State: District of Columbia Filing Company: Group Hospitalization and Medical Services, Inc.

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003A Small Group Only - PPO

Product Name: DC GHMSI Small Group Eff 201401 - ACA

Project Name/Number: /1904

Rate Information

Rate data applies to filing.

Filing Method: Electronic (SERFF)

Rate Change Type: Neutral

Overall Percentage of Last Rate Revision: %

Effective Date of Last Rate Revision:

Filing Method of Last Filing: NA

Company Rate Information

Company	Company Rate	Overall % Indicated		Overall % Rate	6	Written Premium	# of Policy Holders Affect		Written Premium for	Maxir Chan	num % ge	Minimum % Change
Name:	Change:	Change:		Impact:		Change for	for this Progra	am:	this Program	(whe	e req'd)	: (where req'd):
						this Program:						
Group Hospitalization and Medical Services		%		%			19,551		\$71,382,058	%		%
Inc.												
Produc	t Type:	НМО	PPO)	EPO	POS	HSA F	IDHP	FFS	Ot	ner	
Covere	d Lives:											
Policy I	Holders:											

State: District of Columbia Filing Company: Group Hospitalization and Medical Services, Inc.

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003A Small Group Only - PPO

Product Name: DC GHMSI Small Group Eff 201401 - ACA

Project Name/Number: /1904

Rate Review Detail

State: District of Columbia Filing Company: Group Hospitalization and Medical Services, Inc.

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003A Small Group Only - PPO

Product Name: DC GHMSI Small Group Eff 201401 - ACA

Project Name/Number: /1904

COMPANY:

Company Name: Group Hospitalization and Medical Services, Inc.

HHS Issuer Id: 78079

Product Names: BluePreferred PPO, BluePreferred Multi-State Plan, BluePreferred

PPO HSA/HRA, BluePreferred HSA/HRA Multi-State Plan,

HealthyBlue PPO, HealthyBlue PPO HSA/HRA

Trend Factors:

FORMS:

New Policy Forms: DC/CF/SHOP/GC (1/14), DC/CF/SHOP/EXC/DOCS (1/14),

DC/CF/SHOP/ELIG (1/14), DC/CF/SHOP/EOC (1/14),

DC/CF/SHOP/PPO/PLAT SOB (1/14), DC/CF/SHOP/PPO/BRZ SOB (1/14), DC/CF/MSP/EOC (1-14), DC/CF/MSP/GC (1/14), DC/CF/MSP

APPEAL (1/14), DC/CF/SHOP/PPO/GOLD SOB (1/14),

DC/CF/SHOP/PPO/SIL SOB (1/14), DC/CF/GC (1/14), DC/CF/DOCS

(1/14), DC/CF/EOC (1/14), DC/CF/PPO/PLAT SOB (1/14), DC/CF/PPO/GOLD SOB (1/14), DC/CF/PPO/BRZ SOB (1/14), DC/CF/PPO/SIL SOB (1/14), DC/CF/PPO/10080/SOB (1/14), DC/CF/PPO/500/SOB (1/14), DC/CF/PPO/1200/SOB (1/14), DC/CF/PPO/1000/SOB (1/14), DC/CF/PPO/2000/SOB (1/14), DC/CF/PPO/4500/SOB (1/14), DC/CF/PPO CDH/1400/SOB (1/14), DC/CF/PPO HSA/4500 SOB (1/14), DC/CF/PPO CDH/2000/SOB

(1/14), DC/CF/PPO HRA/1000/SOB (1/14), DC/CF/PPO

CDH/1800/SOB (1/14), DC/CF/HB/EOC (1/14), DC/CF/HB PPO/300 SOB (1/14), DC/CF/HB PPO/600 SOB (1/14), DC/CF/HB PPO/1500

SOB (1/14), DC/CF/HB PPO CDH/2000 SOB (1/14)

Affected Forms: NA

Other Affected Forms: DC/GHMSI/DOL APPEAL (R. 11/11), DC/GHMSI/FAM PLAN (8/12),

DC/CF/PARTNER (R. 7/09), DC/CF/BLCRD (1/12),

DC/CF/MEM/BLCRD (1/12), DC/CF/ANCILLARY AMEND (10/12), DC/CF/PT PROTECT (9/10), DC/GHMSI-HEALTH GUARANTEE 2/08

REQUESTED RATE CHANGE INFORMATION:

Change Period: Quarterly
Member Months: 139,620
Benefit Change: None

Percent Change Requested: Min: Max: Avg:

PRIOR RATE:

Total Earned Premium: Total Incurred Claims:

Annual \$: Min: Max: Avg:

REQUESTED RATE:

Projected Earned Premium: 71,382,058.00 Projected Incurred Claims: 54,861,044.00

State: District of Columbia Filing Company: Group Hospitalization and Medical Services, Inc.

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003A Small Group Only - PPO

Product Name: DC GHMSI Small Group Eff 201401 - ACA

Project Name/Number: /1904

Annual \$: Min: 273.59 Max: 556.94 Avg: 511.26

State: District of Columbia Filing Company: Group Hospitalization and Medical Services, Inc.

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003A Small Group Only - PPO

Product Name: DC GHMSI Small Group Eff 201401 - ACA

Project Name/Number: /1904

Rate/Rule Schedule

State: District of Columbia Filing Company: Group Hospitalization and Medical Services, Inc.

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003A Small Group Only - PPO

Product Name: DC GHMSI Small Group Eff 201401 - ACA

Project Name/Number: /1904

Item	Schedule		Affected Form Numbers			
No.	Item	Document Name	(Separated with commas)	Rate Action	Rate Action Information	Attachments
	Status					

State: District of Columbia Filing Company: Group Hospitalization and Medical Services, Inc.

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003A Small Group Only - PPO

Product Name: DC GHMSI Small Group Eff 201401 - ACA

Project Name/Number: /1904

1	Rate Filing 1904	DC/CF/SHOP/GC (1/14), New	File_1904_DC_GHMSI
		DC/GHMSI/DOL APPEAL (R.	_1.1.14_Rate_Filing_6
		11/11),	10.13.pdf,
		DC/CF/SHOP/EXC/DOCS	
		(1/14), DC/CF/SHOP/ELIG	
		(1/14), DC/GHMSI/FAM PLAN	
		(8/12), DC/CF/PARTNER (R.	
		7/09), DC/CF/BLCRD (1/12),	
		DC/CF/MEM/BLCRD (1/12),	
		DC/CF/ANCILLARY AMEND	
		(10/12), DC/CF/PT PROTECT	
		(9/10), DC/GHMSI-HEALTH	
		GUARANTEE 2/08,	
		DC/CF/SHOP/EOC (1/14),	
		DC/CF/SHOP/PPO/PLAT SOB	
		(1/14),	
		DC/CF/SHOP/PPO/BRZ SOB	
		(1/14), DC/CF/MSP/EOC (1-	
		14), DC/CF/MSP/GC (1/14),	
		DC/CF/MSP APPEAL (1/14),	
		DC/CF/SHOP/PPO/GOLD	
		SOB (1/14),	
		DC/CF/SHOP/PPO/SIL SOB	
		(1/14), DC/CF/GC (1/14),	
		DC/CF/DOCS (1/14),	
		DC/CF/EOC (1/14),	
		DC/CF/PPO/PLAT SOB (1/14),	
		DC/CF/PPO/GOLD SOB	
		(1/14), DC/CF/PPO/BRZ SOB	
		(1/14), DC/CF/PPO/SIL SOB	
		(1/14),	

SERFF Tracking #: CFAP-129047320 State Tracking #: Company Tracking #: 1904 District of Columbia Filing Company: Group Hospitalization and Medical Services, Inc. State: TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003A Small Group Only - PPO DC GHMSI Small Group Eff 201401 - ACA Product Name: Project Name/Number: /1904 DC/CF/PPO/10080/SOB (1/14), DC/CF/PPO/500/SOB (1/14), DC/CF/PPO/1200/SOB (1/14), DC/CF/PPO/1000/SOB (1/14), DC/CF/PPO/2000/SOB (1/14), DC/CF/PPO/4500/SOB (1/14), DC/CF/PPO CDH/1400/SOB (1/14), DC/CF/PPO HSA/4500 SOB (1/14), DC/CF/PPO CDH/2000/SOB (1/14), DC/CF/PPO HRA/1000/SOB (1/14), DC/CF/PPO CDH/1800/SOB (1/14), DC/CF/HB/EOC (1/14), DC/CF/HB PPO/300 SOB (1/14), DC/CF/HB PPO/600 SOB (1/14), DC/CF/HB PPO/1500 SOB (1/14), DC/CF/HB PPO CDH/2000 SOB (1/14), and any amendments

Group Hospitalization & Medical Services, Inc. (GHMSI) (NAIC # 53007)

Rate Filing # 1904

D.C. Small Group Products - On & Off Exchange Rate Filing Effective 1/1/2014

Proposed Individual Base Rates

CareFirst BlueCross BlueShield (GHMSI) D.C. Small Group Products - On & Off Exchange Rate Filing Effective 1/1/2014

Form Numbers

ON Exchange

Forms Used for ALL ON-Exchange GHMSI Group Products

DC/CF/SHOP/GC (1/14)

DC/GHMSI/DOL APPEAL (R. 11/11)

DC/CF/SHOP/EXC/DOCS (1/14)

DC/CF/SHOP/ELIG (1/14)

DC/GHMSI/FAM PLAN (8/12)

DC/CF/PARTNER (R. 7/09)

DC/CF/BLCRD (1/12)

DC/CF/MEM/BLCRD (1/12)

DC/CF/ANCILLARY AMEND (10/12)

DC/CF/PT PROTECT (9/10)

DC/GHMSI-HEALTH GUARANTEE 2/08

BluePreferred

DC/CF/SHOP/EOC (1/14)

DC/CF/SHOP/PPO/PLAT SOB (1/14)

DC/CF/SHOP/PPO/BRZ SOB (1/14)

BluePreferred Multi-State Plans

DC/CF/MSP/EOC (1-14)

DC/CF/MSP/GC (1/14)

DC/CF/MSP APPEAL (1/14)

DC/CF/SHOP/PPO/GOLD SOB (1/14)

DC/CF/SHOP/PPO/SIL SOB (1/14)

The form numbers for all on-Exchange plans added to this filing are forthcoming.

OFF Exchange

Forms Used for ALL OFF-Exchange GHMSI Group Products

DC/CF/GC (1/14)

DC/CF/DOCS (1/14)

DC/GHMSI/DOL APPEAL (R. 11/11)

DC/CF/BLCRD (1/12)

DC/CF/MEM/BLCRD (1/12)

DC/CF/ANCILLARY AMEND (10/12)

DC/GHMSI/FAM PLAN (8/12)

DC/CF/PARTNER (R. 7/09)

DC/GHMSI-HEALTH GUARANTEE 2/08

DC/CF/PT PROTECT (9/10)

BluePreferred

DC/CF/EOC (1/14)

DC/CF/PPO/PLAT SOB (1/14)

DC/CF/PPO/GOLD SOB (1/14)

DC/CF/PPO/BRZ SOB (1/14)

DC/CF/PPO/SIL SOB (1/14)

DC/CF/PPO/10080/SOB (1/14)

DC/CF/PPO/500/SOB (1/14)

DC/CF/PPO/1200/SOB (1/14)

DC/CF/PPO/1000/SOB (1/14)

DC/CF/PPO/2000/SOB (1/14)

DC/CF/PPO/4500/SOB (1/14)

DC/CF/PPO CDH/1400/SOB (1/14)

DC/CF/PPO HSA/4500 SOB (1/14)

DC/CF/PPO CDH/2000/SOB (1/14)

DC/CF/PPO HRA/1000/SOB (1/14)

DC/CF/PPO CDH/1800/SOB (1/14)

HealthyBlue PPO

DC/CF/HB/EOC (1/14)

DC/CF/HB PPO/300 SOB (1/14)

DC/CF/HB PPO/600 SOB (1/14)

DC/CF/HB PPO/1500 SOB (1/14)

DC/CF/HB PPO CDH/2000 SOB (1/14)

D.C. Small Group Products - On & Off Exchange Rate Filing Effective 1/1/2014 Premiums Effective 01/2014 GHMSI Individual Base Rates - On & Off Exchange

						In	-Network					Out	of Network		Embedded	Embedded			01/2014 Individual
			Integrated Rx	PCP	Specialist	ER	VP					ER Copay /		OOP	Pediatric	Pediatric	Metal		Base Rate
HIOS Plan IDs	Product	Option	Benefit**	Copay	Copay	Copay	Copay	Co-Ins	Ded	OOP Max	Co-Ins*	Co-ins	Ded	Max	Vision	Dental	Tier	Est. AV	Total
On:78079DC0170001 Off:78079DC0220002	PPO	BluePreferred PPO \$1,000***	\$10/\$0/\$0/50%	NA	NA	NA	NA	10%	\$1,000	\$3,000	30%	30%	\$1,000	\$3,000	Υ	Υ	Gold	79.88%	\$401.52
On:78079DC0220016 Off:78079DC0220017	PPO	BluePreferred PPO 100%/80%, Rx: \$10/20%/40%/50%*** BluePreferred PPO	\$10/\$0/\$0/50%	\$20	\$30	\$200	\$250	NA	\$0	\$2,000	20%	\$200	\$0	shared	Y	Y	Platinum	89.44%	\$506.87
On:78079DC0220009 Off:78079DC0220013	PPO	100%/80%,	\$10/\$45/\$65/50%	\$20	\$30	\$200	\$250	NA	\$0	\$1,100	20%	\$100	\$300	\$2,000	Y	Υ	Platinum	88.99%	\$519.55
On:78079DC0220001 Off:78079DC0220006	PPO	BluePreferred PPO \$500	\$10/\$45/\$65/50%	\$10	\$10	\$50	\$0	NA	\$500	\$1,500	20%	\$50	\$1,000	\$3,000	Υ	Υ	Platinum	88.25%	\$483.58
On:78079DC0220003 Off:78079DC0220007	PPO	BluePreferred PPO \$1,200	\$10/\$45/\$65/50%	\$20	\$20	\$100	\$200	NA	\$1,200	\$4,000	20%	\$0	\$2,000	\$7,000	Υ	Υ	Gold	79.86%	\$393.38
On:78079DC0220010 Off:78079DC0220014	PPO	BluePreferred PPO \$1,000 80%/60%	\$10/\$45/\$65/50%	\$20	\$20	NA	NA	20%	\$1,000	\$3,500	40%	20%	\$2,000	\$7,000	Υ	Υ	Gold	80.74%	\$394.95
On:78079DC0220004 Off:78079DC0220015	PPO	BluePreferred PPO \$2,000	\$10/\$45/\$65/50%	\$20	\$20	\$0	\$0	NA	\$2,000	\$5,000	20%	\$0	\$4,000	\$6,350	Υ	Υ	Gold	79.20%	\$375.00
On:78079DC0220005 Off:78079DC0230009	PPO	BluePreferred PPO \$4,500	\$10/\$45/\$65/50%	\$30	\$30	\$0	\$0	NA	\$4,500	\$6,350	20%	\$0	\$6,000	\$6,350	Υ	Υ	Silver	69.89%	\$315.25
On:78079DC0220008 Off:78079DC0220012	PPO	BluePreferred PPO \$1,000 100%/80%	\$10/\$45/\$65/50%	\$0	\$0	\$250	\$500	NA	\$1,000	\$3,500	20%	\$250	\$2,000	\$3,500	Υ	Υ	Gold	81.79%	\$401.20
On:78079DC0230003 Off:78079DC0230004	PPO HSA/HRA	BluePreferred PPO HSA/HRA \$4,000***	\$10/\$0/\$0/50%	NA	NA	NA	NA	30%	\$4,000	\$6,350	50%	50%	\$8,000	\$12,700	Υ	Υ	Bronze	60.85%	\$255.22
On:78079DC0190001 Off:78079DC0230002	PPO HSA/HRA	BluePreferred PPO HSA/HRA \$2,000***	\$10/\$0/\$0/50%	NA	NA	NA	NA	20%	\$2,000	\$4,000	40%	40%	\$4,000	\$8,000	Υ	Υ	Silver	70.90%	\$320.31
On:78079DC0230001 Off:78079DC0230008	PPO HSA/HRA	BluePreferred PPO HSA/HRA \$1,400	\$10/\$45/\$65/50%	\$0	\$0	\$50	\$0	NA	\$1,400	\$2,800	20%	\$100	\$2,400	\$4,800	Υ	Υ	Gold	78.06%	\$380.65
On:78079DC0230006 Off:78079DC0230010	PPO HSA/HRA	BluePreferred PPO HSA/HRA \$2,000, 100%/80%	\$10/\$45/\$65/50%	\$0	\$0	\$200	\$500	NA	\$2,000	\$4,500	20%	\$100	\$4,000	\$4,500	Y	Y	Silver	71.78%	\$326.04
On:78079DC0230007 Off:78079DC0230011	PPO HSA/HRA	BluePreferred PPO HSA/HRA \$1,800	\$10/\$45/\$65/50%	NA	NA	NA	NA	10%	\$1,800	\$4,500	30%	10%	\$3,600	\$8,500	Υ	Υ	Silver	71.58%	\$329.23
On:78079DC0230005 Off:78079DC0220011	PPO HSA/HRA	BluePreferred PPO HSA/HRA \$4,500	\$10/\$45/\$65/50%	\$0	\$0	\$0	\$0	NA	\$4,500	\$6,350	20%	\$0	\$6,000	\$6,350	Y	Υ	Bronze	61.00%	\$261.03

						In-	-Network						C	Out of Network			Embedded	Embedded			01/2014
			Integrated Rx	PCP	Specialist	ER	I/P	I/P			ER	I/P	OP	Other Services			Pediatric	Pediatric	Metal		Individual Base Rate
HIOS Plan ID	Product	Option	Benefit**	Copay	Copay	Copay	Copay	Co-ins	Ded	OOP Max	Copay	Copay	Surg	Copay	Ded	OOP Max	Vision	Dental	Tier	Est. AV	Total
On:78079DC0170001 Off:78079DC0220002	НВ РРО	HealthyBlue PPO \$300	\$0/\$45/\$65/50%	\$0	\$30	\$200	\$300	NA	\$300	\$1,500	\$200	\$500	\$500	\$50	\$1,000	\$3,000	Υ	Υ	Platinum	90.26%	\$427.75
On:78079DC0300003 Off:78079DC0300006	HB PPO	HealthyBlue PPO \$600	\$0/\$45/\$65/50%	\$0	\$30	\$200	\$300	NA	\$600	\$1,500	\$200	\$500	\$500	\$50	\$1,500	\$3,000	Υ	Υ	Platinum	89.81%	\$495.53
On:78079DC0300001 Off:78079DC0300004	НВ РРО	HealthyBlue PPO \$1,500	\$0/\$45/\$65/50%	\$0	\$30	\$200	\$300	NA	\$1,500	\$5,500	\$200	\$500	\$500	\$50	\$3,000	\$7,500	Υ	Υ	Gold	81.88%	\$452.49
On:78079DC0310001 Off:78079DC0310002	HB PPO HSA	HealthyBlue PPO HSA/HRA \$2,000	\$0/\$45/\$65/50%	\$0	\$30	\$200	\$300	NA	\$2,000	\$6,350	\$200	\$500	\$500	\$50	\$4,000	\$7,500	Υ	Υ	Silver	70.81%	\$340.47

^{*} Includes PCP, Specialist, and IP

^{**} Generic/Preferred Brand/Non-Preferred Brand/Specialty High Cost

^{***} Off exchange plan name includes " - SE" on the end of the name

D.C. Small Group Products - On & Off Exchange Rate Filing Effective 1/1/2014 Premiums Effective 04/2014 GHMSI Individual Base Rates - On & Off Exchange

			Integrated Rx	PCP	Specialist	In ER	-Network	c				Out of ER Copay /	Network	ООР	Embedded Pediatric	Embedded Pediatric	Metal		04/2014 Individual Base Rate	01/2014 Individual Base Rate	Rate Change
HIOS Plan ID	Product	Option	Benefit**	Copay	Copay	Copay	Copay	Co-Ins	Ded	OOP Max	Co-Ins*	Co-ins	Ded	Max	Vision	Dental	Tier	Est. AV	Total	Total	04/2014 over 01/2014
On:78079DC0170001 Off:78079DC0220002	PPO	BluePreferred PPO \$1,000***	\$10/\$0/\$0/50%	NA	NA	NA	NA	10%	\$1,000	\$3,000	30%	30%	\$1,000	\$3,000	Υ	Υ	Gold	79.88%	\$406.52	\$401.52	1.2%
On:78079DC0220016 Off:78079DC0220017	PPO	100%/80%, Rx:	\$10/\$0/\$0/50%	\$20	\$30	\$200	\$250	NA	\$0	\$2,000	20%	\$200	\$0	shared	Υ	Υ	Platinum	89.44%	\$513.18	\$506.87	1.2%
On:78079DC0220009 Off:78079DC0220013	PPO	100%/80%,	\$10/\$45/\$65/50%	\$20	\$30	\$200	\$250	NA	\$0	\$1,100	20%	\$100	\$300	\$2,000	Υ	Υ	Platinum	88.99%	\$526.01	\$519.55	1.2%
On:78079DC0220001 Off:78079DC0220006	PPO	BluePreferred PPO \$500	\$10/\$45/\$65/50%	\$10	\$10	\$50	\$0	NA	\$500	\$1,500	20%	\$50	\$1,000	\$3,000	Υ	Υ	Platinum	88.25%	\$489.60	\$483.58	1.2%
On:78079DC0220003 Off:78079DC0220007	PPO	BluePreferred PPO \$1,200	\$10/\$45/\$65/50%	\$20	\$20	\$100	\$200	NA	\$1,200	\$4,000	20%	\$0	\$2,000	\$7,000	Υ	Υ	Gold	79.86%	\$398.27	\$393.38	1.2%
On:78079DC0220010 Off:78079DC0220014	PPO	BluePreferred PPO \$1,000 80%/60%	\$10/\$45/\$65/50%	\$20	\$20	NA	NA	20%	\$1,000	\$3,500	40%	20%	\$2,000	\$7,000	Υ	Υ	Gold	80.74%	\$399.87	\$394.95	1.2%
On:78079DC0220004 Off:78079DC0220015	PPO	BluePreferred PPO \$2,000	\$10/\$45/\$65/50%	\$20	\$20	\$0	\$0	NA	\$2,000	\$5,000	20%	\$0	\$4,000	\$6,350	Υ	Υ	Gold	79.20%	\$379.67	\$375.00	1.2%
On:78079DC0220005 Off:78079DC0230009	PPO	BluePreferred PPO \$4,500	\$10/\$45/\$65/50%	\$30	\$30	\$0	\$0	NA	\$4,500	\$6,350	20%	\$0	\$6,000	\$6,350	Υ	Υ	Silver	69.89%	\$319.18	\$315.25	1.2%
On:78079DC0220008 Off:78079DC0220012	PPO	BluePreferred PPO \$1,000 100%/80%	\$10/\$45/\$65/50%	\$0	\$0	\$250	\$500	NA	\$1,000	\$3,500	20%	\$250	\$2,000	\$3,500	Υ	Υ	Gold	81.79%	\$406.19	\$401.20	1.2%
On:78079DC0230003 Off:78079DC0230004	PPO HSA/HRA	BluePreferred PPO HSA/HRA \$4,000***	\$10/\$0/\$0/50%	NA	NA	NA	NA	30%	\$4,000	\$6,350	50%	50%	\$8,000	\$12,700	Υ	Υ	Bronze	60.85%	\$258.40	\$255.22	1.2%
On:78079DC0190001 Off:78079DC0230002	PPO HSA/HRA	BluePreferred PPO HSA/HRA \$2,000***	\$10/\$0/\$0/50%	NA	NA	NA	NA	20%	\$2,000	\$4,000	40%	40%	\$4,000	\$8,000	Υ	Υ	Silver	70.90%	\$324.29	\$320.31	1.2%
On:78079DC0230001 Off:78079DC0230008	PPO HSA/HRA	BluePreferred PPO HSA/HRA \$1,400	\$10/\$45/\$65/50%	\$0	\$0	\$50	\$0	NA	\$1,400	\$2,800	20%	\$100	\$2,400	\$4,800	Υ	Υ	Gold	78.06%	\$385.38	\$380.65	1.2%
On:78079DC0230006 Off:78079DC0230010	PPO HSA/HRA	HSA/HRA \$2,000,	\$10/\$45/\$65/50%	\$0	\$0	\$200	\$500	NA	\$2,000	\$4,500	20%	\$100	\$4,000	\$4,500	Υ	Υ	Silver	71.78%	\$330.10	\$326.04	1.2%
On:78079DC0230007 Off:78079DC0230011	PPO HSA/HRA	BluePreferred PPO HSA/HRA \$1,800	\$10/\$45/\$65/50%	NA	NA	NA	NA	10%	\$1,800	\$4,500	30%	10%	\$3,600	\$8,500	Υ	Υ	Silver	71.58%	\$333.33	\$329.23	1.2%
On:78079DC0230005 Off:78079DC0220011	PPO HSA/HRA	BluePreferred PPO HSA/HRA \$4,500	\$10/\$45/\$65/50%	\$0	\$0	\$0	\$0	NA	\$4,500	\$6,350	20%	\$0	\$6,000	\$6,350	Υ	Υ	Bronze	61.00%	\$264.27	\$261.03	1.2%

						li	n-Networl	k					Ou	t of Network			Embedded	Embedded			04/2014	01/2014	
			Integrated Rx	PCP	Specialist	ER	I/P	I/P			ER	I/P	OP	Other Services			Pediatric	Pediatric	Metal		Individual Base Rate	Individual Base Rate	Rate Change
HIOS Plan ID	Product	Option	Benefit**	Copay	Copay	Copay	Copay	Co-ins	Ded	OOP Max	Copay	Copay	Surg	Copay	Ded	OOP Max	Vision	Dental	Tier	Est. AV	Total	Total	04/2014 over 01/2014
On:78079DC0170001 Off:78079DC0220002	НВ РРО	HealthyBlue PPO \$300	\$0/\$45/\$65/50%	\$0	\$30	\$200	\$300	NA	\$300	\$1,500	\$200	\$500	\$500	\$50	\$1,000	\$3,000	Υ	Υ	Platinum	90.26%	\$433.07	\$427.75	1.2%
On:78079DC0300003 Off:78079DC0300006	НВ РРО	HealthyBlue PPO \$600	\$0/\$45/\$65/50%	\$0	\$30	\$200	\$300	NA	\$600	\$1,500	\$200	\$500	\$500	\$50	\$1,500	\$3,000	Υ	Υ	Platinum	89.81%	\$501.70	\$495.53	1.2%
On:78079DC0300001 Off:78079DC0300004	НВ РРО	HealthyBlue PPO \$1,500	\$0/\$45/\$65/50%	\$0	\$30	\$200	\$300	NA	\$1,500	\$5,500	\$200	\$500	\$500	\$50	\$3,000	\$7,500	Υ	Υ	Gold	81.88%	\$458.12	\$452.49	1.2%
On:78079DC0310001 Off:78079DC0310002	HB PPO HSA	HealthyBlue PPO HSA/HRA \$2,000	\$0/\$45/\$65/50%	\$0	\$30	\$200	\$300	NA	\$2,000	\$6,350	\$200	\$500	\$500	\$50	\$4,000	\$7,500	Υ	Υ	Silver	70.81%	\$344.70	\$340.47	1.2%

^{*} Includes PCP, Specialist, and IP

^{**} Generic/Preferred Brand/Non-Preferred Brand/Specialty High Cost

^{***} Off exchange plan name includes " - SE" on the end of the name

D.C. Small Group Products - On & Off Exchange Rate Filing Effective 1/1/2014 Premiums Effective 07/2014 GHMSI Individual Base Rates - On & Off Exchange

			Integrated Rx	PCP	Specialist	In ER	-Network	(Out of ER Copay /	Network	ООР	Embedded Pediatric	Embedded Pediatric	Metal		07/2014 Individual Base Rate	04/2014 Individual Base Rate	Rate Change
HIOS Plan ID	Product	Option	Benefit**	Copay	Copay	Copay	Copay	Co-Ins	Ded	OOP Max	Co-Ins*	Co-ins	Ded	Max	Vision	Dental	Tier	Est. AV	Total	Total	07/2014 over 04/2014
On:78079DC0170001 Off:78079DC0220002	PPO	BluePreferred PPO \$1,000***	\$10/\$0/\$0/50%	NA	NA	NA	NA	10%	\$1,000	\$3,000	30%	30%	\$1,000	\$3,000	Υ	Υ	Gold	79.88%	\$411.61	\$406.52	1.3%
On:78079DC0220016 Off:78079DC0220017	PPO	100%/80%, Rx:	\$10/\$0/\$0/50%	\$20	\$30	\$200	\$250	NA	\$0	\$2,000	20%	\$200	\$0	shared	Υ	Υ	Platinum	89.44%	\$519.61	\$513.18	1.3%
On:78079DC0220009 Off:78079DC0220013	PPO	100%/80%, Rx:\$10/\$45/\$65/50%	\$10/\$45/\$65/50%	\$20	\$30	\$200	\$250	NA	\$0	\$1,100	20%	\$100	\$300	\$2,000	Υ	Υ	Platinum	88.99%	\$532.60	\$526.01	1.3%
On:78079DC0220001 Off:78079DC0220006	PPO	BluePreferred PPO \$500	\$10/\$45/\$65/50%	\$10	\$10	\$50	\$0	NA	\$500	\$1,500	20%	\$50	\$1,000	\$3,000	Υ	Υ	Platinum	88.25%	\$495.73	\$489.60	1.3%
On:78079DC0220003 Off:78079DC0220007	PPO	BluePreferred PPO \$1,200	\$10/\$45/\$65/50%	\$20	\$20	\$100	\$200	NA	\$1,200	\$4,000	20%	\$0	\$2,000	\$7,000	Υ	Υ	Gold	79.86%	\$403.26	\$398.27	1.3%
On:78079DC0220010 Off:78079DC0220014	PPO	BluePreferred PPO \$1,000 80%/60%	\$10/\$45/\$65/50%	\$20	\$20	NA	NA	20%	\$1,000	\$3,500	40%	20%	\$2,000	\$7,000	Υ	Υ	Gold	80.74%	\$404.88	\$399.87	1.3%
On:78079DC0220004 Off:78079DC0220015	PPO	BluePreferred PPO \$2,000	\$10/\$45/\$65/50%	\$20	\$20	\$0	\$0	NA	\$2,000	\$5,000	20%	\$0	\$4,000	\$6,350	Υ	Υ	Gold	79.20%	\$384.42	\$379.67	1.3%
On:78079DC0220005 Off:78079DC0230009	PPO	BluePreferred PPO \$4,500	\$10/\$45/\$65/50%	\$30	\$30	\$0	\$0	NA	\$4,500	\$6,350	20%	\$0	\$6,000	\$6,350	Υ	Υ	Silver	69.89%	\$323.17	\$319.18	1.3%
On:78079DC0220008 Off:78079DC0220012	PPO	BluePreferred PPO \$1,000 100%/80%	\$10/\$45/\$65/50%	\$0	\$0	\$250	\$500	NA	\$1,000	\$3,500	20%	\$250	\$2,000	\$3,500	Υ	Υ	Gold	81.79%	\$411.28	\$406.19	1.3%
On:78079DC0230003 Off:78079DC0230004	PPO HSA/HRA	BluePreferred PPO HSA/HRA \$4,000***	\$10/\$0/\$0/50%	NA	NA	NA	NA	30%	\$4,000	\$6,350	50%	50%	\$8,000	\$12,700	Υ	Υ	Bronze	60.85%	\$261.63	\$258.40	1.3%
On:78079DC0190001 Off:78079DC0230002	PPO HSA/HRA	BluePreferred PPO HSA/HRA \$2,000***	\$10/\$0/\$0/50%	NA	NA	NA	NA	20%	\$2,000	\$4,000	40%	40%	\$4,000	\$8,000	Υ	Υ	Silver	70.90%	\$328.36	\$324.29	1.3%
On:78079DC0230001 Off:78079DC0230008	PPO HSA/HRA	BluePreferred PPO HSA/HRA \$1,400	\$10/\$45/\$65/50%	\$0	\$0	\$50	\$0	NA	\$1,400	\$2,800	20%	\$100	\$2,400	\$4,800	Υ	Υ	Gold	78.06%	\$390.21	\$385.38	1.3%
On:78079DC0230006 Off:78079DC0230010	PPO HSA/HRA	BluePreferred PPO HSA/HRA \$2,000, 100%/80%	\$10/\$45/\$65/50%	\$0	\$0	\$200	\$500	NA	\$2,000	\$4,500	20%	\$100	\$4,000	\$4,500	Υ	Υ	Silver	71.78%	\$334.24	\$330.10	1.3%
On:78079DC0230007 Off:78079DC0230011	PPO HSA/HRA	BluePreferred PPO HSA/HRA \$1,800	\$10/\$45/\$65/50%	NA	NA	NA	NA	10%	\$1,800	\$4,500	30%	10%	\$3,600	\$8,500	Y	Υ	Silver	71.58%	\$337.51	\$333.33	1.3%
On:78079DC0230005 Off:78079DC0220011	PPO HSA/HRA	BluePreferred PPO HSA/HRA \$4,500	\$10/\$45/\$65/50%	\$0	\$0	\$0	\$0	NA	\$4,500	\$6,350	20%	\$0	\$6,000	\$6,350	Υ	Υ	Bronze	61.00%	\$267.59	\$264.27	1.3%

						In	-Network	•					Out	of Network			Embedded	Embedded			07/2014	04/2014	
			Integrated Rx	PCP	Specialist	ER	I/P	I/P			ER	I/P	OP	Other Services			Pediatric	Pediatric	Metal		Individual Base Rate	Individual Base Rate	Rate Change
HIOS Plan ID	Product	Option	Benefit**	Copay	Copay	Copay	Copay	Co-ins	Ded	OOP Max	Copay	Copay	Surg	Copay	Ded	OOP Max	Vision	Dental	Tier	Est. AV	Total	Total	07/2014 over 04/2014
On:78079DC0170001 Off:78079DC0220002	HB PPO	HealthyBlue PPO \$300	\$0/\$45/\$65/50%	\$0	\$30	\$200	\$300	NA	\$300	\$1,500	\$200	\$500	\$500	\$50	\$1,000	\$3,000	Υ	Υ	Platinum	90.26%	\$438.50	\$433.07	1.3%
On:78079DC0300003 Off:78079DC0300006	HB PPO	HealthyBlue PPO \$600	\$0/\$45/\$65/50%	\$0	\$30	\$200	\$300	NA	\$600	\$1,500	\$200	\$500	\$500	\$50	\$1,500	\$3,000	Υ	Υ	Platinum	89.81%	\$507.98	\$501.70	1.3%
On:78079DC0300001 Off:78079DC0300004	HB PPO	HealthyBlue PPO \$1,500	\$0/\$45/\$65/50%	\$0	\$30	\$200	\$300	NA	\$1,500	\$5,500	\$200	\$500	\$500	\$50	\$3,000	\$7,500	Y	Υ	Gold	81.88%	\$463.86	\$458.12	1.3%
On:78079DC0310001 Off:78079DC0310002	HB PPO HSA	HealthyBlue PPO HSA/HRA \$2,000	\$0/\$45/\$65/50%	\$0	\$30	\$200	\$300	NA	\$2,000	\$6,350	\$200	\$500	\$500	\$50	\$4,000	\$7,500	Y	Υ	Silver	70.81%	\$349.02	\$344.70	1.3%

^{*} Includes PCP, Specialist, and IP

^{**} Generic/Preferred Brand/Non-Preferred Brand/Specialty High Cost

^{***} Off exchange plan name includes " - SE" on the end of the name

D.C. Small Group Products - On & Off Exchange Rate Filing Effective 1/1/2014

Premiums Effective 10/2014
GHMSI Individual Base Rates - On & Off Exchange

						In-	Network					Out of ER	Network		Embedded	Embedded			10/2014	07/2014	
			Integrated Rx	PCP	Specialist	ER	I/P					Copay /		ООР	Pediatric	Pediatric	Metal		Individual Base Rate	Individual Base Rate	Rate Change
HIOS Plan ID	Product	Option	Benefit**	Copay	Copay	Copay	Copay	Co-Ins	Ded	OOP Max	Co-Ins*	Co-ins	Ded	Max	Vision	Dental	Tier	Est. AV	Total	Total	10/2014 over 07/2014
On:78079DC0170001 Off:78079DC0220002	PPO	BluePreferred PPO \$1,000***	\$10/\$0/\$0/50%	NA	NA	NA	NA	10%	\$1,000	\$3,000	30%	30%	\$1,000	\$3,000	Υ	Υ	Gold	79.88%	\$416.79	\$411.61	1.3%
On:78079DC0220016 Off:78079DC0220017	PPO	100%/80%, Rx:	\$10/\$0/\$0/50%	\$20	\$30	\$200	\$250	NA	\$0	\$2,000	20%	\$200	\$0	shared	Υ	Υ	Platinum	89.44%	\$526.14	\$519.61	1.3%
On:78079DC0220009 Off:78079DC0220013	PPO	100%/80%,	\$10/\$45/\$65/50%	\$20	\$30	\$200	\$250	NA	\$0	\$1,100	20%	\$100	\$300	\$2,000	Υ	Υ	Platinum	88.99%	\$539.30	\$532.60	1.3%
On:78079DC0220001 Off:78079DC0220006	PPO	BluePreferred PPO \$500	\$10/\$45/\$65/50%	\$10	\$10	\$50	\$0	NA	\$500	\$1,500	20%	\$50	\$1,000	\$3,000	Υ	Υ	Platinum	88.25%	\$501.96	\$495.73	1.3%
On:78079DC0220003 Off:78079DC0220007	PPO	BluePreferred PPO \$1,200	\$10/\$45/\$65/50%	\$20	\$20	\$100	\$200	NA	\$1,200	\$4,000	20%	\$0	\$2,000	\$7,000	Y	Υ	Gold	79.86%	\$408.33	\$403.26	1.3%
On:78079DC0220010 Off:78079DC0220014	PPO	BluePreferred PPO \$1,000 80%/60%	\$10/\$45/\$65/50%	\$20	\$20	NA	NA	20%	\$1,000	\$3,500	40%	20%	\$2,000	\$7,000	Υ	Υ	Gold	80.74%	\$409.96	\$404.88	1.3%
On:78079DC0220004 Off:78079DC0220015	PPO	BluePreferred PPO \$2,000	\$10/\$45/\$65/50%	\$20	\$20	\$0	\$0	NA	\$2,000	\$5,000	20%	\$0	\$4,000	\$6,350	Y	Υ	Gold	79.20%	\$389.26	\$384.42	1.3%
On:78079DC0220005 Off:78079DC0230009	PPO	BluePreferred PPO \$4,500	\$10/\$45/\$65/50%	\$30	\$30	\$0	\$0	NA	\$4,500	\$6,350	20%	\$0	\$6,000	\$6,350	Y	Υ	Silver	69.89%	\$327.24	\$323.17	1.3%
On:78079DC0220008 Off:78079DC0220012	PPO	BluePreferred PPO \$1,000 100%/80%	\$10/\$45/\$65/50%	\$0	\$0	\$250	\$500	NA	\$1,000	\$3,500	20%	\$250	\$2,000	\$3,500	Y	Υ	Gold	81.79%	\$416.45	\$411.28	1.3%
On:78079DC0230003 Off:78079DC0230004	PPO HSA/HRA	BluePreferred PPO HSA/HRA \$4,000***	\$10/\$0/\$0/50%	NA	NA	NA	NA	30%	\$4,000	\$6,350	50%	50%	\$8,000	\$12,700	Y	Υ	Bronze	60.85%	\$264.92	\$261.63	1.3%
On:78079DC0190001 Off:78079DC0230002	PPO HSA/HRA	BluePreferred PPO HSA/HRA \$2,000***	\$10/\$0/\$0/50%	NA	NA	NA	NA	20%	\$2,000	\$4,000	40%	40%	\$4,000	\$8,000	Y	Υ	Silver	70.90%	\$332.48	\$328.36	1.3%
On:78079DC0230001 Off:78079DC0230008	PPO HSA/HRA	BluePreferred PPO HSA/HRA \$1,400	\$10/\$45/\$65/50%	\$0	\$0	\$50	\$0	NA	\$1,400	\$2,800	20%	\$100	\$2,400	\$4,800	Y	Υ	Gold	78.06%	\$395.12	\$390.21	1.3%
On:78079DC0230006 Off:78079DC0230010	PPO HSA/HRA	BluePreferred PPO HSA/HRA \$2,000, 100%/80%	\$10/\$45/\$65/50%	\$0	\$0	\$200	\$500	NA	\$2,000	\$4,500	20%	\$100	\$4,000	\$4,500	Υ	Υ	Silver	71.78%	\$338.44	\$334.24	1.3%
On:78079DC0230007 Off:78079DC0230011	PPO HSA/HRA	BluePreferred PPO HSA/HRA \$1,800	\$10/\$45/\$65/50%	NA	NA	NA	NA	10%	\$1,800	\$4,500	30%	10%	\$3,600	\$8,500	Y	Υ	Silver	71.58%	\$341.75	\$337.51	1.3%
On:78079DC0230005 Off:78079DC0220011	PPO HSA/HRA	BluePreferred PPO HSA/HRA \$4,500	\$10/\$45/\$65/50%	\$0	\$0	\$0	\$0	NA	\$4,500	\$6,350	20%	\$0	\$6,000	\$6,350	Υ	Y	Bronze	61.00%	\$270.95	\$267.59	1.3%

			Integrated Rx	PCP	Specialist	In- ER	Network I/P	I/P			ER	I/P	Ou OP	ot of Network Other Services			Embedded Pediatric	Embedded Pediatric	Metal		10/2014 Individual Base Rate	07/2014 Individual Base Rate	
HIOS Plan ID	Product	Option	Benefit**	Copay	Copay	Copay	Copay	Co-ins	Ded	OOP Max	Copay	Copay	Surg	Copay	Ded	OOP Max	Vision	Dental	Tier	Est. AV	Total	Total	10/2014 over 07/2014
On:78079DC0170001 Off:78079DC0220002	НВ РРО	HealthyBlue PPO \$300	\$0/\$45/\$65/50%	\$0	\$30	\$200	\$300	NA	\$300	\$1,500	\$200	\$500	\$500	\$50	\$1,000	\$3,000	Υ	Υ	Platinum	90.26%	\$444.01	\$438.50	1.3%
On:78079DC0300003 Off:78079DC0300006	НВ РРО	HealthyBlue PPO \$600	\$0/\$45/\$65/50%	\$0	\$30	\$200	\$300	NA	\$600	\$1,500	\$200	\$500	\$500	\$50	\$1,500	\$3,000	Υ	Υ	Platinum	89.81%	\$514.37	\$507.98	1.3%
On:78079DC0300001 Off:78079DC0300004	НВ РРО	HealthyBlue PPO \$1,500	\$0/\$45/\$65/50%	\$0	\$30	\$200	\$300	NA	\$1,500	\$5,500	\$200	\$500	\$500	\$50	\$3,000	\$7,500	Υ	Υ	Gold	81.88%	\$469.69	\$463.86	1.3%
On:78079DC0310001 Off:78079DC0310002	HB PPO HSA	HealthyBlue PPO HSA/HRA \$2,000	\$0/\$45/\$65/50%	\$0	\$30	\$200	\$300	NA	\$2,000	\$6,350	\$200	\$500	\$500	\$50	\$4,000	\$7,500	Υ	Υ	Silver	70.81%	\$353.41	\$349.02	1.3%

^{*} Includes PCP, Specialist, and IP

^{**} Generic/Preferred Brand/Non-Preferred Brand/Specialty High Cost

^{***} Off exchange plan name includes " - SE" on the end of the name

State: District of Columbia Filing Company: Group Hospitalization and Medical Services, Inc.

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003A Small Group Only - PPO

Product Name: DC GHMSI Small Group Eff 201401 - ACA

Project Name/Number: /1904

Supporting Document Schedules

Satisfied - Item:	Cover Letter All Filings
Comments:	Please see the Actuarial Memorandum for these items.
Attachment(s):	
Item Status:	
Status Date:	
Bypassed - Item:	Certificate of Authority to File
Bypass Reason:	This filing is being submitted directly by the insurer.
Attachment(s):	
Item Status:	
Status Date:	
Bypassed - Item:	District of Columbia and Countrywide Loss Ratio Analysis (P&C)
Bypass Reason:	This is not a P&C filing.
Attachment(s):	
Item Status:	
Status Date:	
Bypassed - Item:	District of Columbia and Countrywide Experience for the Last 5 Years (P&C)
Bypass Reason:	This is not a P&C filing.
Attachment(s):	
Item Status:	
Status Date:	
Bypassed - Item:	Consumer Disclosure Form
Bypass Reason:	Since this is the initial filing submission, the required documentation is not yet available.
Attachment(s):	
Item Status:	
Status Date:	
Satisfied - Item:	Actuarial Memorandum and Certifications

SERFF Tracking #: CFAP-129047320 State Tracking #: Company Tracking #: 1904 District of Columbia Filing Company: Group Hospitalization and Medical Services, Inc. State: TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003A Small Group Only - PPO DC GHMSI Small Group Eff 201401 - ACA Product Name: Project Name/Number: /1904 **Comments:** File_1904_DC_GHMSI_1.1.14_Actuarial_Memo_6.10.13.pdf Attachment(s): File_1904_DC_GHMSI_1.1.14_AV_Calculations_6.10.13.pdf **Item Status: Status Date:** Satisfied - Item: Unified Rate Review Template Comments: URR_Template_DC_GHMSI_6.10.13.pdf Attachment(s): URR Template DC GHMSI 6.10.13.xls **Item Status: Status Date:** Satisfied - Item: DC GHMSI Small Group AV Inputs **Comments:** Attachment(s): DC_av-input-chart-GHMSI.pdf **Item Status:**

Status Date:

State: District of Columbia Filing Company: Group Hospitalization and Medical Services, Inc.

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003A Small Group Only - PPO

Product Name: DC GHMSI Small Group Eff 201401 - ACA

Project Name/Number: /1904

Attachment URR_Template_DC_GHMSI_6.10.13.xls is not a PDF document and cannot be reproduced here.

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

Rate Filing # 1904

D.C. Small Group Products - On & Off Exchange

Rate Filing Effective 1/1/2014

Actuarial Memorandum

D.C. Small Group Products - On & Off Exchange Rate Filing Effective 1/1/2014

Table of Contents

Cover	1
Table of Contents	2
Actuarial Memorandum	3 - 4
Form Numbers	5 - 6
New HIOS IDs	7
Existing HIOS IDs	8
Actuarial Certification	9
Definitions of Acronyms	10
Trend Support (IP, OP, Prof, Other, Rx, Total)-Individual and Small Group	11 - 16
Trend Summary	17
Projection of Allowed Claims PMPM (1Q - 4Q14) & Derivation of Index Rate	18 - 21
Summary of Experience - Non-Grandfathered & Total	22
Support for Population Risk/Morbidity Factor	23 - 24
Estimated Impact of New Essential Health Benefits	25 - 26
Derivation of Embedded Pediatric Dental Rate	27
Derivation of Pediatric Dental Effective Coinsurance	28
Derivation of Embedded Vision Rates	29
Estimated Non-EHB Claims in Experience Period	30
Derivation of Plan Level Adjustments for Non-EHB	31
EHB and Non-EHB Summary	32
Derivation of Plan Level Base Rates (1Q - 4Q14)	33 - 44
Desired Incurred Claims Ratio (DICR)	45
Support for DICR Components	46
Development of Anticipated Medical Loss Ratio as Defined by PPACA	47
Support for Cost Sharing Factors	48 - 51
Derivation of Normalization Factors	52
Impact of Differences in Cost Sharing	53
Rating Methodology	54
Age Factors	55

CareFirst BlueCross BlueShield (GHMSI) (NAIC # 53007)

D.C. Small Group Products - On & Off Exchange Rates Effective 1/1/2014 Actuarial Memorandum

Purpose and Scope of the Filing

This filing is being submitted for the purpose of filing the two different portfolios of plans to be offered by Group Hospitalization & Medical Services, Inc. to Small Groups On and Off the D.C. Exchange. This filing is expected to represent our entire small group portfolio of medical and prescription drug products. Until further clarification, parallel to our form filings submitted on 5/14/13, we are submitting 19 benefit plans to be offered on and off the Exchange in 2014.

General Information

Company Legal Name: Group Hospitalization & Medical Services, Inc. (GHMSI)

State: District of Columbia HIOS Issuer ID: 78079

Market: Small Group (On and Off Exchange)

Effective Date: January 1, 2014 Company Contact Information:

Primary Contact Name: Dwayne Lucado Primary Contact Telephone: 410-998-7519

Primary Contact Email Address: dwayne.lucado@carefirst.com

Proposed Rate Increases:

The rates proposed in this filing are new for benefits with new forms, not revisions to our existing plans.

Annual Filing

While we have incorporated quarterly trend increases to Small Group rates throughout 2014, we understand that only 1 rate filing per year is permitted, with quarterly trend increases. Therefore we gather that the earliest adjustment to filed rates cannot occur until rates effective 1/1/2015.

Experience Period Premium and Claims

The base period experience is from GHMSI membership, claims, and premiums for the D.C. Small Group and Individual, Non-Medigap markets combined, for claims incurred 1/2012 through 12/2012. This experience has been deemed to be fully credible, so no credibility adjustments have been made. Incurred claims, allowed claims, and utilization statistics have been completed based on 'incurred but not reported' (IBNR) factors derived using data from the GHMSI D.C. Small Group and Individual, Non-Medigap blocks of business. Details for the experience period data can be found on pages 11 - 16 and 18 - 21.

Projection Factors

This filing assumes that both the Individual, Non-Medigap and Small Group market experience have been combined for the purpose of deriving an index rate. The base period D.C. GHMSI experience has been projected to the rating period based on utilization and allowed cost per unit trends derived from rolling twelve-month allowed historical trends from existing BluePreferred D.C. Small Group and Individual, Non-Medigap business. As such, these trends represent the appropriate demographic and benefit mix for this population. We have proposed an allowed trend of 5.0% for GHMSI Individual, Non-Medigap and Small Group combined. Further support for the selected trends can be found on pages 11 - 16, summarized on page 17.

The existing GHMSI D.C. Small Group book of business is a guaranteed issue block, with limited group medical underwriting where rating factors ranging from 0.825 to 6.480 are applied. A group's rates are adjusted based on Standard Industry Code (SIC) and whether they offer one or multiple CareFirst products to their employees (Point of Enrollment - POE). Renewal rate changes are also subject to a renewal cap and floor. Medical underwriting, SIC factors, POE factors, and renewal caps and floors will not apply to the products in this filing. Details of the estimated impact to pool morbidity of removing underwriting from the rating process can be found on pages 23 - 24.

The base experience has further been adjusted for the addition of pediatric dental and vision coverages. The pediatric dental adjustment has been derived from our existing D.C. Small Group dental book of business. Please refer to page 27 for further details. The vision adjustment is based on our capitated arrangement with our vision provider Davis Vision. Please refer to page 29 for further details.

The base period data used in developing the index rate reflects only non-grandfathered business for the Small Group and Individual, Non-Medigap markets. The historical trend analysis also includes grandfathered Small Group business, as we do not have reliable means of separating grandfathered and non-grandfathered Small Group data prior to 2011. Please see page 22 for details. Approximately 16.4% of current GHMSI D.C. Small Group enrollment is grandfathered business.

Manual Rate Development

The base experience includes data for about 486 thousand member months and roughly \$198 million in allowed claims. We consider this experience fully credible. As such, no adjustment for credibility has been made.

Paid to Allowed Ratios

The base period paid to allowed ratio is based on actual experience data and is provided on pages 18 - 21. The projected paid to allowed ratio for the Small Group market is provided on pages 33 - 44 and is based on the derived benefit factors for each plan, weighted by projected member months for both On and Off Exchange plans within the Small Group market.

Risk Adjustment and Reinsurance

We find risk adjustment to have both inter-carrier (e.g., risk attraction for crucial year 1, ability to compete) and intra-carrier implications (e.g., RBC and MLR). We are not proposing to make a prospective adjustment.

Non-Benefit Expenses, Contribution to Reserves, and Risk

The general and administrative expense loads included in this filing are derived based on 2014 projections for the GHMSI D.C. Small Group book of business. The broker expenses are based on trended actual 2012 broker compensation results and compensation formulas. The remaining items of retention are comprised mainly of ACA-related fees and taxes. Support can be found on page 46 of this filing.

The Contribution to Reserves in this filing is 3.0% pre-tax, 2.4% after taxes, and is assessed as a flat percentage across all benefits.

CareFirst BlueCross BlueShield (GHMSI) (NAIC # 53007)

D.C. Small Group Products - On & Off Exchange Rates Effective 1/1/2014 Actuarial Memorandum

Projected Loss Ratio

The projected traditional loss ratio for the Small Group pool is 76.9%. In regard to projected rebates, the projected MLR with the federally prescribed methodology is 80.0%, compliant with the minimum requirement of PHSA 218. Please see pages 45 and 47 of this filing for details.

Index Rate

The projected index rate for the combined Small Group and Individual, Non-Medigap markets represents the projected allowed amount PMPM for the rating period after removing non-EHB claims. Please reference pages 18 - 21 for the index rate derivation. The benefit plan level base rates are derived on pages 33 - 44 and are based on the projected index rate adjusted for network, cost sharing, benefits above EHB, and administrative expense factors. The cost sharing adjustment includes normalization to the rating factors allowed under the per-member build up methodology. Without normalization to the prescribed age factors, etc. this methodology would not produce the anticipated level of revenue. This is based on the presumption that we are not allowed to normalize the age factors themselves.

