

|                             |  |                        |  |
|-----------------------------|--|------------------------|--|
| <b>State:</b>               | District of Columbia   | <b>Filing Company:</b> | Group Hospitalization and Medical Services, Inc. |
| <b>TOI/Sub-TOI:</b>         | H16G Group Health - Major Medical/H16G.003A Small Group Only - PPO |                        |  |
| <b>Product Name:</b>        | DC GHMSI Small Group Eff 201401 - ACA                              |                        |  |
| <b>Project Name/Number:</b> | /1904  |                        |  |

## Rate Information

Rate data applies to filing.

|  |                    |
|--|--------------------|
| <b>Filing Method:</b>                            | Electronic (SERFF) |
| <b>Rate Change Type:</b>                         | Neutral            |
| <b>Overall Percentage of Last Rate Revision:</b> | %                  |
| <b>Effective Date of Last Rate Revision:</b>     |                    |
| <b>Filing Method of Last Filing:</b>             | NA                 |

## Company Rate Information

| Company Name:                                    | Company Rate Change: | Overall % Indicated Change: | Overall % Rate Impact: | Written Premium Change for this Program: | # of Policy Holders Affected for this Program: | Written Premium for this Program: | Maximum % Change (where req'd): | Minimum % Change (where req'd): |       |
|--|----------------------|-----------------------------|------------------------|--|--|-----------------------------------|---------------------------------|---------------------------------|-------|
| Group Hospitalization and Medical Services, Inc. | New Product          | %                           | %                      |  | 19,551   | \$71,382,058                      | %                               | %                               |       |
| Product Type:                                    |                      | HMO                         | PPO                    | EPO                                      | POS  | HSA                               | HDHP                            | FFS                             | Other |
| Covered Lives:                                   |                      |                             |                        |  |  |                                   |                                 |                                 |       |
| Policy 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  
**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

|                             |  |                          |  |                            |      |
|-----------------------------|--|--------------------------|--|----------------------------|------|
| <b>SERFF Tracking #:</b>    | CFAP-129047320   | <b>State Tracking #:</b> |  | <b>Company Tracking #:</b> | 1904 |
| <b>State:</b>               | District of Columbia   | <b>Filing Company:</b>   | Group Hospitalization and Medical Services, Inc. |                            |      |
| <b>TOI/Sub-TOI:</b>         | H16G Group Health - Major Medical/H16G.003A Small Group Only - PPO |                          |  |                            |      |
| <b>Product Name:</b>        | DC GHMSI Small Group Eff 201401 - ACA                              |                          |  |                            |      |
| <b>Project Name/Number:</b> | /1904  |                          |  |                            |      |

## Rate/Rule Schedule

|                             |  |                        |  |
|-----------------------------|--|------------------------|--|
| <b>State:</b>               | District of Columbia   | <b>Filing Company:</b> | Group Hospitalization and Medical Services, Inc. |
| <b>TOI/Sub-TOI:</b>         | H16G Group Health - Major Medical/H16G.003A Small Group Only - PPO |                        |  |
| <b>Product Name:</b>        | DC GHMSI Small Group Eff 201401 - ACA                              |                        |  |
| <b>Project Name/Number:</b> | /1904  |                        |  |

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

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

**SERFF Tracking #:**

CFAP-129047320

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

1904

**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

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**

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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**

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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**

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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**

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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**

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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**

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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)**  
**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**

| HIOS Plan IDs                           | Product     | Option  | Integrated Rx Benefit** | In-Network |                  |          |          |        |         |         | Out of Network |                   |         |          | Embedded Pediatric Vision | Embedded Pediatric Dental | Metal Tier | Est. AV | 01/2014 Individual Base Rate Total |
|---|-------------|---|-------------------------|------------|------------------|----------|----------|--------|---------|---------|----------------|-------------------|---------|----------|---------------------------|---------------------------|------------|---------|------------------------------------|
|   |             |   |                         | PCP Copay  | Specialist Copay | ER Copay | IP Copay | Co-Ins | Ded     | OOP Max | Co-Ins*        | ER Copay / Co-ins | Ded     | OOP Max  |                           |                           |            |         |                                    |
| On:78079DC0170001<br>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  | Y                         | Y                         | Gold       | 79.88%  | \$401.52                           |
| On:78079DC0220016<br>Off:78079DC0220017 | PPO         | BluePreferred PPO 100%/80%, Rx: \$10/20%/40%/50%*** | \$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<br>Off:78079DC0220013 | PPO         | BluePreferred PPO 100%/80%, Rx: \$10/20%/40%/50%*** | \$10/\$45/\$65/50%      | \$20       | \$30             | \$200    | \$250    | NA     | \$0     | \$1,100 | 20%            | \$100             | \$300   | \$2,000  | Y                         | Y                         | Platinum   | 88.99%  | \$519.55                           |
| On:78079DC0220001<br>Off:78079DC0220006 | PPO         | BluePreferred PPO \$500                             | \$10/\$45/\$65/50%      | \$10       | \$10             | \$50     | \$0      | NA     | \$500   | \$1,500 | 20%            | \$50              | \$1,000 | \$3,000  | Y                         | Y                         | Platinum   | 88.25%  | \$483.58                           |
| On:78079DC0220003<br>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                         | Y                         | Gold       | 79.86%  | \$393.38                           |
| On:78079DC0220010<br>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  | Y                         | Y                         | Gold       | 80.74%  | \$394.95                           |
| On:78079DC0220004<br>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                         | Y                         | Gold       | 79.20%  | \$375.00                           |
| On:78079DC0220005<br>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                         | Y                         | Silver     | 69.89%  | \$315.25                           |
| On:78079DC0220008<br>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                         | Y                         | Gold       | 81.79%  | \$401.20                           |
| On:78079DC0230003<br>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                         | Y                         | Bronze     | 60.85%  | \$255.22                           |
| On:78079DC0190001<br>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                         | Y                         | Silver     | 70.90%  | \$320.31                           |
| On:78079DC0230001<br>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                         | Y                         | Gold       | 78.06%  | \$380.65                           |
| On:78079DC0230006<br>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<br>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                         | Y                         | Silver     | 71.58%  | \$329.23                           |
| On:78079DC0230005<br>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                         | Y                         | Bronze     | 61.00%  | \$261.03                           |

| HIOS Plan ID                            | Product    | Option                          | Integrated Rx Benefit** | In-Network |                  |          |          |           |         |         | Out of Network |          |         |                      |         |         | Embedded Pediatric Vision | Embedded Pediatric Dental | Metal Tier | Est. AV | 01/2014 Individual Base Rate Total |
|---|------------|---------------------------------|-------------------------|------------|------------------|----------|----------|-----------|---------|---------|----------------|----------|---------|----------------------|---------|---------|---------------------------|---------------------------|------------|---------|------------------------------------|
|   |            |                                 |                         | PCP Copay  | Specialist Copay | ER Copay | IP Copay | IP Co-ins | Ded     | OOP Max | ER Copay       | IP Copay | OP Surg | Other Services Copay | Ded     | OOP Max |                           |                           |            |         |                                    |
| On:78079DC0170001<br>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 | Y                         | Y                         | Platinum   | 90.26%  | \$427.75                           |
| On:78079DC0300003<br>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 | Y                         | Y                         | Platinum   | 89.81%  | \$495.53                           |
| On:78079DC0300001<br>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                         | Y                         | Gold       | 81.88%  | \$452.49                           |
| On:78079DC0310001<br>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                         | Y                         | 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

**CareFirst BlueCross BlueShield (GHMSI)**  
**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**

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

| HIOS Plan ID                            | Product    | Option                             | Integrated Rx<br>Benefit** | In-Network   |                     |             |              |     |         |         |         | Out of Network<br>ER<br>Other Services |              |            |         |         |         | Embedded<br>Pediatric<br>Vision | Embedded<br>Pediatric<br>Dental | Metal<br>Tier | Est. AV | 04/2014<br>Individual Base<br>Rate | 01/2014<br>Individual Base<br>Rate | Rate Change<br>04/2014 over<br>01/2014 |
|---|------------|------------------------------------|----------------------------|--------------|---------------------|-------------|--------------|-----|---------|---------|---------|--|--------------|------------|---------|---------|---------|---------------------------------|---------------------------------|---------------|---------|------------------------------------|------------------------------------|--|
|   |            |                                    |                            | PCP<br>Copay | Specialist<br>Copay | ER<br>Copay | I/P<br>Copay | I/P | Co-Ins  | Ded     | OOP Max | ER<br>Copay                            | I/P<br>Copay | OP<br>Surg | Copay   | Ded     | OOP Max |                                 |                                 |               |         | Total                              | Total                              |  |
| On:78079DC0170001<br>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 |         | Y                               | Y                               | Platinum      | 90.26%  | \$433.07                           | \$427.75                           | 1.2%                                   |
| On:78079DC0300003<br>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 |         | Y                               | Y                               | Platinum      | 89.81%  | \$501.70                           | \$495.53                           | 1.2%                                   |
| On:78079DC0300001<br>Off:78079DC0300004 | HB PPO     | HealthyBlue PPO<br>\$1,500         | \$0/\$45/\$65/50%          | \$0          | \$30                | \$200       | \$300        | NA  | \$1,500 | \$5,500 | \$200   | \$500                                  | \$500        | \$50       | \$3,000 | \$7,500 |         | Y                               | Y                               | Gold          | 81.88%  | \$458.12                           | \$452.49                           | 1.2%                                   |
| On:78079DC0310001<br>Off:78079DC0310002 | HB PPO HSA | HealthyBlue PPO<br>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                               | Y                               | 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

**CareFirst BlueCross BlueShield (GHMSI)**  
**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**

|   |             |   |                            | In-Network   |                     |             |              |        |         |         | Out of Network<br>ER<br>Copay / |        |         |            | Embedded<br>Pediatric |        |          |         | Embedded<br>Pediatric |          |       |                         | Metal |  | 07/2014<br>Individual<br>Base Rate | 04/2014<br>Individual<br>Base Rate | Rate Change |
|---|-------------|---|----------------------------|--------------|---------------------|-------------|--------------|--------|---------|---------|---------------------------------|--------|---------|------------|-----------------------|--------|----------|---------|-----------------------|----------|-------|-------------------------|-------|--|------------------------------------|------------------------------------|-------------|
| HIOS Plan ID                            | Product     | Option  | Integrated Rx<br>Benefit** | PCP<br>Copay | Specialist<br>Copay | ER<br>Copay | I/P<br>Copay | Co-Ins | Ded     | OOP Max | Co-Ins*                         | Co-Ins | Ded     | OOP<br>Max | Vision                | Dental | Tier     | Est. AV | Total                 | Total    | Total | 07/2014 over<br>04/2014 |       |  |                                    |                                    |             |
| On:78079DC0170001<br>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    | Y                     | Y      | Gold     | 79.88%  | \$411.61              | \$406.52 |       | 1.3%                    |       |  |                                    |                                    |             |
| On:78079DC0220016<br>Off:78079DC0220017 | PPO         | BluePreferred PPO 100%/80%, Rx: \$1,000/\$45/\$65/50% | \$10/\$0/\$0/50%           | \$20         | \$30                | \$200       | \$250        | NA     | \$0     | \$2,000 | 20%                             | \$200  | \$0     | shared     | Y                     | Y      | Platinum | 89.44%  | \$519.61              | \$513.18 |       | 1.3%                    |       |  |                                    |                                    |             |
| On:78079DC0220009<br>Off:78079DC0220013 | PPO         | BluePreferred 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    | Y                     | Y      | Platinum | 88.99%  | \$532.60              | \$526.01 |       | 1.3%                    |       |  |                                    |                                    |             |
| On:78079DC0220001<br>Off:78079DC0220006 | PPO         | BluePreferred PPO \$500                               | \$10/\$45/\$65/50%         | \$10         | \$10                | \$50        | \$0          | NA     | \$500   | \$1,500 | 20%                             | \$50   | \$1,000 | \$3,000    | Y                     | Y      | Platinum | 88.25%  | \$495.73              | \$489.60 |       | 1.3%                    |       |  |                                    |                                    |             |
| On:78079DC0220003<br>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                     | Y      | Gold     | 79.86%  | \$403.26              | \$398.27 |       | 1.3%                    |       |  |                                    |                                    |             |
| On:78079DC0220010<br>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    | Y                     | Y      | Gold     | 80.74%  | \$404.88              | \$399.87 |       | 1.3%                    |       |  |                                    |                                    |             |
| On:78079DC0220004<br>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                     | Y      | Gold     | 79.20%  | \$384.42              | \$379.67 |       | 1.3%                    |       |  |                                    |                                    |             |
| On:78079DC0220005<br>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                     | Y      | Silver   | 69.89%  | \$323.17              | \$319.18 |       | 1.3%                    |       |  |                                    |                                    |             |
| On:78079DC0220008<br>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                     | Y      | Gold     | 81.79%  | \$411.28              | \$406.19 |       | 1.3%                    |       |  |                                    |                                    |             |
| On:78079DC0230003<br>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                     | Y      | Bronze   | 60.85%  | \$261.63              | \$258.40 |       | 1.3%                    |       |  |                                    |                                    |             |
| On:78079DC0190001<br>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                     | Y      | Silver   | 70.90%  | \$328.36              | \$324.29 |       | 1.3%                    |       |  |                                    |                                    |             |
| On:78079DC0230001<br>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                     | Y      | Gold     | 78.06%  | \$390.21              | \$385.38 |       | 1.3%                    |       |  |                                    |                                    |             |
| On:78079DC0230006<br>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%  | \$334.24              | \$330.10 |       | 1.3%                    |       |  |                                    |                                    |             |
| On:78079DC0230007<br>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                     | Y      | Silver   | 71.58%  | \$337.51              | \$333.33 |       | 1.3%                    |       |  |                                    |                                    |             |
| On:78079DC0230005<br>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                     | Y      | Bronze   | 61.00%  | \$267.59              | \$264.27 |       | 1.3%                    |       |  |                                    |                                    |             |

|   |            |                                 |                   | In-Network |            |       |       |        |         |         | Out of Network |       |       |                |         |         |                    |                    |          |         | 07/2014              | 04/2014              |                      |
|---|------------|---------------------------------|-------------------|------------|------------|-------|-------|--------|---------|---------|----------------|-------|-------|----------------|---------|---------|--------------------|--------------------|----------|---------|----------------------|----------------------|----------------------|
|   |            |                                 | Integrated Rx     | PCP        | Specialist | ER    | I/P   | I/P    |         |         | ER             | I/P   | OP    | Other Services |         |         | Embedded Pediatric | Embedded 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<br>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 | Y                  | Y                  | Platinum | 90.26%  | \$438.50             | \$433.07             | 1.3%                 |
| On:78079DC0300003<br>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 | Y                  | Y                  | Platinum | 89.81%  | \$507.98             | \$501.70             | 1.3%                 |
| On:78079DC0300001<br>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                  | Y                  | Gold     | 81.88%  | \$463.86             | \$458.12             | 1.3%                 |
| On:78079DC0310001<br>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                  | Y                  | 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

**CareFirst BlueCross BlueShield (GHMSI)**  
**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**

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

| HIOS Plan ID                            | Product    | Option                             | Integrated Rx<br>Benefit** | In-Network   |                     |             |              |               |         |            | Out of Network<br>ER<br>Copay / |              |            |                |         |         | Embedded<br>Pediatric<br>Vision | Embedded<br>Pediatric<br>Dental | Metal<br>Tier | Est. AV | 10/2014<br>Individual Base<br>Rate | 07/2014<br>Individual Base<br>Rate | Rate Change<br>10/2014 over<br>07/2014 |
|---|------------|------------------------------------|----------------------------|--------------|---------------------|-------------|--------------|---------------|---------|------------|---------------------------------|--------------|------------|----------------|---------|---------|---------------------------------|---------------------------------|---------------|---------|------------------------------------|------------------------------------|--|
|   |            |                                    |                            | PCP<br>Copay | Specialist<br>Copay | ER<br>Copay | I/P<br>Copay | I/P<br>Co-ins | Ded     | OOP<br>Max | ER<br>Copay                     | I/P<br>Copay | OP<br>Surg | Other<br>Copay | Ded     | OOP Max |                                 |                                 |               |         | Total                              | Total                              |  |
| On:78079DC0170001<br>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 | Y                               | Y                               | Platinum      | 90.26%  | \$444.01                           | \$438.50                           | 1.3%                                   |
| On:78079DC0300003<br>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 | Y                               | Y                               | Platinum      | 89.81%  | \$514.37                           | \$507.98                           | 1.3%                                   |
| On:78079DC0300001<br>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                               | Y                               | Gold          | 81.88%  | \$469.69                           | \$463.86                           | 1.3%                                   |
| On:78079DC0310001<br>Off:78079DC0310002 | HB PPO HSA | HealthyBlue PPO<br>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                               | Y                               | 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

|                             |  |                        |  |
|-----------------------------|--|------------------------|--|
| <b>State:</b>               | District of Columbia   | <b>Filing Company:</b> | Group Hospitalization and Medical Services, Inc. |
| <b>TOI/Sub-TOI:</b>         | H16G Group Health - Major Medical/H16G.003A Small Group Only - PPO |                        |  |
| <b>Product Name:</b>        | DC GHMSI Small Group Eff 201401 - ACA                              |                        |  |
| <b>Project Name/Number:</b> | /1904  |                        |  |

## Supporting Document Schedules

|                          |  |
|--------------------------|--|
| <b>Satisfied - Item:</b> | Cover Letter All Filings                             |
| <b>Comments:</b>         | Please see the Actuarial Memorandum for these items. |
| <b>Attachment(s):</b>    |  |
| <b>Item Status:</b>      |  |
| <b>Status Date:</b>      |  |

|                         |   |
|-------------------------|---|
| <b>Bypassed - Item:</b> | Certificate of Authority to File                        |
| <b>Bypass Reason:</b>   | This filing is being submitted directly by the insurer. |
| <b>Attachment(s):</b>   |   |
| <b>Item Status:</b>     |   |
| <b>Status Date:</b>     |   |

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

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

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

|                          |   |
|--------------------------|---|
| <b>Satisfied - Item:</b> | Actuarial Memorandum and Certifications |
|--------------------------|---|

|                             |  |                        |  |
|-----------------------------|--|------------------------|--|
| <b>State:</b>               | District of Columbia   | <b>Filing Company:</b> | Group Hospitalization and Medical Services, Inc. |
| <b>TOI/Sub-TOI:</b>         | H16G Group Health - Major Medical/H16G.003A Small Group Only - PPO |                        |  |
| <b>Product Name:</b>        | DC GHMSI Small Group Eff 201401 - ACA                              |                        |  |
| <b>Project Name/Number:</b> | /1904  |                        |  |

|                          |   |
|--------------------------|---|
| <b>Comments:</b>         |   |
| <b>Attachment(s):</b>    | File_1904_DC_GHMSI_1.1.14_Actuarial_Memo_6.10.13.pdf<br>File_1904_DC_GHMSI_1.1.14_AV_Calculations_6.10.13.pdf |
| <b>Item Status:</b>      |   |
| <b>Status Date:</b>      |   |
| <b>Satisfied - Item:</b> | Unified Rate Review Template  |
| <b>Comments:</b>         |   |
| <b>Attachment(s):</b>    | URR_Template_DC_GHMSI_6.10.13.pdf<br>URR_Template_DC_GHMSI_6.10.13.xls  |
| <b>Item Status:</b>      |   |
| <b>Status Date:</b>      |   |
| <b>Satisfied - Item:</b> | DC GHMSI Small Group AV Inputs  |
| <b>Comments:</b>         |   |
| <b>Attachment(s):</b>    | DC_av-input-chart-GHMSI.pdf   |
| <b>Item Status:</b>      |   |
| <b>Status Date:</b>      |   |



|                             |  |                          |  |                            |      |
|-----------------------------|--|--------------------------|--|----------------------------|------|
| <b>SERFF Tracking #:</b>    | CFAP-129047320   | <b>State Tracking #:</b> |  | <b>Company Tracking #:</b> | 1904 |
| <b>State:</b>               | District of Columbia   | <b>Filing Company:</b>   | Group Hospitalization and Medical Services, Inc. |                            |      |
| <b>TOI/Sub-TOI:</b>         | H16G Group Health - Major Medical/H16G.003A Small Group Only - PPO |                          |  |                            |      |
| <b>Product Name:</b>        | DC GHMSI Small Group Eff 201401 - ACA                              |                          |  |                            |      |
| <b>Project Name/Number:</b> | /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**

**CareFirst BlueCross BlueShield (GHMSI)**  
**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**

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**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.

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**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

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**Proposed Rate Increases:**

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

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**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.

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**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.

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**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.

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**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.

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**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.

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**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.

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**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.

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**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 filing, 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 CClO 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**

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**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

**Product: BluePreferred**

**Network: Regional Preferred (RPN)**

---

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)**

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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**

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**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)**

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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)**

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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**

| <b>HIOS Product ID</b> | <b>HIOS Product Name</b> | <b>Contracts a/o<br/>Dec 2012</b> | <b>Member<br/>Months</b> | <b>Total Premium</b>  | <b>Total Allowed<br/>Claims</b> | <b>Incurred Claims</b> |
|------------------------|--------------------------|-----------------------------------|--------------------------|-----------------------|---------------------------------|------------------------|
| 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             |
|                        | <b>Total</b>             | <b>19,551</b>                     | <b>443,718</b>           | <b>\$ 180,196,662</b> | <b>\$ 187,117,899</b>           | <b>\$ 166,625,585</b>  |

**Existing Products with No Experience in Experience Period**

| <b>HIOS Product ID</b> | <b>HIOS Product Name</b> |
|------------------------|--------------------------|
| 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:

1. 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 CCIO 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 filing.

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.

**Dwayne Lucado**

Digitally signed by Dwayne Lucado  
DN: cn=Dwayne Lucado, o=CareFirst BlueCross BlueShield,  
ou=Actuarial Pricing Department, email=dwayne.lucado@carefirst.  
com, c=US  
Date: 2013.06.12 16:51:28 -04'00'

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**

| <b>Acronym</b> | <b>Definition</b>  |
|----------------|--|
| SHOP           | Small Business Health Options Program                        |
| CF             | CareFirst  |
| BC             | 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 |
| HB             | 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  |
| OP             | Outpatient   |
| Prof           | Professional   |
| OOP            | Out of Pocket  |
| Co-ins         | Coinsurance  |
| MHSA           | Mental Health & Substance Abuse                              |
| RPN            | Regional Preferred Network                                   |

CareFirst BlueCross BlueShield (GHMSI)  
D.C. Small Group Products - On & Off Exchange Rate Filing Effective 1/1/2014  
**D.C. GHMSI Small Group & Individual Base Experience Medical Inpatient**  
Experience Period: Incurred 201201 - 201212, Paid through 201302

|                        |           |         |            |        |                   | Completed  |        | Rolling 12 PMPM |             |             | Rolling 12 Trend |             |           |       |       |       |
|------------------------|-----------|---------|------------|--------|-------------------|------------|--------|-----------------|-------------|-------------|------------------|-------------|-----------|-------|-------|-------|
| Month                  | Contracts | Members | Allowed    | Admits | Completion Factor | Allowed    | Admits | Allowed         | Admits/1000 | Unit Cost   | Allowed          | Admits/1000 | Unit Cost |       |       |       |
| 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% | 4.2%  |
| 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% | 3.2%  |
| 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% | 3.2%  |
| 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% | -0.7% |
| 201210                 | 26,749    | 48,555  | 3,176,649  | 233    | 0.98              | 3,253,679  | 239    | 67.04           | 56.82       | \$14,159.04 |                  |             |           | -1.2% | -3.5% | 2.4%  |
| 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% | 2.3%  |
| 201212                 | 26,360    | 47,999  | 2,248,873  | 195    | 0.95              | 2,360,545  | 205    | 66.00           | 55.97       | \$14,151.75 |                  |             |           | -3.2% | -5.8% | 2.7%  |
| 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%       | 1.9%      |       |       |       |
| 201302                 | 25,832    | 46,848  | 418,222    | 33     | 0.45              | 934,173    | 74     | 62.24           | 52.90       | \$14,118.41 | -7.5%            | -10.8%      | 3.7%      |       |       |       |
| Experience 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 months      | 26,626    | 48,342  |            |        |                   |            |        |                 |             |             | -1.9%            | -4.0%       | 2.2%      |       |       |       |
| Selected Pricing Trend |           |         |            |        |                   |            |        |                 |             |             |                  | -3.0%       | 3.5%      |       |       |       |

CareFirst BlueCross BlueShield (GHMSI)  
D.C. Small Group Products - On & Off Exchange Rate Filing Effective 1/1/2014  
**D.C. GHMSI Small Group & Individual Base Experience Medical Outpatient**  
Experience Period: Incurred 201201 - 201212, Paid through 201302

|                        |           |         |            |        |                   | Completed  |        | Rolling 12 PMPM |             |            | Rolling 12 Trend |             |           |
|------------------------|-----------|---------|------------|--------|-------------------|------------|--------|-----------------|-------------|------------|------------------|-------------|-----------|
| Month                  | Contracts | Members | Allowed    | Visits | Completion Factor | Allowed    | Visits | Allowed         | Visits/1000 | Unit Cost  | Allowed          | Visits/1000 | Unit Cost |
| 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  |                 |             |            |                  |             |           |
| 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 |                  |             |           |
| 201203                 | 26,298    | 47,403  | 3,696,074  | 3,426  | 1.00              | 3,706,942  | 3,436  | 73.88           | 836.35      | \$1,060.05 |                  |             |           |
| 201204                 | 26,488    | 47,697  | 3,603,458  | 3,329  | 1.00              | 3,618,005  | 3,342  | 74.23           | 839.48      | \$1,061.06 |                  |             |           |
| 201205                 | 26,437    | 47,684  | 3,724,117  | 3,440  | 1.00              | 3,742,216  | 3,457  | 74.23           | 838.50      | \$1,062.34 |                  |             |           |
| 201206                 | 26,696    | 48,244  | 3,502,615  | 3,303  | 0.99              | 3,522,908  | 3,322  | 74.40           | 835.07      | \$1,069.09 |                  |             |           |
| 201207                 | 26,641    | 48,269  | 3,887,131  | 3,351  | 0.99              | 3,918,455  | 3,378  | 75.66           | 840.20      | \$1,080.64 |                  |             |           |
| 201208                 | 26,725    | 48,506  | 3,837,797  | 3,378  | 0.99              | 3,880,366  | 3,415  | 75.99           | 841.52      | \$1,083.59 |                  |             |           |
| 201209                 | 26,716    | 48,493  | 3,678,871  | 3,123  | 0.98              | 3,742,498  | 3,176  | 76.60           | 839.08      | \$1,095.47 |                  |             |           |
| 201210                 | 26,749    | 48,555  | 3,639,432  | 3,301  | 0.98              | 3,727,772  | 3,381  | 76.75           | 840.31      | \$1,096.07 |                  |             |           |
| 201211                 | 26,564    | 48,232  | 3,364,405  | 3,092  | 0.97              | 3,472,765  | 3,192  | 76.61           | 839.23      | \$1,095.37 |                  |             |           |
| 201212                 | 26,360    | 47,999  | 3,421,095  | 3,037  | 0.95              | 3,589,321  | 3,187  | 76.62           | 835.59      | \$1,100.29 |                  |             |           |
| 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%        | 3.7%      |
| 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%        | 6.6%      |
| 201212                 | 26,360    | 47,999  |            |        |                   |            |        |                 |             |            | 5.8%             | 2.2%        | 3.5%      |
| Avg last 6 months      | 26,626    | 48,342  |            |        |                   |            |        |                 |             |            | 8.6%             | 3.0%        | 5.5%      |
| Selected Pricing Trend |           |         |            |        |                   |            |        |                 |             |            |                  | 4.0%        | 6.0%      |

CareFirst BlueCross BlueShield (GHMSI)  
D.C. Small Group Products - On & Off Exchange Rate Filing Effective 1/1/2014  
**D.C. GHMSI Small Group & Individual Base Experience Medical Professional**  
Experience Period: Incurred 201201 - 201212, Paid through 201302

| Month                  | Contracts | Members | Allowed    | Visits  | Completion Factor | Completed  |         | Rolling 12 PMPM |             |           | Rolling 12 Trend |             |           |
|------------------------|-----------|---------|------------|---------|-------------------|------------|---------|-----------------|-------------|-----------|------------------|-------------|-----------|
|                        |           |         |            |         |                   | 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%        | -0.9%     |
| 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%        | -0.6%     |
| 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%        | -0.2%     |
| 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%        | 0.7%      |
| 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%        | 0.4%      |
| 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%        | 1.0%      |
| 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%        | 1.6%      |
| 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%        | 2.4%      |
| 201212                 | 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%        | 2.6%      |
| 201301                 | 25,949    | 47,177  | 5,722,102  | 38,743  | 0.88              | 6,494,101  | 43,971  | 131.45          | 10,382.05   | \$151.94  | 1.7%             | -0.3%       | 2.0%      |
| 201302                 | 25,832    | 46,848  | 2,737,902  | 19,317  | 0.44              | 6,258,949  | 44,278  | 131.67          | 10,456.78   | \$151.10  | 1.2%             | 0.1%        | 1.1%      |
| 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%        | 1.0%      |
| 201212                 | 26,360    | 47,999  |            |         |                   |            |         |                 |             |           | 2.9%             | 0.3%        | 2.6%      |
| Avg last 6 months      | 26,626    | 48,342  |            |         |                   |            |         |                 |             |           | 3.0%             | 1.6%        | 1.4%      |
| Selected Pricing Trend |           |         |            |         |                   |            |         |                 |             |           |                  | 2.0%        | 2.5%      |

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

|                        |         |         |            |        |      |            |        |       |       |       |
|------------------------|---------|---------|------------|--------|------|------------|--------|-------|-------|-------|
| Experience Period      | 317,983 | 575,257 | 10,152,840 | 40,623 | 0.99 | 10,295,016 | 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 months      | 26,626  | 48,342  |            |        |      |            |        | 7.3%  | 13.5% | -5.6% |
| Selected Pricing Trend |         |         |            |        |      |            |        |       | 14.5% | -4.0% |

CareFirst BlueCross BlueShield (GHMSI)  
D.C. Small Group Products - On & Off Exchange Rate Filing Effective 1/1/2014  
**D.C. GHMSI Small Group & Individual Base Experience Rx**  
Experience Period: Incurred 201201 - 201212, Paid through 201302

| Month                  | Contracts | Members | Allowed    | Scripts | Completion Factor | Completed  |         | Rolling 12 PMPM |              |           | Rolling 12 Trend |              |           |
|------------------------|-----------|---------|------------|---------|-------------------|------------|---------|-----------------|--------------|-----------|------------------|--------------|-----------|
|                        |           |         |            |         |                   | 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  | -0.6%            | -2.6%        | 2.1%      |
| Experience Period      | 317,983   | 575,257 | 56,461,581 | 457,125 | 1.00              | 56,466,039 | 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 months      | 26,626    | 48,342  |            |         |                   |            |         |                 |              |           | 1.7%             | -2.5%        | 4.2%      |
| Selected Pricing Trend |           |         |            |         |                   |            |         |                 |              |           |                  | -1.5%        | 5.0%      |



CareFirst BlueCross BlueShield (GHMSI)  
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**  
Experience Period: Incurred 201201 - 201212, Paid through 201302

|                      |           |         |             |                      | Completed   | Rolling 12<br>PMPM | Rolling 12<br>Trend |
|----------------------|-----------|---------|-------------|----------------------|-------------|--------------------|---------------------|
| Month                | Contracts | Members | Allowed     | Completion<br>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                 | 18,995,611  | 390.05             | 0.5%                |
| 201302               | 25,832    | 46,848  | 8,201,595   | 0.56                 | 14,637,219  | 385.03             | -1.0%               |
| Experience<br>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**

|   |                       | <b>Experience Period Actual Trend*</b> |                    | <b>Projection Period Trend</b> |                    | <b>Difference Proj vs. Exp trend</b> |                    |
|---|-----------------------|--|--------------------|--------------------------------|--------------------|--------------------------------------|--------------------|
|   |                       | <b>6 Mth Average of R12 Trends</b>     |                    |                                |                    |                                      |                    |
|   | <b>Total Allowed*</b> | <b>Unit Cost</b>                       | <b>Utilization</b> | <b>Unit Cost</b>               | <b>Utilization</b> | <b>Unit Cost</b>                     | <b>Utilization</b> |
| <b>Inpatient</b>  | <b>\$ 37,967,903</b>  | 2.2%                                   | -4.0%              | 3.5%                           | -3.0%              | 1.3%                                 | 1.0%               |
| <b>Outpatient</b>   | <b>\$ 44,073,844</b>  | 5.5%                                   | 3.0%               | 6.0%                           | 4.0%               | 0.5%                                 | 1.0%               |
| <b>Professional</b>   | <b>\$ 75,916,377</b>  | 1.4%                                   | 1.6%               | 2.5%                           | 2.0%               | 1.1%                                 | 0.4%               |
| <b>Other</b>  | <b>\$ 10,295,016</b>  | -5.6%                                  | 13.5%              | -4.0%                          | 14.5%              | 1.6%                                 | 1.0%               |
| <b>Rx</b>   | <b>\$ 56,466,039</b>  | 4.2%                                   | -2.5%              | 5.0%                           | -1.5%              | 0.8%                                 | 1.0%               |
| <b>Total</b>  | <b>\$ 224,719,178</b> | <b>2.7%</b>                            | <b>0.4%</b>        | <b>3.7%</b>                    | <b>1.2%</b>        | <b>1.0%</b>                          | <b>0.8%</b>        |
| <b>Claims-Weighted Total Trend (Cost &amp; Utilization combined)</b>                          |                       | <b>3.2%</b>                            |                    | <b>5.0%</b>                    |                    | <b>1.8%</b>                          |                    |
| <b>Total Trend from Allowed PMPM Projection Pages (Incl Capitations, Excl GF SG business)</b> |                       |  |                    | <b>5.0%</b>                    |                    |                                      |                    |

\* Includes grandfathered Small Group business.

