

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 201501 - ACA
Project Name/Number: /1957

Filing at a Glance

Company: Group Hospitalization and Medical Services, Inc.
 Product Name: DC GHMSI Small Group Eff 201501 - ACA
 State: District of Columbia
 TOI: H16G Group Health - Major Medical
 Sub-TOI: H16G.003A Small Group Only - PPO
 Filing Type: Rate
 Date Submitted: 06/13/2014
 SERFF Tr Num: CFAP-129567873
 SERFF Status: Assigned
 State Tr Num:
 State Status:
 Co Tr Num: 1957
 Implementation: 01/01/2015
 Date Requested:
 Author(s): Dwayne Lucado, Anna Guloy, Todd Switzer, Katheryn Barron, Cory Bream, Patrick Getts, Britney Gladhill, Scott Cremens
 Reviewer(s): John Morgan (primary), Alula Selassie, Beichen Li
 Disposition Date:
 Disposition Status:
 Implementation Date:
 State Filing Description:

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General Information

Project Name:	Status of Filing in Domicile: Not Filed
Project Number: 1957	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Group
Submission Type: New Submission	Group Market Size: Small
Group Market Type: Employer	Overall Rate Impact: 8%
Filing Status Changed: 06/16/2014	
State Status Changed:	Deemer Date:
Created By: Scott Cremens	Submitted By: Scott Cremens
Corresponding Filing Tracking Number:	

PPACA: Non-Grandfathered Immed Mkt Reforms

PPACA Notes: null

Include Exchange Intentions: No

Filing Description:

This filing contains the rate proposal for the portfolio of benefits to be offered by Group Hospitalization & Medical Services, Inc. to Small Groups on the D.C. Exchange. We are submitting 21 benefit plans on the D.C. Exchange.

Company and Contact

Filing Contact Information

Britney Gladhill,	britney.gladhill@carefirst.com
10455 Mill Run Circle	410-998-7197 [Phone]
Mail Stop OM1-780	
Owings Mills, MD 21117	

Filing Company Information

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

Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	

SERFF Tracking #:

CFAP-129567873

State Tracking #:

Company Tracking #:

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Group Hospitalization and Medical Services, Inc.

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Rate Information

Rate data applies to filing.

Filing Method:

Electronic (SERFF)

Rate Change Type:

Increase

Overall Percentage of Last Rate Revision:

1.300%

Effective Date of Last Rate Revision:

10/01/2014

Filing Method of Last Filing:

Electronic (SERFF)

Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Group Hospitalization and Medical Services, Inc.	Increase	8.000%	8.000%	\$5,399,813	17,126	\$67,264,205	9.500%	6.400%

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Rate Review Detail

COMPANY:

Company Name: Group Hospitalization and Medical Services, Inc.
 HHS Issuer Id: 78079

PRODUCTS:

Product Name	HIOS Product ID	HIOS Submission ID	Number of Covered Lives
BluePreferred PPO, BluePreferred Multi-State Plan, BluePreferred PPO HSA/HRA, BluePreferred HSA/HRA Multi-State Plan, HealthyBlue PPO, HealthyBlue PPO HSA/HRA			28680

Trend Factors:

FORMS:

New Policy Forms: DC/CF/SHOP/2015 GC AMEND (1/15), DC/CF/SHOP 2015 AMEND (1/15), DC/CF/PPO/INCENT (1/15), DC/CF/PPO/PLAT SOB (R. 1/15), DC/CF/PPO/BRZ SOB (R. 1/15), DC/CF/PPO/10080/SOB (R. 1/15), DC/CF/PPO/500/SOB (R. 1/15), DC/CF/PPO/1200/SOB (R. 1/15), DC/CF/PPO/1000/SOB (R. 1/15), DC/CF/PPO/2000/SOB (R. 1/15), DC/CF/PPO/4500/SOB (R. 1/15), DC/CF/PPO CDH/1400/SOB (R. 1/15), DC/CF/PPO HSA/4500 SOB (R. 1/15), DC/CF/PPO CDH/2000/SOB (R. 1/15), DC/CF/PPO HRA/1000/SOB (R. 1/15) , DC/CF/PPO CDH/1800/SOB (R. 1/15), DC/CF/PPO/500/20-30/SOB (1/15), DC/CF/PPO/1000/30-40/SOB (1/15), DC/CF/PPO/GOLD SOB (R. 1/15), DC/CF/PPO/SIL SOB (R. 1/15), DC/CF/HB PPO/300 SOB (R. 1/15), DC/CF/HB PPO/600 SOB (R. 1/15), DC/CF/HB PPO/1500 SOB (R. 1/15), DC/CF/HB PPO CDH/2000 SOB (R. 1/15)