The index rate for the experience period on worksheet 1 of the rate review template has been estimated as the experience period allowed PMPM adjusted to exclude experience period non-EHB claims. We believe this to be consistent with the method of projecting the index rate.

Merging of Markets: The starting point for the merging of the pools was 7K Individual, Non-Medigap average members and 79K Small Group average members. The projected 2014 pool is expected to be comprised of 13K Individual, Non-Medigap members and 64K Small Group members.

Essential Health Benefits (EHBs): The medical benchmark plan is CareFirst's Small Group PPO Option 1, \$0/\$300 Ded, 100%/80% coinsurance, \$1,000/\$2,000 OOP max. The index rate was adjusted to reflect essential health benefits (e.g., maternity, pediatric dental, pediatric vision), which increased claims by approximately 1.1%. Please refer to page 32 for a summary of the handling of EHBs.

Morbidity Deterioration

As outlined in the filing, although today's Small Group market is guaranteed-issue, rates can vary versus the lowest rate by a material amount based on health status. As a result, only about 13.4% of groups have rates that are above a 1.00 HIPAA Factor. In the future where groups with higher health care costs can receive coverage at much lower rates, we estimate that their composition of the pool could increase from 13.4% to 30.0%, resulting in overall claims costs higher by approximately 6% for the Small Group component of the single risk pool. When combined with the Individual, Non-Medigap market, the overall morbidity adjustment is 1%. Please refer to pages 23 - 24 for more details.

Actuarial Metal Values

For the majority of plans in this filing, the HHS Actuarial Value Model was used without major modifications to calculate the AV of the benefit plan. Since the AV model is limited in that it will not allow for the entry of an industry-standard copay on outpatient services, the average cost per service of outpatient services was calculated by metal level from the claims tables in the model. The plan-specific copay was then divided by this average cost to derive an effective coinsurance that was entered into the HHS AV model. A copy of the entry and results of the models can be found in the AV Calculation Outputs section of the Supporting Documentation tab in SERFF.

Under HealthyBlue PPO HSA/HRA \$2,000, a subset of generic drugs are not subject to the integrated medical and drug deductible. As such, this is considered a unique plan design. For this plan, a baseline AV was calculated assuming the deductible applies to all generic drugs. A second AV was calculated assuming no generic drugs are subject to the deductible. A proportion of this difference based on the ratio of the allowed cost of the applicable generic drugs to the allowed cost of all generic drugs was added to the baseline. Please refer to page 21 of the AV Calculation Outputs section of the Supporting Documentation tab for details.

AV Pricing Values

The reference plan selected for the calculation of AV Pricing Values is the BluePreferred Platinum plan to be offered on the Exchange. Please see pages 33 - 44 for more details.

Membership Projections

Membership projections were developed based on our expectations of total Exchange enrollment, our current market share, and the estimated distribution of our current benefits relative to the metal tiers.

Unified Rate Review Template Considerations

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

The URR Template returned validation errors for Worksheet 1 cells K28, L27, M24, and M29 due to our use of trend factors less than 1.0. To eliminate these validation issues, these cells were set to 1.0. Accordingly, we have input our projected utilization and projected unit cost into the manual rate entry section and have set experience credibility to 0% and manual rate to 100%. Also, this rate filing proposes an initial set of rates effective January 2014, with quarterly trend increases effective April, July, and October 2014. The URR Template instructions (page 36) give an example of how to handle this scenario. This example advises that the index rates for the four quarters be blended and entered into Worksheet 1 of the template. For this filling, the recommended method produces a projected index rate entry that is greater than the projected Allowed PMPM on Worksheet 1. This triggers a validation error in the template. In order to eliminate this validation error, the index rate calculated for the first quarter of 2014 has been entered in Worksheet 1. This workaround does not change our intention to file and implement quarterly trend increases for 2014. We believe this is consistent with CCIIO instructions and have also clarified this issue with the DISB.

Existing plans (pre-2014) have been aggregated in the column labeled 'Terminated Products'. Please refer to page 8 for more information.

Group Hospitalization & Medical Services, Inc. (GHMSI) (NAIC # 53007)

D.C. Small Group Products - On & Off Exchange Rates Effective 1/1/2014

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 #s for the corresponding form filings on & off the Exchange are as follows: CFBC-129022770 (On), and CFBC-129022751 (Off)

ON Exchange

Forms Used for ALL ON-Exchange GHMSI Group Products

DC/CF/SHOP/GC (1/14)
DC/GHMSI/DOL APPEAL (R. 11/11)
DC/CF/SHOP/EXC/DOCS (1/14)
DC/CF/SHOP/ELIG (1/14)
DC/GHMSI/FAM PLAN (8/12)
DC/CF/PARTNER (R. 7/09)
DC/CF/BLCRD (1/12)
DC/CF/MEM/BLCRD (1/12)
DC/CF/ANCILLARY AMEND (10/12)
DC/CF/PT PROTECT (9/10)

Product: BluePreferred

Network: Regional Preferred (RPN)

DC/GHMSI-HEALTH GUARANTEE 2/08

DC/CF/SHOP/EOC (1/14)
DC/CF/SHOP/PPO/PLAT SOB (1/14)
DC/CF/SHOP/PPO/BRZ SOB (1/14)

Product: BluePreferred Multi-State Plans Network: Regional Preferred (RPN)

DC/CF/MSP/EOC (1-14)
DC/CF/MSP/GC (1/14)
DC/CF/MSP APPEAL (1/14)
DC/CF/SHOP/PPO/GOLD SOB (1/14)
DC/CF/SHOP/PPO/SIL SOB (1/14)

The form numbers for all on-Exchange plans added to this filing are forthcoming.

Group Hospitalization & Medical Services, Inc. (GHMSI) (NAIC # 53007)

D.C. Small Group Products - On & Off Exchange Rates Effective 1/1/2014

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 #s for the corresponding form filings on & off the Exchange are as follows: CFBC-129022770 (On), and CFBC-129022751 (Off)

OFF Exchange

Forms Used for ALL OFF-Exchange GHMSI Group Products

DC/CF/GC (1/14)

DC/CF/DOCS (1/14)

DC/GHMSI/DOL APPEAL (R. 11/11)

DC/CF/BLCRD (1/12)

DC/CF/MEM/BLCRD (1/12)

DC/CF/ANCILLARY AMEND (10/12)

DC/GHMSI/FAM PLAN (8/12)

DC/CF/PARTNER (R. 7/09)

DC/GHMSI-HEALTH GUARANTEE 2/08

DC/CF/PT PROTECT (9/10)

Product: BluePreferred

Network: Regional Preferred (RPN)

DC/CF/EOC (1/14)

DC/CF/PPO/PLAT SOB (1/14)

DC/CF/PPO/GOLD SOB (1/14)

DC/CF/PPO/BRZ SOB (1/14)

DC/CF/PPO/SIL SOB (1/14)

DC/CF/PPO/10080/SOB (1/14)

DC/CF/PPO/500/SOB (1/14)

DC/CF/PPO/1200/SOB (1/14)

DC/CF/PPO/1000/SOB (1/14)

DC/CF/PPO/2000/SOB (1/14)

DC/CF/PPO/4500/SOB (1/14)

DC/CF/PPO CDH/1400/SOB (1/14)

DC/CF/PPO HSA/4500 SOB (1/14)

DC/CF/PPO CDH/2000/SOB (1/14)

DC/CF/PPO HRA/1000/SOB (1/14)

DC/CF/PPO CDH/1800/SOB (1/14)

Product: HealthyBlue PPO

Network: Regional Preferred (RPN)

DC/CF/HB/EOC (1/14)

DC/CF/HB PPO/300 SOB (1/14)

DC/CF/HB PPO/600 SOB (1/14)

DC/CF/HB PPO/1500 SOB (1/14)

DC/CF/HB PPO CDH/2000 SOB (1/14)

CareFirst BlueCross BlueShield (GHMSI) (NAIC # 53007) D.C. Small Group Products - On & Off Exchange Rates Effective 1/1/2014

Proposed HIOS IDS

HIOS Product ID	HIOS Product Name	HIOS Plan ID	HIOS Plan Name	On/Off Exchange	Product Type	Abortion Coverage	Actuarial Value	Metal Level	Unique Plan	Projected Contracts 12/31/14
78079DC023	BluePreferred PPO HSA/HRA	78079DC0230001	BluePreferred PPO HSA/HRA \$1,400	Off	PPO	Yes	78.06%	Gold	No	1,273
78079DC019	BluePreferred HSA/HRA Multi-State Plan	78079DC0190001	BluePreferred PPO HSA/HRA \$2,000	On	PPO	Yes	70.90%	Silver	No	106
78079DC023	BluePreferred PPO HSA/HRA	78079DC0230002	BluePreferred PPO HSA/HRA \$2,000 - SE	Off	PPO	Yes	70.90%	Silver	No	19
78079DC023	BluePreferred PPO HSA/HRA	78079DC0230003	BluePreferred PPO HSA/HRA \$4,000	On	PPO	Yes	60.85%	Bronze	No	4
78079DC023	BluePreferred PPO HSA/HRA	78079DC0230004	BluePreferred PPO HSA/HRA \$4,000 - SE	Off	PPO	Yes	60.85%	Bronze	No	19
78079DC023	BluePreferred PPO HSA/HRA	78079DC0230005	BluePreferred PPO HSA/HRA \$4,500	Off	PPO	Yes	61.00%	Bronze	No	14
78079DC023	BluePreferred PPO HSA/HRA	78079DC0230006	BluePreferred PPO HSA/HRA \$2,000, 100%/80%	Off	PPO	Yes	71.78%	Silver	No	315
78079DC023	BluePreferred PPO HSA/HRA	78079DC0230007	BluePreferred PPO HSA/HRA \$1,800	Off	PPO	Yes	71.58%	Silver	No	55
78079DC022	BluePreferred PPO	78079DC0220008	BluePreferred PPO \$1,000 100%/80%	Off	PPO	Yes	81.79%	Gold	No	299
78079DC022	BluePreferred PPO	78079DC0220001	BluePreferred PPO \$500	Off	PPO	Yes	88.25%	Platinum	No	2,820
78079DC017	BluePreferred Multi-State Plan	78079DC0170001	BluePreferred PPO \$1,000	On	PPO	Yes	79.88%	Gold	No	455
78079DC022	BluePreferred PPO	78079DC0220002	BluePreferred PPO \$1,000- SE	Off	PPO	Yes	79.88%	Gold	No	19
78079DC022	BluePreferred PPO	78079DC0220016	BluePreferred PPO 100%/80%, Rx: \$10/20%/40%/50%	On	PPO	Yes	89.44%	Platinum	No	375
78079DC022	BluePreferred PPO	78079DC0220017	BluePreferred PPO 100%/80%, Rx: \$10/20%/40%/50% - SE	Off	PPO	Yes	89.44%	Platinum	No	19
78079DC022	BluePreferred PPO	78079DC0220003	BluePreferred PPO \$1,200	Off	PPO	Yes	79.86%	Gold	No	1,794
78079DC022	BluePreferred PPO	78079DC0220004	BluePreferred PPO \$2,000	Off	PPO	Yes	79.20%	Gold	No	344
78079DC022	BluePreferred PPO	78079DC0220005	BluePreferred PPO \$4,500	Off	PPO	Yes	69.89%	Silver	No	127
78079DC022	BluePreferred PPO	78079DC0220010	BluePreferred PPO \$1,000 80%/60%	Off	PPO	Yes	80.74%	Gold	No	216
78079DC022	BluePreferred PPO	78079DC0220009	BluePreferred PPO 100%/80%, Rx:\$10/\$45/\$65/50%	Off	PPO	Yes	88.99%	Platinum	No	10,929
78079DC030	HealthyBlue PPO	78079DC0300002	HealthyBlue PPO \$300	Off	PPO	Yes	90.26%	Platinum	No	22
78079DC030	HealthyBlue PPO	78079DC0300003	HealthyBlue PPO \$600	Off	PPO	Yes	89.81%	Platinum	No	175
78079DC030	HealthyBlue PPO	78079DC0300001	HealthyBlue PPO \$1,500	Off	PPO	Yes	81.88%	Gold	No	18
78079DC031	HealthyBlue PPO HSA/HRA	78079DC0310001	HealthyBlue PPO HSA/HRA \$2,000	Off	PPO	Yes	70.81%	Silver	Yes	18
78079DC023	BluePreferred PPO HSA/HRA	78079DC0230008	BluePreferred PPO HSA/HRA \$1,400	On	PPO	Yes	78.06%	Gold	No	96
78079DC023	BluePreferred PPO HSA/HRA	78079DC0230009	BluePreferred PPO HSA/HRA \$4,500	On	PPO	Yes	61.00%	Bronze	No	1
78079DC023	BluePreferred PPO HSA/HRA	78079DC0230010	BluePreferred PPO HSA/HRA \$2,000, 100%/80%	On	PPO	Yes	71.78%	Silver	No	24
78079DC023	BluePreferred PPO HSA/HRA	78079DC0230011	BluePreferred PPO HSA/HRA \$1,800	On	PPO	Yes	71.58%	Silver	No	4
78079DC022	BluePreferred PPO	78079DC0220012	BluePreferred PPO \$1,000 100%/80%	On	PPO	Yes	81.79%	Gold	No	22
78079DC022	BluePreferred PPO	78079DC0220006	BluePreferred PPO \$500	On	PPO	Yes	88.25%	Platinum	No	212
78079DC022	BluePreferred PPO	78079DC0220007	BluePreferred PPO \$1,200	On	PPO	Yes	79.86%	Gold	No	135
78079DC022	BluePreferred PPO	78079DC0220015	BluePreferred PPO \$2,000	On	PPO	Yes	79.20%	Gold	No	26
78079DC022	BluePreferred PPO	78079DC0220011	BluePreferred PPO \$4,500	On	PPO	Yes	69.89%	Silver	No	10
78079DC022	BluePreferred PPO	78079DC0220014	BluePreferred PPO \$1,000 80%/60%	On	PPO	Yes	80.74%	Gold	No	16
78079DC022	BluePreferred PPO	78079DC0220013	BluePreferred PPO 100%/80%, Rx:\$10/\$45/\$65/50%	On	PPO	Yes	88.99%	Platinum	No	823
78079DC030	HealthyBlue PPO	78079DC0300005	HealthyBlue PPO \$300	On	PPO	Yes	90.26%	Platinum	No	2
78079DC030	HealthyBlue PPO	78079DC0300006	HealthyBlue PPO \$600	On	PPO	Yes	89.81%	Platinum	No	13
78079DC030	HealthyBlue PPO	78079DC0300004	HealthyBlue PPO \$1,500	On	PPO	Yes	81.88%	Gold	No	1
78079DC031	HealthyBlue PPO HSA/HRA	78079DC0310002	HealthyBlue PPO HSA/HRA \$2,000	On	PPO	Yes	70.81%	Silver	Yes	1

CareFirst BlueCross BlueShield (GHMSI) (NAIC # 53007)

D.C. Small Group Products - On & Off Exchange Rates Effective 1/1/2014

Non-Grandfathered Experience for Existing HIOS IDs

Existing Products Included in Experience Period

HIOS Product ID	HIOS Product Name	Contracts a/o	Member	,	Total Premium	-	Total Allowed	l n	curred Claims	
HIOS Product ID	HIO3 Product Name	Dec 2012	Months	ı	iotai Premium	Claims		111	incurred Claims	
78079DC008	BluePreferred	17,485	396,158	\$	163,542,026	\$	167,094,795	\$	150,495,279	
78079DC010	BluePreferred HRA	545	11,757	\$	4,083,828	\$	4,387,253	\$	3,461,080	
78079DC009	BluePreferred HSA	1,483	34,831	\$	12,011,024	\$	15,107,835	\$	12,184,496	
78079DC011	Indemnity	38	972	\$	559,784	\$	528,015	\$	484,729	
	Total	19,551	443,718	\$	180,196,662	\$	187,117,899	\$	166,625,585	

Existing Products with No Experience in Experience Period

HIOS Product ID	HIOS Product Name
78079DC015	BluePreferred HDHP

CareFirst BlueCross BlueShield (GHMSI) (NAIC # 53007)

D.C. Small Group Products - On & Off Exchange Rates Effective 1/1/2014 **Actuarial Certification**

- I, Dwayne Lucado, am an Associate Actuary of Actuarial Pricing with CareFirst BlueCross BlueShield (GHMSI). I am a member of the American Academy of Actuaries. I have been involved in the development of these rates in accordance with applicable laws and regulations of the District of Columbia. Further, to the best of my knowledge and understanding, the rates in this filing have been developed in accordance with the available regulations and guidance for the small group employer market (on and off exchange) in the District of Columbia for business effective post 1/1/2014. The actuarial values (AV) of the benefits proposed have been calculated with minimal necessary modifications to the HHS AV calculator. Further the index rate has been developed based on my best understanding of the available regulations, guidance, and sound actuarial practice. I certify the following:
 - I am a member in good standing with the American Academy of Actuaries.
 - 2. The projected index rate complies with applicable statutes based on my best understanding of the available guidance and sound actuarial practice and is in accordance with applicable actuarial standards including ASOP 8. The Actuarial Memorandum has been developed following the format and content prescribed in the CCIIO instructions for Part III - Actuarial Memorandum.
 - 3. The projected index rate is reasonable in relation to the projected benefits and the projected population and is neither excessive nor deficient.
 - 4. The plan level rates are developed based only on allowed index rate modifiers in accordance with 45 CFR 156.80(d)(1) and (2) and have been normalized to account for prescribed rating factors.
 - 5. The percent of total premiums related to Essential Health Benefits has been estimated based on sound actuarial practice.
 - 6. The Actuarial Values have been calculated using the HHS calculator with minimal modification which has been discussed in the Actuarial Memorandum included in this fillng.

I further certify that the information in this filing represents the company's best understanding of the available guidance and regulations with regards to the rating of these products. This filing will be revised as applicable as any new guidance is released.

This filing has been prepared in accordance with the applicable Actuarial Standards of Practice.



Digitally signed by Dwayne Lucado

Dwayne Lucado, FSA, MAAA Associate Actuary CareFirst BlueCross BlueShield Mail Drop-Point 01-780 10455 Mill Run Circle Owings Mills, MD 21117

CareFirst BlueCross BlueShield (GHMSI) D.C. Small Group Products - On & Off Exchange Rate Filing Effective 1/1/2014

Acronym	Definition
SHOP	Small Business Health Options Program
CF	CareFirst
ВС	CareFirst BlueChoice, Inc.
GHMSI	Group Hospitalization and Medical Services, Inc.
SG	Small Group
IND64-	Individual, Non-Medigap
CD	Consumer Direct (Individual, Non-Medigap)
AV	Actuarial Value
EHB	Essential Health Benefits
FPL	Federal Poverty Level
GF	Grandfathered
HIPAA	Health Insurance Portability and Accountability Act
RBC	Risk-based Capital
SRP	Single Risk Pool
UW	Underwritten
Med	Medical
Rx	Prescription Drugs
CDH	Consumer Driven Health
Non-CDH	Non-Consumer Driven Health
HSA	Health Savings Account
HRA	Health Reimbursement Account
PPO	Preferred Provider Organization
PPO HSA	Preferred Provider Organization Health Savings Account
PPO HRA	Preferred Provider Organization Health Reimbursement Account
НВ	HealthyBlue
EP	Experience Period
DICR	Desired Incurred Claims Ratio
MLR	Medical Loss Ratio (as defined by PPACA)
IBNR	Incurred But Not Reported
IAF	Income Adjustment Factors
PCP	Primary Care Physician
ER	Emergency Room
OON	Out of Network
IP, In Pat	Inpatient
ОР	Outpatient
Prof	Professional
ООР	Out of Pocket
Co-ins	Coinsurance
MHSA	Mental Health & Substance Abuse
RPN	Regional Preferred Network

D.C. Small Group Products - On & Off Exchange Rate Filing Effective 1/1/2014

D.C. GHMSI Small Group & Individual Base Experience Medical Inpatient

						Comple	ted	Rolling 12 PMPM				Rolling 12 Tren	d
					Completion								
Month	Contracts	Members	Allowed	Admits	Factor	Allowed	Admits	Allowed	Admits/1000	Unit Cost	Allowed	Admits/1000	Unit Cost
201004	25,222	44,764	2,306,894	207	1.00	2,306,894	207						
201005	24,458	43,603	2,764,953	245	1.00	2,764,953	245						
201006	25,096	44,621	2,295,424	222	1.00	2,295,424	222						
201007	24,028	42,995	2,868,228	263	1.00	2,868,269	263						
201008	24,558	44,409	3,325,237	241	1.00	3,325,366	241						
201009	24,102	43,617	2,459,238	233	1.00	2,459,338	233						
201010	23,885	43,247	3,352,356	212	1.00	3,352,514	212						
201011	24,301	43,883	2,825,048	221	1.00	2,825,180	221						
201012	24,422	44,403	2,488,445	182	1.00	2,488,603	182						
201101	24,059	43,690	2,943,199	216	1.00	2,943,421	216						
201102	24,019	43,336	2,742,572	170	1.00	2,742,797	170						
201103	24,399	44,110	3,578,609	236	1.00	3,578,953	236	64.46	60.34	\$12,821.12			
201104	24,620	44,484	3,183,814	231	1.00	3,184,231	231	66.16	60.92	\$13,034.14			
201105	24,685	44,517	2,891,252	229	1.00	2,892,074	229	66.29	60.45	\$13,160.18			
201106	24,900	44,892	2,944,089	229	1.00	2,945,783	229	67.49	60.58	\$13,369.13			
201107	25,273	45,466	3,030,020	223	1.00	3,032,022	223	67.48	59.39	\$13,634.63			
201108	25,595	46,088	3,579,750	248	1.00	3,582,558	248	67.75	59.37	\$13,695.15			
201109	25,860	46,436	3,514,918	226	1.00	3,517,913	226	69.38	58.90	\$14,134.17			
201110	25,833	46,354	2,731,304	226	1.00	2,734,421	226	67.83	58.88	\$13,823.55			
201111	25,930	46,539	3,073,200	227	1.00	3,076,952	227	67.96	58.73	\$13,886.00			
201112	26,113	47,012	2,787,690	224	1.00	2,791,280	224	68.19	59.38	\$13,780.13			
201201	26,019	46,881	3,031,605	215	1.00	3,036,263	215	67.96	59.02	\$13,818.18			
201202	26,290	47,294	2,646,252	203	1.00	2,652,299	203	67.31	59.32	\$13,615.00			
201203	26,298	47,403	4,156,106	257	1.00	4,167,559	258	67.97	59.44	\$13,722.01	5.4%	-1.5%	7.0%
201204	26,488	47,697	2,766,666	210	1.00	2,777,766	211	66.85	58.66	\$13,674.44	1.0%	-3.7%	4.9%
201205	26,437	47,684	3,286,679	228	1.00	3,302,601	229	67.20	58.33	\$13,825.22	1.4%	-3.5%	5.1%
201206	26,696	48,244	2,838,949	202	0.99	2,856,348	203	66.65	57.43	\$13,925.30	-1.3%	-5.2%	
201207	26,641	48,269	3,742,558	247	0.99	3,772,979	249	67.62	57.69	\$14,065.39	0.2%	-2.9%	
201208	26,725	48,506	3,351,361	218	0.99	3,387,075	220	66.99	56.86	\$14,138.30	-1.1%	-4.2%	
201209	26,716	48,493	3,255,568	228	0.98	3,310,266	232	66.39	56.77	\$14,031.77	-4.3%	-3.6%	
201210	26,749	48,555	3,176,649	233	0.98	3,253,679	239	67.04	56.82	\$14,159.04	-1.2%		
201211	26,564	48,232	2,993,753	212	0.97	3,090,524	219	66.87	56.47	\$14,207.85	-1.6%	-3.8%	
201212	26,360	47,999	2,248,873	195	0.95	2,360,545	205	66.00	55.97	\$14,151.75	-3.2%		
201301	25,949	47,177	2,278,503	174	0.88	2,582,210	197	65.18	55.57	\$14,076.17	-4.1%	-5.9%	
201302	25,832	46,848	418,222	33	0.45	934,173	74	62.24	52.90	\$14,118.41	-7.5%		
Formation													
Experience	217.002	F7F 2F7	27 405 020	2.640	0.00	27.067.002	2 602						
Period	317,983	575,257	37,495,020	2,648	0.99	37,967,903	2,683						
201203	26,298	47,403									5.4%	-1.5%	7.0%
201209	26,716	48,493									-4.3%	-3.6%	-0.7%
201212	26,360	47,999									-3.2%	-5.8%	2.7%
Avg last 6	26,626	48,342									-1.9%	-4.0%	2.2%
months Selected Pricin	g Trend											-3.0%	3.5%
Sciected i ficili	b ilelia											-3.078	3.3/0

D.C. Small Group Products - On & Off Exchange Rate Filing Effective 1/1/2014

D.C. GHMSI Small Group & Individual Base Experience Medical Outpatient

						Comple	ted	Rolling 12 PMPM				Rolling 12 Tren	ıd
					Completion						ll		
Month	Contracts	Members	Allowed	Visits	Factor	Allowed	Visits	Allowed	Visits/1000	Unit Cost	Allowed	Visits/1000	Unit Cost
201004	25,222	44,764	2,969,398	3,244	1.00	2,969,398	3,244						
201005	24,458	43,603	2,856,201	3,134	1.00	2,856,201	3,134						
201006	25,096	44,621	2,605,673	3,222	1.00	2,605,673	3,222						
201007	24,028	42,995	2,883,339	3,129	1.00	2,883,381	3,129						
201008	24,558	44,409	2,896,056	3,081	1.00	2,896,167	3,081						
201009	24,102	43,617	2,988,182	3,121	1.00	2,988,304	3,121						
201010	23,885	43,247	2,738,163	2,958	1.00	2,738,282	2,958						
201011	24,301	43,883	2,727,789	2,790	1.00	2,727,920	2,790						
201012	24,422	44,403	2,818,695	3,031	1.00	2,818,880	3,031						
201101	24,059	43,690	2,780,638	2,810	1.00	2,780,833	2,810						
201102	24,019	43,336	3,001,573	2,726	1.00	3,001,818	2,726						
201103	24,399	44,110	3,512,386	3,095	1.00	3,512,784	3,095	66.04	828.04	\$957.00			
201104	24,620	44,484	3,187,191	2,973	1.00	3,187,606	2,973	66.49	822.31	\$970.22			
201105	24,685	44,517	3,504,731	3,280	1.00	3,505,765	3,281	67.60	824.23	\$984.22			
201106	24,900	44,892	3,178,588	3,247	1.00	3,180,467	3,249	68.66	824.42	\$999.35			
201107	25,273	45,466	2,991,681	2,939	1.00	2,993,678	2,941	68.54	816.32	\$1,007.62			
201108	25,595	46,088	3,509,644	3,181	1.00	3,512,362	3,183	69.49	816.05	\$1,021.81			
201109	25,860	46,436	3,234,778	3,145	1.00	3,237,682	3,148	69.59	812.34	\$1,027.95			
201110	25,833	46,354	3,467,015	3,165	1.00	3,471,052	3,169	70.55	812.35	\$1,042.14			
201111	25,930	46,539	3,423,199	3,121	1.00	3,427,521	3,125	71.50	815.79	\$1,051.68			
201112	26,113	47,012	3,502,978	3,288	1.00	3,507,858	3,292	72.42	817.64	\$1,062.88			
201201	26,019	46,881	3,656,891	3,453	1.00	3,662,973	3,459	73.61	827.12	\$1,068.00			
201202	26,290	47,294	3,482,306	3,304	1.00	3,489,624	3,311	73.97	833.93	\$1,064.42			
201202	26,298	47,403	3,696,074	3,426	1.00	3,706,942	3,436	73.88	836.35	\$1,060.05	11.9%	1.0%	10.8%
201203	26,488	47,403	3,603,458	3,329	1.00	3,618,005	3,342	74.23	839.48	\$1,060.05	11.6%	2.1%	
201204	26,437	47,684	3,724,117	3,440	1.00	3,742,216	3,457	74.23	838.50	\$1,062.34	9.8%	1.7%	
201205					0.99								
201206	26,696	48,244	3,502,615	3,303	0.99	3,522,908	3,322	74.40	835.07	\$1,069.09	8.4%	1.3%	
	26,641	48,269	3,887,131	3,351		3,918,455	3,378	75.66	840.20	\$1,080.64	10.4%	2.9%	
201208	26,725	48,506	3,837,797	3,378	0.99	3,880,366	3,415	75.99	841.52	\$1,083.59	9.4%	3.1%	
201209	26,716	48,493	3,678,871	3,123	0.98	3,742,498	3,176	76.60	839.08	\$1,095.47	10.1%	3.3%	
201210	26,749	48,555	3,639,432	3,301	0.98	3,727,772	3,381	76.75	840.31	\$1,096.07	8.8%	3.4%	
201211	26,564	48,232	3,364,405	3,092	0.97	3,472,765	3,192	76.61	839.23	\$1,095.37	7.1%	2.9%	
201212	26,360	47,999	3,421,095	3,037	0.95	3,589,321	3,187	76.62	835.59	\$1,100.29	5.8%	2.2%	
201301	25,949	47,177	3,436,974	3,010	0.88	3,887,506	3,415	76.97	834.25	\$1,107.10	4.6%	0.9%	
201302	25,832	46,848	982,548	1,038	0.44	2,251,600	2,398	74.87	815.86	\$1,101.27	1.2%	-2.2%	3.5%
Experience													
Period	317,983	575,257	43,494,191	39,537	0.99	44,073,844	40,057						
201203	26,298	47,403									11.9%	1.0%	10.8%
201209	26,716	48,493									10.1%	3.3%	
201203	26,360	47,999									5.8%	2.2%	
Avg last 6	20,300	47,555									3.070	2.2/0	, 3.370
months	26,626	48,342									8.6%	3.0%	
Selected Prici	ng Trend											4.0%	6.0%

D.C. Small Group Products - On & Off Exchange Rate Filing Effective 1/1/2014

D.C. GHMSI Small Group & Individual Base Experience Medical Professional

						Comple	eted	Rolling 12 PMPM				Rolling 12 Tren	d
		_			Completion								
Month	Contracts	Members	Allowed	Visits	Factor	Allowed	Visits	Allowed	Visits/1000	Unit Cost	Allowed	Visits/1000	Unit Cost
201004	25,222	44,764	6,087,178	40,510	1.00	6,087,178	40,510						
201005	24,458	43,603	5,733,980	37,647	1.00	5,733,980	37,647						
201006	25,096	44,621	5,978,453	39,950	1.00	5,978,453	39,950						
201007	24,028	42,995	5,746,777	37,314	1.00	5,746,859	37,315						
201008	24,558	44,409	5,844,409	38,695	1.00	5,844,634	38,696						
201009	24,102	43,617	5,814,592	38,500	1.00	5,814,833	38,502						
201010	23,885	43,247	5,617,075	37,332	1.00	5,617,319	37,334						
201011	24,301	43,883	5,697,233	34,693	1.00	5,697,513	34,695						
201012	24,422	44,403	5,418,967	36,840	1.00	5,419,333	36,843						
201101	24,059	43,690	5,805,078	37,620	1.00	5,805,496	37,623						
201102	24,019	43,336	5,175,499	35,795	1.00	5,175,916	35,798						
201103	24,399	44,110	6,294,977	42,045	1.00	6,295,644	42,050	131.42	10,411.54	\$151.47			
201104	24,620	44,484	5,523,185	37,212	1.00	5,523,945	37,217	130.42	10,342.01	\$151.33			
201105	24,685	44,517	5,907,126	39,169	1.00	5,908,864	39,181	130.53	10,358.98	\$151.21			
201106	24,900	44,892	5,856,707	39,574	1.00	5,860,163	39,597	130.24	10,345.64	\$151.06			
201107	25,273	45,466	5,270,638	35,728	1.00	5,274,165	35,752	128.74	10,262.03	\$150.54			
201108	25,595	46,088	6,119,507	40,050	1.00	6,124,217	40,081	128.86	10,260.87	\$150.70			
201109	25,860	46,436	5,869,204	39,444	1.00	5,874,327	39,478	128.29	10,228.69	\$150.50			
201110	25,833	46,354	6,056,412	41,492	1.00	6,063,349	41,540	128.38	10,263.45	\$150.10			
201111	25,930	46,539	5,956,806	40,211	1.00	5,964,295	40,262	128.24	10,336.63	\$148.88			
201112	26,113	47,012	5,733,932	39,394	1.00	5,741,717	39,448	128.22	10,344.54	\$148.74			
201201	26,019	46,881	6,740,812	43,266	1.00	6,751,840	43,336	129.20	10,409.65	\$148.94			
201202	26,290	47,294	6,182,284	40,995	1.00	6,195,470	41,083	130.12	10,450.04	\$149.42			
201203	26,298	47,403	6,585,494	43,379	1.00	6,604,705	43,506	129.91	10,419.43	\$149.62	-1.2%	0.1%	-1.2%
201204	26,488	47,697	6,128,487	40,058	1.00	6,153,266	40,220	130.29	10,424.03	\$149.99	-0.1%	0.8%	
201205	26,437	47,684	6,741,181	43,875	1.00	6,773,927	44,088	131.10	10,470.26	\$150.25	0.4%	1.1%	
201206	26,696	48,244	6,238,992	40,495	0.99	6,275,114	40,729	131.05	10,432.04	\$150.75	0.6%	0.8%	
201207	26,641	48,269	6,288,297	39,736	0.99	6,338,790	40,055	132.29	10,471.63	\$151.59	2.8%	2.0%	
201208	26,725	48,506	6,383,712	42,590	0.99	6,453,659	43,058	132.30	10,489.93	\$151.35	2.7%	2.2%	
201209	26,716	48,493	6,028,313	38,574	0.98	6,131,308	39,234	132.28	10,446.96	\$151.94	3.1%	2.1%	
201210	26,749	48,555	6,430,720	42,342	0.98	6,586,535	43,369	132.68	10,445.14	\$152.43	3.4%	1.8%	
201211	26,564	48,232	5,888,973	39,710	0.97	6,079,621	40,993	132.49	10,429.64	\$152.44	3.3%	0.9%	
201211	26,360	47,999	5,310,493	35,875	0.95	5,572,143	37,645	131.97	10,374.15	\$152.65	2.9%	0.3%	
201301	25,949	47,333	5,722,102	38,743	0.93	6,494,101	43,971	131.45	10,374.15	\$152.03	1.7%	-0.3%	
201301	25,832	46,848	2,737,902	19,317	0.88	6,258,949	44,278	131.43	10,382.03	\$151.34		0.1%	
201302	23,632	40,848	2,737,302	13,317	0.44	0,238,343	44,276	131.07	10,430.78	Ş131.10	1.2/0	0.176	1.1/0
Experience													
Period	317,983	575,257	74,947,757	490,895	0.99	75,916,377	497,317						
201203	26,298	47,403									-1.2%	0.1%	-1.2%
201209	26,716	48,493									3.1%	2.1%	
201212	26,360	47,999									2.9%	0.3%	
Avg last 6	26,626	48,342									3.0%	1.6%	
months		70,372									3.076		
Selected Pricin	ig i rena											2.0%	2.5%

D.C. Small Group Products - On & Off Exchange Rate Filing Effective 1/1/2014

D.C. GHMSI Small Group & Individual Base Experience Medical Other

						Compl	eted		Rolling 12 PMP	М		Rolling 12 Trend	i
					Completion								
Month	Contracts	Members	Allowed	Services	Factor	Allowed	Services	Allowed	Services/1000	Unit Cost	Allowed	Services/1000	Unit Cost
201004	25,222	44,764	501,792	2,188	1.00	501,792	2,188						
201005	24,458	43,603	497,976	2,201	1.00	497,976	2,201						
201006	25,096	44,621	540,987	2,237	1.00	540,987	2,237						
201007	24,028	42,995	637,327	2,238	1.00	637,337	2,238						
201008	24,558	44,409	579,667	2,191	1.00	579,690	2,191						
201009	24,102	43,617	500,604	2,079	1.00	500,624	2,079						
201010	23,885	43,247	584,840	2,266	1.00	584,865	2,266						
201011	24,301	43,883	540,914	2,196	1.00	540,940	2,196						
201012	24,422	44,403	550,524	2,218	1.00	550,560	2,218						
201101	24,059	43,690	695,518	2,810	1.00	695,567	2,810						
201102	24,019	43,336	727,552	2,599	1.00	727,609	2,599						
201103	24,399	44,110	865,522	3,172	1.00	865,615	3,172	13.72	646.99	\$254.38			
201104	24,620	44,484	746,762	2,793	1.00	746,861	2,793	14.19	661.13	\$257.53			
201105	24,685	44,517	848,116	3,028	1.00	848,361	3,029	14.83	678.83	\$262.12			
201106	24,900	44,892	753,344	2,991	1.00	753,785	2,993	15.22	695.67	\$262.61			
201107	25,273	45,466	783,248	2,891	1.00	783,799	2,893	15.43	707.25	\$261.79			
201108	25,595	46,088	1,054,033	3,217	1.00	1,054,859	3,219	16.27	728.22	\$268.17			
201109	25,860	46,436	888,243	3,237	1.00	889,040	3,240	16.91	750.44	\$270.48			
201110	25,833	46,354	888,350	3,276	1.00	889,392	3,280	17.38	768.72	\$271.36			
201111	25,930	46,539	913,095	3,513	1.00	914,298	3,517	17.99	794.28	\$271.78			
201112	26,113	47,012	1,007,462	3,549	1.00	1,008,940	3,554	18.75	819.98	\$274.35			
201201	26,019	46,881	842,298	3,641	1.00	843,713	3,647	18.91	833.57	\$272.21			
201202	26,290	47,294	829,378	3,142	1.00	831,209	3,148	18.96	839.55	\$271.02			
201203	26,298	47,403	1,007,502	3,699	1.00	1,010,579	3,709	19.11	846.20	\$271.00	39.3%	30.8%	6.5%
201204	26,488	47,697	852,647	3,322	1.00	856,300	3,335	19.20	852.99	\$270.06	35.3%	29.0%	
201205	26,437	47,684	821,195	3,438	0.99	825,324	3,454	19.05	857.28	\$266.61	28.4%	26.3%	
201206	26,696	48,244	790,192	3,347	0.99	794,833	3,365	19.01	860.12	\$265.16	24.8%	23.6%	
201207	26,641	48,269	770,065	3,193	0.99	776,414	3,217	18.90	862.74	\$262.87	22.5%	22.0%	
201208	26,725	48,506	849,880	3,432	0.99	859,550	3,468	18.47	864.32	\$256.50	13.5%	18.7%	-4.4%
201209	26,716	48,493	757,159	3,208	0.98	770,309	3,261	18.20	861.66	\$253.47	7.6%	14.8%	
201210	26,749	48,555	849,889	3,388	0.98	870,889	3,469	18.10	862.31	\$251.85	4.1%	12.2%	
201211	26,564	48,232	894,259	3,504	0.97	923,421	3,614	18.06	861.79	\$251.48	0.4%	8.5%	
201212	26,360	47,999	888,376	3,309	0.95	932,474	3,468	17.90	858.54	\$250.14	-4.5%	4.7%	
201301	25,949	47,177	820,479	2,895	0.87	939,372	3,259	18.05	850.02	\$254.87	-4.5%	2.0%	
201302	25,832	46,848	374,716	1,412	0.44	857,481	3,163	18.11	850.99	\$255.42	-4.5%	1.4%	
Experience													
Period	317,983	575 257	10 152 940	40,623	0.99	10,295,016	//1 157						
renou	317,963	575,257	10,152,840	40,023	0.99	10,293,016	41,157						
201203	26,298	47,403									39.3%	30.8%	6.5%
201209	26,716	48,493									7.6%	14.8%	-6.3%
201212	26,360	47,999									-4.5%	4.7%	-8.8%
Avg last 6	26,626	48,342									7.3%	13.5%	-5.6%
months	•	40,342									7.3%		
Selected Pricin	g Trend											14.5%	-4.0%

D.C. Small Group Products - On & Off Exchange Rate Filing Effective 1/1/2014

D.C. GHMSI Small Group & Individual Base Experience Rx

					Ī	Compl	eted	Rolling 12 PMPM				Rolling 12 Tren	d
					Completion								
Month	Contracts	Members	Allowed	Scripts	Factor	Allowed	Scripts	Allowed	Scripts/1000	Unit Cost	Allowed	Scripts/1000	Unit Cost
201004	25,222	44,764	4,434,391	39,635	1.00	4,434,391	39,635						
201005	24,458	43,603	4,084,871	37,969	1.00	4,084,871	37,969						
201006	25,096	44,621	4,387,482	38,570	1.00	4,387,482	38,570						
201007	24,028	42,995	4,192,966	37,413	1.00	4,192,966	37,413						
201008	24,558	44,409	4,262,561	37,137	1.00	4,262,561	37,137						
201009	24,102	43,617	3,934,700	35,514	1.00	3,934,700	35,514						
201010	23,885	43,247	4,119,479	35,731	1.00	4,119,479	35,731						
201011	24,301	43,883	4,067,169	36,302	1.00	4,067,169	36,302						
201012	24,422	44,403	4,246,409	37,901	1.00	4,246,409	37,901						
201101	24,059	43,690	4,282,073	37,283	1.00	4,282,073	37,283						
201102	24,019	43,336	4,030,908	34,641	1.00	4,030,908	34,641						
201103	24,399	44,110	4,491,557	38,708	1.00	4,491,557	38,708	95.95	10,180.13	\$113.10			
201104	24,620	44,484	4,242,860	35,716	1.00	4,242,860	35,716	95.64	10,096.20	\$113.67			
201105	24,685	44,517	4,364,333	37,221	1.00	4,364,333	37,221	96.00	10,061.68	\$114.50			
201106	24,900	44,892	4,564,024	36,804	1.00	4,564,024	36,804	96.29	10,016.34	\$115.36			
201107	25,273	45,466	4,217,638	35,286	1.00	4,217,638	35,286	95.88	9,921.49	\$115.97			
201108	25,595	46,088	4,603,001	37,105	1.00	4,603,001	37,105	96.22	9,889.44	\$116.76			
201109	25,860	46,436	4,543,607	35,371	1.00	4,543,607	35,371	96.85	9,834.08	\$118.18			
201110	25,833	46,354	4,497,565	37,067	1.00	4,497,565	37,067	97.00	9,807.07	\$118.69			
201111	25,930	46,539	4,613,685	37,672	1.00	4,613,685	37,672	97.53	9,789.29	\$119.56			
201112	26,113	47,012	4,696,450	39,179	1.00	4,696,451	39,179	97.89	9,770.49	\$120.23			
201201	26,019	46,881	4,924,348	39,825	1.00	4,924,349	39,825	98.50	9,769.26	\$120.99			
201202	26,290	47,294	4,531,862	36,992	1.00	4,531,863	36,992	98.70	9,750.26	\$121.47			
201203	26,298	47,403	4,789,947	39,502	1.00	4,789,952	39,502	98.65	9,709.45	\$121.92	2.8%	-4.6%	7.8%
201204	26,488	47,697	4,742,001	37,860	1.00	4,742,041	37,860	98.98	9,699.63	\$122.45	3.5%	-3.9%	7.7%
201205	26,437	47,684	4,937,161	39,188	1.00	4,937,211	39,188	99.44	9,686.93	\$123.19	3.6%	-3.7%	7.6%
201206	26,696	48,244	4,487,046	37,110	1.00	4,487,099	37,110	98.71	9,635.80	\$122.93	2.5%	-3.8%	6.6%
201207	26,641	48,269	4,665,749	37,579	1.00	4,665,818	37,580	99.01	9,636.71	\$123.30	3.3%	-2.9%	6.3%
201208	26,725	48,506	4,835,602	38,738	1.00	4,835,683	38,739	99.00	9,630.20	\$123.37	2.9%	-2.6%	5.7%
201209	26,716	48,493	4,375,284	35,726	1.00	4,375,408	35,727	98.35	9,602.96	\$122.90	1.5%	-2.4%	4.0%
201210	26,749	48,555	4,726,867	38,149	1.00	4,727,237	38,152	98.37	9,588.78	\$123.11	1.4%	-2.2%	3.7%
201211	26,564	48,232	4,578,869	37,736	1.00	4,580,149	37,746	98.03	9,562.07	\$123.02	0.5%	-2.3%	2.9%
201212	26,360	47,999	4,866,844	38,720	1.00	4,869,229	38,739	98.16	9,536.49	\$123.51	0.3%	-2.4%	2.7%
201301	25,949	47,177	5,088,406	39,823	1.00	5,092,423	39,855	98.40	9,532.21	\$123.87	-0.1%	-2.4%	2.4%
201302	25,832	46,848	3,688,207	29,543	0.85	4,335,016	34,722	98.13	9,492.25	\$124.06			2.1%
Experience													
Period	317,983	575,257	56,461,581	457,125	1.00	56,466,039	157 161						
Periou	317,963	3/3,23/	30,401,361	457,125	1.00	30,400,039	457,161						
201203	26,298	47,403									2.8%	-4.6%	7.8%
201209	26,716	48,493									1.5%	-2.4%	4.0%
201212	26,360	47,999									0.3%	-2.4%	2.7%
Avg last 6	26,626	48,342									1.7%	-2.5%	4.2%
months		40,344									1.7%		
Selected Pricin	ng Trend											-1.5%	5.0%

D.C. Small Group Products - On & Off Exchange Rate Filing Effective 1/1/2014

D.C. GHMSI Small Group & Individual Base Experience - Medical and Rx Total

					Completed	Rolling 12 PMPM	Rolling 12 Trend
				Completion	completed	1 1011 101	Trenu
Month	Contracts	Members	Allowed	Factor	Allowed	Allowed	Allowed
201004	25,222	44,764	16,299,653	1.00	16,299,653		,
201005	24,458	43,603	15,937,981	1.00	15,937,981		
201006	25,096	44,621	15,808,019	1.00	15,808,019		
201007	24,028	42,995	16,328,638	1.00	16,328,812		
201008	24,558	44,409	16,907,930	1.00	16,908,418		
201009	24,102	43,617	15,697,316	1.00	15,697,798		
201010	23,885	43,247	16,411,911	1.00	16,412,458		
201011	24,301	43,883	15,858,154	1.00	15,858,721		
201012	24,422	44,403	15,523,041	1.00	15,523,785		
201101	24,059	43,690	16,506,505	1.00	16,507,389		
201102	24,019	43,336	15,678,104	1.00	15,679,049		
201103	24,399	44,110	18,743,051	1.00	18,744,552	371.59	
201104	24,620	44,484	16,883,813	1.00	16,885,503	372.90	
201105	24,685	44,517	17,515,558	1.00	17,519,397	375.25	
201106	24,900	44,892	17,296,752	1.00	17,304,223	377.89	
201107	25,273	45,466	16,293,225	1.00	16,301,303	376.08	
201108	25,595	46,088	18,865,935	1.00	18,876,998	378.59	
201109	25,860	46,436	18,050,749	1.00	18,062,569	381.02	
201110	25,833	46,354	17,640,644	1.00	17,655,778	381.13	
201111	25,930	46,539	17,979,985	1.00	17,996,751	383.22	
201112	26,113	47,012	17,728,513	1.00	17,746,246	385.47	
201201	26,019	46,881	19,195,953	1.00	19,219,138	388.18	
201202	26,290	47,294	17,672,082	1.00	17,700,465	389.06	
201203	26,298	47,403	20,235,123	1.00	20,279,736	389.52	4.8%
201204	26,488	47,697	18,093,259	1.00	18,147,378	389.54	4.5%
201205	26,437	47,684	19,510,333	1.00	19,581,278	391.02	4.2%
201206	26,696	48,244	17,857,795	1.00	17,936,302	389.81	3.2%
201207	26,641	48,269	19,353,799	0.99	19,472,457	393.49	4.6%
201208	26,725	48,506	19,258,352	0.99	19,416,332	392.76	3.7%
201209	26,716	48,493	18,095,195	0.99	18,329,788	391.81	2.8%
201210	26,749	48,555	18,823,557	0.98	19,166,111	392.95	3.1%
201211	26,564	48,232	17,720,259	0.98	18,146,479	392.05	2.3%
201212	26,360	47,999	16,735,681	0.97	17,323,712	390.64	1.3%
201301	25,949	47,177	17,346,464	0.91 0.56	18,995,611	390.05 385.03	0.5%
201302	25,832	46,848	8,201,595	0.56	14,637,219	365.03	-1.0%
Experience							
Period	317,983	575,257	222,551,389	0.99	224,719,178		
	- ,	,	, ,		, -,		
201203	26,298	47,403					4.8%
201209	26,716	48,493					2.8%
201212	26,360	47,999					1.3%
Avg last 6 months	26,626	48,342					3.0%

CareFirst BlueCross BlueShield D.C. Small Group Products - On & Off Exchange Rate Filing Effective 1/1/2014

GHMSI Trend Support - Individual, non-Medigap & Small Group Combined

			Experience Period Ac 6 Mth Average of R12			Projection Period Trend		s. Exp trend
		Total Allowed*	Unit Cost	Utilization	Unit Cost	Utilization	Unit Cost	Utilization
Inpatient	\$	37,967,903	2.2%	-4.0%	3.5%	-3.0%	1.3%	1.0%
Outpatient	\$	44,073,844	5.5%	3.0%	6.0%	4.0%	0.5%	1.0%
Professional	\$	75,916,377	1.4%	1.6%	2.5%	2.0%	1.1%	0.4%
Other	\$	10,295,016	-5.6%	13.5%	-4.0%	14.5%	1.6%	1.0%
Rx	\$	56,466,039	4.2%	-2.5%	5.0%	-1.5%	0.8%	1.0%
Total	\$	224,719,178	2.7%	0.4%	3.7%	1.2%	1.0%	0.8%
Claims-Weighted	Total Tre	nd (Cost & Utilizati	on combined)	3.2%		5.0%		1.8%
Total Trend from	Allowed	PMPM Projection P	ages (Incl Capitations	, Excl GF SG bus	siness)	5.0%		

^{*} Includes grandfathered Small Group business.

D.C. Small Group Products - On & Off Exchange Rate Filing Effective 1/1/2014

GHMSI D.C. Small Group & Individual, Non-Medigap Allowed PMPM Projection (Includes EHB and Non-EHB Claims) & Derivation of Index Rate - Non-Grandfathered Business Only - 1/1/2014

		Begin	End	Mid-poi	nt		Months of Tr	end			
Experience Period		1/1/2012	12/31/2012	7/1/201	2		•	F	d throu	ugh	2/28/2013
Rating Period		1/1/2014	12/31/2014	7/2/201	4		24.0				
Experience Period Summary	Tota										
Experience Period Premiums	\$	189,492,989									
MLR Rebates	\$	-									
Net Experience Period Premiums	\$	189,492,989									
Experience Period Paid Claims (Non-Capitated)	\$	172,521,776									
Completion Factor		0.99									
Experience Period Incurred Claims (Non-Capitated)	\$	174,165,315									
Capitations	\$	529,323									
Rx Rebates	\$	(3,440,861)									
Other Manual Claims	\$	-									
Total Experience Period Claims	\$	171,253,777									
Experience Period Loss Ratio (Before MLR Rebates)		90.37%									
Experience Period Loss Ratio (After MLR Rebates)		90.37%									
Experience Period Loss Ratio (System Claims Only)		91.91%									
Experience Period Member Months		486,067									
Average Members		40,506									
End of Experience Period Contracts		22,527									
End of Experience Period Members		40,753									
Experience Period Allowed Claims (Non-Capitated)	\$	197,643,823									
Adjustments	\$	(2,911,538)									
Total Adjusted EP Allowed Claims	\$	194,732,285									
EP Paid / Allowed Ratio		87.9%									
Service Category Level Projection											-
											Annual Trend Inputs
Service Category Experience Period Allowed	Util	lization Measure	EP Units		owed \$	Oth		Rx Rebates		t Allowed	Cost Trend Utilization Trend
Inpatient		Admits	2,248		69,911 \$		\$			2,069,911	3.5% -3.0%
Outpatient		Visits	33,750		11,261 \$		\$	-		7,211,261	6.0% 4.0%
Professional		Visits	415,795	\$ 63,5	98,675 \$	-	\$	-	\$ 63	3,598,675	2.5% 2.0%
Other		Services	33,114	\$ 8,3	24,483 \$	-	\$	-	\$ 8	3,324,483	-4.0% 14.5%
Rx		Scripts	456,919	\$ 56,4	39,493 \$; -	\$ (3,440,861)	\$ 52	2,998,632	5.0% -1.5%
Capitation	A	verage Members	40,506	\$ 5	29,323 \$	5 -	\$	-	\$	529,323	0.0% 0.0%
Total				\$ 198,1	73,146 \$	\$ -	\$ (3,440,861)	\$ 194	1,732,285	<u>-</u>
PMPM				\$	407.71 \$	\$ -	\$	(7.08)		400.63	
								. ,			

													Effective Allowed
	Experience Period				Projection Factors			Projected			PMPM		
Service Category Experience Period Allowed	Utilization Measure	Util / 1000	Unit Cost	PMPM	Population Risk / Morbidity*	Other	Cost Factor	Utilization Factor T	Total Factor	Util / 1000	Unit Cost	PMPM	Annual Trend
Inpatient	Admits	55.49 \$	14,268.78 \$	65.98	1.01	1.00	1.071	0.941	1.02	52.73	\$ 15,285.08	\$ 67.17	0.4%
Outpatient	Visits	833.23 \$	1,102.54 \$	76.56	1.01	1.00	1.124	1.082	1.23	910.23	\$ 1,238.82	\$ 93.97	10.2%
Professional	Visits	10,265.13 \$	152.96 \$	130.84	1.01	1.00	1.051	1.040	1.10	10,786.64	\$ 160.70	\$ 144.45	4.5%
Other	Services	817.51 \$	251.39 \$	17.13	1.01	1.21	0.922	1.311	1.48	1,082.50	\$ 280.33	\$ 25.29	9.9%
Rx	Scripts	11,280.40 \$	115.99 \$	109.04	1.01	1.00	1.103	0.970	1.08	11,053.97	\$ 127.88	\$ 117.80	3.4%
Capitation	Benefit Period	1,000.00 \$	13.07 \$	1.09	1.01	0.90	1.000	1.000	0.91	1,010.00	\$ 11.76	\$ 0.99	0.0%
Total	\$ 400.63 Projected Allowed Claims PMPM (EHB + Non-EHB) \$											\$ 449.66	5.0%
					•				Non-F	UR Claims In Proje	octod DMDM**	¢ 112	

Index Rate for EHB \$ 448.53

6/12/2013 18 Allowed PMPM Projection

^{*} Please refer to page 23 - 24 for more information.

