PMPM
Catastrophic	5,791	\$ 194.34
Bronze	46,287	\$ 170.12
Silver	140,139	\$ 214.32
Gold	233,224	\$ 260.14
Platinum	151,840	\$ 292.70
Subtotal	577,281	\$ 249.70

Rating Year

Existing

Metal Level	Member Months	2022 Normalized Allowed PMPM	Morbidity Adjustment	2023 Adjusted Normalized Allowed PMPM
Catastrophic	4,400	\$ 194.34	1.000	\$ 194.34
Bronze	35,971	\$ 170.12	1.000	\$ 170.12
Silver	111,493	\$ 214.32	1.000	\$ 214.32
Gold	185,993	\$ 260.14	1.000	\$ 260.14
Platinum	121,615	\$ 292.70	1.000	\$ 292.70
Subtotal	459,472	\$ 249.96	1.000	\$ 249.96

New

Metal Level	Member Months	Existing Cohort Adjusted Normalized Allowed PMPM	Morbidity Adjustment	2023 Adjusted Normalized Allowed PMPM
Catastrophic	1,498	\$ 194.34	1.000	\$ 194.34
Bronze	7,804	\$ 170.12	1.000	\$ 170.12
Silver	23,394	\$ 214.32	1.000	\$ 214.32
Gold	43,692	\$ 260.14	1.000	\$ 260.14
Platinum	24,715	\$ 292.70	1.000	\$ 292.70
Subtotal	101,103	\$ 249.57	1.000	\$ 249.57

Transfer

Metal Level	Member Months	2022 Normalized Allowed PMPM	Morbidity Adjustment	2023 Adjusted Normalized Allowed PMPM
Catastrophic	144	\$ 91.61	1.000	\$ 91.61
Bronze	3,933	\$ 240.71	1.000	\$ 240.71
Silver	10,210	\$ 263.69	1.000	\$ 263.69
Gold	21,048	\$ 370.08	1.000	\$ 370.08
Platinum	9,841	\$ 553.42	1.000	\$ 553.42
Subtotal	45,176	\$ 373.83	1.000	\$ 373.83

Total

Metal Level	Member Months	2022 Normalized Allowed PMPM	Morbidity Adjustment	2023 Adjusted Normalized Allowed PMPM
Catastrophic	6,042	\$ 191.90	1.000	\$ 191.90
Bronze	47,708	\$ 175.94	1.000	\$ 175.94
Silver	145,097	\$ 217.79	1.000	\$ 217.79
Gold	250,733	\$ 269.37	1.000	\$ 269.37
Platinum	156,171	\$ 309.13	1.000	\$ 309.13
Subtotal	605,751	\$ 259.13	1.000	\$ 259.13

Year	Adjusted Normalized PMPM	Year over Year Change
2021	\$ 245.82	n/a
2022	\$ 249.70	1.6%
2023	\$ 259.13	3.8%

Morbidity Adjustment Change	5.4%
Morbidity Adjustment Factor	1.0541

Exhibit 5 - Induced Utilization Adjustment Factor

Year	Actuarial Value	Induced Demand Factor	
(1) 2021	81.49%	1.0904	
(2) Projected 2023	81.13%	1.0879	
(3) Adjustment*		0.9977	(2)/(1)

***Applied to all service categories except capitations**

Exhibit 6 - Demographic Adjustment

	Period	Cohort	Demo Factor*	Weight	Average Age**
(1)	Base Period	All	1.6750	100.0%	34.4
(2)	Rating Period	Existing	1.7278	75.9%	
		New	1.4387	16.7%	
		Transfer	1.5764	7.5%	
(3)	Rating Period	All	1.6682	100.0%	34.3
(4)	Demographic Adjustment***	All	0.9960		

(3) / (1)

***Demo factors by cohort for the rating period are based on average factors for each cohort from the current year to date. Weights are based on expected distribution of member months.**

****Average ages are member weighted**

*****Applied to all service categories except capitations**

Exhibit 7 - Factors for Additional "Other" Adjustments

Capitation adjustment		
(1) Experience Period Capitations PMPM (EHBs only)	\$ 0.79	
(2) Projection Period Capitations PMPM	\$ 0.81	
(3) Adjustment to Capitation Category	1.0183	(2)/(1)
Drug Rebates adjustment		
(4) Experience Period Allowed Rx PMPM (Pre-Rebates)	\$ 125.83	
(5) Morbidity	1.0541	Exhibit 4
(6) Induced Demand	0.9977	Exhibit 5
(7) Demographics	0.9960	Exhibit 6
(8) Rx Trend (Force of Trend)	1.1130	Exhibit 8
(9) Projected Target Allowed Rx PMPM using Multiplicative Factors (Pre-Rebates)	\$ 146.70	(4)*(5)*(6)*(7)*(8)
(10) Target Projection Period Rx Rebates PMPM	\$ 33.71	
(11) Target Post-Rebates Allowed Rx PMPM using Target Projection Period Rx Rebates PMPM	\$ 112.99	(9)-(10)
(12) Experience Period Rx Rebates PMPM	\$ 26.85	
(13) Experience Period Allowed Rx PMPM (Post-Rebates)	\$ 98.97	(4)-(12)
(14) Morbidity	1.0541	Exhibit 4
(15) Induced Demand	0.9977	Exhibit 5
(16) Demographics	0.9960	Exhibit 6
(17) Rx Trend (Force of Trend)	1.1130	Exhibit 8
(18) Projection Period Allowed Rx PMPM using Multiplicative Factors (Post-Rebates)	\$ 115.39	(13)*(14)*(15)*(16)*(17)
(19) Adjustment to Drug Category	0.9792	(11)/(18)

	PMPM	Adjustment	
Inpatient Hospital	\$ 78.29	1.0000	
Outpatient Hospital	\$ 109.48	1.0000	
Professional	\$ 207.60	1.0000	
Other Medical	\$ 30.07	1.0000	
Capitation	\$ 0.79	1.0183	(3)
Prescription Drug	\$ 115.39	0.9792	(19)
Total	\$ 541.62	0.9956	

PMPM weights are set equal to projected PMPM without "other" adj.

Exhibit 8 - Annual Trend Assumptions

	2021				Trended
	EHB PMPM	Weight	Utilization/1,000	Unit Cost	Composite
Inpatient Hospital	\$ 73.27	15.6%	1.0100	1.0000	1.0201
Outpatient Hospital	\$ 92.15	19.6%	1.0650	1.0000	1.1342
Professional	\$ 176.29	37.6%	1.0550	1.0050	1.1242
Other Medical	\$ 27.59	5.9%	1.0150	1.0050	1.0406
Capitation	\$ 0.79	0.2%	1.0000	1.0000	1.0000
Prescription Drug	\$ 98.97	21.1%	1.0550	1.0000	1.1130
Total	\$ 469.06	100.0%			1.0500
Proposed Trend					1.0500

Exhibit 9 - Risk Adjustment

Statewide 2021

Metallic Tier	Member Months		PLRS	ARF	GCF	IDF	AV	PWRS	PWORS	Transfer \$	PMPM	Statewide PMPM 2021
Catastrophic	7,835		0.383	0.736	1.000	1.000	0.570	0.383	0.420			\$ 115.85
Individual Non-Catastrophic	187,340		1.461	1.123	1.000	1.057	0.735	1.591	0.872			\$ 471.35

CFI & Competition 2021

Metallic Tier	Member Months	Distribution	PLRS	ARF	GCF	IDF	AV	PWRS	PWORS	Transfer \$	PMPM
CFI Non-Catastrophic	152,314	81.3%	1.535	1.133	1.000	1.056	0.733	1.672	0.877		
Competition Non-Catastrophic	35,026	18.7%	1.138	1.079	1.000	1.061	0.745	-	-		

2021

Metallic Tier	Member Months	Distribution	PLRS	ARF	GCF	IDF	AV	PWRS	PWORS	Transfer \$	PMPM
Catastrophic	7,196	12.3%	0.369	0.737	1.000	1.000	0.570	0.369	0.420	-\$30,922	-\$4.30
Bronze	27,421	46.8%	0.669	1.174	1.000	1.000	0.600	0.669	0.705	-\$5,012,370	-\$182.79
Silver	15,511	26.5%	1.041	1.181	1.000	1.030	0.700	1.072	0.851	-\$2,210,679	-\$142.52
Gold	6,092	10.4%	1.655	1.040	1.000	1.080	0.800	1.788	0.899	\$266,652	\$43.77
Platinum	2,327	4.0%	3.307	1.116	1.000	1.150	0.900	3.803	1.155	\$1,168,586	\$502.27
Total	58,547	100.0%	0.938	1.106	1.000	1.022	0.656	0.980	0.747	-\$5,818,732	-\$99.39

Statewide 2023

Metallic Tier	Member Months		PLRS	ARF	GCF	IDF	AV	PWRS	PWORS	Transfer \$	PMPM	Statewide PMPM 2023
Catastrophic	6,789		0.502	0.734	1.000	1.000	0.570	0.502	0.418			\$ 142.64
Individual Non-Catastrophic	167,620		1.473	1.130	1.000	1.060	0.742	1.609	0.888			\$ 588.95

CFI & Competition 2023

Metallic Tier	Member Months	Distribution	PLRS	ARF	GCF	IDF	AV	PWRS	PWORS	Transfer \$	PMPM
CFI Non-Catastrophic	131,582	78.5%	1.561	1.141	1.000	1.060	0.741	1.702	0.895		
Competition Non-Catastrophic	36,038	21.5%	1.150	1.093	1.000	1.061	0.745	-	-		

2023

Metallic Tier	Member Months	Distribution	PLRS	ARF	GCF	IDF	AV	PWRS	PWORS	Transfer \$	PMPM
Catastrophic	6,042	14.4%	0.502	0.734	1.000	1.000	0.570	0.502	0.418	-\$354	-\$0.06
Bronze	19,689	46.8%	0.732	1.194	1.000	1.000	0.600	0.732	0.716	-\$4,073,904	-\$206.91
Silver	10,440	24.8%	1.072	1.197	1.000	1.030	0.700	1.104	0.863	-\$1,751,055	-\$167.73
Gold	4,501	10.7%	2.177	1.090	1.000	1.080	0.800	2.351	0.942	\$1,063,076	\$236.19
Platinum	1,407	3.3%	3.289	1.139	1.000	1.150	0.900	3.782	1.179	\$848,125	\$602.79
Total	42,079	100.0%	1.023	1.116	1.000	1.021	0.652	1.067	0.749	-\$3,914,112	-\$93.02

Adjustment Factor applied to Market Adjusted Index Rate

Projected Index Rate	Projected Transfer PMPM (Allowed basis)	Risk Adjustment User Fee (Allowed basis)	Adjustment Factor*
\$539.23	-\$140.14	\$0.33	1.2605

Estimated HCRP Receivable	Estimated HCRP Charge	Net Charge PMPM
\$0.00	\$50,000	-\$1.19

*Adjustment Factor = (\$539.23 - \$-140.14+ \$0.33) / \$539.23

Exhibit 10A - Desired Incurred Claims Ratio

	2023	
	PMPM	% of Revenue
Allowed Claims	\$ 485.22	
Paid/Allowed Ratio	74.8%	
Paid Claims & Capitations	\$ 363.14	
RA Transfer & HCRP (Paid Basis)	\$ (94.21)	
Reinsurance Recoveries (Paid Basis)	\$ -	
Paid Claims & Capitations (Post-3Rs)	\$ 457.35	83.5%
Administrative Expense	\$ 61.54	11.2%
Broker Commissions & Fee	\$ 1.91	0.3%
Contribution to Reserve (Post-Tax)	\$ 8.77	1.6%
Investment Income Credit	\$ (0.55)	-0.1%
Risk Charge	\$ -	0.0%
<u>Non-ACA Taxes & Fees</u>		
State Premium Tax	\$ 10.96	2.0%
State Assessment Fee	\$ 0.55	0.1%
Reinsurance Program Fee	\$ -	0.0%
State Income Tax	\$ -	0.0%
Federal Income Tax	\$ 2.19	0.4%
<u>ACA Taxes & Fees</u>		
Health Insurer Tax	\$ -	0.0%
Risk Adjustment User Fee	\$ 0.22	0.0%
Exchange Assessment Fee	\$ 4.52	0.825%
Federal Exchange User Fee	\$ -	0.0%
PCORI Tax	\$ 0.26	0.0%
BlueRewards/Incentive Program	\$ 0.17	0.0%
Total Revenue	\$ 547.87	100.0%
Plan Level Admin Load Adjustment	1.1974	
Projected Member Months	42,079	
Average Members	3,507	
% Total 2023	100.0%	

Exhibit 10B - Federal MLR

	Total 2023 PMPM / %
<u>Traditional MLR Development</u>	
Paid Claims & Capitations (Post-3Rs) \$	457.35
Total Revenue \$	547.87
<hr/>	
Traditional MLR (i.e. DICR)	83.5%
 <u>Federal MLR Development</u>	
Numerator Adjustments	
BlueRewards/Incentive Program \$	0.17
Quality Improvement Expenses \$	2.02
Removal of non-care costs under MLR guidelines \$	(1.67)
 Denominator Adjustments	
Non-ACA Taxes & Fees \$	13.70
ACA Taxes & Fees \$	5.00
 Federal MLR Numerator \$	 457.87
Federal MLR Denominator \$	529.18
<hr/>	
Federal MLR	86.5%
 Projected Member Months	 42,079

Exhibit 10B - Federal MLR (Combined SG & Individual)

	Total 2023	
	PMPM / %	
<u>Traditional MLR Development</u>		
Paid Claims & Capitations (Post-3Rs)	\$	490.39
Total Revenue	\$	<u>609.38</u>
Traditional MLR (i.e. DICR)		80.5%
<u>Federal MLR Development</u>		
Numerator Adjustments		
BlueRewards/Incentive Program	\$	0.10
Quality Improvement Expenses	\$	2.60
removal of non-care costs under MLR guidelines	\$	(5.84)
Denominator Adjustments		
Non-ACA Taxes & Fees	\$	16.38
ACA Taxes & Fees	\$	5.51
Federal MLR Numerator	\$	487.26
Federal MLR Denominator	\$	<u>587.50</u>
Federal MLR		82.9%
Projected Member Months		605,751

Exhibit 11 - Plan Adjusted Index Rates

HIOS Plan ID	Plan Name	Plan Type	Metallic Tier	Exchange	Network	Market Adjusted Index Rate	Internal Pricing AV	Network Factor	Induced Utilization	Non-EHB	Catastrophic Adjustment	Capped Dependents	Admin	Plan Adjusted Index Rate
86052DC0400001	BlueChoice HMO Standard Silver \$4,850	HMO	SILVER	On	Open Access	\$679.71	0.8337	0.9478	0.9604	1.0043	1.0000	1.0000	1.1974	\$620.28
86052DC0400002	BlueChoice HMO Standard Gold \$500	HMO	GOLD	On	Open Access	\$679.71	0.9923	0.9478	1.0009	1.0038	1.0000	1.0000	1.1974	\$769.00
86052DC0400004	BlueChoice HMO Young Adult \$9,100	HMO	CATASTROPHIC	On	Open Access	\$679.71	0.7040	0.9478	0.9267	1.0081	0.5000	1.0000	1.1974	\$253.66
86052DC0400007	BlueChoice HMO Standard Bronze \$7,500	HMO	BRONZE	On	Open Access	\$679.71	0.7608	0.9478	0.9267	1.0046	1.0000	1.0000	1.1974	\$546.34
86052DC0400008	BlueChoice HMO Standard Platinum \$0	HMO	PLATINUM	On	Open Access	\$679.71	1.0000	0.9478	1.0657	1.0036	1.0000	1.0000	1.1974	\$825.06
86052DC0400010	BlueChoice HMO HSA Standard Bronze \$6,350	HMO	BRONZE	On	Open Access	\$679.71	0.7401	0.9478	0.9267	1.0047	1.0000	1.0000	1.1974	\$531.57
86052DC0400011	BlueChoice HMO HSA Gold \$1,500	HMO	GOLD	On	Open Access	\$679.71	0.9241	0.9478	1.0009	1.0039	1.0000	1.0000	1.1974	\$716.28

Exhibit 12 - AV Values

HIOS Plan ID	Suffix	HIOS Plan Name	HHS AV
86052DC0400001	01	BlueChoice HMO Standard Silver \$4,850	0.718
86052DC0400001	02	BlueChoice HMO Standard Silver \$4,850 NAO	1.000
86052DC0400001	03	BlueChoice HMO Standard Silver \$4,850 NAL	0.718
86052DC0400001	04	BlueChoice HMO Standard Silver \$4,850 A	0.739
86052DC0400001	05	BlueChoice HMO Standard Silver \$4,850 B	0.878
86052DC0400001	06	BlueChoice HMO Standard Silver \$4,850 C	0.940
86052DC0400002	01	BlueChoice HMO Standard Gold \$500	0.819
86052DC0400002	02	BlueChoice HMO Standard Gold \$500 NAO	1.000
86052DC0400002	03	BlueChoice HMO Standard Gold \$500 NAL	0.819
86052DC0400004	01	BlueChoice HMO Young Adult \$9,100	0.625
86052DC0400007	01	BlueChoice HMO Standard Bronze \$7,500	0.648
86052DC0400007	02	BlueChoice HMO Standard Bronze \$7,500 NAO	1.000
86052DC0400007	03	BlueChoice HMO Standard Bronze \$7,500 NAL	0.648
86052DC0400008	01	BlueChoice HMO Standard Platinum \$0	0.899
86052DC0400008	02	BlueChoice HMO Standard Platinum \$0 NAO	1.000
86052DC0400008	03	BlueChoice HMO Standard Platinum \$0 NAL	0.899
86052DC0400010	01	BlueChoice HMO HSA Standard Bronze \$6,350	0.646
86052DC0400010	02	BlueChoice HMO Standard Bronze \$6,350 NAO	1.000
86052DC0400010	03	BlueChoice HMO Standard Bronze \$6,350 NAL	0.646
86052DC0400011	01	BlueChoice HMO HSA Gold \$1,500	0.816
86052DC0400011	02	BlueChoice HMO Gold \$1,500 NAO	1.000
86052DC0400011	03	BlueChoice HMO Gold \$1,500 NAL	0.816

Exhibit 13 - Age Calibration

Age Curve Calibration					
	Period	Cohort	Rating Factor*	Weight	Average Age**
(1)	Rating Period	Existing	1.0819	75.9%	
		New	0.9399	16.7%	
		Transfer	1.0094	7.5%	
(2)	Rating Period	All	1.0528	100.0%	42.0
(3)	Nearest Rounded	All	1.0530		42.0
(4)	Calibration***	All	1.0002		

(3)/(2)

Premium Rate Demonstration	
	HIOS Plan Name BlueChoice HMO Standard Silver \$4,850
(5)	Plan Adjusted Index Rate \$620.28
(6)	Calibration 1.0002 (4)
(7)	Calibrated Rate \$620.42 (5)*(6)
(8)	Age 40 Factor/Rounded Avg Age Factor = (0.975/1.053) 0.9259
(9)	Age 40 Premium Rate \$574.46 (7)*(8)

*Rating factors by cohort for the rating period are based on average factors for each cohort from the current year to date. Weights are based on expected distribution of member months.

**The rating period average age is determined from the member weighted average factor. Specifically it is linearly interpolated using the two age factors on the curve surrounding the member weighted average factor.

***Applied uniformly to all plans

Exhibit 14 - Age Factors

Age	Factor
<=14	0.654
15	0.654
16	0.654
17	0.654
18	0.654
19	0.654
20	0.654
21	0.727
22	0.727
23	0.727
24	0.727
25	0.727
26	0.727
27	0.727
28	0.744
29	0.760
30	0.779
31	0.799
32	0.817
33	0.836
34	0.856
35	0.876
36	0.896
37	0.916
38	0.927
39	0.938
40	0.975
41	1.013
42	1.053
43	1.094
44	1.137
45	1.181
46	1.227
47	1.275
48	1.325
49	1.377
50	1.431
51	1.487
52	1.545
53	1.605
54	1.668
55	1.733
56	1.801
57	1.871
58	1.944
59	2.020
60	2.099
61	2.181
62	2.181
63	2.181
64+	2.181

Exhibit 15 - Induced Utilization Factors

CDH/Non-CDH	Projected Member Months	Relative to HSA/HRA	Relative to Average
HSA/HRA	153,444	1.0000	1.0000
Non-CDH	452,307	1.0000	1.0000
	605,751	1.0000	

Full HIOS Plan ID	Base HIOS Plan ID	Plan Name	Metal Level	Relative to Bronze	Projected Member Months	Relative to Average (Pool)	Relative to Average (CSR)
86052DC040000101	86052DC0400001	BlueChoice HMO Standard Silver \$4,850	SILVER	1.0300	9,348	0.9545	0.9604
86052DC040000102	86052DC0400001	BlueChoice HMO Standard Silver \$4,850 NAO	SILVER	1.0300	-	0.9545	0.9604
86052DC040000103	86052DC0400001	BlueChoice HMO Standard Silver \$4,850 NAL	SILVER	1.0300	-	0.9545	0.9604
86052DC040000104	86052DC0400001	BlueChoice HMO Standard Silver \$4,850 A	SILVER	1.0300	538	0.9545	0.9604
86052DC040000105	86052DC0400001	BlueChoice HMO Standard Silver \$4,850 B	SILVER	1.1500	160	1.0657	0.9604
86052DC040000106	86052DC0400001	BlueChoice HMO Standard Silver \$4,850 C	SILVER	1.1500	394	1.0657	0.9604
86052DC040000201	86052DC0400002	BlueChoice HMO Standard Gold \$500	GOLD	1.0800	2,909	1.0009	1.0009
86052DC040000202	86052DC0400002	BlueChoice HMO Standard Gold \$500 NAO	GOLD	1.0800	-	1.0009	1.0009
86052DC040000203	86052DC0400002	BlueChoice HMO Standard Gold \$500 NAL	GOLD	1.0800	-	1.0009	1.0009
86052DC040000401	86052DC0400004	BlueChoice HMO Young Adult \$9,100	CATASTROPHIC	1.0000	6,042	0.9267	0.9267
86052DC040000701	86052DC0400007	BlueChoice HMO Standard Bronze \$7,500	BRONZE	1.0000	7,748	0.9267	0.9267
86052DC040000702	86052DC0400007	BlueChoice HMO Standard Bronze \$7,500 NAO	BRONZE	1.0000	-	0.9267	0.9267
86052DC040000703	86052DC0400007	BlueChoice HMO Standard Bronze \$7,500 NAL	BRONZE	1.0000	-	0.9267	0.9267
86052DC040000801	86052DC0400008	BlueChoice HMO Standard Platinum \$0	PLATINUM	1.1500	1,407	1.0657	1.0657
86052DC040000802	86052DC0400008	BlueChoice HMO Standard Platinum \$0 NAO	PLATINUM	1.1500	-	1.0657	1.0657
86052DC040000803	86052DC0400008	BlueChoice HMO Standard Platinum \$0 NAL	PLATINUM	1.1500	-	1.0657	1.0657
86052DC040001001	86052DC0400010	BlueChoice HMO HSA Standard Bronze \$6,350	BRONZE	1.0000	11,941	0.9267	0.9267
86052DC040001002	86052DC0400010	BlueChoice HMO Standard Bronze \$6,350 NAO	BRONZE	1.0000	-	0.9267	0.9267
86052DC040001003	86052DC0400010	BlueChoice HMO Standard Bronze \$6,350 NAL	BRONZE	1.0000	-	0.9267	0.9267
86052DC040001101	86052DC0400011	BlueChoice HMO HSA Gold \$1,500	GOLD	1.0800	1,592	1.0009	1.0009
86052DC040001102	86052DC0400011	BlueChoice HMO Gold \$1,500 NAO	GOLD	1.0800	-	1.0009	1.0009
86052DC040001103	86052DC0400011	BlueChoice HMO Gold \$1,500 NAL	GOLD	1.0800	-	1.0009	1.0009

Appendix - Network Factors

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 Opt-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	Projected Member Months	Relative to Lock In / Referral	Relative to Average
Lock In / Referral	45,285	1.0000	0.9027
Open Access	184,466	1.0500	0.9478
Open Access Opt-Out	35,382	1.0617	0.9583
Open Access Plus	81,275	1.0733	0.9689
Open Access Advantage	259,343	1.1849	1.0696
Total	605,751	1.1078	

Factors are applied as plan level adjustments

Appendix - Catastrophic Plans Adjustment

Step 1: Normalize Experience Period Catastrophic PMPM

	Catastrophic	Non-Catastrophic	Total (single risk pool)
Member Months	7,047	561,086	568,133
Distribution	1.2%	98.8%	
Completed Allowed	\$1,188,055	\$265,471,171	\$266,659,226
Allowed PMPM	\$168.59	\$473.14	\$469.36
Age Rating Factor	0.7409	1.0610	1.0570
Induced Demand Factor	1.0000	1.0793	1.0783
Actuarial Value	1.0000	1.0000	1.0000
Net Factor	0.7409	1.1451	1.1401
Normalized Factor	1.5388	0.9956	1.0000
Normalized PMPM	\$259.43	\$471.07	\$469.36

Step 2: Apply Credibility to Normalized Catastrophic PMPM

(1)	Normalized Catastrophic PMPM	\$259.43	
(2)	Member Months	7,047	
(3)	Full Credibility (Member Months)	24,000	
(4)	Credibility	54.2%	
(5)	Normalized Non-Catastrophic PMPM	\$471.07	
(6)	Morbidity Adjustment*	0.6355	(a)/(b)
(7)	Morbidity-Adjusted Non-Catastrophic PMPM	\$299.34	(5)*(6)
(8)	Credibility-Adjusted Catastrophic PMPM	\$277.72	(1)*(4)+(1-(4))*(7)

Step 3: Ratio of Credibility-Normalized Catastrophic PMPM vs. Single Risk Pool

(9)	Normalized SRP PMPM	\$469.36	
(10)	Catastrophic Adjustment (Calculated)	0.5917	(8)/(9)
(11)	Catastrophic Adjustment (Selected)	0.5000	

Total Individual ACA BlueChoice Experience (202101-202112 Paid Through: 202202)

Metal Level	Member Months	Normalized Allowed PMPM	
Catastrophic	86,158	\$176.04	(a)
Bronze	521,304	\$154.41	
Silver	401,640	\$325.89	
Gold	876,322	\$326.41	
Platinum	2,307	\$715.87	
Non-Catastrophic Total	1,801,573	\$277.02	(b)

*The Morbidity Adjustment is the ratio of the Catastrophic Normalized Allowed PMPM to the Non-Catastrophic Normalized Allowed PMPM for our Total Individual ACA BlueChoice Experience.