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 - 1/1/2014

|   | Begin    | End         | Mid-point |      | Months of Trend |           |
|---|----------|-------------|-----------|------|-----------------|-----------|
| Experience Period                                 | 1/1/2012 | 12/31/2012  | 7/1/2012  |      |                 |           |
| Rating Period                                     | 1/1/2014 | 12/31/2014  | 7/2/2014  | 24.0 | pd through      | 2/28/2013 |
| Experience Period Summary                         | Total    |             |           |      |                 |           |
| 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

| Service Category Experience Period Allowed | Utilization Measure | EP Units | EP Allowed \$  | Other | Rx Rebates     | Net Allowed    |
|--|---------------------|----------|----------------|-------|----------------|----------------|
| Inpatient                                  | Admits              | 2,248    | \$ 32,069,911  | \$ -  | \$ -           | \$ 32,069,911  |
| Outpatient                                 | Visits              | 33,750   | \$ 37,211,261  | \$ -  | \$ -           | \$ 37,211,261  |
| Professional                               | Visits              | 415,795  | \$ 63,598,675  | \$ -  | \$ -           | \$ 63,598,675  |
| Other                                      | Services            | 33,114   | \$ 8,324,483   | \$ -  | \$ -           | \$ 8,324,483   |
| Rx   | Scripts             | 456,919  | \$ 56,439,493  | \$ -  | \$ (3,440,861) | \$ 52,998,632  |
| Capitation                                 | Average Members     | 40,506   | \$ 529,323     | \$ -  | \$ -           | \$ 529,323     |
| Total                                      |                     |          | \$ 198,173,146 | \$ -  | \$ (3,440,861) | \$ 194,732,285 |
| PMPM                                       |                     |          | \$ 407.71      | \$ -  | \$ (7.08)      | \$ 400.63      |

| Annual Trend Inputs |                   |
|---------------------|-------------------|
| Cost Trend          | Utilization Trend |
| 3.5%                | -3.0%             |
| 6.0%                | 4.0%              |
| 2.5%                | 2.0%              |
| -4.0%               | 14.5%             |
| 5.0%                | -1.5%             |
| 0.0%                | 0.0%              |

| Service Category Experience Period Allowed | Utilization Measure | Experience Period |              |           | Projection Factors           |       |  | Cost Factor | Utilization Factor | Total Factor | Projected   |   |           | Effective Allowed PMPM |
|--|---------------------|-------------------|--------------|-----------|------------------------------|-------|--|-------------|--------------------|--------------|-------------|---|-----------|------------------------|
|  |                     | Util / 1000       | Unit Cost    | PMPM      | Population Risk / Morbidity* | Other |  |             |                    |              | Util / 1000 | Unit Cost                                     | PMPM      |                        |
| 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                                     |           |                        |
|  |                     |                   |              |           |                              |       |  |             |                    |              |             | Non-EHB Claims In Projected PMPM**            |           |                        |
|  |                     |                   |              |           |                              |       |  |             |                    |              |             | \$ 1.13                                       |           |                        |
|  |                     |                   |              |           |                              |       |  |             |                    |              |             | Index Rate for EHB                            |           |                        |
|  |                     |                   |              |           |                              |       |  |             |                    |              |             | \$ 448.53                                     |           |                        |

\* 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 - 4/1/2014

|                   | Begin    | End        | Mid-point |  | Months of Trend |            |
|-------------------|----------|------------|-----------|--|-----------------|------------|
| Experience Period | 1/1/2012 | 12/31/2012 | 7/1/2012  |  |                 | pd through |
| Rating Period     | 4/1/2014 | 3/31/2015  | 9/30/2014 |  | 27.0            | 2/28/2013  |

|   |                |
|---|----------------|
| 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 Category | Experience Period Allowed | Utilization Measure | EP Units | EP Allowed \$  | Other | Rx Rebates     | Net Allowed    |
|------------------|---------------------------|---------------------|----------|----------------|-------|----------------|----------------|
| Inpatient        |                           | Admits              | 2,248    | \$ 32,069,911  | \$ -  | \$ -           | \$ 32,069,911  |
| Outpatient       |                           | Visits              | 33,750   | \$ 37,211,261  | \$ -  | \$ -           | \$ 37,211,261  |
| Professional     |                           | Visits              | 415,795  | \$ 63,598,675  | \$ -  | \$ -           | \$ 63,598,675  |
| Other            |                           | Services            | 33,114   | \$ 8,324,483   | \$ -  | \$ -           | \$ 8,324,483   |
| Rx               |                           | Scripts             | 456,919  | \$ 56,439,493  | \$ -  | \$ (3,440,861) | \$ 52,998,632  |
| Capitation       |                           | Average Members     | 40,506   | \$ 529,323     | \$ -  | \$ -           | \$ 529,323     |
| Total            |                           |                     |          | \$ 198,173,146 | \$ -  | \$ (3,440,861) | \$ 194,732,285 |
| PMPM             |                           |                     |          | \$ 407.71      | \$ -  | \$ (7.08)      | \$ 400.63      |

| Annual Trend Inputs |                   |
|---------------------|-------------------|
| Cost Trend          | Utilization Trend |
| 3.5%                | -3.0%             |
| 6.0%                | 4.0%              |
| 2.5%                | 2.0%              |
| -4.0%               | 14.5%             |
| 5.0%                | -1.5%             |
| 0.0%                | 0.0%              |

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

\* 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  | 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            |            |           |

|   |                |
|---|----------------|
| 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 Category | Experience Period | Allowed | Utilization Measure | EP Units | EP Allowed \$  | Other | Rx Rebates     | Net Allowed    |
|------------------|-------------------|---------|---------------------|----------|----------------|-------|----------------|----------------|
| Inpatient        |                   |         | Admits              | 2,248    | \$ 32,069,911  | \$ -  | \$ -           | \$ 32,069,911  |
| Outpatient       |                   |         | Visits              | 33,750   | \$ 37,211,261  | \$ -  | \$ -           | \$ 37,211,261  |
| Professional     |                   |         | Visits              | 415,795  | \$ 63,598,675  | \$ -  | \$ -           | \$ 63,598,675  |
| Other            |                   |         | Services            | 33,114   | \$ 8,324,483   | \$ -  | \$ -           | \$ 8,324,483   |
| Rx               |                   |         | Scripts             | 456,919  | \$ 56,439,493  | \$ -  | \$ (3,440,861) | \$ 52,998,632  |
| Capitation       |                   |         | Average Members     | 40,506   | \$ 529,323     | \$ -  | \$ -           | \$ 529,323     |
| Total            |                   |         |                     |          | \$ 198,173,146 | \$ -  | \$ (3,440,861) | \$ 194,732,285 |
| PMPM             |                   |         |                     |          | \$ 407.71      | \$ -  | \$ (7.08)      | \$ 400.63      |

| Annual Trend Inputs |                   |
|---------------------|-------------------|
| Cost Trend          | Utilization Trend |
| 3.5%                | -3.0%             |
| 6.0%                | 4.0%              |
| 2.5%                | 2.0%              |
| -4.0%               | 14.5%             |
| 5.0%                | -1.5%             |
| 0.0%                | 0.0%              |

|   |                   |                     |             |              |           |                              |       |             |                    |              |             |              | Effective Allowed |
|---|-------------------|---------------------|-------------|--------------|-----------|------------------------------|-------|-------------|--------------------|--------------|-------------|--------------|-------------------|
|   |                   |                     |             |              |           |                              |       |             |                    |              |             |              | PMPM              |
|   |                   |                     |             |              |           |                              |       |             |                    |              |             |              | Annual Trend      |
| Service Category                              | Experience Period | Utilization Measure | Util / 1000 | Unit Cost    | PMPM      | Population Risk / Morbidity* | Other | Cost Factor | Utilization Factor | Total Factor | Util / 1000 | Unit Cost    | PMPM              |
| 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          |
| 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          |
| 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         |
| 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          |
| 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         |
| 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           |
| Total   |                   |                     |             |              | \$ 400.63 |                              |       |             |                    |              |             |              |                   |
| Projected Allowed Claims PMPM (EHB + Non-EHB) |                   |                     |             |              |           |                              |       |             |                    |              |             | \$ 460.96    | 5.0%              |
| Non-EHB Claims In Projected PMPM**            |                   |                     |             |              |           |                              |       |             |                    |              |             | \$ 1.16      |                   |
| Index Rate for EHB                            |                   |                     |             |              |           |                              |       |             |                    |              |             | \$ 459.80    |                   |

\* 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 Trend |            |           |
|-------------------|-----------|------------|-----------|-----------------|------------|-----------|
| 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                         | 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 Category | Experience Period | Allowed | Utilization Measure | EP Units | EP Allowed \$  | Other | Rx Rebates     | Net Allowed    |
|------------------|-------------------|---------|---------------------|----------|----------------|-------|----------------|----------------|
| Inpatient        |                   |         | Admits              | 2,248    | \$ 32,069,911  | \$ -  | \$ -           | \$ 32,069,911  |
| Outpatient       |                   |         | Visits              | 33,750   | \$ 37,211,261  | \$ -  | \$ -           | \$ 37,211,261  |
| Professional     |                   |         | Visits              | 415,795  | \$ 63,598,675  | \$ -  | \$ -           | \$ 63,598,675  |
| Other            |                   |         | Services            | 33,114   | \$ 8,324,483   | \$ -  | \$ -           | \$ 8,324,483   |
| Rx               |                   |         | Scripts             | 456,919  | \$ 56,439,493  | \$ -  | \$ (3,440,861) | \$ 52,998,632  |
| Capitation       |                   |         | Average Members     | 40,506   | \$ 529,323     | \$ -  | \$ -           | \$ 529,323     |
| Total            |                   |         |                     |          | \$ 198,173,146 | \$ -  | \$ (3,440,861) | \$ 194,732,285 |
| PMPM             |                   |         |                     |          | \$ 407.71      | \$ -  | \$ (7.08)      | \$ 400.63      |

| Annual Trend Inputs |                   |
|---------------------|-------------------|
| Cost Trend          | Utilization Trend |
| 3.5%                | -3.0%             |
| 6.0%                | 4.0%              |
| 2.5%                | 2.0%              |
| -4.0%               | 14.5%             |
| 5.0%                | -1.5%             |
| 0.0%                | 0.0%              |

| Service Category                              | Experience Period | Allowed | Utilization Measure | Projection Factors |              |           | Cost Factor | Utilization Factor | Total Factor | Projected   |              |           | Effective Allowed |
|---|-------------------|---------|---------------------|--------------------|--------------|-----------|-------------|--------------------|--------------|-------------|--------------|-----------|-------------------|
|   |                   |         |                     | Util / 1000        | Unit Cost    | PMPM      |             |                    |              | Util / 1000 | Unit Cost    | PMPM      | PMPM              |
| Inpatient                                     |                   |         | Admits              | 55.49              | \$ 14,268.78 | \$ 65.98  | 1.099       | 0.920              | 1.02         | 51.54       | \$ 15,684.58 | \$ 67.36  | 0.4%              |
| Outpatient                                    |                   |         | Visits              | 833.23             | \$ 1,102.54  | \$ 76.56  | 1.174       | 1.114              | 1.32         | 937.40      | \$ 1,294.16  | \$ 101.10 | 10.2%             |
| Professional                                  |                   |         | Visits              | 10,265.13          | \$ 152.96    | \$ 130.84 | 1.070       | 1.056              | 1.14         | 10,948.04   | \$ 163.70    | \$ 149.35 | 4.5%              |
| Other   |                   |         | Services            | 817.51             | \$ 251.39    | \$ 17.13  | 0.894       | 1.451              | 1.59         | 1,198.20    | \$ 271.88    | \$ 27.15  | 9.9%              |
| Rx  |                   |         | Scripts             | 11,280.40          | \$ 115.99    | \$ 109.04 | 1.144       | 0.959              | 1.11         | 10,929.38   | \$ 132.65    | \$ 120.81 | 3.4%              |
| Capitation                                    |                   |         | Benefit Period      | 1,000.00           | \$ 13.07     | \$ 1.09   | 1.000       | 1.000              | 0.91         | 1,010.00    | \$ 11.76     | \$ 0.99   | 0.0%              |
| Total   |                   |         |                     |                    |              | \$ 400.63 |             |                    |              |             |              | \$ 466.76 | 5.0%              |
| Projected Allowed Claims PMPM (EHB + Non-EHB) |                   |         |                     |                    |              |           |             |                    |              |             |              | \$ 466.76 |                   |
| Non-EHB Claims In Projected PMPM**            |                   |         |                     |                    |              |           |             |                    |              |             |              | \$ 1.18   |                   |
| Index Rate for EHB                            |                   |         |                     |                    |              |           |             |                    |              |             |              | \$ 465.58 |                   |

\* 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**

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

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

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

**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.



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

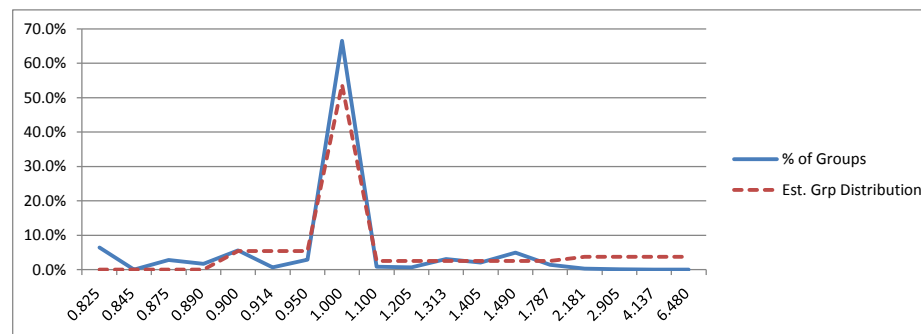
**Derivation of Population Risk/Morbidity Factor for Combined Pool**

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

| Base Data (Incurred 1/2012 - 12/2012, Paid through 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. Claims    | Est. 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%                      | \$ 15,827,385  | \$ 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%                      | \$ 18,049,049  | \$ 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%                      | \$ 22,087,557  | \$ 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%                     | \$ 168,618,773 | \$ 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%                      | \$ 7,401,316   | \$ 328.43        |
| 10   | 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%                      | \$ 6,605,698   | \$ 304.80        |
| 11   | 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%                      | \$ 4,895,457   | \$ 289.69        |
| 12   | 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%                      | \$ 6,799,376   | \$ 312.72        |
| 13   | 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%                      | \$ 4,544,548   | \$ 342.55        |
| 14   | 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%                      | \$ 4,402,828   | \$ 442.06        |
| 15   | 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%                      | \$ 3,211,996   | \$ 371.93        |
| 16   | 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%                      | \$ 2,864,659   | \$ 358.49        |
| 17   | 4.137  | \$ 5,535       | \$ 8,532       | 64.9%       | 2             | 6           | 0.0%               | 0.0%         | 0.25        | \$ 922.50   | 3.8%                  | 181            | 542                | 0.1%                      | \$ 500,330     | \$ 922.50        |
| 18   | 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%                      | \$ 9,849,690   | \$ 2,270.09      |
| Total  | 1.039  | \$ 295,990,510 | \$ 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%                    | \$ 275,658,663 | \$ 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  | Individual Cost/Case            | \$ | 1,837.57 |
| D.C. Small Group Util/1000             | 19.4 | D.C. Small Group Cost/Case      | \$ | 2,018.10 |
| Expected Change in Util/1000           | 11.4 | No Expected Change in Cost/Case |    |          |
| Change in Individual Allowed Cost PMPM | \$   | 1.75                            |    |          |

|   |    |      |
|---|----|------|
| Impact of Maternity on Individual Market PMPM           | \$ | 1.75 |
| Impact on Individual & Small Group Market Combined PMPM | \$ | 0.15 |

|  |      |
|--|------|
| Adjustment Factor (Small Group & Individual) | 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

| Allowed Cost/Case    | Cases/1000       | Allowed Claims PMPM     | % of Total PMPM           | Allowed Amounts                   |
|----------------------|------------------|-------------------------|---------------------------|-----------------------------------|
|                      | <u>Maternity</u> | <u>Maternity</u>        | <u>Maternity</u>          |                                   |
| Ind PPO HSA          | \$1,920.51       | Ind PPO HSA 8           | 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 0.5%      | Ind PPO non-CDH \$104,839,133     |
| Ind Indemnity        | \$1,917.77       | Ind Indemnity 12        | Ind Indemnity 0.8%        | Ind Indemnity \$164,495,406       |
| Ind HMO HSA          | \$1,779.05       | Ind HMO HSA 28          | 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 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 4.1% | Ind HB Triple Option \$12,704,876 |
| Ind HB HSA           | \$2,285.93       | Ind HB HSA 37           | 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 0.5%           | Ind HB 2.0 \$6,641,297            |
| DC 50- PPO HSA       | \$1,816.96       | DC 50- PPO HSA 19       | 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 1.7%       | DC 50- PPO HRA \$4,099,787        |
| DC 50- PPO           | \$2,041.45       | DC 50- PPO 19           | 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 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 1.4%       | DC 50- HMO HRA \$1,345,234        |
| DC 50- HMO           | \$1,712.73       | DC 50- HMO 22           | 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 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 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 0.8%    | DC 50- HB Non-CDH \$406,703       |
| Average Individual   | \$1,837.57       | Average Individual 8.0  |                           |                                   |
| Average Group        | \$2,018.10       | Average Group 19.4      |                           |                                   |

**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  | <b>(3) = (1)*(1+(2))</b> | 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  | <b>(6) = (4)*(1+(5))</b> | Adjusted Allowed PMPM Class 5 (Ortho)                                      | \$     | 1.63         |
| 7  |                          | <b>Estimated Base Period Allowed PMPM Adjusted to D.C. Benchmark</b>       | \$     | <b>17.12</b> |
| 8  |                          | Completion Factor (Incurred 12, Paid 14)                                   |        | 0.980        |
| 9  | <b>(9) = (7)/(8)</b>     | <b>Ultimate Base Period Allowed PMPM Adjusted to D.C. Benchmark</b>        | \$     | <b>17.46</b> |
| 10 |                          | Assumed Annual Trend   | 0.0%   |              |
| 11 |                          | Assumed Trend Factor for 30 months   | 1.000  |              |
| 12 | <b>(12) = (9)*(11)</b>   | Projected Allowed Pediatric PMPM   | \$     | 17.46        |
| 13 |                          | Adjustment to Dental PPO Fee Schedule                                      | 0.872  |              |
| 14 | <b>(14) = (12)*(13)</b>  | Projected Allowed Pediatric PMPM Based On PPO Fee Schedule                 | \$     | 15.22        |
| 15 |                          | Adjustment for Planned 1/1/2014 Fee Schedule Increase                      | 1.02   |              |
| 16 | <b>(16) = (14)*(15)</b>  | 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 | <b>(18) = (16)*(17)</b>  | Projected Allowed Pediatric Dental PMPM Spread Over Single Risk Pool       | \$     | <b>3.56</b>  |
| 19 |                          | Base Period Other Medical PMPM   | \$     | 17.13        |
| 20 |                          | <b>Projection Factor Entered To Adjust Other Medical Category</b>          |        | <b>1.21</b>  |
| 21 |                          | <b>Impact on Total Medical and Rx Base Period PMPM</b>                     |        | <b>1.01</b>  |

**Notes:**

- Row 1** Allowed PMPM for experience period of 07/2011 - 06/2012, pd through 08/2012 for Classes 1- 4
- Row 2** Adjustment factor to account for coverage differences between current plans and D.C. Benchmark plan for Classes 1 - 4
- Row 4** Allowed PMPM for experience period of 07/2011 - 06/2012, pd through 08/2012 for Class 5 (Ortho)
- Row 5** Adjustment factor to account for coverage differences between current plans and D.C. Benchmark plan for Class 5 (Ortho), as provided by CareFirst's Dental Director.
- Row 10** Assumed pricing trend is 0% for this derivation. The dental rate will be trended once embedded in the medical rate.
- Row 11** Projected through 12/31/2014.
- Row 13** Adjustment to PPO plan basis from blended product basis implicit in base experience data
- Row 20** Benefit factor applied to Base Period Allowed PMPM.

|                   | 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            |

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

**Derivation of Pediatric Dental Effective Coinsurance**

|                              | <b>Allowed</b>  |                         |                     |
|------------------------------|-----------------|-------------------------|---------------------|
|                              | <b>PMPM*</b>    | <b>Plan Coinsurance</b> | <b>Plan Portion</b> |
| <b>Level 1</b>               | \$ 11.80        | 100%                    | \$ 11.80            |
| <b>Level 2</b>               | \$ 3.17         | 80%                     | \$ 2.54             |
| <b>Level 3</b>               | \$ 2.08         | 80%                     | \$ 1.67             |
| <b>Level 4</b>               | \$ 0.38         | 50%                     | \$ 0.19             |
| <b>Level 5</b>               | \$ 1.83         | 50%                     | \$ 0.92             |
| <b>Total</b>                 | <b>\$ 19.26</b> |                         | <b>\$ 17.11</b>     |
| <b>Effective Coinsurance</b> |                 |                         | <b>88.8%</b>        |

\* 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        |
| <b>Blended EHB Pediatric Vision PMPM Spread Over Entire Single Risk Pool</b> | <b>\$</b> | <b>0.30</b> |

**Derivation of Embedded Adult Vision Rate (Non-EHB, Individual Market Only)**

|  |           |             |
|--|-----------|-------------|
| 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        |
| <b>Blended Non-EHB Adult Vision PMPM Spread Over Entire Single Risk Pool</b> | <b>\$</b> | <b>0.08</b> |

**Derivation of Projection Factor**

|  |           |               |
|--|-----------|---------------|
| <b>Total Embedded Vision PMPM</b>                          | <b>\$</b> | <b>0.38</b>   |
| Experience Period Core Vision Capitation PMPM              | \$        | 0.40          |
| <b>\$ Change from Experience to Projection Period PMPM</b> | <b>\$</b> | <b>(0.11)</b> |
| Total Experience Period Capitation PMPM                    | \$        | 1.09          |
| <b>Projection Factor to Adjust Capitation Category</b>     |           | <b>0.90</b>   |

**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 |
|--------------------------|----------------|--------------------|-----------------|
| GHMSI                    | \$580,493      | 631,945            | <b>\$0.92</b>   |

**Projected PMPM**

|      |        |
|------|--------|
| 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                                       | <b>\$0.08</b>            |

**Projected PMPM**

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

**Projection Period  
Non-EHB**

|      |               |
|------|---------------|
| 1Q14 | <b>\$1.13</b> |
| 2Q14 | <b>\$1.15</b> |
| 3Q14 | <b>\$1.16</b> |
| 4Q14 | <b>\$1.18</b> |

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

**Adjustments for Small Group Benefits in Excess of EHB**

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

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



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

**EHBs & Non-EHBs SUMMARY**

| 1  | 2                              | 3                                 | 4  | 5               | 6               |
|----|--------------------------------|-----------------------------------|--|-----------------|-----------------|
|    |                                |                                   | CLAIMS PMPM                                      |                 |                 |
|    |                                |                                   | IND64-   | SG              | IND64- & SG     |
|    |                                |                                   | GH   | GH              | GH              |
| 1  | Removed from Experience Period | Non-EHB: Adult Core Vision        | (\$0.40)   | (\$0.40)        | (\$0.40)        |
| 2  | Index Rate                     | Non-EHB: Abortion                 | (\$0.82)   | (\$0.94)        | (\$0.92)        |
| 3  |                                | EHB: Morbid Obesity               | Currently Cover                                  | n/a             | n/a             |
| 4  |                                | EHB: Hospice Hospital Bereavement | Cover up to \$100 Benefit Max                    | n/a             | n/a             |
| 5  |                                | EHB: Hair Prosthesis              | Cover up to \$350                                | n/a             | n/a             |
| 6  |                                | <b>Non-EHB Subtotal:</b>          | <b>(\$1.22)</b>                                  | <b>(\$1.34)</b> | <b>(\$1.32)</b> |
| 7  |                                |                                   |  |                 |                 |
| 8  | Added to Projection Period     | Non-EHB: Adult Core Vision        | \$1.11   | n/a             |                 |
| 9  | <b>ON EXCHANGE</b>             | Non-EHB: Abortion                 | \$0.95   | \$1.07          |                 |
| 10 |                                | EHB: Pediatric Dental             | \$4.41   | \$4.30          | \$4.31          |
| 11 |                                | EHB: Pediatric Vision             | \$0.42   | \$0.29          | \$0.30          |
| 12 |                                | EHB: Transgender                  | \$0.00   | \$0.00          | \$0.00          |
| 13 |                                | EHB: Hair Prosthesis              | Removed \$350 Benefit Max                        | \$0.00          | \$0.00          |
| 14 |                                | EHB: Hospice Hospital Bereavement | Remove \$100                                     | \$0.00          | \$0.00          |
| 15 |                                | EHB: Maternity                    | \$1.93   | \$0.00          | \$0.00          |
| 16 |                                | <b>Non-EHB Subtotal:</b>          | <b>\$2.06</b>                                    | <b>\$1.07</b>   |                 |
| 17 |                                | <b>New EHB Subtotal:</b>          | <b>\$6.76</b>                                    | <b>\$4.58</b>   |                 |
| 18 |                                | <b>TOTAL:</b>                     | <b>\$8.82</b>                                    | <b>\$5.65</b>   |                 |
| 19 |                                |                                   |  |                 |                 |
| 20 | Added to Projection Period     | Non-EHB: Adult Core Vision        |  | n/a             |                 |
| 21 | <b>OFF EXCHANGE</b>            | Non-EHB: Abortion                 |  | \$1.07          |                 |
| 22 |                                | EHB: Pediatric Dental             | <b>No Individual<br/>Off-Exchange<br/>market</b> | \$4.30          | \$4.31          |
| 23 |                                | EHB: Pediatric Vision             |  | \$0.29          | \$0.30          |
| 24 |                                | EHB: Transgender                  |  | \$0.00          | \$0.00          |
| 25 |                                | EHB: Hair Prosthesis              |  | \$0.00          | \$0.00          |
| 26 |                                | EHB: Hospice Hospital Bereavement |  | \$0.00          | \$0.00          |
| 27 |                                | EHB: Maternity                    |  | \$0.00          | \$0.00          |
| 28 |                                | <b>Non-EHB Subtotal:</b>          |  | <b>\$1.07</b>   |                 |
| 29 |                                | <b>New EHB Subtotal:</b>          |  | <b>\$4.58</b>   |                 |
| 30 |                                | <b>TOTAL:</b>                     |  | <b>\$5.65</b>   |                 |
| 31 |                                |                                   |  |                 |                 |
| 32 | <b>NET IMPACT:</b>             | <b>ON-EXCHANGE:</b>               | <b>\$7.60</b>                                    | <b>\$4.32</b>   | <b>n/a</b>      |
| 33 |                                | <b>OFF-EXCHANGE:</b>              | <b>n/a</b>                                       | <b>\$4.32</b>   | <b>n/a</b>      |
| 34 |                                |                                   |  |                 |                 |
| 35 | <b>Plan Level Gross PMPM:</b>  |                                   | \$330  | \$511           |                 |
| 36 | <b>DICR:</b>                   |                                   | 77.0%  | 76.9%           |                 |
| 37 | <b>Plan Level Net PMPM:</b>    |                                   | \$254  | \$393           |                 |
| 38 | <b>% of Gross:</b>             |                                   | 2.3%   | 0.8%            |                 |
| 39 | <b>% of Net:</b>               |                                   | 3.0%   | 1.1%            |                 |
| 40 |                                |                                   |  |                 |                 |

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                    |                                      |                                   |   |  |                                   |                                   |
|--|---|--------------------------------------|--------------------------------------|-----------------------------------|---|--|-----------------------------------|-----------------------------------|
| 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<br>\$4,000 | BluePreferred PPO HSA/HRA<br>\$2,000 | BluePreferred PPO \$1,000         | BluePreferred PPO 100%/80%,<br>Rx: \$10/20%/40%/50% | BluePreferred PPO<br>100%/80%,<br>Rx: \$10/\$45/\$65/50% | BluePreferred PPO \$500           | BluePreferred PPO \$1,200         |
| Network Type                                   |   | Regional Preferred (RPN)             | Regional Preferred (RPN)             | Regional Preferred (RPN)          | Regional Preferred (RPN)                            | Regional Preferred (RPN)                                 | Regional Preferred (RPN)          | Regional Preferred (RPN)          |
| HIOS Plan IDs                                  |   | 78079DC0230003,<br>78079DC0230004    | 78079DC0190001,<br>78079DC0230002    | 78079DC0170001,<br>78079DC0220002 | 78079DC0220016,<br>78079DC0220017                   | 78079DC0220009,<br>78079DC0220013                        | 78079DC0220001,<br>78079DC0220006 | 78079DC0220003,<br>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          | 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<br>ER/\$250 IP             | \$20 PCP/\$30 Spec/\$200<br>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<br>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               | 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                   |   | \$ 448.53                            | \$ 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 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                            |
| Cost Sharing Factor                            |   | 0.4340                               | 0.5447                               | 0.6868                            | 0.8670  | 0.8886   | 0.8271                            | 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%                                 | 2.3%                              | 1.9%  | 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                             |
|  | Adjust for Capped Dependents                        | 1.006                                | 1.006                                | 1.006                             | 1.006   | 1.006  | 1.006                             | 1.006                             |
| Plan Specific Premium PMPM                     |   | \$ 273.59                            | \$ 343.36                            | \$ 430.41                         | \$ 543.34   | \$ 556.94  | \$ 518.38                         | \$ 421.69                         |

\* 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

Assumes Index Rate = Projected Pool Allowed Claims PMPM for EHB

|  |   | On & Off Exchange                    |                                   |                                   |                                      |  |                                      |
|--|---|--------------------------------------|-----------------------------------|-----------------------------------|--------------------------------------|--|--------------------------------------|
| Metal Level                                    |   | Gold                                 | Gold                              | Silver                            | Gold                                 | Silver   | Bronze                               |
| Estimated AV                                   |   | 80.74%                               | 79.20%                            | 69.89%                            | 78.06%                               | 71.78%   | 61.00%                               |
| Plan   |   | BluePreferred PPO \$1,000<br>80%/60% | BluePreferred PPO \$2,000         | BluePreferred PPO \$4,500         | BluePreferred PPO HSA/HRA<br>\$1,400 | BluePreferred PPO HSA/HRA<br>\$2,000, 100%/80% | BluePreferred PPO HSA/HRA<br>\$4,500 |
| Network Type                                   |   | Regional Preferred (RPN)             | Regional Preferred (RPN)          | Regional Preferred (RPN)          | Regional Preferred (RPN)             | Regional Preferred (RPN)                       | Regional Preferred (RPN)             |
| HIOS Plan IDs                                  |   | 78079DC0220010,<br>78079DC0220014    | 78079DC0220004,<br>78079DC0220015 | 78079DC0220005,<br>78079DC0230009 | 78079DC0230001,<br>78079DC0230008    | 78079DC0230006,<br>78079DC0230010              | 78079DC0230005,<br>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<br>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               | 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                   |   | \$ 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 Adjustments      |   | \$ 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                               |
| 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                               |
| Admin Expense Adjustment                       |   | 1.3004                               | 1.3004                            | 1.3004                            | 1.3080                               | 1.3080   | 1.3080                               |
| Final Plan Specific Base Rate                  |   | \$ 394.95                            | \$ 375.00                         | \$ 315.25                         | \$ 380.65                            | \$ 326.04                                      | \$ 261.03                            |
| Pricing AV (Relv to Platinum Plan on Exchange) |   | 76.0%                                | 72.2%                             | 60.7%                             | 73.3%                                | 62.8%  | 50.2%                                |
| Plan DCR                                       |   | 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                        |   | 1,548                                | 2,460                             | 912                               | 9,600                                | 2,376  | 96                                   |
| Plan Specific Paid / Allowed                   |   | 72.41%                               | 68.76%                            | 57.80%                            | 69.39%                               | 59.43%   | 47.58%                               |
| 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                                |
|  | Adjust for Capped Dependents                        | 1.006                                | 1.006                             | 1.006                             | 1.006                                | 1.006  | 1.006                                |
| Plan Specific Premium PMPM                     |   | \$ 423.37                            | \$ 401.98                         | \$ 337.93                         | \$ 408.04                            | \$ 349.50                                      | \$ 279.81                            |

\* 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

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%                              |
| Plan   |  | BluePreferred PPO \$1,000<br>100%/80% | BluePreferred PPO HSA/HRA<br>\$1,800 | HealthyBlue PPO \$300               | HealthyBlue PPO \$600               | HealthyBlue PPO \$1,500             | HealthyBlue PPO HSA/HRA<br>\$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,<br>78079DC0220012     | 78079DC0230007,<br>78079DC0230011    | 78079DC0300002,<br>78079DC0300005   | 78079DC0300003,<br>78079DC0300006   | 78079DC0300001,<br>78079DC0300004   | 78079DC0310001,<br>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                             | \$1,500                             | \$5,500                             | \$6,350                             |
|  | Member Copay/Coinsurance                         | \$250 ER/\$500 IP/0%                  | 10%                                  | \$0 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 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                   |  | \$ 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 Adjustments      |  | \$ 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                              |
| 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                  |  | \$ 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%                               | 76.5%                               |
| Assumed Membership Distribution                |  | 1.5%                                  | 0.3%                                 | 0.1%                                | 0.9%                                | 0.1%                                | 0.1%                                |
| Projected Member Months                        |  | 2,148                                 | 420                                  | 156                                 | 1,248                               | 132                                 | 144                                 |
| Plan Specific Paid / Allowed                   |  | 73.56%                                | 60.01%                               | 78.43%                              | 90.86%                              | 82.96%                              | 62.06%                              |
| 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                               |
|  | Adjust for Capped Dependents                     | 1.006                                 | 1.006                                | 1.006                               | 1.006                               | 1.006                               | 1.006                               |
| Plan Specific Premium PMPM                     |  | \$ 430.07                             | \$ 352.92                            | \$ 458.53                           | \$ 531.19                           | \$ 485.05                           | \$ 364.97                           |

\* 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

|  |                                  | 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)          | Regional Preferred (RPN)          | Regional Preferred (RPN)       | Regional Preferred (RPN)                         | Regional Preferred (RPN)                           | Regional Preferred (RPN)       | Regional Preferred (RPN)         |
| HIOS Plan IDs                                    |                                  | 78079DC0230003, 78079DC0230004    | 78079DC0190001, 78079DC0230002    | 78079DC0170001, 78079DC0220002 | 78079DC0220016, 78079DC0220017                   | 78079DC0220009, 78079DC0220013                     | 78079DC0220001, 78079DC0220006 | 78079DC0220003, 78079DC0220007   |
| High Level Benefit Description                   | Integrated Individual Deductible | Integrated Med/Rx \$4,000         | Integrated Med/Rx \$2,000         | Integrated Med/Rx \$1,000      | Nonintegrated Med and Rx \$0                     | Nonintegrated Med and Rx \$0                       | Nonintegrated Med and Rx \$500 | Nonintegrated Med and Rx \$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%                              | 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            | 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                     |                                  | \$ 454.11                         | \$ 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                      | \$ 454.11                        |
| Network Adjustment                               |                                  | 1.0000                            | 1.0000                            | 1.0000                         | 1.0000   | 1.0000   | 1.0000                         | 1.0000                           |
| Cost Sharing Factor                              |                                  | 0.4340                            | 0.5447                            | 0.6868                         | 0.8670   | 0.8886   | 0.8271                         | 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                    |                                  | \$ 258.40                         | \$ 324.29                         | \$ 406.52                      | \$ 513.18  | \$ 526.01  | \$ 489.60                      | \$ 398.27                        |
| Pricing AV (Relv to Platinum Plan on Exchange)   |                                  | 49.1%                             | 61.7%                             | 77.3%                          | 97.6%  | 100.0%   | 93.1%                          | 75.7%                            |
| Plan DCR   |                                  | 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%   | 56.2%  | 14.5%                          | 9.2%                             |
| Projected Member Months                          |                                  | 96                                | 540                               | 2,040                          | 1,680  | 50,964   | 13,140                         | 8,376                            |
| Plan Specific Paid / Allowed                     |                                  | 46.52%                            | 58.39%                            | 73.62%                         | 92.93%   | 95.26%   | 88.66%                         | 72.13%                           |
| Average Paid / Allowed Ratio - On Exchange       |                                  | 69.6%                             |                                   |                                |  |  |                                |                                  |
| 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                            |
| Adjust for Capped Dependents                     |                                  | 1.006                             | 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                      | \$ 426.93                        |