^{**} Includes abortion claims and capitation for embedded adult vision benefit.

D.C. Small Group Products - On & Off Exchange Rate Filing Effective 1/1/2014

GHMSI D.C. Small Group & Individual, Non-Medigap Allowed PMPM Projection (Includes EHB and Non-EHB Claims) & Derivation of Index Rate - Non-Grandfathered Business Only - 4/1/2014

		Begin	End	Mid-point		Mo	onths of Trend	7			
Experience Period		1/1/2012	12/31/2012	7/1/2012				pd through	2/28/2013		
Rating Period		4/1/2014	3/31/2015	9/30/2014			27.0				
Experience Period Summary	Total	I									
Experience Period Premiums	\$	189,492,989									
MLR Rebates (enter as negative)	\$	-									
Net Experience Period Premiums	\$	189,492,989									
5		472 524 776									
Experience Period Paid Claims (Non-Capitated)	\$	172,521,776									
Completion Factor		0.99									
Experience Period Incurred Claims (Non-Capitated)	\$	174,165,315									
Capitations	\$	529,323									
Rx Rebates	Ş	(3,440,861)									
Other Manual Claims	\$	-									
Total Experience Period Claims	\$	171,253,777									
Experience Period Loss Ratio (Before MLR Rebates)		90.37%									
Experience Period Loss Ratio (After MLR Rebates)		90.37%									
Experience Period Loss Ratio (System Claims Only)		91.91%									
Considerate David d Manufacture Manufac		400.007									
Experience Period Member Months		486,067									
Average Members		40,506									
End of Experience Period Contracts		22,527									
End of Experience Period Members		40,753									
Experience Period Allowed Claims (Non-Capitated)	\$	197,643,823									
Adjustments	\$	(2,911,538)									
Total Adjusted EP Allowed Claims	Ś	194,732,285									
EP Paid / Allowed Ratio	•	87.9%									
Service Category Level Projection									r		
Service Category Experience Period Allowed	114:11	ization Measure	EP Units	EP Allowed \$	Other		Rx Rebate	s Net Allowed		Annual Trend Inputs Cost Trend Utilization Trend	
Inpatient	Otili	Admits		\$ 32,069,911		\$	nx nebate			3.5% -3.0%	
=			,	\$ 32,069,911 \$			-			6.0% 4.0%	
Outpatient		Visits	,			\$	-	\$ 37,211,261			
Professional		Visits	415,795			\$	-	\$ 63,598,675		2.5% 2.0%	
Other		Services	33,114			\$	-	\$ 8,324,483		-4.0% 14.5%	
Rx		Scripts		\$ 56,439,493		\$		1) \$ 52,998,632		5.0% -1.5%	
Capitation	Av	verage Members	40,506		-	\$	-	\$ 529,323	l	0.0% 0.0%	
Total				\$ 198,173,146		\$		l) \$ 194,732,285			
PMPM				\$ 407.71	\$ -	\$	(7.08	3) \$ 400.63			

													Effective Allowed
		Experience Perio	d		Projection Factors			P	PMPM				
Service Category Experience Period Allowed	Utilization Measure	Util / 1000	Unit Cost	PMPM	Population Risk / Morbidity*	Other	Cost Factor	Utilization Factor 1	Total Factor	Util / 1000	Unit Cost	PMPM	Annual Trend
Inpatient	Admits	55.49 \$	14,268.78 \$	65.98	1.01	1.00	1.080	0.934	1.02	52.33	\$ 15,417.10	\$ 67.23	0.4%
Outpatient	Visits	833.23 \$	1,102.54 \$	76.56	1.01	1.00	1.140	1.092	1.26	919.20	\$ 1,257.00	\$ 96.29	10.2%
Professional	Visits	10,265.13 \$	152.96 \$	130.84	1.01	1.00	1.057	1.046	1.12	10,840.18	\$ 161.70	\$ 146.07	4.5%
Other	Services	817.51 \$	251.39 \$	17.13	1.01	1.21	0.912	1.356	1.51	1,119.77	\$ 277.49	\$ 25.89	9.9%
Rx	Scripts	11,280.40 \$	115.99 \$	109.04	1.01	1.00	1.116	0.967	1.09	11,012.28	\$ 129.45	\$ 118.79	3.4%
Capitation	Benefit Period	1,000.00 \$	13.07 \$	1.09	1.01	0.90	1.000	1.000	0.91	1,010.00	\$ 11.76	\$ 0.99	0.0%
Total		\$ 400.63 Projected Allowed Claims PMPM (EHB + Non-EHB)										\$ 455.26	5.0%
Non-EHB Claims In Projected PMPM**												\$ 1.15	

Index Rate for EHB \$ 454.11

6/12/2013 Allowed PMPM Projection Q2

^{*} Please refer to page 23 - 24 for more information.

^{**} Includes abortion claims and capitation for embedded adult vision benefit.

CareFirst BlueCross BlueShield (GHMSI)

D.C. Small Group Products - On & Off Exchange Rate Filing Effective 1/1/2014

GHMSI D.C. Small Group & Individual, Non-Medigap Allowed PMPM Projection (Includes EHB and Non-EHB Claims) & Derivation of Index Rate - Non-Grandfathered Business Only - 7/1/2014

		Begin	End	Mid-point	1	Months of	Trend]				
Experience Period		1/1/2012	12/31/2012	7/1/2012				pd through	2/28/2013			
Rating Period		7/1/2014	6/30/2015	12/30/2014		30.0		p=g				
Experience Period Summary	Total											
Experience Period Premiums	\$	189,492,989										
MLR Rebates (enter as negative)	\$	· · · · -										
Net Experience Period Premiums	\$	189,492,989										
·												
Experience Period Paid Claims (Non-Capitated)	\$	172,521,776										
Completion Factor		0.99										
Experience Period Incurred Claims (Non-Capitated)	\$	174,165,315										
Capitations	\$	529,323										
Rx Rebates	\$	(3,440,861)										
Other Manual Claims	\$	-										
Total Experience Period Claims	\$	171,253,777										
Experience Period Loss Ratio (Before MLR Rebates)		90.37%										
Experience Period Loss Ratio (After MLR Rebates)		90.37%										
Experience Period Loss Ratio (System Claims Only)		91.91%										
Experience Period Member Months		486,067										
Average Members		40,506										
End of Experience Period Contracts		22,527										
End of Experience Period Members		40,753										
Experience Period Allowed Claims (Non-Capitated)	\$	197,643,823										
Adjustments	\$	(2,911,538)										
Total Adjusted EP Allowed Claims	\$	194,732,285										
EP Paid / Allowed Ratio		87.9%										
Service Category Level Projection												
Service entegory rever Projection										Annual Tre	and Innuts	
Service Category Experience Period Allowed	Utiliza	ation Measure	EP Units	EP Allowed \$	Other		Rx Rebates	Net Allowed		Cost Trend Ut	•	
Inpatient	020	Admits		\$ 32,069,911 \$		\$	-	\$ 32,069,911		3.5%	-3.0%	
Outpatient		Visits		\$ 37,211,261 \$		\$	_	\$ 37,211,261		6.0%	4.0%	
Professional		Visits	,	\$ 63,598,675 \$		\$		\$ 63,598,675		2.5%	2.0%	
Other		Services	33,114			\$		\$ 8,324,483		-4.0%	14.5%	
Rx		Scripts	,	\$ 56,439,493 \$		\$	(3.440.861)	\$ 52,998,632		5.0%	-1.5%	
Capitation	Aver	rage Members	40,506			\$		\$ 529,323		0.0%	0.0%	
Total				\$ 198,173,146 \$	_	Ś		\$ 194,732,285			3.01.	
PMPM				\$ 407.71 \$		Ś	(7.08)					
				, y		7	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,				

													Effective Allowed
		Experience Perio	od		Projection Factors				_	-	Projected		PMPM
Service Category Experience Period Allowed	Utilization Measure	Util / 1000	Unit Cost	PMPM	Population Risk / Morbidity*	Other	Cost Factor	Utilization Factor	Total Factor	Util / 1000	Unit Cost	PMPM	Annual Trend
Inpatient	Admits	55.49 \$	14,268.78 \$	65.98	1.01	1.00	1.090	0.927	1.02	51.93	\$ 15,550.26	\$ 67.30	0.4%
Outpatient	Visits	833.23 \$	1,102.54 \$	76.56	1.01	1.00	1.157	1.103	1.29	928.26	\$ 1,275.44	\$ 98.66	10.2%
Professional	Visits	10,265.13 \$	152.96 \$	130.84	1.01	1.00	1.064	1.051	1.13	10,893.97	\$ 162.70	\$ 147.70	4.5%
Other	Services	817.51 \$	251.39 \$	17.13	1.01	1.21	0.903	1.403	1.55	1,158.32	\$ 274.67	\$ 26.51	9.9%
Rx	Scripts	11,280.40 \$	115.99 \$	109.04	1.01	1.00	1.130	0.963	1.10	10,970.75	\$ 131.04	\$ 119.80	3.4%
Capitation	Benefit Period	1,000.00 \$	13.07 \$	1.09	1.01	0.90	1.000	1.000	0.91	1,010.00	\$ 11.76	\$ 0.99	0.0%
Total			\$	400.63			=	Proj	ected Allowed (Claims PMPM (El	HB + Non-EHB)	\$ 460.96	5.0%
					•				Non-FH	B Claims In Proie	cted PMPM**	\$ 1.16	

Index Rate for EHB \$ 459.80

6/12/2013 20 Allowed PMPM Projection Q3

^{*} Please refer to page 23 - 24 for more information.

^{**} Includes abortion claims and capitation for embedded adult vision benefit.

CareFirst BlueCross BlueShield (GHMSI)

D.C. Small Group Products - On & Off Exchange Rate Filing Effective 1/1/2014

GHMSI D.C. Small Group & Individual, Non-Medigap Allowed PMPM Projection (Includes EHB and Non-EHB Claims) & Derivation of Index Rate - Non-Grandfathered Business Only - 10/1/2014

		Begin	End	Mid-point		Months of Tre	end					
Experience Period		1/1/2012	12/31/2012	7/1/2012				pd through	2/28/2013			
Rating Period		10/1/2014	9/30/2015	4/1/2015		33.0						
Experience Period Summary	Tota	ı										
Experience Period Premiums	\$	189,492,989										
MLR Rebates (enter as negative)	\$	-										
Net Experience Period Premiums	\$	189,492,989										
Experience Period Paid Claims (Non-Capitated)	\$	172,521,776										
Completion Factor		0.99										
Experience Period Incurred Claims (Non-Capitated)	\$	174,165,315										
Capitations	\$	529,323										
Rx Rebates	\$	(3,440,861)										
Other Manual Claims	\$	-										
Total Experience Period Claims	\$	171,253,777										
Experience Period Loss Ratio (Before MLR Rebates)		90.37%										
Experience Period Loss Ratio (After MLR Rebates)		90.37%										
Experience Period Loss Ratio (System Claims Only)		91.91%										
Experience Period Member Months		486,067										
Average Members		40,506										
End of Experience Period Contracts		22,527										
End of Experience Period Members		40,753										
Experience Period Allowed Claims (Non-Capitated)	\$	197,643,823										
Adjustments	\$	(2,911,538)										
•	\$											
Total Adjusted EP Allowed Claims EP Paid / Allowed Ratio	\$	194,732,285 87.9%										
EP Paid / Allowed Ratio		67.9%										
Service Category Level Projection												
,										Annual Trend	d Inputs	
Service Category Experience Period Allowed	Util	ization Measure	EP Units	EP Allowed \$	Other	R	x Rebates	Net Allowed		Cost Trend Util	-	
Inpatient		Admits	2,248	\$ 32,069,911 \$	-	\$	-	\$ 32,069,911		3.5%	-3.0%	
Outpatient		Visits	33,750	\$ 37,211,261 \$	-	\$	-	\$ 37,211,261		6.0%	4.0%	
Professional		Visits		\$ 63,598,675 \$	-	\$		\$ 63,598,675		2.5%	2.0%	
Other		Services	33,114	. , , , .		\$		\$ 8,324,483		-4.0%	14.5%	
Rx		Scripts	,	\$ 56,439,493 \$		•		\$ 52,998,632		5.0%	-1.5%	
Capitation	A۱	verage Members	40,506			\$		\$ 529,323		0.0%	0.0%	
Total		0-	,	\$ 198,173,146 \$				\$ 194,732,285				
PMPM				\$ 407.71 \$		\$ \$	(7.08)	. , ,				
• • • • • • • • • • • • • • • • • • • •				7		*	(7.00)	700.03				

													Effective Allowed
		Experience Perio	od		Projection Factors				_	ı	Projected		PMPM
Service Category Experience Period Allowed	Utilization Measure	Util / 1000	Unit Cost	PMPM	Population Risk / Morbidity*	Other	Cost Factor	Utilization Factor	Total Factor	Util / 1000	Unit Cost	PMPM	Annual Trend
Inpatient	Admits	55.49 \$	14,268.78 \$	65.98	1.01	1.00	1.099	0.920	1.02	51.54	\$ 15,684.58	\$ 67.36	0.4%
Outpatient	Visits	833.23 \$	1,102.54 \$	76.56	1.01	1.00	1.174	1.114	1.32	937.40	\$ 1,294.16	\$ 101.10	10.2%
Professional	Visits	10,265.13 \$	152.96 \$	130.84	1.01	1.00	1.070	1.056	1.14	10,948.04	\$ 163.70	\$ 149.35	4.5%
Other	Services	817.51 \$	251.39 \$	17.13	1.01	1.21	0.894	1.451	1.59	1,198.20	\$ 271.88	\$ 27.15	9.9%
Rx	Scripts	11,280.40 \$	115.99 \$	109.04	1.01	1.00	1.144	0.959	1.11	10,929.38	\$ 132.65	\$ 120.81	3.4%
Capitation	Benefit Period	1,000.00 \$	13.07 \$	1.09	1.01	0.90	1.000	1.000	0.91	1,010.00	\$ 11.76	\$ 0.99	0.0%
Total			\$	400.63			=	Proj	ected Allowed (Claims PMPM (EF	IB + Non-EHB)	\$ 466.76	5.0%
					•				Non-EH	B Claims In Proje	cted PMPM**	\$ 1.18	<u> </u>

Index Rate for EHB \$ 465.58

* Please refer to page 23 - 24 for more information.

6/12/2013 Allowed PMPM Projection Q4

^{**} Includes abortion claims and capitation for embedded adult vision benefit.

D.C. GHMSI Small Group Experience Experience Period: 1/1/2012 - 12/31/2012, Paid Through 2/28/2013

		Non-Grandfat (Used in Ba	hered Sma l ase Period D	oup	Total Small Group (Grandfathered & Non) (Used in Historical Trend Analysis)					
Service Category	Α	llowed Amount	Units	Alle	owed PMPM		Allowed Amount	Units	Allo	wed PMPM
Inpatient	\$	30,183,419	2,126	\$	68.02	\$	36,081,494	2,558	\$	67.71
Outpatient	\$	34,983,721	31,804	\$	78.84	\$	41,845,726	38,064	\$	78.52
Professional	\$	59,880,882	391,716	\$	134.95	\$	72,196,646	472,667	\$	135.48
Other	\$	7,710,357	32,718	\$	17.38	\$	9,680,716	40,741	\$	18.17
Rx	\$	54,359,519	435,900	\$	122.51	\$	54,386,084	436,140	\$	102.06
Capitation	\$	468,862		\$	1.06	\$	563,106		\$	1.06
Total (Including Capitations)	\$	187,586,761		\$	422.76	\$	214,753,772		\$	402.98
Member Months		443,718					532,908			

The base period data used in developing the index rate reflects only non-grandfathered business. The historical trend analysis also includes grandfathered Small Group business, as we do not have reliable means of separating grandfathered and non-grandfathered Small Group data prior to 2011. Approximately 16.4% of current D.C. GHMSI Small Group enrollment is grandfathered business.

Morbidity of Small Group/Individual Combined Pool

The current combined Individual/Small Group non-Grandfathered pool is expected to increase from approximately 68,000 members today to approximately 77,000 members in 2014. This 9,000 member increase is expected to come from an influx of the following new entrants:

- a) Prior grandfathered members (Underwritten, HIPAA, Group Conversion, Open Enrollment) ~400 members
- b) Former large group enrollees ~800 members
- c) Former small group enrollees ~800 members
- d) Newly insured entrants who were formerly uninsured ~4,000 members
- e) Grandfathered small groups choosing to purchase small group coverage on the SHOP Exchange ~3,000 members

The estimated average morbidity of these 9,000 new entrants is approximately 1.08 compared to the current Small Group/Individual merged pool. When blended with the 1.0 morbidity of the current pool, this yields a resultant 2014 morbidity of 1.01 in relation to the current non-Grandfathered pool.

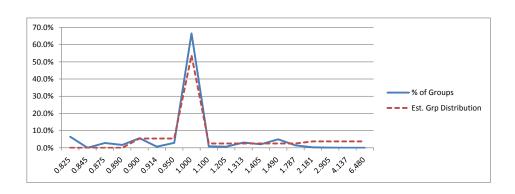
Derivation of Population Risk/Morbidity Factor for Combined Pool

Total D.C. Small Group Experience by HIPAA Factor / Underwriting Factor

L			В	ase Data (Inc	urred 1/2	2012 - 12	/2012, Pa	id throug	h 2/2013)			Projected							
	HIPAA Factor	Claims		Revenue	Loss Ratio	Group Count	Member Months	% of Groups	% of Member Months	Avg Mems/Grp	Claims PMPM	Est. Grp Distribution	Est. Grp Count	Est. Member Months	Est. Member Month Distr'n	Est. Cla	ims	E	st. Claims PMPM
1	0.825	\$ 18,382,030	\$	19,710,539	93.3%	311	67,053	6.5%	7.2%	17.97	\$ 274.14	0.0%	-	-	0.0%	\$	-	\$	-
2	0.845	\$ -	\$	-	0.0%	-	-	0.0%	0.0%	-	\$ -	0.0%	-	-	0.0%	\$	-	\$	-
3	0.875	\$ 8,104,362	\$	9,516,757	85.2%	134	27,950	2.8%	3.0%	17.38	\$ 289.96	0.0%	-	-	0.0%	\$	-	\$	-
4	0.890	\$ 2,660,613	\$	3,539,435	75.2%	79	11,242	1.6%	1.2%	11.86	\$ 236.67	0.0%	-	-	0.0%	\$	-	\$	-
5	0.900	\$ 16,454,567	\$	17,739,406	92.8%	271	58,157	5.6%	6.2%	17.88	\$ 282.93	5.4%	261	55,940	6.9%	\$ 15,82	7,385	\$	282.93
6	0.914	\$ 2,284,948	\$	2,106,698	108.5%	33	6,145	0.7%	0.7%	15.52	\$ 371.84	5.4%	261	48,540	6.0%	\$ 18,04	9,049	\$	371.84
7	0.950	\$ 11,777,971	\$	11,244,363	104.7%	139	34,514	2.9%	3.7%	20.69	\$ 341.25	5.4%	261	64,725	7.9%	\$ 22,08	7,557	\$	341.25
8	1.000	\$ 208,506,279	\$:	240,254,392	86.8%	3,206	640,675	66.5%	68.8%	16.65	\$ 325.45	53.8%	2,593	518,113	63.6%	\$ 168,61	8,773	\$	325.45
9	1.100	\$ 2,640,586	\$	3,085,529	85.6%	43	8,040	0.9%	0.9%	15.58	\$ 328.43	2.5%	121	22,535	2.8%	\$ 7,40	1,316	\$	328.43
0	1.205	\$ 1,808,654	\$	2,704,112	66.9%	33	5,934	0.7%	0.6%	14.98	\$ 304.80	2.5%	121	21,673	2.7%	\$ 6,60	5,698	\$	304.80
1	1.313	\$ 6,011,431	\$	9,176,150	65.5%	148	20,751	3.1%	2.2%	11.68	\$ 289.69	2.5%	121	16,899	2.1%	\$ 4,89	5,457	\$	289.69
2	1.405	\$ 5,641,465	\$	8,537,575	66.1%	100	18,040	2.1%	1.9%	15.03	\$ 312.72	2.5%	121	21,743	2.7%	\$ 6,79	9,376	\$	312.72
3	1.490	\$ 8,936,386	\$	13,541,986	66.0%	237	26,088	4.9%	2.8%	9.17	\$ 342.55	2.5%	121	13,267	1.6%	\$ 4,54	4,548	\$	342.55
4	1.787	\$ 2,411,007	\$	3,513,776	68.6%	66	5,454	1.4%	0.6%	6.89	\$ 442.06	2.5%	121	9,960	1.2%	\$ 4,40	2,828	\$	442.06
5	2.181	\$ 230,967	\$	450,370	51.3%	13	621	0.3%	0.1%	3.98	\$ 371.93	3.8%	181	8,636	1.1%	\$ 3,21	1,996	\$	371.93
6	2.905	\$ 79,227	\$	221,119	35.8%	5	221	0.1%	0.0%	3.68	\$ 358.49	3.8%	181	7,991	1.0%	\$ 2,86	4,659	\$	358.49
7	4.137	\$ 5,535	\$	8,532	64.9%	2	6	0.0%	0.0%	0.25	\$ 922.50	3.8%	181	542	0.1%	\$ 50	0,330	\$	922.50
8	6.480	\$ 54,482	\$	50,732	107.4%	1	24	0.0%	0.0%	2.00	\$ 2,270.09	3.8%	181	4,339	0.5%	\$ 9,84	9,690	\$	2,270.09
al	1.039	\$ 295,990,510	\$ 3	345,401,471	85.7%	4,821	930,915	100.0%	100.0%	16.09	\$ 317.96	100.0%	4,821	814,903	100.0%	\$ 275,65	8,663	\$	338.27

Small Group Population Adjustment Due to Loss of Rating Factors:	1.06

	Current	Projected
% Below 1.0	20.1%	16.2%
% at 1.0	66.5%	53.8%
% >1.0 <2.0	13.0%	15.0%
% Above 2.0	0.4%	15.0%
Total	100.0%	100.0%



CareFirst BlueCross BlueShield (GHMSI)

D.C. Small Group Products - On & Off Exchange Rate Filing Effective 1/1/2014 Impact of New Essential Health Benefits in Individual, Non-Medigap Market

Maternity

Currently, only room & board for maternity is covered as part of the core benefit for Individual, Non-Medigap business. A rider must be purchased for full maternity coverage. As a result, current Individual GHMSI maternity utilization is low. This is projected to increase to the D.C. Small Group level, which is guaranteed-issue and provides full maternity coverage.

Individual Util/1000		8.0	Individ	lual Cost/Case	\$	1,837.57
D.C. Small Group Util/1000		19.4	D.C. Sr	mall Group Cost/Case	\$	2,018.10
Expected Change in Util/1000		11.4	No Exp	pected Change in Cost/Ca	ase	
Change in Individual Allowed Cost PMPM	\$	1.75				
Impact of Maternity on Individual Market PN	МРМ		\$	1.75		
Impact on Individual & Small Group Market (Combin	ed PMPM	\$	0.15		
Adinatus ant Fastan (Corall Corace C to dividual				1.00		
Adjustment Factor (Small Group & Individual	11)			1.00		

CareFirst BlueCross BlueShield (GHMSI) D.C. Small Group Products - On & Off Exchange Rate Filing Effective 1/1/2014 Experience - Maternity

Experience Period Incurred 10/1/11 - 9/30/12

\$2,018.10

Average Group

Allowed Cost/Case		Cases/1000		Allowed Claims PMPM		% of Total PMPM		Allowed Amounts	
	Maternity		Maternity		Maternity		Maternity		
Ind PPO HSA	\$1,920.51	Ind PPO HSA	8	Ind PPO HSA	\$1.32	Ind PPO HSA	0.7%	Ind PPO HSA	\$55,191,296
Ind PPO non-CDH	\$1,793.91	Ind PPO non-CDH	8	Ind PPO non-CDH	\$1.12	Ind PPO non-CDH	0.5%	Ind PPO non-CDH	\$104,839,133
Ind Indemnity	\$1,917.77	Ind Indemnity	12	Ind Indemnity	\$1.83	Ind Indemnity	0.8%	Ind Indemnity	\$164,495,406
Ind HMO HSA	\$1,779.05	Ind HMO HSA	28	Ind HMO HSA	\$4.30	Ind HMO HSA	2.2%	Ind HMO HSA	\$28,750,429
Ind HMO non-CDH	\$1,877.81	Ind HMO non-CDH	33	Ind HMO non-CDH	\$5.18	Ind HMO non-CDH	2.0%	Ind HMO non-CDH	\$27,457,093
Ind HB Triple Option	\$1,741.61	Ind HB Triple Option	66	Ind HB Triple Option	\$9.52	Ind HB Triple Option	4.1%	Ind HB Triple Option	\$12,704,876
Ind HB HSA	\$2,285.93	Ind HB HSA	37	Ind HB HSA	\$7.10	Ind HB HSA	3.3%	Ind HB HSA	\$765,124
Ind HB 2.0	\$997.40	Ind HB 2.0	9	Ind HB 2.0	\$0.77	Ind HB 2.0	0.5%	Ind HB 2.0	\$6,641,297
DC 50- PPO HSA	\$1,816.96	DC 50- PPO HSA	19	DC 50- PPO HSA	\$2.77	DC 50- PPO HSA	0.7%	DC 50- PPO HSA	\$16,553,050
DC 50- PPO HRA	\$1,767.33	DC 50- PPO HRA	40	DC 50- PPO HRA	\$5.87	DC 50- PPO HRA	1.7%	DC 50- PPO HRA	\$4,099,787
DC 50- PPO	\$2,041.45	DC 50- PPO	19	DC 50- PPO	\$3.23	DC 50- PPO	0.8%	DC 50- PPO	\$186,583,096
DC 50- HMO HSA	\$1,740.83	DC 50- HMO HSA	16	DC 50- HMO HSA	\$2.39	DC 50- HMO HSA	1.2%	DC 50- HMO HSA	\$3,916,856
DC 50- HMO HRA	\$2,149.07	DC 50- HMO HRA	19	DC 50- HMO HRA	\$3.42	DC 50- HMO HRA	1.4%	DC 50- HMO HRA	\$1,345,234
DC 50- HMO	\$1,712.73	DC 50- HMO	22	DC 50- HMO	\$3.18	DC 50- HMO	1.2%	DC 50- HMO	\$29,608,245
DC 50- HMO OO	\$2,091.14	DC 50- HMO OO	20	DC 50- HMO OO	\$3.40	DC 50- HMO OO	1.0%	DC 50- HMO OO	\$31,110,034
DC 50- BC Adv	\$2,118.72	DC 50- BC Adv	32	DC 50- BC Adv	\$5.77	DC 50- BC Adv	1.8%	DC 50- BC Adv	\$2,221,528
DC 50- HB Non-CDH	\$3,262.82	DC 50- HB Non-CDH	7	DC 50- HB Non-CDH	\$1.84	DC 50- HB Non-CDH	0.8%	DC 50- HB Non-CDH	\$406,703
Average Individual	\$1,837.57	Average Individual	8.0						

19.4

Average Group

CareFirst BlueCross BlueShield (GHMSI)

D.C. Small Group Products - On & Off Exchange Rate Filing Effective 1/1/2014

Derivation of Embedded Pediatric Dental Rate Projection Period: 1/1/2014 - 12/31/2014

#	Formula	Description	%	PMPM
1		Base D.C. Dental Allowed PMPM For Members Age 19 and Under Classes 1 -4	\$	15.68
2		Adjustment to D.C. Benchmark Plan (D.C. FEDVIP)	-1.24%	
3	(3) = (1)*(1+(2))	Adjusted Allowed PMPM Classes 1 - 4	\$	15.49
4		Base D.C. Dental Allowed PMPM For Members Age 19 and Under Class 5 (Ortho)	\$	2.71
5		Adjustment to D.C. Benchmark Plan	-40%	
6	(6) = (4*(1+(5))	Adjusted Allowed PMPM Class 5 (Ortho)	\$	1.63
7		Estimated Base Period Allowed PMPM Adjusted to D.C. Benchmark	\$	17.12
8		Completion Factor (Incurred 12, Paid 14)		0.980
9	(9) = (7)/(8)	Ultimate Base Period Allowed PMPM Adjusted to D.C. Benchmark	\$	17.46
10		Assumed Annual Trend	0.0%	
11		Assumed Trend Factor for 30 months	1.000	
12	(12) = (9)*(11)	Projected Allowed Pediatric PMPM	\$	17.46
13		Adjustment to Dental PPO Fee Schedule	0.872	
14	(14) = (12)*(13)	Projected Allowed Pediatric PMPM Based On PPO Fee Schedule	\$	15.22
15		Adjustment for Planned 1/1/2014 Fee Schedule Increase	1.02	
16	(16) = (14)*(15)	Projected Allowed Pediatric PMPM Adjusted for Fee Schedule Changes	\$	15.53
17		% of D.C. Small Group & Individual, Non-Medigap Market Age 19 and Under	23.0%	
18	(18) = (16)*(17)	Projected Allowed Pediatric Dental PMPM Spread Over Single Risk Pool	\$	3.56
19		Base Period Other Medical PMPM	\$	17.13
20		Projection Factor Entered To Adjust Other Medical Category		1.21
21		Impact on Total Medical and Rx Base Period PMPM		1.01
Notes:				
Row 1	Allowed PMPM for exper	rience period of 07/2011 - 06/2012, pd through 08/2012 for Classes 1- 4		
Row 2	Adjustment factor to acc	ount for coverage differences between current plans and D.C. Benchmark plan for Classes 1	4	
Row 4	Allowed PMPM for expen	rience period of 07/2011 - 06/2012, pd through 08/2012 for Class 5 (Ortho)		
Row 5	Adjustment factor to acc CareFirst's Dental Director	ount for coverage differences between current plans and D.C. Benchmark plan for Class 5 (op.	Ortho), as provid	ded by
Row 10	Assumed pricing trend is	0% for this derivation. The dental rate will be trended once embedded in the medical rate.		

	Begin	End	Mid-point	Months of Trend
Experience period	7/1/2011	6/30/2012	12/30/2011	
Rating Period	1/1/2014	12/31/2014	7/2/2014	30.0

Row 11 Projected through 12/31/2014.

Row 20 Benefit factor applied to Base Period Allowed PMPM.

Row 13 Adjustment to PPO plan basis from blended product basis implicit in base experience data

Derivation of Pediatric Dental Effective Coinsurance

	Αl	lowed			
	PI	MPM*	Plan Coinsurance	Plar	n Portion
Level 1	\$	11.80	100%	\$	11.80
Level 2	\$	3.17	80%	\$	2.54
Level 3	\$	2.08	80%	\$	1.67
Level 4	\$	0.38	50%	\$	0.19
Level 5	\$	1.83	50%	\$	0.92
Total	\$	19.26		\$	17.11
Effective Coinsurance					88.8%

^{*} Based on the combined D.C. Small Group dental book of business over the experience period 7/2011 - 6/2012, paid through 8/2012, projected to 2014, and adjusted to the PMPM and utilization distribution of the expected pediatric population.

CareFirst BlueCross BlueShield (GHMSI)

D.C. Small Group Products - On & Off Exchange Rate Filing Effective 1/1/2014

Vision Embedded in Medical Plan Projection Period: 1/1/2014 - 12/31/2014

Derivation of Embedded Pediatric Vision Rate

Small Group Embedded PMPM (Davis Vision Capitation)	\$	1.25
% of D.C. Small Group Market Age 19 and Under		22.9%
Pediatric Vision PMPM Spread Small Group Market	\$	0.29
Individual, non-Medigap Embedded PMPM (Davis Vision Capitation)	\$	1.77
% of D.C. Individual, non-Medigap Market Age 19 and Under		23.5%
Pediatric Vision PMPM Spread Over Individual Market	\$	0.42
Blended EHB Pediatric Vision PMPM Spread Over Entire Single Risk Pool	\$	0.30
Devicestion of Embadded Adult Vision Date (Non FUD Individual Mark	rot Ombul	
Derivation of Embedded Adult Vision Rate (Non-EHB, Individual Mark	<u>.et Only)</u>	
Individual, non-Medigap Embedded PMPM (Davis Vision Capitation)	\$	1.16
% of D.C. Individual, non-Medigap Market Over Age 19		76.5%
Embedded Adult Vision PMPM Spread Over Individual Market	\$	0.89
Blended Non-EHB Adult Vision PMPM Spread Over Entire Single Risk Pool	\$	0.08
Derivation of Projection Factor		
· · · · · · · · · · · · · · · · · · ·		
Total Embedded Vision PMPM	\$	0.38
Experience Period Core Vision Capitation PMPM	\$	0.40
\$ Change from Experience to Projection Period PMPM	\$	(0.11)
Total Experience Period Capitation PMPM	\$	1.09
Projection Factor to Adjust Capitation Category	Ψ	0.90
ojection . acto. to Majast capitation category		0.50

CareFirst BlueCross BlueShield (GHMSI)

D.C. Small Group Products - On & Off Exchange Rate Filing Effective 1/1/2014 Estimate of Non-EHB Claims - Individual, non-Medigap & Small Group Markets Combined

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

Total - Abortion Related	Allowed Amount	2012 Member Months	Exp Period PMPM		Projected PMPM
GHMSI	\$580,493	631,945	\$0.92	_	
		_		1Q14	\$1.05

1Q14 \$1.05 2Q14 \$1.07 3Q14 \$1.08 4Q14 \$1.10

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

Refer to page 29 for details.

Projected PMPM Spread Over Individual Market

Blended with Small Group

\$0.89

1Q14	\$0.08
2Q14	\$0.08
3Q14	\$0.08
4Q14	\$0.08

Projection Period

Projected PMPM

Non-EHB

1Q14	
2Q14	
3Q14	\$1.16
4Q14	\$1.18

Adjustments for Small Group Benefits in Excess of EHB

<u>1Q14</u>	Med	Rx	Total
Index Rate for EHB	\$ 330.73	\$ 117.80	\$ 448.53
Benefits to be Covered in Excess of EHB On & Off Exchange (PMPM)			
Abortion*	\$ 1.07	\$ -	\$ 1.07
Total Adjustment to Index Rate	0.32%	0.00%	0.24%
		_	
<u>2Q14</u>	Med	Rx	Total
Index Rate for EHB	\$ 335.32	\$ 118.79	\$ 454.11
Benefits to be Covered in Excess of EHB On & Off Exchange (PMPM)			
Abortion*	\$ 1.08	\$ -	\$ 1.08
Total Adjustment to Index Rate	0.32%	0.00%	0.24%
<u>3Q14</u>	Med	Rx	Total
Index Rate for EHB	\$ 340.00	\$ 119.80	\$ 459.80
Benefits to be Covered in Excess of EHB On & Off Exchange (PMPM)			
Abortion*	\$ 1.10	\$ -	\$ 1.10
Total Adjustment to Index Rate	0.32%	0.00%	0.24%
<u>4Q14</u>	Med	Rx	Total
Index Rate for EHB	\$ 344.77	\$ 120.81	\$ 465.58
Benefits to be Covered in Excess of EHB On & Off Exchange (PMPM)			
Abortion*	\$ 1.12	\$ -	\$ 1.12
Total Adjustment to Index Rate	0.32%	0.00%	0.24%

^{*} Based on calendar year 2012 experience for DC GHMSI Small Group business, trended to 2014.

EHBs & Non-EHBs SUMMARY

1	2	3	4	5	6
			•	CLAIMS PMPM	
			IND64-	SG	IND64- & SG
EHBs and Non-EHBs			<u>GH</u>	<u>GH</u>	<u>GH</u>
Removed from Experience Period	Non-EHB: Adult Core Vision		(\$0.40)	(\$0.40)	(\$0.40)
Index Rate	Non-EHB: Abortion		(\$0.82)	(\$0.94)	(\$0.92)
	EHB: Morbid Obesity	Currently Cover	n/a	n/a	n/a
	EHB: Hospice Hospital Bereavement	Cover up to \$100 Benefit Max	n/a	n/a	n/a
-	EHB: Hair Prosthesis	Cover up to \$350	n/a	n/a	n/a
	Non-EHB Subtotal:		(\$1.22)	(\$1.34)	(\$1.32)
Added to Projection Period	Non-EHB: Adult Core Vision		\$1.11	n/a	
ON EXCHANGE	Non-EHB: Abortion		\$0.95	\$1.07	
_	EHB: Pediatric Dental		\$4.41	\$4.30	\$4.31
	EHB: Pediatric Vision		\$0.42	\$0.29	\$0.30
	EHB: Transgender	Removal of Exclusion	\$0.00	\$0.00	\$0.00
	EHB: Hair Prosthesis	Removed \$350 Benefit Max	\$0.00	\$0.00	\$0.00
	EHB: Hospice Hospital Bereavement	Remove \$100	\$0.00	\$0.00	\$0.00
	EHB: Maternity		\$1.93	\$0.00	\$0.00
	Non-EHB Subtotal:		\$2.06	\$1.07	
_	New EHB Subtotal:		\$6.76	\$4.58	
	TOTAL:		\$8.82	\$5.65	
Added to Projection Period	Non-EHB: Adult Core Vision			n/a	
OFF EXCHANGE	Non-EHB: Abortion			\$1.07	
	EHB: Pediatric Dental		No Individual	\$4.30	\$4.31
	EHB: Pediatric Vision		Off-Exchange	\$0.29	\$0.30
	EHB: Transgender		market	\$0.00	\$0.00
	EHB: Hair Prosthesis			\$0.00	\$0.00
	EHB: Hospice Hospital Bereavement			\$0.00	\$0.00
	EHB: Maternity			\$0.00	\$0.00
	Non-EHB Subtotal:			\$1.07	
<u>-</u>	New EHB Subtotal:			\$4.58	
	TOTAL:			\$5.65	
NET IMPACT:	ON-EXCHANGE:		\$7.60	\$4.32	n/a
	OFF-EXCHANGE:		n/a	\$4.32	n/a
Plan Level Gross PMPM:			\$330	\$511	
DICR:			77.0%	76.9%	
Plan Level Net PMPM:			\$254	\$393	
% of Gross:			2.3%	0.8%	
% of Net:			3.0%	1.1%	

⁴¹ Values used in filing are highlighted. EHBs use the combined pool of IND64- and SG, while IND64- and SG use market-specific values to add non-EHBs.

CareFirst BlueCross BlueShield (GHMSI) D.C. Small Group Products - On & Off Exchange Rate Filing Effective 1/1/2014 GHMSI Plan Level Rate Derivation - 1/1/2014

Assumes Index Rate = Projected Pool Allowed Claims PMPM for EHB On & Off Exchange Platinum** Metal Level Gold** Bronze* Silver** Platinum Platinum Gold Estimated AV 60.85% 70.90% 79.88% 89.44% 88.99% 88.25% 79.86% BluePreferred PPO BluePreferred PPO HSA/HRA BluePreferred PPO HSA/HRA BluePreferred PPO 100%/80%, Plan BluePreferred PPO \$1,000 100%/80%, BluePreferred PPO \$500 BluePreferred PPO \$1,200 \$4.000 \$2,000 Rx: \$10/20%/40%/50% Rx:\$10/\$45/\$65/50% Regional Preferred (RPN) **Network Type** 78079DC0230003, 78079DC0190001, 78079DC0170001, 78079DC0220016, 78079DC0220009, 78079DC0220001, 78079DC0220003, **HIOS Plan IDs** 78079DC0220017 78079DC0220007 78079DC0230004 78079DC0230002 78079DC0220002 78079DC0220013 78079DC0220006 **High Level Benefit Description** Integrated Integrated Med/Rx Integrated Med/Rx Integrated Med/Rx NonIntegrated Med and Rx NonIntegrated Med and Rx NonIntegrated Med and Rx NonIntegrated Med and Rx Individual Deductible \$4,000 \$2,000 \$1,000 \$0 \$0 \$500 \$1,200 Individual OOP Max \$6,350 \$4,000 \$3,000 \$2,000 \$1,100 \$1,500 \$4,000 \$20 PCP/\$30 Spec/\$200 \$20 PCP/\$30 Spec/\$200 Member Copay/Coinsurance 30% 20% 10% \$10 PCP/Spec, \$50 ER/0% \$20 PCP/Spec, \$100 ER/\$250 IP ER/\$250 IP ER/\$250 IP \$10 \$10 \$10 Generic \$10 \$10 \$10 \$10 Preferred Brand 20% 20% 20% 20% \$45 \$45 \$45 NonPreferred Brand 40% 40% 40% 40% \$65 \$65 \$65 Specialty 50% 50% 50% 50% 50% 50% 50% **Embedded Pediatric Dental** \$25 \$25 \$25 \$25 Deductible (Class 2-4) \$25 \$25 \$25 100% 100% Class 1 100% 100% 100% 100% 100% 80% Class 2 80% 80% 80% 80% 80% 80% Class 3 80% 80% 80% 80% 80% 80% 80% Class 4 50% 50% 50% 50% 50% 50% 50% Class 5 50% 50% 50% 50% 50% 50% 50% Out of Pocket Max Embedded in Med and Rx Projected Index Rate for EHB 448.53 448.53 \$ 448.53 \$ 448.53 \$ 448.53 \$ 448.53 \$ 448.53 Market Level Adjustments Risk Adjustment \$ Ś Ś -Ś Ś Ś Ś Exchange User Fees PMPM \$ Index Rate After Market Level Adjustments 448.53 \$ 448.53 \$ 448.53 \$ 448.53 \$ 448.53 \$ 448.53 \$ 448.53 Network Adjustment 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 0.4340 0.5447 0.6868 0.8886 0.8271 Cost Sharing Factor 0.8670 0.6728 Benefits In Excess of EHB* 1.0024 1.0024 1.0024 1.0024 1.0024 1.0024 1.0024 Admin Expense Adjustment 1.3080 1.3080 1.3004 1.3004 1.3004 1.3004 1.3004 Final Plan Specific Base Rate \$ 255.22 \$ 320.31 \$ 401.52 \$ 506.87 \$ 519.55 \$ 483.58 \$ 393.38 Pricing AV (Relv to Platinum Plan on Exchange) 49.1% 61.7% 77.3% 97.6% 100.0% 93.1% 75.7% Plan DICR 76.5% 76.5% 76.9% 76.9% 76.9% 76.9% 76.9% Assumed Membership Distribution 0.1% 0.6% 1.9% 2.3% 56.1% 14.5% 9.2% **Projected Member Months** 168 900 3,180 2,640 78,396 20,232 12,864 Plan Specific Paid / Allowed 46.52% 58.39% 73.62% 92.93% 95.26% 88.66% 72.13% Average Paid / Allowed Ratio - On Exchange 69.3% Average Pool Paid / Allowed Ratio 87.4% Adjustments to Derive Premium PMPM Normalize to Proposed Age Factors 0.928 0.928 0.928 0.928 0.928 0.928 0.928 1.006 **Adjust for Capped Dependents** 1.006 1.006 1.006 1.006 1.006 1.006

Plan Specific Premium PMPM

430.41 \$

543.34 \$

556.94 \$

518.38 \$

421.69

343.36 \$

<sup>\$ 273.59 \$ 34

*</sup> Covers abortion claims for plans on and off the exchange.

^{**} Off exchange plan name includes " - SE" on the end.

CareFirst BlueCross BlueShield (GHMSI) D.C. Small Group Products - On & Off Exchange Rate Filing Effective 1/1/2014 GHMSI Plan Level Rate Derivation - 1/1/2014

							On & Off	Exc	hange				
Metal Level Estimated AV			Gold 80.74%		Gold 79.20%		Silver 69.89%		Gold 78.06%		Silver 71.78%		Bronze 61.00%
Plan			red PPO \$1,000	В	luePreferred PPO \$2,000	ы	uePreferred PPO \$4,500	ы	uePreferred PPO HSA/HRA \$1,400	ы	uePreferred PPO HSA/HRA \$2,000, 100%/80%	Blue	Preferred PPO HSA/HRA \$4,500
Network Type			Preferred (RPN)	F	Regional Preferred (RPN)	R	legional Preferred (RPN)		Regional Preferred (RPN)		Regional Preferred (RPN)	Re	gional Preferred (RPN)
HIOS Plan IDs			DC0220010, DC0220014		78079DC0220004, 78079DC0220015		78079DC0220005, 78079DC0230009		78079DC0230001, 78079DC0230008		78079DC0230006, 78079DC0230010		78079DC0230005, 78079DC0220011
High Level Benefit Description	Integrated	NonIntegra	ited Med and Rx	N	IonIntegrated Med and Rx	No	onIntegrated Med and Rx		Integrated Med/Rx		Integrated Med/Rx		Integrated Med/Rx
	Individual Deductible	\$	\$1,000		\$2,000		\$4,500		\$1,400		\$2,000		\$4,500
	Individual OOP Max	Ş	3,500		\$5,000		\$6,350		\$2,800		\$4,500		\$6,350
	Member Copay/Coinsurance	\$20 PC	P/Spec, 20%		\$20 PCP/Spec, 0%		\$30 PCP/Spec, 0%		\$50 ER, 0%		\$200 ER/\$500 IP/0%		0%
	Generic		\$10		\$10		\$10		\$10		\$10		\$10
	Preferred Brand		\$45		\$45		\$45		\$45		\$45		\$45
	NonPreferred Brand		\$65		\$65		\$65		\$65		\$65		\$65
	Specialty		50%		50%		50%		50%		50%		50%
	Embedded Pediatric Dental												
	Deductible (Class 2-4)		\$25		\$25		\$25		\$25		\$25		\$25
	Class 1		100%		100%		100%		100%		100%		100%
	Class 2		80%		80%		80%		80%		80%		80%
	Class 3		80%		80%		80%		80%		80%		80%
	Class 4 Class 5		50% 50%		50% 50%		50% 50%		50% 50%		50% 50%		50% 50%
	Out of Pocket Max		d in Med and Rx		50% Embedded in Med and Rx	г.	mbedded in Med and Rx		Embedded in Med and Rx		Embedded in Med and Rx	Foo	50% bedded in Med and Rx
	Out of Pocket Max												
Projected Index Rate for EHB		\$	448.53	\$	448.53	\$	448.53	\$	448.53	\$	448.53	\$	448.5
Market Level Adjustments	Risk Adjustment	Ś		\$		\$	_	\$	_	\$		\$	
	Exchange User Fees PMPM	\$	-	\$	=	\$		\$	=	\$		\$	-
Index Rate After Market Level Ad	•	Ś	448.53		448.53			\$	448.53	\$		Ś	448.5
midex Rate Arter Warket Level Au	justinents	,	440.33	,	448.53	J	448.33	Ą	446.33	٠	448.53	Ą	440.3
Network Adjustment			1.0000		1.0000		1.0000		1.0000		1.0000		1.000
Cost Sharing Factor			0.6755		0.6414		0.5392		0.6473		0.5544		0.443
Benefits In Excess of EHB* Admin Expense Adjustment			1.0024 1.3004		1.0024 1.3004		1.0024 1.3004		1.0024 1.3080		1.0024 1.3080		1.00 1.30
Admin Expense Adjustment			1.3004		1.3004		1.3004		1.3080		1.3080		1.30
Final Plan Specific Base Rate		\$	394.95	-	375.00	\$	315.25	\$	380.65	\$	326.04	\$	261.0
Pricing AV (Relv to Platinum Plan	on Exchange)		76.0%		72.2%		60.7%		73.3%		62.8%		50.2
Plan DICR			76.9%		76.9%		76.9%		76.5%		76.5%		76.5
	on		1.1%		1.8%		0.7%		6.9%		1.7%		0.1
Assumed Membership Distribution			1,548		2,460		912		9,600		2,376		9
Projected Member Months					68.76%		57.80%		69.39%		59.43%		47.58
Projected Member Months Plan Specific Paid / Allowed	a Evelonge 60.39/		72.41%		00.7070								
Projected Member Months	=		72.41%		33.70%								
Projected Member Months Plan Specific Paid / Allowed Average Paid / Allowed Ratio - Or	•		72.41%		66.76%								
Projected Member Months Plan Specific Paid / Allowed Average Paid / Allowed Ratio - Or	o 87.4%			'									
Projected Member Months Plan Specific Paid / Allowed Average Paid / Allowed Ratio - Or Average Pool Paid / Allowed Rati	o 87.4%		0.928 1.006	'	0.928 1.006		0.928 1.006		0.928 1.006		0.928 1.006		0.92: 1.00

^{*} Covers abortion claims for plans on and off the exchange.

CareFirst BlueCross BlueShield (GHMSI) D.C. Small Group Products - On & Off Exchange Rate Filing Effective 1/1/2014 GHMSI Plan Level Rate Derivation - 1/1/2014

							On & Of	f E	xchange				
Metal Level Estimated AV			Gold 81.79%		Silver 71.58%		Platinum 90.26%		Platinum 89.81%		Gold 81.88%		Silver 70.81%
Plan		Blue	Preferred PPO \$1,000 100%/80%	Blue	Preferred PPO HSA/HRA \$1,800		HealthyBlue PPO \$300		HealthyBlue PPO \$600		HealthyBlue PPO \$1,500		ie PPO HSA/HRA \$2,000
Network Type			ional Preferred (RPN)	Re	egional Preferred (RPN)	F	Regional Preferred (RPN)		Regional Preferred (RPN)		Regional Preferred (RPN)		Preferred (RPN)
HIOS Plan IDs			78079DC0220008, 78079DC0220012		78079DC0230007, 78079DC0230011		78079DC0300002, 78079DC0300005		78079DC0300003, 78079DC0300006		78079DC0300001, 78079DC0300004		DC0310001, DC0310002
High Level Benefit Description	Integrated		ntegrated Med and Rx		Integrated Med/Rx	N	onIntegrated Med and Rx		NonIntegrated Med and Rx		NonIntegrated Med and Rx		ated Med/Rx
	Individual Deductible		\$1,000		\$1,800		\$300		\$600		\$1,500		\$2,000
	Individual OOP Max		\$3,500		\$4,500		\$1,500		\$1,500		\$5,500		\$6,350
	Member Copay/Coinsurance	٠.	250 ER/\$500 IP/0%		10%	\$0 P	CP/\$30 Spec/\$200 ER/\$300	\$1	0 PCP/\$30 Spec/\$200 ER/\$300	\$0	PCP/\$30 Spec/\$200 ER/\$300	\$0 PCP/5	30 Spec/\$200
	Wember Copay/Comsurance	Ş.	230 EN/3300 IP/0%		10%		IP		IP		IP	ER	/\$300 IP
	Generic		\$10		\$10		\$0		\$0		\$0		\$0
	Preferred Brand		\$45		\$45		\$45		\$45		\$45		\$45
	NonPreferred Brand		\$65		\$65		\$65		\$65		\$65		\$65
	Specialty		50%		50%		50%		50%		50%		50%
	Embedded Pediatric Dental Deductible (Class 2-4)		\$25		\$25		\$25		\$25		\$25		\$25
	Class 1		100%		100%		100%		100%		100%		100%
	Class 2		80%		80%		80%		80%		80%		80%
	Class 3		80%		80%		80%		80%		80%		80%
	Class 4		50%		50%		50%		50%		50%		50%
	Class 5		50%		50%		50%		50%		50%		50%
	Out of Pocket Max	Emb	edded in Med and Rx	Em	nbedded in Med and Rx	E	mbedded in Med and Rx		Embedded in Med and Rx		Embedded in Med and Rx	Embedde	d in Med and Rx
Projected Index Rate for EHB		\$	448.53	\$	448.53	\$	448.53	\$	448.53	\$	448.53	\$	448.53
Market Level Adjustments													
	Risk Adjustment	\$	-	\$		\$	=	\$		\$		\$	-
	Exchange User Fees PMPM	\$	-	\$		\$	-	\$		\$	-	\$	-
Index Rate After Market Level Ad	justments	\$	448.53	\$	448.53	\$	448.53	\$	448.53	\$	448.53	\$	448.53
Network Adjustment			1.0000		1.0000		1.0000		1.0000		1.0000		1.000
Cost Sharing Factor			0.6862		0.5599		0.7316		0.8476		0.7739		0.579
Benefits In Excess of EHB*			1.0024		1.0024		1.0024		1.0024		1.0024		1.002
Admin Expense Adjustment			1.3004		1.3080		1.3004		1.3004		1.3004		1.308
Final Plan Specific Base Rate		\$	401.20	\$	329.23	\$	427.75	\$	495.53	\$	452.49	\$	340.47
Pricing AV (Relv to Platinum Plan	on Exchange)		77.2%		63.4%		82.3%		95.4%		87.1%		65.5
Plan DICR			76.9%		76.5%		76.9%		76.9%		76.9%		76.59
Assumed Membership Distribution	on		1.5%		0.3%		0.1%		0.9%		0.1%		0.19
Projected Member Months			2,148		420		156		1,248		132		144
Plan Specific Paid / Allowed Average Paid / Allowed Ratio - O	n Exchange 69.3	2/	73.56%		60.01%		78.43%		90.86%		82.96%		62.06
Average Pool Paid / Allowed Ratio	•												
Adjustments to Derive Premium	PMPM Normalize to Proposed Age Factors		0.928		0.928		0.928		0.928		0.928		0.928
							0.928		0.928		0.928		
	Adjust for Capped Dependents		1.006		1.006		1.006		1.006		1.006		1.006

 $[\]ensuremath{^{*}}$ Covers abortion claims for plans on and off the exchange.