Affected Forms: NA

Other Affected Forms: 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, DC/CF/SHOP/GC (1/14), DC/CF/SHOP/EOC (1/14), DC/CF/MSP/EOC (1/14), DC/CF/MSP/GC (1/14), DC/CF/MSP APPEAL (1/14)

REQUESTED RATE CHANGE INFORMATION:

Change Period: Quarterly
 Member Months: 148,128
 Benefit Change: None
 Percent Change Requested: Min: 6.4 Max: 9.5 Avg: 8.0

PRIOR RATE:

Total Earned Premium: 67,264,205.00
 Total Incurred Claims: 51,694,034.00
 Annual \$: Min: 265.02 Max: 539.50 Avg: 433.35

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REQUESTED RATE:

Projected Earned Premium: 72,953,227.00
Projected Incurred Claims: 53,188,758.00
Annual \$: Min: 285.73 Max: 575.55 Avg: 467.71

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Rate/Rule Schedule

State: District of Columbia

Filing Company:

Group Hospitalization and Medical Services, Inc.

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Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Rate Filing 1957	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, DC/CF/SHOP/EOC (1/14), DC/CF/SHOP/PPO/PLAT SOB (1/14), DC/CF/SHOP/PPO/BRZ SOB (1/14), DC/CF/SHOP/PPO/10080/SOB (1/14), DC/CF/SHOP/PPO/500/SOB (1/14), DC/CF/SHOP/PPO/1200/SOB (1/14), DC/CF/SHOP/PPO/1000/SOB (1/14), DC/CF/SHOP/PPO/2000/SOB (1/14), DC/CF/SHOP/PPO/4500/SOB (1/14), DC/CF/SHOP/PPO CDH/1400/SOB (1/14), DC/CF/SHOP/PPO HSA/4500 SOB (1/14), DC/CF/SHOP/PPO CDH/2000/SOB (1/14), DC/CF/SHOP/PPO HRA/1000/SOB (1/14), DC/CF/SHOP/PPO CDH/1800/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),	Revised	Previous State Filing Number: CFAP-129047320 Percent Rate Change Request: 8	File_1957_DC_GHMSI_SG_1.1.15_Rates.pdf

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		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/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/ SHOP/HB PPO/300 SOB (1/14), DC/CF/ SHOP/HB PPO/600 SOB (1/14), DC/CF/ SHOP/HB PPO/1500 SOB (1/14), DC/CF/ SHOP/HB PPO CDH/2000 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		
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**Group Hospitalization & Medical Services, Inc. (GHMSI)
(NAIC # 53007)**

**Rate Filing # 1957
D.C. Small Group Products - On Exchange
Rate Filing Effective 1/1/2015**

Proposed Individual Base Rates

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2015

Form Numbers

ON Exchange

Forms Used for ALL ON-Exchange GHMSI Group Products

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
DC/CF/SHOP/2015 GC AMEND (1/15)
DC/CF/SHOP 2015 AMEND (1/15)
DC/CF/PPO/INCENT (1/15)

BluePreferred Multi-State Plans

DC/CF/MSP/EOC (1/14)
DC/CF/MSP/GC (1/14)
DC/CF/MSP APPEAL (1/14)
DC/CF/PPO/GOLD SOB (R. 1/15)
DC/CF/PPO/SIL SOB (R. 1/15)

BluePreferred

DC/CF/SHOP/GC (1/14)
DC/CF/SHOP/EOC (1/14)
DC/CF/PPO/PLAT SOB (R. 1/15)
DC/CF/PPO/BRZ SOB (R. 1/15)
DC/CF/PPO/10080/SOB (R. 1/15)
DC/CF/PPO/500/SOB (R. 1/15)
DC/CF/PPO/1200/SOB (R. 1/15)
DC/CF/PPO/1000/SOB (R. 1/15)
DC/CF/PPO/2000/SOB (R. 1/15)
DC/CF/PPO/4500/SOB (R. 1/15)
DC/CF/PPO CDH/1400/SOB (R. 1/15)
DC/CF/PPO HSA/4500 SOB (R. 1/15)
DC/CF/PPO CDH/2000/SOB (R. 1/15)
DC/CF/PPO HRA/1000/SOB (R. 1/15)
DC/CF/PPO CDH/1800/SOB (R. 1/15)
DC/CF/PPO/500/20-30/SOB (1/15)
DC/CF/PPO/1000/30-40/SOB (1/15)