Appendix - Experience Period to Rating Period Plan Mappings

Exp. Period		Current Period		Rating Period	
2021 Base HIOS Plan ID	2021 HIOS Plan Name	2022 Base HIOS Plan ID	2022 HIOS Plan Name	2023 Base HIOS Plan ID	2023 HIOS Plan Name
86052DC0400001	BlueChoice HMO Standard Silver \$4,000	86052DC0400001	BlueChoice HMO Standard Silver \$4,000	86052DC0400001	BlueChoice HMO Standard Silver \$4,850
86052DC0400002	BlueChoice HMO Standard Gold \$500	86052DC0400002	BlueChoice HMO Standard Gold \$500	86052DC0400002	BlueChoice HMO Standard Gold \$500
86052DC0400004	BlueChoice HMO Young Adult \$8,550	86052DC0400004	BlueChoice HMO Young Adult \$8,700	86052DC0400004	BlueChoice HMO Young Adult \$9,100
86052DC0400007	BlueChoice HMO Standard Bronze \$7,500	86052DC0400007	BlueChoice HMO Standard Bronze \$7,500	86052DC0400007	BlueChoice HMO Standard Bronze \$7,500
86052DC0400008	BlueChoice HMO Standard Platinum \$0	86052DC0400008	BlueChoice HMO Standard Platinum \$0	86052DC0400008	BlueChoice HMO Standard Platinum \$0
86052DC0400010	BlueChoice HMO HSA Standard Bronze \$6,350	86052DC0400010	BlueChoice HMO HSA Standard Bronze \$6,350	86052DC0400010	BlueChoice HMO HSA Standard Bronze \$6,350
86052DC0400011	BlueChoice HMO HSA Gold \$1,500	86052DC0400011	BlueChoice HMO HSA Gold \$1,500	86052DC0400011	BlueChoice HMO HSA Gold \$1,500

Appendix - Annual Rate Change Based on Mapping

Catastrophic	Catastrophic/Avg Renewal	477	512	38.7%
Bronze	Bronze Members/Avg Renewal	1,908	1,756	33.8%
Silver	Silver Members/Avg Renewal	1,067	954	27.0%
Gold	Gold Members/Avg Renewal	441	402	23.7%
Platinum	Platinum Members/Avg Renewal	156	134	12.2%
	All Members/Avg Renewal	4,049	3,758	29.3%
	Minimum Renewal			12.2%
	Maximum Renewal			38.7%

2022 HIOS Plan ID	2022 HIOS Plan Name	2022 Metal Level	2022 Marketplace Indicator	2023 HIOS Plan ID	2023 HIOS Plan Name	2023 Metal Level	2023 Marketplace Indicator	Current Month Member Count	Projected 2022 EOY Members	2022 Base Rate	2023 Base Rate	Annual Rate Change
86052DC0400001	BlueChoice HMO Standard Silver \$4,000	SILVER	On	86052DC0400001	BlueChoice HMO Standard Silver \$4,850	SILVER	On	1,067	954	\$463.89	\$589.19	27.0%
86052DC0400002	BlueChoice HMO Standard Gold \$500	GOLD	On	86052DC0400002	BlueChoice HMO Standard Gold \$500	GOLD	On	293	263	\$596.89	\$730.46	22.4%
86052DC0400004	BlueChoice HMO Young Adult \$8,700	CATASTROPHIC	On	86052DC0400004	BlueChoice HMO Young Adult \$9,100	CATASTROPHIC	On	477	512	\$173.71	\$240.95	38.7%
86052DC0400007	BlueChoice HMO Standard Bronze \$7,500	BRONZE	On	86052DC0400007	BlueChoice HMO Standard Bronze \$7,500	BRONZE	On	730	682	\$387.93	\$518.96	33.8%
86052DC0400008	BlueChoice HMO Standard Platinum \$0	PLATINUM	On	86052DC0400008	BlueChoice HMO Standard Platinum \$0	PLATINUM	On	156	134	\$698.53	\$783.72	12.2%
86052DC0400010	BlueChoice HMO HSA Standard Bronze \$6,350	BRONZE	On	86052DC0400010	BlueChoice HMO HSA Standard Bronze \$6,350	BRONZE	On	1,178	1,074	\$377.21	\$504.93	33.9%
86052DC0400011	BlueChoice HMO HSA Gold \$1,500	GOLD	On	86052DC0400011	BlueChoice HMO HSA Gold \$1,500	GOLD	On	148	139	\$538.32	\$680.38	26.4%

Appendix - Maximum Rate Renewal

	2022	2023	% Change
Base Rate	\$173.71	\$240.95	38.7%
Age Factor	0.654	0.727	11.2%
Geographic Factor	1.000	1.000	0.0%
Tobacco Factor	1.000	1.000	0.0%
Total	\$113.61	\$175.17	54.2%

	BlueChoice HMO Young Adult	BlueChoice HMO Young Adult
Base Rate/Product(s)	\$8,700	\$9,100
Age Change	20	21
Geo Change*	N/A	N/A
Tobacco Change**	N/A	N/A

*we did not geo rate

**we did not tobacco rate

Appendix - Federal Required \$1.00 minimum for abortion

HIOS Plan ID	Plan Name	Exchange	Minimum Charge	Lowest Age Factor	Base Premium	Age Calibration	Plan Adjusted Index Rate	Admin	Catastrophic Adjustment	Network Factor	Non-EHB	Induced Utilization	Benefit	Market Adjusted Index Rate	Exchange User Fee	Risk Adjustment Fee	Reinsurance Factor	Index Rate	\$1 Check	Final Rate, above \$1.00
86052DC0400001	BlueChoice HMO Standard Silver \$4,850	On	\$1.00	0.6540	\$1.53	0.9499	\$1.61	1.1974	1.0000	0.9478	1.0000	0.9604	0.8337	\$1.77	1.0000	1.2605	1.0000	\$1.40	\$1.00	\$1.40
86052DC0400002	BlueChoice HMO Standard Gold \$500	On	\$1.00	0.6540	\$1.53	0.9499	\$1.61	1.1974	1.0000	0.9478	1.0000	1.0009	0.9923	\$1.43	1.0000	1.2605	1.0000	\$1.13	\$1.00	\$1.13
86052DC0400004	BlueChoice HMO Young Adult \$9,100	On	\$1.00	0.6540	\$1.53	0.9499	\$1.61	1.1974	0.5000	0.9478	1.0000	0.9267	0.7040	\$4.35	1.0000	1.2605	1.0000	\$3.45	\$1.00	\$3.45
86052DC0400007	BlueChoice HMO Standard Bronze \$7,500	On	\$1.00	0.6540	\$1.53	0.9499	\$1.61	1.1974	1.0000	0.9478	1.0000	0.9267	0.7608	\$2.01	1.0000	1.2605	1.0000	\$1.59	\$1.00	\$1.59
86052DC0400008	BlueChoice HMO Standard Platinum \$0	On	\$1.00	0.6540	\$1.53	0.9499	\$1.61	1.1974	1.0000	0.9478	1.0000	1.0657	1.0000	\$1.33	1.0000	1.2605	1.0000	\$1.06	\$1.00	\$1.06
86052DC0400010	BlueChoice HMO HSA Standard Bronze \$6,350	On	\$1.00	0.6540	\$1.53	0.9499	\$1.61	1.1974	1.0000	0.9478	1.0000	0.9267	0.7401	\$2.07	1.0000	1.2605	1.0000	\$1.64	\$1.00	\$1.64
86052DC0400011	BlueChoice HMO HSA Gold \$1,500	On	\$1.00	0.6540	\$1.53	0.9499	\$1.61	1.1974	1.0000	0.9478	1.0000	1.0009	0.9241	\$1.53	1.0000	1.2605	1.0000	\$1.21	\$0.99	\$1.22

Appendix - Form Numbers

Form Numbers Associated With This Filing:

This list contains the applicable forms for the new 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-133246584

ON-Exchange

BlueChoice HMO Standard Plans

DC/CFBC/EXC/HMO/IEA (R. 1/23)
DC/CFBC/DOL APPEAL (R. 1/22)
DC/CFBC/EXC/HMO/DOCS (R. 1/23)
DC/CFBC/EXC/HMO HSA STD/BRZ 6350 (1/23)
DC/CFBC/EXC/HMO HSA/GOLD 1500 (1/23)
DC/CFBC/EXC/HMO STD/BRZ 7500 (1/23)
DC/CFBC/EXC/HMO STD/GOLD 500 (1/23)
DC/CFBC/EXC/HMO STD/PLAT 0 (1/23)
DC/CFBC/EXC/HMO STD/SIL 4850 (1/23)
DC/CFBC/EXC/HMO STD/SIL 4850 A (1/23)
DC/CFBC/EXC/HMO STD/SIL 4850 B (1/23)
DC/CFBC/EXC/HMO STD/SIL 4850 C (1/23)
DC/CFBC/EXC/HMO STD/NATAMER 0 (1/23)
DC/CFBC/EXC/NATAMER (1/14)
DC/CFBC/MEM/BLCRD (R. 6/18)
DC/CFBC/CD/AUTH AMEND/HMO (R. 1/22)
DC/CFBC/NO SURP ACT/AMEND (R. 1/23)
DC/CFBC/PT PROTECT (9/10)
DC/CFBC/CD/HMO/INCENT (1/23)

BlueChoice HMO Young Adult

DC/CFBC/EXC/HMO/IEA (R. 1/23)
DC/CFBC/DOL APPEAL (R. 1/22)
DC/CFBC/EXC/HMO/DOCS (R. 1/23)
DC/CFBC/EXC/HMO/NATAMER SOB (1/23)
DC/CFBC/EXC/HMO/ YA 9100 SOB (1/23)
DC/CFBC/EXC/NATAMER (1/14)
DC/CFBC/MEM/BLCRD (R. 6/18)
DC/CFBC/CD/AUTH AMEND/HMO (R. 1/22)
DC/CFBC/NO SURP ACT/AMEND (R. 1/23)
DC/CFBC/PT PROTECT (9/10)
DC/CFBC/CD/HMO/INCENT (1/23)

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Ultimate Incurred	Allowed	Incurred	Drug Rebates	Utilization Unit	Utilization
201901	42,431	Inpatient Hospital	\$2,627,023	\$2,483,317	\$2,627,023	\$2,483,317	\$0	Admits	169
201902	42,697	Inpatient Hospital	\$2,576,955	\$2,435,951	\$2,576,955	\$2,435,951	\$0	Admits	167
201903	42,785	Inpatient Hospital	\$2,896,054	\$2,808,694	\$2,896,054	\$2,808,694	\$0	Admits	168
201904	43,042	Inpatient Hospital	\$3,063,249	\$2,970,428	\$3,063,249	\$2,970,428	\$0	Admits	168
201905	43,059	Inpatient Hospital	\$3,499,047	\$3,347,274	\$3,499,047	\$3,347,274	\$0	Admits	176
201906	43,048	Inpatient Hospital	\$2,670,494	\$2,554,128	\$2,670,494	\$2,554,128	\$0	Admits	173
201907	43,084	Inpatient Hospital	\$3,154,621	\$3,002,661	\$3,154,567	\$3,002,609	\$0	Admits	176
201908	43,062	Inpatient Hospital	\$4,442,160	\$4,323,920	\$4,442,070	\$4,323,833	\$0	Admits	200
201909	43,164	Inpatient Hospital	\$4,031,362	\$3,926,080	\$4,031,159	\$3,925,881	\$0	Admits	176
201910	43,245	Inpatient Hospital	\$4,845,167	\$4,718,553	\$4,844,884	\$4,718,277	\$0	Admits	202
201911	43,257	Inpatient Hospital	\$2,636,991	\$2,524,169	\$2,636,812	\$2,523,997	\$0	Admits	189
201912	43,625	Inpatient Hospital	\$2,953,739	\$2,828,663	\$2,953,515	\$2,828,448	\$0	Admits	188
202001	44,512	Inpatient Hospital	\$3,266,113	\$3,101,207	\$3,265,722	\$3,100,835	\$0	Admits	193
202002	44,747	Inpatient Hospital	\$2,505,853	\$2,419,378	\$2,505,463	\$2,419,001	\$0	Admits	163
202003	45,242	Inpatient Hospital	\$2,783,465	\$2,674,094	\$2,782,991	\$2,673,638	\$0	Admits	170
202004	45,527	Inpatient Hospital	\$3,362,475	\$3,297,247	\$3,361,743	\$3,296,528	\$0	Admits	167
202005	45,537	Inpatient Hospital	\$3,209,703	\$3,133,319	\$3,208,989	\$3,132,623	\$0	Admits	212
202006	45,654	Inpatient Hospital	\$2,610,631	\$2,536,147	\$2,610,001	\$2,535,535	\$0	Admits	164
202007	45,692	Inpatient Hospital	\$6,291,465	\$6,208,937	\$6,289,734	\$6,207,233	\$0	Admits	153
202008	45,568	Inpatient Hospital	\$3,170,181	\$3,076,202	\$3,168,985	\$3,075,049	\$0	Admits	171
202009	45,879	Inpatient Hospital	\$3,335,884	\$3,227,826	\$3,334,200	\$3,226,197	\$0	Admits	170
202010	45,963	Inpatient Hospital	\$3,724,583	\$3,625,783	\$3,722,703	\$3,623,963	\$0	Admits	187
202011	46,151	Inpatient Hospital	\$3,872,307	\$3,731,362	\$3,869,788	\$3,728,955	\$0	Admits	204
202012	46,669	Inpatient Hospital	\$3,034,682	\$2,918,554	\$3,032,557	\$2,916,524	\$0	Admits	172
202101	46,744	Inpatient Hospital	\$2,811,772	\$2,669,352	\$2,808,961	\$2,666,698	\$0	Admits	171
202102	47,000	Inpatient Hospital	\$2,993,113	\$2,878,026	\$2,987,692	\$2,872,815	\$0	Admits	172
202103	47,185	Inpatient Hospital	\$4,158,427	\$4,036,442	\$4,144,720	\$4,023,122	\$0	Admits	197
202104	47,263	Inpatient Hospital	\$3,581,176	\$3,441,319	\$3,564,130	\$3,424,897	\$0	Admits	196
202105	47,283	Inpatient Hospital	\$3,984,828	\$3,867,173	\$3,957,115	\$3,840,232	\$0	Admits	173
202106	47,112	Inpatient Hospital	\$4,308,700	\$4,184,092	\$4,269,017	\$4,145,512	\$0	Admits	185
202107	47,361	Inpatient Hospital	\$3,466,325	\$3,354,467	\$3,422,675	\$3,312,213	\$0	Admits	152
202108	47,626	Inpatient Hospital	\$3,616,248	\$3,483,722	\$3,557,919	\$3,427,465	\$0	Admits	212
202109	47,874	Inpatient Hospital	\$3,591,935	\$3,451,131	\$3,503,954	\$3,366,421	\$0	Admits	287
202110	47,491	Inpatient Hospital	\$3,382,087	\$3,265,016	\$3,263,879	\$3,150,857	\$0	Admits	183
202111	47,541	Inpatient Hospital	\$3,567,013	\$3,429,661	\$3,381,479	\$3,251,194	\$0	Admits	204
202112	47,653	Inpatient Hospital	\$2,165,315	\$2,072,740	\$1,995,263	\$1,909,955	\$0	Admits	140
202201	47,521	Inpatient Hospital	\$1,634,994	\$1,464,172	\$1,242,450	\$1,114,062	\$0	Admits	138
202202	47,964	Inpatient Hospital	\$1,008,902	\$913,407	\$322,946	\$292,808	\$0	Admits	72

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Ultimate Incurred	Allowed	Incurred	Drug Rebates	Utilization Unit	Utilization
201901	42,431	Outpatient Hospital	\$3,444,357	\$2,890,934	\$3,444,357	\$2,890,934	\$0	Visits	2,796
201902	42,697	Outpatient Hospital	\$3,006,225	\$2,531,364	\$3,006,225	\$2,531,364	\$0	Visits	2,472
201903	42,785	Outpatient Hospital	\$3,006,078	\$2,475,844	\$3,006,078	\$2,475,844	\$0	Visits	2,853
201904	43,042	Outpatient Hospital	\$3,640,293	\$3,121,901	\$3,640,293	\$3,121,901	\$0	Visits	3,007
201905	43,059	Outpatient Hospital	\$3,202,986	\$2,674,618	\$3,202,986	\$2,674,618	\$0	Visits	2,900
201906	43,048	Outpatient Hospital	\$2,809,307	\$2,352,432	\$2,809,307	\$2,352,432	\$0	Visits	2,644
201907	43,084	Outpatient Hospital	\$3,100,153	\$2,636,895	\$3,100,099	\$2,636,849	\$0	Visits	2,676
201908	43,062	Outpatient Hospital	\$3,160,443	\$2,670,239	\$3,160,379	\$2,670,185	\$0	Visits	2,705
201909	43,164	Outpatient Hospital	\$3,019,114	\$2,564,795	\$3,018,964	\$2,564,667	\$0	Visits	2,603
201910	43,245	Outpatient Hospital	\$3,535,091	\$3,028,246	\$3,534,886	\$3,028,070	\$0	Visits	2,946
201911	43,257	Outpatient Hospital	\$3,285,367	\$2,805,123	\$3,285,145	\$2,804,933	\$0	Visits	2,586
201912	43,625	Outpatient Hospital	\$3,803,893	\$3,244,903	\$3,803,604	\$3,244,657	\$0	Visits	2,768
202001	44,512	Outpatient Hospital	\$3,467,626	\$2,864,400	\$3,467,214	\$2,864,059	\$0	Visits	2,718
202002	44,747	Outpatient Hospital	\$3,239,594	\$2,701,195	\$3,239,085	\$2,700,768	\$0	Visits	2,529
202003	45,242	Outpatient Hospital	\$2,818,829	\$2,412,077	\$2,818,344	\$2,411,659	\$0	Visits	2,339
202004	45,527	Outpatient Hospital	\$1,785,300	\$1,606,928	\$1,784,919	\$1,606,582	\$0	Visits	1,390
202005	45,537	Outpatient Hospital	\$2,481,774	\$2,219,817	\$2,481,220	\$2,219,321	\$0	Visits	1,840
202006	45,654	Outpatient Hospital	\$3,820,498	\$3,445,833	\$3,819,573	\$3,445,001	\$0	Visits	2,420
202007	45,692	Outpatient Hospital	\$3,569,356	\$3,126,540	\$3,568,372	\$3,125,684	\$0	Visits	2,663
202008	45,568	Outpatient Hospital	\$3,511,425	\$3,091,554	\$3,510,168	\$3,090,458	\$0	Visits	2,730
202009	45,879	Outpatient Hospital	\$4,141,157	\$3,674,793	\$4,139,028	\$3,672,927	\$0	Visits	2,956
202010	45,963	Outpatient Hospital	\$3,843,490	\$3,401,815	\$3,841,450	\$3,400,041	\$0	Visits	3,103
202011	46,151	Outpatient Hospital	\$3,620,346	\$3,209,035	\$3,618,020	\$3,206,992	\$0	Visits	2,977
202012	46,669	Outpatient Hospital	\$4,082,359	\$3,589,620	\$4,079,360	\$3,586,983	\$0	Visits	3,210
202101	46,744	Outpatient Hospital	\$3,432,488	\$2,929,271	\$3,429,288	\$2,926,553	\$0	Visits	2,923
202102	47,000	Outpatient Hospital	\$3,790,259	\$3,331,971	\$3,783,406	\$3,325,948	\$0	Visits	2,905
202103	47,185	Outpatient Hospital	\$4,545,183	\$3,994,043	\$4,530,126	\$3,980,765	\$0	Visits	3,935
202104	47,263	Outpatient Hospital	\$4,403,601	\$3,832,063	\$4,382,183	\$3,813,338	\$0	Visits	4,233
202105	47,283	Outpatient Hospital	\$4,690,299	\$4,134,674	\$4,658,107	\$4,106,245	\$0	Visits	3,728
202106	47,112	Outpatient Hospital	\$4,384,620	\$3,760,950	\$4,344,502	\$3,726,457	\$0	Visits	3,541
202107	47,361	Outpatient Hospital	\$4,398,204	\$3,907,229	\$4,343,807	\$3,858,859	\$0	Visits	3,416
202108	47,626	Outpatient Hospital	\$4,613,149	\$4,022,343	\$4,538,508	\$3,957,142	\$0	Visits	3,718
202109	47,874	Outpatient Hospital	\$4,274,706	\$3,761,550	\$4,168,085	\$3,667,405	\$0	Visits	3,579
202110	47,491	Outpatient Hospital	\$4,592,172	\$4,043,767	\$4,431,158	\$3,901,894	\$0	Visits	3,800
202111	47,541	Outpatient Hospital	\$4,764,426	\$4,220,891	\$4,516,148	\$4,000,853	\$0	Visits	3,683
202112	47,653	Outpatient Hospital	\$4,466,346	\$3,824,899	\$4,115,630	\$3,524,555	\$0	Visits	3,999
202201	47,521	Outpatient Hospital	\$3,872,195	\$3,291,942	\$2,956,380	\$2,514,260	\$0	Visits	3,284
202202	47,964	Outpatient Hospital	\$4,338,916	\$3,680,204	\$1,398,044	\$1,186,713	\$0	Visits	3,417

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Ultimate Incurred	Allowed	Incurred	Drug Rebates	Utilization Unit	Utilization
201901	42,431	Professional	\$6,526,267	\$4,900,961	\$6,526,267	\$4,900,961	\$0	Visits	42,175
201902	42,697	Professional	\$5,550,695	\$4,238,336	\$5,550,695	\$4,238,336	\$0	Visits	36,120
201903	42,785	Professional	\$6,033,546	\$4,609,861	\$6,033,546	\$4,609,861	\$0	Visits	40,363
201904	43,042	Professional	\$6,126,269	\$4,750,836	\$6,126,269	\$4,750,836	\$0	Visits	40,160
201905	43,059	Professional	\$6,086,258	\$4,755,104	\$6,086,258	\$4,755,104	\$0	Visits	41,078
201906	43,048	Professional	\$5,738,275	\$4,461,612	\$5,738,275	\$4,461,612	\$0	Visits	37,307
201907	43,084	Professional	\$6,109,071	\$4,767,327	\$6,108,980	\$4,767,258	\$0	Visits	39,627
201908	43,062	Professional	\$6,233,473	\$4,956,780	\$6,233,361	\$4,956,693	\$0	Visits	40,488
201909	43,164	Professional	\$6,038,917	\$4,801,993	\$6,038,619	\$4,801,757	\$0	Visits	39,968
201910	43,245	Professional	\$7,126,683	\$5,740,946	\$7,126,271	\$5,740,617	\$0	Visits	47,149
201911	43,257	Professional	\$6,113,985	\$4,861,959	\$6,113,574	\$4,861,634	\$0	Visits	40,730
201912	43,625	Professional	\$6,136,232	\$4,746,797	\$6,135,766	\$4,746,438	\$0	Visits	38,926
202001	44,512	Professional	\$6,991,224	\$5,233,944	\$6,990,397	\$5,233,324	\$0	Visits	47,240
202002	44,747	Professional	\$6,386,456	\$4,877,035	\$6,385,466	\$4,876,274	\$0	Visits	41,804
202003	45,242	Professional	\$5,450,239	\$4,275,616	\$5,449,306	\$4,274,882	\$0	Visits	35,810
202004	45,527	Professional	\$3,514,354	\$2,985,593	\$3,513,596	\$2,984,948	\$0	Visits	25,410
202005	45,537	Professional	\$4,507,910	\$3,795,929	\$4,506,905	\$3,795,083	\$0	Visits	30,438
202006	45,654	Professional	\$6,023,902	\$5,034,406	\$6,022,452	\$5,033,198	\$0	Visits	40,470
202007	45,692	Professional	\$6,675,176	\$5,539,828	\$6,673,307	\$5,538,291	\$0	Visits	44,342
202008	45,568	Professional	\$6,662,452	\$5,368,950	\$6,660,125	\$5,367,107	\$0	Visits	44,411
202009	45,879	Professional	\$7,307,848	\$5,923,000	\$7,304,077	\$5,919,982	\$0	Visits	51,160
202010	45,963	Professional	\$8,073,331	\$6,641,321	\$8,069,057	\$6,637,849	\$0	Visits	56,707
202011	46,151	Professional	\$7,532,727	\$6,185,167	\$7,527,888	\$6,181,224	\$0	Visits	51,428
202012	46,669	Professional	\$7,909,835	\$6,386,743	\$7,904,135	\$6,382,160	\$0	Visits	53,594
202101	46,744	Professional	\$7,515,510	\$5,962,990	\$7,508,419	\$5,957,393	\$0	Visits	53,470
202102	47,000	Professional	\$7,238,570	\$5,704,339	\$7,225,483	\$5,694,029	\$0	Visits	48,877
202103	47,185	Professional	\$8,857,907	\$7,028,854	\$8,828,601	\$7,005,529	\$0	Visits	61,694
202104	47,263	Professional	\$8,603,240	\$6,876,836	\$8,561,415	\$6,843,263	\$0	Visits	59,474
202105	47,283	Professional	\$7,832,048	\$6,207,438	\$7,778,089	\$6,164,541	\$0	Visits	51,618
202106	47,112	Professional	\$8,219,509	\$6,447,934	\$8,143,609	\$6,388,132	\$0	Visits	52,183
202107	47,361	Professional	\$7,798,886	\$6,207,938	\$7,702,178	\$6,130,626	\$0	Visits	51,355
202108	47,626	Professional	\$8,617,324	\$6,972,816	\$8,477,414	\$6,859,333	\$0	Visits	56,518
202109	47,874	Professional	\$8,824,870	\$7,178,712	\$8,604,910	\$6,999,306	\$0	Visits	60,241
202110	47,491	Professional	\$8,847,888	\$7,213,205	\$8,537,700	\$6,960,185	\$0	Visits	61,233
202111	47,541	Professional	\$8,538,433	\$6,895,565	\$8,092,195	\$6,534,926	\$0	Visits	57,691
202112	47,653	Professional	\$9,299,852	\$7,614,752	\$8,569,538	\$7,016,760	\$0	Visits	62,255
202201	47,521	Professional	\$9,166,688	\$7,249,991	\$6,986,492	\$5,528,816	\$0	Visits	61,897
202202	47,964	Professional	\$10,865,410	\$8,378,107	\$3,490,935	\$2,694,732	\$0	Visits	71,025