\* 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 Claims PMPM for EHB

|   |  | On & Off Exchange   |  |  |  |  |   |
|---|--|---|--|--|--|--|---|
| Metal Level   |  | Gold  | Gold   | Silver   | Gold   | Silver   | Bronze                                  |
| Estimated AV  |  | 80.74%  | 79.20%   | 69.89%   | 78.06%   | 71.78%   | 61.00%                                  |
| Plan  |  | BluePreferred PPO \$1,000<br>80%/60%                      | BluePreferred PPO \$2,000                      | BluePreferred PPO \$4,500                      | BluePreferred PPO HSA/HRA<br>\$1,400           | BluePreferred PPO HSA/HRA<br>\$2,000, 100%/80% | BluePreferred PPO HSA/HRA<br>\$4,500    |
| Network Type  |  | Regional Preferred (RPN)                                  | Regional Preferred (RPN)                       | Regional Preferred (RPN)                       | Regional Preferred (RPN)                       | Regional Preferred (RPN)                       | Regional Preferred (RPN)                |
| HIOS Plan IDs                                       |  | 78079DC0220010,<br>78079DC0220014                         | 78079DC0220004,<br>78079DC0220015              | 78079DC0220005,<br>78079DC0230009              | 78079DC0230001,<br>78079DC0230008              | 78079DC0230006,<br>78079DC0230010              | 78079DC0230005,<br>78079DC0220011       |
| High Level Benefit Description                      |  | Integrated<br>Individual Deductible<br>Individual OOP Max | NonIntegrated Med and Rx<br>\$1,000<br>\$3,500 | NonIntegrated Med and Rx<br>\$2,000<br>\$5,000 | NonIntegrated Med and Rx<br>\$4,500<br>\$6,350 | Integrated Med/Rx<br>\$1,400<br>\$2,800        | Integrated Med/Rx<br>\$2,000<br>\$4,500 |
| 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<br>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                                    | 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                        |  | \$ 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   | 0.6473   | 0.5544   | 0.4439                                  |
| Benefits In Excess of EHB*                          |  | 1.0024  | 1.0024   | 1.0024   | 1.0024   | 1.0024   | 1.0024                                  |
| Admin Expense Adjustment                            |  | 1.3004  | 1.3004   | 1.3004   | 1.3080   | 1.3080   | 1.3080                                  |
| 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)      |  | 76.0%   | 72.2%  | 60.7%  | 73.3%  | 62.8%  | 50.2%                                   |
| Plan DCR  |  | 76.9%   | 76.9%  | 76.9%  | 76.5%  | 76.5%  | 76.5%                                   |
| Assumed Membership Distribution                     |  | 1.1%  | 1.8%   | 0.6%   | 6.9%   | 1.7%   | 0.1%                                    |
| Projected Member Months                             |  | 1,008   | 1,608  | 588  | 6,240  | 1,560  | 72                                      |
| 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                          |  | \$ 428.64   | \$ 406.99                                      | \$ 342.15                                      | \$ 413.11                                      | \$ 353.85                                      | \$ 283.29                               |

\* 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

|  |                                   | 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%                              |
| Plan   |                                   | BluePreferred PPO \$1,000<br>100%/80% | BluePreferred PPO HSA/HRA<br>\$1,800 | HealthyBlue PPO \$300               | HealthyBlue PPO \$600               | HealthyBlue PPO \$1,500             | HealthyBlue PPO HSA/HRA<br>\$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,<br>78079DC0220012     | 78079DC0230007,<br>78079DC0230011    | 78079DC0300002,<br>78079DC0300005   | 78079DC0300003,<br>78079DC0300006   | 78079DC0300001,<br>78079DC0300004   | 78079DC0310001,<br>78079DC0310002   |
| High Level Benefit Description                 |                                   | Nonintegrated Med and Rx              | Integrated Med/Rx                    | Nonintegrated Med and Rx            | Nonintegrated Med and Rx            | Nonintegrated Med and Rx            | Integrated Med/Rx                   |
|  | Integrated                        | \$1,000                               | \$1,800                              | \$300                               | \$600                               | \$1,500                             | \$2,000                             |
|  | Individual Deductible             | \$3,500                               | \$4,500                              | \$1,500                             | \$1,500                             | \$5,500                             | \$6,350                             |
|  | Individual OOP Max                |                                       |                                      |                                     |                                     |                                     |                                     |
|  | Member Copay/Coinsurance          | \$250 ER/\$500 IP/0%                  | 10%                                  | \$0 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 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                   |                                   | \$ 454.11                             | \$ 454.11                            | \$ 454.11                           | \$ 454.11                           | \$ 454.11                           | \$ 454.11                           |
| Market Level Adjustments                       |                                   |                                       |                                      |                                     |                                     |                                     |                                     |
| Index Rate After Market Level Adjustments      | Risk Adjustment                   | \$ -                                  | \$ -                                 | \$ -                                | \$ -                                | \$ -                                | \$ -                                |
|  | Exchange User Fees PMPM           | \$ -                                  | \$ -                                 | \$ -                                | \$ -                                | \$ -                                | \$ -                                |
|  |                                   | \$ 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                            |                                   | 0.6862                                | 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                  |                                   | \$ 406.19                             | \$ 333.33                            | \$ 433.07                           | \$ 501.70                           | \$ 458.12                           | \$ 344.70                           |
| Pricing AV (Relv to Platinum Plan on Exchange) |                                   | 77.2%                                 | 63.4%                                | 82.3%                               | 95.4%                               | 87.1%                               | 65.5%                               |
| Plan DCR                                       |                                   | 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                        |                                   | 1,392                                 | 264                                  | 108                                 | 816                                 | 72                                  | 72                                  |
| 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             |                                   |                                       |                                      |                                     |                                     |                                     |                                     |
| Plan Specific 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                               |
|  |                                   | \$ 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 = Projected Pool Allowed Claims PMPM for EHB

|  |   | On & Off Exchange  |  |  |   |   |   |   |
|--|---|--|--|--|---|---|---|---|
| Metal Level                                    |   | Bronze**<br>60.85%   | Silver**<br>70.90%   | Gold**<br>79.88%   | Platinum**<br>89.44%  | Platinum<br>88.99%  | Platinum<br>88.25%  | Gold<br>79.86%  |
| Estimated AV                                   |   | BluePreferred PPO HSA/HRA<br>\$4,000                               | BluePreferred PPO HSA/HRA<br>\$2,000                               | BluePreferred PPO \$1,000  | BluePreferred PPO 100%/80%,<br>Rx: \$10/20%/40%/50%                                   | BluePreferred PPO<br>100%/80%,<br>Rx:\$10/\$45/\$65/50%                               | BluePreferred PPO \$500   | BluePreferred PPO \$1,200   |
| Plan   |   | Regional Preferred (RPN)<br>78079DC0230003,<br>78079DC0230004      | Regional Preferred (RPN)<br>78079DC0190001,<br>78079DC0230002      | Regional Preferred (RPN)<br>78079DC0170001,<br>78079DC0220002      | Regional Preferred (RPN)<br>78079DC0220016,<br>78079DC0220017                         | Regional Preferred (RPN)<br>78079DC0220009,<br>78079DC0220013                         | Regional Preferred (RPN)<br>78079DC0220001,<br>78079DC0220006             | Regional Preferred (RPN)<br>78079DC0220003,<br>78079DC0220007                         |
| High Level Benefit Description                 | Integrated<br>Individual Deductible<br>Individual OOP Max<br>Member Copay/Coinsurance   | Integrated Med/Rx<br>\$4,000<br>\$6,350<br>30%                     | Integrated Med/Rx<br>\$2,000<br>\$4,000<br>20%                     | Integrated Med/Rx<br>\$1,000<br>\$3,000<br>10%                     | NonIntegrated Med and Rx<br>\$0<br>\$2,000<br>\$20 PCP/\$30 Spec/\$200<br>ER/\$250 IP | NonIntegrated Med and Rx<br>\$0<br>\$1,100<br>\$20 PCP/\$30 Spec/\$200<br>ER/\$250 IP | NonIntegrated Med and Rx<br>\$500<br>\$1,500<br>\$10 PCP/Spec, \$50 ER/0% | NonIntegrated Med and Rx<br>\$1,200<br>\$4,000<br>\$20 PCP/Spec, \$100 ER/\$250<br>IP |
|  | Generic<br>Preferred Brand<br>NonPreferred Brand<br>Specialty   | \$10<br>20%<br>40%<br>50%  | \$10<br>20%<br>40%<br>50%  | \$10<br>20%<br>40%<br>50%  | \$10<br>20%<br>40%<br>50%   | \$10<br>\$45<br>\$65<br>50%   | \$10<br>\$45<br>\$65<br>50%   | \$10<br>\$45<br>\$65<br>50%   |
|  | Embedded Pediatric Dental<br>Deductible (Class 2-4)<br>Class 1<br>Class 2<br>Class 3<br>Class 4<br>Class 5<br>Out of Pocket Max | \$25<br>100%<br>80%<br>80%<br>50%<br>50%<br>Embedded in Med and Rx | \$25<br>100%<br>80%<br>80%<br>50%<br>50%<br>Embedded in Med and Rx | \$25<br>100%<br>80%<br>80%<br>50%<br>50%<br>Embedded in Med and Rx | \$25<br>100%<br>80%<br>80%<br>50%<br>50%<br>Embedded in Med and Rx                    | \$25<br>100%<br>80%<br>80%<br>50%<br>50%<br>Embedded in Med and Rx                    | \$25<br>100%<br>80%<br>80%<br>50%<br>50%<br>Embedded in Med and Rx        | \$25<br>100%<br>80%<br>80%<br>50%<br>50%<br>Embedded in Med and Rx                    |
| Projected Index Rate for EHB                   |   | \$ 459.80  | \$ 459.80  | \$ 459.80  | \$ 459.80   | \$ 459.80   | \$ 459.80   | \$ 459.80   |
| Market Level Adjustments                       | Risk Adjustment<br>Exchange User Fees PMPM  | \$ -<br>\$ -   | \$ -<br>\$ -   | \$ -<br>\$ -   | \$ -<br>\$ -  | \$ -<br>\$ -  | \$ -<br>\$ -  | \$ -<br>\$ -  |
| Index Rate After Market Level Adjustments      |   | \$ 459.80  | \$ 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  | 1.0000  |
| Cost Sharing Factor                            |   | 0.4340   | 0.5447   | 0.6868   | 0.8670  | 0.8886  | 0.8271  | 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                  |   | \$ 261.63  | \$ 328.36  | \$ 411.61  | \$ 519.61   | \$ 532.60   | \$ 495.73   | \$ 403.26   |
| 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%   | 2.3%   | 1.9%  | 56.1%   | 14.5%   | 9.2%  |
| Projected Member Months                        |   | 132  | 696  | 2,472  | 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 Exchange     | 69.3%   |  |  |  |   |   |   |   |
| Average Pool Paid / Allowed Ratio              | 87.4%   |  |  |  |   |   |   |   |
| Adjustments to Derive Premium PMPM             | Normalize to Proposed Age Factors<br>Adjust for Capped Dependents   | 0.928<br>1.006   | 0.928<br>1.006   | 0.928<br>1.006   | 0.928<br>1.006  | 0.928<br>1.006  | 0.928<br>1.006  | 0.928<br>1.006  |
| Plan Specific Premium PMPM                     |   | \$ 280.46  | \$ 351.99  | \$ 441.23  | \$ 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<br>80.74%  | Gold<br>79.20%  | Silver<br>69.89%  | Gold<br>78.06%  | Silver<br>71.78%  | Bronze<br>61.00%  |
| Estimated AV                                   |   | BluePreferred PPO \$1,000<br>80%/60%                          | BluePreferred PPO \$2,000                                     | BluePreferred PPO \$4,500                                     | BluePreferred PPO HSA/HRA<br>\$1,400                          | BluePreferred PPO<br>HSA/HRA \$2,000,<br>100%/80%             | BluePreferred PPO<br>HSA/HRA \$4,500                          |
| Plan   |   | Regional Preferred (RPN)<br>78079DC0220010,<br>78079DC0220014 | Regional Preferred (RPN)<br>78079DC0220004,<br>78079DC0220015 | Regional Preferred (RPN)<br>78079DC0220005,<br>78079DC0230009 | Regional Preferred (RPN)<br>78079DC0230001,<br>78079DC0230008 | Regional Preferred (RPN)<br>78079DC0230006,<br>78079DC0230010 | Regional Preferred (RPN)<br>78079DC0230005,<br>78079DC0220011 |
| Network Type                                   |   | NonIntegrated Med and Rx                                      | NonIntegrated Med and Rx                                      | NonIntegrated Med and Rx                                      | Integrated Med/Rx   | Integrated Med/Rx   | Integrated Med/Rx   |
| HIOS Plan IDs                                  |   |   |   |   |   |   |   |
| High Level Benefit Description                 |   |   |   |   |   |   |   |
|  | Integrated  |   |   |   |   |   |   |
|  | 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<br>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  | 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                             |   | 1.0000  | 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  |
| Admin Expense Adjustment                       |   | 1.3004  | 1.3004  | 1.3004  | 1.3080  | 1.3080  | 1.3080  |
| 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                        |   | 1,200   | 1,932   | 720   | 7,488   | 1,860   | 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

|  |                                   | On & Off Exchange  |  |  |  |  |  |
|--|-----------------------------------|--|--|--|--|--|--|
| Metal Level                                    |                                   | Gold<br>81.79%   | Silver<br>71.58%   | Platinum<br>90.26%   | Platinum<br>89.81%   | Gold<br>81.88%   | Silver<br>70.81%   |
| Estimated AV                                   |                                   | BluePreferred PPO \$1,000<br>100%/80%  | BluePreferred PPO HSA/HRA<br>\$1,800   | HealthyBlue PPO \$300  | HealthyBlue PPO \$600  | HealthyBlue PPO \$1,500  | HealthyBlue PPO HSA/HRA<br>\$2,000   |
| Plan   |                                   | Regional Preferred (RPN)<br>78079DC0220008,<br>78079DC0220012  | Regional Preferred (RPN)<br>78079DC0230007,<br>78079DC0230011  | Regional Preferred (RPN)<br>78079DC0300002,<br>78079DC0300005  | Regional Preferred (RPN)<br>78079DC0300003,<br>78079DC0300006  | Regional Preferred (RPN)<br>78079DC0300001,<br>78079DC0300004  | Regional Preferred (RPN)<br>78079DC0310001,<br>78079DC0310002  |
| High Level Benefit Description                 |                                   | NonIntegrated Med and Rx<br>\$1,000<br>\$3,500<br>Member Copay/Coinsurance<br>\$250 ER/\$500 IP/0%   | Integrated Med/Rx<br>\$1,800<br>\$4,500<br>10%   | NonIntegrated Med and Rx<br>\$300<br>\$1,500<br>\$0 PCP/\$30 Spec/\$200<br>ER/\$300 IP   | NonIntegrated Med and Rx<br>\$600<br>\$1,500<br>\$0 PCP/\$30 Spec/\$200<br>ER/\$300 IP   | NonIntegrated Med and Rx<br>\$1,500<br>\$5,500<br>\$0 PCP/\$30 Spec/\$200<br>ER/\$300 IP   | Integrated Med/Rx<br>\$2,000<br>\$6,350<br>\$0 PCP/\$30 Spec/\$200<br>ER/\$300 IP  |
|  |                                   | Generic<br>\$10<br>Preferred Brand<br>\$45<br>NonPreferred Brand<br>\$65<br>Specialty<br>50%   | Generic<br>\$10<br>Preferred Brand<br>\$45<br>NonPreferred Brand<br>\$65<br>Specialty<br>50%   | Generic<br>\$0<br>Preferred Brand<br>\$45<br>NonPreferred Brand<br>\$65<br>Specialty<br>50%  | Generic<br>\$0<br>Preferred Brand<br>\$45<br>NonPreferred Brand<br>\$65<br>Specialty<br>50%  | Generic<br>\$0<br>Preferred Brand<br>\$45<br>NonPreferred Brand<br>\$65<br>Specialty<br>50%  | Generic<br>\$0<br>Preferred Brand<br>\$45<br>NonPreferred Brand<br>\$65<br>Specialty<br>50%  |
|  |                                   | Embedded Pediatric Dental<br>Deductible (Class 2-4)<br>Class 1<br>100%<br>Class 2<br>80%<br>Class 3<br>80%<br>Class 4<br>50%<br>Class 5<br>50% | Embedded Pediatric Dental<br>Deductible (Class 2-4)<br>Class 1<br>100%<br>Class 2<br>80%<br>Class 3<br>80%<br>Class 4<br>50%<br>Class 5<br>50% | Embedded Pediatric Dental<br>Deductible (Class 2-4)<br>Class 1<br>100%<br>Class 2<br>80%<br>Class 3<br>80%<br>Class 4<br>50%<br>Class 5<br>50% | Embedded Pediatric Dental<br>Deductible (Class 2-4)<br>Class 1<br>100%<br>Class 2<br>80%<br>Class 3<br>80%<br>Class 4<br>50%<br>Class 5<br>50% | Embedded Pediatric Dental<br>Deductible (Class 2-4)<br>Class 1<br>100%<br>Class 2<br>80%<br>Class 3<br>80%<br>Class 4<br>50%<br>Class 5<br>50% | Embedded Pediatric Dental<br>Deductible (Class 2-4)<br>Class 1<br>100%<br>Class 2<br>80%<br>Class 3<br>80%<br>Class 4<br>50%<br>Class 5<br>50% |
|  |                                   | Out of Pocket Max<br>Embedded in Med and Rx  | Out of Pocket Max<br>Embedded in Med and Rx  | Out of Pocket Max<br>Embedded in Med and Rx  | Out of Pocket Max<br>Embedded in Med and Rx  | Out of Pocket Max<br>Embedded in Med and Rx  | Out of Pocket Max<br>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                             |                                   | 1.0000   | 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                  |                                   | \$ 411.28  | \$ 337.51  | \$ 438.50  | \$ 507.98  | \$ 463.86  | \$ 349.02  |
| Pricing AV (Relv to Platinum Plan on Exchange) |                                   | 77.2%  | 63.4%  | 82.3%  | 95.4%  | 87.1%  | 65.5%  |
| Plan DSCR                                      |                                   | 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                        |                                   | 1,656  | 324  | 120  | 984  | 108  | 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                     |                                   | \$ 440.88  | \$ 361.80  | \$ 470.05  | \$ 544.53  | \$ 497.24  | \$ 374.13  |

\* 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                                    |   | Bronze**<br>60.85%  | Silver**<br>70.90%  | Gold**<br>79.88%  | Platinum**<br>89.44%  | Platinum<br>88.99%  | Platinum<br>88.25%  | Gold<br>79.86%  |
| Estimated AV                                   |   | BluePreferred PPO HSA/HRA<br>\$4,000                          | BluePreferred PPO HSA/HRA<br>\$2,000                          | BluePreferred PPO \$1,000                                     | BluePreferred PPO 100%/80%,<br>Rx: \$10/20%/40%/50%                                   | BluePreferred PPO<br>100%/80%,<br>Rx:\$10/\$45/\$65/50%                               | BluePreferred PPO \$500   | BluePreferred PPO \$1,200   |
| Plan   |   | Regional Preferred (RPN)<br>78079DC0230003,<br>78079DC0230004 | Regional Preferred (RPN)<br>78079DC0190001,<br>78079DC0230002 | Regional Preferred (RPN)<br>78079DC0170001,<br>78079DC0220002 | Regional Preferred (RPN)<br>78079DC0220016,<br>78079DC0220017                         | Regional Preferred (RPN)<br>78079DC0220009,<br>78079DC0220013                         | Regional Preferred (RPN)<br>78079DC0220001,<br>78079DC0220006             | Regional Preferred (RPN)<br>78079DC0220003,<br>78079DC0220007                         |
| High Level Benefit Description                 | Integrated<br>Individual Deductible<br>Individual OOP Max<br>Member Copay/Coinsurance | Integrated Med/Rx<br>\$4,000<br>\$6,350<br>30%                | Integrated Med/Rx<br>\$2,000<br>\$4,000<br>20%                | Integrated Med/Rx<br>\$1,000<br>\$3,000<br>10%                | NonIntegrated Med and Rx<br>\$0<br>\$2,000<br>\$20 PCP/\$30 Spec/\$200<br>ER/\$250 IP | NonIntegrated Med and Rx<br>\$0<br>\$1,100<br>\$20 PCP/\$30 Spec/\$200<br>ER/\$250 IP | NonIntegrated Med and Rx<br>\$500<br>\$1,500<br>\$10 PCP/Spec, \$50 ER/0% | NonIntegrated Med and Rx<br>\$1,200<br>\$4,000<br>\$20 PCP/Spec, \$100 ER/\$250<br>IP |
|  | Generic   | \$10  | \$10  | \$10  | \$10  | \$10  | \$10  | \$10  |
|  | Preferred Brand   | 20%   | 20%   | 20%   | 20%   | 20%   | 20%   | 20%   |
|  | NonPreferred Brand  | 40%   | 40%   | 40%   | 40%   | 40%   | 40%   | 40%   |
|  | Specialty   | 50%   | 50%   | 50%   | 50%   | 50%   | 50%   | 50%   |
|  | Embedded Pediatric Dental<br>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  | 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                   |   | \$ 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 Adjustments      |   | \$ 465.58   | \$ 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  | 1.0000  |
| Cost Sharing Factor                            |   | 0.4340  | 0.5447  | 0.6868  | 0.8670  | 0.8886  | 0.8271  | 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                  |   | \$ 264.92   | \$ 332.48   | \$ 416.79   | \$ 526.14   | \$ 539.30   | \$ 501.96   | \$ 408.33   |
| 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%  | 2.3%  | 1.9%  | 56.2%   | 14.5%   | 9.2%  |
| Projected Member Months                        |   | 144   | 804   | 2,916   | 2,412   | 72,540  | 18,708  | 11,904  |
| Plan Specific Paid / Allowed                   |   | 46.52%  | 58.39%  | 73.62%  | 92.93%  | 95.26%  | 88.66%  | 72.13%  |
| Average Paid / Allowed Ratio - On Exchange     | 69.4%   |   |   |   |   |   |   |   |
| 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   |
|  | Adjust for Capped Dependents  | 1.006   | 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.

\*\* 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  | Gold  | Silver  | Bronze  |
| Estimated AV                                   |  | 80.74%  | 79.20%  | 69.89%  | 78.06%  | 71.78%  | 61.00%  |
| Plan   |  | BluePreferred PPO \$1,000<br>80%/60%                              | BluePreferred PPO \$2,000   | BluePreferred PPO \$4,500   | BluePreferred PPO HSA/HRA<br>\$1,400                              | BluePreferred PPO<br>HSA/HRA \$2,000,<br>100%/80%                 | BluePreferred PPO<br>HSA/HRA \$4,500                              |
| Network Type                                   |  | Regional Preferred (RPN)<br>78079DC0220010,<br>78079DC0220014     | Regional Preferred (RPN)<br>78079DC0220004,<br>78079DC0220015     | Regional Preferred (RPN)<br>78079DC0220005,<br>78079DC0230009     | Regional Preferred (RPN)<br>78079DC0230001,<br>78079DC0230008     | Regional Preferred (RPN)<br>78079DC0230006,<br>78079DC0230010     | Regional Preferred (RPN)<br>78079DC0230005,<br>78079DC0220011     |
| High Level Benefit Description                 |  | NonIntegrated Med and Rx  | NonIntegrated Med and Rx  | NonIntegrated Med and Rx  | Integrated Med/Rx   | Integrated Med/Rx   | Integrated Med/Rx   |
|  |  | Individual Deductible<br>\$1,000<br>Individual OOP Max<br>\$3,500 | Individual Deductible<br>\$2,000<br>Individual OOP Max<br>\$5,000 | Individual Deductible<br>\$4,500<br>Individual OOP Max<br>\$6,350 | Individual Deductible<br>\$1,400<br>Individual OOP Max<br>\$2,800 | Individual Deductible<br>\$2,000<br>Individual OOP Max<br>\$4,500 | Individual Deductible<br>\$4,500<br>Individual OOP Max<br>\$6,350 |
|  |  | Member Copay/Coinsurance  | Member Copay/Coinsurance  | Member Copay/Coinsurance  | Member Copay/Coinsurance  | Member Copay/Coinsurance  | 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   | Generic   | Generic   | Generic   | Generic   | Generic   |
|  |  | \$10  | \$10  | \$10  | \$10  | \$10  | \$10  |
|  |  | Preferred Brand   | Preferred Brand   | Preferred Brand   | Preferred Brand   | Preferred Brand   | Preferred Brand   |
|  |  | \$45  | \$45  | \$45  | \$45  | \$45  | \$45  |
|  |  | NonPreferred Brand  | NonPreferred Brand  | NonPreferred Brand  | NonPreferred Brand  | NonPreferred Brand  | NonPreferred Brand  |
|  |  | \$65  | \$65  | \$65  | \$65  | \$65  | \$65  |
|  |  | Specialty   | Specialty   | Specialty   | Specialty   | Specialty   | Specialty   |
|  |  | 50%   | 50%   | 50%   | 50%   | 50%   | 50%   |
|  |  | Embedded Pediatric Dental<br>Deductible (Class 2-4)               | Embedded Pediatric Dental<br>Deductible (Class 2-4)               | Embedded Pediatric Dental<br>Deductible (Class 2-4)               | Embedded Pediatric Dental<br>Deductible (Class 2-4)               | Embedded Pediatric Dental<br>Deductible (Class 2-4)               | Embedded Pediatric Dental<br>Deductible (Class 2-4)               |
|  |  | \$25  | \$25  | \$25  | \$25  | \$25  | \$25  |
|  |  | Class 1   | Class 1   | Class 1   | Class 1   | Class 1   | Class 1   |
|  |  | 100%  | 100%  | 100%  | 100%  | 100%  | 100%  |
|  |  | Class 2   | Class 2   | Class 2   | Class 2   | Class 2   | Class 2   |
|  |  | 80%   | 80%   | 80%   | 80%   | 80%   | 80%   |
|  |  | Class 3   | Class 3   | Class 3   | Class 3   | Class 3   | Class 3   |
|  |  | 80%   | 80%   | 80%   | 80%   | 80%   | 80%   |
|  |  | Class 4   | Class 4   | Class 4   | Class 4   | Class 4   | Class 4   |
|  |  | 50%   | 50%   | 50%   | 50%   | 50%   | 50%   |
|  |  | Class 5   | Class 5   | Class 5   | Class 5   | Class 5   | Class 5   |
|  |  | 50%   | 50%   | 50%   | 50%   | 50%   | 50%   |
|  |  | Out of Pocket Max   | Out of Pocket Max   | Out of Pocket Max   | Out of Pocket Max   | Out of Pocket Max   | 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                   |  | \$ 465.58   | \$ 465.58   | \$ 465.58   | \$ 465.58   | \$ 465.58   | \$ 465.58   |
| Market Level Adjustments                       |  |   |   |   |   |   |   |
|  |  | Risk Adjustment   | Risk Adjustment   | Risk Adjustment   | Risk Adjustment   | Risk Adjustment   | Risk Adjustment   |
|  |  | \$ -  | \$ -  | \$ -  | \$ -  | \$ -  | \$ -  |
|  |  | Exchange User Fees PMPM   | Exchange User Fees PMPM   | Exchange User Fees PMPM   | Exchange User Fees PMPM   | Exchange User Fees PMPM   | 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  |
| Admin Expense Adjustment                       |  | 1.3004  | 1.3004  | 1.3004  | 1.3080  | 1.3080  | 1.3080  |
| 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 DSCR                                      |  | 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                                 | Normalize to Proposed Age Factors                                 | Normalize to Proposed Age Factors                                 | Normalize to Proposed Age Factors                                 | Normalize to Proposed Age Factors                                 | Normalize to Proposed Age Factors                                 |
|  |  | 0.928   | 0.928   | 0.928   | 0.928   | 0.928   | 0.928   |
|  |  | Adjust for Capped Dependents                                      | Adjust for Capped Dependents                                      | Adjust for Capped Dependents                                      | Adjust for Capped Dependents                                      | Adjust for Capped Dependents                                      | 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<br>81.79%  | Silver<br>71.58%  | Platinum<br>90.26%  | Platinum<br>89.81%  | Gold<br>81.88%  | Silver<br>70.81%  |
| Estimated AV                                   |  | BluePreferred PPO \$1,000<br>100%/80%   | BluePreferred PPO HSA/HRA<br>\$1,800  | HealthyBlue PPO \$300   | HealthyBlue PPO \$600   | HealthyBlue PPO \$1,500   | HealthyBlue PPO HSA/HRA<br>\$2,000  |
| Plan   |  | Regional Preferred (RPN)<br>78079DC0220008,<br>78079DC0220012   | Regional Preferred (RPN)<br>78079DC0230007,<br>78079DC0230011   | Regional Preferred (RPN)<br>78079DC0300002,<br>78079DC0300005   | Regional Preferred (RPN)<br>78079DC0300003,<br>78079DC0300006   | Regional Preferred (RPN)<br>78079DC0300001,<br>78079DC0300004   | Regional Preferred (RPN)<br>78079DC0310001,<br>78079DC0310002   |
| High Level Benefit Description                 |  | NonIntegrated Med and Rx<br>\$1,000<br>\$3,500<br>Member Copay/Coinsurance<br>\$250 ER/\$500 IP/0%                              | Integrated Med/Rx<br>\$1,800<br>\$4,500<br>10%  | NonIntegrated Med and Rx<br>\$300<br>\$1,500<br>\$0 PCP/\$30 Spec/\$200<br>ER/\$300 IP  | NonIntegrated Med and Rx<br>\$600<br>\$1,500<br>\$0 PCP/\$30 Spec/\$200<br>ER/\$300 IP  | NonIntegrated Med and Rx<br>\$1,500<br>\$5,500<br>\$0 PCP/\$30 Spec/\$200<br>ER/\$300 IP  | Integrated Med/Rx<br>\$2,000<br>\$6,350<br>\$0 PCP/\$30 Spec/\$200<br>ER/\$300 IP   |
|  |  | Generic<br>\$10<br>Preferred Brand<br>\$45<br>NonPreferred Brand<br>\$65<br>Specialty<br>50%                                    | Generic<br>\$10<br>Preferred Brand<br>\$45<br>NonPreferred Brand<br>\$65<br>Specialty<br>50%                                    | Generic<br>\$0<br>Preferred Brand<br>\$45<br>NonPreferred Brand<br>\$65<br>Specialty<br>50%                                     | Generic<br>\$0<br>Preferred Brand<br>\$45<br>NonPreferred Brand<br>\$65<br>Specialty<br>50%                                     | Generic<br>\$0<br>Preferred Brand<br>\$45<br>NonPreferred Brand<br>\$65<br>Specialty<br>50%                                     | Generic<br>\$0<br>Preferred Brand<br>\$45<br>NonPreferred Brand<br>\$65<br>Specialty<br>50%                                     |
|  |  | Embedded Pediatric Dental<br>Deductible (Class 2-4)<br>Class 1<br>Class 2<br>Class 3<br>Class 4<br>Class 5<br>Out of Pocket Max | Embedded Pediatric Dental<br>Deductible (Class 2-4)<br>Class 1<br>Class 2<br>Class 3<br>Class 4<br>Class 5<br>Out of Pocket Max | Embedded Pediatric Dental<br>Deductible (Class 2-4)<br>Class 1<br>Class 2<br>Class 3<br>Class 4<br>Class 5<br>Out of Pocket Max | Embedded Pediatric Dental<br>Deductible (Class 2-4)<br>Class 1<br>Class 2<br>Class 3<br>Class 4<br>Class 5<br>Out of Pocket Max | Embedded Pediatric Dental<br>Deductible (Class 2-4)<br>Class 1<br>Class 2<br>Class 3<br>Class 4<br>Class 5<br>Out of Pocket Max | Embedded Pediatric Dental<br>Deductible (Class 2-4)<br>Class 1<br>Class 2<br>Class 3<br>Class 4<br>Class 5<br>Out of Pocket Max |
| Projected Index Rate for EHB                   |  | \$ 465.58   | \$ 465.58   | \$ 465.58   | \$ 465.58   | \$ 465.58   | \$ 465.58   |
| Market Level Adjustments                       |  |   |   |   |   |   |   |
|  |  | Risk Adjustment<br>\$ -   | \$ -  | \$ -  | \$ -  | \$ -  | \$ -  |
|  |  | Exchange User Fees PMPM<br>\$ -   | \$ -  | \$ -  | \$ -  | \$ -  | \$ -  |
| Index Rate After Market Level Adjustments      |  | \$ 465.58   | \$ 465.58   | \$ 465.58   | \$ 465.58   | \$ 465.58   | \$ 465.58   |
|  |  | Network Adjustment<br>1.0000  | 1.0000  | 1.0000  | 1.0000  | 1.0000  | 1.0000  |
|  |  | Cost Sharing Factor<br>0.6862   | 0.5599  | 0.7316  | 0.8476  | 0.7739  | 0.5790  |
|  |  | Benefits in Excess of EHB*<br>1.0024  | 1.0024  | 1.0024  | 1.0024  | 1.0024  | 1.0024  |
|  |  | Admin Expense Adjustment<br>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   | 108   | 120   |
| 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<br>0.928  | 0.928   | 0.928   | 0.928   | 0.928   | 0.928   |
|  |  | Adjust for Capped Dependents<br>1.006   | 1.006   | 1.006   | 1.006   | 1.006   | 1.006   |
| Plan Specific Premium PMPM                     |  | \$ 446.42   | \$ 366.34   | \$ 475.96   | \$ 551.38   | \$ 503.49   | \$ 378.84   |

\* 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**

|  |           |           |           |
|--|-----------|-----------|-----------|
|  | Medical   | Rx        | Total     |
| 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-CDH          |               | CDH              |               | Total            |               | Total (3Q13)*    |               | % Δ   |
|--|------------------|---------------|------------------|---------------|------------------|---------------|------------------|---------------|-------|
|  | PMPM             | %             | PMPM             | %             | PMPM             | %             | PMPM             | %             |       |
| Projected Allowed Claims (+ Capitations)   | \$ 392.99        | 76.9%         | \$ 392.99        | 76.5%         | \$ 392.99        | 76.9%         | \$ 407.24        | 81.7%         | -4.8% |
| Admin Costs                                | \$ 52.60         | 10.3%         | \$ 52.60         | 10.2%         | \$ 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%  |
| <b>Total</b>                               | <b>\$ 511.04</b> | <b>100.0%</b> | <b>\$ 514.02</b> | <b>100.0%</b> | <b>\$ 511.34</b> | <b>100.0%</b> | <b>\$ 498.61</b> | <b>100.0%</b> |       |

\* 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%.

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

**Support for DICR Components**

**Estimated Breakdown of Admin Costs**

|                                | % of<br>Revenue |
|--------------------------------|-----------------|
| Salaries/Wages/Benefits        | 5.2%            |
| Quality Improvement Activities | 0.8%            |
| Other General Admin            | 4.3%            |
| <b>Total Admin Costs</b>       | <b>10.3%</b>    |

**ACA Fees**

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

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

**Development of Anticipated Medical Loss Ratio, as Defined by PPACA**

|                              |  | <b>GHMSI<br/>Projected</b> |
|------------------------------|--|----------------------------|
| (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) | <b>MLR Numerator</b>                                     | <b>\$175,033,519</b>       |
|                              |  |                            |
| (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)            | <b>MLR Denominator</b>                                   | <b>\$218,777,657</b>       |
|                              |  |                            |
| (13) = (7) / (12)            | <b>Projected MLR</b>                                     | <b>80.0%</b>               |

\* 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.