HealthyBlue PPO

DC/CF/SHOP/GC (1/14)
DC/CF/SHOP/EOC (1/14)
DC/CF/HB PPO/300 SOB (R. 1/15)
DC/CF/HB PPO/600 SOB (R. 1/15)
DC/CF/HB PPO/1500 SOB (R. 1/15)
DC/CF/HB PPO CDH/2000 SOB (R. 1/15)

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2015
Premiums Effective 01/2015
GHMSI Individual Base Rates - On Exchange

HIOS Plan ID	Product	Option	Rx Benefit**	In-Network							Out of Network				Embedded Pediatric Vision	Embedded Pediatric Dental	Metal Tier	Est. AV	01/2015 Individual Base Rate Total	10/2014 Individual Base Rate Total	Rate Change 01/2015 over 10/2014
				PCP Copay	Specialist Copay	ER Copay	I/P Copay	I/P Co-Ins	Ded	OOP Max	Co-Ins*	Co-Ins	Ded	OOP Max							
78079DC0170001	PPO	BlueCross BlueShield Preferred 1000, A Multi-State Plan	Int: \$10/20%/40%/50%	NA	NA	NA	NA	10%	\$1,000	\$3,000	30%	10%	\$2,000	\$6,000	Y	Y	Gold	79.88%	\$442.60	\$415.95	6.4%
78079DC0220016	PPO	BluePreferred PPO 100%/80%, Rx: \$10/20%/40%/50%	Non-Int: \$10/20%/40%/50%	\$20	\$30	\$200	\$250	NA	\$0	\$2,000	20%	\$200	\$1,000	\$4,000	Y	Y	Platinum	89.44%	\$561.65	\$526.33	6.7%
78079DC0220013	PPO	BluePreferred PPO 100%/80%, Rx: \$10/45/\$65/50%	Non-Int: \$10/45/\$65/50%	\$20	\$30	\$200	\$250	NA	\$0	\$1,100	20%	\$200	\$300	\$2,200	Y	Y	Platinum	88.99%	\$575.55	\$539.50	6.7%
78079DC0220006	PPO	BluePreferred PPO \$500	Non-Int: \$10/45/\$65/50%	\$10	\$10	\$50	\$0	NA	\$500	\$1,500	20%	\$50	\$1,000	\$3,000	Y	Y	Platinum	88.25%	\$535.40	\$502.15	6.6%
78079DC0220007	PPO	BluePreferred PPO \$1,200	Non-Int: \$10/45/\$65/50%	\$20	\$20	\$100	\$200	NA	\$1,200	\$4,000	20%	\$100	\$2,400	\$7,500	Y	Y	Gold	79.86%	\$440.88	\$408.48	7.9%
78079DC0220014	PPO	BluePreferred PPO \$1,000 80%/60%	Non-Int: \$10/45/\$65/50%	\$20	\$20	NA	NA	20%	\$1,000	\$3,500	40%	20%	\$2,000	\$7,000	Y	Y	Gold	80.74%	\$438.86	\$410.11	7.0%
78079DC0220015	PPO	BluePreferred PPO \$2,000	Non-Int: \$10/45/\$65/50%	\$20	\$20	\$0	\$0	NA	\$2,000	\$5,000	20%	\$0	\$4,000	\$7,500	Y	Y	Gold	79.20%	\$419.31	\$389.40	7.7%
78079DC0220011	PPO	BluePreferred PPO \$4,500	Non-Int: \$10/45/\$65/50%	\$30	\$30	\$100	\$0	NA	\$4,500	\$6,350	20%	\$100	\$5,500	\$7,500	Y	Y	Bronze	61.91%	\$321.67	\$298.38	7.8%
78079DC0220012	PPO	BluePreferred PPO \$1,000 100%/80%	Non-Int: \$10/45/\$65/50%	\$0	\$0	\$250	\$500	NA	\$1,000	\$3,500	20%	\$250	\$2,000	\$7,000	Y	Y	Gold	81.79%	\$452.03	\$416.60	8.5%
78079DC0220018	PPO	BluePreferred PPO \$1000 \$30/\$40	Non-Int: \$10/45/\$65/50%	\$30	\$40	\$450	\$500	NA	\$1,000	\$6,600	\$50 PCP/SPEC, \$750 IP	\$450	\$2,000	\$7,500	Y	Y	Silver	72.00%	\$409.49	n/a	n/a
78079DC0220019	PPO	BluePreferred PPO \$500 \$20/\$30	Non-Int: \$10/45/\$65/50%	\$20	\$30	\$300	\$500	NA	\$500	\$4,500	\$50 PCP/SPEC, \$750 IP	\$300	\$1,000	\$7,500	Y	Y	Gold	78.51%	\$473.10	n/a	n/a
78079DC0230003	PPO HSA/HRA	BluePreferred PPO HSA/HRA \$4,000	Int: \$10/20%/40%/50%	NA	NA	NA	NA	30%	\$4,000	\$6,350	50%	30%	\$8,000	\$12,700	Y	Y	Bronze	60.85%	\$285.73	\$265.02	7.8%
78079DC0190001	PPO HSA/HRA	BlueCross BlueShield Preferred 2000, A Multi-State Plan (HSA/HRA)	Int: \$10/20%/40%/50%	NA	NA	NA	NA	20%	\$2,000	\$4,000	40%	20%	\$4,000	\$8,000	Y	Y	Silver	70.90%	\$354.74	\$331.81	6.9%
78079DC0230008	PPO HSA/HRA	BluePreferred PPO HSA/HRA \$1,400	Int: \$10/45/\$65/50%	\$0	\$0	\$50	\$0	NA	\$1,400	\$2,800	20%	\$50	\$2,800	\$5,600	Y	Y	Gold	78.06%	\$423.67	\$395.26	7.2%
78079DC0230010	PPO HSA/HRA	BluePreferred PPO HSA/HRA \$2,000, 100%/80%	Int: \$10/45/\$65/50%	\$0	\$0	\$200	\$500	NA	\$2,000	\$4,500	20%	\$200	\$4,000	\$7,500	Y	Y	Silver	71.78%	\$367.74	\$338.56	8.6%
78079DC0230011	PPO HSA/HRA	BluePreferred PPO HSA/HRA \$1,800	Int: \$10/45/\$65/50%	NA	NA	NA	NA	10%	\$1,800	\$4,500	30%	10%	\$3,600	\$7,200	Y	Y	Silver	71.58%	\$367.00	\$341.87	7.4%
78079DC0230009	PPO HSA/HRA	BluePreferred PPO HSA/HRA \$4,500	Int: \$10/45/\$65/50%	\$0	\$0	\$0	\$0	NA	\$4,500	\$6,350	20%	\$0	\$6,350	\$7,500	Y	Y	Bronze	61.00%	\$293.65	\$271.05	8.3%