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Ultimate Incurred	Allowed	Incurred	Drug Rebates	Utilization Unit	Utilization
201901	42,431	Other Medical	\$1,106,690	\$971,342	\$1,106,690	\$971,342	\$0	Services	4,254
201902	42,697	Other Medical	\$1,045,307	\$924,707	\$1,045,307	\$924,707	\$0	Services	3,601
201903	42,785	Other Medical	\$1,225,489	\$1,130,828	\$1,225,489	\$1,130,828	\$0	Services	4,183
201904	43,042	Other Medical	\$1,183,437	\$1,085,532	\$1,183,437	\$1,085,532	\$0	Services	4,654
201905	43,059	Other Medical	\$1,223,270	\$1,116,607	\$1,223,270	\$1,116,607	\$0	Services	4,475
201906	43,048	Other Medical	\$988,005	\$886,604	\$988,005	\$886,604	\$0	Services	4,100
201907	43,084	Other Medical	\$1,059,972	\$946,440	\$1,059,955	\$946,425	\$0	Services	4,387
201908	43,062	Other Medical	\$1,159,243	\$1,058,126	\$1,159,221	\$1,058,106	\$0	Services	4,510
201909	43,164	Other Medical	\$992,348	\$905,391	\$992,300	\$905,346	\$0	Services	3,713
201910	43,245	Other Medical	\$1,192,294	\$1,102,233	\$1,192,225	\$1,102,169	\$0	Services	4,140
201911	43,257	Other Medical	\$1,081,876	\$1,003,063	\$1,081,803	\$1,002,995	\$0	Services	2,959
201912	43,625	Other Medical	\$1,029,750	\$902,071	\$1,029,673	\$902,003	\$0	Services	3,447
202001	44,512	Other Medical	\$1,163,463	\$1,027,264	\$1,163,326	\$1,027,142	\$0	Services	4,736
202002	44,747	Other Medical	\$961,533	\$841,301	\$961,385	\$841,171	\$0	Services	4,303
202003	45,242	Other Medical	\$1,106,122	\$1,015,087	\$1,105,931	\$1,014,912	\$0	Services	3,540
202004	45,527	Other Medical	\$953,291	\$877,585	\$953,086	\$877,397	\$0	Services	2,527
202005	45,537	Other Medical	\$1,007,126	\$923,505	\$1,006,902	\$923,300	\$0	Services	3,077
202006	45,654	Other Medical	\$1,043,776	\$941,171	\$1,043,525	\$940,944	\$0	Services	4,643
202007	45,692	Other Medical	\$1,286,861	\$1,160,383	\$1,286,508	\$1,160,065	\$0	Services	4,952
202008	45,568	Other Medical	\$1,030,732	\$949,934	\$1,030,376	\$949,606	\$0	Services	4,795
202009	45,879	Other Medical	\$1,252,303	\$1,155,182	\$1,251,658	\$1,154,585	\$0	Services	5,237
202010	45,963	Other Medical	\$1,309,596	\$1,181,951	\$1,308,916	\$1,181,336	\$0	Services	5,118
202011	46,151	Other Medical	\$1,246,897	\$1,154,101	\$1,246,095	\$1,153,358	\$0	Services	3,807
202012	46,669	Other Medical	\$1,288,897	\$1,137,912	\$1,287,972	\$1,137,096	\$0	Services	4,453
202101	46,744	Other Medical	\$1,139,594	\$1,006,994	\$1,138,524	\$1,006,056	\$0	Services	4,130
202102	47,000	Other Medical	\$1,104,362	\$986,519	\$1,102,366	\$984,737	\$0	Services	4,352
202103	47,185	Other Medical	\$1,416,949	\$1,287,743	\$1,412,244	\$1,283,460	\$0	Services	5,426
202104	47,263	Other Medical	\$1,196,068	\$1,071,308	\$1,190,256	\$1,066,085	\$0	Services	4,897
202105	47,283	Other Medical	\$1,256,069	\$1,137,949	\$1,247,367	\$1,130,055	\$0	Services	4,485
202106	47,112	Other Medical	\$1,442,328	\$1,314,902	\$1,428,986	\$1,302,740	\$0	Services	5,116
202107	47,361	Other Medical	\$1,252,126	\$1,149,926	\$1,236,579	\$1,135,634	\$0	Services	4,698
202108	47,626	Other Medical	\$1,403,553	\$1,279,429	\$1,380,772	\$1,258,643	\$0	Services	5,437
202109	47,874	Other Medical	\$1,277,627	\$1,138,760	\$1,245,742	\$1,110,296	\$0	Services	4,830
202110	47,491	Other Medical	\$1,275,536	\$1,170,923	\$1,230,843	\$1,129,893	\$0	Services	4,767
202111	47,541	Other Medical	\$1,299,575	\$1,174,570	\$1,231,465	\$1,112,998	\$0	Services	4,995
202112	47,653	Other Medical	\$1,614,741	\$1,438,564	\$1,487,926	\$1,325,586	\$0	Services	4,859
202201	47,521	Other Medical	\$1,370,215	\$1,184,515	\$1,043,317	\$902,379	\$0	Services	5,338
202202	47,964	Other Medical	\$1,777,927	\$1,570,924	\$571,359	\$505,209	\$0	Services	8,536

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Ultimate Incurred	Allowed	Incurred	Drug Rebates	Utilization Unit	Utilization
201901	42,431	Prescription Drug	\$4,843,244	\$4,196,542	\$4,843,244	\$4,196,542	\$782,360	Scripts	28,072
201902	42,697	Prescription Drug	\$4,310,034	\$3,836,436	\$4,310,034	\$3,836,436	\$736,987	Scripts	25,349
201903	42,785	Prescription Drug	\$4,768,847	\$4,285,691	\$4,768,847	\$4,285,691	\$840,896	Scripts	27,898
201904	43,042	Prescription Drug	\$4,982,914	\$4,541,110	\$4,982,914	\$4,541,110	\$870,146	Scripts	27,954
201905	43,059	Prescription Drug	\$5,020,753	\$4,617,947	\$5,020,753	\$4,617,947	\$867,716	Scripts	28,473
201906	43,048	Prescription Drug	\$4,583,935	\$4,231,317	\$4,583,935	\$4,231,317	\$830,547	Scripts	26,253
201907	43,084	Prescription Drug	\$5,189,302	\$4,778,227	\$5,189,302	\$4,778,227	\$941,157	Scripts	27,679
201908	43,062	Prescription Drug	\$4,929,301	\$4,527,507	\$4,929,301	\$4,527,507	\$923,588	Scripts	27,327
201909	43,164	Prescription Drug	\$4,871,792	\$4,482,661	\$4,871,792	\$4,482,661	\$892,621	Scripts	25,996
201910	43,245	Prescription Drug	\$5,174,389	\$4,762,560	\$5,174,389	\$4,762,560	\$957,422	Scripts	28,119
201911	43,257	Prescription Drug	\$4,609,370	\$4,242,540	\$4,609,370	\$4,242,540	\$890,569	Scripts	26,578
201912	43,625	Prescription Drug	\$5,362,618	\$4,794,063	\$5,362,618	\$4,794,063	\$949,134	Scripts	28,749
202001	44,512	Prescription Drug	\$4,846,840	\$4,115,526	\$4,846,840	\$4,115,526	\$834,981	Scripts	29,818
202002	44,747	Prescription Drug	\$4,876,263	\$4,333,909	\$4,876,263	\$4,333,909	\$896,987	Scripts	28,118
202003	45,242	Prescription Drug	\$5,822,316	\$5,232,424	\$5,822,316	\$5,232,424	\$1,124,587	Scripts	31,822
202004	45,527	Prescription Drug	\$5,257,551	\$4,816,574	\$5,257,551	\$4,816,574	\$1,082,600	Scripts	24,448
202005	45,537	Prescription Drug	\$5,141,224	\$4,725,420	\$5,141,224	\$4,725,420	\$1,028,797	Scripts	24,654
202006	45,654	Prescription Drug	\$5,356,225	\$4,921,601	\$5,356,225	\$4,921,601	\$1,110,173	Scripts	26,054
202007	45,692	Prescription Drug	\$5,520,085	\$5,056,205	\$5,520,085	\$5,056,205	\$1,075,782	Scripts	26,504
202008	45,568	Prescription Drug	\$5,248,117	\$4,838,404	\$5,248,117	\$4,838,404	\$1,043,041	Scripts	25,960
202009	45,879	Prescription Drug	\$5,206,605	\$4,779,208	\$5,206,605	\$4,779,208	\$1,047,412	Scripts	26,417
202010	45,963	Prescription Drug	\$5,860,320	\$5,395,593	\$5,860,320	\$5,395,593	\$1,113,298	Scripts	27,011
202011	46,151	Prescription Drug	\$5,132,029	\$4,710,411	\$5,132,029	\$4,710,411	\$1,070,046	Scripts	25,428
202012	46,669	Prescription Drug	\$5,490,992	\$4,913,841	\$5,490,992	\$4,913,841	\$1,081,145	Scripts	27,764
202101	46,744	Prescription Drug	\$5,297,335	\$4,627,936	\$5,297,335	\$4,627,936	\$1,070,166	Scripts	27,132
202102	47,000	Prescription Drug	\$5,075,382	\$4,565,164	\$5,075,382	\$4,565,164	\$1,080,483	Scripts	26,269
202103	47,185	Prescription Drug	\$6,256,959	\$5,662,789	\$6,256,959	\$5,662,789	\$1,339,732	Scripts	33,321
202104	47,263	Prescription Drug	\$6,011,890	\$5,540,100	\$6,011,890	\$5,540,100	\$1,281,602	Scripts	37,195
202105	47,283	Prescription Drug	\$5,670,285	\$5,213,493	\$5,670,285	\$5,213,493	\$1,211,735	Scripts	32,535
202106	47,112	Prescription Drug	\$5,929,911	\$5,443,483	\$5,929,911	\$5,443,483	\$1,264,527	Scripts	30,848
202107	47,361	Prescription Drug	\$5,925,583	\$5,450,833	\$5,925,583	\$5,450,833	\$1,282,280	Scripts	29,765
202108	47,626	Prescription Drug	\$6,040,805	\$5,537,496	\$6,040,805	\$5,537,496	\$1,375,902	Scripts	30,937
202109	47,874	Prescription Drug	\$5,931,775	\$5,449,365	\$5,931,775	\$5,449,365	\$1,308,071	Scripts	29,677
202110	47,491	Prescription Drug	\$6,141,368	\$5,661,345	\$6,141,368	\$5,661,345	\$1,335,076	Scripts	31,077
202111	47,541	Prescription Drug	\$6,452,531	\$5,982,162	\$6,452,531	\$5,982,162	\$1,356,363	Scripts	35,856
202112	47,653	Prescription Drug	\$6,752,705	\$6,094,402	\$6,752,705	\$6,094,402	\$1,350,126	Scripts	36,016
202201	47,521	Prescription Drug	\$6,358,463	\$5,675,139	\$6,358,463	\$5,675,139	\$1,511,031	Scripts	31,990
202202	47,964	Prescription Drug	\$6,108,253	\$5,496,464	\$6,108,253	\$5,496,464	\$1,485,765	Scripts	28,796

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Ultimate Incurred	Allowed	Incurred	Drug Rebates	Utilization Unit	Utilization
201901	42,431	Capitations	\$42,765	\$42,765	\$42,765	\$42,765	\$0	Benefit Period	42,431
201902	42,697	Capitations	\$42,878	\$42,878	\$42,878	\$42,878	\$0	Benefit Period	42,697
201903	42,785	Capitations	\$43,038	\$43,038	\$43,038	\$43,038	\$0	Benefit Period	42,785
201904	43,042	Capitations	\$43,217	\$43,217	\$43,217	\$43,217	\$0	Benefit Period	43,042
201905	43,059	Capitations	\$42,970	\$42,970	\$42,970	\$42,970	\$0	Benefit Period	43,059
201906	43,048	Capitations	\$42,784	\$42,784	\$42,784	\$42,784	\$0	Benefit Period	43,048
201907	43,084	Capitations	\$42,696	\$42,696	\$42,696	\$42,696	\$0	Benefit Period	43,084
201908	43,062	Capitations	\$42,637	\$42,637	\$42,637	\$42,637	\$0	Benefit Period	43,062
201909	43,164	Capitations	\$42,684	\$42,684	\$42,684	\$42,684	\$0	Benefit Period	43,164
201910	43,245	Capitations	\$42,588	\$42,588	\$42,588	\$42,588	\$0	Benefit Period	43,245
201911	43,257	Capitations	\$42,385	\$42,385	\$42,385	\$42,385	\$0	Benefit Period	43,257
201912	43,625	Capitations	\$42,492	\$42,492	\$42,492	\$42,492	\$0	Benefit Period	43,625
202001	44,512	Capitations	\$45,809	\$45,809	\$45,809	\$45,809	\$0	Benefit Period	44,512
202002	44,747	Capitations	\$45,973	\$45,973	\$45,973	\$45,973	\$0	Benefit Period	44,747
202003	45,242	Capitations	\$48,134	\$48,134	\$48,134	\$48,134	\$0	Benefit Period	45,242
202004	45,527	Capitations	\$47,911	\$47,911	\$47,911	\$47,911	\$0	Benefit Period	45,527
202005	45,537	Capitations	\$47,211	\$47,211	\$47,211	\$47,211	\$0	Benefit Period	45,537
202006	45,654	Capitations	\$46,611	\$46,611	\$46,611	\$46,611	\$0	Benefit Period	45,654
202007	45,692	Capitations	\$47,432	\$47,432	\$47,432	\$47,432	\$0	Benefit Period	45,692
202008	45,568	Capitations	\$46,579	\$46,579	\$46,579	\$46,579	\$0	Benefit Period	45,568
202009	45,879	Capitations	\$46,851	\$46,851	\$46,851	\$46,851	\$0	Benefit Period	45,879
202010	45,963	Capitations	\$46,866	\$46,866	\$46,866	\$46,866	\$0	Benefit Period	45,963
202011	46,151	Capitations	\$46,917	\$46,917	\$46,917	\$46,917	\$0	Benefit Period	46,151
202012	46,669	Capitations	\$47,261	\$47,261	\$47,261	\$47,261	\$0	Benefit Period	46,669
202101	46,744	Capitations	\$47,597	\$47,597	\$47,597	\$47,597	\$0	Benefit Period	46,744
202102	47,000	Capitations	\$47,846	\$47,846	\$47,846	\$47,846	\$0	Benefit Period	47,000
202103	47,185	Capitations	\$48,104	\$48,104	\$48,104	\$48,104	\$0	Benefit Period	47,185
202104	47,263	Capitations	\$48,132	\$48,132	\$48,132	\$48,132	\$0	Benefit Period	47,263
202105	47,283	Capitations	\$48,049	\$48,049	\$48,049	\$48,049	\$0	Benefit Period	47,283
202106	47,112	Capitations	\$47,827	\$47,827	\$47,827	\$47,827	\$0	Benefit Period	47,112
202107	47,361	Capitations	\$47,995	\$47,995	\$47,995	\$47,995	\$0	Benefit Period	47,361
202108	47,626	Capitations	\$48,273	\$48,273	\$48,273	\$48,273	\$0	Benefit Period	47,626
202109	47,874	Capitations	\$48,598	\$48,598	\$48,598	\$48,598	\$0	Benefit Period	47,874
202110	47,491	Capitations	\$47,253	\$47,253	\$47,253	\$47,253	\$0	Benefit Period	47,491
202111	47,541	Capitations	\$47,133	\$47,133	\$47,133	\$47,133	\$0	Benefit Period	47,541
202112	47,653	Capitations	\$46,992	\$46,992	\$46,992	\$46,992	\$0	Benefit Period	47,653
202201	47,521	Capitations	\$45,220	\$45,220	\$45,220	\$45,220	\$0	Benefit Period	47,521
202202	47,964	Capitations	\$45,735	\$45,735	\$45,735	\$45,735	\$0	Benefit Period	47,964

Appendix - Total Experience

Month	Members	Contracts	Ultimate Allowed	Drug Rebates	Post-Rx Rebate Ultimate Allowed	Post-Rx Rebate Ultimate Incurred	Premium	Loss Ratio
201901	42,431	27,057	\$18,590,345	\$782,360	\$17,807,985	\$14,703,501	\$19,085,260	77.0%
201902	42,697	27,248	\$16,532,093	\$736,987	\$15,795,107	\$13,272,686	\$19,190,875	69.2%
201903	42,785	27,336	\$17,973,051	\$840,896	\$17,132,155	\$14,513,059	\$19,237,587	75.4%
201904	43,042	27,499	\$19,039,377	\$870,146	\$18,169,231	\$15,642,877	\$19,416,829	80.6%
201905	43,059	27,487	\$19,075,285	\$867,716	\$18,207,569	\$15,686,805	\$19,390,284	80.9%
201906	43,048	27,412	\$16,832,800	\$830,547	\$16,002,252	\$13,698,330	\$19,527,897	70.1%
201907	43,084	27,405	\$18,655,814	\$941,157	\$17,714,657	\$15,233,089	\$19,525,946	78.0%
201908	43,062	27,415	\$19,967,257	\$923,588	\$19,043,668	\$16,655,622	\$19,611,520	84.9%
201909	43,164	27,441	\$18,996,217	\$892,621	\$18,103,596	\$15,830,982	\$19,634,362	80.6%
201910	43,245	27,477	\$21,916,213	\$957,422	\$20,958,791	\$18,437,703	\$19,758,614	93.3%
201911	43,257	27,468	\$17,769,975	\$890,569	\$16,879,406	\$14,588,671	\$19,875,843	73.4%
201912	43,625	27,621	\$19,328,725	\$949,134	\$18,379,591	\$15,609,855	\$20,356,635	76.7%
202001	44,512	28,404	\$19,781,075	\$834,981	\$18,946,093	\$15,553,170	\$21,133,146	73.6%
202002	44,747	28,555	\$18,015,671	\$896,987	\$17,118,685	\$14,321,805	\$21,362,965	67.0%
202003	45,242	28,881	\$18,029,105	\$1,124,587	\$16,904,518	\$14,532,845	\$21,597,899	67.3%
202004	45,527	29,102	\$14,920,882	\$1,082,600	\$13,838,282	\$12,549,238	\$21,771,090	57.6%
202005	45,537	29,061	\$16,394,949	\$1,028,797	\$15,366,152	\$13,816,404	\$21,758,892	63.5%
202006	45,654	29,117	\$18,901,644	\$1,110,173	\$17,791,471	\$15,815,597	\$22,101,592	71.6%
202007	45,692	29,119	\$23,390,376	\$1,075,782	\$22,314,594	\$20,063,545	\$22,214,053	90.3%
202008	45,568	29,052	\$19,669,486	\$1,043,041	\$18,626,445	\$16,328,581	\$22,214,839	73.5%
202009	45,879	29,177	\$21,290,648	\$1,047,412	\$20,243,236	\$17,759,449	\$19,583,293	90.7%
202010	45,963	29,204	\$22,858,186	\$1,113,298	\$21,744,888	\$19,180,031	\$22,526,004	85.1%
202011	46,151	29,257	\$21,451,223	\$1,070,046	\$20,381,177	\$17,966,947	\$22,457,985	80.0%
202012	46,669	29,491	\$21,854,026	\$1,081,145	\$20,772,881	\$17,912,787	\$23,192,513	77.2%
202101	46,744	29,682	\$20,244,296	\$1,070,166	\$19,174,130	\$16,173,974	\$23,377,928	69.2%
202102	47,000	29,871	\$20,249,532	\$1,080,483	\$19,169,049	\$16,433,382	\$23,460,454	70.0%
202103	47,185	29,984	\$25,283,530	\$1,339,732	\$23,943,799	\$20,718,243	\$23,538,671	88.0%
202104	47,263	29,985	\$23,844,107	\$1,281,602	\$22,562,505	\$19,528,155	\$23,599,467	82.7%
202105	47,283	30,006	\$23,481,579	\$1,211,735	\$22,269,844	\$19,397,041	\$23,567,160	82.3%
202106	47,112	29,895	\$24,332,895	\$1,264,527	\$23,068,368	\$19,934,659	\$23,521,802	84.7%
202107	47,361	30,037	\$22,889,118	\$1,282,280	\$21,606,838	\$18,836,106	\$23,655,326	79.6%
202108	47,626	30,199	\$24,339,353	\$1,375,902	\$22,963,451	\$19,968,178	\$23,692,700	84.3%
202109	47,874	30,359	\$23,949,512	\$1,308,071	\$22,641,441	\$19,720,045	\$23,845,576	82.7%
202110	47,491	29,938	\$24,286,305	\$1,335,076	\$22,951,229	\$20,066,433	\$23,547,997	85.2%
202111	47,541	29,955	\$24,669,110	\$1,356,363	\$23,312,748	\$20,393,619	\$23,792,588	85.7%
202112	47,653	29,983	\$24,345,951	\$1,350,126	\$22,995,825	\$19,742,224	\$23,998,786	82.3%
202201	47,521	29,934	\$22,447,776	\$1,511,031	\$20,936,745	\$17,399,947	\$24,262,612	71.7%
202202	47,964	30,297	\$24,145,143	\$1,485,765	\$22,659,378	\$18,599,076	\$24,301,131	76.5%

DC BlueChoice

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	BlueChoice Inc.
SERFF tracking number	CFAP-133216949
Submission Date	5/2/2022
Product Name	BlueChoice

Market Type: Individual Small Group

Rate Filing Type: Rate Increase New Filing

Scope and Range of the Increase:

The % increase is requested because:

The main drivers supporting the rate change are 1) increase in the base period claims experience of the combined pool, 2) trend, 3) projected changes in pool morbidity, and 4) increases in assumed plan actuarial values.

This filing will impact:

of policyholder's # of covered lives

The average, minimum and maximum rate changes increases are:

- Average Rate Change: The average premium change, by percentage, across all policy holders if the filing is approved %
- Minimum Rate Change: The smallest premium increase (or largest decrease), by percentage, that any one policy holder would experience if the filing is approved %
- Maximum Rate Change: The largest premium increase, by percentage, that any one policy holder would experience if the filing is approved %

Individuals within the group may vary from the aggregate of the above increase components as a result of:

Product selection, changes in age factors, and changes in family composition.

Financial Experience of Product

The overall financial experience of the product includes:

In 2021, a total of \$24.3 million in premium was collected and \$20.8 million in claims were paid out, along with \$5.8 million paid in risk adjustment, for a loss ratio of 109.8%. However, the rate increase of the product is driven partially by the combined Individual and Small group experience, which collected \$283.6 million in premium and paid out \$230.9 million in claims and paid \$15.9 million in risk adjustment for a loss ratio of 87.0%.

The rate increase will affect the projected financial experience of the product by:

The proposed rate increases are aimed to bring the combined loss ratio for Individual/Small Group to a projected 80.5%.

Components of Increase

The request is made up of the following components:

Trend Increases –	5.0 % of the	29.3 % 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	4.7 % of the	29.3 % 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	0.2 % of the	29.3 % total filed increase.

Other Increases –	23.1 % of the	29.3 % 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	0.0 % of the	29.3 % 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	24.1 % of the	29.3 % 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	-1.6 % of the	29.3 % 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	13.3 % of the	29.3 % total filed increase.
5. Other – Defined as:		
A decrease in the Risk Adjustment transfer to PPO.		
This component is	-11.1 % of the	29.3 % total filed increase.

State: District of Columbia **Filing Company:** CareFirst BlueChoice, Inc.
TOI/Sub-TOI: HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005D Individual - HMO
Product Name: 2633 - DC ACA Individual BlueChoice
Project Name/Number: 2633 - DC BC IND64- ACA ON-EXCHANGE/2633

Supporting Document Schedules

Satisfied - Item:	Actuarial Justification
Comments:	
Attachment(s):	2023 AV Screenshots - DC Individual BlueChoice.pdf 2633 - DC BlueChoice - Ind - Rate Sheets - 5-2.xlsx 2633_Ind_DC_BlueChoice_1.1.23_Actuarial_Memorandum.pdf 2633_Ind_DC_BlueChoice_1.1.23_Actuarial_Memorandum_SERFF.xlsx DC Ind 2023 - BlueChoice - Index & Plan Comparison - 5-2.pdf BC Ind - DISB rate filing checklist - 2023.pdf
Item Status:	
Status Date:	
Bypassed - Item:	Certificate of Authority to File
Bypass Reason:	NA
Attachment(s):	
Item Status:	
Status Date:	
Satisfied - Item:	Cover Letter
Comments:	
Attachment(s):	2023 ACA_Cover Letter_Ind_DC_BlueChoice.pdf
Item Status:	
Status Date:	
Satisfied - Item:	DISB Actuarial Memorandum Dataset
Comments:	
Attachment(s):	2633 - DC BC Ind (2023) - Dataset - 5-2.xlsm 2633-2634 - DC BC Trend Analysis.xlsx
Item Status:	
Status Date:	
Bypassed - Item:	District of Columbia and Countrywide Experience for the Last 5 Years (P&C)
Bypass Reason:	NA
Attachment(s):	
Item Status:	
Status Date:	

SERFF Tracking #:

CFAP-133216949

State Tracking #:**Company Tracking #:**

2633

State: District of Columbia **Filing Company:** CareFirst BlueChoice, Inc.
TOI/Sub-TOI: HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005D Individual - HMO
Product Name: 2633 - DC ACA Individual BlueChoice
Project Name/Number: 2633 - DC BC IND64- ACA ON-EXCHANGE/2633

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

Satisfied - Item:	District of Columbia Plain Language Summary
Comments:	
Attachment(s):	2633-DCInd-BlueChoice-PartII_RateJustification-5-2.pdf
Item Status:	
Status Date:	

Satisfied - Item:	RATE-E
Comments:	
Attachment(s):	86052.RATEE - DC Individual HMO.xlsx
Item Status:	
Status Date:	

Satisfied - Item:	URRT
Comments:	
Attachment(s):	2633 - DC BlueChoice Ind URRT SERFF - 5-2.pdf 2633 - DC BlueChoice Ind URRT SERFF - 5-2.xlsm
Item Status:	
Status Date:	

State: District of Columbia **Filing Company:** CareFirst BlueChoice, Inc.
TOI/Sub-TOI: HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005D Individual - HMO
Product Name: 2633 - DC ACA Individual BlueChoice
Project Name/Number: 2633 - DC BC IND64- ACA ON-EXCHANGE/2633

Attachment 2633 - DC BlueChoice - Ind - Rate Sheets - 5-2.xlsx is not a PDF document and cannot be reproduced here.