CareFirst BlueCross BlueShield (GHMSI) D.C. Small Group Products - On & Off Exchange Rate Filing Effective 1/1/2014 GHMSI Plan Level Rate Derivation - 4/1/2014

Assumes Index Rate = Projected Pool Allowed Claims PMPM for EHB

Assumes Index Rate = Projected Pool Allowe	d Claims PMPM for EHB							
					On & Off Exchange			
Metal Level		Bronze**	Silver**	Gold**	Platinum**	Platinum	Platinum	Gold
Estimated AV		60.85%	70.90%	79.88%	89.44%	88.99%	88.25%	79.86%
Plan		BluePreferred PPO HSA/HRA \$4,000	BluePreferred PPO HSA/HRA \$2,000	BluePreferred PPO \$1,000	BluePreferred PPO 100%/80%, Rx: \$10/20%/40%/50%	BluePreferred PPO 100%/80%, Rx:\$10/\$45/\$65/50%	BluePreferred PPO \$500	BluePreferred PPO \$1,200
Network Type		Regional Preferred (RPN) 78079DC0230003,	Regional Preferred (RPN) 78079DC0190001,	Regional Preferred (RPN) 78079DC0170001,	Regional Preferred (RPN) 78079DC0220016,	Regional Preferred (RPN) 78079DC0220009,	Regional Preferred (RPN) 78079DC0220001,	Regional Preferred (RPN) 78079DC0220003,
HIOS Plan IDs		78079DC0230004	78079DC0230002	78079DC0220002	78079DC0220017	78079DC0220013	78079DC0220006	78079DC0220007
High Level Benefit Description	Integrated	Integrated Med/Rx	Integrated Med/Rx	Integrated Med/Rx	NonIntegrated Med and Rx	NonIntegrated Med and Rx		NonIntegrated Med and Rx
	Individual Deductible	\$4,000	\$2,000	\$1,000	\$0	\$0	\$500	\$1,200
	Individual OOP Max	\$6,350	\$4,000	\$3,000	\$2,000	\$1,100	\$1,500	\$4,000
	Member Copay/Coinsurance	30%	20%	10%	\$20 PCP/\$30 Spec/\$200 ER/\$250 IP	\$20 PCP/\$30 Spec/\$200 ER/\$250 IP	\$10 PCP/Spec, \$50 ER/0%	\$20 PCP/Spec, \$100 ER/\$250 IP
	Generic	\$10	\$10	\$10	\$10	\$10	\$10	\$10
	Preferred Brand	20%	20%	20%	20%	\$45	\$45	\$45
	NonPreferred Brand	40%	40%	40%	40%	\$65	\$65	\$65
	Specialty	50%	50%	50%	50%	50%	50%	50%
	Embedded Pediatric Dental							
	Deductible (Class 2-4)	\$25	\$25	\$25	\$25	\$25	\$25	\$25
	Class 1	100% 80%	100%	100%	100% 80%	100%	100%	100%
	Class 2 Class 3	80%	80% 80%	80% 80%	80%	80% 80%	80% 80%	80% 80%
	Class 4	50%	50%	50%	50%	50%	50%	50%
	Class 5	50%	50%	50%	50%	50%	50%	50%
	Out of Pocket Max	Embedded in Med and Rx	Embedded in Med and Rx	Embedded in Med and Rx	Embedded in Med and Rx			
Projected Index Rate for EHB		\$ 454.11	\$ 454.11	\$ 454.11	\$ 454.11	\$ 454.11	\$ 454.11	\$ 454.11
Market Level Adjustments								
Warket Level Adjustments	Risk Adjustment	\$ -	\$ -	\$ -	Ś -	\$ -	\$ -	\$ -
	Exchange User Fees PMPM	\$ -		Š -	\$ -		\$ -	š -
Index Rate After Market Level Adjustments		\$ 454.11						
Network Adjustment		1.0000		1.000			1.0000	1.0000
Cost Sharing Factor		0.4340		0.686			0.8271	0.6728
Benefits In Excess of EHB* Admin Expense Adjustment		1.0024 1.3080		1.002			1.0024 1.3004	1.0024 1.3004
Admin Expense Adjustment		1.3000	1.3000	1.300	1.3004	1.3004	1.3004	1.3004
Final Plan Specific Base Rate Pricing AV (Relv to Platinum Plan on Exchange		\$ 258.40 49.1%		\$ 406.52 77.39			\$ 489.60 93.1%	
Plan DICR	(c)	76.5%	76.5%	76.99			76.9%	76.9%
Assumed Membership Distribution		0.1%	0.6%	2.39			14.5%	9.2%
Projected Member Months		96	540	2,040		50,964	13,140	8,376
Plan Specific Paid / Allowed		46.52%	58.39%	73.629	% 92.93%	95.26%	88.66%	72.13%
Average Paid / Allowed Ratio - On Exchange	69.							
Average Pool Paid / Allowed Ratio	87.	4%						
Adjustments to Derive Premium PMPM								
rejustments to belive Fremium PIMPIM	Normalize to Proposed Age Factors	0.928	0.928	0.928	0.928	0.928	0.928	0.928
	Adjust for Capped Dependents	1.006	1.006	1.006		1.006	1.006	1.006
Plan Specific Premium PMPM		\$ 276.99	\$ 347.63	\$ 435.77	\$ 550.11	\$ 563.86	\$ 524.83	
			1.000					

^{*} Covers abortion claims for plans on and off the exchange.

** Off exchange plan name includes " - SE" on the end.

CareFirst BlueCross BlueShield (GHMSI) D.C. Small Group Products - On & Off Exchange Rate Filing Effective 1/1/2014 GHMSI Plan Level Rate Derivation - 4/1/2014

Assumes Index Rate = Projected Pool Allowed	d Claims PMPM for EHB			0- 9 04	f Exchange		1
Metal Level		Gold	Gold	Silver	Gold	Silver	Bronze
Estimated AV		80.74%	79.20%	69.89%	78.06%	71.78%	61.00%
Estimated AV			7512070	03.0370			
Plan		BluePreferred PPO \$1,000 80%/60%	BluePreferred PPO \$2,000	BluePreferred PPO \$4,500	BluePreferred PPO HSA/HRA \$1,400	BluePreferred PPO HSA/HRA \$2,000, 100%/80%	BluePreferred PPO HSA/HRA \$4,500
Network Type		Regional Preferred (RPN) 78079DC0220010,	Regional Preferred (RPN) 78079DC0220004,	Regional Preferred (RPN) 78079DC0220005,	Regional Preferred (RPN) 78079DC0230001,	Regional Preferred (RPN) 78079DC0230006,	Regional Preferred (RPN) 78079DC0230005,
HIOS Plan IDs		78079DC0220014	78079DC0220015	78079DC0230009	78079DC0230008	78079DC0230010	78079DC0220011
High Level Benefit Description	Integrated	NonIntegrated Med and Rx	NonIntegrated Med and Rx	NonIntegrated Med and Rx	Integrated Med/Rx	Integrated Med/Rx	Integrated Med/Rx
	Individual Deductible	\$1,000	\$2,000	\$4,500	\$1,400	\$2,000	\$4,500
	Individual OOP Max	\$3,500	\$5,000	\$6,350	\$2,800	\$4,500	\$6,350
	Member Copay/Coinsurance	\$20 PCP/Spec, 20%	\$20 PCP/Spec, 0%	\$30 PCP/Spec, 0%	\$50 ER, 0%	\$200 ER/\$500 IP/0%	0%
	Generic	\$10	\$10	\$10	\$10	\$10	\$10
	Preferred Brand	\$45	\$45	\$45	\$45	\$45	\$45
	NonPreferred Brand	\$65	\$65	\$65	\$65	\$65	\$65
	Specialty	50%	50%	50%	50%	50%	50%
	Embedded Pediatric Dental						
	Deductible (Class 2-4)	\$25	\$25	\$25	\$25	\$25	\$25
	Class 1	100%	100%	100%	100%	100%	100%
	Class 2	80%	80%	80%	80%	80%	80%
	Class 3	80%	80%	80%	80%	80%	80%
	Class 4 Class 5	50% 50%	50% 50%	50% 50%	50% 50%	50% 50%	50% 50%
	Out of Pocket Max	Embedded in Med and Rx	Embedded in Med and Rx				
Projected Index Rate for EHB		\$ 454.11	\$ 454.11	\$ 454.11	\$ 454.11	\$ 454.11	\$ 454.11
Market Level Adjustments							
	Risk Adjustment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	Exchange User Fees PMPM	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Index Rate After Market Level Adjustments		\$ 454.11	\$ 454.11	\$ 454.11	\$ 454.11	\$ 454.11	\$ 454.11
Network Adjustment		1.0000	1.0000	1.0000	1.0000	1,0000	1.0000
Cost Sharing Factor		0.6755	0.6414	0.5392			
Benefits In Excess of EHB*		1.0024	1.0024	1.0024			
Admin Expense Adjustment		1.3004	1.3004	1.3004			
Final Plan Specific Base Rate		\$ 399.87	\$ 379.67	\$ 319.18	\$ 385.38	\$ 330.10	\$ 264.27
Pricing AV (Relv to Platinum Plan on Exchange	e)	76.0%	72.2%	60.7%	73.3%	62.8%	50.2%
Plan DICR		76.9%	76.9%	76.9%			
Assumed Membership Distribution		1.1%	1.8%	0.6%			
Projected Member Months		1,008	1,608	588	6,240	1,560	72
Plan Specific Paid / Allowed Average Paid / Allowed Ratio - On Exchange Average Pool Paid / Allowed Ratio		72.41%	68.76%	57.80%	69.39%	59.43%	47.58%
Adjustments to Derive Premium PMPM	Name III and Day and America	0.000	0.928	0.928	0.928	0.928	0.928
	Normalize to Proposed Age Factors Adjust for Capped Dependents	0.928 1.006	0.928 1.006	1.006	1.006	0.928 1.006	1.006
Plan Specific Premium PMPM	Adjust for Capped Dependents	\$ 428.64					

^{*} Covers abortion claims for plans on and off the exchange.

CareFirst BlueCross BlueShield (GHMSI) D.C. Small Group Products - On & Off Exchange Rate Filing Effective 1/1/2014 GHMSI Plan Level Rate Derivation - 4/1/2014

Assumes Index Rate = Projected Pool Allowed	Claims PMPM for EHB								
Metal Level		Gold		Silver		On & Off E	exchange Platinum	Gold	Silver
Estimated AV		81.79%		71.58%		90.26%	89.81%	81.88%	70.81%
Plan		BluePreferred PPO \$1 100%/80%	,000	BluePreferred PPO HSA/HRA \$1,800		HealthyBlue PPO \$300	HealthyBlue PPO \$600	HealthyBlue PPO \$1,500	HealthyBlue PPO HSA/HRA \$2,000
Network Type HIOS Plan IDs		Regional Preferred (R 78079DC0220008, 78079DC0220012	,	Regional Preferred (RPN) 78079DC0230007, 78079DC0230011	F	Regional Preferred (RPN) 78079DC0300002, 78079DC0300005	Regional Preferred (RPN) 78079DC0300003, 78079DC0300006	Regional Preferred (RPN) 78079DC0300001, 78079DC0300004	Regional Preferred (RPN) 78079DC0310001, 78079DC0310002
High Level Benefit Description	Integrated Individual Deductible	NonIntegrated Med ar \$1,000		Integrated Med/Rx \$1,800	N	onIntegrated Med and Rx \$300	NonIntegrated Med and Rx \$600	NonIntegrated Med and Rx \$1,500	Integrated Med/Rx \$2,000
	Individual OOP Max	\$3,500		\$4,500	40.0	\$1,500	\$1,500	\$5,500	\$6,350
	Member Copay/Coinsurance	\$250 ER/\$500 IP/09	%	10%	\$0 P	PCP/\$30 Spec/\$200 ER/\$300 IP	\$0 PCP/\$30 Spec/\$200 ER/\$300 IP	\$0 PCP/\$30 Spec/\$200 ER/\$300 IP	\$0 PCP/\$30 Spec/\$200 ER/\$300 IP
	Generic	\$10		\$10		\$0	\$0	\$0	\$0
	Preferred Brand	\$45		\$45		\$45	\$45	\$45	\$45
	NonPreferred Brand	\$65		\$65		\$65	\$65	\$65	\$65
	Specialty	50%		50%		50%	50%	50%	50%
	Embedded Pediatric Dental								
	Deductible (Class 2-4)	\$25		\$25		\$25	\$25	\$25	\$25
	Class 1	100%		100%		100%	100%	100%	100%
	Class 2	80%		80%		80%	80%	80%	80%
	Class 3	80%		80%		80%	80%	80%	80%
	Class 4	50%		50%		50%	50%	50%	50%
	Class 5	50%		50%		50%	50%	50%	50%
	Out of Pocket Max	Embedded in Med an	d Rx	Embedded in Med and Rx	Е	mbedded in Med and Rx	Embedded in Med and Rx	Embedded in Med and Rx	Embedded in Med and Rx
Projected Index Rate for EHB		\$	454.11	\$ 454.11	\$	454.11	\$ 454.11	\$ 454.11	\$ 454.11
Market Level Adjustments									
	Risk Adjustment	\$	-	\$ -	\$		\$ -	\$ -	\$ -
	Exchange User Fees PMPM	\$	-	\$ -	\$	-	\$ -	\$ -	\$ -
Index Rate After Market Level Adjustments		\$	454.11	\$ 454.11	\$	454.11	\$ 454.11	\$ 454.11	\$ 454.11
Network Adjustment			1.0000 0.6862	1.0000 0.5599		1.0000 0.7316	1.0000 0.8476		1.0000
Cost Sharing Factor						1.0024			0.5790
Benefits In Excess of EHB* Admin Expense Adjustment			1.0024	1.0024 1.3080		1.3004	1.0024 1.3004		1.0024 1.3080
Aumin Expense Aujustment			1.3004	1.5000		1.5004	1.5004	1.3004	1.3000
Final Plan Specific Base Rate		\$	406.19	\$ 333.33	\$	433.07	\$ 501.70	\$ 458.12	\$ 344.70
Pricing AV (Relv to Platinum Plan on Exchange	e)		77.2%	63.4%	6	82.3%	95.4%	87.1%	65.5%
Plan DICR			76.9%	76.5%	6	76.9%	76.9%	76.9%	76.5%
Assumed Membership Distribution			1.5%	0.3%		0.1%	0.9%	0.1%	0.1%
Projected Member Months			1,392	264		108	816	72	72
Plan Specific Paid / Allowed			73.56%	60.01%	6	78.43%	90.86%	82.96%	62.06%
Average Paid / Allowed Ratio - On Exchange Average Pool Paid / Allowed Ratio									
Average 1 oor 1 ara / Allowed Ratio									
Adjustments to Derive Premium PMPM									
•	Normalize to Proposed Age Factors		0.928	0.928		0.928	0.928	0.928	0.928
	Adjust for Capped Dependents		1.006	1.006		1.006	1.006	1.006	1.006
Plan Specific Premium PMPM		\$	435.42	\$ 357.32	\$	464.23	\$ 537.80	\$ 491.09	\$ 369.50

^{*} Covers abortion claims for plans on and off the exchange.

CareFirst BlueCross BlueShield (GHMSI) D.C. Small Group Products - On & Off Exchange Rate Filing Effective 1/1/2014 GHMSI Plan Level Rate Derivation - 7/1/2014

Assumes Index Rate =	Drojected Doo	Allowed	Claime DA	ADM for FHR

Assumes muex kute – Projecteu Pool Allo	aca claims i im m jei zne					On &	k Off Exchange			
Metal Level		Bronze**		Silver**	Gold**	On a	Platinum**	Platinum	Platinum	Gold
Estimated AV		60.85%		70.90%	79.88%		89.44%	88.99%	88.25%	79.86%
		BluePreferred PPO H	ICA/IIDA	BluePreferred PPO HSA/HRA		Di Dane	ferred PPO 100%/80%,	BluePreferred PPO		
Plan		\$4,000	ISA) ПКА	\$2,000	BluePreferred PPO \$1,000		\$10/20%/40%/50%	100%/80%, Rx:\$10/\$45/\$65/50%	BluePreferred PPO \$500	BluePreferred PPO \$1,200
Network Type		Regional Preferred	I (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)	Regio	onal Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)
HIOS Plan IDs		78079DC02300		78079DC0190001,	78079DC0170001,		8079DC0220016,	78079DC0220009,	78079DC0220001,	78079DC0220003,
		78079DC02300		78079DC0230002	78079DC0220002		8079DC0220017	78079DC0220013	78079DC0220006	78079DC0220007
High Level Benefit Description	Integrated	Integrated Med	/Rx	Integrated Med/Rx	Integrated Med/Rx	NonInt		NonIntegrated Med and Rx		NonIntegrated Med and Rx
	Individual Deductible Individual OOP Max	\$4,000		\$2,000	\$1,000		\$0	\$0	\$500	\$1,200
		\$6,350		\$4,000	\$3,000	¢20.F	\$2,000 PCP/\$30 Spec/\$200	\$1,100 \$20 PCP/\$30 Spec/\$200	\$1,500	\$4,000 \$20 PCP/Spec, \$100 ER/\$250
	Member Copay/Coinsurance	30%		20%	10%	320 F	ER/\$250 IP	ER/\$250 IP	\$10 PCP/Spec, \$50 ER/0%	IP
	Generic	\$10		\$10	\$10		\$10	\$10	\$10	\$10
	Preferred Brand	20%		20%	20%		20%	\$45	\$45	\$45
	NonPreferred Brand	40%		40%	40%		40%	\$65	\$65	\$65
	Specialty	50%		50%	50%		50%	50%	50%	50%
	Embedded Pediatric Dental									
	Deductible (Class 2-4)	\$25		\$25	\$25		\$25	\$25	\$25	\$25
	Class 1	100%		100%	100%		100%	100%	100%	100%
	Class 2	80%		80%	80%		80%	80%	80%	80%
	Class 3	80%		80%	80%		80%	80%	80%	80%
	Class 4 Class 5	50% 50%		50% 50%	50% 50%		50% 50%	50% 50%	50% 50%	50% 50%
	Out of Pocket Max	Embedded in Med	and Rv	Embedded in Med and Rx	Embedded in Med and Rx	Emba	edded in Med and Rx	Embedded in Med and Rx	Embedded in Med and Rx	Embedded in Med and Rx
	out of Foundational	Linbedded in Wed	unu ma	Embedded in Med dild NA	Embedded in Med and Tix	Lilloc	.aaca III Wca ana IX	Embedded in Med dild fix	Embedded in Med did tix	Embedded in wied and to
Projected Index Rate for EHB		\$	459.80	\$ 459.80	\$ 459.80	0 \$	459.80	\$ 459.80	\$ 459.80	\$ 459.80
Market Level Adjustments										
	Risk Adjustment	\$	- :		\$ -	\$				\$ -
	Exchange User Fees PMPM	\$			\$ -	\$			'	\$ -
Index Rate After Market Level Adjustmen	ts	\$	459.80	\$ 459.80	\$ 459.80	0 \$	459.80	\$ 459.80	\$ 459.80	\$ 459.80
Network Adjustment			1.0000	1.0000	1.000	00	1.0000	1.0000	1.0000	1.0000
Cost Sharing Factor			0.4340	0.5447	0.686		0.8670	0.8886	0.8271	0.6728
Benefits In Excess of EHB*			1.0024	1.0024	1.002		1.0024	1.0024	1.0024	1.0024
Admin Expense Adjustment			1.3080	1.3080	1.300)4	1.3004	1.3004	1.3004	1.3004
Final Plan Specific Base Rate		\$	261.63	\$ 328.36	\$ 411.6	1 \$	519.61	\$ 532.60	\$ 495.73	\$ 403.26
Pricing AV (Relv to Platinum Plan on Exch	ange)	*	49.1%	61.7%	77.3		97.6%	100.0%	93.1%	75.7%
Plan DICR			76.5%	76.5%	76.9	%	76.9%	76.9%	76.9%	76.9%
Assumed Membership Distribution			0.1%	0.6%	2.3	%	1.9%	56.1%	14.5%	9.2%
Projected Member Months		<u></u>	132	696	2,47		2,076	61,128	15,780	10,032
Plan Specific Paid / Allowed			46.52%	58.39%	73.62	%	92.93%	95.26%	88.66%	72.13%
Average Paid / Allowed Ratio - On Exchan	ge	69.3% 87.4%								
Average Pool Paid / Allowed Ratio		87.4%								
Adjustments to Derive Premium PMPM										
	Normalize to Proposed Age Factors		0.928	0.928	0.92		0.928	0.928	0.928	0.928
	Adjust for Capped Dependents		1.006	1.006	1.00		1.006	1.006	1.006	1.006
Plan Specific Premium PMPM		\$	280.46	\$ 351.99	\$ 441.2	3 \$	557.00	\$ 570.93	\$ 531.40	\$ 432.28

^{*} Covers abortion claims for plans on and off the exchange.

** Off exchange plan name includes " - SE" on the end.

CareFirst BlueCross BlueShield (GHMSI) D.C. Small Group Products - On & Off Exchange Rate Filing Effective 1/1/2014 GHMSI Plan Level Rate Derivation - 7/1/2014

Assumes Index Rate = Projected Pool Allowed Claims PMPM for EHB On & Off Exchange Metal Level Gold Gold Silver Bronze Estimated AV 80.74% 79 20% 69 89% 78.06% 71 78% 61 00% BluePreferred PPO BluePreferred PPO \$1,000 BluePreferred PPO HSA/HRA BluePreferred PPO Plan BluePreferred PPO \$2,000 BluePreferred PPO \$4,500 HSA/HRA \$2,000, HSA/HRA \$4,500 80%/60% \$1,400 100%/80% Regional Preferred (RPN) Network Type Regional Preferred (RPN) 78079DC0220010, 78079DC0220004, 78079DC0220005, 78079DC0230001, 78079DC0230006, 78079DC0230005, HIOS Plan IDs 78079DC0220014 78079DC0220015 78079DC0230009 78079DC0230008 78079DC0230010 78079DC0220011 High Level Benefit Description Integrated NonIntegrated Med and Rx NonIntegrated Med and Rx NonIntegrated Med and Rx Integrated Med/Rx Integrated Med/Rx Integrated Med/Rx Individual Deductible \$1,000 \$2,000 \$4,500 \$1,400 \$2,000 \$4,500 Individual OOP Max \$3,500 \$5,000 \$6,350 \$2,800 \$4,500 \$6,350 Member Copay/Coinsurance \$20 PCP/Spec, 20% \$20 PCP/Spec, 0% \$30 PCP/Spec, 0% \$50 ER, 0% \$200 ER/\$500 IP/0% 0% \$10 \$10 \$10 \$10 \$10 \$10 Generic Preferred Brand \$45 \$45 \$45 \$45 \$45 \$45 \$65 NonPreferred Brand \$65 \$65 \$65 \$65 \$65 50% 50% Specialty 50% 50% 50% 50% Embedded Pediatric Dental Deductible (Class 2-4) \$25 \$25 \$25 \$25 \$25 \$25 Class 1 100% 100% 100% 100% 100% 100% Class 2 80% 80% 80% 80% 80% 80% Class 3 80% 80% 80% 80% 80% 80% Class 4 50% 50% 50% 50% 50% 50% Class 5 50% 50% 50% 50% 50% 50% Out of Pocket Max Embedded in Med and Rx Projected Index Rate for EHB 459.80 \$ 459.80 S 459.80 \$ 459.80 \$ 459.80 \$ 459.80 Market Level Adjustments Risk Adjustment - \$ \$ Ś - \$ - \$ Exchange User Fees PMPM Index Rate After Market Level Adjustments 459.80 \$ 459.80 \$ 459.80 \$ 459.80 \$ 459.80 \$ 459.80 Network Adjustment 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 Cost Sharing Factor 0.6755 0.5392 0.6473 0.5544 0.4439 0.6414 Benefits In Excess of EHB* 1.0024 1.0024 1.0024 1.0024 1.0024 1.0024 1.3004 1.3004 1.3004 1.3080 1.3080 1.3080 Admin Expense Adjustment Final Plan Specific Base Rate 404.88 \$ 384.42 \$ 323.17 \$ 390.21 \$ 334.24 \$ 267.59 Pricing AV (Relv to Platinum Plan on Exchange) 76.0% 72.2% 60.7% 73.3% 62.8% 50.2% Plan DICR 76.9% 76.9% 76.9% 76.5% 76.5% 76.5% **Assumed Membership Distribution** 1.1% 1.8% 0.7% 6.9% 1.7% 0.1% Projected Member Months 1,932 7,488 1,860 1.200 720 96 Plan Specific Paid / Allowed 72.41% 68.76% 57.80% 69.39% 59.43% 47.58% Average Paid / Allowed Ratio - On Exchange Average Pool Paid / Allowed Ratio Adjustments to Derive Premium PMPM Normalize to Proposed Age Factors 0.928 0.928 0.928 0.928 0.928 0.928 **Adjust for Capped Dependents** 1.006 1.006 1.006 1.006 1.006 1.006 Plan Specific Premium PMPM 434.01 \$ 412.08 \$ 346.42 \$ 418.29 \$ 358.29 \$ 286.85

^{*} Covers abortion claims for plans on and off the exchange.

CareFirst BlueCross BlueShield (GHMSI) D.C. Small Group Products - On & Off Exchange Rate Filing Effective 1/1/2014 GHMSI Plan Level Rate Derivation - 7/1/2014

Assumes Index Rate = Projected Pool Allowed Claims PMPM for EHB

Assumes Index Rate = Projected Pool Allower	a Claims PiviPivi Jor EHB			On & Off E	xchange		
Metal Level		Gold	Silver	Platinum	Platinum	Gold	Silver
Estimated AV		81.79%	71.58%	90.26%	89.81%	81.88%	70.81%
Plan		BluePreferred PPO \$1,000 100%/80%	BluePreferred PPO HSA/HRA \$1,800	HealthyBlue PPO \$300	HealthyBlue PPO \$600	HealthyBlue PPO \$1,500	HealthyBlue PPO HSA/HRA \$2,000
Network Type		Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)
HIOS Plan IDs		78079DC0220008, 78079DC0220012	78079DC0230007, 78079DC0230011	78079DC0300002, 78079DC0300005	78079DC0300003, 78079DC0300006	78079DC0300001, 78079DC0300004	78079DC0310001, 78079DC0310002
High Level Benefit Description	Integrated	NonIntegrated Med and Rx	Integrated Med/Rx	NonIntegrated Med and Rx	NonIntegrated Med and Rx	NonIntegrated Med and Rx	Integrated Med/Rx
	Individual Deductible	\$1,000	\$1,800	\$300	\$600	\$1,500	\$2,000
	Individual OOP Max	\$3,500	\$4,500	\$1,500 \$0 PCP/\$30 Spec/\$200	\$1,500 \$0 PCP/\$30 Spec/\$200	\$5,500 \$0 PCP/\$30 Spec/\$200	\$6,350 \$0 PCP/\$30 Spec/\$200
	Member Copay/Coinsurance	\$250 ER/\$500 IP/0%	10%	ER/\$300 IP	ER/\$300 IP	ER/\$300 IP	ER/\$300 IP
	Generic	\$10	\$10	\$0	\$0	\$0	\$0
	Preferred Brand	\$45	\$45	\$45	\$45	\$45	\$45
	NonPreferred Brand	\$65	\$65	\$65	\$65	\$65	\$65
	Specialty	50%	50%	50%	50%	50%	50%
	Embedded Pediatric Dental						
	Deductible (Class 2-4)	\$25	\$25	\$25	\$25	\$25	\$25
	Class 1	100%	100%	100%	100%	100%	100%
	Class 2	80%	80%	80%	80%	80%	80%
	Class 3 Class 4	80% 50%	80% 50%	80% 50%	80% 50%	80% 50%	80% 50%
	Class 4 Class 5	50%	50%	50%	50%	50%	50%
	Out of Pocket Max	Embedded in Med and Rx	Embedded in Med and Rx	Embedded in Med and Rx	Embedded in Med and Rx	Embedded in Med and Rx	Embedded in Med and Rx
Projected Index Rate for EHB		\$ 459.80	\$ 459.80	\$ 459.80	\$ 459.80	\$ 459.80	\$ 459.80
Market Level Adjustments							
	Risk Adjustment	\$ -	\$ -		\$ -	\$ -	\$ -
	Exchange User Fees PMPM	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Index Rate After Market Level Adjustments		\$ 459.80	\$ 459.80	\$ 459.80	\$ 459.80	\$ 459.80	\$ 459.80
Network Adjustment		1.000		1.0000	1.0000		
Cost Sharing Factor		0.686		0.7316	0.8476		
Benefits In Excess of EHB*		1.002		1.0024	1.0024		
Admin Expense Adjustment		1.300	1.3080	1.3004	1.3004	1.3004	1.3080
Final Plan Specific Base Rate		\$ 411.28					
Pricing AV (Relv to Platinum Plan on Exchang Plan DICR	ge)	77.29		82.3%	95.4%		
Assumed Membership Distribution		76.99 1.59		76.9% 0.1%	76.9% 0.9%		76.5% 0.1%
Projected Member Months		1,656		120	984	108	108
Plan Specific Paid / Allowed		73.569		78.43%	90.86%		
Average Paid / Allowed Ratio - On Exchange Average Pool Paid / Allowed Ratio							
Adjustments to Derive Premium PMPM							
	Normalize to Proposed Age Factors	0.928		0.928	0.928	0.928	0.928
	Adjust for Capped Dependents	1.006		1.006	1.006	1.006	1.006
Plan Specific Premium PMPM		\$ 440.88	\$ 361.80	\$ 470.05	\$ 544.53	\$ 497.24	\$ 374.13

^{*} Covers abortion claims for plans on and off the exchange.

6/12/2013 41 41 Plan Level Derivation Q3

CareFirst BlueCross BlueShield (GHMSI) D.C. Small Group Products - On & Off Exchange Rate Filing Effective 1/1/2014 GHMSI Plan Level Rate Derivation - 10/1/2014

Assumes Index Rate = Projected Pool Allowed Claims PMPM for EHB

Assumes Index Rate = Projected Pool A	llowed Claims PMPM for EHB								
***************************************		L			0.14*	On & Off Exchange	pl	pl. v.	0.11
Metal Level		Bronze**		Silver**	Gold**	Platinum**	Platinum	Platinum	Gold
Estimated AV		60.85%		70.90%	79.88%	89.44%	88.99%	88.25%	79.86%
Plan		BluePreferred PPO F \$4,000		ed PPO HSA/HRA \$2,000	BluePreferred PPO \$1,000	BluePreferred PPO 100%/80%, Rx: \$10/20%/40%/50%	BluePreferred PPO 100%/80%, Rx:\$10/\$45/\$65/50%	BluePreferred PPO \$500	BluePreferred PPO \$1,200
Network Type		Regional Preferred 78079DC02300		Preferred (RPN)	Regional Preferred (RPN) 78079DC0170001,	Regional Preferred (RPN) 78079DC0220016,	Regional Preferred (RPN) 78079DC0220009,	Regional Preferred (RPN) 78079DC0220001,	Regional Preferred (RPN) 78079DC0220003,
HIOS Plan IDs		78079DC02300		DC0230002	78079DC0170001, 78079DC0220002	78079DC0220010, 78079DC0220017	78079DC0220003,	78079DC0220001,	78079DC0220003,
High Level Benefit Description	Integrated	Integrated Med		ated Med/Rx	Integrated Med/Rx	NonIntegrated Med and Rx		NonIntegrated Med and Rx	NonIntegrated Med and Rx
	Individual Deductible	\$4,000		\$2,000	\$1,000	\$0	\$0	\$500	\$1,200
	Individual OOP Max	\$6,350		\$4,000	\$3,000	\$2,000	\$1,100	\$1,500	\$4,000
	Member Copay/Coinsurance	30%		20%	10%	\$20 PCP/\$30 Spec/\$200 ER/\$250 IP	\$20 PCP/\$30 Spec/\$200 ER/\$250 IP	\$10 PCP/Spec, \$50 ER/0%	\$20 PCP/Spec, \$100 ER/\$250 IP
						Liy \$250 ii	21,923011		
	Generic	\$10		\$10	\$10	\$10	\$10	\$10	\$10
	Preferred Brand	20%		20%	20%	20%	\$45	\$45	\$45
	NonPreferred Brand	40%		40%	40%	40%	\$65	\$65	\$65
	Specialty	50%		50%	50%	50%	50%	50%	50%
	Embedded Pediatric Dental								
	Deductible (Class 2-4)	\$25		\$25	\$25	\$25	\$25	\$25	\$25
	Class 1	100%		100%	100%	100%	100%	100%	100%
	Class 2	80%		80%	80%	80%	80%	80%	80%
	Class 3	80%		80%	80%	80%	80%	80%	80%
	Class 4	50%		50%	50%	50%	50%	50%	50%
	Class 5	50%		50%	50%	50%	50%	50%	50%
	Out of Pocket Max	Embedded in Med	and Rx Embedde	d in Med and Rx	Embedded in Med and Rx	Embedded in Med and Rx	Embedded in Med and Rx	Embedded in Med and Rx	Embedded in Med and Rx
Projected Index Rate for EHB		\$	465.58 \$	465.58	\$ 465.58	\$ 465.58	\$ 465.58	\$ 465.58	\$ 465.58
Market Level Adjustments									
	Risk Adjustment	\$	- \$	-	\$ -	\$ -	\$ -	\$ -	\$ -
	Exchange User Fees PMPM	\$	- \$		\$ -	\$ -		\$ -	\$ -
Index Rate After Market Level Adjustm	ents	\$	465.58 \$	465.58	\$ 465.58	\$ 465.58	\$ 465.58	\$ 465.58	\$ 465.58
Network Adjustment			1.0000	1,0000	1,000	0 1,0000	1.0000	1.0000	1,0000
Cost Sharing Factor			0.4340	0.5447	0.686		0.8886	0.8271	0.6728
Benefits In Excess of EHB*			1.0024	1.0024	1.002		1.0024	1.0024	1.0024
Admin Expense Adjustment			1.3080	1.3080	1.300	1.3004	1.3004	1.3004	1.3004
Final Plan Specific Base Rate		\$	264.92 \$	332.48	\$ 416.79	\$ 526.14	\$ 539.30	\$ 501.96	\$ 408.33
Pricing AV (Relv to Platinum Plan on Ex	change)		49.1%	61.7%	77.39	6 97.6%	100.0%	93.1%	75.7%
Plan DICR			76.5%	76.5%	76.99	6 76.9%	76.9%	76.9%	76.9%
Assumed Membership Distribution			0.1%	0.6%	2.39		56.2%	14.5%	9.2%
Projected Member Months		· ·	144	804	2,916		72,540	18,708	11,904
Plan Specific Paid / Allowed			46.52%	58.39%	73.629	6 92.93%	95.26%	88.66%	72.13%
Average Paid / Allowed Ratio - On Exch Average Pool Paid / Allowed Ratio	nange	69.4% 87.4%							
Adjustments to Derive Premium PMPN									
	Normalize to Proposed Age Factors		0.928	0.928	0.928		0.928	0.928	0.928
Dian Cassidia Dasaniana DRADES	Adjust for Capped Dependents	•	1.006	1.006	1.006		1.006	1.006	1.006
Plan Specific Premium PMPM		\$	283.98 \$	356.40	\$ 446.78	\$ 564.00	\$ 578.11	\$ 538.08	\$ 437.71

^{*} Covers abortion claims for plans on and off the exchange.

6/12/2013 42 42 Plan Level Derivation Q4

^{**} Off exchange plan name includes " - SE" on the end.

CareFirst BlueCross BlueShield (GHMSI) D.C. Small Group Products - On & Off Exchange Rate Filing Effective 1/1/2014 GHMSI Plan Level Rate Derivation - 10/1/2014

Assumes Index Rate = Projected Pool Allowed Claims PMPM for EHB On & Off Exchange Metal Level Gold Gold Silver Silver Bronze Estimated AV 80.74% 79.20% 69.89% 78.06% 71 78% 61 00% BluePreferred PPO BluePreferred PPO \$1,000 BluePreferred PPO HSA/HRA BluePreferred PPO Plan BluePreferred PPO \$2,000 BluePreferred PPO \$4,500 HSA/HRA \$2,000, HSA/HRA \$4,500 80%/60% \$1,400 100%/80% Network Type Regional Preferred (RPN) 78079DC0220010, 78079DC0220004, 78079DC0220005, 78079DC0230001, 78079DC0230006, 78079DC0230005, HIOS Plan IDs 78079DC0220014 78079DC0220015 78079DC0230009 78079DC0230008 78079DC0230010 78079DC0220011 **High Level Benefit Description** Integrated NonIntegrated Med and Rx NonIntegrated Med and Rx NonIntegrated Med and Rx Integrated Med/Rx Integrated Med/Rx Integrated Med/Rx Individual Deductible \$1,000 \$2,000 \$4,500 \$1,400 \$2,000 \$4,500 Individual OOP Max \$3,500 \$5,000 \$6,350 \$2,800 \$4,500 \$6,350 Member Copay/Coinsurance \$20 PCP/Spec, 20% \$20 PCP/Spec, 0% \$30 PCP/Spec, 0% \$50 ER, 0% \$200 ER/\$500 IP/0% 0% \$10 \$10 \$10 \$10 \$10 \$10 Generic Preferred Brand \$45 \$45 \$45 \$45 \$45 \$45 \$65 \$65 NonPreferred Brand \$65 \$65 \$65 \$65 50% 50% Specialty 50% 50% 50% 50% **Embedded Pediatric Dental** Deductible (Class 2-4) \$25 \$25 \$25 \$25 \$25 \$25 Class 1 100% 100% 100% 100% 100% 100% Class 2 80% 80% 80% 80% 80% 80% Class 3 80% 80% 80% 80% 80% 80% Class 4 50% 50% 50% 50% 50% 50% Class 5 50% 50% 50% 50% 50% 50% Out of Pocket Max Embedded in Med and Rx Projected Index Rate for EHB 465.58 \$ 465.58 \$ 465.58 \$ 465.58 \$ 465.58 \$ 465.58 **Market Level Adjustments** Risk Adjustment \$ \$ \$ \$ - \$ Exchange User Fees PMPM Index Rate After Market Level Adjustments 465.58 \$ 465.58 \$ 465.58 \$ 465.58 \$ 465.58 \$ 465.58 Network Adjustment 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 Cost Sharing Factor 0.6755 0.6414 0.5392 0.6473 0.5544 0.4439 Benefits In Excess of EHB* 1.0024 1.0024 1.0024 1.0024 1.0024 1.0024 1.3004 1.3004 1.3004 1.3080 1.3080 1.3080 Admin Expense Adjustment Final Plan Specific Base Rate 409.96 \$ 389.26 \$ 327.24 \$ 395.12 \$ 338.44 \$ 270.95 Pricing AV (Relv to Platinum Plan on Exchange) 76.0% 72.2% 60.7% 73.3% 62.8% 50.2% Plan DICR 76.9% 76.9% 76.9% 76.5% 76.5% 76.5% Assumed Membership Distribution 1.1% 1.8% 0.7% 6.9% 1.7% 0.1% Projected Member Months 1,440 2,280 852 8,904 2,184 84 Plan Specific Paid / Allowed 72.41% 68.76% 57.80% 69.39% 59.43% 47.58% Average Paid / Allowed Ratio - On Exchange Average Pool Paid / Allowed Ratio Adjustments to Derive Premium PMPM Normalize to Proposed Age Factors 0.928 0.928 0.928 0.928 0.928 0.928 **Adjust for Capped Dependents** 1.006 1.006 1.006 1.006 1.006 1.006 Plan Specific Premium PMPM 439.46 \$ 417.27 \$ 350.79 \$ 423.55 \$ 362.79 \$ 290.45

^{*} Covers abortion claims for plans on and off the exchange.

CareFirst BlueCross BlueShield (GHMSI) D.C. Small Group Products - On & Off Exchange Rate Filing Effective 1/1/2014 GHMSI Plan Level Rate Derivation - 10/1/2014

Assumes Index Rate = Projected Pool Allowed Claims PMPM for EHB On & Off Exchange Metal Level Gold Silver Platinum Platinum Gold Silver Estimated AV 81.79% 71.58% 90.26% 89.81% 81.88% 70.81% BluePreferred PPO \$1,000 HealthyBlue PPO HSA/HRA BluePreferred PPO HSA/HRA HealthyBlue PPO \$300 HealthyBlue PPO \$600 HealthyBlue PPO \$1,500 100%/80% \$1.800 \$2,000 Network Type Regional Preferred (RPN) 78079DC0220008, 78079DC0230007, 78079DC0300002, 78079DC0300003, 78079DC0300001, 78079DC0310001, HIOS Plan IDs 78079DC0220012 78079DC0230011 78079DC0300005 78079DC0300006 78079DC0300004 78079DC0310002 **High Level Benefit Description** Integrated NonIntegrated Med and Rx Integrated Med/Rx NonIntegrated Med and Rx NonIntegrated Med and Rx NonIntegrated Med and Rx Integrated Med/Rx Individual Deductible \$1,000 \$1,800 \$1,500 \$2,000 Individual OOP Max \$3,500 \$4,500 \$1,500 \$1,500 \$5,500 \$6,350 \$0 PCP/\$30 Spec/\$200 \$0 PCP/\$30 Spec/\$200 \$0 PCP/\$30 Spec/\$200 \$0 PCP/\$30 Spec/\$200 Member Copay/Coinsurance \$250 ER/\$500 IP/0% 10% ER/\$300 IP ER/\$300 IP ER/\$300 IP ER/\$300 IP \$10 \$10 \$0 \$0 \$0 \$0 Generic Preferred Brand \$45 \$45 \$45 \$45 \$45 \$45 \$65 \$65 NonPreferred Brand \$65 \$65 \$65 \$65 50% 50% 50% Specialty 50% 50% 50% **Embedded Pediatric Dental** Deductible (Class 2-4) \$25 \$25 \$25 \$25 \$25 \$25 Class 1 100% 100% 100% 100% 100% 100% Class 2 80% 80% 80% 80% 80% 80% Class 3 80% 80% 80% 80% 80% 80% Class 4 50% 50% 50% 50% 50% 50% Class 5 50% 50% 50% 50% 50% 50% Out of Pocket Max Embedded in Med and Rx Projected Index Rate for EHB 465.58 \$ 465.58 \$ 465.58 \$ 465.58 \$ 465.58 \$ 465.58 Market Level Adjustments Risk Adjustment \$ - \$ - \$ - \$ - \$ Exchange User Fees PMPM Index Rate After Market Level Adjustments 465.58 \$ 465.58 \$ 465.58 \$ 465.58 \$ 465.58 \$ 465.58 Network Adjustment 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 Cost Sharing Factor 0.6862 0.5599 0.7316 0.8476 0.7739 0.5790 Benefits In Excess of EHB* 1.0024 1.0024 1.0024 1.0024 1.0024 1.0024 Admin Expense Adjustment 1.3004 1.3080 1.3004 1.3004 1.3004 1.3080 Final Plan Specific Base Rate 416.45 \$ 341.75 \$ 444.01 \$ 514.37 \$ 469.69 \$ 353.41 Pricing AV (Relv to Platinum Plan on Exchange) 77.2% 63.4% 82.3% 95.4% 87.1% 65.5% Plan DICR 76.9% 76.5% 76.9% 76.9% 76.9% 76.5% **Assumed Membership Distribution** 1.5% 0.3% 0.1% 0.9% 0.1% 0.1% Projected Member Months 1,992 384 156 1,164 120 108 Plan Specific Paid / Allowed 73.56% 60.01% 78.43% 90.86% 82.96% 62.06% Average Paid / Allowed Ratio - On Exchange Average Pool Paid / Allowed Ratio Adjustments to Derive Premium PMPM Normalize to Proposed Age Factors 0.928 0.928 0.928 0.928 0.928 0.928 **Adjust for Capped Dependents** 1.006 1.006 1.006 1.006 1.006 1.006

Plan Specific Premium PMPM

366.34 \$

475.96 \$

551.38 \$

503.49 \$

378.84

<sup>\$ 446.42 \$ 366.

*</sup> Covers abortion claims for plans on and off the exchange.

CareFirst BlueCross BlueShield (GHMSI) (NAIC # 53007)

D.C. Small Group Products - On & Off Exchange

Rates Effective 1/1/2014

Single Risk Pool Desired Incurred Claims Ratio (DICR) and Average Pool Renewal

Projected Allowed Claims PMPM (EHB and Non-EHB)

\$ 331.80 \$ 117.80 \$ 449.60

Projected Paid / Allowed Ratio

87.4% 87.4% 87.4%

Adjustment for Risk Transfer

Projected Paid Claims PMPM (EHB and Non-EHB), Adjusted for Risk Transfer

\$ 392.99

	Non-CD		СДН				Total			Total (30		
	PMPM	м		РМРМ	%		PMPM	%	PMPM		% %	% Δ
Projected Allowed Claims (. Constations)					, -						, -	-
Projected Allowed Claims (+ Capitations)	\$ 392.99	76.9%		392.99	76.5%		392.99		•		81.7%	-4.8%
Admin Costs	\$ 52.60	10.3%	\$	52.60	10.2%	Ş	52.60	10.3%	•	40.62	8.1%	2.1%
Patient Outcome Tax	\$ 0.17	0.0%	\$	0.17	0.0%	\$	0.17	0.0%	\$	0.17	0.0%	0.0%
Reinsurance	\$ 5.25	1.0%	\$	5.25	1.0%	\$	5.25	1.0%	\$	3.87	0.8%	0.2%
Risk Adjustment User Fees	\$ 0.08	0.0%	\$	0.08	0.0%	\$	0.08	0.0%	\$	-	0.0%	0.0%
Broker Commissions & Fees	\$ 24.10	4.7%	\$	24.10	4.7%	\$	24.10	4.7%	\$	19.78	4.0%	0.7%
Contrib to Reserve	\$ 12.26	2.4%	\$	12.34	2.4%	\$	12.27	2.4%	\$	7.98	1.6%	0.8%
Invst Income Credit*	\$ (0.00)	0.0%	\$	(0.00)	0.0%	\$	(0.00)	0.0%	\$	(0.00)	0.0%	0.0%
Premium Taxes/Community Health Investment*	\$ 10.22	2.0%	\$	10.28	2.0%	\$	10.23	2.0%	\$	9.97	2.0%	0.0%
Assessment Fees*	\$ 0.59	0.1%	\$	0.59	0.1%	\$	0.59	0.1%	\$	0.57	0.1%	0.0%
Federal Income Tax	\$ 3.07	0.6%	\$	3.08	0.6%	\$	3.07	0.6%	\$	1.99	0.4%	0.2%
State Income Tax	\$ -	0.0%	\$	-	0.0%	\$	-	0.0%	\$	-	0.0%	0.0%
Risk Charge*	\$ -	0.0%	\$	-	0.0%	\$	-	0.0%	\$	-	0.0%	0.0%
General Insurer Tax	\$ 9.71	1.9%	\$	9.77	1.9%	\$	9.72	1.9%	\$	6.13	1.2%	0.7%
Exchange Fees	\$ -	0.0%	\$	-	0.0%	\$	-	0.0%	\$	-	0.0%	0.0%
CDH Expenses	\$ -	0.0%	\$	2.78	0.5%		\$0.28	0.1%	\$	0.28	0.1%	0.0%
Total	\$ 511.04	100.0%	\$	514.02	100.0%	\$	511.34	100.0%	\$	498.61	100.0%	

 $^{^*\} From\ approved\ GHMSI\ D.C.\ Small\ Group\ filing\ effective\ 7/1/2013,\ SERFF\ tracking\ \#\ CFAP-129007558.$

Note: The Contribution to Reserve shown is post-tax. The pre-tax contribution is 3.0%.

Support for DICR Components

Estimated Breakdown of Admin Costs

	% of
	Revenue
Salaries/Wages/Benefits	5.2%
Quality Improvement Activities	0.8%
Other General Admin	4.3%
Total Admin Costs	10.3%

ACA Fees

Patient Outcome Tax (PCORI) Divide by 12:	\$ \$	2.00 PMPY 0.17 PMPM
Reinsurance	\$	5.25 PMPM
Risk Adjustment User Fees Divide by 12:	\$ \$	0.96 PMPY 0.08 PMPM
General Insurer Tax Exchange Fees		1.9% of premium 0.0% of premium

Development of Anticipated Medical Loss Ratio, as Defined by PPACA

		GHMSI Projected
(1)a	Projected Claims (Trend & Capitation)	\$174,376,578
(1)b	Experience Period Member Months	443,718
(1)c	Credibility Factor	1.00
(1)d	Projected Claims (DICR) = DICR x Revenue	\$174,478,747
(1)e	Projected Claims (Final) = (1)a x (1)c + (1)d x (1-(1)c)	\$174,376,578
(2)	Projected Revenue	\$226,888,848
(3) = (1)e / (2)	Anticipated Incurred Straight LR	76.9%
(4)	Health Care Improvement*	\$1,360,137
(5)	ITS Fees	(\$703,196)
(6)	Risk Transfer Payment/Receipt	\$0
(7) = (1)e + (4) + (5) + (6)	MLR Numerator	\$175,033,519
(8)	Federal Taxes	\$1,361,333
(9)	State Taxes	\$0
(10)	ACA Fees**	\$6,749,858
(11) = (8) + (9) + (10)	Total Taxes & Regulatory Fees	\$8,111,191
(12) = (2) - (11)	MLR Denominator	\$218,777,657
(13) = (7) / (12)	Projected MLR	80.0%

^{*} Estimated at 0.78% of care costs for GHMSI, based on actual health care improvement adjustments for all GHMSI D.C. Small Group business in 2012, following our understanding of HHS guidelines at the time.

 Removal of costs which we book as care, be 	out are not considered care under	-0.32%
MLR guidelines:		-0.32 /6
2. Health care improvement expenses:		1.10%
3. Net 2012 adjustment:		0.78%

^{**} Includes Patient Outcome Tax, Reinsurance, Risk Adjustment User Fees, Exchange Fees, and General Insurer Tax.

Credibility Factor Derivation:

CMS (Assigned Credibility of <20% = Exp Pd Member Months 0%; >90% = 100%)

GHMSI 443.718 100.0%

The verbal description is from pages 15 and 16 of the CY2013 Medicare Advantage Bid Pricing Tool instructions

Based on an application of classical credibility theory to Medicare FFS experience, CMS has established a guideline for full credibility for MA plans of 24,000 total base period member months. The formula for partial credibility is the square root of the result of base period member months divided by 24,000. This formula is a guideline; actuaries must consider the quality of the base period experience when calculating credibility. Plan sponsors may use a different credibility methodology only if the alternate method is consistently applied among all plans in the contract and is deemed acceptable by CMS.

The certifying actuary must adhere to the following rules of overriding the CMS credibility formula for partial credibility:

- If the CMS formula for partial credibility is applied to base period member months and the resulting credibility is—
- Less than or equal to 20 percent (that is, 960 or fewer MA member months), then the actuary may override the computed credibility with 0 percent credibility.
- Greater than or equal to 90 percent (that is, 19,440 or more MA member months), then the actuary may override the computed credibility with 100 percent credibility.