HIOS Plan ID	Product	Option	Rx Benefit**	In-Network							Out of Network					Embedded Pediatric Vision	Embedded Pediatric Dental	Metal Tier	Est. AV	01/2015 Individual Base Rate Total	10/1/2014 Individual Base Rate Total	Rate Change 01/2015 over 10/2014	
				PCP Copay	Specialist Copay	ER Copay	I/P Copay	I/P Co-Ins	Ded	OOP Max	ER Copay	I/P Copay	OP Surg	Other Services Copay	Ded								OOP Max
78079DC0300005	HB PPO	HealthyBlue PPO \$300	Non-Int: \$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%	\$551.10	\$514.56	7.1%
78079DC0300006	HB PPO	HealthyBlue PPO \$600	Non-Int: \$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%	\$538.14	\$503.68	6.8%
78079DC0300004	HB PPO	HealthyBlue PPO \$1,500	Non-Int: \$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%	\$453.42	\$414.16	9.5%
78079DC0310002	HB PPO HSA	HealthyBlue PPO HSA/HRA \$2,000	Int: \$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%	\$363.54	\$333.30	9.1%

* Includes PCP, Specialist, and IP
** Generic/Preferred Brand/Non-Preferred Brand/Specialty High Cost

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2015
Premiums Effective 04/2015
GHMSI Individual Base Rates - On Exchange

HIOS Plan ID	Product	Option	Rx Benefit**	In-Network							Out of Network				Embedded Pediatric	Embedded Pediatric	Metal	Est. AV	04/2015 Individual Base Rate Total	01/2015 Individual Base Rate Total	Rate Change 04/2015 over 01/2015
				PCP Copay	Specialist Copay	ER Copay	I/P Copay	Co-Ins	Ded	OOP Max	ER Copay / Co-Ins*	I/P Copay	Ded	OOP Max							
78079DC0170001	PPO	BlueCross BlueShield Preferred 1000, A Multi-State Plan	Int: \$10/20%/40%/50%	NA	NA	NA	NA	10%	\$1,000	\$3,000	30%	10%	\$2,000	\$6,000	Y	Y	Gold	79.88%	\$448.56	\$442.60	1.3%
78079DC0220016	PPO	BluePreferred PPO 100%/80%, Rx: \$10/20%/40%/50%	Non-Int: \$10/20%/40%/50%	\$20	\$30	\$200	\$250	NA	\$0	\$2,000	20%	\$200	\$1,000	\$4,000	Y	Y	Platinum	89.44%	\$569.21	\$561.65	1.3%
78079DC0220013	PPO	BluePreferred PPO 100%/80%, Rx: \$10/45/\$65/50%	Non-Int: \$10/45/\$65/50%	\$20	\$30	\$200	\$250	NA	\$0	\$1,100	20%	\$200	\$300	\$2,200	Y	Y	Platinum	88.99%	\$583.30	\$575.55	1.3%
78079DC0220006	PPO	BluePreferred PPO \$500	Non-Int: \$10/45/\$65/50%	\$10	\$10	\$50	\$0	NA	\$500	\$1,500	20%	\$50	\$1,000	\$3,000	Y	Y	Platinum	88.25%	\$542.61	\$535.40	1.3%