Attachment 2633_Ind_DC_BlueChoice_1.1.23_Actuarial_Memorandum_SERFF.xlsx is not a PDF document and cannot be reproduced here.

Attachment 2633 - DC BC Ind (2023) - Dataset - 5-2.xlsm is not a PDF document and cannot be reproduced here.

Attachment 2633-2634 - DC BC Trend Analysis.xlsx is not a PDF document and cannot be reproduced here.

Attachment 86052.RATEE - DC Individual HMO.xlsx is not a PDF document and cannot be reproduced here.

Attachment 2633 - DC BlueChoice Ind URRT SERFF - 5-2.xlsm is not a PDF document and cannot be reproduced here.

BlueChoice, Inc.
d.b.a. CareFirst BlueCross BlueShield
(NAIC # 96202)
Rate Filing #2633

DC Individual On Exchange Products
Rates Effective 1/1/2023

Actuarial Value Calculations

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 MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier: Bronze

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$9,100.00
Coinsurance (% Insurer's Cost Share)		100.00%
MOOP (\$)		\$9,100.00
MOOP if Separate (\$)		

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

[Click Here for Important Instructions](#)

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

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input checked="" type="checkbox"/>
# Visits (1-10):	3
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]
AVC Version: 2023_1e

Output

Calculate

Status/Error Messages: Error: Result is outside of [-2, +2] percent de minimis variation.
 Actuarial Value: 62.47%
 Metal Tier:

Additional Notes:

Calculation Time: 0.3164 seconds

Draft 2023 AV Calculator

62.47%

Plan Description:

Name: BlueChoice HMO Young Adult \$9,100
Plan HIOS ID: 86052DC0400004
Issuer HIOS ID: 86052

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 MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier: Bronze

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$6,350.00
Coinsurance (% , Insurer's Cost Share)		80.00%
MOOP (\$)		\$6,900.00
MOOP if Separate (\$)		

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

[Click Here for Important Instructions](#)

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

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]
AVC Version: 2023_1e

Output

Calculate

Status/Error Messages: Expanded Bronze Standard (58% to 65%), Calculation Successful.
 Actuarial Value: 64.56%
 Metal Tier: Bronze

Additional Notes:

Calculation Time: 0.1016 seconds

Draft 2023 AV Calculator

64.56%

Plan Description:

Name: BlueChoice HMO HSA Standard Bronze \$6,350
Plan HIOS ID: 86052DC0400010
Issuer HIOS ID: 86052

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 MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier: Bronze

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$7,500.00	\$850.00
Coinsurance (% Insurer's Cost Share)	60.00%	100.00%
MOOP (\$)	\$9,100.00	
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$105.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$55.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]
AVC Version: 2023_1e

Output

Calculate

Status/Error Messages: Expanded Bronze Standard (58% to 65%), Calculation Successful.
 Actuarial Value: 64.80%
 Metal Tier: Bronze

Additional Notes:

Calculation Time: 0.1758 seconds

Draft 2023 AV Calculator

64.80%

Plan Description:

Name: BlueChoice HMO Standard Bronze \$7,500
Plan HIOS ID: 86052DC0400007
Issuer HIOS ID: 86052

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 MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier: Silver

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$4,850.00	\$350.00
Coinsurance (% Insurer's Cost Share)	80.00%	100.00%
MOOP (\$)	\$8,850.00	
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]
AVC Version: 2023_1e

Output

Calculate

Status/Error Messages: Calculation Successful.
 Actuarial Value: 71.82%
 Metal Tier: Silver

Additional Notes:

Calculation Time: 0.2109 seconds

Draft 2023 AV Calculator

71.82%

Plan Description:

Name: BlueChoice HMO Standard Silver \$4,850
Plan HIOS ID: 86052DC0400001
Issuer HIOS ID: 86052

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 MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
- Desired Metal Tier: Gold

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

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$1,500.00			
Coinsurance (% , Insurer's Cost Share)			100.00%			
MOOP (\$)			\$3,000.00			
MOOP if Separate (\$)						

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$600.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$525.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]
AVC Version: 2023_1e

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

81.59%

Metal Tier:

Gold

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time:

0.1094 seconds

Draft 2023 AV Calculator

81.59%

Plan Description:

Name: BlueChoice HMO HSA Gold \$1,500
Plan HIOS ID: 86052DC0400011
Issuer HIOS ID: 86052

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 MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier: Gold

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$500.00	\$0.00
Coinsurance (% Inurer's Cost Share)	100.00%	100.00%
MOOP (\$)	\$5,800.00	
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$600.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input type="checkbox"/>		\$525.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]
AVC Version: 2023_1e

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

81.88%

Metal Tier:

Gold

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time:

0.1289 seconds

Draft 2023 AV Calculator

81.88%

Plan Description:

Name: BlueChoice HMO Standard Gold \$500
Plan HIOS ID: 86052DC0400002
Issuer HIOS ID: 86052

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 MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier: Platinum

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

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

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input type="checkbox"/>		\$175.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]
 AVC Version: 2023_1e

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

89.85%

Metal Tier:

Platinum

Additional Notes:

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Calculation Time:

0.1094 seconds

Draft 2023 AV Calculator

89.85%

Plan Description:

Name: BlueChoice HMO Standard Platinum \$0
 Plan HIOS ID: 86052DC0400008
 Issuer HIOS ID: 86052

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 MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier: Silver

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$4,050.00	\$350.00
Coinsurance (% Insurer's Cost Share)	80.00%	100.00%
MOOP (\$)	\$7,250.00	
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]
 AVC Version: 2023_1e

Output

Calculate

Status/Error Messages: CSR Level of 73% (200-250% FPL), Calculation Successful.
 Actuarial Value: 73.93%
 Metal Tier: Silver

Additional Notes:

Calculation Time: 0.2031 seconds

Draft 2023 AV Calculator

73.93%

Plan Description:

Name: BlueChoice HMO Standard Silver \$4,850 A
 Plan HIOS ID: 86052DC0400001
 Issuer HIOS ID: 86052

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 MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier Gold

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$0.00	\$0.00
Coinsurance (% Inurer's Cost Share)	85.00%	100.00%
MOOP (\$)	\$2,700.00	
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]
AVC Version: 2023_1e

Output

Calculate

Status/Error Messages:

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

Actuarial Value:

87.77%

Metal Tier:

Gold

Additional Notes:

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Calculation Time:

0.2188 seconds

Draft 2023 AV Calculator

87.77%

Plan Description:

Name: BlueChoice HMO Standard Silver \$4,850 B
Plan HIOS ID: 86052DC0400001
Issuer HIOS ID: 86052

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 MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier: Platinum

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$0.00	\$0.00
Coinsurance (% Inurer's Cost Share)	95.00%	100.00%
MOOP (\$)	\$2,350.00	
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]
AVC Version: 2023_1e

Output

Calculate

Status/Error Messages:

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

Actuarial Value:

94.00%

Metal Tier:

Platinum

Additional Notes:

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Calculation Time:

0.1133 seconds

Draft 2023 AV Calculator

94.00%

Plan Description:

Name: BlueChoice HMO Standard Silver \$4,850 C
Plan HIOS ID: 86052DC0400001
Issuer HIOS ID: 86052

CareFirst BlueCross BlueShield

Part III Actuarial Memorandum

4.1 Redacted Actuarial Memorandum

CareFirst is making no redactions so both Actuarial Memorandum submissions are the same.

4.2 General Information Section

Company Identifying Information:

- **Company Legal Name:** CareFirst BlueChoice, Inc. (CFBC) - NAIC # 96202
- **State:** District of Columbia
- **HIOS Issuer ID:** 86052
- **Market:** Individual, Non-Medigap (On Exchange)
- **Effective Date:** 1/1/23 – 12/31/23
- **Company Filing Number:** 2633
- **SERFF Filing Number:** CFAP-133216949

Company Contact Information:

- **Primary Contact Name:** Mr. Cory Bream, ASA, MAAA
- **Primary Contact Telephone Number:** 410-998-5308
- **Primary Contact E-Mail Address:** Cory.Bream@CareFirst.com

4.3 Proposed Rate Changes (Individual market)

Base rates are changing 29.3% on average. The range is 12.2% to 38.7%. This filing applies to all new and renewing, in-force business in the guaranteed renewable, non-grandfathered, ACA, metaled benefit plans. The number of policyholders affected by this rate change is 3,158.

Reason for Rate Change(s):

The main drivers supporting the rate change are 1) increase in the base period claims experience of the combined pool, 2) trend, 3) projected changes in pool morbidity, and 4) increases in assumed plan actuarial values.

4.4 Market Experience (Combined Individual/Small Group market)

Our SRP reflects all covered lives for every non-grandfathered product in our market per 45 CFR Part § 156.80 (d).

4.4.1 Experience and Current Period Premium, Claims, and Enrollment

The incurred period is 1/1/21 through 12/31/21, as required.

Paid Through Date: 2/28/22

Current Date: 2/28/22

Premiums (prior to MLR rebates) in Experience Period: \$283,598,455

Experience Period Member Months: 568,133

Current Date Members: 47,964

Allowed and Incurred Claims Incurred During the Experience Period

Allowed Claims

- **Processed through issuer's claim system:** \$262,264,641

- **Processed outside issuer's claim system:** \$0
- **IBNR:** \$4,394,584

Incurred Claims

- **Processed through issuer's claim system:** \$227,131,241
- **Processed outside issuer's claim system:** \$0
- **IBNR:** \$3,780,817

Method used for determining Allowed Claims

The allowed claims come directly from our claim records and account for capitations by applying contracted PMPM amounts directly to enrollment from the experience period. Drug rebates from the experience period are also included.

Support for IBNR estimates

Our estimates of IBNR paid claims were derived using a "chain and ladder" model based on the most recent 36 months to derive the completion factor and IBNR for each incurred month. Estimates of IBNR allowed claims were derived using the same completion factors as those estimated based on paid claims.

4.4.2 Benefit Categories

Inpatient (hospital), outpatient (hospital), professional, other medical (non-capitated ambulance, home health care, durable medical equipment, prosthetics, supplies, vision exams, pediatric dental services and other), prescription drug & capitations.

4.4.3 Projection Factors

4.4.3.1 Trend Factors

Trend Factors (Cost/Utilization):

Exhibit 8 in the Memorandum contains our selected annual utilization and unit cost trends by service category. Unit cost and utilization trends were set by service category to produce the overall anticipated trend of 5.0%, which is a decrease compared to the 8.1% trend assumed in our prior filing. Current observed medical trends as of 202112 are 17.3%, up from -1.8% in 202012. Current observed drug trends are 8.0% as of 202112, up from 2.6% in 202012. The composite medical and drug trend is 14.8% as of 202112, up from -0.6% in 202012.

When normalized for induced demand, network, and demographics, the observed composite trends of 14.8% in 202112 and -0.6% in 202012 become 14.1% and -1.3%, respectively.

Using the proposed trend factor, in combination with other assumptions such as morbidity, etc., the annualized allowed PMPM change between 2023 and 2021 represented in this filing is 7.2%.

4.4.3.2 Adjustments to Trended EHB Allowed Claims PMPM

Morbidity Adjustment:

Exhibit 4 in our memorandum contains support for this adjustment. To measure the projected morbidity of our population, we split our projected population into cohorts defined by metal tier and membership type. Membership type is defined as new member, existing member, or transfer from other lines of business. Consistent with the rules in the 2023 Unified Rate Review Instructions, we began our morbidity projection by normalizing allowed claims for each of the cohorts outlined above for projected changes in age, gender, network and induced utilization.

We have not reflected any morbidity adjustments to the base period normalized allowed PMPMs by metal tier for the existing and transfer membership types. Exhibit 4 demonstrates how these PMPMs are unchanged from the current year YTD to remainder of current year. For the new membership type we have assumed a claims PMPM by metal equal to that of the existing members.

The resulting morbidity calculation is completed in steps split by year:

- Once the remainder of current year (2022) is completed, the membership and claims by metal are combined to derive a total estimate for the year.
- This result carries over to the rating year (2023) as the metal specific normalized PMPMs for the existing members.
- The assumed claims PMPMs by metal for the new members are again assumed to equal those for the existing members.
- Transfer members PMPMs are treated separately and reflect base period amounts projected forward. Our projection factor for these members is 0.916. The normalized PMPMs for these transfer members are materially higher than the existing membership. This difference is driven by high-cost conditions associated with these transfer members. Some of these higher costs are expected to persist in the future while some are not. Given this, we have adjusted the normalized PMPMs down to expected future levels.
- Once these PMPMs are set, the final morbidity calculation is driven by the projected member months at these levels.

The total morbidity change from 2021 to 2023 is expected to be 5.4%, which is the factor used in Exhibit 1 in the calculation of the market adjustment index rate.

Demographic Shift:

Exhibit 6 in the Memorandum contains support for our adjustment due to the anticipated change in the average age of this population between the experience and projection periods. Our methodology measures the change in average demographic factor between the base and rating periods. The demographic factors used are from an internal age/gender curve with an approximate 4.5:1 ratio (age 64+ to age 21 factors). Factors for both time periods are weighted using member months and the ratio of the two is applied as our market level adjustment.

Plan Design Changes:

Exhibit 5 in the Memorandum details our support for this adjustment to account for anticipated changes in the average utilization of services due to differences in average cost sharing requirements between the experience and projection periods. Our methodology measures the change in the average induced utilization factor between the base and rating periods. The factors used are the metal level factors from the federal risk adjustment program. Once the average internal pricing AV, weighted by member months, is determined for both the experience and rating periods the linearly interpolated factor is determined. The ratio of these two factors is applied as our market level adjustment.

Other Adjustments:

Exhibit 7 in the Memorandum details our support for these adjustments. We are proposing additional other adjustments for changes to our capitation fees and drug rebates.

4.4.3.3 Manual Rate Adjustments

Not applicable, as experience was determined to be fully credible.

4.4.3.4 Credibility of Experience

Exhibit 2 in the Memorandum contains a summary of our base period experience, including member months. We have assigned full credibility to this experience.

4.4.3.5 Establishing the Index Rate

The experience period index rate for this filing is \$469.06 and the projection period index rate is \$539.23. Both rates and the adjustments made to develop the projected amount from the experience period amount can be found on Exhibit 1 of the Memorandum. Specifically, these adjustments correspond to those outlined in sections 4.4.3.1 and 4.4.3.2.

4.4.3.6 Development of the Market-wide Adjusted Index Rate

The Market-wide Adjusted Index Rate for the Individual market is \$679.71 and is derived by multiplying the projection period index rate with the market level adjustments for the risk adjustment program. Details for the risk adjustment program can be found below.

Reinsurance

There are no reinsurance recoveries applicable to this market.

Risk Adjustment Payment/Charge:

The Experience Period Risk Adjustment transfers in the URRT are based on the most recent Wakely results.

Our projected 2023 risk adjustment transfers, found in Exhibit 9, have been calculated consistent with our membership and morbidity projections found elsewhere in this filing. To project the risk adjustment factors from 2021 to 2023, we have assumed an increase in the statewide premium of 25.0% which reflects an estimate of an average 5.0% increase in 2022 and 19.0% increase in 2023. We have assumed that our CFI Individual non-Catastrophic market share will decrease from 81.3% in 2021 to 78.5% in 2023 and that our CFI Individual non-Catastrophic PLRS ratio to the state will increase from 1.051 in 2021 to 1.060 in 2023. The resultant estimate of risk adjustment is that the BlueChoice payable transfer PMPM for the Individual market will decrease from -\$99.39 in 2021 to -\$93.02 in 2023. Combined with the -\$93.02 is a projected HCRP net PMPM payable of -\$1.19, which results in a total projected risk adjustment payable of -\$94.21.

The risk adjustment estimates above are calculated separately for the Individual market and the Small Group market as required. This approach is different than the blended approach used to calculate the Index Rate and therefore there is an inconsistency between the risk assumed in rates and the claims data used in the calculation.

Exchange User Fees:

There are no applicable exchange user fees since the rates in this filing are not offered on the Federal Marketplace.

4.4.4 Plan Adjusted Index Rate

Exhibit 11 in the Memorandum displays the adjustments made for each plan. Every plan adjusted index rate is developed from the market adjusted index rate using only the allowable plan level modifiers as follows:

- **Actuarial value and cost-sharing design of the plan:** The actuarial value for each plan was determined using our own internal model and estimates the ratio of paid to allowed dollars given that plan's benefit design and the assumed allowed amount consistent with the projection period index rate. The assumed actuarial values also include a multiplicative factor applied uniformly across plans. The application of the AV to an index rate that is the same across all plans results in a member months weighted average AV (and resulting average paid PMPM assumed in rates) that may be materially deficient depending on the distribution of projected membership and actual cost. This factor accounts for the deficiency specific to this block of business. The URRT instructions

state that this adjustment may take into account the benefit differences and utilization differences due to differences in cost-sharing. As a result, our plan adjusted index rates also include adjustments to account for the impact the metal level has on utilization.

- **Provider network:** All plans offered use the Open Access network.
- **Benefits in addition to EHBs:** There is an adjustment to account for abortion coverage and adult vision (which are offered in addition to EHBs).
- **Administrative costs:** See Exhibit 10A in the Memorandum for the assumed values of the following additional items.
 1. Administrative Expense (G&A)
 2. Broker Commissions & Fees
 3. Federal Income Tax (FIT)
 4. Contribution to Reserve (Post-Tax)
 5. State Premium Tax
 6. PCORI Fee
 7. Risk Adjustment User Fee
 8. Exchange Assessment Fee
- **Catastrophic adjustment:** The catastrophic factor has been developed from the experience of the catastrophic population and is applied only to the catastrophic plan as required. See the Appendix in the Memorandum for more details. All other factors applied to the Market Adjusted Index Rate are the same across all plans.

For each plan, we have taken the applicable adjustment factor from each category above and multiplied them by the market adjusted index rate to derive each plan adjusted index rate.

4.4.5 Calibration

Age Curve Calibration

We have calibrated to the rounded weighted average age which was determined as the age for the factor nearest our projected average factor. We have used the standard DC age curve factors and weighted them using member months in our calculation.

A demonstration of how the plan adjusted index rates and the age curve are used to generate the schedule of premium rates for each plan can be found on Exhibit 13.

Geographic Factor Calibration

We have elected not to rate for geographic region.

Tobacco Use Rating Factor Calibration

We have elected not to rate for tobacco usage.

4.4.6 Consumer Adjusted Premium Rate Development

The premium rate that a given consumer will be charged is calculated by first taking the plan adjusted index rate for that member's chosen plan and dividing by the projected average age rating factor. The resulting value is the base rate for that plan. The final step in determining a consumer adjusted premium rate is to take the rate from the first step and multiply it by the corresponding factor for that member's age from the standard DC age curve. Rate charts are provided for all the consumer adjusted premiums.

4.5 Projected Loss Ratio

The projected loss ratio for the rates provided in this file, using the Federally-prescribed MLR methodology, is 86.5% for the Individual market and 82.9% for the combined Individual/Small Group market. Details behind this calculation can be found in Exhibit 10B.

4.6 Plan Product Information

4.6.1 AV Metal Values

The majority of our 2023 plans include varying cost share levels for some services that depend on the setting in which care is delivered. The HHS 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 level of cost-share. The results were blended assuming 81% of the designated services are rendered in higher cost-share setting and the remaining 19% at the lower, consistent with experience from our small group and individual markets. Plans without these features used the AV calculator without modification

Additional details regarding the unique plan designs not accommodated by the HHS AV Calculator along with printouts for each plan are provided in the “Actuarial Memorandum” section of the Supporting Documentation tab of the SERFF filing.

4.6.2 Membership Projections

The membership projections found in Worksheet 2 of the URRT were developed from enrollment as of 2/28/22 using assumptions for termination rates, new sales and transfers. The projections also incorporate any plan mappings anticipated between that month and the rating period. For new plan offerings where no plans are being uniformly modified into them, a minimum level of enrollment was assumed.

4.6.3 Terminated Plans and Products

Plan mappings from the experience period to the rating period can be found in Appendix – Mapping.

4.6.4 Plan Type

Each plan in Worksheet 2, Section I of the URRT contains a plan type that describes the plan exactly.

4.7 Miscellaneous Instructions

4.7.1 Effective Rate Review Information (Optional)

We have no additional exhibits.

4.7.2 Reliance

We do not have any reliance to state.

4.7.3 Actuarial Certification

Included in the Memorandum.

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

**Rate Filing # 2633
D.C. Individual Products
Rate Filing Effective 1/1/2023**

Actuarial Memorandum

BlueChoice Inc.
(NAIC # 96202)
H.R. 3950 - Public Law 111-148 - Patient Protection and Affordable Care Act (ACA)
D.C. Individual Products
Rate Filing Effective 1/1/2023
Actuarial Certification

I, Cory Bream, am a(n) Assistant Actuary with CareFirst BlueChoice 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
- viii. ASOP No. 50, Determining Minimum Value and Actuarial Value under the Affordable Care Act

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 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 and 147.102)
 - b. Developed in compliance with the applicable Actuarial Standards of Practice
 - c. Reasonable in relation to the benefits provided and the population anticipated to be covered
 - d. 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. Consistent with 45 CFR § 156.135, the 2023 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.

Cory Bream Digitally signed by Cory Bream
Date: 2022.05.02 10:45:00
-04'00'

Cory Bream, ASA, MAAA
Assistant Actuary
CareFirst BlueCross BlueShield
Mail Drop-Point 01-720
10455 Mill Run Circle
Owings Mills, MD 21117

Table of Contents

Page	Exhibit Name/Description
1	Cover Page
2	Actuarial Certification
3	Table of Contents
4	Exhibit 1 - Summary
5	Exhibit 2 - Base Period Allowed
6	Exhibit 3 - Non-EHB
7	Exhibit 4 - Morbidity
8	Exhibit 5 - Induced Demand
9	Exhibit 6 - Demographics
10	Exhibit 7 - Other Adjustments
11	Exhibit 8 - Trend
12	Exhibit 9 - Risk Adjustment
13	Exhibit 10A - Desired Loss Ratio
14	Exhibit 10B - Federal MLR
15	Exhibit 10B - Federal Combined MLR
16	Exhibit 11 - Plan Adjusted Index Rates
17	Exhibit 12 - HHS Actuarial Values
18	Exhibit 13 - Age Calibration
19	Exhibit 14 - Age Factors
20	Exhibit 15 - Induced Utilization Factors
21	Appendix - Network Factors
22	Appendix - Catastrophic Adjustment
23	Appendix - HIOS ID Mappings
24	Appendix - Rate Changes
25	Appendix - Max Renewal
26	Appendix - Abortion Charge
27	Appendix - Form Numbers
28 - 33	Appendix - Experience by Service Category
34	Appendix - Total Experience

Exhibit 1 - Market Adjusted Index Rate Summary

		2023	Exhibit
(1)	Base Period Total Allowed	\$ 469.36	2
(2)	Base Period Non-EHB PMPM	\$ 0.30	2
(3)	Experience Period Index Rate	\$ 469.06	
(4)	Change in Morbidity	1.0541	4
(5)	Additional Population Adjustment	1.0000	
(6)	Induced Demand	0.9977	5
(7)	Projection Period Utilization and Network Adjustment	1.0000	
(8)	Demographic Adjustment	0.9960	6
(9)	Area Adjustment	1.0000	
(10)	Additional "Other" Adjustments	0.9956	7
(11)	Annualized Trend	5.0%	8
(12)	Months of Trend	24.0	
(13)	Unit cost & Utilization/1,000 Trend Factor	1.1024	
(14)	Projection Period Index Rate	\$ 539.23	
(15)	Reinsurance Program	1.0000	
(16)	Risk Adjustment Program	1.2605	9
(17)	Federal Exchange User Fee	1.0000	
(18)	Market Adjusted Index Rate	\$ 679.71	
	Without Risk Adjustment	\$ 539.23	

The projection period index rate was developed by projecting individual URRT service categories and then building up into a total PMPM. As a result the adjustments above may not match the referenced exhibits exactly because these represent the average factor when considering application at the service category level.