Support for Cost Sharing Factors

Plan(s): BluePreferred PPO HSA/HRA \$4,000 (On & Off Exchange with -SE)

Metal: Bronze

							Ot	her Medical Not							
					- 1	Pediatric		Subject to	M	ledical Subject to	Rx	Not Subject to	R	Subject to	
	Preve	entive Care	Pedi	atric Dental		Vision		Deductible		Deductible		Deductible		Deductible	Total
Allowed PMPY	\$	43.42	\$	40.44	\$	3.57	\$	-	\$	3,029.42	\$	-	\$	1,106.36	\$ 4,223.21
Deductible	\$	-	\$	(11.94)	\$	-	\$	-	\$	(1,108.30)	\$	-	\$	(508.87)	\$ (1,629.11)
Other Member Cost Sharing	\$	-	\$	(3.19)	\$	-	\$	-	\$	(576.34)	\$	-	\$	(214.51)	\$ (794.04)
												М	embe	er Subtotal	\$ (2,423.15)
												Apply Member	OOP	Maximum	\$ (1,919.85)
												Prelimina	ary Pla	an Liability	\$ 2,303.36
												Preliminar	y Ben	efit Factor	0.5454
								Adjust	mer	nt for Utilization B	ased	d on Differences	in Co	st Sharing	0.889
								Adjustme	nt fo	or Impact of Healt	ı Sa	vings/Reimburs	semer	nt Account	0.960
												Normalizati	on Ar	liustments	0.933

0.4340

Final Cost Sharing Factor

Plan(s): BluePreferred PPO HSA/HRA \$2,000 (On & Off Exchange with -SE) Metal: Silver

Wictui.	Jiive					01	ther Medical Not							
					Pediatric		Subject to	М	ledical Subject to	Rx	Not Subject to		Subject to	
_	Prev	ventive Care	Pec	liatric Dental	Vision		Deductible		Deductible		Deductible		Deductible	Total
Allowed PMPY	\$	43.42	\$	40.44	\$ 3.57	\$	-	\$	3,029.42	\$	-	\$	1,106.36	\$ 4,223.21
Deductible	\$	-	\$	(11.94)	\$ -	\$	-	\$	(734.68)	\$	-	\$	(337.69)	\$ (1,084.31)
Other Member Cost Sharing	\$	-	\$	(3.19)	\$ -	\$	-	\$	(458.95)	\$	-	\$	(275.97)	\$ (738.11)
											M	lembe	er Subtotal	\$ (1,822.42)
											Apply Member	OOP	Maximum	\$ (1,421.50)
											Prelimina	ary Pla	an Liability	\$ 2,801.72
											Preliminar	y Ben	efit Factor	0.6634
							Adjust	mer	nt for Utilization B	ase	d on Difference	s in Co	st Sharing	0.917
							Adjustme	nt f	or Impact of Healt	h Sa	vings/Reimbur	semer	nt Account	0.960
											Normalizati	on Ad	ljustments	0.933
											Final Cos	t Sha	ring Factor	0.5447

Plan(s): BluePreferred PPO \$1,000 (On & Off Exchange with -SE) Metal: Gold

Wietai.	uo.	iu				Ot	ther Medical Not							
	Pre	eventive Care	Pe	diatric Dental	Pediatric Vision		Subject to Deductible	N	ledical Subject to Deductible	R	Not Subject to Deductible		x Subject to Deductible	Total
Allowed PMPY	\$	43.42	\$	40.44	\$ 3.57	\$	-	\$	3,029.42	\$	-	\$	1,106.36	\$ 4,223.21
Deductible	\$	-	\$	(11.94)	\$ -	\$	-	\$	(447.52)	\$	-	\$	(203.59)	(663.05)
Other Member Cost Sharing	\$	-	\$	(3.19)	\$ -	\$	-	\$	(258.19)	\$	-	\$	(324.12)	\$ (585.50)
											М	lemb	er Subtotal	\$ (1,248.55)
											Apply Member	OOF	Maximum	\$ (1,016.34)
											Prelimina	ary Pl	lan Liability	\$ 3,206.88
											Preliminar	y Bei	nefit Factor	0.7593
							Adjust	me	nt for Utilization B	ase	d on Differences	in C	ost Sharing	0.966
							Adjustme	nt f	or Impact of Healt	h S	avings/Reimburs	seme	nt Account	1.004
											Normalizati	on A	djustments	0.933
											Final Cos	t Sha	ring Factor	0.6868

Plan(s): BluePreferred PPO 100%/80%, Rx: \$10/20%/40%/50% (On & Off Exchange with -SE)

Metal: Platinum

	Pre	ventive Care	Pec	liatric Dental	Pediatric Vision	0	ther Medical Not Subject to Deductible		dical Subject to Deductible	Rx	Not Subject to Deductible		x Subject to Deductible	Total
Allowed PMPY	\$	43.42	\$	40.44	\$ 3.57	\$	-	\$	3,029.42	\$	-	\$	1,106.36	\$ 4,223.21
Deductible	\$	-	\$	(11.94)	\$ -	\$	-	\$	-	\$	-	\$	-	\$ (11.94)
Other Member Cost Sharing	\$	-	\$	(3.19)	\$ -	\$	-	\$	(239.93)	\$	-	\$	(397.21)	\$ (640.33)
											Me	emb	er Subtotal	\$ (652.27)
											Apply Member	ООР	Maximum	\$ (446.77)
											Prelimina	ry Pl	an Liability	\$ 3,776.45
											Preliminary	/ Ber	efit Factor	0.8942
							Adjust	ment	for Utilization B	ase	d on Differences	in C	ost Sharing	1.035
							Adjustme	nt for	Impact of Healt	h Sa	avings/Reimburs	eme	nt Account	1.004
											Normalizatio	n A	djustments	0.933
											Final Cost	Sha	ring Factor	0.8670

Plan(s): BluePreferred PPO 100%/80%, Rx:\$10/\$45/\$65/50% (On & Off Exchange)

Metal: Platinum

							01	ther Medical Not							
					- 1	Pediatric		Subject to	M	ledical Subject to	Rx	Not Subject to	R	x Subject to	
	Preven	tive Care	Pec	liatric Dental		Vision		Deductible		Deductible		Deductible		Deductible	Total
Allowed PMPY	\$	43.42	\$	40.44	\$	3.57	\$	-	\$	3,029.42	\$	-	\$	1,106.36	\$ 4,223.21
Deductible	\$	-	\$	(11.94)	\$	-	\$	-	\$	-	\$	-	\$	-	\$ (11.94)
Other Member Cost Sharing	\$	-	\$	(3.19)	\$	-	\$	-	\$	(239.93)	\$	-	\$	(387.82)	\$ (630.94)
												M	1embe	er Subtotal	\$ (642.88)
												Apply Member	r OOP	Maximum	\$ (352.31)
												Prelimina	ary Pl	an Liability	\$ 3,870.90
												Preliminar	ry Ben	efit Factor	0.9166
								Adjus	tmei	nt for Utilization B	ase	d on Difference	s in Co	ost Sharing	1.035
								Adjustme	nt f	or Impact of Healt	h Sa	vings/Reimbur	seme	nt Account	1.004
												Normalizati	ion Ac	ljustments	0.933
												Final Cos	st Sha	ring Factor	0.8886

Support for Cost Sharing Factors

Plan(s): BluePreferred PPO \$500 (On & Off Exchange)

Metal: Platinum

					01	ther Medical Not							
				Pediatric		Subject to	N	ledical Subject to	Rx	Not Subject to	R	Subject to	
	Preventive Ca	re	Pediatric Dental	Vision		Deductible		Deductible		Deductible		Deductible	Total
Allowed PMPY	\$ 43.4	12	\$ 40.44	\$ 3.57	\$	554.46	\$	2,474.96	\$	-	\$	1,106.36	\$ 4,223.21
Deductible	\$ -		\$ (11.94)	\$ -	\$	-	\$	(336.22)	\$	-	\$	-	\$ (348.16)
Other Member Cost Sharing	\$ -		\$ (3.19)	\$ -	\$	(9.39)	\$	(36.23)	\$	-	\$	(387.82)	\$ (436.63)
										M	lembe	er Subtotal	\$ (784.79)
										Apply Member	OOP	Maximum	\$ (620.29)
										Prelimina	ary Pla	an Liability	\$ 3,602.92
										Preliminar	y Ben	efit Factor	0.8531
						Adjust	me	nt for Utilization B	ased	d on Difference	in Co	st Sharing	1.035
						Adjustme	nt f	or Impact of Healt	h Sa	vings/Reimbur	semer	nt Account	1.004
										Normalizati	on Ad	ljustments	0.933
										Final Cos	t Sha	ring Factor	0.8271

Plan(s): BluePreferred PPO \$1,200 (On & Off Exchange) Metal: Gold

· · · · · · · · · · · · · · · · · · ·	C 0.u						Ot	her Medical Not							
	Droventiv	o Caro	Dod	iatric Dental	-	Pediatric Vision		Subject to Deductible	M	edical Subject to Deductible	Rx	Not Subject to Deductible		c Subject to Deductible	Total
					,		,		,		,				
Allowed PMPY		43.42	\$	40.44		3.57	\$	-	\$	3,029.42		-	\$	1,106.36	\$ 4,223.21
Deductible	\$	-	\$	(11.94)	\$	-	\$	-	\$	(673.95)	\$	-	\$	-	\$ (685.89)
Other Member Cost Sharing	\$	-	\$	(3.19)	\$	-	\$	-	\$	(123.02)	\$	-	\$	(387.82)	\$ (514.03)
												M	embe	er Subtotal	\$ (1,199.92)
												Apply Member	OOP	Maximum	\$ (1,081.42)
												Prelimina	ary Pla	an Liability	\$ 3,141.80
												Preliminar	y Ben	efit Factor	0.7439
								Adjust	mer	nt for Utilization B	ased	on Differences	in Co	ost Sharing	0.966
								Adjustme	nt fo	or Impact of Healt	h Sa	vings/Reimburs	semer	nt Account	1.004
												Normalizati	on Ad	ljustments	0.933
												Final Cos	t Sha	ring Factor	0.6728

Plan(s): BluePreferred PPO \$1,000 80%/60% (On & Off Exchange) Metal: Gold

						O	ther Medical Not			_				
					Pediatric		Subject to	M	edical Subject to	R	x Not Subject to		Rx Subject to	
_	Pre	ventive Care	Pe	ediatric Dental	Vision		Deductible		Deductible		Deductible		Deductible	Total
Allowed PMPY	\$	43.42	\$	40.44	\$ 3.57	\$	554.46	\$	2,474.96	\$	-	\$	1,106.36	\$ 4,223.21
Deductible	\$	-	\$	(11.94)	\$ -	\$	-	\$	(558.05)	\$	-	\$	-	\$ (569.99)
Other Member Cost Sharing	\$	-	\$	(3.19)	\$ -	\$	(102.91)	\$	(355.80)	\$	-	\$	(387.82)	\$ (849.72)
											M	emb	er Subtotal	\$ (1,419.71)
											Apply Member	00	P Maximum	\$ (1,068.84)
											Prelimina	ary P	lan Liability	\$ 3,154.37
											Preliminar	у Ве	nefit Factor	0.7469
							Adjusti	men	t for Utilization B	ase	ed on Differences	in (Cost Sharing	0.966
							Adjustmer	nt fo	or Impact of Healt	h S	avings/Reimbur	seme	ent Account	1.004
											Normalizati	on A	djustments	0.933
											Final Cos	t Sh	aring Factor	0.6755

Plan(s): BluePreferred PPO \$2,000 (On & Off Exchange)

Metal: Gold

Wictui.	00.0					O	ther Medical Not							
					Pediatric		Subject to	Me	edical Subject to	R	x Not Subject to	F	Rx Subject to	
_	Preve	entive Care	Pec	liatric Dental	Vision		Deductible		Deductible		Deductible		Deductible	Total
Allowed PMPY	\$	43.42	\$	40.44	\$ 3.57	\$	554.46	\$	2,474.96	\$	-	\$	1,106.36	\$ 4,223.21
Deductible	\$	-	\$	(11.94)	\$ -	\$	-	\$	(849.44)	\$	-	\$	-	\$ (861.38)
Other Member Cost Sharing	\$	-	\$	(3.19)	\$ -	\$	(12.03)	\$	(35.26)	\$	-	\$	(387.82)	\$ (438.29)
											Me	emb	er Subtotal	\$ (1,299.67)
											Apply Member	001	P Maximum	\$ (1,228.18)
											Prelimina	ry P	lan Liability	\$ 2,995.03
											Preliminary	/ Be	nefit Factor	0.7092
							Adjust	nen	t for Utilization B	ase	ed on Differences	in C	ost Sharing	0.966
							Adjustme	nt fo	r Impact of Healt	h S	avings/Reimburs	eme	ent Account	1.004
											Normalizatio	n A	djustments	0.933
											Final Cost	Sha	aring Factor	0.6414

Plan(s): BluePreferred PPO \$4,500 (On & Off Exchange)

						Of	ther Medical Not							
					Pediatric		Subject to	N	ledical Subject to	R	x Not Subject to		Rx Subject to	
_	Pre	ventive Care	Ped	diatric Dental	Vision		Deductible		Deductible		Deductible		Deductible	Total
Allowed PMPY	\$	43.42	\$	40.44	\$ 3.57	\$	554.46	\$	2,474.96	Ş	-	\$	1,106.36	\$ 4,223.21
Deductible	\$	-	\$	(11.94)	\$ -	\$	-	\$	(1,231.61)	Ş	-	\$	-	\$ (1,243.55)
Other Member Cost Sharing	\$	-	\$	(3.19)	\$ -	\$	(18.04)	\$	(40.45)	\$	-	\$	(387.82)	\$ (449.50)
											M	lem	ber Subtotal	\$ (1,693.05)
											Apply Member	00	P Maximum	\$ (1,571.15)
											Prelimina	ary I	Plan Liability	\$ 2,652.06
											Preliminar	у Ве	enefit Factor	0.6280
							Adjust	me	nt for Utilization B	as	ed on Differences	in (Cost Sharing	0.917
							Adjustme	nt f	or Impact of Healt	h S	Savings/Reimburs	sem	ent Account	1.004
											Normalizati	on A	Adjustments	0.933
											Final Cos	t Sh	aring Factor	0.5392

Support for Cost Sharing Factors

Plan(s): BluePreferred PPO HSA/HRA \$1,400 (On & Off Exchange)

Metal: Gold

						01	ther Medical Not							
					Pediatric		Subject to	N	Nedical Subject to	R	x Not Subject to	F	Rx Subject to	
	Pre	ventive Care	Pec	diatric Dental	Vision		Deductible		Deductible		Deductible		Deductible	Total
Allowed PMPY	\$	43.42	\$	40.44	\$ 3.57	\$	-	\$	3,029.42	\$	-	\$	1,106.36	\$ 4,223.21
Deductible	\$	-	\$	(11.94)	\$ -	\$	-	\$	(574.87)	\$	-	\$	(263.15)	\$ (849.97)
Other Member Cost Sharing	\$	-	\$	(3.19)	\$ -	\$	-	\$	(14.96)	\$	-	\$	(295.58)	\$ (313.72)
											М	emb	er Subtotal	\$ (1,163.69)
											Apply Member	00	P Maximum	\$ (1,062.21)
											Prelimina	ary P	lan Liability	\$ 3,161.01
											Preliminar	y Be	nefit Factor	0.7485
							Adjus	tme	nt for Utilization B	ase	d on Differences	in (ost Sharing	0.966
							Adjustm	ent f	for Impact of Healt	h S	avings/Reimburs	seme	ent Account	0.960
											Normalizati	on A	djustments	 0.933
											Final Cos	t Sh	aring Factor	0.6473

Plan(s): BluePreferred PPO HSA/HRA \$2,000, 100%/80% (On & Off Exchange) Metal: Silver

· · · · · · · · · · · · · · · · · · ·	J., T.						Ot	her Medical Not							
	Droventive	Cara	Dod	iatric Dental	-	Pediatric Vision		Subject to Deductible	M	edical Subject to Deductible	Rx	Not Subject to Deductible		Subject to Deductible	Total
-							_	Deductible	_		-	Deductible			
Allowed PMPY	\$ 4	3.42	\$	40.44	Ş	3.57	\$	-	\$	3,029.42	\$	-	\$	1,106.36	\$ 4,223.21
Deductible	\$	-	\$	(11.94)	\$	-	\$	-	\$	(734.68)	\$	-	\$	(337.69)	\$ (1,084.31)
Other Member Cost Sharing	\$	-	\$	(3.19)	\$	-	\$	-	\$	(161.21)	\$	-	\$	(269.45)	\$ (433.85)
												М	embe	er Subtotal	\$ (1,518.16)
												Apply Member	OOP	Maximum	\$ (1,371.33)
												Prelimina	ry Pla	an Liability	\$ 2,851.89
												Preliminar	y Ben	efit Factor	0.6753
								Adjust	mer	nt for Utilization B	ased	d on Differences	in Co	st Sharing	0.917
								Adjustme	nt fo	or Impact of Healt	h Sa	vings/Reimburs	semer	nt Account	0.960
												Normalizati	on Ad	ljustments	0.933
												Final Cos	t Sha	ring Factor	0.5544

Plan(s): BluePreferred PPO HSA/HRA \$4,500 (On & Off Exchange)

Metal: Bronze

							Ot	ther Medical Not							
					F	Pediatric		Subject to	M	ledical Subject to	R	Not Subject to	R	x Subject to	
_	Pre	eventive Care	Ped	atric Dental		Vision		Deductible		Deductible		Deductible		Deductible	Total
Allowed PMPY	\$	43.42	\$	40.44	\$	3.57	\$	-	\$	3,029.42	\$	-	\$	1,106.36	\$ 4,223.21
Deductible	\$	-	\$	(11.94)	\$	-	\$	-	\$	(1,178.22)	\$	-	\$	(539.89)	\$ (1,730.05)
Other Member Cost Sharing	\$	-	\$	(3.19)	\$	-	\$	-	\$	-	\$	-	\$	(198.57)	\$ (201.76)
												М	emb	er Subtotal	\$ (1,931.81)
												Apply Member	OOF	Maximum	\$ (1,867.45)
												Prelimina	ary Pl	an Liability	\$ 2,355.77
												Preliminar	y Bei	nefit Factor	0.5578
								Adjust	mer	nt for Utilization B	ase	d on Differences	in C	ost Sharing	0.889
								Adjustme	nt fo	or Impact of Healt	h S	avings/Reimburs	seme	nt Account	0.960
												Normalizati	on A	djustments	0.933
												Final Cos	t Sha	ring Factor	0.4439

Plan(s): BluePreferred PPO \$1,000 100%/80% (On & Off Exchange)

Metal: Gold

ivietai.	GUI	u												
						01	ther Medical Not							
					Pediatric		Subject to	Me	edical Subject to	R	x Not Subject to	R	x Subject to	
	Pre	eventive Care	Pe	diatric Dental	Vision		Deductible		Deductible		Deductible		Deductible	Total
Allowed PMPY	\$	43.42	\$	40.44	\$ 3.57	\$	-	\$	3,029.42	\$	-	\$	1,106.36	\$ 4,223.21
Deductible	\$	-	\$	(11.94)	\$ -	\$	-	\$	(594.85)	\$	-	\$	-	\$ (606.79)
Other Member Cost Sharing	\$	-	\$	(3.19)	\$ -	\$	-	\$	(185.87)	\$	-	\$	(387.82)	\$ (576.88)
											Me	emb	er Subtotal	\$ (1,183.67)
											Apply Member	OOF	Maximum	\$ (1,018.96)
											Prelimina	ry P	lan Liability	\$ 3,204.26
											Preliminary	Be	nefit Factor	0.7587
							Adjust	men	t for Utilization B	ase	ed on Differences	in C	ost Sharing	0.966
							Adjustme	nt fo	r Impact of Healt	h S	avings/Reimburs	eme	nt Account	1.004
											Normalizatio	n A	djustments	0.933
											Final Cost	Sha	ring Factor	0.6862

Plan(s): BluePreferred PPO HSA/HRA \$1,800 (On & Off Exchange)

							01	ther Medical Not							
						Pediatric		Subject to	N	Medical Subject to	R	x Not Subject to	R	x Subject to	
	Prev	ventive Care	Ped	iatric Dental		Vision	Deductible			Deductible		Deductible		Deductible	Total
Allowed PMPY	\$	43.42	\$	40.44	\$	3.57	\$	-	\$	3,029.42	\$	-	\$	1,106.36	\$ 4,223.21
Deductible	\$	-	\$	(11.94)	\$	-	\$	-	\$	(684.89)	\$	-	\$	(314.56)	\$ (1,011.40)
Other Member Cost Sharing	\$	-	\$	(3.19)	\$	-	\$	-	\$	(234.45)	\$	-	\$	(277.55)	\$ (515.20)
												М	emb	er Subtotal	\$ (1,526.59)
												Apply Member	OOF	Maximum	\$ (1,343.41)
												Prelimina	ıry P	an Liability	\$ 2,879.80
												Preliminar	y Be	nefit Factor	0.6819
								Adjus	tme	nt for Utilization B	ase	d on Differences	in C	ost Sharing	0.917
								Adjustme	ent f	for Impact of Healt	h S	avings/Reimburs	eme	nt Account	0.960
					Normalization Adjustments							0.933			
												Final Cos	t Sha	ring Factor	0.5599

Support for Cost Sharing Factors

Plan(s): HealthyBlue PPO \$300 (On & Off Exchange) Metal: Platinum

							0	ther Medical Not							
						Pediatric		Subject to	M	edical Subject to	R	x Not Subject to	R	x Subject to	
	Pre	eventive Care	Pe	diatric Dental		Vision		Deductible		Deductible		Deductible		Deductible	Total
Allowed PMPY	\$	43.42	\$	40.44	\$	3.57	\$	1,708.16	\$	1,321.26	\$	-	\$	1,106.36	\$ 4,223.21
Deductible	\$	-	\$	(11.94)	\$	-	\$	-	\$	(583.89)	\$	-	\$	-	\$ (595.83)
Other Member Cost Sharing	\$	-	\$	(3.19)	\$	-	\$	(158.91)	\$	(68.60)	\$	-	\$	(387.82)	\$ (618.51)
												М	emb	er Subtotal	\$ (1,214.34)
												Apply Member	OOF	Maximum	\$ (1,036.25)
												Prelimina	ıry Pi	an Liability	\$ 3,186.96
												Preliminar	y Bei	nefit Factor	0.7546
								Adjust	men	nt for Utilization B	ase	d on Differences	in C	ost Sharing	1.035
	Adjustment for Impact of Health Savings/Reimbursement Account									1.004					
												Normalizati	on A	djustments	0.933
												Final Cos	t Sha	ring Factor	0.7316

Plan(s): HealthyBlue PPO \$600 (On & Off Exchange) Metal: Platinum

Wictui.	· iatii					01	ther Medical Not							
_	Prev	entive Care	Ped	diatric Dental	Pediatric Vision		Subject to Deductible	М	ledical Subject to Deductible		Not Subject to Deductible		Subject to Deductible	Total
Allowed PMPY	\$	43.42	\$	40.44	\$ 3.57	\$	1,708.16	\$	1,321.26	\$	-	\$	1,106.36	\$ 4,223.21
Deductible	\$	-	\$	(11.94)	\$ -	\$	-	\$	(196.60)	\$	-	\$	-	\$ (208.54)
Other Member Cost Sharing	\$	-	\$	(3.19)	\$ -	\$	(158.91)	\$	(104.62)	\$	-	\$	(313.02)	\$ (579.74)
											М	embe	r Subtotal	\$ (788.27)
											Apply Member	OOP	Maximum	\$ (531.25)
											Prelimina	ary Pla	n Liability	\$ 3,691.96
											Preliminar	y Ben	efit Factor	0.8742
							Adjust	mer	nt for Utilization B	asec	on Differences	in Co	st Sharing	1.035
							Adjustme	nt f	or Impact of Healt	h Sa	vings/Reimburs	semer	nt Account	1.004
											Normalizati	on Ad	justments	0.933
											Final Cos	t Sha	ring Factor	0.8476

Plan(s): HealthyBlue PPO \$1,500 (On & Off Exchange) Metal: Gold

							0	ther Medical Not							
						Pediatric		Subject to	M	ledical Subject to	Rx	Not Subject to	Rx	Subject to	
_	Preventi	ve Care	Pedi	atric Dental		Vision		Deductible		Deductible		Deductible	D	eductible	Total
Allowed PMPY	\$	43.42	\$	40.44	\$	3.57	\$	1,708.16	\$	1,321.26	\$	-	\$	1,106.36	\$ 4,223.21
Deductible	\$	-	\$	(11.94)	\$	-	\$	-	\$	(321.91)	\$	-	\$	-	\$ (333.85)
Other Member Cost Sharing	\$	-	\$	(3.19)	\$	-	\$	(158.91)	\$	(92.97)	\$	-	\$	(313.02)	\$ (568.08)
												М	embe	r Subtotal	\$ (901.93)
												Apply Member	OOP	Maximum	\$ (609.30)
												Prelimina	ry Pla	n Liability	\$ 3,613.91
												Preliminar	y Ben	efit Factor	0.8557
								Adjust	mer	nt for Utilization B	asec	on Differences	in Co	st Sharing	0.966
								Adjustme	nt f	or Impact of Healt	h Sa	vings/Reimburs	emen	t Account	1.004
	Normalization Adjustments								justments	0.933					
												Final Cos	t Shar	ing Factor	0.7739

Plan(s): HealthyBlue PPO HSA/HRA \$2,000 (On & Off Exchange) Metal: Silver

· · · · · · · · · · · · · · · · · · ·							01	ther Medical Not							
						Pediatric		Subject to	Me	dical Subject to	R	x Not Subject to		Rx Subject to	
_	Preventive Ca	re	Pediat	tric Dental		Vision		Deductible		Deductible		Deductible		Deductible	Total
Allowed PMPY	\$ 43.	42	\$	40.44	\$	3.57	\$	-	\$	3,029.42	\$	54.58	\$	1,051.79	\$ 4,223.21
Deductible	\$ -		\$	(11.94)	\$	-	\$	-	\$	(610.58)	\$	-	\$	(266.14)	\$ (888.66)
Other Member Cost Sharing	\$ -		\$	(3.19)	\$	-	\$	-	\$	(225.02)	\$	(15.44)	\$	(222.28)	\$ (465.93)
												M	lem	ber Subtotal	\$ (1,354.59)
												Apply Member	00	P Maximum	\$ (1,245.15)
												Prelimina	ary I	Plan Liability	\$ 2,978.07
												Preliminar	у Ве	enefit Factor	0.7052
								Adjus	men	for Utilization B	ase	ed on Differences	in (Cost Sharing	0.917
	Adjustment for Impact of Health Savings/Reimbursement Account									0.960					
		Normalization Adjustments									Adjustments	0.933			
					Final Cost Sharing Factor							0.5790			

Derivation of Normalization Factor Based on Existing Individual, Non-Medigap Age Factors

Projected Pool Allowed PMPM	\$	449.60		
	Unca	pped Dependents	Ca	apped Dependents
Total Estimated Allowed \$ Per Month, Based on Age Factors	\$	21,478,774	\$	21,355,875
Total Experience Members		44,311		44,311
PMPM Based On Age Factors	\$	484.73	\$	481.95
Normalization Adjustment		0.928		1.006

Impact of Expected Differences in Utilization of Services Based on Differences in Cost Sharing

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

Total D.C. SG GHMSI

	Midpoint AV	Projected Contracts As Of 12/31/2014	Utilization Impact Relative to Bronze*	Impact Relative to Average
Platinum	90%	15,390	1.166	1.035
Gold	80%	4,714	1.087	0.966
Silver	70%	679	1.032	0.917
Bronze	60%	38	1.001	0.889
Subtotal:		20,821		
Average	87.0%		1.126	

	Impact of Health	Projected Member
	Savings/Reimbursement Account**	Months
HSA/HRA	0.960	13,704
All Other	1.004	125,916
	1.000	139,620

^{*} Calculated as cost per enrollee divided by Bronze cost per enrollee, based on HHS AV Calculator continuance tables.

^{**} Existing Small Group HRA rates are approximately 8% higher than HSA rates. For the same person, regardless of health status, the addition of an HRA to a plan induces costs and the addition of an HSA reduces costs. Since current Small Group CDH members are enrolled primarily in HSA plans, we assume an overall impact of -4% for plans offered as HSA/HRA.

Rating Methdology & Sample Calculation

Methodology	Group ABC Selects Blue	Preferred Go	old Plan						
1. For each subscriber in a group, identify:	Employee 1			Employee 2					
All dependents associated with the subscriber including the following categories:	A spouse, ar	d 1 child		5 children					
Spouse/Domestic Partner	1			0					
# of children ages 21 or older	0			1					
# of children ages under 21 (if more than 3, select 3 oldest children)	1			4					
	Subscriber	Spouse	Child 1	Subscriber	Child 1*	Child 2	Child 3	Child 4	Child 5
2. For each subscriber and dependent, identify their age.	46	34	15	52	6	10	13	18	22
									· · · · · · · · · · · · · · · · · · ·
3. Determine appropriate age factor.	1.227	0.775	0.727	1.545		0.727	0.727	0.727	0.727
4. Idenfity the appropriate plan level base rate.	\$401.52	\$401.52	\$401.52	\$401.52		\$401.52	\$401.52	\$401.52	\$401.52
5. Multiply the (base rate x age factor) and round to the nearest whole cent to determine the member's individual rate.	\$492.67	\$311.18	\$291.91	\$620.35		\$291.91	\$291.91	\$291.91	\$291.91
iliulvidual late.			<u> </u>						<u> </u>
6. The group's total rate is the sum of individual rates for all subscribers and members combined.	\$2,883.75								

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

Age Factors

	Proposed
Age	Factor
<= 20	0.727
21	0.727
22	0.727
23	0.727
24	0.727
25	0.727
26	0.727
27	0.727
28	0.727
29	0.727
30	0.727
31	0.727
32	0.727
33	0.746
34	0.775
35	0.805
36	0.836
37	0.869
38	0.903
39	0.938
40	0.975
41	1.013
42	1.053
43	1.033
44	1.137
45	
	1.181
46	1.227
47	1.275
48	1.325
49	1.377
50	1.431
51	1.487
52	1.545
53	1.605
54	1.668
55	1.733
56	1.801
57	1.871
58	1.944
59	2.020
60	2.099
61	2.181
62	2.181
63	2.181
64 and over	2.181
	

Group Hospitalization & Medical Services, Inc. (GHMSI) (NAIC # 53007)

Rate Filing # 1904

D.C. Small Group Products - On & Off Exchange Rate Filing Effective 1/1/2014

Actuarial Value Calculations

D.C. Small Group Products - On & Off Exchange Rate Filing Effective 1/1/2014

AV Calculations - Table of Contents

Cover	1
Table of Contents	2
Bronze - BluePreferred PPO HSA/HRA \$4,000	3
Silver - BluePreferred PPO HSA/HRA \$2,000	4
Gold - BluePreferred PPO \$1,000	5
Platinum - BluePreferred PPO 100%/80%, Rx: \$10/20%/40%/50%	6
Platinum - BluePreferred PPO 100%/80%, Rx:\$10/\$45/\$65/50%	7
Platinum - BluePreferred PPO \$500	8
Gold - BluePreferred PPO \$1,200	9
Gold - BluePreferred PPO \$1,000 80%/60%	10
Gold - BluePreferred PPO \$2,000	11
Silver - BluePreferred PPO \$4,500	12
Gold - BluePreferred PPO HSA/HRA \$1,400	13
Silver - BluePreferred PPO HSA/HRA \$2,000, 100%/80%	14
Bronze - BluePreferred PPO HSA/HRA \$4,500	15
Gold - BluePreferred PPO \$1,000 100%/80%	16
Silver - BluePreferred PPO HSA/HRA \$1,800	17
Platinum - HealthyBlue PPO \$300	18
Platinum - HealthyBlue PPO \$600	19
Gold - HealthyBlue PPO \$1,500	20
Silver - HealthyBlue PPO HSA/HRA \$2,000	21

CareFirst BlueCross BlueShield (GHMSI) D.C. Small Group Products - On & Off Exchange Rate Filing Effective 1/1/2014 AV Calculator - BluePreferred PPO HSA/HRA \$4,000 Bronze Plan

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible? Y

Apply Inpatient Copay per Day? N
Apply Skilled Nursing Facility Copay per Day? N

Use Separate OOP Maximum for Medical and Drug Spending? N

Indicate if Plan Meets CSR Standard? N

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

Desired Metal Her	Bronze				
	Tier 1 Plan Benefit Design				
	Medical Drug Combined				
Deductible (\$)			\$4,000.00		
Coinsurance (%, Insurer's Cost Share)			70.00%		
OOP Maximum (\$)			\$6,350.00		
OOP Maximum if Separate (\$)					

Tier 2 Plan Benefit Design						
Medical Drug Combined						

Click Here for Important Instructions		Tie	er 1			Tier	2	
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical								
Emergency Room Services	Υ	Υ						
All Inpatient Hospital Services (inc. MHSA)	Υ	Υ						
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	Υ	Υ						
Specialist Visit	Υ	Υ						
Mental/Behavioral Health and Substance Abuse Disorder Outpatient								
Services	Υ	Υ						
Imaging (CT/PET Scans, MRIs)	Y	Υ						
Rehabilitative Speech Therapy	٧	٧						
Rehabilitative Occupational and Rehabilitative Physical Therapy	v							
Rehabilitative Occupational and Rehabilitative Physical Therapy		'						
Ion-Preventive Well Baby Visits and Care	N	N						
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00
aboratory Outpatient and Professional Services	Υ	Υ		,				, , , , ,
K-rays and Diagnostic Imaging	Υ	Υ						
Skilled Nursing Facility	Υ	Υ						
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Y	Y						
Outpatient Surgery Physician/Surgical Services	Υ	Υ						
Drugs								
Generics	Υ	N		\$10.00				
Preferred Brand Drugs	Υ	Υ	80%					
Non-Preferred Brand Drugs	Υ	Υ	60%		·			
Specialty Drugs (i.e. high-cost)	Υ	Υ	50%	·				

		1	2	3	4
Ass	umed Cost / Visit	Platinum	Gold	Silver	Bronze
\$	447.92	\$352.86	\$401.15	\$421.78	\$447.92
¢	222 22	\$199.25	\$229.52	\$236.49	\$232.22

Options for Additional Benefit Design Limits:

is for Additional Benefit Besign Entities	Option
Set a Maximum on Specialty Rx Coinsurance Payments? N	
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay? N	
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits? N	
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of	
Copays? N	
# Copays (1-10):	

Output

Status/Error Messages: Calculation Successful.

Actuarial Value: 60.85% Metal Tier: Bronze

6/12/2013 3 ON-BP PPO HSA 4000_Bronze

 $[\]ensuremath{^{*}}\ensuremath{^{\mathsf{N}}}\ensuremath{^{\mathsf{T}}}\ensure$

CareFirst BlueCross BlueShield (GHMSI) D.C. Small Group Products - On & Off Exchange Rate Filing Effective 1/1/2014 AV Calculator - BluePreferred PPO HSA/HRA \$2,000 Silver Plan

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible? Y

Apply Inpatient Copay per Day? N Apply Skilled Nursing Facility Copay per Day? N

Use Separate OOP Maximum for Medical and Drug Spending? N

Indicate if Plan Meets CSR Standard? N

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

Desired Metal Tier	Silver		
		Tier 1 Plan Benefit Des	ign
	Medical	Drug	Combined
Deductible (\$)			\$2,000.00
Coinsurance (%, Insurer's Cost Share)			80.00%
OOP Maximum (\$)			\$4,000.00
OOP Maximum if Separate (\$)			

Tier 2 Plan Benefit Design						
Medical Drug Combined						

Click Here for Important Instructions		Tie	r 1			Tier	· 2	
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical								
Emergency Room Services	Υ	Υ						
All Inpatient Hospital Services (inc. MHSA)	Υ	Υ						
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	Υ	Υ						
Specialist Visit	Υ	Υ						
Mental/Behavioral Health and Substance Abuse Disorder Outpatient								
Services	Υ	Υ						
Imaging (CT/PET Scans, MRIs)	Υ	Υ						
Rehabilitative Speech Therapy	Υ	Υ						
Rehabilitative Occupational and Rehabilitative Physical Therapy	Υ	Υ						
Rehabilitative Occupational and Rehabilitative Physical Therapy								
Non-Preventive Well Baby Visits and Care	Ν	N						
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00
Laboratory Outpatient and Professional Services	Υ	Υ						
X-rays and Diagnostic Imaging	Υ	Υ						
Skilled Nursing Facility	Υ	٧						
-								
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Υ	Y						
Outpatient Surgery Physician/Surgical Services	Υ	Υ						
Drugs								
Generics	Υ	N		\$10.00				
Preferred Brand Drugs	Υ	Υ	80%					
Non-Preferred Brand Drugs	Υ	Υ	60%					
Specialty Drugs (i.e. high-cost)	Υ	Υ	50%					

			1	2	3	4
Enter OP Copays	Assumed Cost / Visit		Platinum	Gold	Silver	Bronze
	\$	421.78	\$352.86	\$401.15	\$421.78	\$447.92
	s	236.49	\$199.25	\$229.52	\$236.49	\$232.22

Options for Additional Benefit Design Limits

Options for Additional Benefit Design Limits:	
Set a Maximum on Specialty Rx Coinsurance Payments? N	-
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay? N	-
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits? N	-
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of	
Copays? N	N
# Copays (1-10):	

Output

Status/Error Messages: Calculation Successful.

Actuarial Value: 70.90% Metal Tier: Silver

6/12/2013 4 ON-BP PPO HSA 2000_Silver

^{*&}quot;Y" means the checkbox was checked, "N" means the checkbox was left unchecked.

CareFirst BlueCross BlueShield (GHMSI) D.C. Small Group Products - On & Off Exchange Rate Filing Effective 1/1/2014 AV Calculator - BluePreferred PPO \$1,000 Gold Plan

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible? Y

Apply Inpatient Copay per Day? N Apply Skilled Nursing Facility Copay per Day? N

Use Separate OOP Maximum for Medical and Drug Spending? N

Indicate if Plan Meets CSR Standard? N Desired Metal Tier Gold

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

Desired Wetar Her	Gold					
	Tier 1 Plan Benefit Design					
	Medical Drug Combined					
Deductible (\$)			\$1,000.00			
Coinsurance (%, Insurer's Cost Share)			90.00%			
OOP Maximum (\$)			\$3,000.00			
OOP Maximum if Separate (\$)						

Tier 2 Plan Benefit Design						
Medical Drug Combined						

Click Here for Important Instructions		Tie	r 1		Tier 2			
Type of Benefit	Subject to Deductible?	Subject to	Coinsurance, if	Copay, if	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	Deductibles	Coinsurance?	different	separate	Deductibles	Coinsurance?	amerent	
Emergency Room Services	Υ	Υ						
All Inpatient Hospital Services (inc. MHSA)	Y	Y						
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	Υ	Υ						
Specialist Visit	Υ	Υ						
Mental/Behavioral Health and Substance Abuse Disorder Outpatient								
Services	Υ	Υ						
Imaging (CT/PET Scans, MRIs)	Υ	Υ						
Rehabilitative Speech Therapy	Υ	Y						
Rehabilitative Occupational and Rehabilitative Physical Therapy	Υ	Y						
Rehabilitative Occupational and Rehabilitative Physical Therapy								
Non-Preventive Well Baby Visits and Care	N	N						
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00
Laboratory Outpatient and Professional Services	Υ	Υ						
X-rays and Diagnostic Imaging	Υ	Υ						
Skilled Nursing Facility	Υ	Υ						
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Υ	Υ						
Outpatient Surgery Physician/Surgical Services	Υ	Υ						
Drugs								
Generics	Υ	Υ		\$10.00				
Preferred Brand Drugs	Υ	Υ	80%					
Non-Preferred Brand Drugs	Υ	Υ	60%	•				
Specialty Drugs (i.e. high-cost)	Υ	Υ	50%					
Ontions for Additional Renefit Design Limits:				•	•	•		

	Enter OP Copays	Assumed Cost / Visit		Platinum	Gold	Silver	Bronze
		\$	401.15	\$352.86	\$401.15	\$421.78	\$447.92
ı		¢	229 52	\$199.25	\$229.52	\$236.49	\$232.22

2 3

Options for Additional Benefit Design Limits:

Options for Additional Deficite Design Limites
Set a Maximum on Specialty Rx Coinsurance Payments? N
Specialty Rx Coinsurance Maximum:
Set a Maximum Number of Days for Charging an IP Copay? N
Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? N
Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? N
Copays (1-10):

Output

Status/Error Messages: Calculation Successful.

Actuarial Value: 79.88% Metal Tier: Gold

6/12/2013 5 ON-BP PPO 1000_Gold

^{*&}quot;Y" means the checkbox was checked, "N" means the checkbox was left unchecked.

CareFirst BlueCross BlueShield (GHMSI) D.C. Small Group Products - On & Off Exchange Rate Filing Effective 1/1/2014 AV Calculator - BluePreferred PPO 100%/80%, Rx: \$10/20%/40%/50% Platinum Plan

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible? N

Apply Inpatient Copay per Day? N Apply Skilled Nursing Facility Copay per Day? N Use Separate OOP Maximum for Medical and Drug Spending? N

Indicate if Plan Meets CSR Standard? N

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

Desired Metal Her	Platinum					
	Tier 1 Plan Benefit Design					
	Medical Drug Combined					
Deductible (\$)	\$0.00	\$0.00				
Coinsurance (%, Insurer's Cost Share)	99.99%	99.99%				
OOP Maximum (\$)	\$2,	,000.00				
OOP Maximum if Separate (\$)						

Tier 2 Plan Benefit Design						
Medical	1edical Drug Combined					

Click Here for Important Instructions		Tie	r 1		Tier 2			
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical								
Emergency Room Services	Υ	N		\$200.00				
All Inpatient Hospital Services (inc. MHSA)	Υ	N		\$250.00				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	Υ	N		\$20.00				
Specialist Visit	Υ	N		\$30.00				
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	Y	N		\$20.00				
Imaging (CT/PET Scans, MRIs)	Υ	Υ						
Rehabilitative Speech Therapy Rehabilitative Occupational and Rehabilitative Physical Therapy	Y	N N		\$30.00 \$30.00				
Rehabilitative Occupational and Rehabilitative Physical Therapy	1	IN		\$30.00				
Non-Preventive Well Baby Visits and Care	N	N						
Preventive Care/Screening/Immunization	14	IN .	100%	\$0.00			100%	\$0.00
Laboratory Outpatient and Professional Services	Υ	Υ	20071	40.00				70.00
X-rays and Diagnostic Imaging	Y	Y						
Skilled Nursing Facility	Υ	Υ						
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Υ	Υ						
Outpatient Surgery Physician/Surgical Services	Υ	Υ						
Drugs								
Generics	Υ	N		\$10.00				
Preferred Brand Drugs	Υ	Υ	80%					
Non-Preferred Brand Drugs	Υ	Υ	60%					
Specialty Drugs (i.e. high-cost)	Υ	Υ	50%					

	Ass	umed Cost /	1	2	3	4
Enter OP Copays Vis		Visit	Platinum	Gold	Silver	Bronze
	\$	352.86	\$352.86	\$401.15	\$421.78	\$447.92
		100 25	¢100.2E	¢220 E2	¢226.40	ຕ່າວາ າາ

Options for Additional Benefit Design Limits:

Options for Additional Benefit Design Limits.	
Set a Maximum on Specialty Rx Coinsurance Payments? N	
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay? N	
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits? N	
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? N	
# Copays (1-10):	

Output

Status/Error Messages: Calculation Successful.

Actuarial Value: 89.44% Platinum Metal Tier:

6/12/2013 ON-BP PPO 100-80_Platinum

^{*&}quot;Y" means the checkbox was checked, "N" means the checkbox was left unchecked.

D.C. Small Group Products - On & Off Exchange Rate Filing Effective 1/1/2014 AV Calculator - BluePreferred PPO 100%/80%, Rx:\$10/\$45/\$65/50% Platinum Plan

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible? N Apply Inpatient Copay per Day? N

Apply Skilled Nursing Facility Copay per Day? N Use Separate OOP Maximum for Medical and Drug Spending? N

Indicate if Plan Meets CSR Standard? N

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

Desired Metal Her	Platinum		
	Ti	er 1 Plan Benefit D	esign
	Medical	Drug	Combined
Deductible (\$)	\$0.00	\$0.00	
Coinsurance (%, Insurer's Cost Share)	99.99%	99.99%	
OOP Maximum (\$)	\$1,10	00.00	
OOP Maximum if Senarate (\$)			

1	Tier 2 Plan Benef	it Design
Medical	Drug	Combined

Click Here for Important Instructions		Ti	er 1		Tier 2			
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical								
Emergency Room Services	Y	N		\$200.00				
All Inpatient Hospital Services (inc. MHSA)	Y	N		\$250.00				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	Υ	N		\$20.00				
Specialist Visit	Υ	N		\$30.00				
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	Υ	N		\$20.00				
services	1	N N						
Imaging (CT/PET Scans, MRIs)	Y	Υ						
Rehabilitative Speech Therapy	Y	N		\$30.00				
Rehabilitative Occupational and Rehabilitative Physical Therapy	Y	N		\$30.00				
Rehabilitative Occupational and Rehabilitative Physical Therapy	Y	N						
Non-Preventive Well Baby Visits and Care	N	N						
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00
Laboratory Outpatient and Professional Services	Y	Υ						
X-rays and Diagnostic Imaging	Y	Υ						
Skilled Nursing Facility	Y	Υ						
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Y	Υ						
Outpatient Surgery Physician/Surgical Services	Y	Υ						
Drugs								
Generics	Y	N		\$10.00				
Preferred Brand Drugs	Y	N		\$45.00				
Non-Preferred Brand Drugs	Y	N		\$65.00				
Specialty Drugs (i.e. high-cost)	Y	Υ	50%					

Options for Additional Benefit Design Limits:

	Options for Additional Benefit Besign Limits.
N	Set a Maximum on Specialty Rx Coinsurance Payments?
	Specialty Rx Coinsurance Maximum:
N	Set a Maximum Number of Days for Charging an IP Copay?
	# Days (1-10):
N	Begin Primary Care Cost-Sharing After a Set Number of Visits?
	# Visits (1-10):
N	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?
	# Copays (1-10):

Output

Status/Error Messages: Calculation Successful. Actuarial Value: 88.992% Metal Tier: Platinum

Enter OP Copays Assumed Cost / Visit

 Platinum
 Gold
 Silver
 Bronze

 352.86
 \$352.86
 \$401.15
 \$421.78
 \$447.92

 199.25
 \$199.25
 \$229.52
 \$236.49
 \$232.22

^{*&}quot;Y" means the checkbox was checked, "N" means the checkbox was left unchecked.

D.C. Small Group Products - On & Off Exchange Rate Filing Effective 1/1/2014 AV Calculator - BluePreferred PPO \$500 Platinum Plan

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible? N Apply Inpatient Copay per Day? N
Apply Skilled Nursing Facility Copay per Day? N

Use Separate OOP Maximum for Medical and Drug Spending? N Indicate if Plan Meets

Meets CSR Standard?	N
Desired Metal Tier	Platinum

ed Network/POS Plan? N
1st Tier Utilization:
2nd Tier Utilization:

	Ti	er 1 Plan Benefit D	esign
	Medical	Drug	Combined
Deductible (\$)	\$500.00	\$0.00	
Coinsurance (%, Insurer's Cost Share)	99.99%	99.99%	
OOP Maximum (\$)	\$1,50	00.00	
OOP Maximum if Separate (\$)			

	Tier 2 Plan Benef	it Design
Medical	Drug	Combined

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

Options for Additional Benefit Design Limits:

	Options for Additional Delient Design Limits.
N	Set a Maximum on Specialty Rx Coinsurance Payments?
	Specialty Rx Coinsurance Maximum:
N	Set a Maximum Number of Days for Charging an IP Copay?
	# Days (1-10):
N	Begin Primary Care Cost-Sharing After a Set Number of Visits?
	# Visits (1-10):
N	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?
	# Copays (1-10):

Output

Status/Error Messages: Calculation Successful. Actuarial Value: 88.252% Metal Tier: Platinum

*"Y" means the checkbox was checked, "N" means the checkbox was left unchecked.

Enter OP Copays Assumed Cost / Visit

 Platinum
 Gold
 Silver
 Bronze

 352.86
 \$352.86
 \$401.15
 \$421.78
 \$447.92

 199.25
 \$199.25
 \$229.52
 \$236.49
 \$232.22

CareFirst BlueCross BlueShield (GHMSI) D.C. Small Group Products - On & Off Exchange Rate Filing Effective 1/1/2014 AV Calculator - BluePreferred PPO \$1,200 Gold Plan

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible? N
Apply Inpatient Copay per Day? N

Apply Skilled Nursing Facility Copay per Day? N
Use Separate OOP Maximum for Medical and Drug Spending? N

Indicate if Plan Meets CSR Standard? N

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

	Tier 1 Plan Benefit Design			
	Medical	Drug	Combined	
Deductible (\$)	\$1,200.00	\$0.00		
Coinsurance (%, Insurer's Cost Share)	99.99%	99.99%		
OOP Maximum (\$)	\$4,0	00.00		
OOP Maximum if Separate (\$)				

	Tier 2 Plan Benefit Design				
Medical	Drug	Combined			

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

Enter OP Copays Assumed Cost / Visit \$

Options for Additional Benefit Design Limits:

Options for Additional Deficit Design Limits.	
Set a Maximum on Specialty Rx Coinsurance Payments?	N
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	N
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	N
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	N
# Copays (1-10):	

Output

Status/Error Messages: Calculation Successful.

Actuarial Value: 79.86% Metal Tier: Gold

*"Y" means the checkbox was checked, "N" means the checkbox was left unchecked.

6/12/2013 9 OFF-BP PPO 1200_Gold

D.C. Small Group Products - On & Off Exchange Rate Filing Effective 1/1/2014 AV Calculator - BluePreferred PPO \$1,000 80%/60% Gold Plan

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible? N
Apply Inpatient Copay per Day? N

Apply Skilled Nursing Facility Copay per Day? N Use Separate OOP Maximum for Medical and Drug Spending? N

Indicate if Plan Meets CSR Standard? N

Desired Metal Tier Gold

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

	Tier 1 Plan Benefit Design			
	Medical	Drug	Combined	
Deductible (\$)	\$1,000.00	\$0.00		
Coinsurance (%, Insurer's Cost Share)	80.00%	80.00%		
OOP Maximum (\$)	\$3,500.00			
OOP Maximum if Separate (\$)				

Tier 2 Plan Benefit Design			
Medical	Drug	Combined	

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

Enter OP Copays Assumed Cost / Visit

Specialty Drugs (i.e. nign-cost)
Options for Additional Benefit Design Limits:

	Options for Additional Delient Design Limits.
N	Set a Maximum on Specialty Rx Coinsurance Payments?
	Specialty Rx Coinsurance Maximum:
N	Set a Maximum Number of Days for Charging an IP Copay?
	# Days (1-10):
N	Begin Primary Care Cost-Sharing After a Set Number of Visits?
	# Visits (1-10):
N	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?
	# Copays (1-10):

Output

Status/Error Messages: Calculation Successful.
Actuarial Value: 80.74%
Metal Tier: Gold

*"Y" means the checkbox was checked, "N" means the checkbox was left unchecked.

CareFirst BlueCross BlueShield (GHMSI) D.C. Small Group Products - On & Off Exchange Rate Filing Effective 1/1/2014

AV Calculator - BluePreferred PPO \$2,000 Gold Plan

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible? N Apply Inpatient Copay per Day? N

Apply Skilled Nursing Facility Copay per Day? N
Use Separate OOP Maximum for Medical and Drug Spending? N

Indicate if Plan Meets CSR Standard? N

Desired Metal Tier Gold

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

Desired Metal Her	dolu				
	Tier 1 Plan Benefit Design				
	Medical	Drug	Combined		
Deductible (\$)	\$2,000.00	\$0.00			
Coinsurance (%, Insurer's Cost Share)	99.99%	99.99%			
OOP Maximum (\$)	\$5,000.00				
OOP Maximum if Separate (\$)					

Tier 2 Plan Benefit Design			
Medical	Drug	Combined	

Click Here for Important Instructions		Ti	ier 1				Tier 2	
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical								
Emergency Room Services	Υ	Υ						
All Inpatient Hospital Services (inc. MHSA)	Υ	Υ						
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	N	N		\$20.00				
Specialist Visit	N	N		\$20.00				
Mental/Behavioral Health and Substance Abuse Disorder Outpatient				\$20.00				
Services	N	N		Ų20.00				
Imaging (CT/PET Scans, MRIs)	Υ	Υ						
Rehabilitative Speech Therapy	Y	Υ						
Rehabilitative Occupational and Rehabilitative Physical Therapy	Υ	Υ						
Rehabilitative Occupational and Rehabilitative Physical Therapy	Υ	Υ						
Non-Preventive Well Baby Visits and Care	N	N						
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00
Laboratory Outpatient and Professional Services	Υ	Υ						
X-rays and Diagnostic Imaging	Υ	Υ						
Skilled Nursing Facility	Υ	Υ						
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Υ	Υ						
Outpatient Surgery Physician/Surgical Services	Υ	Υ						
Drugs								
Generics	Υ	N		\$10.00				
Preferred Brand Drugs	Υ	N		\$45.00				
Non-Preferred Brand Drugs	Υ	N		\$65.00				
Specialty Drugs (i.e. high-cost)	Y	Υ	50%					

Enter OP Copays Assumed Cost / Visit

Options for Additional Benefit Design Limits:

	Options for Additional Delient Design Limits.
N	Set a Maximum on Specialty Rx Coinsurance Payments?
	Specialty Rx Coinsurance Maximum:
N	Set a Maximum Number of Days for Charging an IP Copay?
	# Days (1-10):
N	Begin Primary Care Cost-Sharing After a Set Number of Visits?
	# Visits (1-10):
N	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?
	# Copays (1-10):

Output

Status/Error Messages: Calculation Successful.
Actuarial Value: 79.20%
Metal Tier: Gold

*"Y" means the checkbox was checked, "N" means the checkbox was left unchecked.