- |  |               |
|--|---------------|
| 1. Removal of costs which we book as care, but are not considered care under MLR guidelines: | <b>-0.32%</b> |
| 2. Health care improvement expenses:   | <b>1.10%</b>  |
| <b>3. Net 2012 adjustment:</b>   | <b>0.78%</b>  |

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

**Credibility Factor Derivation:**

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

|   |                 | Other Medical Not |                  |                       |                               |                              |                          |               |  |
|---|-----------------|-------------------|------------------|-----------------------|-------------------------------|------------------------------|--------------------------|---------------|--|
|   | Preventive Care | Pediatric Dental  | Pediatric Vision | Subject to Deductible | Medical Subject to Deductible | Rx Not Subject to Deductible | Rx Subject to 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)                 | \$ -                         | \$ (337.69)              | \$ (1,629.11) |  |
| Other Member Cost Sharing                                       | \$ -            | \$ (3.19)         | \$ -             | \$ -                  | \$ (576.34)                   | \$ -                         | \$ (214.51)              | \$ (794.04)   |  |
| Member Subtotal   |                 |                   |                  |                       |                               |                              |                          | \$ (2,423.15) |  |
| Apply Member OOP Maximum  |                 |                   |                  |                       |                               |                              |                          | \$ (1,919.85) |  |
| Preliminary Plan Liability                                      |                 |                   |                  |                       |                               |                              |                          | \$ 2,303.36   |  |
| Preliminary Benefit Factor                                      |                 |                   |                  |                       |                               |                              |                          | 0.5454        |  |
| Adjustment for Utilization Based on Differences in Cost Sharing |                 |                   |                  |                       |                               |                              |                          | 0.889         |  |
| Adjustment for Impact of Health Savings/Reimbursement Account   |                 |                   |                  |                       |                               |                              |                          | 0.960         |  |
| Normalization Adjustments                                       |                 |                   |                  |                       |                               |                              |                          | 0.933         |  |
| Final Cost Sharing Factor                                       |                 |                   |                  |                       |                               |                              |                          | <b>0.4340</b> |  |

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

|   |                 | Other Medical Not |                  |                       |                               |                              |                          |               |  |
|---|-----------------|-------------------|------------------|-----------------------|-------------------------------|------------------------------|--------------------------|---------------|--|
|   | Preventive Care | Pediatric Dental  | Pediatric Vision | Subject to Deductible | Medical Subject to Deductible | Rx Not Subject to Deductible | Rx Subject to 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)   |  |
| Member Subtotal   |                 |                   |                  |                       |                               |                              |                          | \$ (1,822.42) |  |
| Apply Member OOP Maximum  |                 |                   |                  |                       |                               |                              |                          | \$ (1,421.50) |  |
| Preliminary Plan Liability                                      |                 |                   |                  |                       |                               |                              |                          | \$ 2,801.72   |  |
| Preliminary Benefit Factor                                      |                 |                   |                  |                       |                               |                              |                          | 0.6634        |  |
| Adjustment for Utilization Based on Differences in Cost Sharing |                 |                   |                  |                       |                               |                              |                          | 0.917         |  |
| Adjustment for Impact of Health Savings/Reimbursement Account   |                 |                   |                  |                       |                               |                              |                          | 0.960         |  |
| Normalization Adjustments                                       |                 |                   |                  |                       |                               |                              |                          | 0.933         |  |
| Final Cost Sharing Factor                                       |                 |                   |                  |                       |                               |                              |                          | <b>0.5447</b> |  |

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

|   |                 | Other Medical Not |                  |                       |                               |                              |                          |               |  |
|---|-----------------|-------------------|------------------|-----------------------|-------------------------------|------------------------------|--------------------------|---------------|--|
|   | Preventive Care | Pediatric Dental  | Pediatric Vision | Subject to Deductible | Medical Subject to Deductible | Rx Not Subject to Deductible | Rx 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)   |  |
| Member Subtotal   |                 |                   |                  |                       |                               |                              |                          | \$ (1,248.55) |  |
| Apply Member OOP Maximum  |                 |                   |                  |                       |                               |                              |                          | \$ (1,016.34) |  |
| Preliminary Plan Liability                                      |                 |                   |                  |                       |                               |                              |                          | \$ 3,206.88   |  |
| Preliminary Benefit Factor                                      |                 |                   |                  |                       |                               |                              |                          | 0.7593        |  |
| Adjustment for Utilization Based on Differences in Cost Sharing |                 |                   |                  |                       |                               |                              |                          | 0.966         |  |
| Adjustment for Impact of Health Savings/Reimbursement Account   |                 |                   |                  |                       |                               |                              |                          | 1.004         |  |
| Normalization Adjustments                                       |                 |                   |                  |                       |                               |                              |                          | 0.933         |  |
| Final Cost Sharing Factor                                       |                 |                   |                  |                       |                               |                              |                          | <b>0.6868</b> |  |

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

|   |                 | Other Medical Not |                  |                       |                               |                              |                          |               |  |
|---|-----------------|-------------------|------------------|-----------------------|-------------------------------|------------------------------|--------------------------|---------------|--|
|   | Preventive Care | Pediatric Dental  | Pediatric Vision | Subject to Deductible | Medical Subject to Deductible | Rx Not Subject to Deductible | Rx 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)   |  |
| Member Subtotal   |                 |                   |                  |                       |                               |                              |                          | \$ (652.27)   |  |
| Apply Member OOP Maximum  |                 |                   |                  |                       |                               |                              |                          | \$ (446.77)   |  |
| Preliminary Plan Liability                                      |                 |                   |                  |                       |                               |                              |                          | \$ 3,776.45   |  |
| Preliminary Benefit Factor                                      |                 |                   |                  |                       |                               |                              |                          | 0.8942        |  |
| Adjustment for Utilization Based on Differences in Cost Sharing |                 |                   |                  |                       |                               |                              |                          | 1.035         |  |
| Adjustment for Impact of Health Savings/Reimbursement Account   |                 |                   |                  |                       |                               |                              |                          | 1.004         |  |
| Normalization Adjustments                                       |                 |                   |                  |                       |                               |                              |                          | 0.933         |  |
| Final Cost Sharing Factor                                       |                 |                   |                  |                       |                               |                              |                          | <b>0.8670</b> |  |

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

|   |                 | Other Medical Not |                  |                       |                               |                              |                          |               |  |
|---|-----------------|-------------------|------------------|-----------------------|-------------------------------|------------------------------|--------------------------|---------------|--|
|   | Preventive Care | Pediatric Dental  | Pediatric Vision | Subject to Deductible | Medical Subject to Deductible | Rx Not Subject to Deductible | Rx 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)                   | \$ -                         | \$ (387.82)              | \$ (630.94)   |  |
| Member Subtotal   |                 |                   |                  |                       |                               |                              |                          | \$ (642.88)   |  |
| Apply Member OOP Maximum  |                 |                   |                  |                       |                               |                              |                          | \$ (352.31)   |  |
| Preliminary Plan Liability                                      |                 |                   |                  |                       |                               |                              |                          | \$ 3,870.90   |  |
| Preliminary Benefit Factor                                      |                 |                   |                  |                       |                               |                              |                          | 0.9166        |  |
| Adjustment for Utilization Based on Differences in Cost Sharing |                 |                   |                  |                       |                               |                              |                          | 1.035         |  |
| Adjustment for Impact of Health Savings/Reimbursement Account   |                 |                   |                  |                       |                               |                              |                          | 1.004         |  |
| Normalization Adjustments                                       |                 |                   |                  |                       |                               |                              |                          | 0.933         |  |
| Final Cost Sharing Factor                                       |                 |                   |                  |                       |                               |                              |                          | <b>0.8886</b> |  |

Support for Cost Sharing Factors

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

|   |                 | Other Medical Not |                  |                       |                               |                              |                          |               |  |
|---|-----------------|-------------------|------------------|-----------------------|-------------------------------|------------------------------|--------------------------|---------------|--|
|   | Preventive Care | Pediatric Dental  | Pediatric Vision | Subject to Deductible | Medical Subject to Deductible | Rx Not Subject to Deductible | Rx Subject to Deductible | Total         |  |
| Allowed PMPY  | \$ 43.42        | \$ 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)   |  |
| Member Subtotal   |                 |                   |                  |                       |                               |                              |                          | \$ (784.79)   |  |
| Apply Member OOP Maximum  |                 |                   |                  |                       |                               |                              |                          | \$ (620.29)   |  |
| Preliminary Plan Liability                                      |                 |                   |                  |                       |                               |                              |                          | \$ 3,602.92   |  |
| Preliminary Benefit Factor                                      |                 |                   |                  |                       |                               |                              |                          | 0.8531        |  |
| Adjustment for Utilization Based on Differences in Cost Sharing |                 |                   |                  |                       |                               |                              |                          | 1.035         |  |
| Adjustment for Impact of Health Savings/Reimbursement Account   |                 |                   |                  |                       |                               |                              |                          | 1.004         |  |
| Normalization Adjustments                                       |                 |                   |                  |                       |                               |                              |                          | 0.933         |  |
| Final Cost Sharing Factor                                       |                 |                   |                  |                       |                               |                              |                          | <b>0.8271</b> |  |

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

|   |                 | Other Medical Not |                  |                       |                               |                              |                          |               |  |
|---|-----------------|-------------------|------------------|-----------------------|-------------------------------|------------------------------|--------------------------|---------------|--|
|   | Preventive Care | Pediatric Dental  | Pediatric Vision | Subject to Deductible | Medical Subject to Deductible | Rx Not Subject to Deductible | Rx 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)   |  |
| Member Subtotal   |                 |                   |                  |                       |                               |                              |                          | \$ (1,199.92) |  |
| Apply Member OOP Maximum  |                 |                   |                  |                       |                               |                              |                          | \$ (1,081.42) |  |
| Preliminary Plan Liability                                      |                 |                   |                  |                       |                               |                              |                          | \$ 3,141.80   |  |
| Preliminary Benefit Factor                                      |                 |                   |                  |                       |                               |                              |                          | 0.7439        |  |
| Adjustment for Utilization Based on Differences in Cost Sharing |                 |                   |                  |                       |                               |                              |                          | 0.966         |  |
| Adjustment for Impact of Health Savings/Reimbursement Account   |                 |                   |                  |                       |                               |                              |                          | 1.004         |  |
| Normalization Adjustments                                       |                 |                   |                  |                       |                               |                              |                          | 0.933         |  |
| Final Cost Sharing Factor                                       |                 |                   |                  |                       |                               |                              |                          | <b>0.6728</b> |  |

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

|   |                 | Other Medical Not |                  |                       |                               |                              |                          |               |  |
|---|-----------------|-------------------|------------------|-----------------------|-------------------------------|------------------------------|--------------------------|---------------|--|
|   | Preventive Care | Pediatric Dental  | Pediatric Vision | Subject to Deductible | Medical Subject to Deductible | Rx Not Subject to Deductible | Rx Subject to 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)   |  |
| Member Subtotal   |                 |                   |                  |                       |                               |                              |                          | \$ (1,419.71) |  |
| Apply Member OOP Maximum  |                 |                   |                  |                       |                               |                              |                          | \$ (1,068.84) |  |
| Preliminary Plan Liability                                      |                 |                   |                  |                       |                               |                              |                          | \$ 3,154.37   |  |
| Preliminary Benefit Factor                                      |                 |                   |                  |                       |                               |                              |                          | 0.7469        |  |
| Adjustment for Utilization Based on Differences in Cost Sharing |                 |                   |                  |                       |                               |                              |                          | 0.966         |  |
| Adjustment for Impact of Health Savings/Reimbursement Account   |                 |                   |                  |                       |                               |                              |                          | 1.004         |  |
| Normalization Adjustments                                       |                 |                   |                  |                       |                               |                              |                          | 0.933         |  |
| Final Cost Sharing Factor                                       |                 |                   |                  |                       |                               |                              |                          | <b>0.6755</b> |  |

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

|   |                 | Other Medical Not |                  |                       |                               |                              |                          |               |  |
|---|-----------------|-------------------|------------------|-----------------------|-------------------------------|------------------------------|--------------------------|---------------|--|
|   | Preventive Care | Pediatric Dental  | Pediatric Vision | Subject to Deductible | Medical Subject to Deductible | Rx Not Subject to Deductible | Rx Subject to 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)   |  |
| Member Subtotal   |                 |                   |                  |                       |                               |                              |                          | \$ (1,299.67) |  |
| Apply Member OOP Maximum  |                 |                   |                  |                       |                               |                              |                          | \$ (1,228.18) |  |
| Preliminary Plan Liability                                      |                 |                   |                  |                       |                               |                              |                          | \$ 2,995.03   |  |
| Preliminary Benefit Factor                                      |                 |                   |                  |                       |                               |                              |                          | 0.7092        |  |
| Adjustment for Utilization Based on Differences in Cost Sharing |                 |                   |                  |                       |                               |                              |                          | 0.966         |  |
| Adjustment for Impact of Health Savings/Reimbursement Account   |                 |                   |                  |                       |                               |                              |                          | 1.004         |  |
| Normalization Adjustments                                       |                 |                   |                  |                       |                               |                              |                          | 0.933         |  |
| Final Cost Sharing Factor                                       |                 |                   |                  |                       |                               |                              |                          | <b>0.6414</b> |  |

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

|   |                 | Other Medical Not |                  |                       |                               |                              |                          |               |  |
|---|-----------------|-------------------|------------------|-----------------------|-------------------------------|------------------------------|--------------------------|---------------|--|
|   | Preventive Care | Pediatric Dental  | Pediatric Vision | Subject to Deductible | Medical Subject to Deductible | Rx Not Subject to Deductible | Rx Subject to Deductible | Total         |  |
| Allowed PMPY  | \$ 43.42        | \$ 40.44          | \$ 3.57          | \$ 554.46             | \$ 2,474.96                   | \$ -                         | \$ 1,106.36              | \$ 4,223.21   |  |
| Deductible  | \$ -            | \$ (11.94)        | \$ -             | \$ -                  | \$ (1,231.61)                 | \$ -                         | \$ -                     | \$ (1,243.55) |  |
| Other Member Cost Sharing                                       | \$ -            | \$ (3.19)         | \$ -             | \$ (18.04)            | \$ (40.45)                    | \$ -                         | \$ (387.82)              | \$ (449.50)   |  |
| Member Subtotal   |                 |                   |                  |                       |                               |                              |                          | \$ (1,693.05) |  |
| Apply Member OOP Maximum  |                 |                   |                  |                       |                               |                              |                          | \$ (1,571.15) |  |
| Preliminary Plan Liability                                      |                 |                   |                  |                       |                               |                              |                          | \$ 2,652.06   |  |
| Preliminary Benefit Factor                                      |                 |                   |                  |                       |                               |                              |                          | 0.6280        |  |
| Adjustment for Utilization Based on Differences in Cost Sharing |                 |                   |                  |                       |                               |                              |                          | 0.917         |  |
| Adjustment for Impact of Health Savings/Reimbursement Account   |                 |                   |                  |                       |                               |                              |                          | 1.004         |  |
| Normalization Adjustments                                       |                 |                   |                  |                       |                               |                              |                          | 0.933         |  |
| Final Cost Sharing Factor                                       |                 |                   |                  |                       |                               |                              |                          | <b>0.5392</b> |  |

Support for Cost Sharing Factors

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

|   |                 | Other Medical Not |                  |                       |                               |                              |                          |               |  |
|---|-----------------|-------------------|------------------|-----------------------|-------------------------------|------------------------------|--------------------------|---------------|--|
|   | Preventive Care | Pediatric Dental  | Pediatric Vision | Subject to Deductible | Medical Subject to Deductible | Rx Not Subject to Deductible | Rx Subject to Deductible | Total         |  |
| Allowed PMPY  | \$ 43.42        | \$ 40.44          | \$ 3.57          | \$ -                  | \$ 3,029.42                   | \$ -                         | \$ 1,106.36              | \$ 4,223.21   |  |
| Deductible  | \$ -            | \$ (11.94)        | \$ -             | \$ -                  | \$ (574.87)                   | \$ -                         | \$ (337.69)              | \$ (849.97)   |  |
| Other Member Cost Sharing                                       | \$ -            | \$ (3.19)         | \$ -             | \$ -                  | \$ (14.96)                    | \$ -                         | \$ (295.58)              | \$ (313.72)   |  |
| Member Subtotal   |                 |                   |                  |                       |                               |                              |                          | \$ (1,163.69) |  |
| Apply Member OOP Maximum  |                 |                   |                  |                       |                               |                              |                          | \$ (1,062.21) |  |
| Preliminary Plan Liability                                      |                 |                   |                  |                       |                               |                              |                          | \$ 3,161.01   |  |
| Preliminary Benefit Factor                                      |                 |                   |                  |                       |                               |                              |                          | 0.7485        |  |
| Adjustment for Utilization Based on Differences in Cost Sharing |                 |                   |                  |                       |                               |                              |                          | 0.966         |  |
| Adjustment for Impact of Health Savings/Reimbursement Account   |                 |                   |                  |                       |                               |                              |                          | 0.960         |  |
| Normalization Adjustments                                       |                 |                   |                  |                       |                               |                              |                          | 0.933         |  |
| Final Cost Sharing Factor                                       |                 |                   |                  |                       |                               |                              |                          | <b>0.6473</b> |  |

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

|   |                 | Other Medical Not |                  |                       |                               |                              |                          |               |  |
|---|-----------------|-------------------|------------------|-----------------------|-------------------------------|------------------------------|--------------------------|---------------|--|
|   | Preventive Care | Pediatric Dental  | Pediatric Vision | Subject to Deductible | Medical Subject to Deductible | Rx Not Subject to Deductible | Rx Subject to 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)         | \$ -             | \$ -                  | \$ (161.21)                   | \$ -                         | \$ (269.45)              | \$ (433.85)   |  |
| Member Subtotal   |                 |                   |                  |                       |                               |                              |                          | \$ (1,518.16) |  |
| Apply Member OOP Maximum  |                 |                   |                  |                       |                               |                              |                          | \$ (1,371.33) |  |
| Preliminary Plan Liability                                      |                 |                   |                  |                       |                               |                              |                          | \$ 2,851.89   |  |
| Preliminary Benefit Factor                                      |                 |                   |                  |                       |                               |                              |                          | 0.6753        |  |
| Adjustment for Utilization Based on Differences in Cost Sharing |                 |                   |                  |                       |                               |                              |                          | 0.917         |  |
| Adjustment for Impact of Health Savings/Reimbursement Account   |                 |                   |                  |                       |                               |                              |                          | 0.960         |  |
| Normalization Adjustments                                       |                 |                   |                  |                       |                               |                              |                          | 0.933         |  |
| Final Cost Sharing Factor                                       |                 |                   |                  |                       |                               |                              |                          | <b>0.5544</b> |  |

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

|   |                 | Other Medical Not |                  |                       |                               |                              |                          |               |  |
|---|-----------------|-------------------|------------------|-----------------------|-------------------------------|------------------------------|--------------------------|---------------|--|
|   | Preventive Care | Pediatric Dental  | Pediatric Vision | Subject to Deductible | Medical Subject to Deductible | Rx Not Subject to Deductible | Rx Subject to 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)   |  |
| Member Subtotal   |                 |                   |                  |                       |                               |                              |                          | \$ (1,931.81) |  |
| Apply Member OOP Maximum  |                 |                   |                  |                       |                               |                              |                          | \$ (1,867.45) |  |
| Preliminary Plan Liability                                      |                 |                   |                  |                       |                               |                              |                          | \$ 2,355.77   |  |
| Preliminary Benefit Factor                                      |                 |                   |                  |                       |                               |                              |                          | 0.5578        |  |
| Adjustment for Utilization Based on Differences in Cost Sharing |                 |                   |                  |                       |                               |                              |                          | 0.889         |  |
| Adjustment for Impact of Health Savings/Reimbursement Account   |                 |                   |                  |                       |                               |                              |                          | 0.960         |  |
| Normalization Adjustments                                       |                 |                   |                  |                       |                               |                              |                          | 0.933         |  |
| Final Cost Sharing Factor                                       |                 |                   |                  |                       |                               |                              |                          | <b>0.4439</b> |  |

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

|   |                 | Other Medical Not |                  |                       |                               |                              |                          |               |  |
|---|-----------------|-------------------|------------------|-----------------------|-------------------------------|------------------------------|--------------------------|---------------|--|
|   | Preventive Care | Pediatric Dental  | Pediatric Vision | Subject to Deductible | Medical Subject to Deductible | Rx Not Subject to Deductible | Rx Subject to 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)   |  |
| Member Subtotal   |                 |                   |                  |                       |                               |                              |                          | \$ (1,183.67) |  |
| Apply Member OOP Maximum  |                 |                   |                  |                       |                               |                              |                          | \$ (1,018.96) |  |
| Preliminary Plan Liability                                      |                 |                   |                  |                       |                               |                              |                          | \$ 3,204.26   |  |
| Preliminary Benefit Factor                                      |                 |                   |                  |                       |                               |                              |                          | 0.7587        |  |
| Adjustment for Utilization Based on Differences in Cost Sharing |                 |                   |                  |                       |                               |                              |                          | 0.966         |  |
| Adjustment for Impact of Health Savings/Reimbursement Account   |                 |                   |                  |                       |                               |                              |                          | 1.004         |  |
| Normalization Adjustments                                       |                 |                   |                  |                       |                               |                              |                          | 0.933         |  |
| Final Cost Sharing Factor                                       |                 |                   |                  |                       |                               |                              |                          | <b>0.6862</b> |  |

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

|   |                 | Other Medical Not |                  |                       |                               |                              |                          |               |  |
|---|-----------------|-------------------|------------------|-----------------------|-------------------------------|------------------------------|--------------------------|---------------|--|
|   | Preventive Care | Pediatric Dental  | Pediatric Vision | Subject to Deductible | Medical Subject to Deductible | Rx Not Subject to Deductible | Rx Subject to 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)   |  |
| Member Subtotal   |                 |                   |                  |                       |                               |                              |                          | \$ (1,526.59) |  |
| Apply Member OOP Maximum  |                 |                   |                  |                       |                               |                              |                          | \$ (1,343.41) |  |
| Preliminary Plan Liability                                      |                 |                   |                  |                       |                               |                              |                          | \$ 2,879.80   |  |
| Preliminary Benefit Factor                                      |                 |                   |                  |                       |                               |                              |                          | 0.6819        |  |
| Adjustment for Utilization Based on Differences in Cost Sharing |                 |                   |                  |                       |                               |                              |                          | 0.917         |  |
| Adjustment for Impact of Health Savings/Reimbursement Account   |                 |                   |                  |                       |                               |                              |                          | 0.960         |  |
| Normalization Adjustments                                       |                 |                   |                  |                       |                               |                              |                          | 0.933         |  |
| Final Cost Sharing Factor                                       |                 |                   |                  |                       |                               |                              |                          | <b>0.5599</b> |  |

Support for Cost Sharing Factors

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

|   | Preventive Care | Pediatric Dental | Pediatric Vision | Other Medical Not Subject to Deductible | Medical Subject to Deductible | Rx Not Subject to Deductible | Rx 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)       | \$ -             | \$ -                                    | \$ (583.89)                   | \$ -                         | \$ -                     | \$ (595.83)   |
| Other Member Cost Sharing                                       | \$ -            | \$ (3.19)        | \$ -             | \$ (158.91)                             | \$ (68.60)                    | \$ -                         | \$ (387.82)              | \$ (618.51)   |
| Member Subtotal   |                 |                  |                  |   |                               |                              |                          | \$ (1,214.34) |
| Apply Member OOP Maximum  |                 |                  |                  |   |                               |                              |                          | \$ (1,036.25) |
| Preliminary Plan Liability                                      |                 |                  |                  |   |                               |                              |                          | \$ 3,186.96   |
| Preliminary Benefit Factor                                      |                 |                  |                  |   |                               |                              |                          | 0.7546        |
| Adjustment for Utilization Based on Differences in Cost Sharing |                 |                  |                  |   |                               |                              |                          | 1.035         |
| Adjustment for Impact of Health Savings/Reimbursement Account   |                 |                  |                  |   |                               |                              |                          | 1.004         |
| Normalization Adjustments                                       |                 |                  |                  |   |                               |                              |                          | 0.933         |
| Final Cost Sharing Factor                                       |                 |                  |                  |   |                               |                              |                          | 0.7316        |

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

|   | Preventive Care | Pediatric Dental | Pediatric Vision | Other Medical Not Subject to Deductible | Medical Subject to Deductible | Rx Not Subject to Deductible | Rx 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) |
| Member Subtotal   |                 |                  |                  |   |                               |                              |                          | \$ (788.27) |
| Apply Member OOP Maximum  |                 |                  |                  |   |                               |                              |                          | \$ (531.25) |
| Preliminary Plan Liability                                      |                 |                  |                  |   |                               |                              |                          | \$ 3,691.96 |
| Preliminary Benefit Factor                                      |                 |                  |                  |   |                               |                              |                          | 0.8742      |
| Adjustment for Utilization Based on Differences in Cost Sharing |                 |                  |                  |   |                               |                              |                          | 1.035       |
| Adjustment for Impact of Health Savings/Reimbursement Account   |                 |                  |                  |   |                               |                              |                          | 1.004       |
| Normalization Adjustments                                       |                 |                  |                  |   |                               |                              |                          | 0.933       |
| Final Cost Sharing Factor                                       |                 |                  |                  |   |                               |                              |                          | 0.8476      |

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

|   | Preventive Care | Pediatric Dental | Pediatric Vision | Other Medical Not Subject to Deductible | Medical Subject to Deductible | Rx Not Subject to Deductible | Rx 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)       | \$ -             | \$ -                                    | \$ (321.91)                   | \$ -                         | \$ -                     | \$ (333.85) |
| Other Member Cost Sharing                                       | \$ -            | \$ (3.19)        | \$ -             | \$ (158.91)                             | \$ (92.97)                    | \$ -                         | \$ (313.02)              | \$ (568.08) |
| Member Subtotal   |                 |                  |                  |   |                               |                              |                          | \$ (901.93) |
| Apply Member OOP Maximum  |                 |                  |                  |   |                               |                              |                          | \$ (609.30) |
| Preliminary Plan Liability                                      |                 |                  |                  |   |                               |                              |                          | \$ 3,613.91 |
| Preliminary Benefit Factor                                      |                 |                  |                  |   |                               |                              |                          | 0.8557      |
| Adjustment for Utilization Based on Differences in Cost Sharing |                 |                  |                  |   |                               |                              |                          | 0.966       |
| Adjustment for Impact of Health Savings/Reimbursement Account   |                 |                  |                  |   |                               |                              |                          | 1.004       |
| Normalization Adjustments                                       |                 |                  |                  |   |                               |                              |                          | 0.933       |
| Final Cost Sharing Factor                                       |                 |                  |                  |   |                               |                              |                          | 0.7739      |

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

|   | Preventive Care | Pediatric Dental | Pediatric Vision | Other Medical Not Subject to Deductible | Medical Subject to Deductible | Rx Not Subject to Deductible | Rx Subject to 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)   |
| Member Subtotal   |                 |                  |                  |   |                               |                              |                          | \$ (1,354.59) |
| Apply Member OOP Maximum  |                 |                  |                  |   |                               |                              |                          | \$ (1,245.15) |
| Preliminary Plan Liability                                      |                 |                  |                  |   |                               |                              |                          | \$ 2,978.07   |
| Preliminary Benefit Factor                                      |                 |                  |                  |   |                               |                              |                          | 0.7052        |
| Adjustment for Utilization Based on Differences in Cost Sharing |                 |                  |                  |   |                               |                              |                          | 0.917         |
| Adjustment for Impact of Health Savings/Reimbursement Account   |                 |                  |                  |   |                               |                              |                          | 0.960         |
| Normalization Adjustments                                       |                 |                  |                  |   |                               |                              |                          | 0.933         |
| Final Cost Sharing Factor                                       |                 |                  |                  |   |                               |                              |                          | 0.5790        |

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

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

|  |                            |               |                          |
|--|----------------------------|---------------|--------------------------|
| <b>Projected Pool Allowed PMPM</b>                         | <b>\$</b>                  | <b>449.60</b> |                          |
|  | <b>Uncapped Dependents</b> |               | <b>Capped Dependents</b> |
| 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                |
| <b>Normalization Adjustment</b>                            |                            | <b>0.928</b>  | <b>1.006</b>             |

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

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

|                  | Impact of Health<br>Savings/Reimbursement Account** | Projected Member<br>Months |
|------------------|---|----------------------------|
| <b>HSA/HRA</b>   | 0.960   | 13,704                     |
| <b>All Other</b> | 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.

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

**Rating Methodology & Sample Calculation**

**Methodology**

1. For each subscriber in a group, identify:

All dependents associated with the subscriber including the following categories:

- Spouse/Domestic Partner
- # of children ages 21 or older
- # of children ages under 21 (if more than 3, select 3 oldest children)

**Group ABC**

Selects BluePreferred Gold Plan

**Employee 1**

A spouse, and 1 child

1  
0  
1

**Employee 2**

5 children

0  
1  
4

2. For each subscriber and dependent, identify their age.

| Subscriber | Spouse | Child 1 |
|------------|--------|---------|
| 46         | 34     | 15      |

3. Determine appropriate age factor.

|       |       |       |
|-------|-------|-------|
| 1.227 | 0.775 | 0.727 |
|-------|-------|-------|

4. Identify the appropriate plan level base rate.

|          |          |          |
|----------|----------|----------|
| \$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 |
|----------|----------|----------|

6. The group's total rate is the sum of individual rates for all subscribers and members combined.

**\$2,883.75**

| Subscriber | Child 1* | Child 2 | Child 3 | Child 4 | Child 5 |
|------------|----------|---------|---------|---------|---------|
| 52         | 6        | 10      | 13      | 18      | 22      |

|       |  |       |       |       |       |
|-------|--|-------|-------|-------|-------|
| 1.545 |  | 0.727 | 0.727 | 0.727 | 0.727 |
|-------|--|-------|-------|-------|-------|

|          |  |          |          |          |          |
|----------|--|----------|----------|----------|----------|
| \$401.52 |  | \$401.52 | \$401.52 | \$401.52 | \$401.52 |
|----------|--|----------|----------|----------|----------|

|          |  |          |          |          |          |
|----------|--|----------|----------|----------|----------|
| \$620.35 |  | \$291.91 | \$291.91 | \$291.91 | \$291.91 |
|----------|--|----------|----------|----------|----------|

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

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

**Age Factors**

| <b>Age</b>  | <b>Proposed<br/>Factor</b> |
|-------------|----------------------------|
| <= 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          | 1.094                      |
| 44          | 1.137                      |
| 45          | 1.181                      |
| 46          | 1.227                      |
| 47          | 1.275                      |
| 48          | 1.325                      |
| 49          | 1.377                      |
| 50          | 1.431                      |
| 51          | 1.487                      |
| 52          | 1.545                      |
| 53          | 1.605                      |
| 54          | 1.668                      |
| 55          | 1.733                      |
| 56          | 1.801                      |
| 57          | 1.871                      |
| 58          | 1.944                      |
| 59          | 2.020                      |
| 60          | 2.099                      |
| 61          | 2.181                      |
| 62          | 2.181                      |
| 63          | 2.181                      |
| 64 and over | 2.181                      |



**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**

**CareFirst BlueCross BlueShield (GHMSI)**  
**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  
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:<br>2nd Tier Utilization: |

|  | 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 |
|  |                            |      |          |
|  |                            |      |          |
|  |                            |      |          |

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| Type of Benefit  | Tier 1                 |                         |                           |                    | Tier 2                 |                         |                           |                    |
|--|------------------------|-------------------------|---------------------------|--------------------|------------------------|-------------------------|---------------------------|--------------------|
|  | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate |
| <b>Medical</b>   |                        |                         |                           |                    |                        |                         |                           |                    |
| 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) | Y                      | Y                       |                           |                    |                        |                         |                           |                    |
| Specialist Visit   | Y                      | Y                       |                           |                    |                        |                         |                           |                    |
| Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services      | Y                      | Y                       |                           |                    |                        |                         |                           |                    |
| 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                |                        |                         |                           |                    |                        |                         |                           |                    |
| 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                      | Y                       |                           |                    |                        |                         |                           |                    |
| Outpatient Surgery Physician/Surgical Services                                 | Y                      | Y                       |                           |                    |                        |                         |                           |                    |
| <b>Drugs</b>   |                        |                         |                           |                    |                        |                         |                           |                    |
| Generics   | Y                      | N                       |                           | \$10.00            |                        |                         |                           |                    |
| Preferred Brand Drugs  | Y                      | Y                       | 80%                       |                    |                        |                         |                           |                    |
| Non-Preferred Brand Drugs  | Y                      | Y                       | 60%                       |                    |                        |                         |                           |                    |
| Specialty Drugs (i.e. high-cost)   | Y                      | Y                       | 50%                       |                    |                        |                         |                           |                    |

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: 60.85%  
Metal Tier: Bronze

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

| Enter OP Copays | Assumed Cost / Visit | 1        | 2        | 3        | 4        |
|-----------------|----------------------|----------|----------|----------|----------|
|                 |                      | Platinum | Gold     | Silver   | Bronze   |
|                 | \$ 447.92            | \$352.86 | \$401.15 | \$421.78 | \$447.92 |
|                 | \$ 232.22            | \$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 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  
Desired Metal Tier Silver

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

|  | Tier 1 Plan Benefit Design |      |            |
|--|----------------------------|------|------------|
|  | 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 |
|  |                            |      |          |
|  |                            |      |          |
|  |                            |      |          |

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| Type of Benefit  | Tier 1                 |                         |                           |                    | Tier 2                 |                         |                           |                    |
|--|------------------------|-------------------------|---------------------------|--------------------|------------------------|-------------------------|---------------------------|--------------------|
|  | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate |
| <b>Medical</b>   |                        |                         |                           |                    |                        |                         |                           |                    |
| 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) | Y                      | Y                       |                           |                    |                        |                         |                           |                    |
| Specialist Visit   | Y                      | Y                       |                           |                    |                        |                         |                           |                    |
| Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services      | Y                      | Y                       |                           |                    |                        |                         |                           |                    |
|  |                        |                         |                           |                    |                        |                         |                           |                    |
| 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                |                        |                         |                           |                    |                        |                         |                           |                    |
| 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                      | Y                       |                           |                    |                        |                         |                           |                    |
| Outpatient Surgery Physician/Surgical Services                                 | Y                      | Y                       |                           |                    |                        |                         |                           |                    |
| <b>Drugs</b>   |                        |                         |                           |                    |                        |                         |                           |                    |
| Generics   | Y                      | N                       |                           | \$10.00            |                        |                         |                           |                    |
| Preferred Brand Drugs  | Y                      | Y                       | 80%                       |                    |                        |                         |                           |                    |
| Non-Preferred Brand Drugs  | Y                      | Y                       | 60%                       |                    |                        |                         |                           |                    |
| Specialty Drugs (i.e. high-cost)   | Y                      | Y                       | 50%                       |                    |                        |                         |                           |                    |

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: 70.90%  
Metal Tier: Silver

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

| Enter OP Copays | Assumed Cost / Visit | 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 |

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:<br>2nd Tier Utilization: |

| 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 |
|                            |      |          |
|                            |      |          |
|                            |      |          |