78079DC0220007	PPO	BluePreferred PPO \$1,200	Non-Int: \$10/45/\$65/50%	\$20	\$20	\$100	\$200	NA	\$1,200	\$4,000	20%	\$100	\$2,400	\$7,500	Y	Y	Gold	79.86%	\$446.81	\$440.88	1.3%
78079DC0220014	PPO	BluePreferred PPO \$1,000 80%/60%	Non-Int: \$10/45/\$65/50%	\$20	\$20	NA	NA	20%	\$1,000	\$3,500	40%	20%	\$2,000	\$7,000	Y	Y	Gold	80.74%	\$444.77	\$438.86	1.3%
78079DC0220015	PPO	BluePreferred PPO \$2,000	Non-Int: \$10/45/\$65/50%	\$20	\$20	\$0	\$0	NA	\$2,000	\$5,000	20%	\$0	\$4,000	\$7,500	Y	Y	Gold	79.20%	\$424.96	\$419.31	1.3%
78079DC0220011	PPO	BluePreferred PPO \$4,500	Non-Int: \$10/45/\$65/50%	\$30	\$30	\$100	\$0	NA	\$4,500	\$6,350	20%	\$100	\$5,500	\$7,500	Y	Y	Bronze	61.91%	\$326.00	\$321.67	1.3%
78079DC0220012	PPO	BluePreferred PPO \$1,000 100%/80%	Non-Int: \$10/45/\$65/50%	\$0	\$0	\$250	\$500	NA	\$1,000	\$3,500	20%	\$250	\$2,000	\$7,000	Y	Y	Gold	81.79%	\$458.11	\$452.03	1.3%
78079DC0220018	PPO	BluePreferred PPO \$1000 \$30/\$40	Non-Int: \$10/45/\$65/50%	\$30	\$40	\$450	\$500	NA	\$1,000	\$6,600	\$50 PCP/SPEC, \$750 IP	\$450	\$2,000	\$7,500	Y	Y	Silver	72.00%	\$415.00	\$409.49	1.3%
78079DC0220019	PPO	BluePreferred PPO \$500 \$20/\$30	Non-Int: \$10/45/\$65/50%	\$20	\$30	\$300	\$500	NA	\$500	\$4,500	\$50 PCP/SPEC, \$750 IP	\$300	\$1,000	\$7,500	Y	Y	Gold	78.51%	\$479.47	\$473.10	1.3%
78079DC0230003	PPO HSA/HRA	BluePreferred PPO HSA/HRA \$4,000	Int: \$10/20%/40%/50%	NA	NA	NA	NA	30%	\$4,000	\$6,350	50%	30%	\$8,000	\$12,700	Y	Y	Bronze	60.85%	\$289.55	\$285.73	1.3%
78079DC0190001	PPO HSA/HRA	BlueCross BlueShield Preferred 2000, A Multi-State Plan (HSA/HRA)	Int: \$10/20%/40%/50%	NA	NA	NA	NA	20%	\$2,000	\$4,000	40%	20%	\$4,000	\$8,000	Y	Y	Silver	70.90%	\$359.49	\$354.74	1.3%
78079DC0230008	PPO HSA/HRA	BluePreferred PPO HSA/HRA \$1,400	Int: \$10/45/\$65/50%	\$0	\$0	\$50	\$0	NA	\$1,400	\$2,800	20%	\$50	\$2,800	\$5,600	Y	Y	Gold	78.06%	\$429.34	\$423.67	1.3%
78079DC0230010	PPO HSA/HRA	BluePreferred PPO HSA/HRA \$2000, 100%/80%	Int: \$10/45/\$65/50%	\$0	\$0	\$200	\$500	NA	\$2,000	\$4,500	20%	\$200	\$4,000	\$7,500	Y	Y	Silver	71.78%	\$372.66	\$367.74	1.3%
78079DC0230011	PPO HSA/HRA	BluePreferred PPO HSA/HRA \$1,800	Int: \$10/45/\$65/50%	NA	NA	NA	NA	10%	\$1,800	\$4,500	30%	10%	\$3,600	\$7,200	Y	Y	Silver	71.58%	\$371.91	\$367.00	1.3%
78079DC0230009	PPO HSA/HRA	BluePreferred PPO HSA/HRA \$4,500	Int: \$10/45/\$65/50%	\$0	\$0	\$0	\$0	NA	\$4,500	\$6,350	20%	\$0	\$6,350	\$7,500	Y	Y	Bronze	61.00%	\$297.58	\$293.65	1.3%