6/12/2013 11 OFF-BP PPO 2000_Gold

D.C. Small Group Products - On & Off Exchange Rate Filing Effective 1/1/2014 AV Calculator - BluePreferred PPO \$4,500 Silver Plan

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible? N
Apply Inpatient Copay per Day? N

Apply Skilled Nursing Facility Copay per Day? N
Use Separate OOP Maximum for Medical and Drug Spending? N
Indicate if Plan Meets CSR Standard? N

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

Desired Metal Tier Silver

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$4,500.00	\$0.00	
Coinsurance (%, Insurer's Cost Share)	99.99%	99.99%	
OOP Maximum (\$)	\$6,3	50.00	
OOP Maximum if Separate (\$)			

Tier 2 Plan Benefit Design				
Medical	Drug	Combined		

Click Here for Important Instructions		Ti	er 1				Tier 2	
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical								
Emergency Room Services	Υ	Y						
All Inpatient Hospital Services (inc. MHSA)	Υ	Υ						
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	N	N		\$30.00				
Specialist Visit	N	N		\$30.00				
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	N	N		\$30.00				
Imaging (CT/PET Scans, MRIs)	Y	Y						
Rehabilitative Speech Therapy	Υ	Υ						
Rehabilitative Occupational and Rehabilitative Physical Therapy	Υ	Υ						
Rehabilitative Occupational and Rehabilitative Physical Therapy	Υ	Υ						
Non-Preventive Well Baby Visits and Care	N	N						
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00
Laboratory Outpatient and Professional Services	Υ	Υ						
X-rays and Diagnostic Imaging	Y	Υ						
Skilled Nursing Facility	Υ	Υ						
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Υ	Υ						
Outpatient Surgery Physician/Surgical Services	Υ	Υ						
Drugs								
Generics	Υ	N		\$10.00				
Preferred Brand Drugs	Υ	N		\$45.00				
Non-Preferred Brand Drugs	Υ	N		\$65.00				
Specialty Drugs (i.e. high-cost)	Υ	Υ	50%					

Enter OP Copays Assumed Cost / Visit

Options for Additional Benefit Design Limits:

	Options for reductional Deficit Design Elimes.
N	Set a Maximum on Specialty Rx Coinsurance Payments?
	Specialty Rx Coinsurance Maximum:
N	Set a Maximum Number of Days for Charging an IP Copay?
	# Days (1-10):
N	Begin Primary Care Cost-Sharing After a Set Number of Visits?
	# Visits (1-10):
N	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?
	# Copays (1-10):

Output

Status/Error Messages: Calculation Successful.
Actuarial Value: 69.89%
Metal Tier: Sliver

*"Y" means the checkbox was checked, "N" means the checkbox was left unchecked.

D.C. Small Group Products - On & Off Exchange Rate Filing Effective 1/1/2014 AV Calculator - BluePreferred PPO HSA/HRA \$1,400 Gold Plan

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible? Y Apply Inpatient Copay per Day? N
Apply Skilled Nursing Facility Copay per Day? N

Use Separate OOP Maximum for Medical and Drug Spending? N

Indicate if Plan Meets CSR Standard? N

vieets CSR	Standard?	IN
Desired	Metal Tier	Colo

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

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			\$1,400.00
Coinsurance (%, Insurer's Cost Share)			99.99%
OOP Maximum (\$)			\$2,800.00
OOP Maximum if Separate (\$)			

Tier 2 Plan Benefit Design			
Medical	Drug	Combined	

Click Here for Important Instructions		Ti	er 1				Tier 2	
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical								
Emergency Room Services	Y	N		\$50.00				
All Inpatient Hospital Services (inc. MHSA)	Υ	Υ						
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	Υ	Υ						
Specialist Visit	Υ	Υ						
Mental/Behavioral Health and Substance Abuse Disorder Outpatient								
Services	Y	Y						
Imaging (CT/PET Scans, MRIs)	Υ	Υ						
Rehabilitative Speech Therapy	Y	Υ						
Rehabilitative Occupational and Rehabilitative Physical Therapy	Y	Υ						
Rehabilitative Occupational and Rehabilitative Physical Therapy	Y	Υ						
Non-Preventive Well Baby Visits and Care	N	N						
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00
Laboratory Outpatient and Professional Services	Y	Υ						
X-rays and Diagnostic Imaging	Y	Υ						
Skilled Nursing Facility	Y	Υ						
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Υ	Υ						
Outpatient Surgery Physician/Surgical Services	Υ	Υ						
Drugs								
Generics	Υ	N		\$10.00				
Preferred Brand Drugs	Υ	N		\$45.00				
Non-Preferred Brand Drugs	Υ	N		\$65.00				
Specialty Drugs (i.e. high-cost)	Y	Y	50%					

Enter OP Copays Assumed Cost / Visit

	1	2	3	4
	Platinum	Gold	Silver	Bronze
1.15	\$352.86	\$401.15	\$421.78	\$447.92
9.52	\$199.25	\$229.52	\$236.49	\$232.22

Specialty Drugs (i.e. high-cost)

Options for Additional Benefit Design Limits:

	Options for Additional Delient Design Limits.
N	Set a Maximum on Specialty Rx Coinsurance Payments?
	Specialty Rx Coinsurance Maximum:
N	Set a Maximum Number of Days for Charging an IP Copay?
	# Days (1-10):
N	Begin Primary Care Cost-Sharing After a Set Number of Visits?
	# Visits (1-10):
N	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?
	# Copays (1-10):

Output

Status/Error Messages: Calculation Successful. Actuarial Value: 78.06% Metal Tier:

*"Y" means the checkbox was checked, "N" means the checkbox was left unchecked.

6/12/2013 13 OFF-BP PPO HSA 1400_Gold

D.C. Small Group Products - On & Off Exchange Rate Filing Effective 1/1/2014 AV Calculator - BluePreferred PPO HSA/HRA \$2,000, 100%/80% Silver Plan

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible? Y Apply Inpatient Copay per Day? N

Apply Skilled Nursing Facility Copay per Day? N Use Separate OOP Maximum for Medical and Drug Spending? N

Indicate if Plan Meets CSR Standard? N

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

Desired Metal Her	Silver							
	Tier 1 Plan Benefit Design							
	Medical Drug Combined							
Deductible (\$)			\$2,000.00					
Coinsurance (%, Insurer's Cost Share)			99.99%					
OOP Maximum (\$)			\$4,500.00					
OOP Maximum if Separate (\$)								

Tier 2 Plan Benefit Design				
Medical	Drug	Combined		

 Platinum
 Gold
 Silver
 Bronze

 421.78
 \$352.86
 \$401.15
 \$421.78
 \$447.92

 236.49
 \$199.25
 \$229.52
 \$236.49
 \$232.22

Enter OP Copays Assumed Cost / Visit

Click Here for Important Instructions		Ti	ier 1		Tier 2			
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical								
Emergency Room Services	Υ	N		\$200.00				
All Inpatient Hospital Services (inc. MHSA)	Υ	N		\$500.00				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	Υ	Υ						
Specialist Visit	Υ	Υ						
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	Y	Y						
Imaging (CT/PET Scans, MRIs)	Υ	Υ						
Rehabilitative Speech Therapy	Υ	Υ						
Rehabilitative Occupational and Rehabilitative Physical Therapy	Υ	Υ						
Rehabilitative Occupational and Rehabilitative Physical Therapy	Υ	Υ						
Non-Preventive Well Baby Visits and Care	N	N						
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00
Laboratory Outpatient and Professional Services	Υ	Υ						
X-rays and Diagnostic Imaging	Υ	Υ						
Skilled Nursing Facility	Υ	Υ						
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Υ	Υ						
Outpatient Surgery Physician/Surgical Services	Υ	Υ						
Drugs								
Generics	Υ	N		\$10.00				
Preferred Brand Drugs	Υ	N		\$45.00				
Non-Preferred Brand Drugs	Υ	N		\$65.00				
Specialty Drugs (i.e. high-cost)	Y	Y	50%					

Specialty Drugs (i.e. high-cost)

Options for Additional Benefit Design Limits:

	Options for Additional Benefit Besign Limits.
N	Set a Maximum on Specialty Rx Coinsurance Payments?
	Specialty Rx Coinsurance Maximum:
N	Set a Maximum Number of Days for Charging an IP Copay?
	# Days (1-10):
N	Begin Primary Care Cost-Sharing After a Set Number of Visits?
	# Visits (1-10):
N	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?
	# Copays (1-10):

Output

 Status/Error Messages:
 Calculation Successful.

 Actuarial Value:
 71.78%

 Metal Tier:
 Silver

 $\ensuremath{^{*}}\ensuremath{^{\prime\prime}}\ensuremath$

6/12/2013 OFF-BP PPO HSA 2000. Silver

D.C. Small Group Products - On & Off Exchange Rate Filing Effective 1/1/2014 AV Calculator - BluePreferred PPO HSA/HRA \$4,500 Bronze Plan

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible? Y Apply Inpatient Copay per Day? N
Apply Skilled Nursing Facility Copay per Day? N

Use Separate OOP Maximum for Medical and Drug Spending? N Indicate if Plan Meets CSR Standard? N

Desired Metal Tier Bronze

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

	Tier 1 Plan Benefit Design							
	Medical Drug Combined							
Deductible (\$)			\$4,500.00					
Coinsurance (%, Insurer's Cost Share)			99.99%					
OOP Maximum (\$)			\$6,350.00					
OOP Maximum if Separate (\$)								

Tier 2 Plan Benefit Design					
Medical	Drug	Combined			

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

nter OP Conavs	Assumed Cost / Visit
inter or copuls	, and a cost of their

	1	2	3	4
	Platinum	Gold	Silver	Bronze
7.92	\$352.86	\$401.15	\$421.78	\$447.92
າກັ	\$199.25	\$229.52	\$236.49	\$232.22

Options for Additional Benefit Design Limits:

	Options for Additional Delient Design Limits.
N	Set a Maximum on Specialty Rx Coinsurance Payments?
	Specialty Rx Coinsurance Maximum:
N	Set a Maximum Number of Days for Charging an IP Copay?
	# Days (1-10):
N	Begin Primary Care Cost-Sharing After a Set Number of Visits?
	# Visits (1-10):
N	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?
	# Copays (1-10):

Output

Status/Error Messages: Calculation Successful. Actuarial Value: 61.00% Metal Tier: Bronze

*"Y" means the checkbox was checked, "N" means the checkbox was left unchecked.

6/12/2013 OFF-BP PPO HSA 4500_Bronze 15

D.C. Small Group Products - On & Off Exchange Rate Filing Effective 1/1/2014 AV Calculator - BluePreferred PPO \$1,000 100%/80% Gold Plan

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible? N Apply Inpatient Copay per Day? N Apply Skilled Nursing Facility Copay per Day? N

Apply Skilled Nursing Facility Copay per Day? N
Use Separate OOP Maximum for Medical and Drug Spending? N

Indicate if Plan Meets CSR Standard? N

Desired Metal Tier Gold

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

	Tier 1 Plan Benefit Design					
	Medical Drug Combined					
Deductible (\$)	\$1,000.00	\$0.00				
Coinsurance (%, Insurer's Cost Share)	99.99%	99.99%				
OOP Maximum (\$)	\$3,500.00					
OOP Maximum if Separate (\$)						

	Tier 2 Plan Benefit Design				
Medical	Drug	Combined			

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

Enter OP Copays Assumed Cost / Visit

Options for Additional Benefit Design Limits:

	Options for Additional Delient Design Limits.
N	Set a Maximum on Specialty Rx Coinsurance Payments?
	Specialty Rx Coinsurance Maximum:
N	Set a Maximum Number of Days for Charging an IP Copay?
	# Days (1-10):
N	Begin Primary Care Cost-Sharing After a Set Number of Visits?
	# Visits (1-10):
N	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?
	# Copays (1-10):

Output

Status/Error Messages: Calculation Successful.
Actuarial Value: 81.79%

Metal Tier: Gold

6/12/2013 16 OFF-BP PPO 1000 100-80_Gold

^{*&}quot;Y" means the checkbox was checked, "N" means the checkbox was left unchecked.

D.C. Small Group Products - On & Off Exchange Rate Filing Effective 1/1/2014 AV Calculator - BluePreferred PPO HSA/HRA \$1,800 Silver Plan

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible? Y
Apply Inpatient Copay per Day? N

Apply Skilled Nursing Facility Copay per Day? N
Use Separate OOP Maximum for Medical and Drug Spending? N

Maximum for Medical and Drug Spending? N Indicate if Plan Meets CSR Standard? N

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

Desired Metal Her	Sliver					
	Tier 1 Plan Benefit Design					
	Medical	Drug	Combined			
Deductible (\$)			\$1,800.00			
Coinsurance (%, Insurer's Cost Share)			90.00%			
OOP Maximum (\$)			\$4,500.00			
OOP Maximum if Separate (\$)						

Tier 2 Plan Benefit Design					
Medical	Drug	Combined			

Click Here for Important Instructions		Ti	er 1				Tier 2	
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical								
Emergency Room Services	Y	Y						
All Inpatient Hospital Services (inc. MHSA)	Y	Y						
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	Υ	Υ						
Specialist Visit	Y	Υ						
Mental/Behavioral Health and Substance Abuse Disorder Outpatient								
Services	Y	Υ						
Imaging (CT/PET Scans, MRIs)	Y	Y						
Rehabilitative Speech Therapy	Y	Y						
Rehabilitative Occupational and Rehabilitative Physical Therapy	Y	Y						
Rehabilitative Occupational and Rehabilitative Physical Therapy	Y	Υ						
Non-Preventive Well Baby Visits and Care	N	N						
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00
Laboratory Outpatient and Professional Services	Y	Y						
X-rays and Diagnostic Imaging	Y	Y						
Skilled Nursing Facility	Y	Y						
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Y	Υ						
Outpatient Surgery Physician/Surgical Services	Y	Υ						
Drugs								
Generics	Υ	N		\$10.00				
Preferred Brand Drugs	Y	N		\$45.00				
Non-Preferred Brand Drugs	Υ	N		\$65.00				
Specialty Drugs (i.e. high-cost)	Υ	Υ	50%	·				

Enter OP Copays Assumed Cost / Visit

Options for Additional Benefit Design Limits:

	options for Additional Deficit Design Limits.
N	Set a Maximum on Specialty Rx Coinsurance Payments?
	Specialty Rx Coinsurance Maximum:
N	Set a Maximum Number of Days for Charging an IP Copay?
	# Days (1-10):
N	Begin Primary Care Cost-Sharing After a Set Number of Visits?
	# Visits (1-10):
N	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?
	# Copays (1-10):

Output

Status/Error Messages: Calculation Successful.
Actuarial Value: 71.58%
Metal Tier: Silver

*"Y" means the checkbox was checked, "N" means the checkbox was left unchecked.

6/12/2013 17 OFF-BP PPO HSA 1800_sliver

D.C. Small Group Products - On & Off Exchange Rate Filing Effective 1/1/2014 AV Calculator - HealthyBlue PPO \$300 Platinum Plan

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible? N Apply Inpatient Copay per Day? N Apply Skilled Nursing Facility Copay per Day? N

Use Separate OOP Maximum for Medical and Drug Spending? N

Indicate if Plan Meets CSR Standard? N

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

Desired Metal Her	Platinum					
	Tier 1 Plan Benefit Design					
	Medical	Drug	Combined			
Deductible (\$)	\$300.00	\$0.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
OOP Maximum (\$)	\$1,50	00.00				
OOP Maximum if Separate (\$)						

Tier 2 Plan Benefit Design								
Medical Drug Combined								

 Platinum
 Gold
 Silver
 Bronze

 352.86
 \$352.86
 \$401.15
 \$421.78
 \$447.92

 199.25
 \$199.25
 \$229.52
 \$236.49
 \$232.22

100 \$

Click Here for Important Instructions	Tier 1				Tier 2			
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical								
Emergency Room Services	N	N		\$200.00				
All Inpatient Hospital Services (inc. MHSA)	Υ	N		\$300.00				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	N	N						
Specialist Visit	N	N		\$30.00				
Mental/Behavioral Health and Substance Abuse Disorder Outpatient								
Services	N	N						
Imaging (CT/PET Scans, MRIs)	N	N						
Rehabilitative Speech Therapy	N	N		\$30.00				
Rehabilitative Occupational and Rehabilitative Physical Therapy	N	N		\$30.00				
Rehabilitative Occupational and Rehabilitative Physical Therapy	N	N						
Non-Preventive Well Baby Visits and Care	N	N						
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00
Laboratory Outpatient and Professional Services	N	N						
X-rays and Diagnostic Imaging	N	N						
Skilled Nursing Facility	Υ	N		\$30.00				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	N	Υ	72%					
Outpatient Surgery Physician/Surgical Services	Y	N						
Drugs								
Generics	Υ	N		\$0.00				
Preferred Brand Drugs	Υ	N		\$45.00				
Non-Preferred Brand Drugs	Υ	N		\$65.00				
Specialty Drugs (i.e. high-cost)	Y	Υ	50%					

pecialty Drugs (i.e. high-cost)	
ptions for Additional Benefit Design Limits:	

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

Output

Status/Error Messages: Calculation Successful. Actuarial Value: 90.26% Metal Tier: Platinum

*"Y" means the checkbox was checked, "N" means the checkbox was left unchecked.

CareFirst BlueCross BlueShield (GHMSI) D.C. Small Group Products - On & Off Exchange Rate Filing Effective 1/1/2014

C. Small Group Products - On & Off Exchange Rate Filing Effective 1/1/201

AV Calculator - HealthyBlue PPO \$600 Platinum Plan

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible? N
Apply Inpatient Copay per Day? N

Coinsurance (%, Insurer's Cost Share)

Apply Skilled Nursing Facility Copay per Day? N
Use Separate OOP Maximum for Medical and Drug Spending? N

Indicate if Plan Meets CSR Standard? N

Desired	Metal Tier	Platinum	

100.00%

Deductible (\$)

OOP Maximum (\$)
OOP Maximum if Separate (\$)

inum			
Ti	er 1 Plan Benefit D	esign	
Medical	Drug	Combined	
\$600.00	\$0.00		

100.00%

HSA/HRA Options

HSA/HRA Employer Contribution? N

T	ier 2 Plan Bene	fit Design
Medical	Drug	Combined

Narrow Network Options

Blended Network/POS Plan? N

1st Tier Utilization:

2nd Tier Utilization

Click Here for Important Instructions	Tier 1					Tier 2		
Click Here for important instructions								
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if
Medical	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate
				4000.00				
Emergency Room Services	N	N		\$200.00				
All Inpatient Hospital Services (inc. MHSA)	Y	N		\$300.00				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	N	N						
Specialist Visit	N	N		\$30.00				
Mental/Behavioral Health and Substance Abuse Disorder Outpatient								
Services	N	N						
Imaging (CT/PET Scans, MRIs)	N	N						
Rehabilitative Speech Therapy	N	N		\$30.00				
Rehabilitative Occupational and Rehabilitative Physical Therapy	N	N		\$30.00				
Rehabilitative Occupational and Rehabilitative Physical Therapy	N	N						
Non-Preventive Well Baby Visits and Care	N	N						
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00
Laboratory Outpatient and Professional Services	N	N						
X-rays and Diagnostic Imaging	N	N						
Skilled Nursing Facility	Y	N		\$30.00				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	N	Υ	72%					
Outpatient Surgery Physician/Surgical Services	Υ	N						
Drugs								
Generics	Υ	N		\$0.00				
Preferred Brand Drugs	Υ	N		\$45.00				
Non-Preferred Brand Drugs	Y	N		\$65.00				
Specialty Drugs (i.e. high-cost)	Υ	Υ	50%					

Options for Additional Benefit Design Limits:

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

Output

 Status/Error Messages:
 Calculation Successful.

 Actuarial Value:
 89.81%

 Metal Tier:
 Platinum

 $\ensuremath{^{*}}\ensuremath{^{\prime\prime}}\ensuremath$

Enter OP Copays Assumed Cost / Visit
\$ 100 \$

 Platinum
 Gold
 Silver
 Bronze

 352.86
 \$352.86
 \$401.15
 \$421.78
 \$447.92

 199.25
 \$199.25
 \$229.52
 \$236.49
 \$232.22

CareFirst BlueCross BlueShield (GHMSI) D.C. Small Group Products - On & Off Exchange Rate Filing Effective 1/1/2014 AV Calculator - HealthyBlue PPO \$1,500 Gold Plan

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible? N Apply Inpatient Copay per Day? N Apply Skilled Nursing Facility Copay per Day? N

Use Separate OOP Maximum for Medical and Drug Spending? N

Indicate if Plan Meets CSR Standard? N

Desired	Motal	Tior	Cald

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

	Tier 1 Plan Benefit Design			
	Medical	Drug	Combined	
Deductible (\$)	\$1,500.00	\$0.00		
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%		
OOP Maximum (\$)	\$5,50	00.00		
OOP Maximum if Separate (\$)				

-	Tier 2 Plan Benef	it Design
Medical	Drug	Combined

Click Here for Important Instructions		Ti	er 1				Tier 2	
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical								
Emergency Room Services	N	N		\$200.00				
All Inpatient Hospital Services (inc. MHSA)	Υ	N		\$300.00				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	N	N						
Specialist Visit	N	N		\$30.00				
Mental/Behavioral Health and Substance Abuse Disorder Outpatient								
Services	N	N						
Imaging (CT/PET Scans, MRIs)	N	N						
Rehabilitative Speech Therapy	N	N		\$30.00				
Rehabilitative Occupational and Rehabilitative Physical Therapy	N	N		\$30.00				
Rehabilitative Occupational and Rehabilitative Physical Therapy	N	N						
Non-Preventive Well Baby Visits and Care	N	N						
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00
Laboratory Outpatient and Professional Services	N	N						
X-rays and Diagnostic Imaging	N	N						
Skilled Nursing Facility	Y	N		\$30.00				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	N	Υ	72%					
Outpatient Surgery Physician/Surgical Services	Υ	N						
Drugs								
Generics	Υ	N		\$0.00				
Preferred Brand Drugs	Υ	N		\$45.00				
Non-Preferred Brand Drugs	Y	N		\$65.00				
Specialty Drugs (i.e. high-cost)	Υ	Υ	50%					

Options for Additional Benefit Design Limits:

	Options for Additional Delient Design Limits.
N	Set a Maximum on Specialty Rx Coinsurance Payments?
	Specialty Rx Coinsurance Maximum:
N	Set a Maximum Number of Days for Charging an IP Copay?
	# Days (1-10):
N	Begin Primary Care Cost-Sharing After a Set Number of Visits?
	# Visits (1-10):
N	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?
	# Copays (1-10):

Output

Status/Error Messages: Calculation Successful. Actuarial Value: 81.88% Metal Tier:

*"Y" means the checkbox was checked, "N" means the checkbox was left unchecked.

100 \$

 Platinum
 Gold
 Silver
 Bronze

 401.15
 \$352.86
 \$401.15
 \$421.78
 \$447.92

 229.52
 \$199.25
 \$229.52
 \$236.49
 \$232.22

CareFirst BlueCross BlueShield (GHMSI) D.C. Small Group Products - On & Off Exchange Rate Filing Effective 1/1/2014 AV Calculator - HealthyBlue PPO HSA/HRA \$2,000 Silver Plan

User Inputs for Plan Parameters

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

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

Desired Metal Fier	Silver		
	Ti	esign	
	Medical	Drug	Combined
Deductible (\$)			\$2,000.00
Coinsurance (%, Insurer's Cost Share)			100.00%
OOP Maximum (\$)			\$6,350.00
OOD Maximum if Sanarata (\$)			

Tier 2 Plan Benefit Design					
Medical	Drug	Combined			

Click Here for Important Instructions	Tier 1			Tier 2				
T	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate
Medical								
Emergency Room Services	Υ	N		\$200.00				
All Inpatient Hospital Services (inc. MHSA)	Y	N		\$300.00				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	Υ	N						
Specialist Visit	Y	N		\$30.00				
Mental/Behavioral Health and Substance Abuse Disorder Outpatient								
Services	Y	N						
Imaging (CT/PET Scans, MRIs)	Y	N						
Rehabilitative Speech Therapy	Y	N		\$30.00				
Rehabilitative Occupational and Rehabilitative Physical Therapy	Y	N		\$30.00				
Rehabilitative Occupational and Rehabilitative Physical Therapy	Y	N						
Non-Preventive Well Baby Visits and Care	N	N						
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00
Laboratory Outpatient and Professional Services	Y	N						
X-rays and Diagnostic Imaging	Y	N						
Skilled Nursing Facility	Y	N		\$30.00				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Υ	Υ	76%					
Outpatient Surgery Physician/Surgical Services	Y	N						
Drugs								
Generics	Y	N		\$0.00				
Preferred Brand Drugs	Y	N		\$45.00				
Non-Preferred Brand Drugs	Y	N		\$65.00				
Specialty Drugs (i.e. high-cost)	Y	Υ	50%					
Options for Additional Benefit Design Limits:					•			

	Options for Additional Benefit Design Limits:
N	Set a Maximum on Specialty Rx Coinsurance Payments?
	Specialty Rx Coinsurance Maximum:
N	Set a Maximum Number of Days for Charging an IP Copay?
	# Days (1-10):
N	Begin Primary Care Cost-Sharing After a Set Number of Visits?
	# Visits (1-10):
N	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?

Output

Status/Error Messages:	Calculation Successfu		
Actuarial Value:	70.41%		
Metal Tier:	Silver		
Remove Deductible from All Generic	72.16%		
% on HB List	23%		
Impact to AV of HB Generics	0.4%		
Final AV	70.00/		

^{*&}quot;Y" means the checkbox was checked, "N" means the checkbox was left unchecked.

\$ 100 \$ \$

	1	2	3	4	
	Platinum	Gold	Silver	Bronze	
421.78	\$352.86	\$401.15	\$421.78	\$447.92	
236 49	\$199.25	\$229.52	\$236.49	\$232.22	

		T	T				, ,		, ,		1	1					1	
A	B C D	E	F	G	Н	I J	K	L	М	N O	Р	Q	R	S	T	J V	Х	Υ
1	Data Collection Template																	
2																		
3	Company Legal Name:	Group Hospita	lization & Medio	State:	DC													
4	HIOS Issuer ID:	78079		Market:	Small Group													
5	Effective Date of Rate Change(s):																	
6		-, -,																
7																		
8	Market Level Calculations (Same for all Pla	ans)																
9																		
8 9 10 11																		
11	Section I: Experience period data																	
12	Experience Period:	1/1/2012		12/31/2012														
42			Experience Period		0/ 60													
13			Aggregate Amount	PMPM 6200.05	% of Prem													
15	Premiums (net of MLR Rebate) in Experier Incurred Claims in Experience Period	nce Perioa:	\$189,492,989 \$171,253,777	\$389.85 352.33	100.00% 90.37%													
16	Allowed Claims:		\$171,253,777	400.63	102.76%													
16 17	Index Rate of Experience Period		¥134,732,203	\$401.00	102.70%													
18	Experience Period Member Months		486,067	Ţ.12.00														
19			,															
20	Section II: Allowed Claims, PMPM basis																	
21			Experience	Period			ection Period:	1/1/201		12/31/2014	N	1id-point to Mi	d-point, Experie	ence to Projection:	24 r	nonths	_	
							Experience to	Annualize										
22			on Actual Experi				on Period	Fact	tors		pefore credibility	Adjustment		Credibility Manual				
		Utilization	Utilization per	Average		Pop'l risk				Utilization per	Average		Utilization	Average				
23	Benefit Category	Description	1,000	Cost/Service	PMPM	Morbidity		Cost	Util	1,000	Cost/Service	PMPM	per 1,000	Cost/Service	PMPM			
24	Inpatient Hospital Outpatient Hospital	Admits Visits	55.49 833.23	\$14,268.78 1,102.54	\$65.98 76.56	1.010 1.010	1.000 1.000	1.035 1.060	1.000 1.040	56.04 910.23	\$15,285.08 1,238.82	\$71.38 93.97	52.73 910.23	\$15,285.08 1,238.82	\$67.17 93.97			
25	Professional	Visits	10,265.13	152.96	130.84	1.010	1.000	1.025	1.040	10,786.64	160.70	144.45	10786.64	1,238.82	144.45			
27	Other Medical	Services	817.51	251.39	17.13	1.010	1.210	1.000	1.145	1,082.50	304.18	27.44	10780.04	280.33	25.29			
28	Capitation	Benefit Period	1,000.00	13.07	1.09	1.010	1.000	1.000	1.000	1,010.00	13.07	1.10	1010.00	11.76	0.99			
24 25 26 27 28 29	Prescription Drug	Prescriptions	11,280.40	115.99	109.04	1.010	1.000	1.050	1.000	11,393.20	127.88	121.41	11053.97	127.88	117.80			
30	Total				\$400.63							\$459.76			\$449.66			
31																After Credibility	Projected Peri	od Totals
32 33	Section III: Projected Experience:				Projected Allowed	Experience Cla	ims PMPM (w/a	applied credi	ibility if applic	cable)		0.00%	6		100.00%	\$449.66	\$210	0,560,344
33						Paid to Allo	wed Average Fa	ctor in Proje	ction Period							0.874		
34 35						Projected In	curred Claims,	before ACA i	rein & Risk Ad	dj't, PMPM						\$392.99	\$184	4,022,901
35						Projected Ri	sk Adjustments	PMPM								0.00	!	<u>0</u>
36										overies, net of rein p	rem, PMPM					\$392.99	\$184	4,022,901
37						-	CA reinsurance	recoveries, r	net of rein pr	em, PMPM								
38					Projected Incurred	Claims										\$392.99	\$184	4,022,901
40					Administrative Exp	ense Load									15.17%	77.57	36	5,321,935
41					Profit & Risk Load										3.00%	15.34	7	7,183,203
42					Taxes & Fees										4.97%	25.44	_	1,912,055
43					Single Risk Pool Gro		vg. Rate, PMPN	l								\$511.34	\$239	9,440,094
44					Index Rate for Proje											\$448.53		
45							over Experience	Period								31.16%		
36 37 38 40 41 42 43 44 45 46					Drainstad Manut	% Increase,	annualized:									14.53%		468.264
48					Projected Member	WIGHTIN												400,204
40																		
	Information Not Releasable to the P	ublic Unless Authori	ized by Law: This infe	ormation has no	at heen nublically di	sclosed and m	av ha nrivileges	l and confide	antial Itic fo	r internal governmen	tuse only and my	ist not he						
49			ed to persons not aut									ISC HUC DE						
50	a.sscrimated,	outca, or copie	persons not dut							an exeme of the								

Product-Plan Data Collection

Company Legal Name: HIOS Issuer ID:

Effective Date of Rate Change(s):

Group Hospitalization & Medical Services, Inc. 78079 1/1/2014

State: Market: DC

Small Group

Product/Plan Level Calculations

Section	I. Ganaral	Product and	Dian Int	formation

Product	Ť	erminated Product	referred Multi-State	red HSA/HRA Multi								
Product ID:		78079DC008	78079DC017	78079DC019								
Metal:		Catastrophic	Gold	Silver	Gold	Gold	Platinum	Platinum	Gold	Gold	Gold	Gold
AV Metal Value		0.000	0.799	0.709	0.818	0.818	0.883	0.883	0.799	0.799	0.799	0.792
AV Pricing Value		0.889	0.773	0.617	0.772	0.772	0.931	0.931	0.773	0.757	0.757	0.722
Plan Type:		PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO
			Shield Preferred	Shield Preferred	BluePreferred	BluePreferred						
Plan Name		Terminated	1000, A Multi-	2000, A Multi-	PPO \$1,000	PPO \$1,000	BluePreferred	BluePreferred	BluePreferred	BluePreferred	BluePreferred	BluePreferred
ı		Products	State Plan	State Plan	100%/80%	100%/80%	PPO \$500	PPO \$500	PPO \$1,000- SE	PPO \$1,200	PPO \$1,200	PPO \$2,000
Plan ID (Standard Component ID):		78079DC0080001	78079DC0170001	78079DC0190001	78079DC0220008	78079DC0220012	78079DC0220001	78079DC0220006	78079DC0220002	78079DC0220003	78079DC0220007	78079DC0220004
Exchange Plan?		No	Yes	Yes	No	Yes	No	Yes	No	No	Yes	No
Historical Rate Increase - Calendar Year - 2		-2.98%	0.00%	0.00%								
Historical Rate Increase - Calendar Year - 1		2.21%	0.00%	0.00%								
Historical Rate Increase - Calendar Year 0		13.81%	0.00%	0.00%								
Effective Date of Proposed Rates		1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014
Rate Change % (over prior filing)		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Cum'tive Rate Change % (over 12 mos prior)		0.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%
Proj'd Per Rate Change % (over Exper. Period)		24.62%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Product Threshold Rate Increase %		#DIV/0!	0.00%	0.00%								

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

Plan ID (Standard Component ID):	Total	78079DC0080001	78079DC0170001	78079DC0190001	78079DC0220008	78079DC0220012	78079DC0220001	78079DC0220006	78079DC0220002	78079DC0220003	78079DC0220007	78079DC0220004
Inpatient	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Outpatient	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Professional	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Prescription Drug	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Capitation	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Administration	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Taxes & Fees	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Risk & Profit Charge	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Rate Increase	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Member Cost Share Increase	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Average Current Rate PMPM	\$511.29	\$506.09	\$430.41	\$343.36	\$430.07	\$430.07	\$518.38	\$518.38	\$430.41	\$421.69	\$421.69	\$401.98
Projected Member Months	468,264	0	10,188	2,496	6,685	503	63,110	4,750	420	40,154	3,022	7,700

:tion III: Experience Period Information

Plan ID (Standard Component ID):	Total	78079DC0080001	78079DC0170001	78079DC0190001	78079DC0220008	78079DC0220012	78079DC0220001	78079DC0220006	78079DC0220002	78079DC0220003	78079DC0220007	78079DC0220004
Average Rate PMPM	\$406.11	\$406.11	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Member Months	443,718	443,718	0	0	0	0	0	0	0	0	0	0
Total Premium (TP)	\$180,196,662	\$180,196,662	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
EHB basis or full portion of TP, [see instructions]	99.64%	99.64%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
state mandated benefits portion of TP that are other												
than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TP	0.36%	0.36%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Total Allowed Claims (TAC)	\$184,220,167	\$184,220,167	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

EHB basis or full portion of TAC, [see instructions]	99.64%	99.64%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
state mandated benefits portion of TAC that are												
other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TAC	0.36%	0.36%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Allowed Claims which are not the issuer's obligation:	\$20,492,315	\$20,492,315	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$0		\$0	\$0		\$0		\$0			\$0	
Portion of above payable by HHS on behalf of												
insured person, as %	0.00%		#DIV/0!	#DIV/0!		#DIV/0!		#DIV/0!			#DIV/0!	
Total Incurred claims, payable with issuer funds	\$163,727,853	\$163,727,853	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Net Amt of Rein	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Net Amt of Risk Adj	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Incurred Claims PMPM	\$368.99	\$368.99	#DIV/0!									
Allowed Claims PMPM	\$415.17	\$415.17	#DIV/0!									
EHB portion of Allowed Claims, PMPM	\$413.66	\$413.66	#DIV/0!									

:tion IV: Projected (12 months following effective date)

Plan ID (Standard Component ID):	Total	78079DC0080001	78079DC0170001	78079DC0190001	78079DC0220008	78079DC0220012	78079DC0220001	78079DC0220006	78079DC0220002	78079DC0220003	78079DC0220007	78079DC0220004
Average Rate PMPM	\$511.29	\$506.09	\$430.41	\$343.36	\$430.07	\$430.07	\$518.38	\$518.38	\$430.41	\$421.69	\$421.69	\$401.98
Member Months	468,264	-	10,188	2,496	6,685	503	63,110	4,750	420	40,154	3,022	7,700
Total Premium (TP)	\$239,420,552	\$0	\$4,385,045	\$857,024	\$2,875,016	\$216,325	\$32,714,815	\$2,462,294	\$180,773	\$16,932,421	\$1,274,338	\$3,095,280
EHB basis or full portion of TP, [see instructions]	99.76%	0.00%	99.76%	99.76%	99.76%	99.76%	99.76%	99.76%	99.76%	99.76%	99.76%	99.76%
state mandated benefits portion of TP that are other												
than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TP	0.24%	100.00%	0.24%	0.24%	0.24%	0.24%	0.24%	0.24%	0.24%	0.24%	0.24%	0.24%
Total Allowed Claims (TAC)	\$210,532,248	\$0	\$4,580,541	\$1,122,206	\$3,005,587	\$226,150	\$28,374,358	\$2,135,608	\$188,833	\$18,053,303	\$1,358,696	\$3,461,932
EHB basis or full portion of TAC, [see instructions]	99.76%	0.00%	99.76%	99.76%	99.76%	99.76%	99.76%	99.76%	99.76%	99.76%	99.76%	99.76%
state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TAC	0.24%	100.00%	0.24%	0.24%	0.24%	0.24%	0.24%	0.24%	0.24%	0.24%	0.24%	0.24%
Allowed Claims which are not the issuer's obligation	\$26,496,834	\$0	\$1,208,376	\$466,984	\$794,702	\$59,796	\$3,216,512	\$242,092	\$49,815	\$5,032,302	\$378,732	\$1,081,641
Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$0		\$0	\$0		\$0		\$0			\$0	
insured person, as %	0.00%		0.00%	0.00%		0.00%		0.00%			0.00%	
Total Incurred claims, payable with issuer funds	\$184,035,414	\$0	\$3,372,165	\$655,222	\$2,210,885	\$166,354	\$25,157,845	\$1,893,516	\$139,017	\$13,021,001	\$979,964	\$2,380,292
Net Amt of Rein	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Net Amt of Risk Adj	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

BluePreferred PPO													Blue	Preferred PPO HSA/
78079DC022														78079DC023
Gold	Silver	Silver	Platinum	Platinum	Gold	Gold	Platinum	Platinum	Gold	Gold	Silver	Bronze	Bronze	Bronze
0.792	0.699	0.699	0.894	0.894	0.807	0.807	0.890	0.890	0.781	0.781	0.709	0.608	0.608	0.610
0.722	0.607	0.607	0.976	0.976	0.760	0.760	1.000	1.000	0.733	0.733	0.617	0.491	0.491	0.502
PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO
			PPO 100%/80%,	PPO 100%/80%,	BluePreferred	BluePreferred	PPO 100%/80%,	PPO 100%/80%,	BluePreferred	BluePreferred	BluePreferred	BluePreferred	BluePreferred	BluePreferred
BluePreferred	BluePreferred	BluePreferred	Rx:	Rx:	PPO \$1,000	PPO \$1,000	Rx:\$10/\$45/\$65/5	Rx:\$10/\$45/\$65/5	PPO HSA/HRA					
PPO \$2,000	PPO \$4,500	PPO \$4,500	\$10/20%/40%/50	\$10/20%/40%/50	80%/60%	80%/60%	0%	0%	\$1,400	\$1,400	\$2,000 - SE	\$4,000	\$4,000 - SE	\$4,500
78079DC0220015	78079DC0220005	78079DC0220011	78079DC0220016	78079DC0220017	78079DC0220010	78079DC0220014	78079DC0220009	78079DC0220013	78079DC0230001	78079DC0230008	78079DC0230002	78079DC0230003	78079DC0230004	78079DC0230005
Yes	No	Yes	Yes	No	No	Yes	No	Yes	No	Yes	No	Yes	No	No
0.00%														0.00%
0.00%														0.00%
0.00%														0.00%
1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014
0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%
#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
0.00%														0.00%

	78079DC0220015	78079DC0220005	78079DC0220011	78079DC0220016	78079DC0220017	78079DC0220010	78079DC0220014	78079DC0220009	78079DC0220013	78079DC0230001	78079DC0230008	78079DC0230002	78079DC0230003	78079DC0230004	78079DC0230005
[\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
ı	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
ı	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
[\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	\$401.98	\$337.93	\$337.93	\$543.34	\$543.34	\$423.37	\$423.37	\$556.94	\$556.94	\$408.04	\$408.04	\$343.36	\$273.59	\$273.59	\$279.81
ſ	580	2,857	215	8,388	420	4,832	364	244,616	18,412	29,976	2,256	444	96	444	324

78079DC0220015	78079DC0220005	78079DC0220011	78079DC0220016	78079DC0220017	78079DC0220010	78079DC0220014	78079DC0220009	78079DC0220013	78079DC0230001	78079DC0230008	78079DC0230002	78079DC0230003	78079DC0230004	78079DC0230005
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$0		\$0	\$0			\$0		\$0		\$0		\$0		
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\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$0.00	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00		\$0.00		\$0.00	\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
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78079DC0220015	78079DC0220005	78079DC0220011	78079DC0220016	78079DC0220017	78079DC0220010	78079DC0220014	78079DC0220009	78079DC0220013	78079DC0230001	78079DC0230008	78079DC0230002	78079DC0230003	78079DC0230004	78079DC0230005
\$401.98	\$337.93	\$337.93	\$543.34	\$543.34	\$423.37	\$423.37		\$556.94	\$408.04	\$408.04	\$343.36	\$273.59	\$273.59	\$279.81
580	2,857	215	8,388	420	4,832	364	244,616	18,412	29,976	2,256	444	96	444	324
\$233,151	\$965,480	\$72,656	\$4,557,566	\$228,204	\$2,045,724	\$154,107	\$136,235,463	\$10,254,306	\$12,231,437	\$920,540	\$152,451	\$26,264	\$121,472	\$90,660
99.76%	99.76%	99.76%	99.76%	99.76%	99.76%	99.76%	99.76%	99.76%	99.76%	99.76%	99.76%	99.76%	99.76%	99.76%
0.00%	0.00%	0.00%			0.00%					0.00%	0.00%	0.00%	0.00%	0.00%
0.24%	0.24%	0.24%	0.24%	0.24%	0.24%	0.24%		0.24%		0.24%	0.24%	0.24%	0.24%	0.24%
\$260,769	\$1,284,512	\$96,664	\$3,771,258	\$188,833	\$2,172,475	\$163,655	\$109,979,747	\$8,278,065	\$13,477,258	\$1,014,301	\$199,623	\$43,162	\$199,623	\$145,671
99.76%	99.76%	99.76%	99.76%	99.76%	99.76%	99.76%	99.76%	99.76%	99.76%	99.76%	99.76%	99.76%	99.76%	99.76%
0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
0.24%	0.24%	0.24%	0.24%	0.24%	0.24%	0.24%	0.24%	0.24%	0.24%	0.24%	0.24%	0.24%	0.24%	0.24%
\$81,474	\$542,048	\$40,791	\$266,466	\$13,342	\$599,300	\$45,146	\$5,214,300	\$392,475	\$4,125,911	\$310,517	\$83,069	\$23,082	\$106,753	\$76,359
\$0		\$0	\$0			\$0		\$0		\$0		\$0		
0.00%		0.00%	0.00%			0.00%		0.00%		0.00%		0.00%		
\$179,295	\$742,464	\$55,873	\$3,504,793	\$175,490	\$1,573,175	\$118,509	\$104,765,447	\$7,885,590	\$9,351,347	\$703,784	\$116,554	\$20,080	\$92,870	\$69,312
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$0					\$0	\$0					\$0	\$0	\$0	\$0

'HRA							•	Blue PPO			•	PPO HSA/HRA
							78079	DC030			78079	DC031
Bronze	Silver	Silver	Silver	Silver	Platinum	Platinum	Platinum	Platinum	Gold	Gold	Silver	Silver
0.610	0.718	0.718	0.716	0.716	0.903	0.903	0.898	0.898	0.819	0.819	0.708	0.708
0.502	0.628	0.628	0.634	0.634	0.823	0.823	0.954	0.954	0.871	0.871	0.655	0.655
PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO
BluePreferred	BluePreferred	BluePreferred	BluePreferred	BluePreferred								
PPO HSA/HRA	PPO HSA/HRA	PPO HSA/HRA	PPO HSA/HRA	PPO HSA/HRA	HealthyBlue PPO							
\$4,500	\$2,000, 100%/80%	\$2,000, 100%/80%	\$1,800	\$1,800	\$300	\$300	\$600	\$600	\$1,500	\$1,500	HSA/HRA \$2,000	HSA/HRA \$2,000
78079DC0230009	78079DC0230006	78079DC0230010	78079DC0230007	78079DC0230011	78079DC0300002	78079DC0300005	78079DC0300003	78079DC0300006	78079DC0300001	78079DC0300004	78079DC0310001	78079DC0310002
Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes
							0.0	00%				
							0.00%					
							0.0	10%			0.0	00%
1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014
0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%
#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
								0.00%				

78079DC0230009	78079DC0230006	78079DC0230010	78079DC0230007	78079DC0230011	78079DC0300002	78079DC0300005	78079DC0300003	78079DC0300006	78079DC0300001	78079DC0300004	78079DC0310001	78079DC0310002
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
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24 7,421 559 1,295 97 502 38 3,917 295 391 29 413 31	\$279.81	\$349.50	\$349.50	\$352.92	\$352.92	\$458.53	\$458.53	\$531.19	\$531.19	\$485.05	\$485.05	\$364.97	\$364.97
	24	7,421	559	1,295	97	502	38	3,917	295	391	29	413	31

78079DC0230009	78079DC0230006	78079DC0230010	78079DC0230007	78079DC0230011	78079DC0300002	78079DC0300005	78079DC0300003	78079DC0300006	78079DC0300001	78079DC0300004	78079DC0310001	78079DC0310002
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
0	0	0	0	0	0	0	0	0	0	0	0	0
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$0		\$0		\$0		\$0		\$0		\$0		\$0
#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
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78079DC0230009	78079DC0230006	78079DC0230010	78079DC0230007	78079DC0230011	78079DC0300002	78079DC0300005	78079DC0300003	78079DC0300006	78079DC0300001	78079DC0300004	78079DC0310001	78079DC0310002
\$279.81	\$349.50	\$349.50	\$352.92	\$352.92	\$458.53	\$458.53	\$531.19	\$531.19	\$485.05	\$485.05	\$364.97	\$364.97
24	7,421	559	1,295	97	502	38	3,917	295	391	29	413	31
\$6,716	\$2,593,649	\$195,371	\$457,033	\$34,233	\$230,182	\$17,424	\$2,080,662	\$156,700	\$189,655	\$14,066	\$150,732	\$11,314
99.76%	99.76%	99.76%	99.76%	99.76%	99.76%	99.76%	99.76%	99.76%	99.76%	99.76%	99.76%	99.76%
0.00%	0.00%						0.00%		0.00%			
0.24%	0.24%	0.24%		0.24%	0.24%		0.24%	0.24%	0.24%	0.24%		0.24%
\$10,790	\$3,336,494	\$251,327	\$582,234	\$43,611	\$225,700	\$17,085	\$1,761,090	\$132,632	\$175,794	\$13,038	\$185,685	\$13,938
99.76%	99.76%	99.76%	99.76%	99.76%	99.76%	99.76%	99.76%	99.76%	99.76%	99.76%	99.76%	99.76%
0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
0.24%	0.24%	0.24%	0.24%	0.24%	0.24%	0.24%	0.24%	0.24%	0.24%	0.24%	0.24%	0.24%
\$5,656	\$1,353,532	\$101,957	\$232,811	\$17,438	\$48,689	\$3,686	\$161,047	\$12,129	\$29,949	\$2,221	\$70,445	\$5,288
\$0		\$0		\$0		\$0		\$0		\$0		\$0
0.00%		0.00%		0.00%		0.00%		0.00%		0.00%		0.00%
\$5,134	\$1,982,961	\$149,370	\$349,423	\$26,173	\$177,011	\$13,399	\$1,600,042	\$120,504	\$145,845	\$10,817	\$115,240	\$8,650
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$0			\$0		\$0		\$0		\$0			

Act	uarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking			
SERF	Filing #:CFBC-129022770			
	hany Name:_Group Hospitalization and Medical Services, Inc Number(s) of Plan:DC/CF/SHOP/PPO/BRZ SOB (1/14)			
	Input Name	Cell in AV Calculator	Input Value Used	Coresponding Page Number in Contract where value can be found
	HSA/HRA Options Annual Contribution Amount	E4		N/A
	Narrow Network Options 1st Tier Utilization	114		N/A
	2nd Tier Utilization	H4 H5		N/A N/A
	Plan Benefit Design			
	Deductible (\$) (Medical)	B10		
	Deductible (\$) (Drug) Deductible (\$) (Combined)	C10 D10	4000	C-1
	Coinsurance (%, Insurer's Cost Share) (Medical)	B11	4000	C-1
ē	Coinsurance (%, Insurer's Cost Share) (Drug)	C11		
	Coinsurance (%, Insurer's Cost Share) (Combined)	D11	70%	C-4-10
	OOP Maximum (\$) OOP Maximum if Separate (\$) (Medical)	B12 B13	6350	C-3
	OOP Maximum if Separate (S) (Drug)	C13		
	Deductible (\$) (Medical)	F10		
	Deductible (\$) (Drug)	G10		
	Deductible (\$) (Combined) Coincurance (% Incurary Cort Share) (Medical)	H10 F11		
	Coinsurance (%, Insurer's Cost Share) (Medical) Coinsurance (%, Insurer's Cost Share) (Drug)	G11		
Ĕ	Coinsurance (%, Insurer's Cost Share) (Combined)	H11		
	OOP Maximum (\$)	F12		
	OOP Maximum if Separate (\$) (Medical) OOP Maximum if Separate (\$) (Drug)	F13 G13		
	Medical Benefits	913		
	Emergency Room Services, Coinsurance, if different	D18		
	Emergency Room Services, Copay, if separate	E18		
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different All Inpatient Hospital Services (inc. MHSA), Copay, if separate	D19 E19		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20		
	Specialist Visit, Coinsurance, if different	D21		
	Specialist Visit, Copay, if separate Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	E21 D22		
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Consulance, in different	E22		
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24		
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24		
41	Rehabilitative Speech Therapy, Coinsurance, if different Rehabilitative Speech Therapy, Copay, if separate	D27 E27		
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28		
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28		
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32		
	Laboratory Outpatient and Professional Services, Copay, if separate X-rays and Diagnostic Imaging, Coinsurance, if different	E32 D33		
	X-rays and Diagnostic Imaging, Consulance, in different	E33		
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34		
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	D35 E35		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if Separate Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36		
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36		
	Emergency Room Services, Coinsurance, if different	H18		
	Emergency Room Services, Copay, if separate	118		
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different All Inpatient Hospital Services (inc. MHSA), Copay, if separate	H19 I19		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	120		
	Specialist Visit, Coinsurance, if different	H21		
	Specialist Visit, Copay, if separate Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	121 H22		
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	122		
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	H24		
	Imaging (CT/PET Scans, MRIs), Copay, if separate	124		
	Rehabilitative Speech Therapy, Coinsurance, if different Rehabilitative Speech Therapy, Copay, if separate	H27		
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	H28		
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	128		
	Laboratory Outpatient and Professional Services, Coinsurance, if different Laboratory Outpatient and Professional Services, Copay, if separate	H32	1	
	Laboratory Outpatient and Professional Services, Copay, it separate X-rays and Diagnostic Imaging, Coinsurance, if different	H33	1	
	X-rays and Diagnostic Imaging, Copay, if separate	133		
	Skilled Nursing Facility, Coinsurance, if different	H34		
	Skilled Nursing Facility, Copay, if separate Outpations Facility Foo (c.g., Ambulatory Surgery Contar) Coincurance if different	134 H35		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	H35	1	
	Outpatient Facility Fee (e.g., Almodiatory Surgery Center), Copay, in Separate Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36		
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	136		
	Drug Benefits Generics, Coinsurance, if different	220		
	Generics, Consulance, if univerent	D38 E38	10	C-12
				C-12 C-12

l≌	Non-Preferred Brand Drugs, Coinsurance, if different	D40	0.6	C-12
	Non-Preferred Brand Drugs, Copay, if separate	E40		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	0.5	C-12
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41		
	Generics, Coinsurance, if different	H38		
	Generics, Copay, if separate	138		
	Preferred Brand Drugs, Coinsurance, if different	H39		
2	Preferred Brand Drugs, Copay, if separate	139		
i e	Non-Preferred Brand Drugs, Coinsurance, if different	H40		
	Non-Preferred Brand Drugs, Copay, if separate	140		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	141		
	Options for Additional Benefit Design Limits			
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		