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| Type of Benefit  | Tier 1                 |                         |                           |                    | Tier 2                 |                         |                           |                    |
|--|------------------------|-------------------------|---------------------------|--------------------|------------------------|-------------------------|---------------------------|--------------------|
|  | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate |
| <b>Medical</b>   |                        |                         |                           |                    |                        |                         |                           |                    |
| 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) | Y                      | Y                       |                           |                    |                        |                         |                           |                    |
| Specialist Visit   | Y                      | Y                       |                           |                    |                        |                         |                           |                    |
| Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services      | Y                      | Y                       |                           |                    |                        |                         |                           |                    |
|  |                        |                         |                           |                    |                        |                         |                           |                    |
| 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                |                        |                         |                           |                    |                        |                         |                           |                    |
| 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                      | Y                       |                           |                    |                        |                         |                           |                    |
| Outpatient Surgery Physician/Surgical Services                                 | Y                      | Y                       |                           |                    |                        |                         |                           |                    |
| <b>Drugs</b>   |                        |                         |                           |                    |                        |                         |                           |                    |
| Generics   | Y                      | Y                       |                           | \$10.00            |                        |                         |                           |                    |
| Preferred Brand Drugs  | Y                      | Y                       | 80%                       |                    |                        |                         |                           |                    |
| Non-Preferred Brand Drugs  | Y                      | Y                       | 60%                       |                    |                        |                         |                           |                    |
| Specialty Drugs (i.e. high-cost)   | Y                      | Y                       | 50%                       |                    |                        |                         |                           |                    |

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: 79.88%  
Metal Tier: Gold

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

| Enter OP Copays | Assumed Cost / Visit | 1        | 2        | 3        | 4        |
|-----------------|----------------------|----------|----------|----------|----------|
|                 |                      | 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 - 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  
Desired Metal Tier Platinum

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

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

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| Type of Benefit  | Tier 1                 |                         |                           |                    | Tier 2                 |                         |                           |                    |
|--|------------------------|-------------------------|---------------------------|--------------------|------------------------|-------------------------|---------------------------|--------------------|
|  | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate |
| <b>Medical</b>   |                        |                         |                           |                    |                        |                         |                           |                    |
| 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) | Y                      | N                       |                           | \$20.00            |                        |                         |                           |                    |
| Specialist Visit   | Y                      | N                       |                           | \$30.00            |                        |                         |                           |                    |
| Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services      | Y                      | N                       |                           | \$20.00            |                        |                         |                           |                    |
|  |                        |                         |                           |                    |                        |                         |                           |                    |
| Imaging (CT/PET Scans, MRIs)   | Y                      | Y                       |                           |                    |                        |                         |                           |                    |
|  |                        |                         |                           |                    |                        |                         |                           |                    |
| Rehabilitative Speech Therapy  | Y                      | N                       |                           | \$30.00            |                        |                         |                           |                    |
| Rehabilitative Occupational and Rehabilitative Physical Therapy                | Y                      | N                       |                           | \$30.00            |                        |                         |                           |                    |
| 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                                | Y                      | Y                       |                           |                    |                        |                         |                           |                    |
| X-rays and Diagnostic Imaging  | Y                      | Y                       |                           |                    |                        |                         |                           |                    |
|  |                        |                         |                           |                    |                        |                         |                           |                    |
| Skilled Nursing Facility   | Y                      | Y                       |                           |                    |                        |                         |                           |                    |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center)                      | Y                      | Y                       |                           |                    |                        |                         |                           |                    |
| Outpatient Surgery Physician/Surgical Services                                 | Y                      | Y                       |                           |                    |                        |                         |                           |                    |
| <b>Drugs</b>   |                        |                         |                           |                    |                        |                         |                           |                    |
| Generics   | Y                      | N                       |                           | \$10.00            |                        |                         |                           |                    |
| Preferred Brand Drugs  | Y                      | Y                       | 80%                       |                    |                        |                         |                           |                    |
| Non-Preferred Brand Drugs  | Y                      | Y                       | 60%                       |                    |                        |                         |                           |                    |
| Specialty Drugs (i.e. high-cost)   | Y                      | Y                       | 50%                       |                    |                        |                         |                           |                    |

Options for Additional Benefit Design Limits:

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

Output

Status/Error Messages: Calculation Successful.  
Actuarial Value: 89.44%  
Metal Tier: Platinum

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

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

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/\$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  
Desired Metal Tier Platinum

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

|                                       | Tier 1 Plan Benefit Design |        |          | Tier 2 Plan Benefit Design |      |          |
|---------------------------------------|----------------------------|--------|----------|----------------------------|------|----------|
|                                       | Medical                    | Drug   | Combined | Medical                    | Drug | Combined |
| Deductible (\$)                       | \$0.00                     | \$0.00 |          |                            |      |          |
| Coinsurance (%; Insurer's Cost Share) | 99.99%                     | 99.99% |          |                            |      |          |
| OOP Maximum (\$)                      | \$1,100.00                 |        |          |                            |      |          |
| OOP Maximum if Separate (\$)          |                            |        |          |                            |      |          |

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| Type of Benefit  | Tier 1                 |                         |                           |                    | Tier 2                 |                         |                           |                    |
|--|------------------------|-------------------------|---------------------------|--------------------|------------------------|-------------------------|---------------------------|--------------------|
|  | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate |
| <b>Medical</b>   |                        |                         |                           |                    |                        |                         |                           |                    |
| 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) | Y                      | N                       |                           | \$20.00            |                        |                         |                           |                    |
| Specialist Visit   | Y                      | N                       |                           | \$30.00            |                        |                         |                           |                    |
| Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services      | Y                      | N                       |                           | \$20.00            |                        |                         |                           |                    |
| Imaging (CT/PET Scans, MRIs)   | Y                      | Y                       |                           |                    |                        |                         |                           |                    |
| Rehabilitative Speech Therapy  | Y                      | N                       |                           | \$30.00            |                        |                         |                           |                    |
| Rehabilitative Occupational and Rehabilitative Physical Therapy                | Y                      | N                       |                           | \$30.00            |                        |                         |                           |                    |
| 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                      | Y                       |                           |                    |                        |                         |                           |                    |
| Outpatient Surgery Physician/Surgical Services                                 | Y                      | Y                       |                           |                    |                        |                         |                           |                    |
| <b>Drugs</b>   |                        |                         |                           |                    |                        |                         |                           |                    |
| 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                      | Y                       | 50%                       |                    |                        |                         |                           |                    |

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: 88.992%  
Metal Tier: Platinum

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

Enter OP Copays Assumed Cost / Visit

|        | 1        | 2        | 3        | 4        |
|--------|----------|----------|----------|----------|
|        | 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 \$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 CSR Standard? N  
Desired Metal Tier Platinum

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

|                                       | Tier 1 Plan Benefit Design |        |          | Tier 2 Plan Benefit Design |      |          |
|---------------------------------------|----------------------------|--------|----------|----------------------------|------|----------|
|                                       | Medical                    | Drug   | Combined | Medical                    | Drug | Combined |
| Deductible (\$)                       | \$500.00                   | \$0.00 |          |                            |      |          |
| Coinsurance (%; Insurer's Cost Share) | 99.99%                     | 99.99% |          |                            |      |          |
| OOP Maximum (\$)                      | \$1,500.00                 |        |          |                            |      |          |
| OOP Maximum if Separate (\$)          |                            |        |          |                            |      |          |

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| Type of Benefit  | Tier 1                 |                         |                           |                    | Tier 2                 |                         |                           |                    |
|--|------------------------|-------------------------|---------------------------|--------------------|------------------------|-------------------------|---------------------------|--------------------|
|  | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate |
| <b>Medical</b>   |                        |                         |                           |                    |                        |                         |                           |                    |
| Emergency Room Services  | Y                      | N                       |                           | \$50.00            |                        |                         |                           |                    |
| All Inpatient Hospital Services (inc. MHSA)                                    | Y                      | Y                       |                           |                    |                        |                         |                           |                    |
| 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 Services      | N                      | N                       |                           | \$10.00            |                        |                         |                           |                    |
| Imaging (CT/PET Scans, MRIs)   | Y                      | Y                       |                           |                    |                        |                         |                           |                    |
| Rehabilitative Speech Therapy  | Y                      | Y                       |                           |                    |                        |                         |                           |                    |
| Rehabilitative Occupational and Rehabilitative Physical Therapy                | Y                      | Y                       |                           |                    |                        |                         |                           |                    |
| 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                      | Y                       |                           |                    |                        |                         |                           |                    |
| Outpatient Surgery Physician/Surgical Services                                 | Y                      | Y                       |                           |                    |                        |                         |                           |                    |
| <b>Drugs</b>   |                        |                         |                           |                    |                        |                         |                           |                    |
| 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                      | Y                       | 50%                       |                    |                        |                         |                           |                    |

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: 88.252%  
Metal Tier: Platinum

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

Enter OP Copays Assumed Cost / Visit

|        | 1        | 2        | 3        | 4        |
|--------|----------|----------|----------|----------|
|        | 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  
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:<br>2nd Tier Utilization: |

|  | Tier 1 Plan Benefit Design |        |          | Tier 2 Plan Benefit Design |      |          |
|--|----------------------------|--------|----------|----------------------------|------|----------|
|  | Medical                    | Drug   | Combined | Medical                    | Drug | Combined |
| Deductible (\$)                        | \$1,200.00                 | \$0.00 |          |                            |      |          |
| Coinsurance (% , Insurer's Cost Share) | 99.99%                     | 99.99% |          |                            |      |          |
| OOP Maximum (\$)                       | \$4,000.00                 |        |          |                            |      |          |
| OOP Maximum if Separate (\$)           |                            |        |          |                            |      |          |

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| Type of Benefit  | Tier 1                 |                         |                           |                    | Tier 2                 |                         |                           |                    |
|--|------------------------|-------------------------|---------------------------|--------------------|------------------------|-------------------------|---------------------------|--------------------|
|  | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate |
| <b>Medical</b>   |                        |                         |                           |                    |                        |                         |                           |                    |
| Emergency Room Services  | Y                      | N                       |                           | \$100.00           |                        |                         |                           |                    |
| All Inpatient Hospital Services (inc. MHSA)                                    | Y                      | N                       |                           | \$200.00           |                        |                         |                           |                    |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | Y                      | N                       |                           | \$20.00            |                        |                         |                           |                    |
| Specialist Visit   | Y                      | 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  | Y                      | Y                       |                           |                    |                        |                         |                           |                    |
| Rehabilitative Occupational and Rehabilitative Physical Therapy                | Y                      | Y                       |                           |                    |                        |                         |                           |                    |
| 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                      | Y                       |                           |                    |                        |                         |                           |                    |
| Outpatient Surgery Physician/Surgical Services                                 | Y                      | Y                       |                           |                    |                        |                         |                           |                    |
| <b>Drugs</b>   |                        |                         |                           |                    |                        |                         |                           |                    |
| 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                      | Y                       | 50%                       |                    |                        |                         |                           |                    |

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: 79.86%  
Metal Tier: Gold

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

Enter OP Copays Assumed Cost / Visit  
\$  
\$

|        | 1        | 2        | 3        | 4        |
|--------|----------|----------|----------|----------|
|        | 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 - 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:<br>2nd Tier Utilization: |

|                                       | Tier 1 Plan Benefit Design |        |          | Tier 2 Plan Benefit Design |      |          |
|---------------------------------------|----------------------------|--------|----------|----------------------------|------|----------|
|                                       | Medical                    | Drug   | Combined | Medical                    | Drug | Combined |
| Deductible (\$)                       | \$1,000.00                 | \$0.00 |          |                            |      |          |
| Coinsurance (%; Insurer's Cost Share) | 80.00%                     | 80.00% |          |                            |      |          |
| OOP Maximum (\$)                      | \$3,500.00                 |        |          |                            |      |          |
| OOP Maximum if Separate (\$)          |                            |        |          |                            |      |          |

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| Type of Benefit  | Tier 1                 |                         |                           |                    | Tier 2                 |                         |                           |                    |
|--|------------------------|-------------------------|---------------------------|--------------------|------------------------|-------------------------|---------------------------|--------------------|
|  | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate |
| <b>Medical</b>   |                        |                         |                           |                    |                        |                         |                           |                    |
| 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) | 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  | Y                      | Y                       |                           |                    |                        |                         |                           |                    |
| Rehabilitative Occupational and Rehabilitative Physical Therapy                | Y                      | Y                       |                           |                    |                        |                         |                           |                    |
| 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                      | Y                       |                           |                    |                        |                         |                           |                    |
| Outpatient Surgery Physician/Surgical Services                                 | Y                      | Y                       |                           |                    |                        |                         |                           |                    |
| <b>Drugs</b>   |                        |                         |                           |                    |                        |                         |                           |                    |
| 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                      | Y                       | 50%                       |                    |                        |                         |                           |                    |

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: 80.74%  
Metal Tier: Gold

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

|        | Enter OP Copays | Assumed Cost / Visit | 1        | 2        | 3        | 4        |
|--------|-----------------|----------------------|----------|----------|----------|----------|
|        |                 |                      | 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 - 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                    |
| Annual Contribution Amount:      | 1st Tier Utilization:<br>2nd Tier Utilization: |

|                                       | Tier 1 Plan Benefit Design |        |          | Tier 2 Plan Benefit Design |      |          |
|---------------------------------------|----------------------------|--------|----------|----------------------------|------|----------|
|                                       | Medical                    | Drug   | Combined | 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 (\$)          |                            |        |          |                            |      |          |

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| Type of Benefit  | Tier 1                 |                         |                           |                    | Tier 2                 |                         |                           |                    |
|--|------------------------|-------------------------|---------------------------|--------------------|------------------------|-------------------------|---------------------------|--------------------|
|  | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate |
| <b>Medical</b>   |                        |                         |                           |                    |                        |                         |                           |                    |
| 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) | 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  | Y                      | Y                       |                           |                    |                        |                         |                           |                    |
| Rehabilitative Occupational and Rehabilitative Physical Therapy                | Y                      | Y                       |                           |                    |                        |                         |                           |                    |
| 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                      | Y                       |                           |                    |                        |                         |                           |                    |
| Outpatient Surgery Physician/Surgical Services                                 | Y                      | Y                       |                           |                    |                        |                         |                           |                    |
| <b>Drugs</b>   |                        |                         |                           |                    |                        |                         |                           |                    |
| 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                      | Y                       | 50%                       |                    |                        |                         |                           |                    |

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: 79.20%  
Metal Tier: Gold

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

Enter OP Copays Assumed Cost / Visit  
\$  
\$

|        | 1        | 2        | 3        | 4        |
|--------|----------|----------|----------|----------|
|        | 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 - 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  
Desired Metal Tier Silver

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

|                                       | Tier 1 Plan Benefit Design |        |          | Tier 2 Plan Benefit Design |      |          |
|---------------------------------------|----------------------------|--------|----------|----------------------------|------|----------|
|                                       | Medical                    | Drug   | Combined | Medical                    | Drug | Combined |
| Deductible (\$)                       | \$4,500.00                 | \$0.00 |          |                            |      |          |
| Coinsurance (%; Insurer's Cost Share) | 99.99%                     | 99.99% |          |                            |      |          |
| OOP Maximum (\$)                      | \$6,350.00                 |        |          |                            |      |          |
| OOP Maximum if Separate (\$)          |                            |        |          |                            |      |          |

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| Type of Benefit  | Tier 1                 |                         |                           |                    | Tier 2                 |                         |                           |                    |
|--|------------------------|-------------------------|---------------------------|--------------------|------------------------|-------------------------|---------------------------|--------------------|
|  | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate |
| <b>Medical</b>   |                        |                         |                           |                    |                        |                         |                           |                    |
| 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) | 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  | Y                      | Y                       |                           |                    |                        |                         |                           |                    |
| Rehabilitative Occupational and Rehabilitative Physical Therapy                | Y                      | Y                       |                           |                    |                        |                         |                           |                    |
| 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                      | Y                       |                           |                    |                        |                         |                           |                    |
| Outpatient Surgery Physician/Surgical Services                                 | Y                      | Y                       |                           |                    |                        |                         |                           |                    |
| <b>Drugs</b>   |                        |                         |                           |                    |                        |                         |                           |                    |
| 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                      | Y                       | 50%                       |                    |                        |                         |                           |                    |

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: 69.89%  
Metal Tier: Silver

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

|        | Enter OP Copays | Assumed Cost / Visit | 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 |

CareFirst BlueCross BlueShield (GHMSI)  
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  
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:<br>2nd Tier Utilization: |

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

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| Type of Benefit  | Tier 1                 |                         |                           |                    | Tier 2                 |                         |                           |                    |
|--|------------------------|-------------------------|---------------------------|--------------------|------------------------|-------------------------|---------------------------|--------------------|
|  | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate |
| <b>Medical</b>   |                        |                         |                           |                    |                        |                         |                           |                    |
| Emergency Room Services  | Y                      | N                       |                           | \$50.00            |                        |                         |                           |                    |
| All Inpatient Hospital Services (inc. MHSA)                                    | Y                      | Y                       |                           |                    |                        |                         |                           |                    |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | Y                      | Y                       |                           |                    |                        |                         |                           |                    |
| Specialist Visit   | Y                      | Y                       |                           |                    |                        |                         |                           |                    |
| Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services      | Y                      | Y                       |                           |                    |                        |                         |                           |                    |
| Imaging (CT/PET Scans, MRIs)   | Y                      | Y                       |                           |                    |                        |                         |                           |                    |
| Rehabilitative Speech Therapy  | Y                      | Y                       |                           |                    |                        |                         |                           |                    |
| Rehabilitative Occupational and Rehabilitative Physical Therapy                | Y                      | Y                       |                           |                    |                        |                         |                           |                    |
| 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                      | Y                       |                           |                    |                        |                         |                           |                    |
| Outpatient Surgery Physician/Surgical Services                                 | Y                      | Y                       |                           |                    |                        |                         |                           |                    |
| <b>Drugs</b>   |                        |                         |                           |                    |                        |                         |                           |                    |
| 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                      | Y                       | 50%                       |                    |                        |                         |                           |                    |

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: 78.06%  
Metal Tier: Gold

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

|        | Enter OP Copays | Assumed Cost / Visit | 1        | 2        | 3        | 4        |
|--------|-----------------|----------------------|----------|----------|----------|----------|
|        |                 |                      | 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 - 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  
Desired Metal Tier Silver

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

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

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| Type of Benefit  | Tier 1                 |                         |                           |                    | Tier 2                 |                         |                           |                    |
|--|------------------------|-------------------------|---------------------------|--------------------|------------------------|-------------------------|---------------------------|--------------------|
|  | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate |
| <b>Medical</b>   |                        |                         |                           |                    |                        |                         |                           |                    |
| Emergency Room Services  | Y                      | N                       |                           | \$200.00           |                        |                         |                           |                    |
| All Inpatient Hospital Services (inc. MHSA)                                    | Y                      | N                       |                           | \$500.00           |                        |                         |                           |                    |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | Y                      | Y                       |                           |                    |                        |                         |                           |                    |
| Specialist Visit   | Y                      | Y                       |                           |                    |                        |                         |                           |                    |
| Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services      | Y                      | Y                       |                           |                    |                        |                         |                           |                    |
| Imaging (CT/PET Scans, MRIs)   | Y                      | Y                       |                           |                    |                        |                         |                           |                    |
| Rehabilitative Speech Therapy  | Y                      | Y                       |                           |                    |                        |                         |                           |                    |
| Rehabilitative Occupational and Rehabilitative Physical Therapy                | Y                      | Y                       |                           |                    |                        |                         |                           |                    |
| 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                      | Y                       |                           |                    |                        |                         |                           |                    |
| Outpatient Surgery Physician/Surgical Services                                 | Y                      | Y                       |                           |                    |                        |                         |                           |                    |
| <b>Drugs</b>   |                        |                         |                           |                    |                        |                         |                           |                    |
| 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                      | Y                       | 50%                       |                    |                        |                         |                           |                    |

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: 71.78%  
Metal Tier: Silver

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

Enter OP Copays Assumed Cost / Visit  
\$  
\$

|        | 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 |

CareFirst BlueCross BlueShield (GHMSI)  
D.C. Small Group Products - On & Off Exchange Rate Filing Effective 1/1/2014  
AV Calculator - BluePreferred PPO HSA/HRA \$4,500 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:<br>2nd Tier Utilization: |

| Tier 1 Plan Benefit Design |      |            | Tier 2 Plan Benefit Design |      |          |
|----------------------------|------|------------|----------------------------|------|----------|
| Medical                    | Drug | Combined   | Medical                    | Drug | Combined |
|                            |      | \$4,500.00 |                            |      |          |
|                            |      | 99.99%     |                            |      |          |
|                            |      | \$6,350.00 |                            |      |          |
|                            |      |            |                            |      |          |

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| Type of Benefit  | Tier 1                 |                         |                           |                    | Tier 2                 |                         |                           |                    |
|--|------------------------|-------------------------|---------------------------|--------------------|------------------------|-------------------------|---------------------------|--------------------|
|  | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate |
| <b>Medical</b>   |                        |                         |                           |                    |                        |                         |                           |                    |
| 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) | Y                      | Y                       |                           |                    |                        |                         |                           |                    |
| Specialist Visit   | Y                      | Y                       |                           |                    |                        |                         |                           |                    |
| Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services      | Y                      | Y                       |                           |                    |                        |                         |                           |                    |
| Imaging (CT/PET Scans, MRIs)   | Y                      | Y                       |                           |                    |                        |                         |                           |                    |
| Rehabilitative Speech Therapy  | Y                      | Y                       |                           |                    |                        |                         |                           |                    |
| Rehabilitative Occupational and Rehabilitative Physical Therapy                | Y                      | Y                       |                           |                    |                        |                         |                           |                    |
| 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                      | Y                       |                           |                    |                        |                         |                           |                    |
| Outpatient Surgery Physician/Surgical Services                                 | Y                      | Y                       |                           |                    |                        |                         |                           |                    |
| <b>Drugs</b>   |                        |                         |                           |                    |                        |                         |                           |                    |
| 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                      | Y                       | 50%                       |                    |                        |                         |                           |                    |

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: 61.00%  
Metal Tier: Bronze

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

|                      |    | 1 2 3 4  |          |          |          |
|----------------------|----|----------|----------|----------|----------|
|                      |    | Platinum | Gold     | Silver   | Bronze   |
| Enter OP Copays      | \$ | 447.92   | \$352.86 | \$401.15 | \$421.78 |
| Assumed Cost / Visit | \$ | 232.22   | \$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 \$1,000 100%/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  
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:<br>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 |
|                            |      |          |
|                            |      |          |
|                            |      |          |

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| Type of Benefit  | Tier 1                 |                         |                           |                    | Tier 2                 |                         |                           |                    |
|--|------------------------|-------------------------|---------------------------|--------------------|------------------------|-------------------------|---------------------------|--------------------|
|  | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate |
| <b>Medical</b>   |                        |                         |                           |                    |                        |                         |                           |                    |
| Emergency Room Services  | Y                      | N                       |                           | \$250.00           |                        |                         |                           |                    |
| All Inpatient Hospital Services (inc. MHSA)                                    | Y                      | N                       |                           | \$500.00           |                        |                         |                           |                    |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | Y                      | Y                       |                           |                    |                        |                         |                           |                    |
| Specialist Visit   | Y                      | Y                       |                           |                    |                        |                         |                           |                    |
| Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services      | Y                      | Y                       |                           |                    |                        |                         |                           |                    |
| Imaging (CT/PET Scans, MRIs)   | Y                      | Y                       |                           |                    |                        |                         |                           |                    |
| Rehabilitative Speech Therapy  | Y                      | Y                       |                           |                    |                        |                         |                           |                    |
| Rehabilitative Occupational and Rehabilitative Physical Therapy                | Y                      | Y                       |                           |                    |                        |                         |                           |                    |
| 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                      | Y                       |                           |                    |                        |                         |                           |                    |
| Outpatient Surgery Physician/Surgical Services                                 | Y                      | Y                       |                           |                    |                        |                         |                           |                    |
| <b>Drugs</b>   |                        |                         |                           |                    |                        |                         |                           |                    |
| 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                      | Y                       | 50%                       |                    |                        |                         |                           |                    |

Enter OP Copays Assumed Cost / Visit

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

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: 81.79%  
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 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  
Indicate if Plan Meets CSR Standard? N  
Desired Metal Tier Silver

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

| Tier 1 Plan Benefit Design            |      |            | Tier 2 Plan Benefit Design |      |          |
|---------------------------------------|------|------------|----------------------------|------|----------|
| Medical                               | Drug | Combined   | Medical                    | Drug | Combined |
| Deductible (\$)                       |      | \$1,800.00 |                            |      |          |
| Coinsurance (%; Insurer's Cost Share) |      | 90.00%     |                            |      |          |
| OOP Maximum (\$)                      |      | \$4,500.00 |                            |      |          |
| OOP Maximum if Separate (\$)          |      |            |                            |      |          |

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| Type of Benefit  | Tier 1                 |                         |                           |                    | Tier 2                 |                         |                           |                    |
|--|------------------------|-------------------------|---------------------------|--------------------|------------------------|-------------------------|---------------------------|--------------------|
|  | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate |
| <b>Medical</b>   |                        |                         |                           |                    |                        |                         |                           |                    |
| 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) | Y                      | Y                       |                           |                    |                        |                         |                           |                    |
| Specialist Visit   | Y                      | Y                       |                           |                    |                        |                         |                           |                    |
| Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services      | Y                      | Y                       |                           |                    |                        |                         |                           |                    |
| Imaging (CT/PET Scans, MRIs)   | Y                      | Y                       |                           |                    |                        |                         |                           |                    |
| Rehabilitative Speech Therapy  | Y                      | Y                       |                           |                    |                        |                         |                           |                    |
| Rehabilitative Occupational and Rehabilitative Physical Therapy                | Y                      | Y                       |                           |                    |                        |                         |                           |                    |
| 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                      | Y                       |                           |                    |                        |                         |                           |                    |
| Outpatient Surgery Physician/Surgical Services                                 | Y                      | Y                       |                           |                    |                        |                         |                           |                    |
| <b>Drugs</b>   |                        |                         |                           |                    |                        |                         |                           |                    |
| 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                      | Y                       | 50%                       |                    |                        |                         |                           |                    |

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: 71.58%  
Metal Tier: Silver

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

|        | Enter OP Copays | Assumed Cost / Visit | 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 |

CareFirst BlueCross BlueShield (GHMSI)  
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  
Desired Metal Tier Platinum

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

|  | Tier 1 Plan Benefit Design |         |          | Tier 2 Plan Benefit Design |      |          |
|--|----------------------------|---------|----------|----------------------------|------|----------|
|  | Medical                    | Drug    | Combined | Medical                    | Drug | Combined |
| Deductible (\$)                        | \$300.00                   | \$0.00  |          |                            |      |          |
| Coinsurance (% , Insurer's Cost Share) | 100.00%                    | 100.00% |          |                            |      |          |
| OOP Maximum (\$)                       | \$1,500.00                 |         |          |                            |      |          |
| OOP Maximum if Separate (\$)           |                            |         |          |                            |      |          |

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| Type of Benefit  | Tier 1                 |                         |                           |                    | Tier 2                 |                         |                           |                    |
|--|------------------------|-------------------------|---------------------------|--------------------|------------------------|-------------------------|---------------------------|--------------------|
|  | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate |
| <b>Medical</b>   |                        |                         |                           |                    |                        |                         |                           |                    |
| 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            |                        |                         |                           |                    |
| 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                      | Y                       | 72%                       |                    |                        |                         |                           |                    |
| Outpatient Surgery Physician/Surgical Services                                 | Y                      | N                       |                           |                    |                        |                         |                           |                    |
| <b>Drugs</b>   |                        |                         |                           |                    |                        |                         |                           |                    |
| 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                      | Y                       | 50%                       |                    |                        |                         |                           |                    |

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: 90.26%  
Metal Tier: Platinum

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

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

|        | 1        | 2        | 3        | 4        |
|--------|----------|----------|----------|----------|
|        | 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 \$600 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  
Desired Metal Tier Platinum

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

|  | Tier 1 Plan Benefit Design |         |          | Tier 2 Plan Benefit Design |      |          |
|--|----------------------------|---------|----------|----------------------------|------|----------|
|  | Medical                    | Drug    | Combined | Medical                    | Drug | Combined |
| Deductible (\$)                        | \$600.00                   | \$0.00  |          |                            |      |          |
| Coinsurance (% , Insurer's Cost Share) | 100.00%                    | 100.00% |          |                            |      |          |
| OOP Maximum (\$)                       | \$1,500.00                 |         |          |                            |      |          |
| OOP Maximum if Separate (\$)           |                            |         |          |                            |      |          |

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| Type of Benefit  | Tier 1                 |                         |                           |                    | Tier 2                 |                         |                           |                    |
|--|------------------------|-------------------------|---------------------------|--------------------|------------------------|-------------------------|---------------------------|--------------------|
|  | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate |
| <b>Medical</b>   |                        |                         |                           |                    |                        |                         |                           |                    |
| 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            |                        |                         |                           |                    |
| 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                      | Y                       | 72%                       |                    |                        |                         |                           |                    |
| Outpatient Surgery Physician/Surgical Services                                 | Y                      | N                       |                           |                    |                        |                         |                           |                    |
| <b>Drugs</b>   |                        |                         |                           |                    |                        |                         |                           |                    |
| 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                      | Y                       | 50%                       |                    |                        |                         |                           |                    |

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: 89.81%  
Metal Tier: Platinum

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

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

|        | 1        | 2        | 3        | 4        |
|--------|----------|----------|----------|----------|
|        | 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 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:<br>2nd Tier Utilization: |

|  | Tier 1 Plan Benefit Design |         |          | Tier 2 Plan Benefit Design |      |          |
|--|----------------------------|---------|----------|----------------------------|------|----------|
|  | Medical                    | Drug    | Combined | Medical                    | Drug | Combined |
| Deductible (\$)                        | \$1,500.00                 | \$0.00  |          |                            |      |          |
| Coinsurance (% , Insurer's Cost Share) | 100.00%                    | 100.00% |          |                            |      |          |
| OOP Maximum (\$)                       | \$5,500.00                 |         |          |                            |      |          |
| OOP Maximum if Separate (\$)           |                            |         |          |                            |      |          |

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| Type of Benefit  | Tier 1                 |                         |                           |                    | Tier 2                 |                         |                           |                    |
|--|------------------------|-------------------------|---------------------------|--------------------|------------------------|-------------------------|---------------------------|--------------------|
|  | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate |
| <b>Medical</b>   |                        |                         |                           |                    |                        |                         |                           |                    |
| 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            |                        |                         |                           |                    |
| 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                      | Y                       | 72%                       |                    |                        |                         |                           |                    |
| Outpatient Surgery Physician/Surgical Services                                 | Y                      | N                       |                           |                    |                        |                         |                           |                    |
| <b>Drugs</b>   |                        |                         |                           |                    |                        |                         |                           |                    |
| 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                      | Y                       | 50%                       |                    |                        |                         |                           |                    |

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: 81.88%  
Metal Tier: Gold

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

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

|        | 1        | 2        | 3        | 4        |
|--------|----------|----------|----------|----------|
|        | 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

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 Silver

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

| Tier 1 Plan Benefit Design |      |            |
|----------------------------|------|------------|
| Medical                    | Drug | Combined   |
|                            |      | \$2,000.00 |
|                            |      | 100.00%    |
|                            |      | \$6,350.00 |

| Tier 2 Plan Benefit Design |      |          |
|----------------------------|------|----------|
| Medical                    | Drug | Combined |
|                            |      |          |
|                            |      |          |

[Click Here for Important Instructions](#)

| Type of Benefit  | Tier 1                 |                         |                           |                    | Tier 2                 |                         |                           |                    |
|--|------------------------|-------------------------|---------------------------|--------------------|------------------------|-------------------------|---------------------------|--------------------|
|  | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate |
| <b>Medical</b>   |                        |                         |                           |                    |                        |                         |                           |                    |
| Emergency Room Services  | Y                      | N                       |                           | \$200.00           |                        |                         |                           |                    |
| All Inpatient Hospital Services (inc. MHA)                                     | Y                      | N                       |                           | \$300.00           |                        |                         |                           |                    |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | Y                      | 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)                      | Y                      | Y                       | 76%                       |                    |                        |                         |                           |                    |
| Outpatient Surgery Physician/Surgical Services                                 | Y                      | N                       |                           |                    |                        |                         |                           |                    |
| <b>Drugs</b>   |                        |                         |                           |                    |                        |                         |                           |                    |
| 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                      | Y                       | 50%                       |                    |                        |                         |                           |                    |

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: 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 70.8%

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

Enter OP Copays Assumed Cost / Visit  
\$ 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 |



Company Legal Name:  
HIOS Issuer ID:  
Effective Date of Rate Change(s):

State: **DC**  
Market: **Small Group**

## **Section I: General Product and Plan Information**

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

|                           |          |          |          |          |          |          |          |          |          |          |          |          |
|---------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| 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    |

### Section III: Experience Period Information

[illegible]

**Section IV: Projected (12 months following effective date)**

[illegible]