HIOS Plan ID	Product	Option	Rx Benefit**	In-Network							Out of Network				Embedded Pediatric	Embedded Pediatric	Metal	Est. AV	04/2015 Individual Base Rate Total	01/2015 Individual Base Rate Total	Rate Change 04/2015 over 01/2015		
				PCP Copay	Specialist Copay	ER Copay	I/P Copay	Co-Ins	Ded	OOP Max	ER Copay / Copay	I/P Copay	OP Surg	Other Services Copay								Ded	OOP Max
78079DC0300005	HB PPO	HealthyBlue PPO \$300	Non-Int: \$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%	\$558.52	\$551.10	1.3%
78079DC0300006	HB PPO	HealthyBlue PPO \$600	Non-Int: \$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%	\$545.39	\$538.14	1.3%
78079DC0300004	HB PPO	HealthyBlue PPO \$1,500	Non-Int: \$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%	\$459.53	\$453.42	1.3%
78079DC0310002	HB PPO HSA	HealthyBlue PPO HSA/HRA \$2,000	Int: \$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%	\$368.41	\$363.54	1.3%

* Includes PCP, Specialist, and IP

** Generic/Preferred Brand/Non-Preferred Brand/Specialty High Cost

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2015
Premiums Effective 07/2015
GHMSI Individual Base Rates - On Exchange