A -4	anial Value January Charata District of Columbia Department of January Constitute and Boulding			
ACT	uarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking			
SERFF	Filing #: CFBC-129022770			
Comp	any Name: Group Hospitalization and Medical Services, Inc			
Form	Number(s) of Plan:DC/CF/SHOP/PPO/SIL SOB (1/14)			
		Cell in AV		Coresponding Page Number in Contract
	Input Name	Calculator	Input Value Used	where value can be found
	HSA/HRA Options Annual Contribution Amount	E4		N/A
	Narrow Network Options List Tier Utilization	Н4		N/A
	2nd Tier Utilization	H5		N/A
	Plan Benefit Design Deductible (\$) (Medical)	B10		
	Deductible (\$) (Drug)	C10		
1 H	Deductible (\$) (Combined)	D10	2000	C-1
	Coinsurance (%, Insurer's Cost Share) (Medical) Coinsurance (%, Insurer's Cost Share) (Drug)	B11 C11		
	Coinsurance (%, Insurer's Cost Share) (Combined)	D11	80%	C-4-10
	OOP Maximum (\$)	B12	4000	C-3
	OOP Maximum if Separate (\$) (Medical) OOP Maximum if Separate (\$) (Drug)	B13 C13		
	Deductible (\$) (Medical)	F10		
	Deductible (\$) (Drug)	G10		
	Deductible (\$) (Combined) Coinsurance (%, Insurer's Cost Share) (Medical)	H10 F11		
	Coinsurance (%, Insurer's Cost Share) (Medicai) Coinsurance (%, Insurer's Cost Share) (Drug)	G11		
F	Coinsurance (%, Insurer's Cost Share) (Combined)	H11		
	OOP Maximum (\$) OOP Maximum if Separate (\$) (Medical)	F12 F13		
	DOP Maximum if Separate (5) (Medical)	G13		
	Medical Benefits			
	Emergency Room Services, Coinsurance, if different Emergency Room Services, Copay, if separate	D18 E18		
	Emergency Room Services, Copay, it separate All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19		
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate Specialist Visit, Coinsurance, if different	E20 D21		
1 F	Specialist Visit, Copay, if separate	E21		
1 F	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22		
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate maging (CT/PET Scans, MRIs), Coinsurance, if different	E22 D24		
	maging (CT/PET Scans, MRIs), Copay, if separate	E24		
(1)	Rehabilitative Speech Therapy, Coinsurance, if different	D27		
	Rehabilitative Speech Therapy, Copay, if separate Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	E27 D28		
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28		
I F	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32		
I -	Laboratory Outpatient and Professional Services, Copay, if separate K-rays and Diagnostic Imaging, Coinsurance, if different	E32 D33		
	K-rays and Diagnostic Imaging, Comsulance, if different	E33		
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34		
	Skilled Nursing Facility, Tier 1, Copay, if separate Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	E34 D35		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35		
I -	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36		
-	Outpatient Surgery Physician/Surgical Services, Copay, if separate Emergency Room Services, Coinsurance, if different	E36 H18		
	Emergency Room Services, Coinsurance, ir different Emergency Room Services, Copay, if separate	I18		
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	119 H20		
	Primary Care visit to Treat an injury or liliness (exc. Preventive, and X-rays), Consurance, it different Primary Care Visit to Treat an injury or Illness (exc. Preventive, and X-rays), Copay, if separate	120		
	Specialist Visit, Coinsurance, if different	H21		
	Specialist Visit, Copay, if separate Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	121 H22		
I -	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Consulance, in different Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	122		
	maging (CT/PET Scans, MRIs), Coinsurance, if different	H24		
	maging (CT/PET Scans, MRIs), Copay, if separate	124		
	Rehabilitative Speech Therapy, Coinsurance, if different Rehabilitative Speech Therapy, Copay, if separate	H27		
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	H28		
I -	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	128		
	Laboratory Outpatient and Professional Services, Coinsurance, if different Laboratory Outpatient and Professional Services, Copay, if separate	H32 132		
	K-rays and Diagnostic Imaging, Coinsurance, if different	H33		
	K-rays and Diagnostic Imaging, Copay, if separate	133		
I -	Skilled Nursing Facility, Coinsurance, if different Skilled Nursing Facility, Copay, if separate	H34 I34		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	H35		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	135 H36		
		1 H36	1	
1		136		
	Outpatient Surgery Physician/Surgical Services, Copay, if separate Drug Benefits	136		
	Outpatient Surgery Physician/Surgical Services, Copay, if separate Drug Benefits Generics, Coinsurance, if different	136 D38	40	C 12
	Outpatient Surgery Physician/Surgical Services, Copay, if separate Drug Benefits	136		C-12 C-12

l≌	Non-Preferred Brand Drugs, Coinsurance, if different	D40	0.6	C-12
	Non-Preferred Brand Drugs, Copay, if separate	E40		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	0.5	C-12
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41		
	Generics, Coinsurance, if different	H38		
	Generics, Copay, if separate	138		
	Preferred Brand Drugs, Coinsurance, if different	H39		
2	Preferred Brand Drugs, Copay, if separate	139		
Tie	Non-Preferred Brand Drugs, Coinsurance, if different	H40		
	Non-Preferred Brand Drugs, Copay, if separate	140		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	141		
	Options for Additional Benefit Design Limits			
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		

Λci	uarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking			
ACI	uarial value input chart - District of Columbia Department of Insurance, Securities, and Banking			
SERF	F Filing #:CFBC-129022770			
	pany Name:Group Hospitalization and Medical Services, Inc			
Form	Number(s) of Plan:DC/CF/SHOP/PPO/GOLD SOB (1/14)			
	Input Name	Cell in AV Calculator	Input Value Used	Coresponding Page Number in Contract where value can be found
	HSA/HRA Options Annual Contribution Amount	E4		N/A
	Narrow Network Options 1st Tier Utilization	Н4		N/A
	2nd Tier Utilization	H5		N/A
	Plan Benefit Design	240		
	Deductible (\$) (Medical) Deductible (\$) (Drug)	B10 C10		
	Deductible (\$) (Combined)	D10	1000	C-1
7	Coinsurance (%, Insurer's Cost Share) (Medical)	B11		
Tie	Coinsurance (%, Insurer's Cost Share) (Drug) Coinsurance (%, Insurer's Cost Share) (Combined)	C11 D11	90%	
	OOP Maximum (\$)	B12	3000	C-3
	OOP Maximum if Separate (\$) (Medical) OOP Maximum if Separate (\$) (Drug)	B13		
	Deductible (\$) (Medical)	C13 F10		
	Deductible (\$) (Drug)	G10		
	Deductible (\$) (Combined)	H10		
3r 2	Coinsurance (%, Insurer's Cost Share) (Medical) Coinsurance (%, Insurer's Cost Share) (Drug)	F11 G11		
≝	Coinsurance (%, Insurer's Cost Share) (Combined)	H11		
	OOP Maximum (\$)	F12		
	OOP Maximum if Separate (\$) (Medical)	F13		
	OOP Maximum if Separate (\$) (Drug) Medical Benefits	G13		
	Emergency Room Services, Coinsurance, if different	D18		
	Emergency Room Services, Copay, if separate All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	E18 D19		
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate Specialist Visit, Coinsurance, if different	E20 D21		
	Specialist Visit, Copay, if separate	E21		
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22		
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate Imaging (CT/PET Scans, MRIs), Coinsurance, if different	E22 D24		
	Imaging (CT/PET Scans, MRIs), Consulance, if different	E24		
3r 1	Rehabilitative Speech Therapy, Coinsurance, if different	D27		
ı≚	Rehabilitative Speech Therapy, Copay, if separate Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	E27 D28		
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Consumance, in different	E28		
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32		
	Laboratory Outpatient and Professional Services, Copay, if separate X-rays and Diagnostic Imaging, Coinsurance, if different	E32 D33		
	X-rays and Diagnostic Imaging, Consultance, in different	E33		
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34		
	Skilled Nursing Facility, Tier 1, Copay, if separate Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	E34 D35		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35		
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36		
	Outpatient Surgery Physician/Surgical Services, Copay, if separate Emergency Room Services, Coinsurance, if different	E36 H18		
	Emergency Room Services, Copay, if separate	118		
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	119 H20		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Consulance, it different	120		
	Specialist Visit, Coinsurance, if different	H21		
	Specialist Visit, Copay, if separate Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	121 H22		
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	122		
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	H24		
2	Imaging (CT/PET Scans, MRIs), Copay, if separate Rehabilitative Speech Therapy, Coinsurance, if different	124 H27		
Ţ.	Rehabilitative Speech Therapy, Copay, if separate	127		
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	H28		
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate Laboratory Outpatient and Professional Services, Coinsurance, if different	128 H32		
	Laboratory Outpatient and Professional Services, Consulance, in different	132		
	X-rays and Diagnostic Imaging, Coinsurance, if different	Н33		
	X-rays and Diagnostic Imaging, Copay, if separate Skilled Nursing Facility, Coinsurance, if different	133 H34		
	Skilled Nursing Facility, Copay, if separate	134		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	H35		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	135 H36		
	Outpatient Surgery Physician/Surgical Services, Coinsurance, ir different Outpatient Surgery Physician/Surgical Services, Copay, if separate	136		
	Drug Benefits			
	Generics, Coinsurance, if different Generics, Copay, if separate	D38 E38	10	C-12
	Preferred Brand Drugs, Coinsurance, if different	D39		C-12
1 -	Preferred Brand Drugs, Copay, if separate	E39		

l≌	Non-Preferred Brand Drugs, Coinsurance, if different	D40	0.6	C-12
	Non-Preferred Brand Drugs, Copay, if separate	E40		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	0.5	C-12
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41		
	Generics, Coinsurance, if different	H38		
	Generics, Copay, if separate	138		
	Preferred Brand Drugs, Coinsurance, if different	H39		
2	Preferred Brand Drugs, Copay, if separate	139		
Tie	Non-Preferred Brand Drugs, Coinsurance, if different	H40		
	Non-Preferred Brand Drugs, Copay, if separate	140		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	141		
	Options for Additional Benefit Design Limits			
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		

Λct	uarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking			
ACI	uarial value input chart - District of Columbia Department of Insurance, Securities, and Banking			
SERF	F Filing #:CFBC-129022770			
	pany Name:Group Hospitalization and Medical Services, Inc			
Form	Number(s) of Plan:DC/CF/SHOP/PPO/PLAT SOB (1/14)			
	Input Name	Cell in AV Calculator	Input Value Used	Coresponding Page Number in Contract where value can be found
	HSA/HRA Options Annual Contribution Amount	E4		N/A
	Narrow Network Options 1st Tier Utilization	Н4		N/A
	2nd Tier Utilization	Н5		N/A
	Plan Benefit Design Deductible (\$) (Medical)	B10		C-1
	Deductible (\$) (Drug)	C10	0	C-11
	Deductible (\$) (Combined)	D10		
1.	Coinsurance (%, Insurer's Cost Share) (Medical) Coinsurance (%, Insurer's Cost Share) (Drug)	B11 C11	100%	C-1 C-11
i≝	Coinsurance (%, Insurer's Cost Share) (Combined)	D11	100%	C-11
	OOP Maximum (\$)	B12	2000	C-2
	OOP Maximum if Separate (\$) (Medical) OOP Maximum if Separate (\$) (Drug)	B13 C13		
	Deductible (\$) (Medical)	F10		
	Deductible (\$) (Drug)	G10		
	Deductible (\$) (Combined) Coinsurance (%, Insurer's Cost Share) (Medical)	H10 F11		
ier 2	Coinsurance (%, Insurer's Cost Share) (Medicar)	G11		
=	Coinsurance (%, Insurer's Cost Share) (Combined)	H11		
	OOP Maximum (\$) OOP Maximum if Separate (\$) (Medical)	F12 F13		
	OOP Maximum if Separate (\$) (Drug)	G13		
	Medical Benefits Emergency Room Services, Coinsurance, if different	D18		
	Emergency Room Services, Consurance, ir different Emergency Room Services, Copay, if separate	E18	200	C-9
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19		
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19 D20	250	C-7
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	20	C-3
	Specialist Visit, Coinsurance, if different	D21		
	Specialist Visit, Copay, if separate Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	E21 D22	30	C-3
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Collisurance, ir different Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	20	C-9
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24		
1	Imaging (CT/PET Scans, MRIs), Copay, if separate Rehabilitative Speech Therapy, Coinsurance, if different	E24 D27		
Tier	Rehabilitative Speech Therapy, Copay, if separate	E27	30	C-6
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28		
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate Laboratory Outpatient and Professional Services, Coinsurance, if different	E28 D32	30	C-6
	Laboratory Outpatient and Professional Services, Consulance, in unreferrit	E32		
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33		
	X-rays and Diagnostic Imaging, Copay, if separate Skilled Nursing Facility, Tier 1, Coinsurance, if different	E33 D34		
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	E35 D36		
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36		
	Emergency Room Services, Coinsurance, if different	H18		
	Emergency Room Services, Copay, if separate All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	I18 H19		
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	119		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate Specialist Visit, Coinsurance, if different	120 H21		
	Specialist Visit, Copay, if separate	I21		
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	H22 I22		
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	H24		
	Imaging (CT/PET Scans, MRIs), Copay, if separate	124		
ier 2	Rehabilitative Speech Therapy, Coinsurance, if different Rehabilitative Speech Therapy, Copay, if separate	H27 I27		
-	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	H28		
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	128		
	Laboratory Outpatient and Professional Services, Coinsurance, if different Laboratory Outpatient and Professional Services, Copay, if separate	H32		
	X-rays and Diagnostic Imaging, Coinsurance, if different	H33		
	X-rays and Diagnostic Imaging, Copay, if separate	133		-
	Skilled Nursing Facility, Coinsurance, if different Skilled Nursing Facility, Copay, if separate	H34		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	H35		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	135		
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different Outpatient Surgery Physician/Surgical Services, Copay, if separate	H36 I36		
	Drug Benefits			
	Generics, Coinsurance, if different Generics, Copay, if separate	D38 E38	10	C-11
	Preferred Brand Drugs, Coinsurance, if different	D39		C-11
	Preferred Brand Drugs, Copay, if separate	E39		

l≌	Non-Preferred Brand Drugs, Coinsurance, if different	D40	0.6	C-11
	Non-Preferred Brand Drugs, Copay, if separate	E40		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	0.5	C-11
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41		
	Generics, Coinsurance, if different	H38		
	Generics, Copay, if separate	138		
	Preferred Brand Drugs, Coinsurance, if different	H39		
r 2	Preferred Brand Drugs, Copay, if separate	139		
Tie	Non-Preferred Brand Drugs, Coinsurance, if different	H40		
	Non-Preferred Brand Drugs, Copay, if separate	140		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	141		
	Options for Additional Benefit Design Limits			
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		

Act	uarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking			
	F Filing #:CFBC-129022770			
	pany Name: Group Hospitalization and Medical Services, Inc			
	Input Name	Cell in AV Calculator	Input Value Used	Coresponding Page Number in Contract where value can be found
	HSA/HRA Options Annual Contribution Amount	E4		N/A
	Narrow Network Options 1st Tier Utilization	Н4		N/A
	2nd Tier Utilization	H5		N/A
	Plan Benefit Design			
	Deductible (\$) (Medical) Deductible (\$) (Drug)	B10 C10		
	Deductible (\$) (Combined)	D10	4000	C-1
1	Coinsurance (%, Insurer's Cost Share) (Medical)	B11		
Tie	Coinsurance (%, Insurer's Cost Share) (Drug) Coinsurance (%, Insurer's Cost Share) (Combined)	C11 D11	70%	C-4-10
	OOP Maximum (\$)	B12	6350	C-3
	OOP Maximum if Separate (\$) (Medical)	B13		
	OOP Maximum if Separate (\$) (Drug) Deductible (\$) (Medical)	C13		
	Deductible (\$) (Drug)	F10 G10		
	Deductible (\$) (Combined)	H10		
r 2	Coinsurance (%, Insurer's Cost Share) (Medical)	F11		
Tie	Coinsurance (%, Insurer's Cost Share) (Drug) Coinsurance (%, Insurer's Cost Share) (Combined)	G11 H11		
	OOP Maximum (\$)	F12		
	OOP Maximum if Separate (\$) (Medical)	F13		
	OOP Maximum if Separate (\$) (Drug) Medical Benefits	G13		
	Emergency Room Services, Coinsurance, if different	D18		
	Emergency Room Services, Copay, if separate	E18		
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different All Inpatient Hospital Services (inc. MHSA), Copay, if separate	D19 E19		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20		
	Specialist Visit, Coinsurance, if different Specialist Visit, Copay, if separate	D21 E21		
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22		
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22		
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24		
.1	Imaging (CT/PET Scans, MRIs), Copay, if separate Rehabilitative Speech Therapy, Coinsurance, if different	E24 D27		
Tie	Rehabilitative Speech Therapy, Copay, if separate	E27		
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28		
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate Laboratory Outpatient and Professional Services, Coinsurance, if different	E28 D32		
	Laboratory Outpatient and Professional Services, Copay, if separate	E32		
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33		
	X-rays and Diagnostic Imaging, Copay, if separate Skilled Nursing Facility, Tier 1, Coinsurance, if different	E33		
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	E35 D36		
	Outpatient Surgery Physician/Surgical Services, Comsulance, in different	E36		
	Emergency Room Services, Coinsurance, if different	H18		
	Emergency Room Services, Copay, if separate	118		
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different All Inpatient Hospital Services (inc. MHSA), Copay, if separate	H19 I19		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	120		
	Specialist Visit, Coinsurance, if different Specialist Visit, Copay, if separate	H21 I21		
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	122		
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different Imaging (CT/PET Scans, MRIs), Copay, if separate	H24 124		
ır 2	Rehabilitative Speech Therapy, Coinsurance, if different	H27		
Tie	Rehabilitative Speech Therapy, Copay, if separate	127		
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	H28 I28		
	Laboratory Outpatient and Professional Services, Coinsurance, if different	H32		
	Laboratory Outpatient and Professional Services, Copay, if separate	132		
	X-rays and Diagnostic Imaging, Coinsurance, if different X-rays and Diagnostic Imaging, Copay, if separate	H33		
	Skilled Nursing Facility, Coinsurance, if different	H34		
	Skilled Nursing Facility, Copay, if separate	134		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Consy, if senarate	H35		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36		
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	136		
	Drug Benefits	D30		
	Generics, Coinsurance, if different Generics, Copay, if separate	D38 E38	10	C-12
	Preferred Brand Drugs, Coinsurance, if different	D39		C-12
1	Preferred Brand Drugs, Copay, if separate	E39		<u> </u>

l≌	Non-Preferred Brand Drugs, Coinsurance, if different	D40	0.6	C-12
	Non-Preferred Brand Drugs, Copay, if separate	E40		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	0.5	C-12
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41		
	Generics, Coinsurance, if different	H38		
	Generics, Copay, if separate	138		
	Preferred Brand Drugs, Coinsurance, if different	H39		
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Tie	Non-Preferred Brand Drugs, Coinsurance, if different	H40		
	Non-Preferred Brand Drugs, Copay, if separate	140		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	141		
	Options for Additional Benefit Design Limits			
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		

Company Name	۸ct	uarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking			
Company Name	ACU	uarial value input chart - District of Columbia Department of Insurance, Securities, and Banking			
Import Name	SERFF	F Filing #:CFBC-129022770			
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Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate Outpatient Surgery Physician/Surgical Services, Coinsurance, if different Emergency Room Services, Coinsurance, if different Emergency Room Services, Coinsurance, if different Emergency Room Services, Coinsurance, if different All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different All Inpatient Hospital Services (inc. MHSA), Copay, if separate Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different Primary Care Visit to Treat a					
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Emergency Room Services, Coinsurance, if different Emergency Room Services, Copay, if separate All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different All Inpatient Hospital Services (inc. MHSA), Copay, if separate Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different H20 Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate Specialist Visit, Coinsurance, if different Specialist Visit, Copay, if separate Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate I22 Imaging (CT/PET Scans, MRIs), Coinsurance, if different Imaging (CT/PET Scans, MRIs), Copay, if separate Rehabilitative Speech Therapy, Coinsurance, if different I24 Rehabilitative Speech Therapy, Coinsurance, if different Rehabilitative Speech Therapy, Coinsurance, if different Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different Rehabilitative Occupational and Rehabilitative					
Emergency Room Services, Copay, if separate All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different All Inpatient Hospital Services (inc. MHSA), Copay, if separate Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays, Copay, if separate Primary Care Visit to Treat an Injury or Illness (exc. Preventive, Injury Illness (exc. Preventive, Illness	_				
All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different All Inpatient Hospital Services (inc. MHSA), Copay, if separate Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate 120 Specialist Visit, Coinsurance, if different Specialist Visit, Copay, if separate Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate Imaging (CT/PET Scans, MRIs), Coinsurance, if different Imaging (CT/PET Scans, MRIs), Coinsurance, if different Imaging (CT/PET Scans, MRIs), Coinsurance, if different Rehabilitative Speech Therapy, Coinsurance, if different Rehabilitative Speech Therapy, Coinsurance, if different Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate Laboratory Outpatient and Professional Services, Coinsurance, if different Laboratory Outpatient and Professional Services, Coinsurance, if different Rehabilitative Occupational Exprices, Coinsurance, if different Rehabilitative Decupational Exprices, Coinsurance, if different Rehabilitative Occupational Exprices, Coinsurance, if different Rehabilitative O		<u> </u>			
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate Specialist Visit, Coinsurance, if different Specialist Visit, Coinsurance, if different Specialist Visit, Copay, if separate Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate Imaging (CT/PET Scans, MRIs), Coinsurance, if different Imaging (CT/PET Scans, MRIs), Copay, if separate Rehabilitative Speech Therapy, Coinsurance, if different Rehabilitative Speech Therapy, Coinsurance, if different Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate Laboratory Outpatient and Professional Services, Copay, if separate X-rays and Diagnostic Imaging, Coinsurance, if different H33 X-rays and Diagnostic Imaging, Coinsurance, if different H34 Skilled Nursing Facility, Copay, if separate Skilled Nursing Facility, Copay, if separate Uptation H34 Uptation H35 Uptation H35 Uptation H35 Uptation H35 Uptation H35 Uptation H36 Uptatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different H35		All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate Specialist Visit, Coinsurance, if different Specialist Visit, Coinsurance, if different Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate Imaging (CT/PET Scans, MRIs), Coinsurance, if different Imaging (CT/PET Scans, MRIs), Copay, if separate Rehabilitative Speech Therapy, Copay, if separate Rehabilitative Speech Therapy, Copay, if separate Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate Laboratory Outpatient and Professional Services, Copay, if separate X-rays and Diagnostic Imaging, Coinsurance, if different X-rays and Diagnostic Imaging, Copay, if separate Skilled Nursing Facility, Coinsurance, if different Skilled Nursing Facility, Copay, if separate Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different H35	I		-		
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Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate Imaging (CT/PET Scans, MRIs), Coinsurance, if different Imaging (CT/PET Scans, MRIs), Copay, if separate Il 24 Rehabilitative Speech Therapy, Coinsurance, if different Rehabilitative Speech Therapy, Copay, if separate Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate Laboratory Outpatient and Professional Services, Coinsurance, if different Laboratory Outpatient and Professional Services, Copay, if separate X-rays and Diagnostic Imaging, Coinsurance, if different H33 X-rays and Diagnostic Imaging, Copay, if separate Skilled Nursing Facility, Coinsurance, if different H34 Skilled Nursing Facility, Copay, if separate Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different H35	-				
Imaging (CT/PET Scans, MRIs), Copay, if separate Rehabilitative Speech Therapy, Coinsurance, if different Rehabilitative Speech Therapy, Copay, if separate Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate Laboratory Outpatient and Professional Services, Coinsurance, if different Laboratory Outpatient and Professional Services, Copay, if separate Laboratory Outpatient and Professional Services, Coinsurance, if different H33 X-rays and Diagnostic Imaging, Copay, if separate Laboratory Outpatient and Professional Services, Coinsurance, if different H34 Skilled Nursing Facility, Copay, if separate Laboratory Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different H35					
Rehabilitative Speech Therapy, Coinsurance, if different Rehabilitative Speech Therapy, Copay, if separate Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate Laboratory Outpatient and Professional Services, Coinsurance, if different Laboratory Outpatient and Professional Services, Copay, if separate Laboratory Outpatient and Professional Services, Coinsurance, if different H33 X-rays and Diagnostic Imaging, Copay, if separate Laboratory Outpatient and Professional Services, Coinsurance, if different H34 Skilled Nursing Facility, Copay, if separate Laboratory Outpatient and Professional Services, Copay, if separate Laboratory Outpatient and Professional Services, Coinsurance, if different H34 Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different H35					
Rehabilitative Speech Therapy, Copay, if separate Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate Laboratory Outpatient and Professional Services, Coinsurance, if different Laboratory Outpatient and Professional Services, Copay, if separate Laboratory Outpatient and Professional Services, Copay, if separate Laboratory Outpatient and Professional Services, Copay, if separate X-rays and Diagnostic Imaging, Coinsurance, if different H33 X-rays and Diagnostic Imaging, Copay, if separate Skilled Nursing Facility, Coinsurance, if different Skilled Nursing Facility, Copay, if separate Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different H35	7				
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate Laboratory Outpatient and Professional Services, Coinsurance, if different Laboratory Outpatient and Professional Services, Copay, if separate Laboratory Outpatient and Professional Services, Copay, if separate I32 X-rays and Diagnostic Imaging, Coinsurance, if different H33 X-rays and Diagnostic Imaging, Copay, if separate Skilled Nursing Facility, Coinsurance, if different Skilled Nursing Facility, Copay, if separate I34 Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different H35	40	Rehabilitative Speech Therapy, Copay, if separate	127		
Laboratory Outpatient and Professional Services, Coinsurance, if different Laboratory Outpatient and Professional Services, Copay, if separate X-rays and Diagnostic Imaging, Coinsurance, if different X-rays and Diagnostic Imaging, Copay, if separate Skilled Nursing Facility, Coinsurance, if different Skilled Nursing Facility, Copay, if separate Skilled Nursing Facility, Copay, if separate 134 Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different H35	ŀ				
X-rays and Diagnostic Imaging, Coinsurance, if different X-rays and Diagnostic Imaging, Copay, if separate Skilled Nursing Facility, Coinsurance, if different Skilled Nursing Facility, Copay, if separate Untrained Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different H33 Killed Nursing Facility, Copay, if separate Untrained Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different H35	ŀ				
X-rays and Diagnostic Imaging, Copay, if separate Skilled Nursing Facility, Coinsurance, if different Skilled Nursing Facility, Copay, if separate Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different H35					
Skilled Nursing Facility, Coinsurance, if different Skilled Nursing Facility, Copay, if separate Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different H35	ŀ				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	ľ	Skilled Nursing Facility, Coinsurance, if different	H34		
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Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate		Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	H35		
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different H36		Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36		
Outpatient Surgery Physician/Surgical Services, Copay, if separate Drug Benefits 136			136		
Generics, Coinsurance, if different D38	_		D38		
Generics, Copay, if separate E38 10 C-12 Professed Broad B					
Preferred Brand Drugs, Coinsurance, if different D39 0.8 C-12 Preferred Brand Drugs, Copay, if separate E39		Preferred Brand Drugs, Coinsurance, it different Preferred Brand Drugs, Copay, if separate	E39	0.8	C-12

l≌	Non-Preferred Brand Drugs, Coinsurance, if different	D40	0.6	C-12
	Non-Preferred Brand Drugs, Copay, if separate	E40		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	0.5	C-12
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41		
	Generics, Coinsurance, if different	H38		
	Generics, Copay, if separate	138		
	Preferred Brand Drugs, Coinsurance, if different	H39		
2	Preferred Brand Drugs, Copay, if separate	139		
Tie	Non-Preferred Brand Drugs, Coinsurance, if different	H40		
	Non-Preferred Brand Drugs, Copay, if separate	140		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	141		
	Options for Additional Benefit Design Limits			
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		

Λct	uarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking			
ACI	uarial value input chart - District of Columbia Department of Insurance, Securities, and Banking			
SERF	F Filing #:CFBC-129022770			
	pany Name:Group Hospitalization and Medical Services, Inc			
Form	Number(s) of Plan:DC/CF/PPO/GOLD SOB (1/14)			
	Input Name	Cell in AV Calculator	Input Value Used	Coresponding Page Number in Contract where value can be found
	HSA/HRA Options Annual Contribution Amount	E4		N/A
	Narrow Network Options 1st Tier Utilization	Н4		N/A
	2nd Tier Utilization	H5		N/A N/A
	Plan Benefit Design			·
	Deductible (\$) (Medical) Deductible (\$) (Drug)	B10 C10		
	Deductible (\$) (Combined)	D10	1000	C-1
.1	Coinsurance (%, Insurer's Cost Share) (Medical)	B11		
Tiel	Coinsurance (%, Insurer's Cost Share) (Drug) Coinsurance (%, Insurer's Cost Share) (Combined)	C11 D11	90%	C-4-10
	OOP Maximum (\$)	B12	3000	C-3
	OOP Maximum if Separate (\$) (Medical)	B13		
	OOP Maximum if Separate (\$) (Drug) Deductible (\$) (Medical)	C13 F10		
	Deductible (\$) (Drug)	G10		
	Deductible (\$) (Combined)	H10		
r 2	Coinsurance (%, Insurer's Cost Share) (Medical)	F11		
Tie	Coinsurance (%, Insurer's Cost Share) (Drug) Coinsurance (%, Insurer's Cost Share) (Combined)	G11 H11		
	OOP Maximum (\$)	F12		
	OOP Maximum if Separate (\$) (Medical)	F13		
	OOP Maximum if Separate (\$) (Drug) Medical Benefits	G13		
	Emergency Room Services, Coinsurance, if different	D18		
	Emergency Room Services, Copay, if separate	E18		
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different All Inpatient Hospital Services (inc. MHSA), Copay, if separate	D19 E19		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20		
	Specialist Visit, Coinsurance, if different Specialist Visit, Copay, if separate	D21 E21		
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22		
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22		
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different Imaging (CT/PET Scans, MRIs), Copay, if separate	D24 E24		
r 1	Rehabilitative Speech Therapy, Coinsurance, if different	D27		
Tie	Rehabilitative Speech Therapy, Copay, if separate	E27		
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	D28 E28		
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32		
	Laboratory Outpatient and Professional Services, Copay, if separate	E32 D33		
	X-rays and Diagnostic Imaging, Coinsurance, if different X-rays and Diagnostic Imaging, Copay, if separate	E33		
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34		
	Skilled Nursing Facility, Tier 1, Copay, if separate Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	E34 D35		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Consulance, it different Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35		
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36		
	Outpatient Surgery Physician/Surgical Services, Copay, if separate Emergency Room Services, Coinsurance, if different	E36 H18		
	Emergency Room Services, Consulative, in uniferent	I18		
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	I19 H20		
	Primary Care Visit to Treat an Injury of Illness (exc. Preventive, and X-rays), Consurance, it different Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	120		
	Specialist Visit, Coinsurance, if different	H21		
	Specialist Visit, Copay, if separate Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	I21 H22		
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Consulance, in different Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	122		
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	H24		
2	Imaging (CT/PET Scans, MRIs), Copay, if separate Rehabilitative Speech Therapy, Coinsurance, if different	124 H27		
Tier	Rehabilitative Speech Therapy, Copay, if separate	127		
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	H28		
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate Laboratory Outpatient and Professional Services, Coinsurance, if different	128 H32		
	Laboratory Outpatient and Professional Services, Consulance, in different Laboratory Outpatient and Professional Services, Copay, if separate	132		
	X-rays and Diagnostic Imaging, Coinsurance, if different	H33		
	X-rays and Diagnostic Imaging, Copay, if separate Skilled Nursing Facility, Coinsurance, if different	133 H34		
	Skilled Nursing Facility, Copay, if separate	134		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	H35		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	135 H36		
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different Outpatient Surgery Physician/Surgical Services, Copay, if separate	136		
	Drug Benefits			
	Generics, Coinsurance, if different Generics, Copay, if separate	D38 E38	10	C-12
	Preferred Brand Drugs, Coinsurance, if different Preferred Brand Drugs, Copay, if separate	D39	0.8	C-12

l≌	Non-Preferred Brand Drugs, Coinsurance, if different	D40	0.6	C-12
	Non-Preferred Brand Drugs, Copay, if separate	E40		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	0.5	C-12
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41		
	Generics, Coinsurance, if different	H38		
	Generics, Copay, if separate	138		
	Preferred Brand Drugs, Coinsurance, if different	H39		
2	Preferred Brand Drugs, Copay, if separate	139		
Tie	Non-Preferred Brand Drugs, Coinsurance, if different	H40		
	Non-Preferred Brand Drugs, Copay, if separate	140		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	141		
	Options for Additional Benefit Design Limits			
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		

Δct	uarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking			
ACC	uarial value input chart - District of Columbia Department of insurance, Securities, and Banking			
	F Filing #:CFBC-129022770			
	pany Name:Group Hospitalization and Medical Services, Inc Number(s) of Plan: DC/CF/PPO/PLAT SOB (1/14)			
FUIII	Nulliber(5) of FiallDC/CF/FFO/FDAT 30B (1/14)			
	Input Name	Cell in AV Calculator	Input Value Used	Coresponding Page Number in Contract where value can be found
	HSA/HRA Options Annual Contribution Amount	E4		N/A
	Narrow Network Options 1st Tier Utilization	H4		N/A
	2nd Tier Utilization	H5		N/A
	Plan Benefit Design		_	
	Deductible (\$) (Medical) Deductible (\$) (Drug)	B10 C10	0	C-1 C-11
	Deductible (\$) (Combined)	D10	Ü	C-11
1	Coinsurance (%, Insurer's Cost Share) (Medical)	B11	100%	C-3-9
Tie	Coinsurance (%, Insurer's Cost Share) (Drug) Coinsurance (%, Insurer's Cost Share) (Combined)	C11 D11	100%	C-11
	OOP Maximum (\$)	B12	2000	C-2
	OOP Maximum if Separate (\$) (Medical)	B13		
	OOP Maximum if Separate (\$) (Drug) Deductible (\$) (Medical)	C13 F10		
	Deductible (\$) (Drug)	G10		
	Deductible (\$) (Combined)	H10		
3r 2	Coinsurance (%, Insurer's Cost Share) (Medical) Coinsurance (%, Insurer's Cost Share) (Drug)	F11 G11		
l≡⊨	Coinsurance (%, Insurer's Cost Share) (Combined)	H11		
	OOP Maximum (\$)	F12		
	OOP Maximum if Separate (\$) (Medical) OOP Maximum if Separate (\$) (Drug)	F13 G13		
	Medical Benefits	G13		
	Emergency Room Services, Coinsurance, if different	D18		
	Emergency Room Services, Copay, if separate	E18 D19	200	C-9
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19	250	C-7
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20 D21	20	C-3
	Specialist Visit, Coinsurance, if different Specialist Visit, Copay, if separate	E21	30	C-3
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22		
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	20	C-8-9
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different Imaging (CT/PET Scans, MRIs), Copay, if separate	D24 E24		
r 1	Rehabilitative Speech Therapy, Coinsurance, if different	D27		
Ę	Rehabilitative Speech Therapy, Copay, if separate	E27	30	C-6
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	D28 E28	30	C-6
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32		
	Laboratory Outpatient and Professional Services, Copay, if separate	E32 D33		
	X-rays and Diagnostic Imaging, Coinsurance, if different X-rays and Diagnostic Imaging, Copay, if separate	E33		
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34		
	Skilled Nursing Facility, Tier 1, Copay, if separate Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	E34 D35		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Consulance, it different Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35		
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36		
	Outpatient Surgery Physician/Surgical Services, Copay, if separate Emergency Room Services, Coinsurance, if different	E36 H18		
	Emergency Room Services, Copay, if separate	118		
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	119 H20		
	Primary Care Visit to Treat an Injury of Illness (exc. Preventive, and X-rays), Consurance, it different Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	120		
	Specialist Visit, Coinsurance, if different	H21		
	Specialist Visit, Copay, if separate Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	I21 H22		
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Consulance, in different	122		
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	H24		
2	Imaging (CT/PET Scans, MRIs), Copay, if separate Rehabilitative Speech Therapy, Coinsurance, if different	124 H27		
Tier	Rehabilitative Speech Therapy, Copay, if separate	127		
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	H28		
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate Laboratory Outpatient and Professional Services, Coinsurance, if different	128 H32		1
	Laboratory Outpatient and Professional Services, Consulance, in different Laboratory Outpatient and Professional Services, Copay, if separate	132		
	X-rays and Diagnostic Imaging, Coinsurance, if different	H33		
	X-rays and Diagnostic Imaging, Copay, if separate Skilled Nursing Facility, Coinsurance, if different	133 H34		
	Skilled Nursing Facility, Copay, if separate	134		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	H35		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	135 H36		
	Outpatient Surgery Physician/Surgical Services, Consurance, if different Outpatient Surgery Physician/Surgical Services, Copay, if separate	136		
!	Drug Benefits			
_				
_	Generics, Coinsurance, if different	D38	10	C-11
		D38 E38 D39		C-11 C-11

l≌	Non-Preferred Brand Drugs, Coinsurance, if different	D40	0.6	C-11
	Non-Preferred Brand Drugs, Copay, if separate	E40		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	0.5	C-11
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41		
	Generics, Coinsurance, if different	H38		
	Generics, Copay, if separate	138		
	Preferred Brand Drugs, Coinsurance, if different	H39		
r 2	Preferred Brand Drugs, Copay, if separate	139		
Tie	Non-Preferred Brand Drugs, Coinsurance, if different	H40		
	Non-Preferred Brand Drugs, Copay, if separate	140		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	141		
	Options for Additional Benefit Design Limits			
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		

Λct	uarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking			
ACI	uarial value input chart - District of Columbia Department of Insurance, Securities, and Banking			
SERF	F Filing #:			
	pany Name:			
Form	Number(s) of Plan:			
	Input Name	Cell in AV Calculator	Input Value Used	Coresponding Page Number in Contract where value can be found
	HSA/HRA Options Annual Contribution Amount	E4		N/A
	Narrow Network Options 1st Tier Utilization	Н4		N/A
	2nd Tier Utilization	Н5		N/A
	Plan Benefit Design Deductible (\$) (Medical)	B10	0	
	Deductible (\$) (Drug)	C10	0	
	Deductible (\$) (Combined) Coincurance (% Incurary Cort Share) (Medical)	D10 B11	100%	
er 1	Coinsurance (%, Insurer's Cost Share) (Medical) Coinsurance (%, Insurer's Cost Share) (Drug)	C11	100%	
=	Coinsurance (%, Insurer's Cost Share) (Combined)	D11		
	OOP Maximum (\$) OOP Maximum if Separate (\$) (Medical)	B12 B13	1100	
	OOP Maximum if Separate (\$) (Drug)	C13		
	Deductible (\$) (Medical)	F10		
	Deductible (\$) (Drug) Deductible (\$) (Combined)	G10 H10		
7	Coinsurance (%, Insurer's Cost Share) (Medical)	F11		
Tier	Coinsurance (%, Insurer's Cost Share) (Drug) Coinsurance (%, Insurer's Cost Share) (Combined)	G11 H11		
	OOP Maximum (\$)	F12		
	OOP Maximum if Separate (\$) (Medical)	F13		
	OOP Maximum if Separate (\$) (Drug) Medical Benefits	G13		
	Emergency Room Services, Coinsurance, if different	D18		
	Emergency Room Services, Copay, if separate	E18	200	
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different All Inpatient Hospital Services (inc. MHSA), Copay, if separate	D19 E19	250	
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate Specialist Visit, Coinsurance, if different	E20 D21	20	
	Specialist Visit, Copay, if separate	E21	30	
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22		
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate Imaging (CT/PET Scans, MRIs), Coinsurance, if different	E22 D24	20	
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24		
ier 1	Rehabilitative Speech Therapy, Coinsurance, if different Rehabilitative Speech Therapy, Copay, if separate	D27 E27	30	
-	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28	30	
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	30	
	Laboratory Outpatient and Professional Services, Coinsurance, if different Laboratory Outpatient and Professional Services, Copay, if separate	D32 E32		
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33		
	X-rays and Diagnostic Imaging, Copay, if separate Skilled Nursing Facility, Tier 1, Coinsurance, if different	E33 D34		
	Skilled Nursing Facility, Tier 1, Consulance, if different	E34		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	E35 D36		
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36		
	Emergency Room Services, Coinsurance, if different	H18		
	Emergency Room Services, Copay, if separate All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	I18 H19		
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	119		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	H20 I20		
	Specialist Visit, Coinsurance, if different	H21		
	Specialist Visit, Copay, if separate	121		
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	H22 I22		
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	H24		
7	Imaging (CT/PET Scans, MRIs), Copay, if separate Rehabilitative Speech Therapy, Coinsurance, if different	124 H27		
Tie	Rehabilitative Speech Therapy, Consurance, ir different Rehabilitative Speech Therapy, Copay, if separate	H27		
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	H28		
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate Laboratory Outpatient and Professional Services, Coinsurance, if different	128 H32		
	Laboratory Outpatient and Professional Services, Consulance, in different	132		
	X-rays and Diagnostic Imaging, Coinsurance, if different	H33		
	X-rays and Diagnostic Imaging, Copay, if separate Skilled Nursing Facility, Coinsurance, if different	133 H34		
	Skilled Nursing Facility, Copay, if separate	134		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	H35		
	Outpatient Facility Fee (e.g., Amoulatory Surgery Center), Copay, II separate Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36		
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	136		
	Drug Benefits Generics, Coinsurance, if different	D38		
	Generics, Copay, if separate	E38	10	
1	Preferred Brand Drugs, Coinsurance, if different Preferred Brand Drugs, Copay, if separate	D39 E39	45	
<u> </u>	ттететтей отапи итиву, Сирау, п зератате	EDA	45	

l≞	Non-Preferred Brand Drugs, Coinsurance, if different	D40		
	Non-Preferred Brand Drugs, Copay, if separate	E40	65	
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	0.5	
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41		
	Generics, Coinsurance, if different	H38		
	Generics, Copay, if separate	138		
	Preferred Brand Drugs, Coinsurance, if different	H39		
7 2	Preferred Brand Drugs, Copay, if separate	139		
le	Non-Preferred Brand Drugs, Coinsurance, if different	H40		
	Non-Preferred Brand Drugs, Copay, if separate	140		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	141		
	Options for Additional Benefit Design Limits			
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		

Δct	uarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking			
ACI	uarial value input chart - District of Columbia Department of Insurance, Securities, and Danking			
	F Filing #:CFBC-129022770			
	pany Name:Group Hospitalization and Medical Services, Inc Number(s) of Plan: DC/CF/PPO/500/SOB (1/14)			
FUIII	Nulliber(5) of Fiall0C/CF/FF0/300/308 (1/14)			
	Input Name	Cell in AV Calculator	Input Value Used	Coresponding Page Number in Contract where value can be found
	HSA/HRA Options Annual Contribution Amount	E4		N/A
	Narrow Network Options 1st Tier Utilization	Н4		N/A
	2nd Tier Utilization	H5		N/A N/A
	Plan Benefit Design			
	Deductible (\$) (Medical)	B10	500	C-1
	Deductible (\$) (Drug) Deductible (\$) (Combined)	C10 D10	0	C-11
1	Coinsurance (%, Insurer's Cost Share) (Medical)	B11	100%	C-3-10
Tier	Coinsurance (%, Insurer's Cost Share) (Drug)	C11	100%	C-11
	Coinsurance (%, Insurer's Cost Share) (Combined) OOP Maximum (\$)	D11 B12	1500	C-2
	OOP Maximum if Separate (\$) (Medical)	B13	1300	
	OOP Maximum if Separate (\$) (Drug)	C13		
	Deductible (\$) (Medical) Deductible (\$) (Drug)	F10 G10		
	Deductible (\$) (Combined)	H10		
7	Coinsurance (%, Insurer's Cost Share) (Medical)	F11		
Tie	Coinsurance (%, Insurer's Cost Share) (Drug)	G11		
	Coinsurance (%, Insurer's Cost Share) (Combined) OOP Maximum (\$)	H11 F12		
	OOP Maximum if Separate (\$) (Medical)	F13		
	OOP Maximum if Separate (\$) (Drug)	G13		
	Medical Benefits Emergency Room Services, Coinsurance, if different	D18		
	Emergency Room Services, Copay, if separate	E18	50	C-9
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19		
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	D20 E20	10	C-3
	Specialist Visit, Coinsurance, if different	D21		
	Specialist Visit, Copay, if separate	E21	10	C-3
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	D22 E22	10	C-9
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24	10	<u>C-5</u>
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24		
ier 1	Rehabilitative Speech Therapy, Coinsurance, if different	D27		
F	Rehabilitative Speech Therapy, Copay, if separate Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	E27 D28		
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28		
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32		
	Laboratory Outpatient and Professional Services, Copay, if separate X-rays and Diagnostic Imaging, Coinsurance, if different	E32 D33		
	X-rays and Diagnostic Imaging, Copay, if separate	E33		
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34		
	Skilled Nursing Facility, Tier 1, Copay, if separate Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	E34 D35		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35		
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36		
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36		
	Emergency Room Services, Coinsurance, if different Emergency Room Services, Copay, if separate	H18 I18		
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	119		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	H20 I20		
	Specialist Visit, Coinsurance, if different	H21		
	Specialist Visit, Copay, if separate	121		
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	H22 I22		
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	H24		
	Imaging (CT/PET Scans, MRIs), Copay, if separate	124		
er 2	Rehabilitative Speech Therapy, Coinsurance, if different	H27		
F	Rehabilitative Speech Therapy, Copay, if separate Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	127 H28		
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	128		
	Laboratory Outpatient and Professional Services, Coinsurance, if different	H32		
	Laboratory Outpatient and Professional Services, Copay, if separate Versus and Diagnostic Imaging, Coinsurance, if different	I32 ⊔22		
	X-rays and Diagnostic Imaging, Coinsurance, if different X-rays and Diagnostic Imaging, Copay, if separate	H33		
	Skilled Nursing Facility, Coinsurance, if different	H34		
	Skilled Nursing Facility, Copay, if separate	134		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	H35		
	Outpatient Facility Fee (e.g., Allibulatory Surgery Center), Copay, in Separate Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36		
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	136		
	Drug Benefits Generics, Coinsurance, if different	D38		
	Generics, Consurance, ir different Generics, Copay, if separate	E38	10	C-11
	Preferred Brand Drugs, Coinsurance, if different	D39		
1.	Preferred Brand Drugs, Copay, if separate	E39	45	C-11

∣i≌	Non-Preferred Brand Drugs, Coinsurance, if different	D40		
	Non-Preferred Brand Drugs, Copay, if separate	E40	65	C-11
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	0.5	C-11
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41		
	Generics, Coinsurance, if different	H38		
	Generics, Copay, if separate	138		
	Preferred Brand Drugs, Coinsurance, if different	H39		
7 2	Preferred Brand Drugs, Copay, if separate	139		
je	Non-Preferred Brand Drugs, Coinsurance, if different	H40		
	Non-Preferred Brand Drugs, Copay, if separate	140		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	141		
	Options for Additional Benefit Design Limits			
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		

Λct	uarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking			
ACI	uarial value input Chart - District of Columbia Department of Insurance, Securities, and Banking			
	Filing #:CFBC-129022770			
	Number(s) of Plan: DC/CF/PPO/1200/SOB (1/14)			
	Input Name HSA/HRA Options	Cell in AV Calculator	Input Value Used	Coresponding Page Number in Contract where value can be found
	Annual Contribution Amount	E4		N/A
	Narrow Network Options 1st Tier Utilization	H4		N/A
	2nd Tier Utilization	Н5		N/A
	Plan Benefit Design Deductible (\$) (Medical)	B10	1200	C-1
	Deductible (\$) (Drug)	C10	0	C-11
	Deductible (\$) (Combined) Coinsurance (%, Insurer's Cost Share) (Medical)	D10 B11	100%	C-3-10
lier 1	Coinsurance (%, Insurer's Cost Share) (Drug)	C11	100%	C-11
	Coinsurance (%, Insurer's Cost Share) (Combined) OOP Maximum (\$)	D11 B12	4000	C-2
	OOP Maximum if Separate (\$) (Medical)	B13	4000	U-2
	OOP Maximum if Separate (\$) (Drug) Deductible (\$) (Medical)	C13 F10		
	Deductible (\$) (Drug)	G10		
	Deductible (\$) (Combined)	H10		
er 2	Coinsurance (%, Insurer's Cost Share) (Medical) Coinsurance (%, Insurer's Cost Share) (Drug)	F11 G11		
Ė	Coinsurance (%, Insurer's Cost Share) (Combined)	H11		
	OOP Maximum (\$) OOP Maximum if Separate (\$) (Medical)	F12 F13		
	OOP Maximum if Separate (\$) (Drug)	G13		
	Medical Benefits Emergency Room Services, Coinsurance, if different	D18		
	Emergency Room Services, Copay, if separate	E18	100	C-9
ŀ	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different All Inpatient Hospital Services (inc. MHSA), Copay, if separate	D19 E19	200	C 7
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20	200	C-7
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	20	C-3
ŀ	Specialist Visit, Coinsurance, if different Specialist Visit, Copay, if separate	D21 E21	20	C-3
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22		
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate Imaging (CT/PET Scans, MRIs), Coinsurance, if different	E22 D24	20	C-9
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24		
ier 1	Rehabilitative Speech Therapy, Coinsurance, if different Rehabilitative Speech Therapy, Copay, if separate	D27 E27		
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28		
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate Laboratory Outpatient and Professional Services, Coinsurance, if different	E28 D32		
	Laboratory Outpatient and Professional Services, Consulance, in unreferrit	E32		
ŀ	X-rays and Diagnostic Imaging, Coinsurance, if different X-rays and Diagnostic Imaging, Copay, if separate	D33 E33		
ŀ	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34		
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34		
ŀ	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	D35 E35		
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36		
\vdash	Outpatient Surgery Physician/Surgical Services, Copay, if separate Emergency Room Services, Coinsurance, if different	E36 H18		
	Emergency Room Services, Copay, if separate	I18		
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different All Inpatient Hospital Services (inc. MHSA), Copay, if separate	H19 I19		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate Specialist Visit, Coinsurance, if different	120 H21		
<u> </u>	Specialist Visit, Copay, if separate	I21		
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	H22 I22		
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	H24		
2	Imaging (CT/PET Scans, MRIs), Copay, if separate	124		
Tier	Rehabilitative Speech Therapy, Coinsurance, if different Rehabilitative Speech Therapy, Copay, if separate	H27 I27		
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	H28		
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate Laboratory Outpatient and Professional Services, Coinsurance, if different	128 H32		
	Laboratory Outpatient and Professional Services, Copay, if separate	132		
	X-rays and Diagnostic Imaging, Coinsurance, if different X-rays and Diagnostic Imaging, Copay, if separate	H33		
<u> </u>	Skilled Nursing Facility, Coinsurance, if different	H34		
	Skilled Nursing Facility, Copay, if separate Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	134 H35		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	H35		
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36		
	Outpatient Surgery Physician/Surgical Services, Copay, if separate Drug Benefits	136		
	Generics, Coinsurance, if different	D38		
	Generics, Copay, if separate	E38	10	C-11
	Preferred Brand Drugs, Coinsurance, if different	D39		

l≞	Non-Preferred Brand Drugs, Coinsurance, if different	D40		
	Non-Preferred Brand Drugs, Copay, if separate	E40	65	C-11
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	0.5	C-11
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41		
	Generics, Coinsurance, if different	H38		
	Generics, Copay, if separate	138		
	Preferred Brand Drugs, Coinsurance, if different	H39		
1 2	Preferred Brand Drugs, Copay, if separate	139		
Tier	Non-Preferred Brand Drugs, Coinsurance, if different	H40		
	Non-Preferred Brand Drugs, Copay, if separate	140		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	141		
	Options for Additional Benefit Design Limits			
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		

Λot	unial Value Input Chart District of Columbia Department of Insurance Securities and Banking			
ACI	uarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking			
SERF	Filing #:CFBC-129022770			
	pany Name:Group Hospitalization and Medical Services, Inc			
Form	Number(s) of Plan:DC/CF/PPO/1000/SOB (1/14)			
	Input Name	Cell in AV Calculator	Input Value Used	Coresponding Page Number in Contract where value can be found
	HSA/HRA Options Annual Contribution Amount	E4		N/A
	Narrow Network Options 1st Tier Utilization	Н4		N/A
	2nd Tier Utilization	H5		N/A
	Plan Benefit Design	240	1000	
	Deductible (\$) (Medical) Deductible (\$) (Drug)	B10 C10	1000	C-1 C-13
	Deductible (\$) (Combined)	D10		
1.	Coinsurance (%, Insurer's Cost Share) (Medical)	B11	80% 80%	C-3-11 C-13
Ţie	Coinsurance (%, Insurer's Cost Share) (Drug) Coinsurance (%, Insurer's Cost Share) (Combined)	C11 D11	80%	C-13
	OOP Maximum (\$)	B12	3500	C-2
	OOP Maximum if Separate (\$) (Medical) OOP Maximum if Separate (\$) (Drug)	B13 C13		
	Deductible (\$) (Medical)	F10		
	Deductible (\$) (Drug)	G10		
2	Deductible (\$) (Combined) Coinsurance (%, Insurer's Cost Share) (Medical)	H10 F11		
ë	Coinsurance (%, Insurer's Cost Share) (Drug)	G11		
-	Coinsurance (%, Insurer's Cost Share) (Combined) OOP Maximum (\$)	H11 F12		
	OOP Maximum if Separate (\$) (Medical)	F12		
	OOP Maximum if Separate (\$) (Drug)	G13		
	Medical Benefits Emergency Room Services, Coinsurance, if different	D18		
	Emergency Room Services, Copay, if separate	E18		
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different All Inpatient Hospital Services (inc. MHSA), Copay, if separate	D19 E19		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate Specialist Visit, Coinsurance, if different	E20 D21	20	C-3
	Specialist Visit, Copay, if separate	E21	20	C-3
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22		
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate Imaging (CT/PET Scans, MRIs), Coinsurance, if different	E22 D24	20	C-10
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24		
ier 1	Rehabilitative Speech Therapy, Coinsurance, if different Rehabilitative Speech Therapy, Copay, if separate	D27 E27		
-	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28		
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28		
	Laboratory Outpatient and Professional Services, Coinsurance, if different Laboratory Outpatient and Professional Services, Copay, if separate	D32 E32		
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33		
	X-rays and Diagnostic Imaging, Copay, if separate Skilled Nursing Facility, Tier 1, Coinsurance, if different	E33 D34		
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	D35 E35		
	Outpatient Facility Fee (e.g., Alindratory Surgical Services, Coinsurance, if different	D36		
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36		
	Emergency Room Services, Coinsurance, if different Emergency Room Services, Copay, if separate	H18		
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	I19 H20		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	120		
	Specialist Visit, Coinsurance, if different Specialist Visit, Copay, if separate	H21 I21		
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	122		
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different Imaging (CT/PET Scans, MRIs), Copay, if separate	H24 I24		
er 2	Rehabilitative Speech Therapy, Coinsurance, if different	H27		
F	Rehabilitative Speech Therapy, Copay, if separate Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	127 H28		
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	128		
	Laboratory Outpatient and Professional Services, Coinsurance, if different	H32		
	Laboratory Outpatient and Professional Services, Copay, if separate X-rays and Diagnostic Imaging, Coinsurance, if different	132 H33		
	X-rays and Diagnostic Imaging, Copay, if separate	133		
	Skilled Nursing Facility, Coinsurance, if different Skilled Nursing Facility, Copay, if separate	H34		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	H35		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	135 H36		
	Outpatient Surgery Physician/Surgical Services, Consurance, ir different Outpatient Surgery Physician/Surgical Services, Copay, if separate	136		
	Drug Benefits	D20		
	Generics, Coinsurance, if different Generics, Copay, if separate	D38 E38	10	C-13
_	Preferred Brand Drugs, Coinsurance, if different	D39		
<u> </u>	Preferred Brand Drugs, Copay, if separate	E39	45	C-13

l≌	Non-Preferred Brand Drugs, Coinsurance, if different	D40		
	Non-Preferred Brand Drugs, Copay, if separate	E40	65	C-13
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	0.5	C-13
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41		
	Generics, Coinsurance, if different	H38		
	Generics, Copay, if separate	138		
	Preferred Brand Drugs, Coinsurance, if different	H39		
7 2	Preferred Brand Drugs, Copay, if separate	139		
Fie	Non-Preferred Brand Drugs, Coinsurance, if different	H40		
	Non-Preferred Brand Drugs, Copay, if separate	140		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	141		
	Options for Additional Benefit Design Limits			
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		