[illegible]







| Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking |  |  |  |  |
|---|--|--|--|--|
|   |  |  |  |  |
| SERFF Filing #:    CFBC-129022770   |  |  |  |  |
| Company Name:    Group Hospitalization and Medical Services, Inc.                                   |  |  |  |  |
| Form Number(s) of Plan:    DC/CF/SHOP/PPO/BRZ SOB (1/14)  |  |  |  |  |
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|--|---|-----|-----|------|
| Tier 1                                       | 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 |     |      |
| Tier 2                                       | Generics, Coinsurance, if different                                   | H38 |     |      |
|  | Generics, Copay, if separate  | I38 |     |      |
|  | Preferred Brand Drugs, Coinsurance, if different                      | H39 |     |      |
|  | Preferred Brand Drugs, Copay, if separate                             | I39 |     |      |
|  | Non-Preferred Brand Drugs, Coinsurance, if different                  | H40 |     |      |
|  | Non-Preferred Brand Drugs, Copay, if separate                         | I40 |     |      |
|  | Specialty Drugs (i.e. high-cost), Coinsurance, if different           | H41 |     |      |
|  | Specialty Drugs (i.e. high-cost), Copay, if separate                  | I41 |     |      |
| 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 |     |      |

| Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking |   |                       |                  |  |
|---|---|-----------------------|------------------|--|
|   |   |                       |                  |  |
| SERFF Filing #: CFBC-129022770  |   |                       |                  |  |
| Company Name: Group Hospitalization and Medical Services, Inc.                                      |   |                       |                  |  |
| Form Number(s) of Plan: DC/CF/SHOP/PPO/SIL SOB (1/14)   |   |                       |                  |  |
|   |   |                       |                  |  |
|   | Input Name  | Cell in AV Calculator | Input Value Used | Corresponding 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   |   |                       |                  |  |
| Tier 1  | Deductible (\$) (Medical)   | B10                   |                  |  |
|   | Deductible (\$) (Drug)  | C10                   |                  |  |
|   | Deductible (\$) (Combined)  | D10                   | 2000             | C-1  |
|   | Coinsurance (% Insurer's Cost Share) (Medical)  | B11                   |                  |  |
|   | Coinsurance (% Insurer's Cost Share) (Drug)   | C11                   |                  |  |
|   | Coinsurance (% Insurer's Cost Share) (Combined)   | D11                   | 80%              | C-4-10   |
|   | OOP Maximum (\$)  | B12                   | 4000             | C-3  |
|   | OOP Maximum if Separate (\$) (Medical)  | B13                   |                  |  |
| OOP Maximum if Separate (\$) (Drug)   | C13   |                       |                  |  |
| Tier 2  | Deductible (\$) (Medical)   | F10                   |                  |  |
|   | Deductible (\$) (Drug)  | G10                   |                  |  |
|   | Deductible (\$) (Combined)  | H10                   |                  |  |
|   | Coinsurance (% Insurer's Cost Share) (Medical)  | F11                   |                  |  |
|   | Coinsurance (% Insurer's Cost Share) (Drug)   | G11                   |                  |  |
|   | Coinsurance (% Insurer's Cost Share) (Combined)   | H11                   |                  |  |
|   | OOP Maximum (\$)  | F12                   |                  |  |
|   | OOP Maximum if Separate (\$) (Medical)  | F13                   |                  |  |
| OOP Maximum if Separate (\$) (Drug)   | G13   |                       |                  |  |
| Medical Benefits  |   |                       |                  |  |
| Tier 1  | Emergency Room Services, Coinsurance, if different  | D18                   |                  |  |
|   | Emergency Room Services, Copay, if separate   | E18                   |                  |  |
|   | 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        | 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      | D22                   |                  |  |
|   | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate             | E22                   |                  |  |
|   | 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   | 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                                       | E32                   |                  |  |
|   | X-rays and Diagnostic Imaging, Coinsurance, if different  | D33                   |                  |  |
|   | X-rays and Diagnostic Imaging, Copay, if separate   | E33                   |                  |  |
| Tier 2  | 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                      | 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  | H18                   |                  |  |
|   | 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   | 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        | I20                   |                  |  |
|   | Specialist Visit, Coinsurance, if different   | 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             | I22                   |                  |  |
|   | Imaging (CT/PET Scans, MRIs), Coinsurance, if different   | H24                   |                  |  |
|   | Imaging (CT/PET Scans, MRIs), Copay, if separate  | I24                   |                  |  |
|   | Rehabilitative Speech Therapy, Coinsurance, if different  | H27                   |                  |  |
|   | Rehabilitative Speech Therapy, Copay, if separate   | I27                   |                  |  |
| Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different          | H28   |                       |                  |  |
| Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate                 | I28   |                       |                  |  |
| Laboratory Outpatient and Professional Services, Coinsurance, if different                          | H32   |                       |                  |  |
| 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   | I33   |                       |                  |  |
| Skilled Nursing Facility, Coinsurance, if different   | H34   |                       |                  |  |
| Skilled Nursing Facility, Copay, if separate  | I34   |                       |                  |  |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different                | H35   |                       |                  |  |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate                       | I35   |                       |                  |  |
| Outpatient Surgery Physician/Surgical Services, Coinsurance, if different                           | H36   |                       |                  |  |
| Outpatient Surgery Physician/Surgical Services, Copay, if separate                                  | I36   |                       |                  |  |
| Drug Benefits   |   |                       |                  |  |
| Tier 1  | Generics, Coinsurance, if different   | D38                   |                  |  |
|   | Generics, Copay, if separate  | E38                   | 10               | C-12   |
|   | Preferred Brand Drugs, Coinsurance, if different  | D39                   | 0.8              | C-12   |
|   | Preferred Brand Drugs, Copay, if separate   | E39                   |                  |  |

|  |   |     |     |      |
|--|---|-----|-----|------|
| Tier 1                                       | 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 |     |      |
| Tier 2                                       | Generics, Coinsurance, if different                                   | H38 |     |      |
|  | Generics, Copay, if separate  | I38 |     |      |
|  | Preferred Brand Drugs, Coinsurance, if different                      | H39 |     |      |
|  | Preferred Brand Drugs, Copay, if separate                             | I39 |     |      |
|  | Non-Preferred Brand Drugs, Coinsurance, if different                  | H40 |     |      |
|  | Non-Preferred Brand Drugs, Copay, if separate                         | I40 |     |      |
|  | Specialty Drugs (i.e. high-cost), Coinsurance, if different           | H41 |     |      |
|  | Specialty Drugs (i.e. high-cost), Copay, if separate                  | I41 |     |      |
| 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 |     |      |



| Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking |   |                       |  |
|---|---|-----------------------|--|
|   |   |                       |  |
| SERFF Filing #: CFBC-129022770  |   |                       |  |
| Company 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   |
|   |   |                       | Corresponding 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   |   |                       |  |
| Tier 1  | Deductible (\$) (Medical)   | B10                   |  |
|   | Deductible (\$) (Drug)  | C10                   |  |
|   | Deductible (\$) (Combined)  | D10                   | 1000   |
|   | Coinsurance (% , Insurer's Cost Share) (Medical)  | B11                   |  |
|   | Coinsurance (% , Insurer's Cost Share) (Drug)   | C11                   |  |
|   | Coinsurance (% , Insurer's Cost Share) (Combined)   | D11                   | 90%  |
|   | OOP Maximum (\$)  | B12                   | 3000   |
|   | OOP Maximum if Separate (\$) (Medical)  | B13                   |  |
|   | OOP Maximum if Separate (\$) (Drug)   | C13                   |  |
| Tier 2  | Deductible (\$) (Medical)   | F10                   |  |
|   | Deductible (\$) (Drug)  | G10                   |  |
|   | Deductible (\$) (Combined)  | H10                   |  |
|   | Coinsurance (% , Insurer's Cost Share) (Medical)  | F11                   |  |
|   | Coinsurance (% , Insurer's Cost Share) (Drug)   | G11                   |  |
|   | Coinsurance (% , Insurer's Cost Share) (Combined)   | H11                   |  |
|   | OOP Maximum (\$)  | F12                   |  |
|   | OOP Maximum if Separate (\$) (Medical)  | F13                   |  |
|   | OOP Maximum if Separate (\$) (Drug)   | G13                   |  |
| Medical Benefits  |   |                       |  |
| Tier 1  | Emergency Room Services, Coinsurance, if different  | D18                   |  |
|   | Emergency Room Services, Copay, if separate   | E18                   |  |
|   | 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        | 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      | D22                   |  |
|   | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate             | E22                   |  |
|   | 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   | 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                                       | E32                   |  |
|   | X-rays and Diagnostic Imaging, Coinsurance, if different  | 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  | 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                                 | D36                   |  |
|   | Outpatient Surgery Physician/Surgical Services, Copay, if separate  | E36                   |  |
| Tier 2  | Emergency Room Services, Coinsurance, if different  | H18                   |  |
|   | 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   | 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        | I20                   |  |
|   | Specialist Visit, Coinsurance, if different   | 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             | I22                   |  |
|   | Imaging (CT/PET Scans, MRIs), Coinsurance, if different   | H24                   |  |
|   | Imaging (CT/PET Scans, MRIs), Copay, if separate  | I24                   |  |
|   | Rehabilitative Speech Therapy, Coinsurance, if different  | H27                   |  |
|   | Rehabilitative Speech Therapy, Copay, if separate   | I27                   |  |
|   | Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different                | H28                   |  |
|   | Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate                       | I28                   |  |
|   | Laboratory Outpatient and Professional Services, Coinsurance, if different                                | H32                   |  |
|   | 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   | I33                   |  |
| Tier 3  | Skilled Nursing Facility, Coinsurance, if different   | H34                   |  |
|   | Skilled Nursing Facility, Copay, if separate  | I34                   |  |
|   | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different                      | H35                   |  |
|   | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate                             | I35                   |  |
|   | Outpatient Surgery Physician/Surgical Services, Coinsurance, if different                                 | H36                   |  |
|   | Outpatient Surgery Physician/Surgical Services, Copay, if separate  | I36                   |  |
|   | Drug Benefits   |                       |  |
|   | Generics, Coinsurance, if different   | D38                   |  |
|   | Generics, Copay, if separate  | E38                   | 10 C-12  |
|   | Preferred Brand Drugs, Coinsurance, if different  | D39                   | 0.8 C-12   |
|   | Preferred Brand Drugs, Copay, if separate   | E39                   |  |

|  |   |     |     |      |
|--|---|-----|-----|------|
| Tier 1                                       | 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 |     |      |
| Tier 2                                       | Generics, Coinsurance, if different                                   | H38 |     |      |
|  | Generics, Copay, if separate  | I38 |     |      |
|  | Preferred Brand Drugs, Coinsurance, if different                      | H39 |     |      |
|  | Preferred Brand Drugs, Copay, if separate                             | I39 |     |      |
|  | Non-Preferred Brand Drugs, Coinsurance, if different                  | H40 |     |      |
|  | Non-Preferred Brand Drugs, Copay, if separate                         | I40 |     |      |
|  | Specialty Drugs (i.e. high-cost), Coinsurance, if different           | H41 |     |      |
|  | Specialty Drugs (i.e. high-cost), Copay, if separate                  | I41 |     |      |
| 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 |     |      |

| Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking |   |                       |                  |  |
|---|---|-----------------------|------------------|--|
|   |   |                       |                  |  |
| SERFF Filing #: _____CFBC-129022770_____  |   |                       |                  |  |
| Company 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 | Corresponding 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   |   |                       |                  |  |
| Tier 1  | Deductible (\$) (Medical)   | B10                   | 0                | C-1  |
|   | Deductible (\$) (Drug)  | C10                   | 0                | C-11   |
|   | Deductible (\$) (Combined)  | D10                   |                  |  |
|   | Coinsurance (%) (Insurer's Cost Share) (Medical)  | B11                   | 100%             | C-1  |
|   | Coinsurance (%) (Insurer's Cost Share) (Drug)   | C11                   | 100%             | C-11   |
|   | Coinsurance (%) (Insurer's Cost Share) (Combined)   | D11                   |                  |  |
|   | OOP Maximum (\$)  | B12                   | 2000             | C-2  |
|   | OOP Maximum if Separate (\$) (Medical)  | B13                   |                  |  |
|   | OOP Maximum if Separate (\$) (Drug)   | C13                   |                  |  |
| Tier 2  | Deductible (\$) (Medical)   | F10                   |                  |  |
|   | Deductible (\$) (Drug)  | G10                   |                  |  |
|   | Deductible (\$) (Combined)  | H10                   |                  |  |
|   | Coinsurance (%) (Insurer's Cost Share) (Medical)  | F11                   |                  |  |
|   | Coinsurance (%) (Insurer's Cost Share) (Drug)   | G11                   |                  |  |
|   | Coinsurance (%) (Insurer's Cost Share) (Combined)   | H11                   |                  |  |
|   | OOP Maximum (\$)  | F12                   |                  |  |
|   | OOP Maximum if Separate (\$) (Medical)  | F13                   |                  |  |
|   | OOP Maximum if Separate (\$) (Drug)   | G13                   |                  |  |
| Medical Benefits  |   |                       |                  |  |
| Tier 1  | Emergency Room Services, Coinsurance, if different  | D18                   |                  |  |
|   | 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                   | 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                   | 20               | C-3  |
|   | Specialist Visit, Coinsurance, if different   | D21                   |                  |  |
|   | 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-9  |
|   | 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   | E27                   | 30               | C-6  |
|   | Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different                | D28                   |                  |  |
|   | Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate                       | E28                   | 30               | C-6  |
|   | 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   | E33                   |                  |  |
| Tier 2  | 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                      | 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  | H18                   |                  |  |
|   | 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   | 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        | I20                   |                  |  |
|   | Specialist Visit, Coinsurance, if different   | 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             | I22                   |                  |  |
|   | Imaging (CT/PET Scans, MRIs), Coinsurance, if different   | H24                   |                  |  |
|   | Imaging (CT/PET Scans, MRIs), Copay, if separate  | I24                   |                  |  |
|   | Rehabilitative Speech Therapy, Coinsurance, if different  | H27                   |                  |  |
|   | Rehabilitative Speech Therapy, Copay, if separate   | I27                   |                  |  |
| Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different          | H28   |                       |                  |  |
| Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate                 | I28   |                       |                  |  |
| Laboratory Outpatient and Professional Services, Coinsurance, if different                          | H32   |                       |                  |  |
| 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   | I33   |                       |                  |  |
| Skilled Nursing Facility, Coinsurance, if different   | H34   |                       |                  |  |
| Skilled Nursing Facility, Copay, if separate  | I34   |                       |                  |  |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different                | H35   |                       |                  |  |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate                       | I35   |                       |                  |  |
| Outpatient Surgery Physician/Surgical Services, Coinsurance, if different                           | H36   |                       |                  |  |
| Outpatient Surgery Physician/Surgical Services, Copay, if separate                                  | I36   |                       |                  |  |
| Drug Benefits   |   |                       |                  |  |
| Tier 1  | Generics, Coinsurance, if different   | D38                   |                  |  |
|   | Generics, Copay, if separate  | E38                   | 10               | C-11   |
|   | Preferred Brand Drugs, Coinsurance, if different  | D39                   | 0.8              | C-11   |
|   | Preferred Brand Drugs, Copay, if separate   | E39                   |                  |  |

|  |   |     |     |      |
|--|---|-----|-----|------|
| Tier 1                                       | 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 |     |      |
| Tier 2                                       | Generics, Coinsurance, if different                                   | H38 |     |      |
|  | Generics, Copay, if separate  | I38 |     |      |
|  | Preferred Brand Drugs, Coinsurance, if different                      | H39 |     |      |
|  | Preferred Brand Drugs, Copay, if separate                             | I39 |     |      |
|  | Non-Preferred Brand Drugs, Coinsurance, if different                  | H40 |     |      |
|  | Non-Preferred Brand Drugs, Copay, if separate                         | I40 |     |      |
|  | Specialty Drugs (i.e. high-cost), Coinsurance, if different           | H41 |     |      |
|  | Specialty Drugs (i.e. high-cost), Copay, if separate                  | I41 |     |      |
| 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 |     |      |

| Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking |   |                       |  |
|---|---|-----------------------|--|
|   |   |                       |  |
| SERFF Filing #: CFBC-129022770  |   |                       |  |
| Company Name: Group Hospitalization and Medical Services, Inc.                                      |   |                       |  |
| Form Number(s) of Plan: DC/CF/PPO/BRZ SOB (1/14)  |   |                       |  |
|   |   |                       |  |
|   | Input Name  | Cell in AV Calculator | Input Value Used   |
|   |   |                       | Corresponding 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   |                       |  |
| Tier 1  | Deductible (\$) (Medical)   | B10                   |  |
|   | Deductible (\$) (Drug)  | C10                   |  |
|   | Deductible (\$) (Combined)  | D10                   | 4000   |
|   | Coinsurance (% Insurer's Cost Share) (Medical)  | B11                   |  |
|   | Coinsurance (% Insurer's Cost Share) (Drug)   | C11                   |  |
|   | Coinsurance (% Insurer's Cost Share) (Combined)   | D11                   | 70%  |
|   | OOP Maximum (\$)  | B12                   | 6350   |
|   | OOP Maximum if Separate (\$) (Medical)  | B13                   |  |
|   | OOP Maximum if Separate (\$) (Drug)   | C13                   |  |
| Tier 2  | Deductible (\$) (Medical)   | F10                   |  |
|   | Deductible (\$) (Drug)  | G10                   |  |
|   | Deductible (\$) (Combined)  | H10                   |  |
|   | Coinsurance (% Insurer's Cost Share) (Medical)  | F11                   |  |
|   | Coinsurance (% Insurer's Cost Share) (Drug)   | G11                   |  |
|   | Coinsurance (% Insurer's Cost Share) (Combined)   | H11                   |  |
|   | OOP Maximum (\$)  | F12                   |  |
|   | OOP Maximum if Separate (\$) (Medical)  | F13                   |  |
|   | OOP Maximum if Separate (\$) (Drug)   | G13                   |  |
|   | Medical Benefits  |                       |  |
| Tier 1  | Emergency Room Services, Coinsurance, if different  | D18                   |  |
|   | Emergency Room Services, Copay, if separate   | E18                   |  |
|   | 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        | 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      | D22                   |  |
|   | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate             | E22                   |  |
|   | 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   | 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                                       | E32                   |  |
|   | X-rays and Diagnostic Imaging, Coinsurance, if different  | 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  | 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                                 | D36                   |  |
|   | Outpatient Surgery Physician/Surgical Services, Copay, if separate  | E36                   |  |
| Tier 2  | Emergency Room Services, Coinsurance, if different  | H18                   |  |
|   | 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   | 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        | I20                   |  |
|   | Specialist Visit, Coinsurance, if different   | 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             | I22                   |  |
|   | Imaging (CT/PET Scans, MRIs), Coinsurance, if different   | H24                   |  |
|   | Imaging (CT/PET Scans, MRIs), Copay, if separate  | I24                   |  |
|   | Rehabilitative Speech Therapy, Coinsurance, if different  | H27                   |  |
|   | Rehabilitative Speech Therapy, Copay, if separate   | I27                   |  |
|   | Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different                | H28                   |  |
|   | Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate                       | I28                   |  |
|   | Laboratory Outpatient and Professional Services, Coinsurance, if different                                | H32                   |  |
|   | 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   | I33                   |  |
|   | Skilled Nursing Facility, Coinsurance, if different   | H34                   |  |
|   | Skilled Nursing Facility, Copay, if separate  | I34                   |  |
|   | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different                      | H35                   |  |
|   | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate                             | I35                   |  |
|   | Outpatient Surgery Physician/Surgical Services, Coinsurance, if different                                 | H36                   |  |
|   | Outpatient Surgery Physician/Surgical Services, Copay, if separate  | I36                   |  |
|   | Drug Benefits   |                       |  |
| Tier 1  | Generics, Coinsurance, if different   | D38                   |  |
|   | Generics, Copay, if separate  | E38                   | 10   |
|   | Preferred Brand Drugs, Coinsurance, if different  | D39                   | 0.8  |
|   | Preferred Brand Drugs, Copay, if separate   | E39                   |  |

|  |   |     |     |      |
|--|---|-----|-----|------|
| Tier 1                                       | 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 |     |      |
| Tier 2                                       | Generics, Coinsurance, if different                                   | H38 |     |      |
|  | Generics, Copay, if separate  | I38 |     |      |
|  | Preferred Brand Drugs, Coinsurance, if different                      | H39 |     |      |
|  | Preferred Brand Drugs, Copay, if separate                             | I39 |     |      |
|  | Non-Preferred Brand Drugs, Coinsurance, if different                  | H40 |     |      |
|  | Non-Preferred Brand Drugs, Copay, if separate                         | I40 |     |      |
|  | Specialty Drugs (i.e. high-cost), Coinsurance, if different           | H41 |     |      |
|  | Specialty Drugs (i.e. high-cost), Copay, if separate                  | I41 |     |      |
| 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 |     |      |

| Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking |   |                       |                  |  |
|---|---|-----------------------|------------------|--|
|   |   |                       |                  |  |
| SERFF Filing #: _____ CFBC-129022770  |   |                       |                  |  |
| Company Name: _____ Group Hospitalization and Medical Services, Inc.                                |   |                       |                  |  |
| Form Number(s) of Plan: _____ DC/CF/PPO CDH/2000/SOB (1/14)   |   |                       |                  |  |
|   |   |                       |                  |  |
|   | Input Name  | Cell in AV Calculator | Input Value Used | Corresponding 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   |   |                       |                  |  |
| Tier 1  | Deductible (\$) (Medical)   | B10                   |                  |  |
|   | Deductible (\$) (Drug)  | C10                   |                  |  |
|   | Deductible (\$) (Combined)  | D10                   | 2000             | C-1  |
|   | Coinsurance (% Insurer's Cost Share) (Medical)  | B11                   |                  |  |
|   | Coinsurance (% Insurer's Cost Share) (Drug)   | C11                   |                  |  |
|   | Coinsurance (% Insurer's Cost Share) (Combined)   | D11                   | 80%              | C-3-10   |
|   | OOP Maximum (\$)  | B12                   | 4000             | C-2  |
|   | OOP Maximum if Separate (\$) (Medical)  | B13                   |                  |  |
|   | OOP Maximum if Separate (\$) (Drug)   | C13                   |                  |  |
| Tier 2  | Deductible (\$) (Medical)   | F10                   |                  |  |
|   | Deductible (\$) (Drug)  | G10                   |                  |  |
|   | Deductible (\$) (Combined)  | H10                   |                  |  |
|   | Coinsurance (% Insurer's Cost Share) (Medical)  | F11                   |                  |  |
|   | Coinsurance (% Insurer's Cost Share) (Drug)   | G11                   |                  |  |
|   | Coinsurance (% Insurer's Cost Share) (Combined)   | H11                   |                  |  |
|   | OOP Maximum (\$)  | F12                   |                  |  |
|   | OOP Maximum if Separate (\$) (Medical)  | F13                   |                  |  |
|   | OOP Maximum if Separate (\$) (Drug)   | G13                   |                  |  |
| Medical Benefits  |   |                       |                  |  |
| Tier 1  | Emergency Room Services, Coinsurance, if different  | D18                   |                  |  |
|   | Emergency Room Services, Copay, if separate   | E18                   |                  |  |
|   | 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        | 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      | D22                   |                  |  |
|   | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate             | E22                   |                  |  |
|   | 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   | 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                                       | E32                   |                  |  |
|   | X-rays and Diagnostic Imaging, Coinsurance, if different  | D33                   |                  |  |
|   | X-rays and Diagnostic Imaging, Copay, if separate   | E33                   |                  |  |
| Tier 2  | 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                      | 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  | H18                   |                  |  |
|   | 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   | 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        | I20                   |                  |  |
|   | Specialist Visit, Coinsurance, if different   | 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             | I22                   |                  |  |
|   | Imaging (CT/PET Scans, MRIs), Coinsurance, if different   | H24                   |                  |  |
|   | Imaging (CT/PET Scans, MRIs), Copay, if separate  | I24                   |                  |  |
|   | Rehabilitative Speech Therapy, Coinsurance, if different  | H27                   |                  |  |
|   | Rehabilitative Speech Therapy, Copay, if separate   | I27                   |                  |  |
| Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different          | H28   |                       |                  |  |
| Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate                 | I28   |                       |                  |  |
| Laboratory Outpatient and Professional Services, Coinsurance, if different                          | H32   |                       |                  |  |
| 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   | I33   |                       |                  |  |
| Skilled Nursing Facility, Coinsurance, if different   | H34   |                       |                  |  |
| Skilled Nursing Facility, Copay, if separate  | I34   |                       |                  |  |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different                | H35   |                       |                  |  |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate                       | I35   |                       |                  |  |
| Outpatient Surgery Physician/Surgical Services, Coinsurance, if different                           | H36   |                       |                  |  |
| Outpatient Surgery Physician/Surgical Services, Copay, if separate                                  | I36   |                       |                  |  |
| Drug Benefits   |   |                       |                  |  |
| Tier 1  | Generics, Coinsurance, if different   | D38                   |                  |  |
|   | Generics, Copay, if separate  | E38                   | 10               | C-12   |
|   | Preferred Brand Drugs, Coinsurance, if different  | D39                   | 0.8              | C-12   |
|   | Preferred Brand Drugs, Copay, if separate   | E39                   |                  |  |

|  |   |     |     |      |
|--|---|-----|-----|------|
| Tier 1                                       | 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 |     |      |
| Tier 2                                       | Generics, Coinsurance, if different                                   | H38 |     |      |
|  | Generics, Copay, if separate  | I38 |     |      |
|  | Preferred Brand Drugs, Coinsurance, if different                      | H39 |     |      |
|  | Preferred Brand Drugs, Copay, if separate                             | I39 |     |      |
|  | Non-Preferred Brand Drugs, Coinsurance, if different                  | H40 |     |      |
|  | Non-Preferred Brand Drugs, Copay, if separate                         | I40 |     |      |
|  | Specialty Drugs (i.e. high-cost), Coinsurance, if different           | H41 |     |      |
|  | Specialty Drugs (i.e. high-cost), Copay, if separate                  | I41 |     |      |
| 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 |     |      |



| Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking |   |                       |                  |  |
|---|---|-----------------------|------------------|--|
|   |   |                       |                  |  |
| SERFF Filing #: _____ CFBC-129022770  |   |                       |                  |  |
| Company 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 | Corresponding 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   |   |                       |                  |  |
| Tier 1  | Deductible (\$) (Medical)   | B10                   |                  |  |
|   | Deductible (\$) (Drug)  | C10                   |                  |  |
|   | Deductible (\$) (Combined)  | D10                   | 1000             | C-1  |
|   | Coinsurance (% Insurer's Cost Share) (Medical)  | B11                   |                  |  |
|   | Coinsurance (% Insurer's Cost Share) (Drug)   | C11                   |                  |  |
|   | Coinsurance (% Insurer's Cost Share) (Combined)   | D11                   | 90%              | C-4-10   |
|   | OOP Maximum (\$)  | B12                   | 3000             | C-3  |
|   | OOP Maximum if Separate (\$) (Medical)  | B13                   |                  |  |
|   | OOP Maximum if Separate (\$) (Drug)   | C13                   |                  |  |
| Tier 2  | Deductible (\$) (Medical)   | F10                   |                  |  |
|   | Deductible (\$) (Drug)  | G10                   |                  |  |
|   | Deductible (\$) (Combined)  | H10                   |                  |  |
|   | Coinsurance (% Insurer's Cost Share) (Medical)  | F11                   |                  |  |
|   | Coinsurance (% Insurer's Cost Share) (Drug)   | G11                   |                  |  |
|   | Coinsurance (% Insurer's Cost Share) (Combined)   | H11                   |                  |  |
|   | OOP Maximum (\$)  | F12                   |                  |  |
|   | OOP Maximum if Separate (\$) (Medical)  | F13                   |                  |  |
|   | OOP Maximum if Separate (\$) (Drug)   | G13                   |                  |  |
| Medical Benefits  |   |                       |                  |  |
| Tier 1  | Emergency Room Services, Coinsurance, if different  | D18                   |                  |  |
|   | Emergency Room Services, Copay, if separate   | E18                   |                  |  |
|   | 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        | 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      | D22                   |                  |  |
|   | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate             | E22                   |                  |  |
|   | 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   | 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                                       | E32                   |                  |  |
|   | X-rays and Diagnostic Imaging, Coinsurance, if different  | D33                   |                  |  |
|   | X-rays and Diagnostic Imaging, Copay, if separate   | E33                   |                  |  |
| Tier 2  | 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                      | 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  | H18                   |                  |  |
|   | 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   | 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        | I20                   |                  |  |
|   | Specialist Visit, Coinsurance, if different   | 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             | I22                   |                  |  |
|   | Imaging (CT/PET Scans, MRIs), Coinsurance, if different   | H24                   |                  |  |
|   | Imaging (CT/PET Scans, MRIs), Copay, if separate  | I24                   |                  |  |
|   | Rehabilitative Speech Therapy, Coinsurance, if different  | H27                   |                  |  |
|   | Rehabilitative Speech Therapy, Copay, if separate   | I27                   |                  |  |
| Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different          | H28   |                       |                  |  |
| Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate                 | I28   |                       |                  |  |
| Laboratory Outpatient and Professional Services, Coinsurance, if different                          | H32   |                       |                  |  |
| 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   | I33   |                       |                  |  |
| Skilled Nursing Facility, Coinsurance, if different   | H34   |                       |                  |  |
| Skilled Nursing Facility, Copay, if separate  | I34   |                       |                  |  |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different                | H35   |                       |                  |  |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate                       | I35   |                       |                  |  |
| Outpatient Surgery Physician/Surgical Services, Coinsurance, if different                           | H36   |                       |                  |  |
| Outpatient Surgery Physician/Surgical Services, Copay, if separate                                  | I36   |                       |                  |  |
| Drug Benefits   |   |                       |                  |  |
| Tier 1  | Generics, Coinsurance, if different   | D38                   |                  |  |
|   | Generics, Copay, if separate  | E38                   | 10               | C-12   |
|   | Preferred Brand Drugs, Coinsurance, if different  | D39                   | 0.8              | C-12   |
|   | Preferred Brand Drugs, Copay, if separate   | E39                   |                  |  |

|  |   |     |     |      |
|--|---|-----|-----|------|
| Tier 1                                       | 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 |     |      |
| Tier 2                                       | Generics, Coinsurance, if different                                   | H38 |     |      |
|  | Generics, Copay, if separate  | I38 |     |      |
|  | Preferred Brand Drugs, Coinsurance, if different                      | H39 |     |      |
|  | Preferred Brand Drugs, Copay, if separate                             | I39 |     |      |
|  | Non-Preferred Brand Drugs, Coinsurance, if different                  | H40 |     |      |
|  | Non-Preferred Brand Drugs, Copay, if separate                         | I40 |     |      |
|  | Specialty Drugs (i.e. high-cost), Coinsurance, if different           | H41 |     |      |
|  | Specialty Drugs (i.e. high-cost), Copay, if separate                  | I41 |     |      |
| 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 |     |      |

| Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking |   |                       |  |
|---|---|-----------------------|--|
|   |   |                       |  |
| SERFF Filing #: CFBC-129022770  |   |                       |  |
| Company Name: Group Hospitalization and Medical Services, Inc.                                      |   |                       |  |
| Form Number(s) of Plan: DC/CF/PPO/PLAT SOB (1/14)   |   |                       |  |
|   |   |                       |  |
|   | Input Name  | Cell in AV Calculator | Input Value Used   |
|   |   |                       | Corresponding 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   |                       |  |
| Tier 1  | Deductible (\$) (Medical)   | B10                   | 0  |
|   | Deductible (\$) (Drug)  | C10                   | 0  |
|   | Deductible (\$) (Combined)  | D10                   |  |
|   | Coinsurance (% Insurer's Cost Share) (Medical)  | B11                   | 100%   |
|   | Coinsurance (% Insurer's Cost Share) (Drug)   | C11                   | 100%   |
|   | Coinsurance (% Insurer's Cost Share) (Combined)   | D11                   |  |
|   | OOP Maximum (\$)  | B12                   | 2000   |
|   | OOP Maximum if Separate (\$) (Medical)  | B13                   |  |
|   | OOP Maximum if Separate (\$) (Drug)   | C13                   |  |
| Tier 2  | Deductible (\$) (Medical)   | F10                   |  |
|   | Deductible (\$) (Drug)  | G10                   |  |
|   | Deductible (\$) (Combined)  | H10                   |  |
|   | Coinsurance (% Insurer's Cost Share) (Medical)  | F11                   |  |
|   | Coinsurance (% Insurer's Cost Share) (Drug)   | G11                   |  |
|   | Coinsurance (% Insurer's Cost Share) (Combined)   | H11                   |  |
|   | OOP Maximum (\$)  | F12                   |  |
|   | OOP Maximum if Separate (\$) (Medical)  | F13                   |  |
|   | OOP Maximum if Separate (\$) (Drug)   | G13                   |  |
|   | Medical Benefits  |                       |  |
| Tier 1  | Emergency Room Services, Coinsurance, if different  | D18                   |  |
|   | Emergency Room Services, Copay, if separate   | E18                   | 200  |
|   | All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different                                    | D19                   |  |
|   | All Inpatient Hospital Services (inc. MHSA), Copay, if separate   | 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        | E20                   | 20   |
|   | Specialist Visit, Coinsurance, if different   | D21                   |  |
|   | 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             | E22                   | 20   |
|   | 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   | E27                   | 30   |
|   | Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different                | D28                   |  |
|   | Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate                       | E28                   | 30   |
|   | 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   | 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                      | 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                   |  |
| Tier 2  | Emergency Room Services, Coinsurance, if different  | H18                   |  |
|   | 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   | 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        | I20                   |  |
|   | Specialist Visit, Coinsurance, if different   | 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             | I22                   |  |
|   | Imaging (CT/PET Scans, MRIs), Coinsurance, if different   | H24                   |  |
|   | Imaging (CT/PET Scans, MRIs), Copay, if separate  | I24                   |  |
|   | Rehabilitative Speech Therapy, Coinsurance, if different  | H27                   |  |
|   | Rehabilitative Speech Therapy, Copay, if separate   | I27                   |  |
|   | Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different                | H28                   |  |
|   | Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate                       | I28                   |  |
|   | Laboratory Outpatient and Professional Services, Coinsurance, if different                                | H32                   |  |
|   | 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   | I33                   |  |
|   | Skilled Nursing Facility, Coinsurance, if different   | H34                   |  |
|   | Skilled Nursing Facility, Copay, if separate  | I34                   |  |
|   | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different                      | H35                   |  |
|   | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate                             | I35                   |  |
|   | Outpatient Surgery Physician/Surgical Services, Coinsurance, if different                                 | H36                   |  |
|   | Outpatient Surgery Physician/Surgical Services, Copay, if separate  | I36                   |  |
|   | Drug Benefits   |                       |  |
| Tier 1  | Generics, Coinsurance, if different   | D38                   |  |
|   | Generics, Copay, if separate  | E38                   | 10   |
|   | Preferred Brand Drugs, Coinsurance, if different  | D39                   | 0.8  |
|   | Preferred Brand Drugs, Copay, if separate   | E39                   |  |

|  |   |     |     |      |
|--|---|-----|-----|------|
| Tier 1                                       | 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 |     |      |
| Tier 2                                       | Generics, Coinsurance, if different                                   | H38 |     |      |
|  | Generics, Copay, if separate  | I38 |     |      |
|  | Preferred Brand Drugs, Coinsurance, if different                      | H39 |     |      |
|  | Preferred Brand Drugs, Copay, if separate                             | I39 |     |      |
|  | Non-Preferred Brand Drugs, Coinsurance, if different                  | H40 |     |      |
|  | Non-Preferred Brand Drugs, Copay, if separate                         | I40 |     |      |
|  | Specialty Drugs (i.e. high-cost), Coinsurance, if different           | H41 |     |      |
|  | Specialty Drugs (i.e. high-cost), Copay, if separate                  | I41 |     |      |
| 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 |     |      |

| Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking |   |                       |  |
|---|---|-----------------------|--|
|   |   |                       |  |
| SERFF Filing #:   |   |                       |  |
| Company Name:   |   |                       |  |
| Form Number(s) of Plan:   |   |                       |  |
|   |   |                       |  |
|   | Input Name  | Cell in AV Calculator | Input Value Used   |
|   |   |                       | Corresponding 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   |   |                       |  |
| Tier 1  | Deductible (\$) (Medical)   | B10                   | 0  |
|   | Deductible (\$) (Drug)  | C10                   | 0  |
|   | Deductible (\$) (Combined)  | D10                   |  |
|   | Coinsurance (% Insurer's Cost Share) (Medical)  | B11                   | 100%   |
|   | Coinsurance (% Insurer's Cost Share) (Drug)   | C11                   | 100%   |
|   | Coinsurance (% Insurer's Cost Share) (Combined)   | D11                   |  |
|   | OOP Maximum (\$)  | B12                   | 1100   |
|   | OOP Maximum if Separate (\$) (Medical)  | B13                   |  |
|   | OOP Maximum if Separate (\$) (Drug)   | C13                   |  |
| Tier 2  | Deductible (\$) (Medical)   | F10                   |  |
|   | Deductible (\$) (Drug)  | G10                   |  |
|   | Deductible (\$) (Combined)  | H10                   |  |
|   | Coinsurance (% Insurer's Cost Share) (Medical)  | F11                   |  |
|   | Coinsurance (% Insurer's Cost Share) (Drug)   | G11                   |  |
|   | Coinsurance (% Insurer's Cost Share) (Combined)   | H11                   |  |
|   | OOP Maximum (\$)  | F12                   |  |
|   | OOP Maximum if Separate (\$) (Medical)  | F13                   |  |
|   | OOP Maximum if Separate (\$) (Drug)   | G13                   |  |
| Medical Benefits  |   |                       |  |
| Tier 1  | Emergency Room Services, Coinsurance, if different  | D18                   |  |
|   | Emergency Room Services, Copay, if separate   | E18                   | 200  |
|   | All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different                                    | D19                   |  |
|   | All Inpatient Hospital Services (inc. MHSA), Copay, if separate   | 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        | E20                   | 20   |
|   | Specialist Visit, Coinsurance, if different   | D21                   |  |
|   | 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             | E22                   | 20   |
|   | 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   | E27                   | 30   |
|   | Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different                | D28                   |  |
|   | Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate                       | E28                   | 30   |
|   | 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   | 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                      | 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                   |  |
| Tier 2  | Emergency Room Services, Coinsurance, if different  | H18                   |  |
|   | 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   | 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        | I20                   |  |
|   | Specialist Visit, Coinsurance, if different   | 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             | I22                   |  |
|   | Imaging (CT/PET Scans, MRIs), Coinsurance, if different   | H24                   |  |
|   | Imaging (CT/PET Scans, MRIs), Copay, if separate  | I24                   |  |
|   | Rehabilitative Speech Therapy, Coinsurance, if different  | H27                   |  |
|   | Rehabilitative Speech Therapy, Copay, if separate   | I27                   |  |
|   | Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different                | H28                   |  |
|   | Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate                       | I28                   |  |
|   | Laboratory Outpatient and Professional Services, Coinsurance, if different                                | H32                   |  |
|   | 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   | I33                   |  |
|   | Skilled Nursing Facility, Coinsurance, if different   | H34                   |  |
|   | Skilled Nursing Facility, Copay, if separate  | I34                   |  |
|   | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different                      | H35                   |  |
|   | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate                             | I35                   |  |
|   | Outpatient Surgery Physician/Surgical Services, Coinsurance, if different                                 | H36                   |  |
|   | Outpatient Surgery Physician/Surgical Services, Copay, if separate  | I36                   |  |
| Drug Benefits   |   |                       |  |
| Tier 1  | Generics, Coinsurance, if different   | D38                   |  |
|   | Generics, Copay, if separate  | E38                   | 10   |
|   | Preferred Brand Drugs, Coinsurance, if different  | D39                   |  |
|   | Preferred Brand Drugs, Copay, if separate   | E39                   | 45   |