Exhibit 2 - Base Period Experience

Service Category	Incurred	Allowed	Allowed PMPM	Utilization Description	Utilization per 1,000	Average Cost/Service
Inpatient Hospital	\$ 41,626,939	\$ 73.27	Admits	47.96	\$ 18,333.26	
Outpatient Hospital	\$ 52,355,454	\$ 92.15	Visits	917.94	\$ 1,204.71	
Professional	\$ 100,194,039	\$ 176.36	Visits	14,291.18	\$ 148.08	
Other Medical	\$ 15,678,528	\$ 27.60	Services	1,224.89	\$ 270.36	
Capitation	\$ 573,799	\$ 1.01	Benefit Period	1,000	\$ 12.12	
Prescription Drug	\$ 56,230,466	\$ 98.97	Prescriptions	8,039.55	\$ 147.73	
Total (EHB & Non-EHB)	\$ 266,659,226	\$ 469.36				
EHB Allowed	\$ 266,491,113	\$ 469.06				
Non-EHB Allowed	\$ 168,112	\$ 0.30				
Incurred Net	\$ 230,912,058	\$ 406.44				
Net/Allowed	86.59%					
Experience Period Member Months	568,133					
Experience Period Revenue	\$ 283,598,455					

Exhibit 3 - Non-EHB Adjustment

HIOS Plan ID	Plan Name	Exchange	2023 Index Rate	2023 Non-EHB PMPM	2023 Non-EHB Adjustment
86052DC0400001	BlueChoice HMO Standard Silver \$4,850	On	\$ 539.23	\$ 2.31	1.0043
86052DC0400002	BlueChoice HMO Standard Gold \$500	On	\$ 539.23	\$ 2.04	1.0038
86052DC0400004	BlueChoice HMO Young Adult \$9,100	On	\$ 539.23	\$ 4.36	1.0081
86052DC0400007	BlueChoice HMO Standard Bronze \$7,500	On	\$ 539.23	\$ 2.50	1.0046
86052DC0400008	BlueChoice HMO Standard Platinum \$0	On	\$ 539.23	\$ 1.97	1.0036
86052DC0400010	BlueChoice HMO HSA Standard Bronze \$6,350	On	\$ 539.23	\$ 2.55	1.0047
86052DC0400011	BlueChoice HMO HSA Gold \$1,500	On	\$ 539.23	\$ 2.13	1.0039

Exhibit 4 - Morbidity Adjustment Factor

Base Year

Metal Level	Member Months	2021 Normalized Allowed PMPM
Catastrophic	7,047	\$ 141.27
Bronze	51,014	\$ 160.79
Silver	139,409	\$ 213.90
Gold	220,751	\$ 263.21
Platinum	149,873	\$ 283.76
Subtotal	568,094	\$ 245.82

Current Year YTD

Existing

Metal Level	Member Months	2021 Normalized Allowed PMPM	Morbidity Adjustment	2022 Adjusted Normalized Allowed PMPM
Catastrophic	701	\$ 197.94	1.000	\$ 197.94
Bronze	6,460	\$ 167.00	1.000	\$ 167.00
Silver	19,529	\$ 212.96	1.000	\$ 212.96
Gold	31,591	\$ 256.80	1.000	\$ 256.80
Platinum	21,232	\$ 283.79	1.000	\$ 283.79
Subtotal	79,513	\$ 245.42	1.000	\$ 245.42

New

Metal Level	Member Months	Existing Cohort Adjusted Normalized Allowed PMPM	Morbidity Adjustment	2022 Adjusted Normalized Allowed PMPM
Catastrophic	170	\$ 197.94	1.000	\$ 197.94
Bronze	1,041	\$ 167.00	1.000	\$ 167.00
Silver	3,203	\$ 212.96	1.000	\$ 212.96
Gold	5,795	\$ 256.80	1.000	\$ 256.80
Platinum	3,011	\$ 283.79	1.000	\$ 283.79
Subtotal	13,220	\$ 244.50	1.000	\$ 244.50

Transfer

Metal Level	Member Months	2021 Normalized Allowed PMPM	Morbidity Adjustment	2022 Adjusted Normalized Allowed PMPM
Catastrophic	26	\$ 100.02	0.916	\$ 91.61
Bronze	263	\$ 262.82	0.916	\$ 240.71
Silver	530	\$ 287.91	0.916	\$ 263.69
Gold	1,054	\$ 404.07	0.916	\$ 370.08
Platinum	742	\$ 604.23	0.916	\$ 553.42
Subtotal	2,615	\$ 420.09	0.916	\$ 384.76

Total

Metal Level	Member Months	2021 Normalized Allowed PMPM	Morbidity Adjustment	2022 Adjusted Normalized Allowed PMPM
Catastrophic	897	\$ 195.11	0.999	\$ 194.86
Bronze	7,764	\$ 170.25	0.996	\$ 169.50
Silver	23,262	\$ 214.67	0.997	\$ 214.11
Gold	38,440	\$ 260.83	0.996	\$ 259.90
Platinum	24,985	\$ 293.31	0.995	\$ 291.80
Subtotal	95,348	\$ 250.08	0.996	\$ 249.12

Remainder of Current Year

Existing

Metal Level	Member Months	2022 Adjusted Normalized Allowed PMPM
Catastrophic	2,940	\$ 197.94
Bronze	29,464	\$ 167.00
Silver	93,609	\$ 212.96
Gold	152,133	\$ 256.80
Platinum	102,139	\$ 283.79
Subtotal	380,285	\$ 245.84

New

Metal Level	Member Months	2022 Adjusted Normalized Allowed PMPM
Catastrophic	1,784	\$ 197.94
Bronze	7,367	\$ 167.00
Silver	20,043	\$ 212.96
Gold	36,829	\$ 256.80
Platinum	20,442	\$ 283.79
Subtotal	86,465	\$ 244.15

Transfer

Metal Level	Member Months	2022 Adjusted Normalized Allowed PMPM
Catastrophic	170	\$ 91.61
Bronze	1,692	\$ 240.71
Silver	3,225	\$ 263.69
Gold	5,822	\$ 370.08
Platinum	4,274	\$ 553.42
Subtotal	15,183	\$ 381.56

Total

Metal Level	Member Months	2022 Adjusted Normalized Allowed PMPM
Catastrophic	4,894	\$ 194.25
Bronze	38,523	\$ 170.24
Silver	116,877	\$ 214.36
Gold	194,784	\$ 260.18
Platinum	126,855	\$ 292.88
Subtotal	481,933	\$ 249.82

Total Current Year

Total	Member Months	2022 Adjusted Normalized Allowed PMPM
Catastrophic	5,791	\$ 194.34
Bronze	46,287	\$ 170.12
Silver	140,139	\$ 214.32
Gold	233,224	\$ 260.14
Platinum	151,840	\$ 292.70
Subtotal	577,281	\$ 249.70

Rating Year

Existing

Metal Level	Member Months	2022 Normalized Allowed PMPM	Morbidity Adjustment	2023 Adjusted Normalized Allowed PMPM
Catastrophic	4,400	\$ 194.34	1.000	\$ 194.34
Bronze	35,971	\$ 170.12	1.000	\$ 170.12
Silver	111,493	\$ 214.32	1.000	\$ 214.32
Gold	185,993	\$ 260.14	1.000	\$ 260.14
Platinum	121,615	\$ 292.70	1.000	\$ 292.70
Subtotal	459,472	\$ 249.96	1.000	\$ 249.96

New

Metal Level	Member Months	Existing Cohort Adjusted Normalized Allowed PMPM	Morbidity Adjustment	2023 Adjusted Normalized Allowed PMPM
Catastrophic	1,498	\$ 194.34	1.000	\$ 194.34
Bronze	7,804	\$ 170.12	1.000	\$ 170.12
Silver	23,394	\$ 214.32	1.000	\$ 214.32
Gold	43,692	\$ 260.14	1.000	\$ 260.14
Platinum	24,715	\$ 292.70	1.000	\$ 292.70
Subtotal	101,103	\$ 249.57	1.000	\$ 249.57

Transfer

Metal Level	Member Months	2022 Normalized Allowed PMPM	Morbidity Adjustment	2023 Adjusted Normalized Allowed PMPM
Catastrophic	144	\$ 91.61	1.000	\$ 91.61
Bronze	3,933	\$ 240.71	1.000	\$ 240.71
Silver	10,210	\$ 263.69	1.000	\$ 263.69
Gold	21,048	\$ 370.08	1.000	\$ 370.08
Platinum	9,841	\$ 553.42	1.000	\$ 553.42
Subtotal	45,176	\$ 373.83	1.000	\$ 373.83

Total

Metal Level	Member Months	2022 Normalized Allowed PMPM	Morbidity Adjustment	2023 Adjusted Normalized Allowed PMPM
Catastrophic	6,042	\$ 191.90	1.000	\$ 191.90
Bronze	47,708	\$ 175.94	1.000	\$ 175.94
Silver	145,097	\$ 217.79	1.000	\$ 217.79
Gold	250,733	\$ 269.37	1.000	\$ 269.37
Platinum	156,171	\$ 309.13	1.000	\$ 309.13
Subtotal	605,751	\$ 259.13	1.000	\$ 259.13

Year	Adjusted Normalized PMPM	Year over Year Change
2021	\$ 245.82	n/a
2022	\$ 249.70	1.6%
2023	\$ 259.13	3.8%

Morbidity Adjustment Change	5.4%
Morbidity Adjustment Factor	1.0541

Exhibit 5 - Induced Utilization Adjustment Factor

Year	Actuarial Value	Induced Demand Factor	
(1) 2021	81.49%	1.0904	
(2) Projected 2023	81.13%	1.0879	
(3) Adjustment*		0.9977	(2)/(1)

***Applied to all service categories except capitations**

Exhibit 6 - Demographic Adjustment

	Period	Cohort	Demo Factor*	Weight	Average Age**
(1)	Base Period	All	1.6750	100.0%	34.4
(2)	Rating Period	Existing	1.7278	75.9%	
		New	1.4387	16.7%	
		Transfer	1.5764	7.5%	
(3)	Rating Period	All	1.6682	100.0%	34.3
(4)	Demographic Adjustment***	All	0.9960		

(3) / (1)

***Demo factors by cohort for the rating period are based on average factors for each cohort from the current year to date. Weights are based on expected distribution of member months.**

****Average ages are member weighted**

*****Applied to all service categories except capitations**

Exhibit 7 - Factors for Additional "Other" Adjustments

Capitation adjustment			
(1) Experience Period Capitations PMPM (EHBs only)	\$	0.79	
(2) Projection Period Capitations PMPM	\$	0.81	
(3) Adjustment to Capitation Category		1.0183	(2)/(1)
Drug Rebates adjustment			
(4) Experience Period Allowed Rx PMPM (Pre-Rebates)	\$	125.83	
(5) Morbidity		1.0541	Exhibit 4
(6) Induced Demand		0.9977	Exhibit 5
(7) Demographics		0.9960	Exhibit 6
(8) Rx Trend (Force of Trend)		1.1130	Exhibit 8
(9) Projected Target Allowed Rx PMPM using Multiplicative Factors (Pre-Rebates)	\$	146.70	(4)*(5)*(6)*(7)*(8)
(10) Target Projection Period Rx Rebates PMPM	\$	33.71	
(11) Target Post-Rebates Allowed Rx PMPM using Target Projection Period Rx Rebates PMPM	\$	112.99	(9)-(10)
(12) Experience Period Rx Rebates PMPM	\$	26.85	
(13) Experience Period Allowed Rx PMPM (Post-Rebates)	\$	98.97	(4)-(12)
(14) Morbidity		1.0541	Exhibit 4
(15) Induced Demand		0.9977	Exhibit 5
(16) Demographics		0.9960	Exhibit 6
(17) Rx Trend (Force of Trend)		1.1130	Exhibit 8
(18) Projection Period Allowed Rx PMPM using Multiplicative Factors (Post-Rebates)	\$	115.39	(13)*(14)*(15)*(16)*(17)
(19) Adjustment to Drug Category		0.9792	(11)/(18)

	PMPM	Adjustment	
Inpatient Hospital	\$ 78.29	1.0000	
Outpatient Hospital	\$ 109.48	1.0000	
Professional	\$ 207.60	1.0000	
Other Medical	\$ 30.07	1.0000	
Capitation	\$ 0.79	1.0183	(3)
Prescription Drug	\$ 115.39	0.9792	(19)
Total	\$ 541.62	0.9956	

PMPM weights are set equal to projected PMPM without "other" adj.

Exhibit 8 - Annual Trend Assumptions

	2021					Trended
	EHB PMPM	Weight	Utilization/1,000	Unit Cost		Composite
Inpatient Hospital	\$ 73.27	15.6%	1.0100	1.0000		1.0201
Outpatient Hospital	\$ 92.15	19.6%	1.0650	1.0000		1.1342
Professional	\$ 176.29	37.6%	1.0550	1.0050		1.1242
Other Medical	\$ 27.59	5.9%	1.0150	1.0050		1.0406
Capitation	\$ 0.79	0.2%	1.0000	1.0000		1.0000
Prescription Drug	\$ 98.97	21.1%	1.0550	1.0000		1.1130
Total	\$ 469.06	100.0%				1.0500
Proposed Trend						1.0500

Exhibit 9 - Risk Adjustment

Statewide 2021

Metallic Tier	Member Months		PLRS	ARF	GCF	IDF	AV	PWRS	PWORS	Transfer \$	PMPM	Statewide PMPM 2021
Catastrophic	7,835		0.383	0.736	1.000	1.000	0.570	0.383	0.420			\$ 115.85
Individual Non-Catastrophic	187,340		1.461	1.123	1.000	1.057	0.735	1.591	0.872			\$ 471.35

CFI & Competition 2021

Metallic Tier	Member Months	Distribution	PLRS	ARF	GCF	IDF	AV	PWRS	PWORS	Transfer \$	PMPM
CFI Non-Catastrophic	152,314	81.3%	1.535	1.133	1.000	1.056	0.733	1.672	0.877		
Competition Non-Catastrophic	35,026	18.7%	1.138	1.079	1.000	1.061	0.745	-	-		

2021

Metallic Tier	Member Months	Distribution	PLRS	ARF	GCF	IDF	AV	PWRS	PWORS	Transfer \$	PMPM
Catastrophic	7,196	12.3%	0.369	0.737	1.000	1.000	0.570	0.369	0.420	-\$30,922	-\$4.30
Bronze	27,421	46.8%	0.669	1.174	1.000	1.000	0.600	0.669	0.705	-\$5,012,370	-\$182.79
Silver	15,511	26.5%	1.041	1.181	1.000	1.030	0.700	1.072	0.851	-\$2,210,679	-\$142.52
Gold	6,092	10.4%	1.655	1.040	1.000	1.080	0.800	1.788	0.899	\$266,652	\$43.77
Platinum	2,327	4.0%	3.307	1.116	1.000	1.150	0.900	3.803	1.155	\$1,168,586	\$502.27
Total	58,547	100.0%	0.938	1.106	1.000	1.022	0.656	0.980	0.747	-\$5,818,732	-\$99.39

Statewide 2023

Metallic Tier	Member Months		PLRS	ARF	GCF	IDF	AV	PWRS	PWORS	Transfer \$	PMPM	Statewide PMPM 2023
Catastrophic	6,789		0.502	0.734	1.000	1.000	0.570	0.502	0.418			\$ 142.64
Individual Non-Catastrophic	167,620		1.473	1.130	1.000	1.060	0.742	1.609	0.888			\$ 588.95

CFI & Competition 2023

Metallic Tier	Member Months	Distribution	PLRS	ARF	GCF	IDF	AV	PWRS	PWORS	Transfer \$	PMPM
CFI Non-Catastrophic	131,582	78.5%	1.561	1.141	1.000	1.060	0.741	1.702	0.895		
Competition Non-Catastrophic	36,038	21.5%	1.150	1.093	1.000	1.061	0.745	-	-		

2023

Metallic Tier	Member Months	Distribution	PLRS	ARF	GCF	IDF	AV	PWRS	PWORS	Transfer \$	PMPM
Catastrophic	6,042	14.4%	0.502	0.734	1.000	1.000	0.570	0.502	0.418	-\$354	-\$0.06
Bronze	19,689	46.8%	0.732	1.194	1.000	1.000	0.600	0.732	0.716	-\$4,073,904	-\$206.91
Silver	10,440	24.8%	1.072	1.197	1.000	1.030	0.700	1.104	0.863	-\$1,751,055	-\$167.73
Gold	4,501	10.7%	2.177	1.090	1.000	1.080	0.800	2.351	0.942	\$1,063,076	\$236.19
Platinum	1,407	3.3%	3.289	1.139	1.000	1.150	0.900	3.782	1.179	\$848,125	\$602.79
Total	42,079	100.0%	1.023	1.116	1.000	1.021	0.652	1.067	0.749	-\$3,914,112	-\$93.02

Adjustment Factor applied to Market Adjusted Index Rate

Projected Index Rate	Projected Transfer PMPM (Allowed basis)	Risk Adjustment User Fee (Allowed basis)	Adjustment Factor*
\$539.23	-\$140.14	\$0.33	1.2605

Estimated HCRP Receivable	Estimated HCRP Charge	Net Charge PMPM
\$0.00	\$50,000	-\$1.19

*Adjustment Factor = (\$539.23 - \$-140.14+ \$0.33) / \$539.23

Exhibit 10A - Desired Incurred Claims Ratio

	2023	
	PMPM	% of Revenue
Allowed Claims	\$ 485.22	
Paid/Allowed Ratio	74.8%	
Paid Claims & Capitations	\$ 363.14	
RA Transfer & HCRP (Paid Basis)	\$ (94.21)	
Reinsurance Recoveries (Paid Basis)	\$ -	
Paid Claims & Capitations (Post-3Rs)	\$ 457.35	83.5%
Administrative Expense	\$ 61.54	11.2%
Broker Commissions & Fee	\$ 1.91	0.3%
Contribution to Reserve (Post-Tax)	\$ 8.77	1.6%
Investment Income Credit	\$ (0.55)	-0.1%
Risk Charge	\$ -	0.0%
<u>Non-ACA Taxes & Fees</u>		
State Premium Tax	\$ 10.96	2.0%
State Assessment Fee	\$ 0.55	0.1%
Reinsurance Program Fee	\$ -	0.0%
State Income Tax	\$ -	0.0%
Federal Income Tax	\$ 2.19	0.4%
<u>ACA Taxes & Fees</u>		
Health Insurer Tax	\$ -	0.0%
Risk Adjustment User Fee	\$ 0.22	0.0%
Exchange Assessment Fee	\$ 4.52	0.825%
Federal Exchange User Fee	\$ -	0.0%
PCORI Tax	\$ 0.26	0.0%
BlueRewards/Incentive Program	\$ 0.17	0.0%
Total Revenue	\$ 547.87	100.0%
Plan Level Admin Load Adjustment	1.1974	
Projected Member Months	42,079	
Average Members	3,507	
% Total 2023	100.0%	

Exhibit 10B - Federal MLR

	Total 2023 PMPM / %
<u>Traditional MLR Development</u>	
Paid Claims & Capitations (Post-3Rs) \$	457.35
Total Revenue \$	547.87
<hr/>	
Traditional MLR (i.e. DICR)	83.5%
 <u>Federal MLR Development</u>	
Numerator Adjustments	
BlueRewards/Incentive Program \$	0.17
Quality Improvement Expenses \$	2.02
Removal of non-care costs under MLR guidelines \$	(1.67)
 Denominator Adjustments	
Non-ACA Taxes & Fees \$	13.70
ACA Taxes & Fees \$	5.00
 Federal MLR Numerator \$	 457.87
Federal MLR Denominator \$	529.18
<hr/>	
Federal MLR	86.5%
 Projected Member Months	 42,079

Exhibit 10B - Federal MLR (Combined SG & Individual)

	Total 2023	
	PMPM / %	
<u>Traditional MLR Development</u>		
Paid Claims & Capitations (Post-3Rs)	\$	490.39
Total Revenue	\$	<u>609.38</u>
Traditional MLR (i.e. DICR)		80.5%
<u>Federal MLR Development</u>		
Numerator Adjustments		
BlueRewards/Incentive Program	\$	0.10
Quality Improvement Expenses	\$	2.60
removal of non-care costs under MLR guidelines	\$	(5.84)
Denominator Adjustments		
Non-ACA Taxes & Fees	\$	16.38
ACA Taxes & Fees	\$	5.51
Federal MLR Numerator	\$	487.26
Federal MLR Denominator	\$	<u>587.50</u>
Federal MLR		82.9%
Projected Member Months		605,751

Exhibit 11 - Plan Adjusted Index Rates

HIOS Plan ID	Plan Name	Plan Type	Metallic Tier	Exchange	Network	Market Adjusted Index Rate	Internal Pricing AV	Network Factor	Induced Utilization	Non-EHB	Catastrophic Adjustment	Capped Dependents	Admin	Plan Adjusted Index Rate
86052DC0400001	BlueChoice HMO Standard Silver \$4,850	HMO	SILVER	On	Open Access	\$679.71	0.8337	0.9478	0.9604	1.0043	1.0000	1.0000	1.1974	\$620.28
86052DC0400002	BlueChoice HMO Standard Gold \$500	HMO	GOLD	On	Open Access	\$679.71	0.9923	0.9478	1.0009	1.0038	1.0000	1.0000	1.1974	\$769.00
86052DC0400004	BlueChoice HMO Young Adult \$9,100	HMO	CATASTROPHIC	On	Open Access	\$679.71	0.7040	0.9478	0.9267	1.0081	0.5000	1.0000	1.1974	\$253.66
86052DC0400007	BlueChoice HMO Standard Bronze \$7,500	HMO	BRONZE	On	Open Access	\$679.71	0.7608	0.9478	0.9267	1.0046	1.0000	1.0000	1.1974	\$546.34
86052DC0400008	BlueChoice HMO Standard Platinum \$0	HMO	PLATINUM	On	Open Access	\$679.71	1.0000	0.9478	1.0657	1.0036	1.0000	1.0000	1.1974	\$825.06
86052DC0400010	BlueChoice HMO HSA Standard Bronze \$6,350	HMO	BRONZE	On	Open Access	\$679.71	0.7401	0.9478	0.9267	1.0047	1.0000	1.0000	1.1974	\$531.57
86052DC0400011	BlueChoice HMO HSA Gold \$1,500	HMO	GOLD	On	Open Access	\$679.71	0.9241	0.9478	1.0009	1.0039	1.0000	1.0000	1.1974	\$716.28

Exhibit 12 - AV Values

HIOS Plan ID	Suffix	HIOS Plan Name	HHS AV
86052DC0400001	01	BlueChoice HMO Standard Silver \$4,850	0.718
86052DC0400001	02	BlueChoice HMO Standard Silver \$4,850 NAO	1.000
86052DC0400001	03	BlueChoice HMO Standard Silver \$4,850 NAL	0.718
86052DC0400001	04	BlueChoice HMO Standard Silver \$4,850 A	0.739
86052DC0400001	05	BlueChoice HMO Standard Silver \$4,850 B	0.878
86052DC0400001	06	BlueChoice HMO Standard Silver \$4,850 C	0.940
86052DC0400002	01	BlueChoice HMO Standard Gold \$500	0.819
86052DC0400002	02	BlueChoice HMO Standard Gold \$500 NAO	1.000
86052DC0400002	03	BlueChoice HMO Standard Gold \$500 NAL	0.819
86052DC0400004	01	BlueChoice HMO Young Adult \$9,100	0.625
86052DC0400007	01	BlueChoice HMO Standard Bronze \$7,500	0.648
86052DC0400007	02	BlueChoice HMO Standard Bronze \$7,500 NAO	1.000
86052DC0400007	03	BlueChoice HMO Standard Bronze \$7,500 NAL	0.648
86052DC0400008	01	BlueChoice HMO Standard Platinum \$0	0.899
86052DC0400008	02	BlueChoice HMO Standard Platinum \$0 NAO	1.000
86052DC0400008	03	BlueChoice HMO Standard Platinum \$0 NAL	0.899
86052DC0400010	01	BlueChoice HMO HSA Standard Bronze \$6,350	0.646
86052DC0400010	02	BlueChoice HMO Standard Bronze \$6,350 NAO	1.000
86052DC0400010	03	BlueChoice HMO Standard Bronze \$6,350 NAL	0.646
86052DC0400011	01	BlueChoice HMO HSA Gold \$1,500	0.816
86052DC0400011	02	BlueChoice HMO Gold \$1,500 NAO	1.000
86052DC0400011	03	BlueChoice HMO Gold \$1,500 NAL	0.816

Exhibit 13 - Age Calibration

Age Curve Calibration					
	Period	Cohort	Rating Factor*	Weight	Average Age**
(1)	Rating Period	Existing	1.0819	75.9%	
		New	0.9399	16.7%	
		Transfer	1.0094	7.5%	
(2)	Rating Period	All	1.0528	100.0%	42.0
(3)	Nearest Rounded	All	1.0530		42.0
(4)	Calibration***	All	1.0002		

(3)/(2)

Premium Rate Demonstration		
	HIOS Plan Name	BlueChoice HMO Standard Silver \$4,850
(5)	Plan Adjusted Index Rate	\$620.28
(6)	Calibration	1.0002 (4)
(7)	Calibrated Rate	\$620.42 (5)*(6)
(8)	Age 40 Factor/Rounded Avg Age Factor = (0.975/1.053)	0.9259
(9)	Age 40 Premium Rate	\$574.46 (7)*(8)

*Rating factors by cohort for the rating period are based on average factors for each cohort from the current year to date. Weights are based on expected distribution of member months.

**The rating period average age is determined from the member weighted average factor. Specifically it is linearly interpolated using the two age factors on the curve surrounding the member weighted average factor.