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Act	uarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking			
CEDE	F Filing #: CFBC-129022770			
	pany Name:Group Hospitalization and Medical Services, Inc			
Form	Number(s) of Plan:DC/CF/PPO/2000/SOB (1/14)			
	Input Name	Cell in AV Calculator	Input Value Used	Coresponding Page Number in Contract where value can be found
	HSA/HRA Options Annual Contribution Amount	E4		N/A
	Narrow Network Options 1st Tier Utilization	114		21/2
	2nd Tier Utilization	H4 H5		N/A N/A
	Plan Benefit Design			
	Deductible (\$) (Medical)	B10	2000	C-1
	Deductible (\$) (Drug) Deductible (\$) (Combined)	C10 D10	0	C-3-10
1	Coinsurance (%, Insurer's Cost Share) (Medical)	B11	100%	
Ţ.	Coinsurance (%, Insurer's Cost Share) (Drug)	C11	100%	
	Coinsurance (%, Insurer's Cost Share) (Combined) OOP Maximum (\$)	D11 B12	5000	C-2
	OOP Maximum if Separate (\$) (Medical)	B13	5555	Ü-
	OOP Maximum if Separate (\$) (Drug)	C13		
	Deductible (\$) (Medical) Deductible (\$) (Drug)	F10 G10		
	Deductible (\$) (Combined)	H10		
7	Coinsurance (%, Insurer's Cost Share) (Medical)	F11		
Ţie	Coinsurance (%, Insurer's Cost Share) (Drug) Coinsurance (%, Insurer's Cost Share) (Combined)	G11 H11		
	OOP Maximum (\$)	F12		
	OOP Maximum if Separate (\$) (Medical)	F13		
	OOP Maximum if Separate (\$) (Drug) Medical Benefits	G13		
	Emergency Room Services, Coinsurance, if different	D18		
	Emergency Room Services, Copay, if separate	E18		
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different All Inpatient Hospital Services (inc. MHSA), Copay, if separate	D19 E19		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	20	C-3
	Specialist Visit, Coinsurance, if different	D21 E21	20	6.2
	Specialist Visit, Copay, if separate Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22	20	C-3
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	20	C-9
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24		
7	Imaging (CT/PET Scans, MRIs), Copay, if separate Rehabilitative Speech Therapy, Coinsurance, if different	E24 D27		
Ę.	Rehabilitative Speech Therapy, Copay, if separate	E27		
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28 E28		
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate Laboratory Outpatient and Professional Services, Coinsurance, if different	D32		
	Laboratory Outpatient and Professional Services, Copay, if separate	E32		
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33		
	X-rays and Diagnostic Imaging, Copay, if separate Skilled Nursing Facility, Tier 1, Coinsurance, if different	E33 D34		
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	D35		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	E35 D36		
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36		
	Emergency Room Services, Coinsurance, if different	H18		
	Emergency Room Services, Copay, if separate All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	I18 H19		
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	119		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate Specialist Visit, Coinsurance, if different	120 H21		
	Specialist Visit, Copay, if separate	I21		
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate Imaging (CT/PET Scans, MRIs), Coinsurance, if different	122 H24		
	Imaging (CT/PET Scans, MRIs), Copay, if separate	124		
er 2	Rehabilitative Speech Therapy, Coinsurance, if different	H27		
F	Rehabilitative Speech Therapy, Copay, if separate Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	127 H28		
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	128		
	Laboratory Outpatient and Professional Services, Coinsurance, if different	H32		
	Laboratory Outpatient and Professional Services, Copay, if separate X-rays and Diagnostic Imaging, Coinsurance, if different	132 H33		
	X-rays and Diagnostic Imaging, Consulance, in different	133		
	Skilled Nursing Facility, Coinsurance, if different	H34		
	Skilled Nursing Facility, Copay, if separate Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	134 H35		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	135		
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36		
	Outpatient Surgery Physician/Surgical Services, Copay, if separate Drug Benefits	136		
	Generics, Coinsurance, if different	D38		
	Generics, Copay, if separate	E38	10	C-11
1	Preferred Brand Drugs, Coinsurance, if different Preferred Brand Drugs, Copay, if separate	D39 E39	ΛE	C-11
<u> بر</u> ا		- 23	1 43	ı

l≞	Non-Preferred Brand Drugs, Coinsurance, if different	D40		
	Non-Preferred Brand Drugs, Copay, if separate	E40	65	C-11
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	0.5	C-11
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41		
	Generics, Coinsurance, if different	H38		
	Generics, Copay, if separate	138		
	Preferred Brand Drugs, Coinsurance, if different	H39		
1 2	Preferred Brand Drugs, Copay, if separate	139		
Tier	Non-Preferred Brand Drugs, Coinsurance, if different	H40		
	Non-Preferred Brand Drugs, Copay, if separate	140		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	141		
	Options for Additional Benefit Design Limits			
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		

Λ.	uarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking			
ACI	uarial value input chart - District of Columbia Department of Insurance, Securities, and Banking			
SERF	F Filing #:CFBC-129022770			
	pany Name: Group Hospitalization and Medical Services, Inc Number(s) of Plan: DC/CF/PPO/4500/SOB (1/14)			
	Input Name	Cell in AV Calculator	Input Value Used	Coresponding Page Number in Contract where value can be found
	HSA/HRA Options Annual Contribution Amount	E4		N/A
	Narrow Network Options 1st Tier Utilization	Н4		N/A
	2nd Tier Utilization	H5		N/A
	Plan Benefit Design Deductible (\$) (Medical)	B10	4500	C-1
	Deductible (\$) (Drug)	C10	0	C-11
	Deductible (\$) (Combined)	D10	1000/	
er 1	Coinsurance (%, Insurer's Cost Share) (Medical) Coinsurance (%, Insurer's Cost Share) (Drug)	B11 C11	100% 100%	C-3-10 C-11
F	Coinsurance (%, Insurer's Cost Share) (Combined)	D11		
	OOP Maximum (\$) OOP Maximum if Separate (\$) (Medical)	B12 B13	6350	C-2
	OOP Maximum if Separate (\$) (Drug)	C13		
	Deductible (\$) (Medical)	F10		
	Deductible (\$) (Drug) Deductible (\$) (Combined)	G10 H10		
2	Coinsurance (%, Insurer's Cost Share) (Medical)	F11		
Ţ.	Coinsurance (%, Insurer's Cost Share) (Drug)	G11		
	Coinsurance (%, Insurer's Cost Share) (Combined) OOP Maximum (\$)	H11 F12		
	OOP Maximum if Separate (\$) (Medical)	F13		
	OOP Maximum if Separate (\$) (Drug) Medical Benefits	G13		
	Emergency Room Services, Coinsurance, if different	D18		
	Emergency Room Services, Copay, if separate	E18		
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different All Inpatient Hospital Services (inc. MHSA), Copay, if separate	D19 E19		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	30	C-3
	Specialist Visit, Coinsurance, if different Specialist Visit, Copay, if separate	D21 E21	30	C-3
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22		
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate Imaging (CT/PET Scans, MRIs), Coinsurance, if different	E22 D24	30	C-9
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24		
er 1	Rehabilitative Speech Therapy, Coinsurance, if different	D27		
F	Rehabilitative Speech Therapy, Copay, if separate Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	E27 D28		
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28		
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32		
	Laboratory Outpatient and Professional Services, Copay, if separate X-rays and Diagnostic Imaging, Coinsurance, if different	E32 D33		
	X-rays and Diagnostic Imaging, Copay, if separate	E33		
	Skilled Nursing Facility, Tier 1, Coinsurance, if different Skilled Nursing Facility, Tier 1, Copay, if separate	D34 E34		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35		
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different Outpatient Surgery Physician/Surgical Services, Copay, if separate	D36 E36		
	Emergency Room Services, Coinsurance, if different	H18		
	Emergency Room Services, Copay, if separate	118		
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different All Inpatient Hospital Services (inc. MHSA), Copay, if separate	H19 I19		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate Specialist Visit, Coinsurance, if different	120 H21		
	Specialist Visit, Copay, if separate	121		
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate Imaging (CT/PET Scans, MRIs), Coinsurance, if different	122 H24		
	Imaging (CT/PET Scans, MRIs), Copay, if separate	124		
ier 2	Rehabilitative Speech Therapy, Coinsurance, if different Rehabilitative Speech Therapy, Copay, if separate	H27 I27		
-	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	H28		
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	128		
	Laboratory Outpatient and Professional Services, Coinsurance, if different Laboratory Outpatient and Professional Services, Copay, if separate	H32 I32		
	X-rays and Diagnostic Imaging, Coinsurance, if different	Н33		
	X-rays and Diagnostic Imaging, Copay, if separate Skilled Nursing Facility, Coincurance if different	133		
	Skilled Nursing Facility, Coinsurance, if different Skilled Nursing Facility, Copay, if separate	H34 I34		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	H35		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	135 H36		
L	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different Outpatient Surgery Physician/Surgical Services, Copay, if separate	136		
	Drug Benefits			
	Generics, Coinsurance, if different Generics, Copay, if separate	D38 E38	10	C-11
	Preferred Brand Drugs, Coinsurance, if different	D39		
r	Preferred Brand Drugs, Copay, if separate	E39	45	C-11

∣i≌	Non-Preferred Brand Drugs, Coinsurance, if different	D40		
	Non-Preferred Brand Drugs, Copay, if separate	E40	65	C-11
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	0.5	C-11
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41		
	Generics, Coinsurance, if different	H38		
	Generics, Copay, if separate	138		
	Preferred Brand Drugs, Coinsurance, if different	H39		
7 2	Preferred Brand Drugs, Copay, if separate	139		
ie	Non-Preferred Brand Drugs, Coinsurance, if different	H40		
	Non-Preferred Brand Drugs, Copay, if separate	140		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	141		
	Options for Additional Benefit Design Limits			
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		

Λct	uarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking			
ACI	uarial value input chart - District of Columbia Department of Insurance, Securities, and Banking			
SERF	F Filing #:CFBC-129022770			
	pany Name:Group Hospitalization and Medical Services, Inc			
Form	Number(s) of Plan:DC/CF/PPO CDH/1400/SOB (1/14)			
	Input Name	Cell in AV Calculator	Input Value Used	Coresponding Page Number in Contract where value can be found
	HSA/HRA Options Annual Contribution Amount	E4		N/A
	Narrow Network Options 1st Tier Utilization	Н4		N/A
	2nd Tier Utilization	H5		N/A
	Plan Benefit Design	240		
	Deductible (\$) (Medical) Deductible (\$) (Drug)	B10 C10		
	Deductible (\$) (Combined)	D10	1400	C-1
1.	Coinsurance (%, Insurer's Cost Share) (Medical)	B11		
Tie	Coinsurance (%, Insurer's Cost Share) (Drug) Coinsurance (%, Insurer's Cost Share) (Combined)	C11 D11	100%	C-3-10
	OOP Maximum (\$)	B12	2800	C-2
	OOP Maximum if Separate (\$) (Medical) OOP Maximum if Separate (\$) (Drug)	B13		
	Deductible (\$) (Medical)	C13 F10		
	Deductible (\$) (Drug)	G10		
	Deductible (\$) (Combined)	H10		
er 2	Coinsurance (%, Insurer's Cost Share) (Medical) Coinsurance (%, Insurer's Cost Share) (Drug)	F11 G11		
≝	Coinsurance (%, Insurer's Cost Share) (Combined)	H11		
	OOP Maximum (\$)	F12		
	OOP Maximum if Separate (\$) (Medical) OOP Maximum if Separate (\$) (Drug)	F13 G13		
	Medical Benefits	013		
	Emergency Room Services, Coinsurance, if different	D18		
	Emergency Room Services, Copay, if separate All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	E18 D19	50	C-9
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate Specialist Visit, Coinsurance, if different	E20 D21		
	Specialist Visit, Copay, if separate	E21		
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22		
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate Imaging (CT/PET Scans, MRIs), Coinsurance, if different	E22 D24		
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24		
er 1	Rehabilitative Speech Therapy, Coinsurance, if different	D27		
F	Rehabilitative Speech Therapy, Copay, if separate Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	E27 D28		
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28		
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32		
	Laboratory Outpatient and Professional Services, Copay, if separate X-rays and Diagnostic Imaging, Coinsurance, if different	E32 D33		
	X-rays and Diagnostic Imaging, Copay, if separate	E33		
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34		
	Skilled Nursing Facility, Tier 1, Copay, if separate Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	E34 D35		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35		
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36		
	Outpatient Surgery Physician/Surgical Services, Copay, if separate Emergency Room Services, Coinsurance, if different	E36 H18		
	Emergency Room Services, Copay, if separate	118		
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	I19 H20		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	120		
	Specialist Visit, Coinsurance, if different	H21 I21		
	Specialist Visit, Copay, if separate Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	122		
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different Imaging (CT/PET Scans, MRIs), Copay, if separate	H24 I24		
7	Rehabilitative Speech Therapy, Coinsurance, if different	H27		
i≟	Rehabilitative Speech Therapy, Copay, if separate	127		
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	H28		
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate Laboratory Outpatient and Professional Services, Coinsurance, if different	128 H32		*
	Laboratory Outpatient and Professional Services, Copay, if separate	132		
	X-rays and Diagnostic Imaging, Coinsurance, if different X-rays and Diagnostic Imaging, Copay, if separate	H33		
	Skilled Nursing Facility, Coinsurance, if different	H34		
	Skilled Nursing Facility, Copay, if separate	134		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	H35		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36		
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	136		
	Drug Benefits Generics, Coinsurance, if different	D20		
	Generics, Coinsurance, it different Generics, Copay, if separate	D38 E38	10	C-12
	Preferred Brand Drugs, Coinsurance, if different	D39		
1	Preferred Brand Drugs, Copay, if separate	E39	45	C-12

l≌	Non-Preferred Brand Drugs, Coinsurance, if different	D40		
	Non-Preferred Brand Drugs, Copay, if separate	E40	65	C-12
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	0.5	C-12
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41		
	Generics, Coinsurance, if different	H38		
	Generics, Copay, if separate	138		
	Preferred Brand Drugs, Coinsurance, if different	H39		
7 2	Preferred Brand Drugs, Copay, if separate	139		
Fie	Non-Preferred Brand Drugs, Coinsurance, if different	H40		
	Non-Preferred Brand Drugs, Copay, if separate	140		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	141		
	Options for Additional Benefit Design Limits			
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		

Act	uarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking			
	, , ,			
	F Filing #:CFBC-129022770			
	Number(s) of Plan: DC/CF/PPO CDH/2000/SOB (1/14)			
	Input Name	Cell in AV	Input Value Used	Coresponding Page Number in Contract
	HSA/HRA Options	Calculator	put value oseu	where value can be found
	Annual Contribution Amount Narrow Network Options	E4		N/A
	1st Tier Utilization 2nd Tier Utilization	H4 H5		N/A N/A
	Plan Benefit Design	пэ		N/A
	Deductible (\$) (Medical)	B10		
	Deductible (\$) (Drug) Deductible (\$) (Combined)	C10 D10	2000	C-1
7	Coinsurance (%, Insurer's Cost Share) (Medical)	B11	2000	01
Tier	Coinsurance (%, Insurer's Cost Share) (Drug) Coinsurance (%, Insurer's Cost Share) (Combined)	C11 D11	100%	C-3-10
	OOP Maximum (\$)	B12	4500	C-3-10 C-2
	OOP Maximum if Separate (\$) (Medical)	B13		
	OOP Maximum if Separate (\$) (Drug) Deductible (\$) (Medical)	C13 F10		
	Deductible (\$) (Drug)	G10		
	Deductible (\$) (Combined)	H10		
er 2	Coinsurance (%, Insurer's Cost Share) (Medical) Coinsurance (%, Insurer's Cost Share) (Drug)	F11 G11		
É	Coinsurance (%, Insurer's Cost Share) (Combined)	H11		
	OOP Maximum (\$) OOP Maximum if Separate (\$) (Medical)	F12 F13		
	OOP Maximum if Separate (\$) (Drug)	G13		
	Medical Benefits Emergency Room Services, Coinsurance, if different	D18		
	Emergency Room Services, Copay, if separate	E18	200	C-7
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different All Inpatient Hospital Services (inc. MHSA), Copay, if separate	D19 E19	500	C-9
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20	300	C-5
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20		
	Specialist Visit, Coinsurance, if different Specialist Visit, Copay, if separate	D21 E21		
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22		
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22		
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different Imaging (CT/PET Scans, MRIs), Copay, if separate	D24 E24		
er 1	Rehabilitative Speech Therapy, Coinsurance, if different	D27		
Ě	Rehabilitative Speech Therapy, Copay, if separate Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	E27 D28		
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28		
	Laboratory Outpatient and Professional Services, Coinsurance, if different Laboratory Outpatient and Professional Services, Copay, if separate	D32		
	X-rays and Diagnostic Imaging, Coinsurance, if different	E32 D33		
	X-rays and Diagnostic Imaging, Copay, if separate	E33		
	Skilled Nursing Facility, Tier 1, Coinsurance, if different Skilled Nursing Facility, Tier 1, Copay, if separate	D34 E34		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35		
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different Outpatient Surgery Physician/Surgical Services, Copay, if separate	D36 E36		
	Emergency Room Services, Coinsurance, if different	H18		
	Emergency Room Services, Copay, if separate All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	I18 H19		
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different All Inpatient Hospital Services (inc. MHSA), Copay, if separate	H19		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20	-	
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate Specialist Visit, Coinsurance, if different	120 H21		
	Specialist Visit, Copay, if separate	121		
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	H22 I22		
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	H24		<u> </u>
~'	Imaging (CT/PET Scans, MRIs), Copay, if separate	124		
lier.	Rehabilitative Speech Therapy, Coinsurance, if different Rehabilitative Speech Therapy, Copay, if separate	H27 I27		
_	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	H28		
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	128		
	Laboratory Outpatient and Professional Services, Coinsurance, if different Laboratory Outpatient and Professional Services, Copay, if separate	H32 I32		
	X-rays and Diagnostic Imaging, Coinsurance, if different	Н33		
	X-rays and Diagnostic Imaging, Copay, if separate Skilled Nursing Facility, Coinsurance, if different	133 H34		
	Skilled Nursing Facility, Copay, if separate	134		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	H35		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	135 H36		
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	136		
	Drug Benefits Generics, Coinsurance, if different	D38		
	Generics, Coinsurance, it different Generics, Copay, if separate	D38 E38	10	C-12
_	Preferred Brand Drugs, Coinsurance, if different	D39		0.40
7	Preferred Brand Drugs, Copay, if separate	E39	45	C-12

l≌	Non-Preferred Brand Drugs, Coinsurance, if different	D40		
	Non-Preferred Brand Drugs, Copay, if separate	E40	65	C-12
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	0.5	C-12
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41		
	Generics, Coinsurance, if different	H38		
	Generics, Copay, if separate	138		
	Preferred Brand Drugs, Coinsurance, if different	H39		
r 2	Preferred Brand Drugs, Copay, if separate	139		
i e	Non-Preferred Brand Drugs, Coinsurance, if different	H40		
	Non-Preferred Brand Drugs, Copay, if separate	140		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	141		
	Options for Additional Benefit Design Limits			
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		

SERFF Filing #:_ Company Name:_ Form Number(s)	alue Input Chart - District of Columbia Department of Insurance, Securities, and Banking CFBC-129022770 CREW Has the Security of Columbia Department of Insurance, Securities, and Banking			
Company Name:				
(4)	Group Hospitalization and Medical Services, Inc of Plan: DC/CF/PPO/4500/SOB (1/14)			
LICA (LIDA C	Input Name	Cell in AV Calculator	Input Value Used	Coresponding Page Number in Contract where value can be found
	tribution Amount	E4		N/A
Narrow Net 1st Tier Utili	work Options	H4		N/A
2nd Tier Uti		H5		N/A
Plan Benefit	t Design (\$) (Medical)	B10		
Deductible (C10		
	(\$) (Combined)	D10	4500	C-1
: · 	e (%, Insurer's Cost Share) (Medical) e (%, Insurer's Cost Share) (Drug)	B11 C11		
Coinsurance	e (%, Insurer's Cost Share) (Combined)	D11	100%	C-3-10
OOP Maxim	um (\$) um if Separate (\$) (Medical)	B12 B13	6350	C-2
	um if Separate (5) (Neutca)	C13		
	(\$) (Medical)	F10		
Deductible ((\$) (Drug) (\$) (Combined)	G10 H10		
	2 (%, Insurer's Cost Share) (Medical)	F11		
	2 (%, Insurer's Cost Share) (Drug)	G11		
OOP Maxim	e (%, Insurer's Cost Share) (Combined) um (\$)	H11 F12		
OOP Maxim	um if Separate (\$) (Medical)	F13		
OOP Maxim Medical Ber	um if Separate (\$) (Drug)	G13		
	Room Services, Coinsurance, if different	D18		
	Room Services, Copay, if separate	E18		
	t Hospital Services (inc. MHSA), Coinsurance, if different t Hospital Services (inc. MHSA), Copay, if separate	D19 E19		
Primary Car	e Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20		
	e Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate sit, Coinsurance, if different	E20 D21		
	sit, Copay, if separate	E21		
	avioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22		
	avioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate /PET Scans, MRIs), Coinsurance, if different	E22 D24		
	/PET Scans, MRIs), Copay, if separate	E24		
	ve Speech Therapy, Coinsurance, if different	D27 E27		
	ve Speech Therapy, Copay, if separate ve Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28		
	ve Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28		
_ <u> </u>	Outpatient and Professional Services, Coinsurance, if different Outpatient and Professional Services, Copay, if separate	D32 E32		
	Diagnostic Imaging, Coinsurance, if different	D33		
	Diagnostic Imaging, Copay, if separate ing Facility, Tier 1, Coinsurance, if different	E33		
	ing Facility, Tier 1, Copay, if separate	E34		
	Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35		
	Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate Surgery Physician/Surgical Services, Coinsurance, if different	E35 D36		
	Surgery Physician/Surgical Services, Copay, if separate	E36		
<u> </u>	Room Services, Coinsurance, if different	H18		
	Room Services, Copay, if separate t Hospital Services (inc. MHSA), Coinsurance, if different	I18 H19		
All Inpatient	t Hospital Services (inc. MHSA), Copay, if separate	119		
	e Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different e Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	H20 I20		
	sit, Coinsurance, if different	H21		
•	sit, Copay, if separate	121		
	avioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different avioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	H22 I22		
Imaging (CT	/PET Scans, MRIs), Coinsurance, if different	H24		
	/PET Scans, MRIs), Copay, if separate ve Speech Therapy, Coinsurance, if different	124 H27		
ā	ve Speech Therapy, Consurance, ir different ve Speech Therapy, Copay, if separate	127		
Rehabilitativ	ve Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	H28		
	ve Occupational and Rehabilitative Physical Therapy, Copay, if separate Outpatient and Professional Services, Coinsurance, if different	128 H32		
Laboratory (Outpatient and Professional Services, Copay, if separate	132		
	Diagnostic Imaging, Coinsurance, if different	H33		
	Diagnostic Imaging, Copay, if separate ing Facility, Coinsurance, if different	133 H34		
Skilled Nurs	ing Facility, Copay, if separate	134		
	Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	H35		
Outpatient S	Surgery Physician/Surgical Services, Coinsurance, if different	H36		
	Surgery Physician/Surgical Services, Copay, if separate	136		
Drug Benefi Generics, Co	insurance, if different	D38		
Generics, Co	opay, if separate	E38	10	C-11
	rand Drugs, Coinsurance, if different rand Drugs, Copay, if separate	D39 E39	ΔS	C-11

l≌	Non-Preferred Brand Drugs, Coinsurance, if different	D40		
	Non-Preferred Brand Drugs, Copay, if separate	E40	65	C-11
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	0.5	C-11
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41		
	Generics, Coinsurance, if different	H38		
	Generics, Copay, if separate	138		
	Preferred Brand Drugs, Coinsurance, if different	H39		
7 2	Preferred Brand Drugs, Copay, if separate	139		
i e	Non-Preferred Brand Drugs, Coinsurance, if different	H40		
	Non-Preferred Brand Drugs, Copay, if separate	140		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	141		
	Options for Additional Benefit Design Limits			
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		

Act	cuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking			
ACI	uarial value input chart - district of Columbia Department of Insurance, securities, and Banking			
SERF	F Filing #:CFBC-129022770			
	pany Name:Group Hospitalization and Medical Services, Inc			
Forn	Number(s) of Plan:DC/CF/PPO HRA/1000/SOB (1/14)			
	Input Name	Cell in AV Calculator	Input Value Used	Coresponding Page Number in Contract where value can be found
	HSA/HRA Options Annual Contribution Amount	E4		N/A
	Narrow Network Options 1st Tier Utilization	Н4		N/A
	2nd Tier Utilization	H5		N/A
	Plan Benefit Design	240	1000	
	Deductible (\$) (Medical) Deductible (\$) (Drug)	B10 C10	1000	C-1 C-12
	Deductible (\$) (Combined)	D10		<u> </u>
1.	Coinsurance (%, Insurer's Cost Share) (Medical)	B11	100% 100%	C-3-11 C-12
ie	Coinsurance (%, Insurer's Cost Share) (Drug) Coinsurance (%, Insurer's Cost Share) (Combined)	C11 D11	100%	C-12
	OOP Maximum (\$)	B12	3500	C-2
	OOP Maximum if Separate (\$) (Medical) OOP Maximum if Separate (\$) (Drug)	B13 C13		
	Deductible (\$) (Medical)	F10		
	Deductible (\$) (Drug)	G10		
	Deductible (\$) (Combined) Coinsurance (%, Insurer's Cost Share) (Medical)	H10 F11		
er 2	Coinsurance (%, Insurer's Cost Share) (Medical) Coinsurance (%, Insurer's Cost Share) (Drug)	G11		
=	Coinsurance (%, Insurer's Cost Share) (Combined)	H11		
	OOP Maximum (\$) OOP Maximum if Separate (\$) (Medical)	F12 F13		
	OOP Maximum if Separate (5) (Drug)	G13		
	Medical Benefits	D10		
	Emergency Room Services, Coinsurance, if different Emergency Room Services, Copay, if separate	D18 E18	250	C-7
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19		
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19	500	C-9
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	D20 E20		
	Specialist Visit, Coinsurance, if different	D21		
	Specialist Visit, Copay, if separate	E21		
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	D22 E22		
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24		
_	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24		
Fer	Rehabilitative Speech Therapy, Coinsurance, if different Rehabilitative Speech Therapy, Copay, if separate	D27 E27		
ľ	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28		
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate Laboratory Outpatient and Professional Services, Coinsurance, if different	E28 D32		
	Laboratory Outpatient and Professional Services, Comparaties Laboratory Outpatient and Professional Services, Copay, if separate	E32		
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33		
	X-rays and Diagnostic Imaging, Copay, if separate Skilled Nursing Facility, Tier 1, Coinsurance, if different	E33 D34		
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	E35 D36		
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36		
	Emergency Room Services, Coinsurance, if different	H18		
	Emergency Room Services, Copay, if separate All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	I18 H19		
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	I19		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	H20 I20		
	Specialist Visit, Coinsurance, if different	H21		
	Specialist Visit, Copay, if separate	121		
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	H22 I22		
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	H24		
	Imaging (CT/PET Scans, MRIs), Copay, if separate	124		
ier 2	Rehabilitative Speech Therapy, Coinsurance, if different Rehabilitative Speech Therapy, Copay, if separate	H27 I27		
_	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	H28		
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	128		
	Laboratory Outpatient and Professional Services, Coinsurance, if different Laboratory Outpatient and Professional Services, Copay, if separate	H32		
	X-rays and Diagnostic Imaging, Coinsurance, if different	Н33		
	X-rays and Diagnostic Imaging, Copay, if separate Skilled Nursing Facility, Coinsurance, if different	133 H34		
	Skilled Nursing Facility, Collistrance, it different Skilled Nursing Facility, Copay, if separate	134		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	H35		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	135 H36		
L	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different Outpatient Surgery Physician/Surgical Services, Copay, if separate	136		
	Drug Benefits	200		
	Generics, Coinsurance, if different Generics, Copay, if separate	D38 E38	10	C-12
	Preferred Brand Drugs, Coinsurance, if different	D39		
1 .	Preferred Brand Drugs, Copay, if separate	E39	45	C-12

l≌	Non-Preferred Brand Drugs, Coinsurance, if different	D40		
	Non-Preferred Brand Drugs, Copay, if separate	E40	65	C-12
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	0.5	C-12
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41		
	Generics, Coinsurance, if different	H38		
	Generics, Copay, if separate	138		
	Preferred Brand Drugs, Coinsurance, if different	H39		
7 2	Preferred Brand Drugs, Copay, if separate	139		
Fie	Non-Preferred Brand Drugs, Coinsurance, if different	H40		
	Non-Preferred Brand Drugs, Copay, if separate	140		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	141		
	Options for Additional Benefit Design Limits			
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		

۸۵	cuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking			
AC	uarial value input chart - District of Columbia Department of Insurance, Securities, and Danking			
	F Filing #:CFBC-129022770			
	pany Name:Group Hospitalization and Medical Services, Inc 1 Number(s) of Plan: DC/CF/PPO CDH/1800/SOB (1/14)			
	Input Name	Cell in AV Calculator	Input Value Used	Coresponding Page Number in Contract where value can be found
	HSA/HRA Options Annual Contribution Amount	E4		N/A
	Narrow Network Options 1st Tier Utilization	Н4		N/A
	2nd Tier Utilization	Н5		N/A
	Plan Benefit Design Deductible (\$) (Medical)	B10		
	Deductible (\$) (Drug)	C10		
	Deductible (\$) (Combined)	D10 B11	1800	C-1
er 1	Coinsurance (%, Insurer's Cost Share) (Medical) Coinsurance (%, Insurer's Cost Share) (Drug)	C11		
F	Coinsurance (%, Insurer's Cost Share) (Combined)	D11	90%	C-3-10
	OOP Maximum (\$) OOP Maximum if Separate (\$) (Medical)	B12 B13	4500	C-2
	OOP Maximum if Separate (\$) (Drug)	C13		
	Deductible (\$) (Medical)	F10		
	Deductible (\$) (Drug) Deductible (\$) (Combined)	G10 H10		
7	Coinsurance (%, Insurer's Cost Share) (Medical)	F11		
Ţ	Coinsurance (%, Insurer's Cost Share) (Drug) Coinsurance (%, Insurer's Cost Share) (Combined)	G11 H11		
	OOP Maximum (\$)	F12		
	OOP Maximum if Separate (\$) (Medical)	F13		
	OOP Maximum if Separate (\$) (Drug) Medical Benefits	G13		
	Emergency Room Services, Coinsurance, if different	D18		
	Emergency Room Services, Copay, if separate All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	E18 D19		
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate Specialist Visit, Coinsurance, if different	E20 D21		
	Specialist Visit, Copay, if separate	E21		
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	D22 E22		
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24		
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24		
le :	Rehabilitative Speech Therapy, Coinsurance, if different Rehabilitative Speech Therapy, Copay, if separate	D27 E27		
ľ	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28		
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate Laboratory Outpatient and Professional Services, Coinsurance, if different	E28 D32		
	Laboratory Outpatient and Professional Services, Copay, if separate	E32		
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33 E33		
	X-rays and Diagnostic Imaging, Copay, if separate Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34		
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	D35 E35		
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36		
	Outpatient Surgery Physician/Surgical Services, Copay, if separate Emergency Room Services, Coinsurance, if different	E36 H18		
	Emergency Room Services, Consurance, ir different Emergency Room Services, Copay, if separate	I18		
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	119 H20		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	120		
	Specialist Visit, Coinsurance, if different Specialist Visit, Copay, if separate	H21 I21		
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	122	-	
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different Imaging (CT/PET Scans, MRIs), Copay, if separate	H24 I24		
3r 2	Rehabilitative Speech Therapy, Coinsurance, if different	H27		
ř	Rehabilitative Speech Therapy, Copay, if separate Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	127 H28		
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	128		
	Laboratory Outpatient and Professional Services, Coinsurance, if different	H32		
	Laboratory Outpatient and Professional Services, Copay, if separate X-rays and Diagnostic Imaging, Coinsurance, if different	132 H33		
	X-rays and Diagnostic Imaging, Copay, if separate	133		
	Skilled Nursing Facility, Coinsurance, if different Skilled Nursing Facility, Copay, if separate	H34 I34		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	H35		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	135		
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different Outpatient Surgery Physician/Surgical Services, Copay, if separate	H36 I36		
	Drug Benefits			
	Generics, Coinsurance, if different Generics, Copay, if separate	D38 E38	10	C-12
	Preferred Brand Drugs, Coinsurance, if different	D39		
17	Preferred Brand Drugs, Copay, if separate	E39	45	C-12

l≌	Non-Preferred Brand Drugs, Coinsurance, if different	D40		
	Non-Preferred Brand Drugs, Copay, if separate	E40	65	C-12
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	0.5	C-12
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41		
	Generics, Coinsurance, if different	H38		
	Generics, Copay, if separate	138		
	Preferred Brand Drugs, Coinsurance, if different	H39		
7 2	Preferred Brand Drugs, Copay, if separate	139		
Fie	Non-Preferred Brand Drugs, Coinsurance, if different	H40		
	Non-Preferred Brand Drugs, Copay, if separate	140		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	141		
	Options for Additional Benefit Design Limits			
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		

Act	uarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking			
ACI	darial value input chart - District of Columbia Department of Insurance, Securities, and Dariking			
SERF	Filing #:CFBC-129022770			
	oany Name:Group Hospitalization and Medical Services, Inc Number(s) of Plan: DC/CF/HB PPO/300/SOB (1/14)			
FOITH	Nulliber(s) of PlatiDC/CF/nb PPO/300/30b (1/14)			
	Input Name	Cell in AV Calculator	Input Value Used	Coresponding Page Number in Contract where value can be found
	HSA/HRA Options Annual Contribution Amount	E4		N/A
	Narrow Network Options 1st Tier Utilization	Н4		N/A
	2nd Tier Utilization	H5		N/A
	Plan Benefit Design	240	200	
	Deductible (\$) (Medical) Deductible (\$) (Drug)	B10 C10	300 0	C-1 C-15
	Deductible (\$) (Combined)	D10		
Tier 1	Coinsurance (%, Insurer's Cost Share) (Medical)	B11	100% 100%	C-4-13
Ţie	Coinsurance (%, Insurer's Cost Share) (Drug) Coinsurance (%, Insurer's Cost Share) (Combined)	C11 D11	100%	C-15
	OOP Maximum (\$)	B12	1500	C-3
	OOP Maximum if Separate (\$) (Medical) OOP Maximum if Separate (\$) (Drug)	B13 C13		
	Deductible (\$) (Medical)	F10		
	Deductible (\$) (Drug)	G10		
	Deductible (\$) (Combined) Coinsurance (%, Insurer's Cost Share) (Medical)	H10 F11		
er 2	Coinsurance (%, insurer's Cost Share) (Medical) Coinsurance (%, Insurer's Cost Share) (Drug)	G11		
=	Coinsurance (%, Insurer's Cost Share) (Combined)	H11		
	OOP Maximum (\$) OOP Maximum if Separate (\$) (Medical)	F12 F13		
	OOP Maximum if Separate (5) (Drug)	G13		
	Medical Benefits	D10		
	Emergency Room Services, Coinsurance, if different Emergency Room Services, Copay, if separate	D18 E18	200	C-12
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19		
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	E19 D20	300	C-10
	Primary Care Visit to Treat an Injury of Illness (exc. Preventive, and X-rays), Consurance, it different	E20		
	Specialist Visit, Coinsurance, if different	D21		
	Specialist Visit, Copay, if separate Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	E21 D22	300	C-12
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Consulance, in different Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22		
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24		
н	Imaging (CT/PET Scans, MRIs), Copay, if separate Rehabilitative Speech Therapy, Coinsurance, if different	E24 D27		
Fie	Rehabilitative Speech Therapy, Copay, if separate	E27	30	C-8
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28		
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate Laboratory Outpatient and Professional Services, Coinsurance, if different	E28 D32	30	C-8
	Laboratory Outpatient and Professional Services, Copay, if separate	E32		
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33		
	X-rays and Diagnostic Imaging, Copay, if separate Skilled Nursing Facility, Tier 1, Coinsurance, if different	E33 D34		
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34		C-11
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	D35 E35	0.716605385	C-10 C-10
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, in Separate Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36	100	C-10
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36		
	Emergency Room Services, Coinsurance, if different Emergency Room Services, Copay, if separate	H18		
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	119		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	H20 I20		
	Specialist Visit, Coinsurance, if different	H21		
	Specialist Visit, Copay, if separate Montal (Ophonical Health and Substance Abuse Disorder Outpotient Services, Coincurages, if different	I21		
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	H22 I22		
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	H24		
2	Imaging (CT/PET Scans, MRIs), Copay, if separate Rehabilitative Speech Therapy, Coinsurance, if different	124 H27		
Tier	Rehabilitative Speech Therapy, Copay, if separate	127		
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	H28		
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate Laboratory Outpatient and Professional Services, Coinsurance, if different	128 H32		
	Laboratory Outpatient and Professional Services, Consulance, in different	132		
	X-rays and Diagnostic Imaging, Coinsurance, if different	H33		
	X-rays and Diagnostic Imaging, Copay, if separate Skilled Nursing Facility, Coinsurance, if different	133 H34		
	Skilled Nursing Facility, Copay, if separate	134		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	H35		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	135 H36		
	Outpatient Surgery Physician/Surgical Services, Comsurance, in unreferit	136		
	Drug Benefits	D20		
	Generics, Coinsurance, if different Generics, Copay, if separate	D38 E38	0	C-15
	Preferred Brand Drugs, Coinsurance, if different	D39		
ř	Preferred Brand Drugs, Copay, if separate	E39	45	C-15

1 00				
l≡	Non-Preferred Brand Drugs, Coinsurance, if different	D40		
	Non-Preferred Brand Drugs, Copay, if separate	E40	65	C-15
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	0.5	C-15
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41		
	Generics, Coinsurance, if different	H38		
	Generics, Copay, if separate	138		
	Preferred Brand Drugs, Coinsurance, if different	H39		
r 2	Preferred Brand Drugs, Copay, if separate	139		
ie	Non-Preferred Brand Drugs, Coinsurance, if different	H40		
	Non-Preferred Brand Drugs, Copay, if separate	140		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	141		
	Options for Additional Benefit Design Limits			
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		

Λot	uarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking			
ACI	uarial value input chart - District of Columbia Department of Insurance, Securities, and Banking			
SERF	F Filing #:CFBC-129022770			
	pany Name:Group Hospitalization and Medical Services, Inc			
Form	Number(s) of Plan:DC/CF/HB PPO/600/SOB (1/14)			
	Input Name	Cell in AV Calculator	Input Value Used	Coresponding Page Number in Contract where value can be found
	HSA/HRA Options Annual Contribution Amount	E4		N/A
	Narrow Network Options 1st Tier Utilization	Н4		N/A
	2nd Tier Utilization	H5		N/A
	Plan Benefit Design Deductible (\$) (Medical)	B10	600	C-1
	Deductible (\$) (Drug)	C10	0	C-1
	Deductible (\$) (Combined)	D10		
er 1	Coinsurance (%, Insurer's Cost Share) (Medical) Coinsurance (%, Insurer's Cost Share) (Drug)	B11 C11	100% 100%	C-4-13 C-15
ř	Coinsurance (%, Insurer's Cost Share) (Combined)	D11	20075	C 13
	OOP Maximum (\$)	B12	1500	C-3
	OOP Maximum if Separate (\$) (Medical) OOP Maximum if Separate (\$) (Drug)	B13 C13		
	Deductible (\$) (Medical)	F10		
	Deductible (\$) (Drug) Deductible (\$) (Combined)	G10 H10		
7	Coinsurance (%, Insurer's Cost Share) (Medical)	F11		
Tie	Coinsurance (%, Insurer's Cost Share) (Drug)	G11		
	Coinsurance (%, Insurer's Cost Share) (Combined) OOP Maximum (\$)	H11 F12		
	OOP Maximum if Separate (\$) (Medical)	F13		
	OOP Maximum if Separate (\$) (Drug)	G13		
	Medical Benefits Emergency Room Services, Coinsurance, if different	D18		
	Emergency Room Services, Copay, if separate	E18	200	C-12
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different All Inpatient Hospital Services (inc. MHSA), Copay, if separate	D19 E19	300	C-10
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20	300	C-10
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20		
	Specialist Visit, Coinsurance, if different Specialist Visit, Copay, if separate	D21 E21	300	C-4
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22	300	
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22		
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different Imaging (CT/PET Scans, MRIs), Copay, if separate	D24 E24		
ir 1	Rehabilitative Speech Therapy, Coinsurance, if different	D27		
ř	Rehabilitative Speech Therapy, Copay, if separate Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	E27 D28	30	C-8
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	30	C-8
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32		
	Laboratory Outpatient and Professional Services, Copay, if separate X-rays and Diagnostic Imaging, Coinsurance, if different	E32 D33		
	X-rays and Diagnostic Imaging, Copay, if separate	E33		
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34 E34	20	C-11
	Skilled Nursing Facility, Tier 1, Copay, if separate Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35	0.716605385	
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35	100	C-10
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different Outpatient Surgery Physician/Surgical Services, Copay, if separate	D36 E36		
	Emergency Room Services, Coinsurance, if different	H18		
	Emergency Room Services, Copay, if separate	I18		
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different All Inpatient Hospital Services (inc. MHSA), Copay, if separate	H19 I19		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	120		
	Specialist Visit, Coinsurance, if different Specialist Visit, Copay, if separate	H21 I21		
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	122		
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different Imaging (CT/PET Scans, MRIs), Copay, if separate	H24 I24		
ır 2	Rehabilitative Speech Therapy, Coinsurance, if different	H27		
ı≝	Rehabilitative Speech Therapy, Copay, if separate	127		
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	H28 I28		
	Laboratory Outpatient and Professional Services, Coinsurance, if different	H32		
	Laboratory Outpatient and Professional Services, Copay, if separate X-rays and Diagnostic Imaging, Coinsurance, if different	132 H33		
	X-rays and Diagnostic Imaging, Coinsurance, if different X-rays and Diagnostic Imaging, Copay, if separate	H33		
	Skilled Nursing Facility, Coinsurance, if different	H34		
	Skilled Nursing Facility, Copay, if separate Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	134 H35		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	135		
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36		
	Outpatient Surgery Physician/Surgical Services, Copay, if separate Drug Benefits	136		
	Generics, Coinsurance, if different	D38		
	Generics, Copay, if separate	E38	0	C-15
<u>+</u>	Preferred Brand Drugs, Coinsurance, if different Preferred Brand Drugs, Copay, if separate	D39 E39	45	C-15
*	100 - 100 - 110 -		1 13	

l≌	Non-Preferred Brand Drugs, Coinsurance, if different	D40		
	Non-Preferred Brand Drugs, Copay, if separate	E40	65	C-15
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	0.5	C-15
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41		
	Generics, Coinsurance, if different	H38		
	Generics, Copay, if separate	138		
	Preferred Brand Drugs, Coinsurance, if different	H39		
7 2	Preferred Brand Drugs, Copay, if separate	139		
je	Non-Preferred Brand Drugs, Coinsurance, if different	H40		
	Non-Preferred Brand Drugs, Copay, if separate	140		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	141		
	Options for Additional Benefit Design Limits			
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		

Act	tuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking			
	, , , ,			
	F Filing #:CFBC-129022770			
	pany Name:Group Hospitalization and Medical Services, Inc 1 Number(s) of Plan:DC/CF/HB PPO/1500/SOB (1/14)			
	Input Name HSA/HRA Options	Cell in AV Calculator	Input Value Used	Coresponding Page Number in Contract where value can be found
	Annual Contribution Amount Narrow Network Options	E4		N/A
	1st Tier Utilization	Н4		N/A
	2nd Tier Utilization Plan Benefit Design	Н5		N/A
	Deductible (\$) (Medical)	B10	1500	C-1
	Deductible (\$) (Drug) Deductible (\$) (Combined)	C10	0	C-15
1	Coinsurance (%, Insurer's Cost Share) (Medical)	D10 B11	100%	C-4-14
Tier	Coinsurance (%, Insurer's Cost Share) (Drug) Coinsurance (%, Insurer's Cost Share) (Combined)	C11	100%	C-15
	OOP Maximum (\$)	D11 B12	5500	C-2
	OOP Maximum if Separate (\$) (Medical) OOP Maximum if Separate (\$) (Drug)	B13		
	Deductible (\$) (Medical)	C13 F10		
	Deductible (\$) (Drug)	G10		
7	Deductible (\$) (Combined) Coinsurance (%, Insurer's Cost Share) (Medical)	H10 F11		
Ţ.	Coinsurance (%, Insurer's Cost Share) (Drug)	G11		
_	Coinsurance (%, Insurer's Cost Share) (Combined) OOP Maximum (\$)	H11 F12		
	OOP Maximum if Separate (\$) (Medical)	F13		
	OOP Maximum if Separate (\$) (Drug) Medical Benefits	G13		
	Emergency Room Services, Coinsurance, if different	D18		
	Emergency Room Services, Copay, if separate All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	E18 D19	200	C-12
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19	300	C-12
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	D20 E20		
	Specialist Visit, Coinsurance, if different	D21		
	Specialist Visit, Copay, if separate Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	E21 D22	300	C-4
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Consulance, in different Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22		
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different Imaging (CT/PET Scans, MRIs), Copay, if separate	D24 E24		
1.	Rehabilitative Speech Therapy, Coinsurance, if different	D27		
Ę	Rehabilitative Speech Therapy, Copay, if separate Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	E27 D28	30	C-7
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	30	C-7
	Laboratory Outpatient and Professional Services, Coinsurance, if different Laboratory Outpatient and Professional Services, Copay, if separate	D32 E32		
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33		
	X-rays and Diagnostic Imaging, Copay, if separate Skilled Nursing Facility, Tier 1, Coinsurance, if different	E33 D34		
	Skilled Nursing Facility, Tier 1, Comsulance, if different Skilled Nursing Facility, Tier 1, Copay, if separate	E34	30	C-11
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35	0.716605385	
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	E35 D36	100	C-9
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36		
	Emergency Room Services, Coinsurance, if different Emergency Room Services, Copay, if separate	H18 I18		
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	119 H20		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	120		
	Specialist Visit, Coinsurance, if different Specialist Visit, Copay, if separate	H21 I21		
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate Imaging (CT/PET Scans, MRIs), Coinsurance, if different	122 H24		
	Imaging (CT/PET Scans, MRIs), Copay, if separate	124		
ier 2	Rehabilitative Speech Therapy, Coinsurance, if different Rehabilitative Speech Therapy, Copay, if separate	H27 I27		
_	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	H28		
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate Laboratory Outpatient and Professional Services, Coinsurance, if different	128 H32		
	Laboratory Outpatient and Professional Services, Copay, if separate	132		
	X-rays and Diagnostic Imaging, Coinsurance, if different X-rays and Diagnostic Imaging, Copay, if separate	H33		
	Skilled Nursing Facility, Coinsurance, if different	H34		
	Skilled Nursing Facility, Copay, if separate Outpatient Facility Fee (a.g., Ambulatory Surgery Center) Coinsurance if different	134 H35		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	135		
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36		
	Outpatient Surgery Physician/Surgical Services, Copay, if separate Drug Benefits	136		
	Generics, Coinsurance, if different	D38		C-15
	Generics, Copay, if separate Preferred Brand Drugs, Coinsurance, if different	E38 D39	0	C-13
ř.	Preferred Brand Drugs, Copay, if separate	E39	45	C-15

l≌	Non-Preferred Brand Drugs, Coinsurance, if different	D40		
	Non-Preferred Brand Drugs, Copay, if separate	E40	65	C-15
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	0.5	C-15
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41		
	Generics, Coinsurance, if different	H38		
	Generics, Copay, if separate	138		
	Preferred Brand Drugs, Coinsurance, if different	H39		
r 2	Preferred Brand Drugs, Copay, if separate	139		
i e	Non-Preferred Brand Drugs, Coinsurance, if different	H40		
	Non-Preferred Brand Drugs, Copay, if separate	140		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	141		
	Options for Additional Benefit Design Limits			
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		

Λct	uarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking			
ACI	uarial value input Chart - District of Columbia Department of insurance, Securities, and Banking			
SERF	Filing #:CFBC-129022770			
	oany Name:Group Hospitalization and Medical Services, Inc			
Form	Number(s) of Plan:DC/CF/HB PPO CDH/2000/SOB (1/14)			
	Input Name	Cell in AV Calculator	Input Value Used	Coresponding Page Number in Contract where value can be found
	HSA/HRA Options Annual Contribution Amount	E4		N/A
	Narrow Network Options 1st Tier Utilization	114		N/A
	2nd Tier Utilization	H4 H5		N/A N/A
	Plan Benefit Design			·
	Deductible (\$) (Medical)	B10		
	Deductible (\$) (Drug) Deductible (\$) (Combined)	C10 D10	2000	C-1
	Coinsurance (%, Insurer's Cost Share) (Medical)	B11	2000	
	Coinsurance (%, Insurer's Cost Share) (Drug)	C11		
	Coinsurance (%, Insurer's Cost Share) (Combined) OOP Maximum (\$)	D11 B12	100% 6350	C-3-12 C-2
	OOP Maximum if Separate (\$) (Medical)	B13	6330	C-Z
	OOP Maximum if Separate (\$) (Drug)	C13		
	Deductible (\$) (Medical)	F10		
	Deductible (\$) (Drug) Deductible (\$) (Combined)	G10 H10		
2	Coinsurance (%, Insurer's Cost Share) (Medical)	F11		
	Coinsurance (%, Insurer's Cost Share) (Drug)	G11		·
	Coinsurance (%, Insurer's Cost Share) (Combined) OOP Maximum (\$)	H11 F12	1	
	OOP Maximum if Separate (\$) (Medical)	F12		
	OOP Maximum if Separate (\$) (Drug)	G13		
	Medical Benefits Emergency Room Services, Coinsurance, if different	D18		
	Emergency Room Services, Consurance, ir different Emergency Room Services, Copay, if separate	E18	200	C-11
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19		
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19	300	C-9
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	D20 E20		
	Specialist Visit, Coinsurance, if different	D21		
	Specialist Visit, Copay, if separate	E21	300	C-3
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22 E22		
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24		
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24		
	Rehabilitative Speech Therapy, Coinsurance, if different	D27	-	
	Rehabilitative Speech Therapy, Copay, if separate Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	E27 D28	30	C-7
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	30	C-7
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32		
	Laboratory Outpatient and Professional Services, Copay, if separate	E32 D33		
	X-rays and Diagnostic Imaging, Coinsurance, if different X-rays and Diagnostic Imaging, Copay, if separate	E33		
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34		
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34		C-10
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	D35 E35	0.762910698 100	
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36	100	
_	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36		
	Emergency Room Services, Coinsurance, if different	H18		
	Emergency Room Services, Copay, if separate All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	I18 H19		
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	119		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate Specialist Visit, Coinsurance, if different	120 H21		
	Specialist Visit, Copay, if separate	121		
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	122 H24		
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different Imaging (CT/PET Scans, MRIs), Copay, if separate	124		
	Rehabilitative Speech Therapy, Coinsurance, if different	H27		
	Rehabilitative Speech Therapy, Copay, if separate	127		
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	H28 I28		
	Laboratory Outpatient and Professional Services, Coinsurance, if different	H32		
	Laboratory Outpatient and Professional Services, Copay, if separate	132	1	
	X-rays and Diagnostic Imaging, Coinsurance, if different X-rays and Diagnostic Imaging, Copay, if separate	H33	1	
	Skilled Nursing Facility, Coinsurance, if different	H34		
	Skilled Nursing Facility, Copay, if separate	134		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	H35	1	
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	135 H36	1	
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	136		
_	Drug Benefits			
	Generics, Coinsurance, if different Generics, Copay, if separate	D38 E38	0	C-14
	Generics, Coinsurance, if different Generics, Copay, if separate Preferred Brand Drugs, Coinsurance, if different	D38 E38 D39	0	C-14

lª	Non-Preferred Brand Drugs, Coinsurance, if different	D40		
	Non-Preferred Brand Drugs, Copay, if separate	E40	65	C-14
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	0.5	C-14
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41		
	Generics, Coinsurance, if different	H38		
	Generics, Copay, if separate	138		
	Preferred Brand Drugs, Coinsurance, if different	H39		
7 2	Preferred Brand Drugs, Copay, if separate	139		
i e	Non-Preferred Brand Drugs, Coinsurance, if different	H40		
	Non-Preferred Brand Drugs, Copay, if separate	140		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	141		
	Options for Additional Benefit Design Limits			
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		