|  |   |     |     |  |
|--|---|-----|-----|--|
| Tier 1                                       | 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 |     |  |
| Tier 2                                       | Generics, Coinsurance, if different                                   | H38 |     |  |
|  | Generics, Copay, if separate  | I38 |     |  |
|  | Preferred Brand Drugs, Coinsurance, if different                      | H39 |     |  |
|  | Preferred Brand Drugs, Copay, if separate                             | I39 |     |  |
|  | Non-Preferred Brand Drugs, Coinsurance, if different                  | H40 |     |  |
|  | Non-Preferred Brand Drugs, Copay, if separate                         | I40 |     |  |
|  | Specialty Drugs (i.e. high-cost), Coinsurance, if different           | H41 |     |  |
|  | Specialty Drugs (i.e. high-cost), Copay, if separate                  | I41 |     |  |
| 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 |     |  |

| Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking |   |                       |  |
|---|---|-----------------------|--|
|   |   |                       |  |
| SERFF Filing #: CFBC-129022770  |   |                       |  |
| Company Name: Group Hospitalization and Medical Services, Inc.                                      |   |                       |  |
| Form Number(s) of Plan: DC/CF/PPO/500/SOB (1/14)  |   |                       |  |
|   |   |                       |  |
|   | Input Name  | Cell in AV Calculator | Input Value Used   |
|   |   |                       | Corresponding 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   |                       |  |
| Tier 1  | Deductible (\$) (Medical)   | B10                   | 500  |
|   | Deductible (\$) (Drug)  | C10                   | 0  |
|   | Deductible (\$) (Combined)  | D10                   |  |
|   | Coinsurance (% Insurer's Cost Share) (Medical)  | B11                   | 100%   |
|   | Coinsurance (% Insurer's Cost Share) (Drug)   | C11                   | 100%   |
|   | Coinsurance (% Insurer's Cost Share) (Combined)   | D11                   |  |
|   | OOP Maximum (\$)  | B12                   | 1500   |
|   | OOP Maximum if Separate (\$) (Medical)  | B13                   |  |
|   | OOP Maximum if Separate (\$) (Drug)   | C13                   |  |
| Tier 2  | Deductible (\$) (Medical)   | F10                   |  |
|   | Deductible (\$) (Drug)  | G10                   |  |
|   | Deductible (\$) (Combined)  | H10                   |  |
|   | Coinsurance (% Insurer's Cost Share) (Medical)  | F11                   |  |
|   | Coinsurance (% Insurer's Cost Share) (Drug)   | G11                   |  |
|   | Coinsurance (% Insurer's Cost Share) (Combined)   | H11                   |  |
|   | OOP Maximum (\$)  | F12                   |  |
|   | OOP Maximum if Separate (\$) (Medical)  | F13                   |  |
|   | OOP Maximum if Separate (\$) (Drug)   | G13                   |  |
|   | Medical Benefits  |                       |  |
| Tier 1  | Emergency Room Services, Coinsurance, if different  | D18                   |  |
|   | Emergency Room Services, Copay, if separate   | E18                   | 50   |
|   | 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        | E20                   | 10   |
|   | Specialist Visit, Coinsurance, if different   | D21                   |  |
|   | Specialist Visit, Copay, if separate  | E21                   | 10   |
|   | 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                   | 10   |
|   | 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   | 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                                       | E32                   |  |
|   | X-rays and Diagnostic Imaging, Coinsurance, if different  | 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  | 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                                 | D36                   |  |
|   | Outpatient Surgery Physician/Surgical Services, Copay, if separate  | E36                   |  |
| Tier 2  | Emergency Room Services, Coinsurance, if different  | H18                   |  |
|   | 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   | 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        | I20                   |  |
|   | Specialist Visit, Coinsurance, if different   | 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             | I22                   |  |
|   | Imaging (CT/PET Scans, MRIs), Coinsurance, if different   | H24                   |  |
|   | Imaging (CT/PET Scans, MRIs), Copay, if separate  | I24                   |  |
|   | Rehabilitative Speech Therapy, Coinsurance, if different  | H27                   |  |
|   | Rehabilitative Speech Therapy, Copay, if separate   | I27                   |  |
|   | Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different                | H28                   |  |
|   | Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate                       | I28                   |  |
|   | Laboratory Outpatient and Professional Services, Coinsurance, if different                                | H32                   |  |
|   | 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   | I33                   |  |
|   | Skilled Nursing Facility, Coinsurance, if different   | H34                   |  |
|   | Skilled Nursing Facility, Copay, if separate  | I34                   |  |
|   | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different                      | H35                   |  |
|   | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate                             | I35                   |  |
| Tier 3  | Outpatient Surgery Physician/Surgical Services, Coinsurance, if different                                 | H36                   |  |
|   | Outpatient Surgery Physician/Surgical Services, Copay, if separate  | I36                   |  |
|   | Drug Benefits   |                       |  |
|   | Generics, Coinsurance, if different   | D38                   |  |
|   | Generics, Copay, if separate  | E38                   | 10   |
|   | Preferred Brand Drugs, Coinsurance, if different  | D39                   |  |
|   | Preferred Brand Drugs, Copay, if separate   | E39                   | 45   |

|        |   |     |     |      |
|--------|---|-----|-----|------|
| Tier 1 | 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 |     |      |
| Tier 2 | Generics, Coinsurance, if different                                   | H38 |     |      |
|        | Generics, Copay, if separate  | I38 |     |      |
|        | Preferred Brand Drugs, Coinsurance, if different                      | H39 |     |      |
|        | Preferred Brand Drugs, Copay, if separate                             | I39 |     |      |
|        | Non-Preferred Brand Drugs, Coinsurance, if different                  | H40 |     |      |
|        | Non-Preferred Brand Drugs, Copay, if separate                         | I40 |     |      |
|        | Specialty Drugs (i.e. high-cost), Coinsurance, if different           | H41 |     |      |
|        | Specialty Drugs (i.e. high-cost), Copay, if separate                  | I41 |     |      |
|        | 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 |     |      |



| Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking |   |                       |  |
|---|---|-----------------------|--|
|   |   |                       |  |
| SERFF Filing #: CFBC-129022770  |   |                       |  |
| Company Name: Group Hospitalization and Medical Services, Inc.                                      |   |                       |  |
| Form Number(s) of Plan: DC/CF/PPO/1200/SOB (1/14)   |   |                       |  |
|   |   |                       |  |
|   | Input Name  | Cell in AV Calculator | Input Value Used   |
|   |   |                       | Corresponding 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   |                       |  |
| Tier 1  | Deductible (\$) (Medical)   | B10                   | 1200   |
|   | Deductible (\$) (Drug)  | C10                   | 0  |
|   | Deductible (\$) (Combined)  | D10                   |  |
|   | Coinsurance (% Insurer's Cost Share) (Medical)  | B11                   | 100%   |
|   | Coinsurance (% Insurer's Cost Share) (Drug)   | C11                   | 100%   |
|   | Coinsurance (% Insurer's Cost Share) (Combined)   | D11                   |  |
|   | OOP Maximum (\$)  | B12                   | 4000   |
|   | OOP Maximum if Separate (\$) (Medical)  | B13                   |  |
|   | OOP Maximum if Separate (\$) (Drug)   | C13                   |  |
| Tier 2  | Deductible (\$) (Medical)   | F10                   |  |
|   | Deductible (\$) (Drug)  | G10                   |  |
|   | Deductible (\$) (Combined)  | H10                   |  |
|   | Coinsurance (% Insurer's Cost Share) (Medical)  | F11                   |  |
|   | Coinsurance (% Insurer's Cost Share) (Drug)   | G11                   |  |
|   | Coinsurance (% Insurer's Cost Share) (Combined)   | H11                   |  |
|   | OOP Maximum (\$)  | F12                   |  |
|   | OOP Maximum if Separate (\$) (Medical)  | F13                   |  |
|   | OOP Maximum if Separate (\$) (Drug)   | G13                   |  |
|   | Medical Benefits  |                       |  |
| Tier 1  | Emergency Room Services, Coinsurance, if different  | D18                   |  |
|   | Emergency Room Services, Copay, if separate   | E18                   | 100  |
|   | All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different                                    | D19                   |  |
|   | All Inpatient Hospital Services (inc. MHSA), Copay, if separate   | E19                   | 200  |
|   | 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   |
|   | Specialist Visit, Coinsurance, if different   | D21                   |  |
|   | Specialist Visit, Copay, if separate  | E21                   | 20   |
|   | 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   |
|   | 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   | 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                                       | E32                   |  |
|   | X-rays and Diagnostic Imaging, Coinsurance, if different  | 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  | 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                                 | D36                   |  |
|   | Outpatient Surgery Physician/Surgical Services, Copay, if separate  | E36                   |  |
| Tier 2  | Emergency Room Services, Coinsurance, if different  | H18                   |  |
|   | 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   | 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        | I20                   |  |
|   | Specialist Visit, Coinsurance, if different   | 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             | I22                   |  |
|   | Imaging (CT/PET Scans, MRIs), Coinsurance, if different   | H24                   |  |
|   | Imaging (CT/PET Scans, MRIs), Copay, if separate  | I24                   |  |
|   | Rehabilitative Speech Therapy, Coinsurance, if different  | H27                   |  |
|   | Rehabilitative Speech Therapy, Copay, if separate   | I27                   |  |
|   | Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different                | H28                   |  |
|   | Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate                       | I28                   |  |
|   | Laboratory Outpatient and Professional Services, Coinsurance, if different                                | H32                   |  |
|   | 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   | I33                   |  |
|   | Skilled Nursing Facility, Coinsurance, if different   | H34                   |  |
|   | Skilled Nursing Facility, Copay, if separate  | I34                   |  |
|   | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different                      | H35                   |  |
|   | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate                             | I35                   |  |
| Tier 3  | Outpatient Surgery Physician/Surgical Services, Coinsurance, if different                                 | H36                   |  |
|   | Outpatient Surgery Physician/Surgical Services, Copay, if separate  | I36                   |  |
|   | Drug Benefits   |                       |  |
|   | Generics, Coinsurance, if different   | D38                   |  |
| Tier 4  | Generics, Copay, if separate  | E38                   | 10   |
|   | Preferred Brand Drugs, Coinsurance, if different  | D39                   |  |
|   | Preferred Brand Drugs, Copay, if separate   | E39                   | 45   |

|        |   |     |     |      |
|--------|---|-----|-----|------|
| Tier 1 | 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 |     |      |
| Tier 2 | Generics, Coinsurance, if different                                   | H38 |     |      |
|        | Generics, Copay, if separate  | I38 |     |      |
|        | Preferred Brand Drugs, Coinsurance, if different                      | H39 |     |      |
|        | Preferred Brand Drugs, Copay, if separate                             | I39 |     |      |
|        | Non-Preferred Brand Drugs, Coinsurance, if different                  | H40 |     |      |
|        | Non-Preferred Brand Drugs, Copay, if separate                         | I40 |     |      |
|        | Specialty Drugs (i.e. high-cost), Coinsurance, if different           | H41 |     |      |
|        | Specialty Drugs (i.e. high-cost), Copay, if separate                  | I41 |     |      |
|        | 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 |     |      |

| Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking |   |                       |  |
|---|---|-----------------------|--|
|   |   |                       |  |
| SERFF Filing #: CFBC-129022770  |   |                       |  |
| Company 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   |
|   |   |                       | Corresponding 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   |                       |  |
| Tier 1  | Deductible (\$) (Medical)   | B10                   | 1000   |
|   | Deductible (\$) (Drug)  | C10                   | 0  |
|   | Deductible (\$) (Combined)  | D10                   |  |
|   | Coinsurance (% Insurer's Cost Share) (Medical)  | B11                   | 80%  |
|   | Coinsurance (% Insurer's Cost Share) (Drug)   | C11                   | 80%  |
|   | Coinsurance (% Insurer's Cost Share) (Combined)   | D11                   |  |
|   | OOP Maximum (\$)  | B12                   | 3500   |
|   | OOP Maximum if Separate (\$ (Medical)   | B13                   |  |
|   | OOP Maximum if Separate (\$ (Drug)  | C13                   |  |
| Tier 2  | Deductible (\$) (Medical)   | F10                   |  |
|   | Deductible (\$) (Drug)  | G10                   |  |
|   | Deductible (\$) (Combined)  | H10                   |  |
|   | Coinsurance (% Insurer's Cost Share) (Medical)  | F11                   |  |
|   | Coinsurance (% Insurer's Cost Share) (Drug)   | G11                   |  |
|   | Coinsurance (% Insurer's Cost Share) (Combined)   | H11                   |  |
|   | OOP Maximum (\$)  | F12                   |  |
|   | OOP Maximum if Separate (\$ (Medical)   | F13                   |  |
|   | OOP Maximum if Separate (\$ (Drug)  | G13                   |  |
|   | Medical Benefits  |                       |  |
| Tier 1  | Emergency Room Services, Coinsurance, if different  | D18                   |  |
|   | Emergency Room Services, Copay, if separate   | E18                   |  |
|   | 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        | E20                   | 20   |
|   | Specialist Visit, Coinsurance, if different   | D21                   | C-3  |
|   | Specialist Visit, Copay, if separate  | E21                   | 20   |
|   | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different      | D22                   | C-3  |
|   | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate             | E22                   | 20   |
|   | Imaging (CT/PET Scans, MRIs), Coinsurance, if different   | D24                   | C-10   |
|   | Imaging (CT/PET Scans, MRIs), Copay, if separate  | E24                   |  |
|   | Rehabilitative Speech Therapy, Coinsurance, if different  | D27                   |  |
|   | 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                       | E28                   |  |
|   | 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   | 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                      | 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                   |  |
| Tier 2  | Emergency Room Services, Coinsurance, if different  | H18                   |  |
|   | 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   | 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        | I20                   |  |
|   | Specialist Visit, Coinsurance, if different   | 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             | I22                   |  |
|   | Imaging (CT/PET Scans, MRIs), Coinsurance, if different   | H24                   |  |
|   | Imaging (CT/PET Scans, MRIs), Copay, if separate  | I24                   |  |
|   | Rehabilitative Speech Therapy, Coinsurance, if different  | H27                   |  |
|   | Rehabilitative Speech Therapy, Copay, if separate   | I27                   |  |
|   | Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different                | H28                   |  |
|   | Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate                       | I28                   |  |
|   | Laboratory Outpatient and Professional Services, Coinsurance, if different                                | H32                   |  |
|   | 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   | I33                   |  |
|   | Skilled Nursing Facility, Coinsurance, if different   | H34                   |  |
|   | Skilled Nursing Facility, Copay, if separate  | I34                   |  |
|   | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different                      | H35                   |  |
|   | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate                             | I35                   |  |
|   | Outpatient Surgery Physician/Surgical Services, Coinsurance, if different                                 | H36                   |  |
|   | Outpatient Surgery Physician/Surgical Services, Copay, if separate  | I36                   |  |
|   | Drug Benefits   |                       |  |
| Tier 1  | Generics, Coinsurance, if different   | D38                   |  |
|   | Generics, Copay, if separate  | E38                   | 10   |
|   | Preferred Brand Drugs, Coinsurance, if different  | D39                   | C-13   |
|   | Preferred Brand Drugs, Copay, if separate   | E39                   | 45   |

|        |   |     |     |      |
|--------|---|-----|-----|------|
| Tier 1 | 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 |     |      |
| Tier 2 | Generics, Coinsurance, if different                                   | H38 |     |      |
|        | Generics, Copay, if separate  | I38 |     |      |
|        | Preferred Brand Drugs, Coinsurance, if different                      | H39 |     |      |
|        | Preferred Brand Drugs, Copay, if separate                             | I39 |     |      |
|        | Non-Preferred Brand Drugs, Coinsurance, if different                  | H40 |     |      |
|        | Non-Preferred Brand Drugs, Copay, if separate                         | I40 |     |      |
|        | Specialty Drugs (i.e. high-cost), Coinsurance, if different           | H41 |     |      |
|        | Specialty Drugs (i.e. high-cost), Copay, if separate                  | I41 |     |      |
|        | 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 |     |      |

| Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking |   |                       |                  |  |
|---|---|-----------------------|------------------|--|
| SERFF Filing #: _____ CFBC-129022770  |   |                       |                  |  |
| Company 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 | Corresponding 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   |   |                       |                  |  |
| Tier 1  | Deductible (\$) (Medical)   | B10                   | 2000             | C-1  |
|   | Deductible (\$) (Drug)  | C10                   | 0                | C-3-10   |
|   | Deductible (\$) (Combined)  | D10                   |                  |  |
|   | Coinsurance (% Insurer's Cost Share) (Medical)  | B11                   | 100%             |  |
|   | Coinsurance (% Insurer's Cost Share) (Drug)   | C11                   | 100%             |  |
|   | Coinsurance (% Insurer's Cost Share) (Combined)   | D11                   |                  |  |
|   | OOP Maximum (\$)  | B12                   | 5000             | C-2  |
|   | OOP Maximum if Separate (\$) (Medical)  | B13                   |                  |  |
| OOP Maximum if Separate (\$) (Drug)   | C13   |                       |                  |  |
| Tier 2  | Deductible (\$) (Medical)   | F10                   |                  |  |
|   | Deductible (\$) (Drug)  | G10                   |                  |  |
|   | Deductible (\$) (Combined)  | H10                   |                  |  |
|   | Coinsurance (% Insurer's Cost Share) (Medical)  | F11                   |                  |  |
|   | Coinsurance (% Insurer's Cost Share) (Drug)   | G11                   |                  |  |
|   | Coinsurance (% Insurer's Cost Share) (Combined)   | H11                   |                  |  |
|   | OOP Maximum (\$)  | F12                   |                  |  |
|   | OOP Maximum if Separate (\$) (Medical)  | F13                   |                  |  |
| OOP Maximum if Separate (\$) (Drug)   | G13   |                       |                  |  |
| Medical Benefits  |   |                       |                  |  |
| Tier 1  | Emergency Room Services, Coinsurance, if different  | D18                   |                  |  |
|   | Emergency Room Services, Copay, if separate   | E18                   |                  |  |
|   | 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        | E20                   | 20               | C-3  |
|   | Specialist Visit, Coinsurance, if different   | D21                   |                  |  |
|   | 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             | E22                   | 20               | C-9  |
|   | 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   | 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                                       | E32                   |                  |  |
|   | X-rays and Diagnostic Imaging, Coinsurance, if different  | D33                   |                  |  |
|   | X-rays and Diagnostic Imaging, Copay, if separate   | E33                   |                  |  |
| Tier 2  | 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                      | 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  | H18                   |                  |  |
|   | 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   | 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        | I20                   |                  |  |
|   | Specialist Visit, Coinsurance, if different   | 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             | I22                   |                  |  |
|   | Imaging (CT/PET Scans, MRIs), Coinsurance, if different   | H24                   |                  |  |
|   | Imaging (CT/PET Scans, MRIs), Copay, if separate  | I24                   |                  |  |
|   | Rehabilitative Speech Therapy, Coinsurance, if different  | H27                   |                  |  |
|   | Rehabilitative Speech Therapy, Copay, if separate   | I27                   |                  |  |
| Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different          | H28   |                       |                  |  |
| Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate                 | I28   |                       |                  |  |
| Laboratory Outpatient and Professional Services, Coinsurance, if different                          | H32   |                       |                  |  |
| 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   | I33   |                       |                  |  |
| Skilled Nursing Facility, Coinsurance, if different   | H34   |                       |                  |  |
| Skilled Nursing Facility, Copay, if separate  | I34   |                       |                  |  |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different                | H35   |                       |                  |  |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate                       | I35   |                       |                  |  |
| Outpatient Surgery Physician/Surgical Services, Coinsurance, if different                           | H36   |                       |                  |  |
| Outpatient Surgery Physician/Surgical Services, Copay, if separate                                  | I36   |                       |                  |  |
| Drug Benefits   |   |                       |                  |  |
| Tier 1  | Generics, Coinsurance, if different   | D38                   |                  |  |
|   | Generics, Copay, if separate  | E38                   | 10               | C-11   |
|   | Preferred Brand Drugs, Coinsurance, if different  | D39                   |                  |  |
|   | Preferred Brand Drugs, Copay, if separate   | E39                   | 45               | C-11   |

|        |   |     |     |      |
|--------|---|-----|-----|------|
| Tier 1 | 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 |     |      |
| Tier 2 | Generics, Coinsurance, if different                                   | H38 |     |      |
|        | Generics, Copay, if separate  | I38 |     |      |
|        | Preferred Brand Drugs, Coinsurance, if different                      | H39 |     |      |
|        | Preferred Brand Drugs, Copay, if separate                             | I39 |     |      |
|        | Non-Preferred Brand Drugs, Coinsurance, if different                  | H40 |     |      |
|        | Non-Preferred Brand Drugs, Copay, if separate                         | I40 |     |      |
|        | Specialty Drugs (i.e. high-cost), Coinsurance, if different           | H41 |     |      |
|        | Specialty Drugs (i.e. high-cost), Copay, if separate                  | I41 |     |      |
|        | 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 |     |      |

| Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking |   |                       |                  |  |
|---|---|-----------------------|------------------|--|
|   |   |                       |                  |  |
| SERFF Filing #: _____ CFBC-129022770  |   |                       |                  |  |
| Company Name: _____ Group Hospitalization and Medical Services, Inc. _____                          |   |                       |                  |  |
| Form Number(s) of Plan: _____ DC/CF/PPO/4500/SOB (1/14) _____                                       |   |                       |                  |  |
|   |   |                       |                  |  |
|   | Input Name  | Cell in AV Calculator | Input Value Used | Corresponding 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   |   |                       |                  |  |
| Tier 1  | Deductible (\$) (Medical)   | B10                   | 4500             | C-1  |
|   | Deductible (\$) (Drug)  | C10                   | 0                | C-11   |
|   | Deductible (\$) (Combined)  | D10                   |                  |  |
|   | Coinsurance (% Insurer's Cost Share) (Medical)  | B11                   | 100%             | C-3-10   |
|   | Coinsurance (% Insurer's Cost Share) (Drug)   | C11                   | 100%             | C-11   |
|   | Coinsurance (% Insurer's Cost Share) (Combined)   | D11                   |                  |  |
|   | OOP Maximum (\$)  | B12                   | 6350             | C-2  |
|   | OOP Maximum if Separate (\$) (Medical)  | B13                   |                  |  |
|   | OOP Maximum if Separate (\$) (Drug)   | C13                   |                  |  |
| Tier 2  | Deductible (\$) (Medical)   | F10                   |                  |  |
|   | Deductible (\$) (Drug)  | G10                   |                  |  |
|   | Deductible (\$) (Combined)  | H10                   |                  |  |
|   | Coinsurance (% Insurer's Cost Share) (Medical)  | F11                   |                  |  |
|   | Coinsurance (% Insurer's Cost Share) (Drug)   | G11                   |                  |  |
|   | Coinsurance (% Insurer's Cost Share) (Combined)   | H11                   |                  |  |
|   | OOP Maximum (\$)  | F12                   |                  |  |
|   | OOP Maximum if Separate (\$) (Medical)  | F13                   |                  |  |
|   | OOP Maximum if Separate (\$) (Drug)   | G13                   |                  |  |
| Medical Benefits  |   |                       |                  |  |
| Tier 1  | Emergency Room Services, Coinsurance, if different  | D18                   |                  |  |
|   | Emergency Room Services, Copay, if separate   | E18                   |                  |  |
|   | 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        | E20                   | 30               | C-3  |
|   | Specialist Visit, Coinsurance, if different   | D21                   |                  |  |
|   | 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                   | 30               | C-9  |
|   | 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   | 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                                       | E32                   |                  |  |
|   | X-rays and Diagnostic Imaging, Coinsurance, if different  | D33                   |                  |  |
|   | X-rays and Diagnostic Imaging, Copay, if separate   | E33                   |                  |  |
| Tier 2  | 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                      | 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  | H18                   |                  |  |
|   | 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   | 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        | I20                   |                  |  |
|   | Specialist Visit, Coinsurance, if different   | 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             | I22                   |                  |  |
|   | Imaging (CT/PET Scans, MRIs), Coinsurance, if different   | H24                   |                  |  |
|   | Imaging (CT/PET Scans, MRIs), Copay, if separate  | I24                   |                  |  |
|   | Rehabilitative Speech Therapy, Coinsurance, if different  | H27                   |                  |  |
|   | Rehabilitative Speech Therapy, Copay, if separate   | I27                   |                  |  |
| Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different          | H28   |                       |                  |  |
| Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate                 | I28   |                       |                  |  |
| Laboratory Outpatient and Professional Services, Coinsurance, if different                          | H32   |                       |                  |  |
| 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   | I33   |                       |                  |  |
| Skilled Nursing Facility, Coinsurance, if different   | H34   |                       |                  |  |
| Skilled Nursing Facility, Copay, if separate  | I34   |                       |                  |  |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different                | H35   |                       |                  |  |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate                       | I35   |                       |                  |  |
| Outpatient Surgery Physician/Surgical Services, Coinsurance, if different                           | H36   |                       |                  |  |
| Outpatient Surgery Physician/Surgical Services, Copay, if separate                                  | I36   |                       |                  |  |
| Drug Benefits   |   |                       |                  |  |
| Tier 1  | Generics, Coinsurance, if different   | D38                   |                  |  |
|   | Generics, Copay, if separate  | E38                   | 10               | C-11   |
|   | Preferred Brand Drugs, Coinsurance, if different  | D39                   |                  |  |
|   | Preferred Brand Drugs, Copay, if separate   | E39                   | 45               | C-11   |

|        |   |     |     |      |
|--------|---|-----|-----|------|
| Tier 1 | 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 |     |      |
| Tier 2 | Generics, Coinsurance, if different                                   | H38 |     |      |
|        | Generics, Copay, if separate  | I38 |     |      |
|        | Preferred Brand Drugs, Coinsurance, if different                      | H39 |     |      |
|        | Preferred Brand Drugs, Copay, if separate                             | I39 |     |      |
|        | Non-Preferred Brand Drugs, Coinsurance, if different                  | H40 |     |      |
|        | Non-Preferred Brand Drugs, Copay, if separate                         | I40 |     |      |
|        | Specialty Drugs (i.e. high-cost), Coinsurance, if different           | H41 |     |      |
|        | Specialty Drugs (i.e. high-cost), Copay, if separate                  | I41 |     |      |
|        | 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 |     |      |



| Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking |   |                       |                  |  |  |
|---|---|-----------------------|------------------|--|--|
|   |   |                       |                  |  |  |
| SERFF Filing #: _____ CFBC-129022770  |   |                       |                  |  |  |
| Company 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 | Corresponding 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   |   |                       |                  |  |  |
| Tier 1  | Deductible (\$) (Medical)   | B10                   |                  |  |  |
|   | Deductible (\$) (Drug)  | C10                   |                  |  |  |
|   | Deductible (\$) (Combined)  | D10                   | 1400             | C-1  |  |
|   | Coinsurance (% , Insurer's Cost Share) (Medical)  | B11                   |                  |  |  |
|   | Coinsurance (% , Insurer's Cost Share) (Drug)   | C11                   |                  |  |  |
|   | Coinsurance (% , Insurer's Cost Share) (Combined)   | D11                   | 100%             | C-3-10   |  |
|   | OOP Maximum (\$)  | B12                   | 2800             | C-2  |  |
|   | OOP Maximum if Separate (\$) (Medical)  | B13                   |                  |  |  |
|   | OOP Maximum if Separate (\$) (Drug)   | C13                   |                  |  |  |
| Tier 2  | Deductible (\$) (Medical)   | F10                   |                  |  |  |
|   | Deductible (\$) (Drug)  | G10                   |                  |  |  |
|   | Deductible (\$) (Combined)  | H10                   |                  |  |  |
|   | Coinsurance (% , Insurer's Cost Share) (Medical)  | F11                   |                  |  |  |
|   | Coinsurance (% , Insurer's Cost Share) (Drug)   | G11                   |                  |  |  |
|   | Coinsurance (% , Insurer's Cost Share) (Combined)   | H11                   |                  |  |  |
|   | OOP Maximum (\$)  | F12                   |                  |  |  |
|   | OOP Maximum if Separate (\$) (Medical)  | F13                   |                  |  |  |
|   | OOP Maximum if Separate (\$) (Drug)   | G13                   |                  |  |  |
| Medical Benefits  |   |                       |                  |  |  |
| Tier 1  | 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 | 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  | 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                   |                  |  |  |
|   | Imaging (CT/PET Scans, MRIs), Copay, if separate  | E24                   |                  |  |  |
|   | Rehabilitative Speech Therapy, Coinsurance, if different  | D27                   |                  |  |  |
|   | 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                       | E28                   |                  |  |  |
|   | 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   | E33                   |                  |  |  |
| Tier 2  | 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                      | 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  | H18                   |                  |  |  |
|   | 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   | 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        | I20                   |                  |  |  |
|   | Specialist Visit, Coinsurance, if different   | 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             | I22                   |                  |  |  |
|   | Imaging (CT/PET Scans, MRIs), Coinsurance, if different   | H24                   |                  |  |  |
|   | Imaging (CT/PET Scans, MRIs), Copay, if separate  | I24                   |                  |  |  |
|   | Rehabilitative Speech Therapy, Coinsurance, if different  | H27                   |                  |  |  |
|   | Rehabilitative Speech Therapy, Copay, if separate   | I27                   |                  |  |  |
| Tier 1  | Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different                | H28                   |                  |  |  |
|   | Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate                       | I28                   |                  |  |  |
|   | Laboratory Outpatient and Professional Services, Coinsurance, if different                                | H32                   |                  |  |  |
|   | 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   | I33                   |                  |  |  |
|   | Skilled Nursing Facility, Coinsurance, if different   | H34                   |                  |  |  |
|   | Skilled Nursing Facility, Copay, if separate  | I34                   |                  |  |  |
|   | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different                      | H35                   |                  |  |  |
|   | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate                             | I35                   |                  |  |  |
|   | Outpatient Surgery Physician/Surgical Services, Coinsurance, if different                                 | H36                   |                  |  |  |
|   | Outpatient Surgery Physician/Surgical Services, Copay, if separate  | I36                   |                  |  |  |
|   | Drug Benefits   |                       |                  |  |  |
|   | Generics, Coinsurance, if different   | D38                   |                  |  |  |
|   | Generics, Copay, if separate  | E38                   | 10               | C-12   |  |
|   | Preferred Brand Drugs, Coinsurance, if different  | D39                   |                  |  |  |
|   | Preferred Brand Drugs, Copay, if separate   | E39                   | 45               | C-12   |  |

|        |   |     |     |      |
|--------|---|-----|-----|------|
| Tier 1 | 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 |     |      |
| Tier 2 | Generics, Coinsurance, if different                                   | H38 |     |      |
|        | Generics, Copay, if separate  | I38 |     |      |
|        | Preferred Brand Drugs, Coinsurance, if different                      | H39 |     |      |
|        | Preferred Brand Drugs, Copay, if separate                             | I39 |     |      |
|        | Non-Preferred Brand Drugs, Coinsurance, if different                  | H40 |     |      |
|        | Non-Preferred Brand Drugs, Copay, if separate                         | I40 |     |      |
|        | Specialty Drugs (i.e. high-cost), Coinsurance, if different           | H41 |     |      |
|        | Specialty Drugs (i.e. high-cost), Copay, if separate                  | I41 |     |      |
|        | 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 |     |      |

| Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking |   |                       |                  |  |
|---|---|-----------------------|------------------|--|
|   |   |                       |                  |  |
| SERFF Filing #: CFBC-129022770  |   |                       |                  |  |
| Company Name: Group Hospitalization and Medical Services, Inc.                                      |   |                       |                  |  |
| Form Number(s) of Plan: DC/CF/PPO CDH/2000/SOB (1/14)   |   |                       |                  |  |
|   |   |                       |                  |  |
|   | Input Name  | Cell in AV Calculator | Input Value Used | Corresponding 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   |   |                       |                  |  |
| Tier 1  | Deductible (\$) (Medical)   | B10                   |                  |  |
|   | Deductible (\$) (Drug)  | C10                   |                  |  |
|   | Deductible (\$) (Combined)  | D10                   | 2000             | C-1  |
|   | Coinsurance (% , Insurer's Cost Share) (Medical)  | B11                   |                  |  |
|   | Coinsurance (% , Insurer's Cost Share) (Drug)   | C11                   |                  |  |
|   | Coinsurance (% , Insurer's Cost Share) (Combined)   | D11                   | 100%             | C-3-10   |
|   | OOP Maximum (\$)  | B12                   | 4500             | C-2  |
|   | OOP Maximum if Separate (\$) (Medical)  | B13                   |                  |  |
|   | OOP Maximum if Separate (\$) (Drug)   | C13                   |                  |  |
| Tier 2  | Deductible (\$) (Medical)   | F10                   |                  |  |
|   | Deductible (\$) (Drug)  | G10                   |                  |  |
|   | Deductible (\$) (Combined)  | H10                   |                  |  |
|   | Coinsurance (% , Insurer's Cost Share) (Medical)  | F11                   |                  |  |
|   | Coinsurance (% , Insurer's Cost Share) (Drug)   | G11                   |                  |  |
|   | Coinsurance (% , Insurer's Cost Share) (Combined)   | H11                   |                  |  |
|   | OOP Maximum (\$)  | F12                   |                  |  |
|   | OOP Maximum if Separate (\$) (Medical)  | F13                   |                  |  |
|   | OOP Maximum if Separate (\$) (Drug)   | G13                   |                  |  |
| Medical Benefits  |   |                       |                  |  |
| Tier 1  | 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                                    | 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 | 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  | 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                   |                  |  |
|   | Imaging (CT/PET Scans, MRIs), Copay, if separate  | E24                   |                  |  |
|   | Rehabilitative Speech Therapy, Coinsurance, if different  | D27                   |                  |  |
|   | 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                       | E28                   |                  |  |
|   | 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   | 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                      | 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   |                       |                  |  |
| Tier 2  | Emergency Room Services, Coinsurance, if different  | H18                   |                  |  |
|   | 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   | 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        | I20                   |                  |  |
|   | Specialist Visit, Coinsurance, if different   | 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             | I22                   |                  |  |
|   | Imaging (CT/PET Scans, MRIs), Coinsurance, if different   | H24                   |                  |  |
|   | Imaging (CT/PET Scans, MRIs), Copay, if separate  | I24                   |                  |  |
|   | Rehabilitative Speech Therapy, Coinsurance, if different  | H27                   |                  |  |
|   | Rehabilitative Speech Therapy, Copay, if separate   | I27                   |                  |  |
|   | Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different                | H28                   |                  |  |
|   | Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate                       | I28                   |                  |  |
|   | Laboratory Outpatient and Professional Services, Coinsurance, if different                                | H32                   |                  |  |
|   | 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   | I33                   |                  |  |
|   | Skilled Nursing Facility, Coinsurance, if different   | H34                   |                  |  |
|   | Skilled Nursing Facility, Copay, if separate  | I34                   |                  |  |
|   | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different                      | H35                   |                  |  |
|   | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate                             | I35                   |                  |  |
| Outpatient Surgery Physician/Surgical Services, Coinsurance, if different                           | H36   |                       |                  |  |
| Outpatient Surgery Physician/Surgical Services, Copay, if separate                                  | I36   |                       |                  |  |
| Drug Benefits   |   |                       |                  |  |
| Tier 1  | Generics, Coinsurance, if different   | D38                   |                  |  |
|   | Generics, Copay, if separate  | E38                   | 10               | C-12   |
|   | Preferred Brand Drugs, Coinsurance, if different  | D39                   |                  |  |
|   | Preferred Brand Drugs, Copay, if separate   | E39                   | 45               | C-12   |