***Applied uniformly to all plans

Exhibit 14 - Age Factors

Age	Factor
<=14	0.654
15	0.654
16	0.654
17	0.654
18	0.654
19	0.654
20	0.654
21	0.727
22	0.727
23	0.727
24	0.727
25	0.727
26	0.727
27	0.727
28	0.744
29	0.760
30	0.779
31	0.799
32	0.817
33	0.836
34	0.856
35	0.876
36	0.896
37	0.916
38	0.927
39	0.938
40	0.975
41	1.013
42	1.053
43	1.094
44	1.137
45	1.181
46	1.227
47	1.275
48	1.325
49	1.377
50	1.431
51	1.487
52	1.545
53	1.605
54	1.668
55	1.733
56	1.801
57	1.871
58	1.944
59	2.020
60	2.099
61	2.181
62	2.181
63	2.181
64+	2.181

Exhibit 15 - Induced Utilization Factors

CDH/Non-CDH	Projected Member Months	Relative to HSA/HRA	Relative to Average
HSA/HRA	153,444	1.0000	1.0000
Non-CDH	452,307	1.0000	1.0000
	605,751	1.0000	

Full HIOS Plan ID	Base HIOS Plan ID	Plan Name	Metal Level	Relative to Bronze	Projected Member Months	Relative to Average (Pool)	Relative to Average (CSR)
86052DC040000101	86052DC0400001	BlueChoice HMO Standard Silver \$4,850	SILVER	1.0300	9,348	0.9545	0.9604
86052DC040000102	86052DC0400001	BlueChoice HMO Standard Silver \$4,850 NAO	SILVER	1.0300	-	0.9545	0.9604
86052DC040000103	86052DC0400001	BlueChoice HMO Standard Silver \$4,850 NAL	SILVER	1.0300	-	0.9545	0.9604
86052DC040000104	86052DC0400001	BlueChoice HMO Standard Silver \$4,850 A	SILVER	1.0300	538	0.9545	0.9604
86052DC040000105	86052DC0400001	BlueChoice HMO Standard Silver \$4,850 B	SILVER	1.1500	160	1.0657	0.9604
86052DC040000106	86052DC0400001	BlueChoice HMO Standard Silver \$4,850 C	SILVER	1.1500	394	1.0657	0.9604
86052DC040000201	86052DC0400002	BlueChoice HMO Standard Gold \$500	GOLD	1.0800	2,909	1.0009	1.0009
86052DC040000202	86052DC0400002	BlueChoice HMO Standard Gold \$500 NAO	GOLD	1.0800	-	1.0009	1.0009
86052DC040000203	86052DC0400002	BlueChoice HMO Standard Gold \$500 NAL	GOLD	1.0800	-	1.0009	1.0009
86052DC040000401	86052DC0400004	BlueChoice HMO Young Adult \$9,100	CATASTROPHIC	1.0000	6,042	0.9267	0.9267
86052DC040000701	86052DC0400007	BlueChoice HMO Standard Bronze \$7,500	BRONZE	1.0000	7,748	0.9267	0.9267
86052DC040000702	86052DC0400007	BlueChoice HMO Standard Bronze \$7,500 NAO	BRONZE	1.0000	-	0.9267	0.9267
86052DC040000703	86052DC0400007	BlueChoice HMO Standard Bronze \$7,500 NAL	BRONZE	1.0000	-	0.9267	0.9267
86052DC040000801	86052DC0400008	BlueChoice HMO Standard Platinum \$0	PLATINUM	1.1500	1,407	1.0657	1.0657
86052DC040000802	86052DC0400008	BlueChoice HMO Standard Platinum \$0 NAO	PLATINUM	1.1500	-	1.0657	1.0657
86052DC040000803	86052DC0400008	BlueChoice HMO Standard Platinum \$0 NAL	PLATINUM	1.1500	-	1.0657	1.0657
86052DC040001001	86052DC0400010	BlueChoice HMO HSA Standard Bronze \$6,350	BRONZE	1.0000	11,941	0.9267	0.9267
86052DC040001002	86052DC0400010	BlueChoice HMO Standard Bronze \$6,350 NAO	BRONZE	1.0000	-	0.9267	0.9267
86052DC040001003	86052DC0400010	BlueChoice HMO Standard Bronze \$6,350 NAL	BRONZE	1.0000	-	0.9267	0.9267
86052DC040001101	86052DC0400011	BlueChoice HMO HSA Gold \$1,500	GOLD	1.0800	1,592	1.0009	1.0009
86052DC040001102	86052DC0400011	BlueChoice HMO Gold \$1,500 NAO	GOLD	1.0800	-	1.0009	1.0009
86052DC040001103	86052DC0400011	BlueChoice HMO Gold \$1,500 NAL	GOLD	1.0800	-	1.0009	1.0009

Appendix - Network Factors

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 Opt-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	Projected Member Months	Relative to Lock In / Referral	Relative to Average
Lock In / Referral	45,285	1.0000	0.9027
Open Access	184,466	1.0500	0.9478
Open Access Opt-Out	35,382	1.0617	0.9583
Open Access Plus	81,275	1.0733	0.9689
Open Access Advantage	259,343	1.1849	1.0696
Total	605,751	1.1078	

Factors are applied as plan level adjustments

Appendix - Catastrophic Plans Adjustment

Step 1: Normalize Experience Period Catastrophic PMPM

	Catastrophic	Non-Catastrophic	Total (single risk pool)
Member Months	7,047	561,086	568,133
Distribution	1.2%	98.8%	
Completed Allowed	\$1,188,055	\$265,471,171	\$266,659,226
Allowed PMPM	\$168.59	\$473.14	\$469.36
Age Rating Factor	0.7409	1.0610	1.0570
Induced Demand Factor	1.0000	1.0793	1.0783
Actuarial Value	1.0000	1.0000	1.0000
Net Factor	0.7409	1.1451	1.1401
Normalized Factor	1.5388	0.9956	1.0000
Normalized PMPM	\$259.43	\$471.07	\$469.36

Step 2: Apply Credibility to Normalized Catastrophic PMPM

(1)	Normalized Catastrophic PMPM	\$259.43	
(2)	Member Months	7,047	
(3)	Full Credibility (Member Months)	24,000	
(4)	Credibility	54.2%	
(5)	Normalized Non-Catastrophic PMPM	\$471.07	
(6)	Morbidity Adjustment*	0.6355	(a)/(b)
(7)	Morbidity-Adjusted Non-Catastrophic PMPM	\$299.34	(5)*(6)
(8)	Credibility-Adjusted Catastrophic PMPM	\$277.72	(1)*(4)+(1-(4))*(7)

Step 3: Ratio of Credibility-Normalized Catastrophic PMPM vs. Single Risk Pool

(9)	Normalized SRP PMPM	\$469.36	
(10)	Catastrophic Adjustment (Calculated)	0.5917	(8)/(9)
(11)	Catastrophic Adjustment (Selected)	0.5000	

Total Individual ACA BlueChoice Experience (202101-202112 Paid Through: 202202)

Metal Level	Member Months	Normalized Allowed PMPM	
Catastrophic	86,158	\$176.04	(a)
Bronze	521,304	\$154.41	
Silver	401,640	\$325.89	
Gold	876,322	\$326.41	
Platinum	2,307	\$715.87	
Non-Catastrophic Total	1,801,573	\$277.02	(b)

*The Morbidity Adjustment is the ratio of the Catastrophic Normalized Allowed PMPM to the Non-Catastrophic Normalized Allowed PMPM for our Total Individual ACA BlueChoice Experience.

Appendix - Experience Period to Rating Period Plan Mappings

Exp. Period		Current Period		Rating Period	
2021 Base HIOS Plan ID	2021 HIOS Plan Name	2022 Base HIOS Plan ID	2022 HIOS Plan Name	2023 Base HIOS Plan ID	2023 HIOS Plan Name
86052DC0400001	BlueChoice HMO Standard Silver \$4,000	86052DC0400001	BlueChoice HMO Standard Silver \$4,000	86052DC0400001	BlueChoice HMO Standard Silver \$4,850
86052DC0400002	BlueChoice HMO Standard Gold \$500	86052DC0400002	BlueChoice HMO Standard Gold \$500	86052DC0400002	BlueChoice HMO Standard Gold \$500
86052DC0400004	BlueChoice HMO Young Adult \$8,550	86052DC0400004	BlueChoice HMO Young Adult \$8,700	86052DC0400004	BlueChoice HMO Young Adult \$9,100
86052DC0400007	BlueChoice HMO Standard Bronze \$7,500	86052DC0400007	BlueChoice HMO Standard Bronze \$7,500	86052DC0400007	BlueChoice HMO Standard Bronze \$7,500
86052DC0400008	BlueChoice HMO Standard Platinum \$0	86052DC0400008	BlueChoice HMO Standard Platinum \$0	86052DC0400008	BlueChoice HMO Standard Platinum \$0
86052DC0400010	BlueChoice HMO HSA Standard Bronze \$6,350	86052DC0400010	BlueChoice HMO HSA Standard Bronze \$6,350	86052DC0400010	BlueChoice HMO HSA Standard Bronze \$6,350
86052DC0400011	BlueChoice HMO HSA Gold \$1,500	86052DC0400011	BlueChoice HMO HSA Gold \$1,500	86052DC0400011	BlueChoice HMO HSA Gold \$1,500

Appendix - Annual Rate Change Based on Mapping

Catastrophic	Catastrophic/Avg Renewal	477	512	38.7%
Bronze	Bronze Members/Avg Renewal	1,908	1,756	33.8%
Silver	Silver Members/Avg Renewal	1,067	954	27.0%
Gold	Gold Members/Avg Renewal	441	402	23.7%
Platinum	Platinum Members/Avg Renewal	156	134	12.2%
	All Members/Avg Renewal	4,049	3,758	29.3%
	Minimum Renewal			12.2%
	Maximum Renewal			38.7%

2022 HIOS Plan ID	2022 HIOS Plan Name	2022 Metal Level	2022 Marketplace Indicator	2023 HIOS Plan ID	2023 HIOS Plan Name	2023 Metal Level	2023 Marketplace Indicator	Current Month Member Count	Projected 2022 EOY Members	2022 Base Rate	2023 Base Rate	Annual Rate Change
86052DC0400001	BlueChoice HMO Standard Silver \$4,000	SILVER	On	86052DC0400001	BlueChoice HMO Standard Silver \$4,850	SILVER	On	1,067	954	\$463.89	\$589.19	27.0%
86052DC0400002	BlueChoice HMO Standard Gold \$500	GOLD	On	86052DC0400002	BlueChoice HMO Standard Gold \$500	GOLD	On	293	263	\$596.89	\$730.46	22.4%
86052DC0400004	BlueChoice HMO Young Adult \$8,700	CATASTROPHIC	On	86052DC0400004	BlueChoice HMO Young Adult \$9,100	CATASTROPHIC	On	477	512	\$173.71	\$240.95	38.7%
86052DC0400007	BlueChoice HMO Standard Bronze \$7,500	BRONZE	On	86052DC0400007	BlueChoice HMO Standard Bronze \$7,500	BRONZE	On	730	682	\$387.93	\$518.96	33.8%
86052DC0400008	BlueChoice HMO Standard Platinum \$0	PLATINUM	On	86052DC0400008	BlueChoice HMO Standard Platinum \$0	PLATINUM	On	156	134	\$698.53	\$783.72	12.2%
86052DC0400010	BlueChoice HMO HSA Standard Bronze \$6,350	BRONZE	On	86052DC0400010	BlueChoice HMO HSA Standard Bronze \$6,350	BRONZE	On	1,178	1,074	\$377.21	\$504.93	33.9%
86052DC0400011	BlueChoice HMO HSA Gold \$1,500	GOLD	On	86052DC0400011	BlueChoice HMO HSA Gold \$1,500	GOLD	On	148	139	\$538.32	\$680.38	26.4%

Appendix - Maximum Rate Renewal

	2022	2023	% Change
Base Rate	\$173.71	\$240.95	38.7%
Age Factor	0.654	0.727	11.2%
Geographic Factor	1.000	1.000	0.0%
Tobacco Factor	1.000	1.000	0.0%
Total	\$113.61	\$175.17	54.2%

	BlueChoice HMO Young Adult	BlueChoice HMO Young Adult
Base Rate/Product(s)	\$8,700	\$9,100
Age Change	20	21
Geo Change*	N/A	N/A
Tobacco Change**	N/A	N/A

*we did not geo rate

**we did not tobacco rate

Appendix - Federal Required \$1.00 minimum for abortion

HIOS Plan ID	Plan Name	Exchange	Minimum Charge	Lowest Age Factor	Base Premium	Age Calibration	Plan Adjusted Index Rate	Admin	Catastrophic Adjustment	Network Factor	Non-EHB	Induced Utilization	Benefit	Market Adjusted Index Rate	Exchange User Fee	Risk Adjustment Fee	Reinsurance Factor	Index Rate	\$1 Check	Final Rate, above \$1.00
86052DC0400001	BlueChoice HMO Standard Silver \$4,850	On	\$1.00	0.6540	\$1.53	0.9499	\$1.61	1.1974	1.0000	0.9478	1.0000	0.9604	0.8337	\$1.77	1.0000	1.2605	1.0000	\$1.40	\$1.00	\$1.40
86052DC0400002	BlueChoice HMO Standard Gold \$500	On	\$1.00	0.6540	\$1.53	0.9499	\$1.61	1.1974	1.0000	0.9478	1.0000	1.0009	0.9923	\$1.43	1.0000	1.2605	1.0000	\$1.13	\$1.00	\$1.13
86052DC0400004	BlueChoice HMO Young Adult \$9,100	On	\$1.00	0.6540	\$1.53	0.9499	\$1.61	1.1974	0.5000	0.9478	1.0000	0.9267	0.7040	\$4.35	1.0000	1.2605	1.0000	\$3.45	\$1.00	\$3.45
86052DC0400007	BlueChoice HMO Standard Bronze \$7,500	On	\$1.00	0.6540	\$1.53	0.9499	\$1.61	1.1974	1.0000	0.9478	1.0000	0.9267	0.7608	\$2.01	1.0000	1.2605	1.0000	\$1.59	\$1.00	\$1.59
86052DC0400008	BlueChoice HMO Standard Platinum \$0	On	\$1.00	0.6540	\$1.53	0.9499	\$1.61	1.1974	1.0000	0.9478	1.0000	1.0657	1.0000	\$1.33	1.0000	1.2605	1.0000	\$1.06	\$1.00	\$1.06
86052DC0400010	BlueChoice HMO HSA Standard Bronze \$6,350	On	\$1.00	0.6540	\$1.53	0.9499	\$1.61	1.1974	1.0000	0.9478	1.0000	0.9267	0.7401	\$2.07	1.0000	1.2605	1.0000	\$1.64	\$1.00	\$1.64
86052DC0400011	BlueChoice HMO HSA Gold \$1,500	On	\$1.00	0.6540	\$1.53	0.9499	\$1.61	1.1974	1.0000	0.9478	1.0000	1.0009	0.9241	\$1.53	1.0000	1.2605	1.0000	\$1.21	\$0.99	\$1.22

Appendix - Form Numbers

Form Numbers Associated With This Filing:

This list contains the applicable forms for the new 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-133246584

ON-Exchange

BlueChoice HMO Standard Plans

DC/CFBC/EXC/HMO/IEA (R. 1/23)
DC/CFBC/DOL APPEAL (R. 1/22)
DC/CFBC/EXC/HMO/DOCS (R. 1/23)
DC/CFBC/EXC/HMO HSA STD/BRZ 6350 (1/23)
DC/CFBC/EXC/HMO HSA/GOLD 1500 (1/23)
DC/CFBC/EXC/HMO STD/BRZ 7500 (1/23)
DC/CFBC/EXC/HMO STD/GOLD 500 (1/23)
DC/CFBC/EXC/HMO STD/PLAT 0 (1/23)
DC/CFBC/EXC/HMO STD/SIL 4850 (1/23)
DC/CFBC/EXC/HMO STD/SIL 4850 A (1/23)
DC/CFBC/EXC/HMO STD/SIL 4850 B (1/23)
DC/CFBC/EXC/HMO STD/SIL 4850 C (1/23)
DC/CFBC/EXC/HMO STD/NATAMER 0 (1/23)
DC/CFBC/EXC/NATAMER (1/14)
DC/CFBC/MEM/BLCRD (R. 6/18)
DC/CFBC/CD/AUTH AMEND/HMO (R. 1/22)
DC/CFBC/NO SURP ACT/AMEND (R. 1/23)
DC/CFBC/PT PROTECT (9/10)
DC/CFBC/CD/HMO/INCENT (1/23)

BlueChoice HMO Young Adult

DC/CFBC/EXC/HMO/IEA (R. 1/23)
DC/CFBC/DOL APPEAL (R. 1/22)
DC/CFBC/EXC/HMO/DOCS (R. 1/23)
DC/CFBC/EXC/HMO/NATAMER SOB (1/23)
DC/CFBC/EXC/HMO/ YA 9100 SOB (1/23)
DC/CFBC/EXC/NATAMER (1/14)
DC/CFBC/MEM/BLCRD (R. 6/18)
DC/CFBC/CD/AUTH AMEND/HMO (R. 1/22)
DC/CFBC/NO SURP ACT/AMEND (R. 1/23)
DC/CFBC/PT PROTECT (9/10)
DC/CFBC/CD/HMO/INCENT (1/23)

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Ultimate Incurred	Allowed	Incurred	Drug Rebates	Utilization Unit	Utilization
201901	42,431	Inpatient Hospital	\$2,627,023	\$2,483,317	\$2,627,023	\$2,483,317	\$0	Admits	169
201902	42,697	Inpatient Hospital	\$2,576,955	\$2,435,951	\$2,576,955	\$2,435,951	\$0	Admits	167
201903	42,785	Inpatient Hospital	\$2,896,054	\$2,808,694	\$2,896,054	\$2,808,694	\$0	Admits	168
201904	43,042	Inpatient Hospital	\$3,063,249	\$2,970,428	\$3,063,249	\$2,970,428	\$0	Admits	168
201905	43,059	Inpatient Hospital	\$3,499,047	\$3,347,274	\$3,499,047	\$3,347,274	\$0	Admits	176
201906	43,048	Inpatient Hospital	\$2,670,494	\$2,554,128	\$2,670,494	\$2,554,128	\$0	Admits	173
201907	43,084	Inpatient Hospital	\$3,154,621	\$3,002,661	\$3,154,567	\$3,002,609	\$0	Admits	176
201908	43,062	Inpatient Hospital	\$4,442,160	\$4,323,920	\$4,442,070	\$4,323,833	\$0	Admits	200
201909	43,164	Inpatient Hospital	\$4,031,362	\$3,926,080	\$4,031,159	\$3,925,881	\$0	Admits	176
201910	43,245	Inpatient Hospital	\$4,845,167	\$4,718,553	\$4,844,884	\$4,718,277	\$0	Admits	202
201911	43,257	Inpatient Hospital	\$2,636,991	\$2,524,169	\$2,636,812	\$2,523,997	\$0	Admits	189
201912	43,625	Inpatient Hospital	\$2,953,739	\$2,828,663	\$2,953,515	\$2,828,448	\$0	Admits	188
202001	44,512	Inpatient Hospital	\$3,266,113	\$3,101,207	\$3,265,722	\$3,100,835	\$0	Admits	193
202002	44,747	Inpatient Hospital	\$2,505,853	\$2,419,378	\$2,505,463	\$2,419,001	\$0	Admits	163
202003	45,242	Inpatient Hospital	\$2,783,465	\$2,674,094	\$2,782,991	\$2,673,638	\$0	Admits	170
202004	45,527	Inpatient Hospital	\$3,362,475	\$3,297,247	\$3,361,743	\$3,296,528	\$0	Admits	167
202005	45,537	Inpatient Hospital	\$3,209,703	\$3,133,319	\$3,208,989	\$3,132,623	\$0	Admits	212
202006	45,654	Inpatient Hospital	\$2,610,631	\$2,536,147	\$2,610,001	\$2,535,535	\$0	Admits	164
202007	45,692	Inpatient Hospital	\$6,291,465	\$6,208,937	\$6,289,734	\$6,207,233	\$0	Admits	153
202008	45,568	Inpatient Hospital	\$3,170,181	\$3,076,202	\$3,168,985	\$3,075,049	\$0	Admits	171
202009	45,879	Inpatient Hospital	\$3,335,884	\$3,227,826	\$3,334,200	\$3,226,197	\$0	Admits	170
202010	45,963	Inpatient Hospital	\$3,724,583	\$3,625,783	\$3,722,703	\$3,623,963	\$0	Admits	187
202011	46,151	Inpatient Hospital	\$3,872,307	\$3,731,362	\$3,869,788	\$3,728,955	\$0	Admits	204
202012	46,669	Inpatient Hospital	\$3,034,682	\$2,918,554	\$3,032,557	\$2,916,524	\$0	Admits	172
202101	46,744	Inpatient Hospital	\$2,811,772	\$2,669,352	\$2,808,961	\$2,666,698	\$0	Admits	171
202102	47,000	Inpatient Hospital	\$2,993,113	\$2,878,026	\$2,987,692	\$2,872,815	\$0	Admits	172
202103	47,185	Inpatient Hospital	\$4,158,427	\$4,036,442	\$4,144,720	\$4,023,122	\$0	Admits	197
202104	47,263	Inpatient Hospital	\$3,581,176	\$3,441,319	\$3,564,130	\$3,424,897	\$0	Admits	196
202105	47,283	Inpatient Hospital	\$3,984,828	\$3,867,173	\$3,957,115	\$3,840,232	\$0	Admits	173
202106	47,112	Inpatient Hospital	\$4,308,700	\$4,184,092	\$4,269,017	\$4,145,512	\$0	Admits	185
202107	47,361	Inpatient Hospital	\$3,466,325	\$3,354,467	\$3,422,675	\$3,312,213	\$0	Admits	152
202108	47,626	Inpatient Hospital	\$3,616,248	\$3,483,722	\$3,557,919	\$3,427,465	\$0	Admits	212
202109	47,874	Inpatient Hospital	\$3,591,935	\$3,451,131	\$3,503,954	\$3,366,421	\$0	Admits	287
202110	47,491	Inpatient Hospital	\$3,382,087	\$3,265,016	\$3,263,879	\$3,150,857	\$0	Admits	183
202111	47,541	Inpatient Hospital	\$3,567,013	\$3,429,661	\$3,381,479	\$3,251,194	\$0	Admits	204
202112	47,653	Inpatient Hospital	\$2,165,315	\$2,072,740	\$1,995,263	\$1,909,955	\$0	Admits	140
202201	47,521	Inpatient Hospital	\$1,634,994	\$1,464,172	\$1,242,450	\$1,114,062	\$0	Admits	138
202202	47,964	Inpatient Hospital	\$1,008,902	\$913,407	\$322,946	\$292,808	\$0	Admits	72

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Ultimate Incurred	Allowed	Incurred	Drug Rebates	Utilization Unit	Utilization
201901	42,431	Outpatient Hospital	\$3,444,357	\$2,890,934	\$3,444,357	\$2,890,934	\$0	Visits	2,796
201902	42,697	Outpatient Hospital	\$3,006,225	\$2,531,364	\$3,006,225	\$2,531,364	\$0	Visits	2,472
201903	42,785	Outpatient Hospital	\$3,006,078	\$2,475,844	\$3,006,078	\$2,475,844	\$0	Visits	2,853
201904	43,042	Outpatient Hospital	\$3,640,293	\$3,121,901	\$3,640,293	\$3,121,901	\$0	Visits	3,007
201905	43,059	Outpatient Hospital	\$3,202,986	\$2,674,618	\$3,202,986	\$2,674,618	\$0	Visits	2,900
201906	43,048	Outpatient Hospital	\$2,809,307	\$2,352,432	\$2,809,307	\$2,352,432	\$0	Visits	2,644
201907	43,084	Outpatient Hospital	\$3,100,153	\$2,636,895	\$3,100,099	\$2,636,849	\$0	Visits	2,676
201908	43,062	Outpatient Hospital	\$3,160,443	\$2,670,239	\$3,160,379	\$2,670,185	\$0	Visits	2,705
201909	43,164	Outpatient Hospital	\$3,019,114	\$2,564,795	\$3,018,964	\$2,564,667	\$0	Visits	2,603
201910	43,245	Outpatient Hospital	\$3,535,091	\$3,028,246	\$3,534,886	\$3,028,070	\$0	Visits	2,946
201911	43,257	Outpatient Hospital	\$3,285,367	\$2,805,123	\$3,285,145	\$2,804,933	\$0	Visits	2,586
201912	43,625	Outpatient Hospital	\$3,803,893	\$3,244,903	\$3,803,604	\$3,244,657	\$0	Visits	2,768
202001	44,512	Outpatient Hospital	\$3,467,626	\$2,864,400	\$3,467,214	\$2,864,059	\$0	Visits	2,718
202002	44,747	Outpatient Hospital	\$3,239,594	\$2,701,195	\$3,239,085	\$2,700,768	\$0	Visits	2,529
202003	45,242	Outpatient Hospital	\$2,818,829	\$2,412,077	\$2,818,344	\$2,411,659	\$0	Visits	2,339
202004	45,527	Outpatient Hospital	\$1,785,300	\$1,606,928	\$1,784,919	\$1,606,582	\$0	Visits	1,390
202005	45,537	Outpatient Hospital	\$2,481,774	\$2,219,817	\$2,481,220	\$2,219,321	\$0	Visits	1,840
202006	45,654	Outpatient Hospital	\$3,820,498	\$3,445,833	\$3,819,573	\$3,445,001	\$0	Visits	2,420
202007	45,692	Outpatient Hospital	\$3,569,356	\$3,126,540	\$3,568,372	\$3,125,684	\$0	Visits	2,663
202008	45,568	Outpatient Hospital	\$3,511,425	\$3,091,554	\$3,510,168	\$3,090,458	\$0	Visits	2,730
202009	45,879	Outpatient Hospital	\$4,141,157	\$3,674,793	\$4,139,028	\$3,672,927	\$0	Visits	2,956
202010	45,963	Outpatient Hospital	\$3,843,490	\$3,401,815	\$3,841,450	\$3,400,041	\$0	Visits	3,103
202011	46,151	Outpatient Hospital	\$3,620,346	\$3,209,035	\$3,618,020	\$3,206,992	\$0	Visits	2,977
202012	46,669	Outpatient Hospital	\$4,082,359	\$3,589,620	\$4,079,360	\$3,586,983	\$0	Visits	3,210
202101	46,744	Outpatient Hospital	\$3,432,488	\$2,929,271	\$3,429,288	\$2,926,553	\$0	Visits	2,923
202102	47,000	Outpatient Hospital	\$3,790,259	\$3,331,971	\$3,783,406	\$3,325,948	\$0	Visits	2,905
202103	47,185	Outpatient Hospital	\$4,545,183	\$3,994,043	\$4,530,126	\$3,980,765	\$0	Visits	3,935
202104	47,263	Outpatient Hospital	\$4,403,601	\$3,832,063	\$4,382,183	\$3,813,338	\$0	Visits	4,233
202105	47,283	Outpatient Hospital	\$4,690,299	\$4,134,674	\$4,658,107	\$4,106,245	\$0	Visits	3,728
202106	47,112	Outpatient Hospital	\$4,384,620	\$3,760,950	\$4,344,502	\$3,726,457	\$0	Visits	3,541
202107	47,361	Outpatient Hospital	\$4,398,204	\$3,907,229	\$4,343,807	\$3,858,859	\$0	Visits	3,416
202108	47,626	Outpatient Hospital	\$4,613,149	\$4,022,343	\$4,538,508	\$3,957,142	\$0	Visits	3,718
202109	47,874	Outpatient Hospital	\$4,274,706	\$3,761,550	\$4,168,085	\$3,667,405	\$0	Visits	3,579
202110	47,491	Outpatient Hospital	\$4,592,172	\$4,043,767	\$4,431,158	\$3,901,894	\$0	Visits	3,800
202111	47,541	Outpatient Hospital	\$4,764,426	\$4,220,891	\$4,516,148	\$4,000,853	\$0	Visits	3,683
202112	47,653	Outpatient Hospital	\$4,466,346	\$3,824,899	\$4,115,630	\$3,524,555	\$0	Visits	3,999
202201	47,521	Outpatient Hospital	\$3,872,195	\$3,291,942	\$2,956,380	\$2,514,260	\$0	Visits	3,284
202202	47,964	Outpatient Hospital	\$4,338,916	\$3,680,204	\$1,398,044	\$1,186,713	\$0	Visits	3,417

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Ultimate Incurred	Allowed	Incurred	Drug Rebates	Utilization Unit	Utilization
201901	42,431	Professional	\$6,526,267	\$4,900,961	\$6,526,267	\$4,900,961	\$0	Visits	42,175
201902	42,697	Professional	\$5,550,695	\$4,238,336	\$5,550,695	\$4,238,336	\$0	Visits	36,120
201903	42,785	Professional	\$6,033,546	\$4,609,861	\$6,033,546	\$4,609,861	\$0	Visits	40,363
201904	43,042	Professional	\$6,126,269	\$4,750,836	\$6,126,269	\$4,750,836	\$0	Visits	40,160
201905	43,059	Professional	\$6,086,258	\$4,755,104	\$6,086,258	\$4,755,104	\$0	Visits	41,078
201906	43,048	Professional	\$5,738,275	\$4,461,612	\$5,738,275	\$4,461,612	\$0	Visits	37,307
201907	43,084	Professional	\$6,109,071	\$4,767,327	\$6,108,980	\$4,767,258	\$0	Visits	39,627
201908	43,062	Professional	\$6,233,473	\$4,956,780	\$6,233,361	\$4,956,693	\$0	Visits	40,488
201909	43,164	Professional	\$6,038,917	\$4,801,993	\$6,038,619	\$4,801,757	\$0	Visits	39,968
201910	43,245	Professional	\$7,126,683	\$5,740,946	\$7,126,271	\$5,740,617	\$0	Visits	47,149
201911	43,257	Professional	\$6,113,985	\$4,861,959	\$6,113,574	\$4,861,634	\$0	Visits	40,730
201912	43,625	Professional	\$6,136,232	\$4,746,797	\$6,135,766	\$4,746,438	\$0	Visits	38,926
202001	44,512	Professional	\$6,991,224	\$5,233,944	\$6,990,397	\$5,233,324	\$0	Visits	47,240
202002	44,747	Professional	\$6,386,456	\$4,877,035	\$6,385,466	\$4,876,274	\$0	Visits	41,804
202003	45,242	Professional	\$5,450,239	\$4,275,616	\$5,449,306	\$4,274,882	\$0	Visits	35,810
202004	45,527	Professional	\$3,514,354	\$2,985,593	\$3,513,596	\$2,984,948	\$0	Visits	25,410
202005	45,537	Professional	\$4,507,910	\$3,795,929	\$4,506,905	\$3,795,083	\$0	Visits	30,438
202006	45,654	Professional	\$6,023,902	\$5,034,406	\$6,022,452	\$5,033,198	\$0	Visits	40,470
202007	45,692	Professional	\$6,675,176	\$5,539,828	\$6,673,307	\$5,538,291	\$0	Visits	44,342
202008	45,568	Professional	\$6,662,452	\$5,368,950	\$6,660,125	\$5,367,107	\$0	Visits	44,411
202009	45,879	Professional	\$7,307,848	\$5,923,000	\$7,304,077	\$5,919,982	\$0	Visits	51,160
202010	45,963	Professional	\$8,073,331	\$6,641,321	\$8,069,057	\$6,637,849	\$0	Visits	56,707
202011	46,151	Professional	\$7,532,727	\$6,185,167	\$7,527,888	\$6,181,224	\$0	Visits	51,428
202012	46,669	Professional	\$7,909,835	\$6,386,743	\$7,904,135	\$6,382,160	\$0	Visits	53,594
202101	46,744	Professional	\$7,515,510	\$5,962,990	\$7,508,419	\$5,957,393	\$0	Visits	53,470
202102	47,000	Professional	\$7,238,570	\$5,704,339	\$7,225,483	\$5,694,029	\$0	Visits	48,877
202103	47,185	Professional	\$8,857,907	\$7,028,854	\$8,828,601	\$7,005,529	\$0	Visits	61,694
202104	47,263	Professional	\$8,603,240	\$6,876,836	\$8,561,415	\$6,843,263	\$0	Visits	59,474
202105	47,283	Professional	\$7,832,048	\$6,207,438	\$7,778,089	\$6,164,541	\$0	Visits	51,618
202106	47,112	Professional	\$8,219,509	\$6,447,934	\$8,143,609	\$6,388,132	\$0	Visits	52,183
202107	47,361	Professional	\$7,798,886	\$6,207,938	\$7,702,178	\$6,130,626	\$0	Visits	51,355
202108	47,626	Professional	\$8,617,324	\$6,972,816	\$8,477,414	\$6,859,333	\$0	Visits	56,518
202109	47,874	Professional	\$8,824,870	\$7,178,712	\$8,604,910	\$6,999,306	\$0	Visits	60,241
202110	47,491	Professional	\$8,847,888	\$7,213,205	\$8,537,700	\$6,960,185	\$0	Visits	61,233
202111	47,541	Professional	\$8,538,433	\$6,895,565	\$8,092,195	\$6,534,926	\$0	Visits	57,691
202112	47,653	Professional	\$9,299,852	\$7,614,752	\$8,569,538	\$7,016,760	\$0	Visits	62,255
202201	47,521	Professional	\$9,166,688	\$7,249,991	\$6,986,492	\$5,528,816	\$0	Visits	61,897
202202	47,964	Professional	\$10,865,410	\$8,378,107	\$3,490,935	\$2,694,732	\$0	Visits	71,025

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Ultimate Incurred	Allowed	Incurred	Drug Rebates	Utilization Unit	Utilization
201901	42,431	Other Medical	\$1,106,690	\$971,342	\$1,106,690	\$971,342	\$0	Services	4,254
201902	42,697	Other Medical	\$1,045,307	\$924,707	\$1,045,307	\$924,707	\$0	Services	3,601
201903	42,785	Other Medical	\$1,225,489	\$1,130,828	\$1,225,489	\$1,130,828	\$0	Services	4,183
201904	43,042	Other Medical	\$1,183,437	\$1,085,532	\$1,183,437	\$1,085,532	\$0	Services	4,654
201905	43,059	Other Medical	\$1,223,270	\$1,116,607	\$1,223,270	\$1,116,607	\$0	Services	4,475
201906	43,048	Other Medical	\$988,005	\$886,604	\$988,005	\$886,604	\$0	Services	4,100
201907	43,084	Other Medical	\$1,059,972	\$946,440	\$1,059,955	\$946,425	\$0	Services	4,387
201908	43,062	Other Medical	\$1,159,243	\$1,058,126	\$1,159,221	\$1,058,106	\$0	Services	4,510
201909	43,164	Other Medical	\$992,348	\$905,391	\$992,300	\$905,346	\$0	Services	3,713
201910	43,245	Other Medical	\$1,192,294	\$1,102,233	\$1,192,225	\$1,102,169	\$0	Services	4,140
201911	43,257	Other Medical	\$1,081,876	\$1,003,063	\$1,081,803	\$1,002,995	\$0	Services	2,959
201912	43,625	Other Medical	\$1,029,750	\$902,071	\$1,029,673	\$902,003	\$0	Services	3,447
202001	44,512	Other Medical	\$1,163,463	\$1,027,264	\$1,163,326	\$1,027,142	\$0	Services	4,736
202002	44,747	Other Medical	\$961,533	\$841,301	\$961,385	\$841,171	\$0	Services	4,303
202003	45,242	Other Medical	\$1,106,122	\$1,015,087	\$1,105,931	\$1,014,912	\$0	Services	3,540
202004	45,527	Other Medical	\$953,291	\$877,585	\$953,086	\$877,397	\$0	Services	2,527
202005	45,537	Other Medical	\$1,007,126	\$923,505	\$1,006,902	\$923,300	\$0	Services	3,077
202006	45,654	Other Medical	\$1,043,776	\$941,171	\$1,043,525	\$940,944	\$0	Services	4,643
202007	45,692	Other Medical	\$1,286,861	\$1,160,383	\$1,286,508	\$1,160,065	\$0	Services	4,952
202008	45,568	Other Medical	\$1,030,732	\$949,934	\$1,030,376	\$949,606	\$0	Services	4,795
202009	45,879	Other Medical	\$1,252,303	\$1,155,182	\$1,251,658	\$1,154,585	\$0	Services	5,237
202010	45,963	Other Medical	\$1,309,596	\$1,181,951	\$1,308,916	\$1,181,336	\$0	Services	5,118
202011	46,151	Other Medical	\$1,246,897	\$1,154,101	\$1,246,095	\$1,153,358	\$0	Services	3,807
202012	46,669	Other Medical	\$1,288,897	\$1,137,912	\$1,287,972	\$1,137,096	\$0	Services	4,453
202101	46,744	Other Medical	\$1,139,594	\$1,006,994	\$1,138,524	\$1,006,056	\$0	Services	4,130
202102	47,000	Other Medical	\$1,104,362	\$986,519	\$1,102,366	\$984,737	\$0	Services	4,352
202103	47,185	Other Medical	\$1,416,949	\$1,287,743	\$1,412,244	\$1,283,460	\$0	Services	5,426
202104	47,263	Other Medical	\$1,196,068	\$1,071,308	\$1,190,256	\$1,066,085	\$0	Services	4,897
202105	47,283	Other Medical	\$1,256,069	\$1,137,949	\$1,247,367	\$1,130,055	\$0	Services	4,485
202106	47,112	Other Medical	\$1,442,328	\$1,314,902	\$1,428,986	\$1,302,740	\$0	Services	5,116
202107	47,361	Other Medical	\$1,252,126	\$1,149,926	\$1,236,579	\$1,135,634	\$0	Services	4,698
202108	47,626	Other Medical	\$1,403,553	\$1,279,429	\$1,380,772	\$1,258,643	\$0	Services	5,437
202109	47,874	Other Medical	\$1,277,627	\$1,138,760	\$1,245,742	\$1,110,296	\$0	Services	4,830
202110	47,491	Other Medical	\$1,275,536	\$1,170,923	\$1,230,843	\$1,129,893	\$0	Services	4,767
202111	47,541	Other Medical	\$1,299,575	\$1,174,570	\$1,231,465	\$1,112,998	\$0	Services	4,995
202112	47,653	Other Medical	\$1,614,741	\$1,438,564	\$1,487,926	\$1,325,586	\$0	Services	4,859
202201	47,521	Other Medical	\$1,370,215	\$1,184,515	\$1,043,317	\$902,379	\$0	Services	5,338
202202	47,964	Other Medical	\$1,777,927	\$1,570,924	\$571,359	\$505,209	\$0	Services	8,536

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Ultimate Incurred	Allowed	Incurred	Drug Rebates	Utilization Unit	Utilization
201901	42,431	Prescription Drug	\$4,843,244	\$4,196,542	\$4,843,244	\$4,196,542	\$782,360	Scripts	28,072
201902	42,697	Prescription Drug	\$4,310,034	\$3,836,436	\$4,310,034	\$3,836,436	\$736,987	Scripts	25,349
201903	42,785	Prescription Drug	\$4,768,847	\$4,285,691	\$4,768,847	\$4,285,691	\$840,896	Scripts	27,898
201904	43,042	Prescription Drug	\$4,982,914	\$4,541,110	\$4,982,914	\$4,541,110	\$870,146	Scripts	27,954
201905	43,059	Prescription Drug	\$5,020,753	\$4,617,947	\$5,020,753	\$4,617,947	\$867,716	Scripts	28,473
201906	43,048	Prescription Drug	\$4,583,935	\$4,231,317	\$4,583,935	\$4,231,317	\$830,547	Scripts	26,253
201907	43,084	Prescription Drug	\$5,189,302	\$4,778,227	\$5,189,302	\$4,778,227	\$941,157	Scripts	27,679
201908	43,062	Prescription Drug	\$4,929,301	\$4,527,507	\$4,929,301	\$4,527,507	\$923,588	Scripts	27,327
201909	43,164	Prescription Drug	\$4,871,792	\$4,482,661	\$4,871,792	\$4,482,661	\$892,621	Scripts	25,996
201910	43,245	Prescription Drug	\$5,174,389	\$4,762,560	\$5,174,389	\$4,762,560	\$957,422	Scripts	28,119
201911	43,257	Prescription Drug	\$4,609,370	\$4,242,540	\$4,609,370	\$4,242,540	\$890,569	Scripts	26,578
201912	43,625	Prescription Drug	\$5,362,618	\$4,794,063	\$5,362,618	\$4,794,063	\$949,134	Scripts	28,749
202001	44,512	Prescription Drug	\$4,846,840	\$4,115,526	\$4,846,840	\$4,115,526	\$834,981	Scripts	29,818
202002	44,747	Prescription Drug	\$4,876,263	\$4,333,909	\$4,876,263	\$4,333,909	\$896,987	Scripts	28,118
202003	45,242	Prescription Drug	\$5,822,316	\$5,232,424	\$5,822,316	\$5,232,424	\$1,124,587	Scripts	31,822
202004	45,527	Prescription Drug	\$5,257,551	\$4,816,574	\$5,257,551	\$4,816,574	\$1,082,600	Scripts	24,448
202005	45,537	Prescription Drug	\$5,141,224	\$4,725,420	\$5,141,224	\$4,725,420	\$1,028,797	Scripts	24,654
202006	45,654	Prescription Drug	\$5,356,225	\$4,921,601	\$5,356,225	\$4,921,601	\$1,110,173	Scripts	26,054
202007	45,692	Prescription Drug	\$5,520,085	\$5,056,205	\$5,520,085	\$5,056,205	\$1,075,782	Scripts	26,504
202008	45,568	Prescription Drug	\$5,248,117	\$4,838,404	\$5,248,117	\$4,838,404	\$1,043,041	Scripts	25,960
202009	45,879	Prescription Drug	\$5,206,605	\$4,779,208	\$5,206,605	\$4,779,208	\$1,047,412	Scripts	26,417
202010	45,963	Prescription Drug	\$5,860,320	\$5,395,593	\$5,860,320	\$5,395,593	\$1,113,298	Scripts	27,011
202011	46,151	Prescription Drug	\$5,132,029	\$4,710,411	\$5,132,029	\$4,710,411	\$1,070,046	Scripts	25,428
202012	46,669	Prescription Drug	\$5,490,992	\$4,913,841	\$5,490,992	\$4,913,841	\$1,081,145	Scripts	27,764
202101	46,744	Prescription Drug	\$5,297,335	\$4,627,936	\$5,297,335	\$4,627,936	\$1,070,166	Scripts	27,132
202102	47,000	Prescription Drug	\$5,075,382	\$4,565,164	\$5,075,382	\$4,565,164	\$1,080,483	Scripts	26,269
202103	47,185	Prescription Drug	\$6,256,959	\$5,662,789	\$6,256,959	\$5,662,789	\$1,339,732	Scripts	33,321
202104	47,263	Prescription Drug	\$6,011,890	\$5,540,100	\$6,011,890	\$5,540,100	\$1,281,602	Scripts	37,195
202105	47,283	Prescription Drug	\$5,670,285	\$5,213,493	\$5,670,285	\$5,213,493	\$1,211,735	Scripts	32,535
202106	47,112	Prescription Drug	\$5,929,911	\$5,443,483	\$5,929,911	\$5,443,483	\$1,264,527	Scripts	30,848
202107	47,361	Prescription Drug	\$5,925,583	\$5,450,833	\$5,925,583	\$5,450,833	\$1,282,280	Scripts	29,765
202108	47,626	Prescription Drug	\$6,040,805	\$5,537,496	\$6,040,805	\$5,537,496	\$1,375,902	Scripts	30,937
202109	47,874	Prescription Drug	\$5,931,775	\$5,449,365	\$5,931,775	\$5,449,365	\$1,308,071	Scripts	29,677
202110	47,491	Prescription Drug	\$6,141,368	\$5,661,345	\$6,141,368	\$5,661,345	\$1,335,076	Scripts	31,077
202111	47,541	Prescription Drug	\$6,452,531	\$5,982,162	\$6,452,531	\$5,982,162	\$1,356,363	Scripts	35,856
202112	47,653	Prescription Drug	\$6,752,705	\$6,094,402	\$6,752,705	\$6,094,402	\$1,350,126	Scripts	36,016
202201	47,521	Prescription Drug	\$6,358,463	\$5,675,139	\$6,358,463	\$5,675,139	\$1,511,031	Scripts	31,990
202202	47,964	Prescription Drug	\$6,108,253	\$5,496,464	\$6,108,253	\$5,496,464	\$1,485,765	Scripts	28,796

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Ultimate Incurred	Allowed	Incurred	Drug Rebates	Utilization Unit	Utilization
201901	42,431	Capitations	\$42,765	\$42,765	\$42,765	\$42,765	\$0	Benefit Period	42,431
201902	42,697	Capitations	\$42,878	\$42,878	\$42,878	\$42,878	\$0	Benefit Period	42,697
201903	42,785	Capitations	\$43,038	\$43,038	\$43,038	\$43,038	\$0	Benefit Period	42,785
201904	43,042	Capitations	\$43,217	\$43,217	\$43,217	\$43,217	\$0	Benefit Period	43,042
201905	43,059	Capitations	\$42,970	\$42,970	\$42,970	\$42,970	\$0	Benefit Period	43,059
201906	43,048	Capitations	\$42,784	\$42,784	\$42,784	\$42,784	\$0	Benefit Period	43,048
201907	43,084	Capitations	\$42,696	\$42,696	\$42,696	\$42,696	\$0	Benefit Period	43,084
201908	43,062	Capitations	\$42,637	\$42,637	\$42,637	\$42,637	\$0	Benefit Period	43,062
201909	43,164	Capitations	\$42,684	\$42,684	\$42,684	\$42,684	\$0	Benefit Period	43,164
201910	43,245	Capitations	\$42,588	\$42,588	\$42,588	\$42,588	\$0	Benefit Period	43,245
201911	43,257	Capitations	\$42,385	\$42,385	\$42,385	\$42,385	\$0	Benefit Period	43,257
201912	43,625	Capitations	\$42,492	\$42,492	\$42,492	\$42,492	\$0	Benefit Period	43,625
202001	44,512	Capitations	\$45,809	\$45,809	\$45,809	\$45,809	\$0	Benefit Period	44,512
202002	44,747	Capitations	\$45,973	\$45,973	\$45,973	\$45,973	\$0	Benefit Period	44,747
202003	45,242	Capitations	\$48,134	\$48,134	\$48,134	\$48,134	\$0	Benefit Period	45,242
202004	45,527	Capitations	\$47,911	\$47,911	\$47,911	\$47,911	\$0	Benefit Period	45,527
202005	45,537	Capitations	\$47,211	\$47,211	\$47,211	\$47,211	\$0	Benefit Period	45,537
202006	45,654	Capitations	\$46,611	\$46,611	\$46,611	\$46,611	\$0	Benefit Period	45,654
202007	45,692	Capitations	\$47,432	\$47,432	\$47,432	\$47,432	\$0	Benefit Period	45,692
202008	45,568	Capitations	\$46,579	\$46,579	\$46,579	\$46,579	\$0	Benefit Period	45,568
202009	45,879	Capitations	\$46,851	\$46,851	\$46,851	\$46,851	\$0	Benefit Period	45,879
202010	45,963	Capitations	\$46,866	\$46,866	\$46,866	\$46,866	\$0	Benefit Period	45,963
202011	46,151	Capitations	\$46,917	\$46,917	\$46,917	\$46,917	\$0	Benefit Period	46,151
202012	46,669	Capitations	\$47,261	\$47,261	\$47,261	\$47,261	\$0	Benefit Period	46,669
202101	46,744	Capitations	\$47,597	\$47,597	\$47,597	\$47,597	\$0	Benefit Period	46,744
202102	47,000	Capitations	\$47,846	\$47,846	\$47,846	\$47,846	\$0	Benefit Period	47,000
202103	47,185	Capitations	\$48,104	\$48,104	\$48,104	\$48,104	\$0	Benefit Period	47,185
202104	47,263	Capitations	\$48,132	\$48,132	\$48,132	\$48,132	\$0	Benefit Period	47,263
202105	47,283	Capitations	\$48,049	\$48,049	\$48,049	\$48,049	\$0	Benefit Period	47,283
202106	47,112	Capitations	\$47,827	\$47,827	\$47,827	\$47,827	\$0	Benefit Period	47,112
202107	47,361	Capitations	\$47,995	\$47,995	\$47,995	\$47,995	\$0	Benefit Period	47,361
202108	47,626	Capitations	\$48,273	\$48,273	\$48,273	\$48,273	\$0	Benefit Period	47,626
202109	47,874	Capitations	\$48,598	\$48,598	\$48,598	\$48,598	\$0	Benefit Period	47,874
202110	47,491	Capitations	\$47,253	\$47,253	\$47,253	\$47,253	\$0	Benefit Period	47,491
202111	47,541	Capitations	\$47,133	\$47,133	\$47,133	\$47,133	\$0	Benefit Period	47,541
202112	47,653	Capitations	\$46,992	\$46,992	\$46,992	\$46,992	\$0	Benefit Period	47,653
202201	47,521	Capitations	\$45,220	\$45,220	\$45,220	\$45,220	\$0	Benefit Period	47,521
202202	47,964	Capitations	\$45,735	\$45,735	\$45,735	\$45,735	\$0	Benefit Period	47,964

Appendix - Total Experience

Month	Members	Contracts	Ultimate Allowed	Drug Rebates	Post-Rx Rebate Ultimate Allowed	Post-Rx Rebate Ultimate Incurred	Premium	Loss Ratio
201901	42,431	27,057	\$18,590,345	\$782,360	\$17,807,985	\$14,703,501	\$19,085,260	77.0%
201902	42,697	27,248	\$16,532,093	\$736,987	\$15,795,107	\$13,272,686	\$19,190,875	69.2%
201903	42,785	27,336	\$17,973,051	\$840,896	\$17,132,155	\$14,513,059	\$19,237,587	75.4%
201904	43,042	27,499	\$19,039,377	\$870,146	\$18,169,231	\$15,642,877	\$19,416,829	80.6%
201905	43,059	27,487	\$19,075,285	\$867,716	\$18,207,569	\$15,686,805	\$19,390,284	80.9%
201906	43,048	27,412	\$16,832,800	\$830,547	\$16,002,252	\$13,698,330	\$19,527,897	70.1%
201907	43,084	27,405	\$18,655,814	\$941,157	\$17,714,657	\$15,233,089	\$19,525,946	78.0%
201908	43,062	27,415	\$19,967,257	\$923,588	\$19,043,668	\$16,655,622	\$19,611,520	84.9%
201909	43,164	27,441	\$18,996,217	\$892,621	\$18,103,596	\$15,830,982	\$19,634,362	80.6%
201910	43,245	27,477	\$21,916,213	\$957,422	\$20,958,791	\$18,437,703	\$19,758,614	93.3%
201911	43,257	27,468	\$17,769,975	\$890,569	\$16,879,406	\$14,588,671	\$19,875,843	73.4%
201912	43,625	27,621	\$19,328,725	\$949,134	\$18,379,591	\$15,609,855	\$20,356,635	76.7%
202001	44,512	28,404	\$19,781,075	\$834,981	\$18,946,093	\$15,553,170	\$21,133,146	73.6%
202002	44,747	28,555	\$18,015,671	\$896,987	\$17,118,685	\$14,321,805	\$21,362,965	67.0%
202003	45,242	28,881	\$18,029,105	\$1,124,587	\$16,904,518	\$14,532,845	\$21,597,899	67.3%
202004	45,527	29,102	\$14,920,882	\$1,082,600	\$13,838,282	\$12,549,238	\$21,771,090	57.6%
202005	45,537	29,061	\$16,394,949	\$1,028,797	\$15,366,152	\$13,816,404	\$21,758,892	63.5%
202006	45,654	29,117	\$18,901,644	\$1,110,173	\$17,791,471	\$15,815,597	\$22,101,592	71.6%
202007	45,692	29,119	\$23,390,376	\$1,075,782	\$22,314,594	\$20,063,545	\$22,214,053	90.3%
202008	45,568	29,052	\$19,669,486	\$1,043,041	\$18,626,445	\$16,328,581	\$22,214,839	73.5%
202009	45,879	29,177	\$21,290,648	\$1,047,412	\$20,243,236	\$17,759,449	\$19,583,293	90.7%
202010	45,963	29,204	\$22,858,186	\$1,113,298	\$21,744,888	\$19,180,031	\$22,526,004	85.1%
202011	46,151	29,257	\$21,451,223	\$1,070,046	\$20,381,177	\$17,966,947	\$22,457,985	80.0%
202012	46,669	29,491	\$21,854,026	\$1,081,145	\$20,772,881	\$17,912,787	\$23,192,513	77.2%
202101	46,744	29,682	\$20,244,296	\$1,070,166	\$19,174,130	\$16,173,974	\$23,377,928	69.2%
202102	47,000	29,871	\$20,249,532	\$1,080,483	\$19,169,049	\$16,433,382	\$23,460,454	70.0%
202103	47,185	29,984	\$25,283,530	\$1,339,732	\$23,943,799	\$20,718,243	\$23,538,671	88.0%
202104	47,263	29,985	\$23,844,107	\$1,281,602	\$22,562,505	\$19,528,155	\$23,599,467	82.7%
202105	47,283	30,006	\$23,481,579	\$1,211,735	\$22,269,844	\$19,397,041	\$23,567,160	82.3%
202106	47,112	29,895	\$24,332,895	\$1,264,527	\$23,068,368	\$19,934,659	\$23,521,802	84.7%
202107	47,361	30,037	\$22,889,118	\$1,282,280	\$21,606,838	\$18,836,106	\$23,655,326	79.6%
202108	47,626	30,199	\$24,339,353	\$1,375,902	\$22,963,451	\$19,968,178	\$23,692,700	84.3%
202109	47,874	30,359	\$23,949,512	\$1,308,071	\$22,641,441	\$19,720,045	\$23,845,576	82.7%
202110	47,491	29,938	\$24,286,305	\$1,335,076	\$22,951,229	\$20,066,433	\$23,547,997	85.2%
202111	47,541	29,955	\$24,669,110	\$1,356,363	\$23,312,748	\$20,393,619	\$23,792,588	85.7%
202112	47,653	29,983	\$24,345,951	\$1,350,126	\$22,995,825	\$19,742,224	\$23,998,786	82.3%
202201	47,521	29,934	\$22,447,776	\$1,511,031	\$20,936,745	\$17,399,947	\$24,262,612	71.7%
202202	47,964	30,297	\$24,145,143	\$1,485,765	\$22,659,378	\$18,599,076	\$24,301,131	76.5%