|        |   |     |     |      |
|--------|---|-----|-----|------|
| Tier 1 | 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 |     |      |
| Tier 2 | Generics, Coinsurance, if different                                   | H38 |     |      |
|        | Generics, Copay, if separate  | I38 |     |      |
|        | Preferred Brand Drugs, Coinsurance, if different                      | H39 |     |      |
|        | Preferred Brand Drugs, Copay, if separate                             | I39 |     |      |
|        | Non-Preferred Brand Drugs, Coinsurance, if different                  | H40 |     |      |
|        | Non-Preferred Brand Drugs, Copay, if separate                         | I40 |     |      |
|        | Specialty Drugs (i.e. high-cost), Coinsurance, if different           | H41 |     |      |
|        | Specialty Drugs (i.e. high-cost), Copay, if separate                  | I41 |     |      |
|        | 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 |     |      |

| Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking |   |                       |                  |  |
|---|---|-----------------------|------------------|--|
|   |   |                       |                  |  |
| SERFF Filing #: _____ CFBC-129022770  |   |                       |                  |  |
| Company Name: _____ Group Hospitalization and Medical Services, Inc. _____                          |   |                       |                  |  |
| Form Number(s) of Plan: _____ DC/CF/PPO/4500/SOB (1/14) _____                                       |   |                       |                  |  |
|   |   |                       |                  |  |
|   | Input Name  | Cell in AV Calculator | Input Value Used | Corresponding 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   |   |                       |                  |  |
| Tier 1  | Deductible (\$) (Medical)   | B10                   |                  |  |
|   | Deductible (\$) (Drug)  | C10                   |                  |  |
|   | Deductible (\$) (Combined)  | D10                   | 4500             | C-1  |
|   | Coinsurance (% Insurer's Cost Share) (Medical)  | B11                   |                  |  |
|   | Coinsurance (% Insurer's Cost Share) (Drug)   | C11                   |                  |  |
|   | Coinsurance (% Insurer's Cost Share) (Combined)   | D11                   | 100%             | C-3-10   |
|   | OOP Maximum (\$)  | B12                   | 6350             | C-2  |
|   | OOP Maximum if Separate (\$) (Medical)  | B13                   |                  |  |
|   | OOP Maximum if Separate (\$) (Drug)   | C13                   |                  |  |
| Tier 2  | Deductible (\$) (Medical)   | F10                   |                  |  |
|   | Deductible (\$) (Drug)  | G10                   |                  |  |
|   | Deductible (\$) (Combined)  | H10                   |                  |  |
|   | Coinsurance (% Insurer's Cost Share) (Medical)  | F11                   |                  |  |
|   | Coinsurance (% Insurer's Cost Share) (Drug)   | G11                   |                  |  |
|   | Coinsurance (% Insurer's Cost Share) (Combined)   | H11                   |                  |  |
|   | OOP Maximum (\$)  | F12                   |                  |  |
|   | OOP Maximum if Separate (\$) (Medical)  | F13                   |                  |  |
|   | OOP Maximum if Separate (\$) (Drug)   | G13                   |                  |  |
| Medical Benefits  |   |                       |                  |  |
| Tier 1  | Emergency Room Services, Coinsurance, if different  | D18                   |                  |  |
|   | Emergency Room Services, Copay, if separate   | E18                   |                  |  |
|   | 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        | 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      | D22                   |                  |  |
|   | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate             | E22                   |                  |  |
|   | 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   | 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                                       | E32                   |                  |  |
|   | X-rays and Diagnostic Imaging, Coinsurance, if different  | D33                   |                  |  |
|   | X-rays and Diagnostic Imaging, Copay, if separate   | E33                   |                  |  |
| Tier 2  | 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                      | 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  | H18                   |                  |  |
|   | 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   | 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        | I20                   |                  |  |
|   | Specialist Visit, Coinsurance, if different   | 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             | I22                   |                  |  |
|   | Imaging (CT/PET Scans, MRIs), Coinsurance, if different   | H24                   |                  |  |
|   | Imaging (CT/PET Scans, MRIs), Copay, if separate  | I24                   |                  |  |
|   | Rehabilitative Speech Therapy, Coinsurance, if different  | H27                   |                  |  |
|   | Rehabilitative Speech Therapy, Copay, if separate   | I27                   |                  |  |
| Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different          | H28   |                       |                  |  |
| Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate                 | I28   |                       |                  |  |
| Laboratory Outpatient and Professional Services, Coinsurance, if different                          | H32   |                       |                  |  |
| 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   | I33   |                       |                  |  |
| Skilled Nursing Facility, Coinsurance, if different   | H34   |                       |                  |  |
| Skilled Nursing Facility, Copay, if separate  | I34   |                       |                  |  |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different                | H35   |                       |                  |  |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate                       | I35   |                       |                  |  |
| Outpatient Surgery Physician/Surgical Services, Coinsurance, if different                           | H36   |                       |                  |  |
| Outpatient Surgery Physician/Surgical Services, Copay, if separate                                  | I36   |                       |                  |  |
| Drug Benefits   |   |                       |                  |  |
| Tier 1  | Generics, Coinsurance, if different   | D38                   |                  |  |
|   | Generics, Copay, if separate  | E38                   | 10               | C-11   |
|   | Preferred Brand Drugs, Coinsurance, if different  | D39                   |                  |  |
|   | Preferred Brand Drugs, Copay, if separate   | E39                   | 45               | C-11   |

|        |   |     |     |      |
|--------|---|-----|-----|------|
| Tier 1 | 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 |     |      |
| Tier 2 | Generics, Coinsurance, if different                                   | H38 |     |      |
|        | Generics, Copay, if separate  | I38 |     |      |
|        | Preferred Brand Drugs, Coinsurance, if different                      | H39 |     |      |
|        | Preferred Brand Drugs, Copay, if separate                             | I39 |     |      |
|        | Non-Preferred Brand Drugs, Coinsurance, if different                  | H40 |     |      |
|        | Non-Preferred Brand Drugs, Copay, if separate                         | I40 |     |      |
|        | Specialty Drugs (i.e. high-cost), Coinsurance, if different           | H41 |     |      |
|        | Specialty Drugs (i.e. high-cost), Copay, if separate                  | I41 |     |      |
|        | 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 |     |      |

| Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking |   |                       |                  |  |
|---|---|-----------------------|------------------|--|
|   |   |                       |                  |  |
| SERFF Filing #: _____ CFBC-129022770  |   |                       |                  |  |
| Company Name: _____ Group Hospitalization and Medical Services, Inc. _____                          |   |                       |                  |  |
| Form Number(s) of Plan: _____ DC/CF/PPO HRA/1000/SOB (1/14) _____                                   |   |                       |                  |  |
|   |   |                       |                  |  |
|   | Input Name  | Cell in AV Calculator | Input Value Used | Corresponding 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   |   |                       |                  |  |
| Tier 1  | Deductible (\$) (Medical)   | B10                   | 1000             | C-1  |
|   | Deductible (\$) (Drug)  | C10                   | 0                | C-12   |
|   | Deductible (\$) (Combined)  | D10                   |                  |  |
|   | Coinsurance (% Insurer's Cost Share) (Medical)  | B11                   | 100%             | C-3-11   |
|   | Coinsurance (% Insurer's Cost Share) (Drug)   | C11                   | 100%             | C-12   |
|   | Coinsurance (% Insurer's Cost Share) (Combined)   | D11                   |                  |  |
|   | OOP Maximum (\$)  | B12                   | 3500             | C-2  |
|   | OOP Maximum if Separate (\$) (Medical)  | B13                   |                  |  |
|   | OOP Maximum if Separate (\$) (Drug)   | C13                   |                  |  |
| Tier 2  | Deductible (\$) (Medical)   | F10                   |                  |  |
|   | Deductible (\$) (Drug)  | G10                   |                  |  |
|   | Deductible (\$) (Combined)  | H10                   |                  |  |
|   | Coinsurance (% Insurer's Cost Share) (Medical)  | F11                   |                  |  |
|   | Coinsurance (% Insurer's Cost Share) (Drug)   | G11                   |                  |  |
|   | Coinsurance (% Insurer's Cost Share) (Combined)   | H11                   |                  |  |
|   | OOP Maximum (\$)  | F12                   |                  |  |
|   | OOP Maximum if Separate (\$) (Medical)  | F13                   |                  |  |
|   | OOP Maximum if Separate (\$) (Drug)   | G13                   |                  |  |
| Medical Benefits  |   |                       |                  |  |
| Tier 1  | Emergency Room Services, Coinsurance, if different  | D18                   |                  |  |
|   | Emergency Room Services, Copay, if separate   | 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 | 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  | 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                   |                  |  |
|   | Imaging (CT/PET Scans, MRIs), Copay, if separate  | E24                   |                  |  |
|   | Rehabilitative Speech Therapy, Coinsurance, if different  | D27                   |                  |  |
|   | 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                       | E28                   |                  |  |
|   | 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   | E33                   |                  |  |
| Tier 2  | 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                      | 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  | H18                   |                  |  |
|   | 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   | 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        | I20                   |                  |  |
|   | Specialist Visit, Coinsurance, if different   | 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             | I22                   |                  |  |
|   | Imaging (CT/PET Scans, MRIs), Coinsurance, if different   | H24                   |                  |  |
|   | Imaging (CT/PET Scans, MRIs), Copay, if separate  | I24                   |                  |  |
|   | Rehabilitative Speech Therapy, Coinsurance, if different  | H27                   |                  |  |
|   | Rehabilitative Speech Therapy, Copay, if separate   | I27                   |                  |  |
| Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different          | H28   |                       |                  |  |
| Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate                 | I28   |                       |                  |  |
| Laboratory Outpatient and Professional Services, Coinsurance, if different                          | H32   |                       |                  |  |
| 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   | I33   |                       |                  |  |
| Skilled Nursing Facility, Coinsurance, if different   | H34   |                       |                  |  |
| Skilled Nursing Facility, Copay, if separate  | I34   |                       |                  |  |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different                | H35   |                       |                  |  |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate                       | I35   |                       |                  |  |
| Outpatient Surgery Physician/Surgical Services, Coinsurance, if different                           | H36   |                       |                  |  |
| Outpatient Surgery Physician/Surgical Services, Copay, if separate                                  | I36   |                       |                  |  |
| Drug Benefits   |   |                       |                  |  |
| Tier 1  | Generics, Coinsurance, if different   | D38                   |                  |  |
|   | Generics, Copay, if separate  | E38                   | 10               | C-12   |
|   | Preferred Brand Drugs, Coinsurance, if different  | D39                   |                  |  |
|   | Preferred Brand Drugs, Copay, if separate   | E39                   | 45               | C-12   |

|        |   |     |     |      |
|--------|---|-----|-----|------|
| Tier 1 | 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 |     |      |
| Tier 2 | Generics, Coinsurance, if different                                   | H38 |     |      |
|        | Generics, Copay, if separate  | I38 |     |      |
|        | Preferred Brand Drugs, Coinsurance, if different                      | H39 |     |      |
|        | Preferred Brand Drugs, Copay, if separate                             | I39 |     |      |
|        | Non-Preferred Brand Drugs, Coinsurance, if different                  | H40 |     |      |
|        | Non-Preferred Brand Drugs, Copay, if separate                         | I40 |     |      |
|        | Specialty Drugs (i.e. high-cost), Coinsurance, if different           | H41 |     |      |
|        | Specialty Drugs (i.e. high-cost), Copay, if separate                  | I41 |     |      |
|        | 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 |     |      |



| Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking |   |                       |                  |  |
|---|---|-----------------------|------------------|--|
|   |   |                       |                  |  |
| SERFF Filing #: _____ CFBC-129022770  |   |                       |                  |  |
| Company Name: _____ Group Hospitalization and Medical Services, Inc.                                |   |                       |                  |  |
| Form Number(s) of Plan: _____ DC/CF/PPO CDH/1800/SOB (1/14)   |   |                       |                  |  |
|   |   |                       |                  |  |
|   | Input Name  | Cell in AV Calculator | Input Value Used | Corresponding 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   |   |                       |                  |  |
| Tier 1  | Deductible (\$) (Medical)   | B10                   |                  |  |
|   | Deductible (\$) (Drug)  | C10                   |                  |  |
|   | Deductible (\$) (Combined)  | D10                   | 1800             | C-1  |
|   | Coinsurance (% Insurer's Cost Share) (Medical)  | B11                   |                  |  |
|   | Coinsurance (% Insurer's Cost Share) (Drug)   | C11                   |                  |  |
|   | Coinsurance (% Insurer's Cost Share) (Combined)   | D11                   | 90%              | C-3-10   |
|   | OOP Maximum (\$)  | B12                   | 4500             | C-2  |
|   | OOP Maximum if Separate (\$) (Medical)  | B13                   |                  |  |
|   | OOP Maximum if Separate (\$) (Drug)   | C13                   |                  |  |
| Tier 2  | Deductible (\$) (Medical)   | F10                   |                  |  |
|   | Deductible (\$) (Drug)  | G10                   |                  |  |
|   | Deductible (\$) (Combined)  | H10                   |                  |  |
|   | Coinsurance (% Insurer's Cost Share) (Medical)  | F11                   |                  |  |
|   | Coinsurance (% Insurer's Cost Share) (Drug)   | G11                   |                  |  |
|   | Coinsurance (% Insurer's Cost Share) (Combined)   | H11                   |                  |  |
|   | OOP Maximum (\$)  | F12                   |                  |  |
|   | OOP Maximum if Separate (\$) (Medical)  | F13                   |                  |  |
|   | OOP Maximum if Separate (\$) (Drug)   | G13                   |                  |  |
| Medical Benefits  |   |                       |                  |  |
| Tier 1  | Emergency Room Services, Coinsurance, if different  | D18                   |                  |  |
|   | Emergency Room Services, Copay, if separate   | E18                   |                  |  |
|   | 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        | 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      | D22                   |                  |  |
|   | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate             | E22                   |                  |  |
|   | 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   | 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                                       | E32                   |                  |  |
|   | X-rays and Diagnostic Imaging, Coinsurance, if different  | 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  | 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                           | D36   |                       |                  |  |
| Outpatient Surgery Physician/Surgical Services, Copay, if separate                                  | E36   |                       |                  |  |
| Tier 2  | Emergency Room Services, Coinsurance, if different  | H18                   |                  |  |
|   | 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   | 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        | I20                   |                  |  |
|   | Specialist Visit, Coinsurance, if different   | 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             | I22                   |                  |  |
|   | Imaging (CT/PET Scans, MRIs), Coinsurance, if different   | H24                   |                  |  |
|   | Imaging (CT/PET Scans, MRIs), Copay, if separate  | I24                   |                  |  |
|   | Rehabilitative Speech Therapy, Coinsurance, if different  | H27                   |                  |  |
|   | Rehabilitative Speech Therapy, Copay, if separate   | I27                   |                  |  |
|   | Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different                | H28                   |                  |  |
|   | Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate                       | I28                   |                  |  |
|   | Laboratory Outpatient and Professional Services, Coinsurance, if different                                | H32                   |                  |  |
|   | 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   | I33                   |                  |  |
|   | Skilled Nursing Facility, Coinsurance, if different   | H34                   |                  |  |
|   | Skilled Nursing Facility, Copay, if separate  | I34                   |                  |  |
|   | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different                      | H35                   |                  |  |
|   | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate                             | I35                   |                  |  |
| Outpatient Surgery Physician/Surgical Services, Coinsurance, if different                           | H36   |                       |                  |  |
| Outpatient Surgery Physician/Surgical Services, Copay, if separate                                  | I36   |                       |                  |  |
| Drug Benefits   |   |                       |                  |  |
| Tier 1  | Generics, Coinsurance, if different   | D38                   |                  |  |
|   | Generics, Copay, if separate  | E38                   | 10               | C-12   |
|   | Preferred Brand Drugs, Coinsurance, if different  | D39                   |                  |  |
|   | Preferred Brand Drugs, Copay, if separate   | E39                   | 45               | C-12   |

|        |   |     |     |      |
|--------|---|-----|-----|------|
| Tier 1 | 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 |     |      |
| Tier 2 | Generics, Coinsurance, if different                                   | H38 |     |      |
|        | Generics, Copay, if separate  | I38 |     |      |
|        | Preferred Brand Drugs, Coinsurance, if different                      | H39 |     |      |
|        | Preferred Brand Drugs, Copay, if separate                             | I39 |     |      |
|        | Non-Preferred Brand Drugs, Coinsurance, if different                  | H40 |     |      |
|        | Non-Preferred Brand Drugs, Copay, if separate                         | I40 |     |      |
|        | Specialty Drugs (i.e. high-cost), Coinsurance, if different           | H41 |     |      |
|        | Specialty Drugs (i.e. high-cost), Copay, if separate                  | I41 |     |      |
|        | 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 |     |      |

| Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking |   |                       |  |
|---|---|-----------------------|--|
|   |   |                       |  |
| SERFF Filing #: CFBC-129022770  |   |                       |  |
| Company Name: Group Hospitalization and Medical Services, Inc.                                      |   |                       |  |
| Form Number(s) of Plan: DC/CF/HB PPO/300/SOB (1/14)   |   |                       |  |
|   |   |                       |  |
|   | Input Name  | Cell in AV Calculator | Input Value Used   |
|   |   |                       | Corresponding 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   |   |                       |  |
| Tier 1  | Deductible (\$) (Medical)   | B10                   | 300  |
|   | Deductible (\$) (Drug)  | C10                   | 0  |
|   | Deductible (\$) (Combined)  | D10                   |  |
|   | Coinsurance (%) (Insurer's Cost Share) (Medical)  | B11                   | 100%   |
|   | Coinsurance (%) (Insurer's Cost Share) (Drug)   | C11                   | 100%   |
|   | Coinsurance (%) (Insurer's Cost Share) (Combined)   | D11                   |  |
|   | OOP Maximum (\$)  | B12                   | 1500   |
|   | OOP Maximum if Separate (\$) (Medical)  | B13                   |  |
|   | OOP Maximum if Separate (\$) (Drug)   | C13                   |  |
|   | OOP Maximum if Separate (\$) (Combined)   | D13                   |  |
| Tier 2  | Deductible (\$) (Medical)   | F10                   |  |
|   | Deductible (\$) (Drug)  | G10                   |  |
|   | Deductible (\$) (Combined)  | H10                   |  |
|   | Coinsurance (%) (Insurer's Cost Share) (Medical)  | F11                   |  |
|   | Coinsurance (%) (Insurer's Cost Share) (Drug)   | G11                   |  |
|   | Coinsurance (%) (Insurer's Cost Share) (Combined)   | H11                   |  |
|   | OOP Maximum (\$)  | F12                   |  |
|   | OOP Maximum if Separate (\$) (Medical)  | F13                   |  |
|   | OOP Maximum if Separate (\$) (Drug)   | G13                   |  |
|   | OOP Maximum if Separate (\$) (Combined)   | H13                   |  |
| Medical Benefits  |   |                       |  |
| Tier 1  | Emergency Room Services, Coinsurance, if different  | D18                   |  |
|   | Emergency Room Services, Copay, if separate   | E18                   | 200  |
|   | All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different                                    | D19                   |  |
|   | All Inpatient Hospital Services (inc. MHSA), Copay, if separate   | E19                   | 300  |
|   | 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  | E21                   | 300  |
|   | 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                   |  |
|   | Imaging (CT/PET Scans, MRIs), Copay, if separate  | E24                   |  |
|   | Rehabilitative Speech Therapy, Coinsurance, if different  | D27                   |  |
|   | Rehabilitative Speech Therapy, Copay, if separate   | E27                   | 30   |
|   | Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different                | D28                   |  |
|   | Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate                       | E28                   | 30   |
|   | 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   | E33                   |  |
|   | Skilled Nursing Facility, Tier 1, Coinsurance, if different   | D34                   |  |
|   | Skilled Nursing Facility, Tier 1, Copay, if separate  | E34                   | 30   |
|   | 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  |
|   | Outpatient Surgery Physician/Surgical Services, Coinsurance, if different                                 | D36                   |  |
|   | Outpatient Surgery Physician/Surgical Services, Copay, if separate  | E36                   |  |
| Tier 2  | Emergency Room Services, Coinsurance, if different  | H18                   |  |
|   | 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   | 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        | I20                   |  |
|   | Specialist Visit, Coinsurance, if different   | 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             | I22                   |  |
|   | Imaging (CT/PET Scans, MRIs), Coinsurance, if different   | H24                   |  |
|   | Imaging (CT/PET Scans, MRIs), Copay, if separate  | I24                   |  |
|   | Rehabilitative Speech Therapy, Coinsurance, if different  | H27                   |  |
|   | Rehabilitative Speech Therapy, Copay, if separate   | I27                   |  |
|   | Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different                | H28                   |  |
|   | Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate                       | I28                   |  |
|   | Laboratory Outpatient and Professional Services, Coinsurance, if different                                | H32                   |  |
|   | 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   | I33                   |  |
|   | Skilled Nursing Facility, Coinsurance, if different   | H34                   |  |
|   | Skilled Nursing Facility, Copay, if separate  | I34                   |  |
|   | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different                      | H35                   |  |
|   | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate                             | I35                   |  |
| Tier 1  | Outpatient Surgery Physician/Surgical Services, Coinsurance, if different                                 | H36                   |  |
|   | Outpatient Surgery Physician/Surgical Services, Copay, if separate  | I36                   |  |
|   | Drug Benefits   |                       |  |
|   | Generics, Coinsurance, if different   | D38                   |  |
|   | Generics, Copay, if separate  | E38                   | 0  |
|   | Preferred Brand Drugs, Coinsurance, if different  | D39                   |  |
|   | Preferred Brand Drugs, Copay, if separate   | E39                   | 45   |

|  |   |     |     |      |
|--|---|-----|-----|------|
| Tier 1                                       | 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 |     |      |
| Tier 2                                       | Generics, Coinsurance, if different                                   | H38 |     |      |
|  | Generics, Copay, if separate  | I38 |     |      |
|  | Preferred Brand Drugs, Coinsurance, if different                      | H39 |     |      |
|  | Preferred Brand Drugs, Copay, if separate                             | I39 |     |      |
|  | Non-Preferred Brand Drugs, Coinsurance, if different                  | H40 |     |      |
|  | Non-Preferred Brand Drugs, Copay, if separate                         | I40 |     |      |
|  | Specialty Drugs (i.e. high-cost), Coinsurance, if different           | H41 |     |      |
|  | Specialty Drugs (i.e. high-cost), Copay, if separate                  | I41 |     |      |
| 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 |     |      |

| Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking |   |                       |                  |  |
|---|---|-----------------------|------------------|--|
|   |   |                       |                  |  |
| SERFF Filing #: CFBC-129022770  |   |                       |                  |  |
| Company 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 | Corresponding 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   |   |                       |                  |  |
| Tier 1  | Deductible (\$) (Medical)   | B10                   | 600              | C-1  |
|   | Deductible (\$) (Drug)  | C10                   | 0                |  |
|   | Deductible (\$) (Combined)  | D10                   |                  |  |
|   | Coinsurance (% , Insurer's Cost Share) (Medical)  | B11                   | 100%             | C-4-13   |
|   | Coinsurance (% , Insurer's Cost Share) (Drug)   | C11                   | 100%             | C-15   |
|   | Coinsurance (% , Insurer's Cost Share) (Combined)   | D11                   |                  |  |
|   | OOP Maximum (\$)  | B12                   | 1500             | C-3  |
|   | OOP Maximum if Separate (\$) (Medical)  | B13                   |                  |  |
|   | OOP Maximum if Separate (\$) (Drug)   | C13                   |                  |  |
| Tier 2  | Deductible (\$) (Medical)   | F10                   |                  |  |
|   | Deductible (\$) (Drug)  | G10                   |                  |  |
|   | Deductible (\$) (Combined)  | H10                   |                  |  |
|   | Coinsurance (% , Insurer's Cost Share) (Medical)  | F11                   |                  |  |
|   | Coinsurance (% , Insurer's Cost Share) (Drug)   | G11                   |                  |  |
|   | Coinsurance (% , Insurer's Cost Share) (Combined)   | H11                   |                  |  |
|   | OOP Maximum (\$)  | F12                   |                  |  |
|   | OOP Maximum if Separate (\$) (Medical)  | F13                   |                  |  |
|   | OOP Maximum if Separate (\$) (Drug)   | G13                   |                  |  |
| Medical Benefits  |   |                       |                  |  |
| Tier 1  | 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                                    | D19                   |                  |  |
|   | All Inpatient Hospital Services (inc. MHSA), Copay, if separate   | E19                   | 300              | C-10   |
|   | 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  | E21                   | 300              | C-4  |
|   | 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                   |                  |  |
|   | Imaging (CT/PET Scans, MRIs), Copay, if separate  | E24                   |                  |  |
|   | Rehabilitative Speech Therapy, Coinsurance, if different  | D27                   |                  |  |
|   | 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                       | E28                   | 30               | C-8  |
|   | 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   | E33                   |                  |  |
| Tier 2  | Skilled Nursing Facility, Tier 1, Coinsurance, if different   | D34                   |                  |  |
|   | 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      | C-10   |
|   | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate                             | E35                   | 100              | C-10   |
|   | 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   | I18                   |                  |  |
|   | All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different                                    | 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 | H20                   |                  |  |
|   | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate        | I20                   |                  |  |
|   | Specialist Visit, Coinsurance, if different   | 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             | I22                   |                  |  |
|   | Imaging (CT/PET Scans, MRIs), Coinsurance, if different   | H24                   |                  |  |
|   | Imaging (CT/PET Scans, MRIs), Copay, if separate  | I24                   |                  |  |
|   | Rehabilitative Speech Therapy, Coinsurance, if different  | H27                   |                  |  |
|   | Rehabilitative Speech Therapy, Copay, if separate   | I27                   |                  |  |
| Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different          | H28   |                       |                  |  |
| Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate                 | I28   |                       |                  |  |
| Laboratory Outpatient and Professional Services, Coinsurance, if different                          | H32   |                       |                  |  |
| 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   | I33   |                       |                  |  |
| Skilled Nursing Facility, Coinsurance, if different   | H34   |                       |                  |  |
| Skilled Nursing Facility, Copay, if separate  | I34   |                       |                  |  |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different                | H35   |                       |                  |  |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate                       | I35   |                       |                  |  |
| Outpatient Surgery Physician/Surgical Services, Coinsurance, if different                           | H36   |                       |                  |  |
| Outpatient Surgery Physician/Surgical Services, Copay, if separate                                  | I36   |                       |                  |  |
| Drug Benefits   |   |                       |                  |  |
| Tier 1  | Generics, Coinsurance, if different   | D38                   |                  |  |
|   | Generics, Copay, if separate  | E38                   | 0                | C-15   |
|   | Preferred Brand Drugs, Coinsurance, if different  | D39                   |                  |  |
|   | Preferred Brand Drugs, Copay, if separate   | E39                   | 45               | C-15   |

|        |   |     |     |      |
|--------|---|-----|-----|------|
| Tier 1 | 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 |     |      |
| Tier 2 | Generics, Coinsurance, if different                                   | H38 |     |      |
|        | Generics, Copay, if separate  | I38 |     |      |
|        | Preferred Brand Drugs, Coinsurance, if different                      | H39 |     |      |
|        | Preferred Brand Drugs, Copay, if separate                             | I39 |     |      |
|        | Non-Preferred Brand Drugs, Coinsurance, if different                  | H40 |     |      |
|        | Non-Preferred Brand Drugs, Copay, if separate                         | I40 |     |      |
|        | Specialty Drugs (i.e. high-cost), Coinsurance, if different           | H41 |     |      |
|        | Specialty Drugs (i.e. high-cost), Copay, if separate                  | I41 |     |      |
|        | 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 |     |      |



|        |   |     |     |      |
|--------|---|-----|-----|------|
| Tier 1 | 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 |     |      |
| Tier 2 | Generics, Coinsurance, if different                                   | H38 |     |      |
|        | Generics, Copay, if separate  | I38 |     |      |
|        | Preferred Brand Drugs, Coinsurance, if different                      | H39 |     |      |
|        | Preferred Brand Drugs, Copay, if separate                             | I39 |     |      |
|        | Non-Preferred Brand Drugs, Coinsurance, if different                  | H40 |     |      |
|        | Non-Preferred Brand Drugs, Copay, if separate                         | I40 |     |      |
|        | Specialty Drugs (i.e. high-cost), Coinsurance, if different           | H41 |     |      |
|        | Specialty Drugs (i.e. high-cost), Copay, if separate                  | I41 |     |      |
|        | 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 |     |      |



| Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking |   |                       |  |
|---|---|-----------------------|--|
|   |   |                       |  |
| SERFF Filing #: CFBC-129022770  |   |                       |  |
| Company 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   |
|   |   |                       | Corresponding 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   |                       |  |
| Tier 1  | Deductible (\$) (Medical)   | B10                   |  |
|   | Deductible (\$) (Drug)  | C10                   |  |
|   | Deductible (\$) (Combined)  | D10                   | 2000   |
|   | Coinsurance (% Insurer's Cost Share) (Medical)  | B11                   |  |
|   | Coinsurance (% Insurer's Cost Share) (Drug)   | C11                   |  |
|   | Coinsurance (% Insurer's Cost Share) (Combined)   | D11                   | 100%   |
|   | OOP Maximum (\$)  | B12                   | 6350   |
|   | OOP Maximum if Separate (\$) (Medical)  | B13                   |  |
|   | OOP Maximum if Separate (\$) (Drug)   | C13                   |  |
| Tier 2  | Deductible (\$) (Medical)   | F10                   |  |
|   | Deductible (\$) (Drug)  | G10                   |  |
|   | Deductible (\$) (Combined)  | H10                   |  |
|   | Coinsurance (% Insurer's Cost Share) (Medical)  | F11                   |  |
|   | Coinsurance (% Insurer's Cost Share) (Drug)   | G11                   |  |
|   | Coinsurance (% Insurer's Cost Share) (Combined)   | H11                   |  |
|   | OOP Maximum (\$)  | F12                   |  |
|   | OOP Maximum if Separate (\$) (Medical)  | F13                   |  |
|   | OOP Maximum if Separate (\$) (Drug)   | G13                   |  |
|   | Medical Benefits  |                       |  |
| Tier 1  | Emergency Room Services, Coinsurance, if different  | D18                   |  |
|   | Emergency Room Services, Copay, if separate   | E18                   | 200  |
|   | All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different                                    | D19                   |  |
|   | All Inpatient Hospital Services (inc. MHSA), Copay, if separate   | E19                   | 300  |
|   | 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  | E21                   | 300  |
|   | 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                   |  |
|   | Imaging (CT/PET Scans, MRIs), Copay, if separate  | E24                   |  |
|   | Rehabilitative Speech Therapy, Coinsurance, if different  | D27                   |  |
|   | Rehabilitative Speech Therapy, Copay, if separate   | E27                   | 30   |
|   | Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different                | D28                   |  |
|   | Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate                       | E28                   | 30   |
|   | 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   | E33                   |  |
|   | Skilled Nursing Facility, Tier 1, Coinsurance, if different   | D34                   |  |
|   | Skilled Nursing Facility, Tier 1, Copay, if separate  | E34                   | 30   |
|   | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different                      | D35                   | 0.762910698  |
|   | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate                             | E35                   | 100  |
|   | Outpatient Surgery Physician/Surgical Services, Coinsurance, if different                                 | D36                   |  |
|   | Outpatient Surgery Physician/Surgical Services, Copay, if separate  | E36                   |  |
| Tier 2  | Emergency Room Services, Coinsurance, if different  | H18                   |  |
|   | 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   | 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        | I20                   |  |
|   | Specialist Visit, Coinsurance, if different   | 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             | I22                   |  |
|   | Imaging (CT/PET Scans, MRIs), Coinsurance, if different   | H24                   |  |
|   | Imaging (CT/PET Scans, MRIs), Copay, if separate  | I24                   |  |
|   | Rehabilitative Speech Therapy, Coinsurance, if different  | H27                   |  |
|   | Rehabilitative Speech Therapy, Copay, if separate   | I27                   |  |
|   | Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different                | H28                   |  |
|   | Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate                       | I28                   |  |
|   | Laboratory Outpatient and Professional Services, Coinsurance, if different                                | H32                   |  |
|   | 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   | I33                   |  |
|   | Skilled Nursing Facility, Coinsurance, if different   | H34                   |  |
|   | Skilled Nursing Facility, Copay, if separate  | I34                   |  |
|   | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different                      | H35                   |  |
|   | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate                             | I35                   |  |
|   | Outpatient Surgery Physician/Surgical Services, Coinsurance, if different                                 | H36                   |  |
|   | Outpatient Surgery Physician/Surgical Services, Copay, if separate  | I36                   |  |
|   | Drug Benefits   |                       |  |
| Tier 1  | Generics, Coinsurance, if different   | D38                   |  |
|   | Generics, Copay, if separate  | E38                   | 0  |
|   | Preferred Brand Drugs, Coinsurance, if different  | D39                   |  |
|   | Preferred Brand Drugs, Copay, if separate   | E39                   | 45   |

|  |   |     |     |      |
|--|---|-----|-----|------|
| Tier 1                                       | 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 |     |      |
| Tier 2                                       | Generics, Coinsurance, if different                                   | H38 |     |      |
|  | Generics, Copay, if separate  | I38 |     |      |
|  | Preferred Brand Drugs, Coinsurance, if different                      | H39 |     |      |
|  | Preferred Brand Drugs, Copay, if separate                             | I39 |     |      |
|  | Non-Preferred Brand Drugs, Coinsurance, if different                  | H40 |     |      |
|  | Non-Preferred Brand Drugs, Copay, if separate                         | I40 |     |      |
|  | Specialty Drugs (i.e. high-cost), Coinsurance, if different           | H41 |     |      |
|  | Specialty Drugs (i.e. high-cost), Copay, if separate                  | I41 |     |      |
| 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 |     |      |