DC BlueChoice Small Group & Individual Combined (Individual)
Exhibit 1 - Market Adjusted Index Rate Summary

		2023	2022	% Change
(1)	Base Period Total Allowed	\$469.36	\$403.44	16.3%
(2)	Base Period Non-EHB PMPM	\$0.30	\$0.31	-3.7%
(3)	Experience Period Index Rate	\$469.06	\$403.13	16.4%
(4)	Change in Morbidity	1.0541	0.9820	7.3%
(5)	Additional Population Adjustment	1.0000	1.0000	0.0%
(6)	Induced Demand	0.9977	1.0055	-0.8%
(7)	Projection Period Utilization and Network Adjustment	1.0000	1.0000	0.0%
(8)	Demographic Adjustment	0.9960	1.0133	-1.7%
(9)	Area Adjustment	1.0000	1.0000	0.0%
(10)	Additional "Other" Adjustments	0.9956	1.0019	-0.6%
(11)	Annualized Trend	5.0%	8.1%	
(12)	Months of Trend	24	24.0	
(13)	Unit cost & Utilization/1,000 Trend Factor	1.1024	1.1680	-5.6%
(14)	Projection Period Index Rate	\$539.23	\$472.01	14.2%
(15)	Risk Adjustment Program	1.2605	1.5516	-18.8%
(16)	Federal Exchange User Fee	1.0000	1.0000	0.0%
(17)	Market Adjusted Index Rate	\$679.71	\$732.37	-7.2%
	Without Risk Adjustment	\$539.23	\$472.01	14.2%
	Base Rate Change	29.3%	8.0%	

2023 DC Individual BlueChoice
Plan Adjusted Index Rate Changes

Index	HIOS Plan ID	Plan Name	Type	Metallic Tier	On/Off	Projected Members - 12/2022	Market Adjusted Index Rate			Benefits			Network			Induced Utilization			HSA Factor			Non-EHB			Catastrophic Adjustment			Admin			Age Calibration			Total Change		
							2023	2022	Change	2023	2022	Change	2023	2022	Change	2023	2022	Change	2023	2022	Change	2023	2022	Change	2023	2022	Change	2023	2022	Change	2023	2022	Change	2023	2022	Change
1	86052DC0400001	BlueChoice HMO Standard Silver \$4,850	HMO	SILVER	On	954	\$679.71	\$732.37	-7.19%	0.834	0.687	21.35%	0.948	0.948	-0.02%	0.960	0.963	-0.31%	1.000	1.000	0.00%	1.004	1.006	-0.13%	1.000	1.000	0.00%	1.197	1.068	12.16%	0.950	0.940	1.02%	\$589.19	\$463.89	27.01%
2	86052DC0400002	BlueChoice HMO Standard Gold \$500	HMO	GOLD	On	263	\$679.71	\$732.37	-7.19%	0.992	0.850	16.78%	0.948	0.948	-0.02%	1.001	1.003	-0.21%	1.000	1.000	0.00%	1.004	1.005	-0.11%	1.000	1.000	0.00%	1.197	1.068	12.16%	0.950	0.940	1.02%	\$730.46	\$596.89	22.38%
3	86052DC0400004	BlueChoice HMO Young Adult \$9,100	HMO	CATASTROPHIC	On	512	\$679.71	\$732.37	-7.19%	0.704	0.557	26.29%	0.948	0.948	-0.02%	0.927	0.928	-0.14%	1.000	1.000	0.00%	1.008	1.011	-0.31%	0.500	0.476	4.94%	1.197	1.068	12.16%	0.950	0.940	1.02%	\$240.95	\$173.71	38.71%
4	86052DC0400007	BlueChoice HMO Standard Bronze \$7,500	HMO	BRONZE	On	682	\$679.71	\$732.37	-7.19%	0.761	0.596	27.63%	0.948	0.948	-0.02%	0.927	0.928	-0.14%	1.000	1.000	0.00%	1.005	1.006	-0.16%	1.000	1.000	0.00%	1.197	1.068	12.16%	0.950	0.940	1.02%	\$518.96	\$387.93	33.78%
5	86052DC0400008	BlueChoice HMO Standard Platinum \$0	HMO	PLATINUM	On	134	\$679.71	\$732.37	-7.19%	1.000	0.934	7.04%	0.948	0.948	-0.02%	1.066	1.068	-0.21%	1.000	1.000	0.00%	1.004	1.004	-0.08%	1.000	1.000	0.00%	1.197	1.068	12.16%	0.950	0.940	1.02%	\$783.72	\$698.53	12.20%
6	86052DC0400010	BlueChoice HMO HSA Standard Bronze \$6,350	HMO	BRONZE	On	1,074	\$679.71	\$732.37	-7.19%	0.740	0.580	27.71%	0.948	0.948	-0.02%	0.927	0.928	-0.14%	1.000	1.000	0.00%	1.005	1.006	-0.16%	1.000	1.000	0.00%	1.197	1.068	12.16%	0.950	0.940	1.02%	\$504.93	\$377.21	33.86%
7	86052DC0400011	BlueChoice HMO HSA Gold \$1,500	HMO	GOLD	On	139	\$679.71	\$732.37	-7.19%	0.924	0.766	20.62%	0.948	0.948	-0.02%	1.001	1.003	-0.21%	1.000	1.000	0.00%	1.004	1.005	-0.12%	1.000	1.000	0.00%	1.197	1.068	12.16%	0.950	0.940	1.02%	\$680.38	\$538.32	26.39%
						3,758	\$679.71	\$732.37	-7.19%	0.796	0.645	24.12%	0.948	0.948	-0.02%	0.948	0.950	-0.19%	1.00	1.00	0.00%	1.005	1.007	-0.17%	0.932	0.929	0.67%	1.197	1.068	12.16%	0.950	0.940	1.02%	\$525.11	\$406.23	29.3%

Key Drivers:

- 1.) Increase in the base period experience of the combined pool
- 2.) Trend
- 3.) Projected changes in pool morbidity
- 4.) Increases in assumed plan actuarial values

**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 Included?	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	Page 1 of the Actuarial Memorandum PDF in SERFF
2	Form Numbers	Form numbers should be listed in the actuarial memorandum.	Yes	Appendix - Form Numbers_IND
3	HIOS Product ID	The HIOS product ID should be listed in the actuarial memorandum.	Yes	Exhibit 11 - Plan Adjusted_IND
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 of the Actuarial Memorandum PDF in SERFF
5	Market	Indicate whether the products are sold in the individual or small employer group market.	Yes	Page 1 of the Actuarial Memorandum PDF in SERFF
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	Appendix - Form Numbers_IND
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	Exhibit 11 - Plan Adjusted_IND
7.1	AV Value	Provide the actuarial value of each plan design using the AV calculator developed and made available by HHS.	Yes	See the PDF file "AV Screen Shots" in SERFF
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 2023Q1 over 2022Q1; etc.	Yes	Appendix - Rate Change_IND
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	Appendix - Rate Change_IND

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
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	Appendix - Rate Change_IND
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	Appendix - Max Renewal_IND
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	Appendix - Rate Change_IND
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 District of Columbia and the nationwide average rate history.	Yes	Appendix - Rate Change_IND
14	Exposure	Current number of policies, certificates and covered lives.	Yes	Appendix - Rate Change_IND
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	Appendix - Total Experience
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	Appendix - Total Experience
17	Index Rate	Provide the index rate.	Yes	Exhibit 1 - Summary_IND
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	Appendix - Total Experience
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.	No	Not applicable

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
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	Exhibit 8 - Trend
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.	No	Not applicable
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	Exhibit 7 - Other Adjustments
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	Appendix - Rate Change_IND
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	Exhibit 14 - Age Slope
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.	Yes	Appendix - Rate Change_IND
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	Appendix - Total Experience

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
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	Exhibit10A - DICR_IND and Exhibit 10B - Fed MLR_IND
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	Exhibit10A - DICR_IND and Exhibit 10B - Fed MLR_IND
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 District of Columbia, the loss ratio meets the minimum.	Yes	Exhibit10A - DICR_IND and Exhibit 10B - Fed MLR_Combined
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	Exhibit 9 - Risk Adjustment_IND
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	Not applicable

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
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	Exhibit10A - DICR_IND and Exhibit 10B - Fed MLR_IND
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: <ul style="list-style-type: none"> • 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	Exhibit10A - DICR_IND and Exhibit 10B - Fed MLR_IND
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.	Yes	Actuarial Memorandum
34	Other	Any other information needed to support the requested rates or to comply with Actuarial Standard of Practice No. 8.	Yes	Actuarial Memorandum
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	Actuarial Certification is included in the Actuarial Memorandum

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
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	This is not a Grandfathered Filing, so a PRJ is not provided
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	See the URRT included as a separate document in SERFF
37	Part II Preliminary Justification	Written description justifying the rate increase as specified by 45 CFR § 154.215(f). Provide for <i>all</i> individual and small employer group filings (whether or not they are “subject to review” as defined by HHS).	Yes	See the Part II included as a separate document in SERFF
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	See the Dataset included as a separate document in SERFF
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	See the Part II included as a separate document in SERFF
40	Summary of Components for Requested Rate Change	DISB will require that issuers provide a chart listing a) any and all components of requested rate changes from the prior year; b) a quick summary/explanation of the change; and c) the actual percentage impact of the change for each component, such that the total for all components listed equals the total percentage change requested for the plan year.	Yes	See the file "Index & Plan Comparison" included as a separate document in SERFF

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
41	CCIIO Risk Adjustment Transfer Elements Extract (RATE 'E')	Received directly from CCIIO; this report should be completed and submitted by the set deadline for QHP submissions, or by April 30 th of the current year, whichever is first.	Yes	See the Rate 'E' file included as a separate document in SERFF
42	Additional Requirements for Stand-Alone Dental Plan Filings	Provide the following for stand-alone dental plan filings: <ul style="list-style-type: none"> • 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-sharing. 	No	Not applicable

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.

Cory Bream

(Print Name)

Cory Bream
Digitally signed by
Cory Bream
Date: 2022.05.02
09:13:29 -04'00'

(Signature)

CareFirst BlueCross BlueShield
840 First Street, NE
Washington, DC 20065
www.carefirst.com

May 2, 2022

Mr. Efren Tanhehco
Supervisory Health Actuary
Department of Insurance, Securities and Banking



Re: CareFirst BlueChoice, Inc. Individual, Non-Medigap Rate Filing Cover Letter

Mr. Tanhehco,

In accordance with DISB requirements this letter has been submitted as cover for our 2023 ACA plan rate filing submitted 5/2/2022. Please note the required information below:

- a. **Company Name:** CareFirst BlueChoice, Inc. (CFBC)
- b. **NAIC Company Code:** 96202
- c. **Unique Company Filing Number:** 2633
- d. **Date Submitted:** 5/2/2022
- e. **Proposed Effective Date:** 1/1/2023
- f. **Type of Product:** HMO – On Exchange
- g. **Individual or Group:** Individual, Non-Medigap
- 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 CFBC.
- i. **Indication Whether Initial Filing or Change:** This filing proposes a change to existing rates (from our previous SERFF Filing #CFAP-132808793).
- j. **Indication if no DC Policyholders:** This filing proposes rate actions to our plans sold in DC. DC policyholders of CFBC ACA plans will be impacted.
- k. **Overall Premium Impact of Filing on DC Policyholders:** Proposed average rate increase for 2023 is 29.3%.
- l. **Contact Information:**
 - a. Name: Cory Bream, ASA, MAAA
 - b. Telephone Number: 410-998-5308
 - c. Email: cory.bream@Carefirst.com
 - d. Fax: 410-505-2192

For further detail and support for the rate actions proposed above please reference the Actuarial Memorandum submitted on 5/2/2022.

Sincerely,

Cory Bream Digitally signed by Cory Bream
Date: 2022.05.02 09:12:15
-04'00'

Cory Bream, ASA, MAAA
Assistant Actuary

DC BlueChoice

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	BlueChoice Inc.
SERFF tracking number	CFAP-133216949
Submission Date	5/2/2022
Product Name	BlueChoice

Market Type: Individual Small Group

Rate Filing Type: Rate Increase New Filing

Scope and Range of the Increase:

The 29.3 % increase is requested because:

The main drivers supporting the rate change are 1) increase in the base period claims experience of the combined pool, 2) trend, 3) projected changes in pool morbidity, and 4) increases in assumed plan actuarial values.

This filing will impact:

of policyholder's 3,158 # of covered lives 3,758

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 29.3 %
- Minimum Rate Change: The smallest premium increase (or largest decrease), by percentage, that any one policy holder would experience if the filing is approved 12.2 %
- Maximum Rate Change: The largest premium increase, by percentage, that any one policy holder would experience if the filing is approved 54.2 %

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:

In 2021, a total of \$24.3 million in premium was collected and \$20.8 million in claims were paid out, along with \$5.8 million paid in risk adjustment, for a loss ratio of 109.8%. However, the rate increase of the product is driven partially by the combined Individual and Small group experience, which collected \$283.6 million in premium and paid out \$230.9 million in claims and paid \$15.9 million in risk adjustment for a loss ratio of 87.0%.

The rate increase will affect the projected financial experience of the product by:

The proposed rate increases are aimed to bring the combined loss ratio for Individual/Small Group to a projected 80.5%.

Components of Increase

The request is made up of the following components:

Trend Increases –	5.0 % of the	29.3 % 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	4.7 % of the	29.3 % 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	0.2 % of the	29.3 % total filed increase.

Other Increases –	23.1 % of the	29.3 % 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	0.0 % of the	29.3 % 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	24.1 % of the	29.3 % 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	-1.6 % of the	29.3 % 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	13.3 % of the	29.3 % total filed increase.
5. Other – Defined as:		
A decrease in the Risk Adjustment transfer to PPO.		
This component is	-11.1 % of the	29.3 % total filed increase.

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T		
1	Unified Rate Review v5.4															To add a product to Worksheet 2 - Plan Product Info, select the Add Product button or Ctrl + Shift + P.					
2																To add a plan to Worksheet 2 - Plan Product Info, select the Add Plan button or Ctrl + Shift + L.					
3	Company Legal Name:	CareFirst BlueChoice, Inc.												State:	DC		To validate, select the Validate button or Ctrl + Shift + I.				
4	HIOS Issuer ID:	86052												Market:	Individual		To finalize, select the Finalize button or Ctrl + Shift + F.				
5	Effective Date of Rate Change(s):	1/1/2023																			
6																					
7																					
8	Market Level Calculations (Same for all Plans)																				
9																					
10																					
11	Section I: Experience Period Data																				
12	Experience Period:	1/1/2021			to	12/31/2021															
13					Total	PMPM															
14	Allowed Claims				\$266,659,225.84				\$4,588.08												
15	Reinsurance				\$0.00				\$0.00												
16	Incurred Claims in Experience Period				\$230,912,057.61				\$3,973.02												
17	Risk Adjustment				-\$15,873,685.89				-\$273.12												
18	Experience Period Premium				\$283,598,454.89				\$4,879.53												
19	Experience Period Member Months				58,120																
20																					
21	Section II: Projections																				
22	Benefit Category	Experience Period Index Rate PMPM	Year 1 Trend				Year 2 Trend				Trended EHB Allowed Claims PMPM										
23			Cost	Utilization	Cost	Utilization	Cost	Utilization	Cost	Utilization											
24	Inpatient Hospital	\$73.27	1.000	1.010	1.000	1.010	1.000	1.010	\$74.74												
25	Outpatient Hospital	\$92.15	1.000	1.065	1.000	1.065	1.000	1.065	\$104.52												
26	Professional	\$176.29	1.005	1.055	1.005	1.055	1.005	1.055	\$198.18												
27	Other Medical	\$27.59	1.005	1.015	1.005	1.015	1.005	1.015	\$28.71												
28	Capitation	\$0.79	1.000	1.000	1.000	1.000	1.000	1.000	\$0.79												
29	Prescription Drug	\$98.97	1.000	1.055	1.000	1.055	1.000	1.055	\$110.16												
30	Total	\$469.06							\$517.10												
31																					
32	Morbidity Adjustment				1.054																
33	Demographic Shift				0.996																
34	Plan Design Changes				0.998																
35	Other				0.996																
36	Adjusted Trended EHB Allowed Claims PMPM for	1/1/2023			\$539.59																
37																					
38	Manual EHB Allowed Claims PMPM				\$539.23																
39	Applied Credibility %				0.00%																
40																					
41																					
42											Projected Period Totals										
43	Projected Index Rate for	1/1/2023			\$539.23	\$22,690,259.17															
44	Reinsurance				\$0.00	\$0.00															
45	Risk Adjustment Payment/Charge				-\$140.47	-\$5,910,837.13															
46	Exchange User Fees				0.00%	\$0.00															
47	Market Adjusted Index Rate				\$679.70	\$28,601,096.30															
48	Projected Member Months				42,079																
49																					
50	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.																				
51																					

Product-Plan Data Collection

Company Legal Name: CareFirst BlueChoice, Inc.
HIOS Issuer ID: 86052
Effective Date of Rate Change(s): 1/1/2023

State: DC
Market: Individual

To add a product to Worksheet 2 - Plan Product Info, select the Add Product button or Ctrl + Shift + P.
To add a plan to Worksheet 2 - Plan Product Info, select the Add Plan button or Ctrl + Shift + L.
To validate, select the Validate button or Ctrl + Shift + V.
To finalize, select the Finalize button or Ctrl + Shift + F.
To remove a product, navigate to the corresponding Product Name/Product ID field and select the Remove Product button or Ctrl + Shift + Q.
To remove a plan, navigate to the corresponding Plan Name/Plan ID field and select the Remove Plan button or Ctrl + Shift + A.

Product/Plan Level Calculations

Section I: General Product and Plan Information

1.1 Product Name	BlueChoice HMO						
1.2 Product ID	86052DC040						
1.3 Plan Name	Standard Silver	Standard Gold	Young Adult	Standard Bronze	Standard Platinum	HSA Standard	HSA Gold \$1,500
1.4 Plan ID (Standard Component ID)	86052DC0400001	86052DC0400002	86052DC0400004	86052DC0400007	86052DC0400008	86052DC0400010	86052DC0400011
1.5 Metal	Silver	Gold	Catastrophic	Bronze	Platinum	Bronze	Gold
1.6 AV Metal Value	0.718	0.819	0.625	0.648	0.899	0.646	0.816
1.7 Plan Category	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing
1.8 Plan Type	HMO	HMO	HMO	HMO	HMO	HMO	HMO
1.9 Exchange Plan?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
1.10 Effective Date of Proposed Rates	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023
1.11 Cumulative Rate Change % (over 12 mos prior)	27.01%	22.38%	38.71%	33.78%	12.20%	33.86%	26.39%
1.12 Product Rate Increase %				29.08%			
1.13 Submission Level Rate Increase %				29.08%			

Worksheet 1 Totals

Section II: Experience Period and Current Plan Level Information

2.1 Plan ID (Standard Component ID)	Total	86052DC0400001	86052DC0400002	86052DC0400004	86052DC0400007	86052DC0400008	86052DC0400010	86052DC0400011
2.2 Allowed Claims	\$25,491,411	\$7,464,218	\$3,587,647	\$1,035,333	\$3,834,174	\$3,597,956	\$4,898,741	\$1,073,341
2.3 Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2.4 Member Cost Sharing	\$4,677,923	\$1,300,553	\$287,402	\$334,802	\$871,384	\$119,926	\$1,561,861	\$201,996
2.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2.6 Incurred Claims	\$20,813,487	\$6,163,665	\$3,300,246	\$700,531	\$2,962,790	\$3,478,030	\$3,336,880	\$871,346
2.7 Risk Adjustment Transfer Amount	-\$15,873,686	-\$2,210,679	\$181,905	-\$30,922	-\$1,826,113	\$1,168,586	-\$3,186,257	\$84,747
2.8 Premium	\$283,598,455	\$24,261,311	\$7,582,505	\$2,322,546	\$889,725	\$3,967,052	\$1,650,775	\$6,836,245
2.9 Experience Period Member Months	58,120	15,406	4,104	7,047	9,962	2,307	17,382	1,912
2.10 Current Enrollment	4,049	1,067	293	477	730	156	1,178	148
2.11 Current Premium PMPM	\$438.35	\$493.34	\$634.79	\$184.74	\$412.56	\$742.88	\$401.17	\$572.50
2.12 Loss Ratio	112.86%	114.74%	131.78%	81.57%	138.39%	123.36%	91.42%	79.41%
Per Member Per Month								
2.13 Allowed Claims	\$438.60	\$484.50	\$874.18	\$146.92	\$384.88	\$1,559.58	\$281.83	\$561.37
2.14 Reinsurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2.15 Member Cost Sharing	\$80.49	\$84.42	\$70.03	\$47.51	\$87.47	\$51.98	\$89.86	\$105.65
2.16 Cost Sharing Reduction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2.17 Incurred Claims	\$358.11	\$400.08	\$804.15	\$99.41	\$297.41	\$1,507.60	\$191.97	\$455.72
2.18 Risk Adjustment Transfer Amount	-\$100.12	-\$143.49	\$44.32	-\$4.39	-\$183.31	\$506.54	-\$183.31	\$44.32
2.19 Premium	\$417.43	\$492.18	\$565.92	\$126.26	\$398.22	\$715.55	\$393.29	\$529.53

Section III: Plan Adjustment Factors

3.1 Plan ID (Standard Component ID)	86052DC0400001	86052DC0400002	86052DC0400004	86052DC0400007	86052DC0400008	86052DC0400010	86052DC0400011	
3.2 Market Adjusted Index Rate				\$679.70				
3.3 AV and Cost Sharing Design of Plan	0.8007	0.9932	0.6524	0.7050	1.0657	0.6859	0.9249	
3.4 Provider Network Adjustment	0.9478	0.9478	0.9478	0.9478	0.9478	0.9478	0.9478	
3.5 Benefits in Addition to EHB	1.0043	1.0038	1.0081	1.0046	1.0036	1.0047	1.0039	
Administrative Costs								
3.6 Administrative Expense	11.48%	11.48%	11.48%	11.48%	11.48%	11.48%	11.48%	
3.7 Taxes and Fees	3.40%	3.40%	3.40%	3.40%	3.40%	3.40%	3.40%	
3.8 Profit & Risk Load	1.60%	1.60%	1.60%	1.60%	1.60%	1.60%	1.60%	
3.9 Catastrophic Adjustment	1.0000	1.0000	0.5000	1.0000	1.0000	1.0000	1.0000	
3.10 Plan Adjusted Index Rate	\$620.26	\$769.00	\$253.65	\$546.29	\$824.97	\$531.55	\$716.19	
Calibration Factors								
3.11 Age Calibration Factor	0.9499			0.9499				
3.12 Geographic Calibration Factor	1.0000			1.0000				
3.13 Tobacco Calibration Factor	1.0000			1.0000				
3.14 Calibrated Plan Adjusted Index Rate		\$589.19	\$730.47	\$240.94	\$518.92	\$783.64	\$504.92	\$680.31

Section IV: Projected Plan Level Information

4.1 Plan ID (Standard Component ID)	Total	86052DC0400001	86052DC0400002	86052DC0400004	86052DC0400007	86052DC0400008	86052DC0400010	86052DC0400011
4.2 Allowed Claims	\$20,417,430	\$5,133,852	\$1,490,803	\$2,866,849	\$3,676,131	\$767,736	\$5,666,226	\$815,834
4.3 Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.4 Member Cost Sharing	\$5,136,861	\$853,760	\$11,479	\$1,857,718	\$879,331	\$0	\$1,472,652	\$61,922
4.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.6 Incurred Claims	\$15,280,569	\$4,280,092	\$1,479,324	\$1,009,131	\$2,796,801	\$767,736	\$4,193,574	\$753,912
4.7 Risk Adjustment Transfer Amount	-\$3,964,112	-\$1,763,460	\$683,610	-\$7,534	-\$1,612,366	\$846,453	-\$2,484,933	\$374,117
4.8 Premium	\$23,125,905	\$6,475,559	\$2,237,026	\$1,532,540	\$4,232,680	\$1,160,735	\$6,347,188	\$1,140,176
4.9 Projected Member Months	42,079	10,440	2,909	6,042	7,748	1,407	11,941	1,592
4.10 Loss Ratio	79.74%	90.83%	50.65%	66.17%	106.74%	38.25%	108.58%	49.79%
Per Member Per Month								
4.11 Allowed Claims	\$485.22	\$491.75	\$512.48	\$474.49	\$474.46	\$545.65	\$474.52	\$512.46
4.12 Reinsurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4.13 Member Cost Sharing	\$122.08	\$81.78	\$3.95	\$307.47	\$113.49	\$0.00	\$123.33	\$38.90
4.14 Cost Sharing Reduction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4.15 Incurred Claims	\$363.14	\$409.97	\$508.53	\$167.02	\$360.97	\$545.65	\$351.19	\$473.56
4.16 Risk Adjustment Transfer Amount	-\$94.21	-\$168.91	\$235.00	-\$1.25	-\$208.10	\$601.60	-\$208.10	\$235.00
4.17 Premium	\$549.58	\$620.26	\$769.00	\$253.65	\$546.29	\$824.97	\$531.55	\$716.19

Rating Area Data Collection

*Specify the total number of Rating Areas in your State by selecting the Create Rating Areas button or Ctrl + Shift + R.
Select only the Rating Areas you are offering plans within and add a factor for each area.
To validate, select the Validate button or Ctrl + Shift + I.
To finalize, select the Finalize button or Ctrl + Shift + F.*

Rating Area	Rating Factor
Rating Area 1	1.0000