HIOS Plan ID	Product	Option	Rx Benefit**	In-Network							Out of Network				Embedded Pediatric Vision	Embedded Pediatric Dental	Metal Tier	Est. AV	07/2015	04/2015	Rate Change 07/2015 over 04/2015
				PCP Copay	Specialist Copay	ER Copay	I/P Copay	I/P Copay	Co-Ins	Ded	OOP Max	ER Copay / Co-Ins*	Co-ins	Ded					OOP Max	Individual Base Rate Total	
78079DC0170001	PPO	BlueCross BlueShield Preferred 1000, A Multi-State Plan	Int: \$10/20%/40%/50%	NA	NA	NA	NA	10%	\$1,000	\$3,000	30%	10%	\$2,000	\$6,000	Y	Y	Gold	79.88%	\$454.71	\$448.56	1.4%
78079DC0220016	PPO	BluePreferred PPO 100%/80%, Rx: \$10/20%/40%/50%	Non-Int: \$10/20%/40%/50%	\$20	\$30	\$200	\$250	NA	\$0	\$2,000	20%	\$200	\$1,000	\$4,000	Y	Y	Platinum	89.44%	\$577.02	\$569.21	1.4%
78079DC0220013	PPO	BluePreferred PPO 100%/80%, Rx: \$10/45/\$65/50%	Non-Int: \$10/45/\$65/50%	\$20	\$30	\$200	\$250	NA	\$0	\$1,100	20%	\$200	\$300	\$2,200	Y	Y	Platinum	88.99%	\$591.30	\$583.30	1.4%
78079DC0220006	PPO	BluePreferred PPO \$500	Non-Int: \$10/45/\$65/50%	\$10	\$10	\$50	\$0	NA	\$500	\$1,500	20%	\$50	\$1,000	\$3,000	Y	Y	Platinum	88.25%	\$550.06	\$542.61	1.4%
78079DC0220007	PPO	BluePreferred PPO \$1,200	Non-Int: \$10/45/\$65/50%	\$20	\$20	\$100	\$200	NA	\$1,200	\$4,000	20%	\$100	\$2,400	\$7,500	Y	Y	Gold	79.86%	\$452.95	\$446.81	1.4%
78079DC0220014	PPO	BluePreferred PPO \$1,000 80%/60%	Non-Int: \$10/45/\$65/50%	\$20	\$20	NA	NA	20%	\$1,000	\$3,500	40%	20%	\$2,000	\$7,000	Y	Y	Gold	80.74%	\$450.88	\$444.77	1.4%
78079DC0220015	PPO	BluePreferred PPO \$2,000	Non-Int: \$10/45/\$65/50%	\$20	\$20	\$0	\$0	NA	\$2,000	\$5,000	20%	\$0	\$4,000	\$7,500	Y	Y	Gold	79.20%	\$430.79	\$424.96	1.4%
78079DC0220011	PPO	BluePreferred PPO \$4,500	Non-Int: \$10/45/\$65/50%	\$30	\$30	\$100	\$0	NA	\$4,500	\$6,350	20%	\$100	\$5,500	\$7,500	Y	Y	Bronze	61.91%	\$330.47	\$326.00	1.4%
78079DC0220012	PPO	BluePreferred PPO \$1,000 100%/80%	Non-Int: \$10/45/\$65/50%	\$0	\$0	\$250	\$500	NA	\$1,000	\$3,500	20%	\$250	\$2,000	\$7,000	Y	Y	Gold	81.79%	\$464.40	\$458.11	1.4%
78079DC0220018	PPO	BluePreferred PPO \$1000 \$30/\$40	Non-Int: \$10/45/\$65/50%	\$30	\$40	\$450	\$500	NA	\$1,000	\$6,600	\$50 PCP/SPEC, \$750 IP	\$450	\$2,000	\$7,500	Y	Y	Silver	72.00%	\$420.70	\$415.00	1.4%
78079DC0220019	PPO	BluePreferred PPO \$500 \$20/\$30	Non-Int: \$10/45/\$65/50%	\$20	\$30	\$300	\$500	NA	\$500	\$4,500	\$50 PCP/SPEC, \$750 IP	\$300	\$1,000	\$7,500	Y	Y	Gold	78.51%	\$486.05	\$479.47	1.4%
78079DC0230003	PPO HSA/HRA	BluePreferred PPO HSA/HRA \$4,000	Int: \$10/20%/40%/50%	NA	NA	NA	NA	30%	\$4,000	\$6,350	50%	30%	\$8,000	\$12,700	Y	Y	Bronze	60.85%	\$293.50	\$289.55	1.4%
78079DC0190001	PPO HSA/HRA	BlueCross BlueShield Preferred 2000, A Multi-State Plan (HSA/HRA)	Int: \$10/20%/40%/50%	NA	NA	NA	NA	20%	\$2,000	\$4,000	40%	20%	\$4,000	\$8,000	Y	Y	Silver	70.90%	\$364.39	\$359.49	1.4%
78079DC0230008	PPO HSA/HRA	BluePreferred PPO HSA/HRA \$1,400	Int: \$10/45/\$65/50%	\$0	\$0	\$50	\$0	NA	\$1,400	\$2,800	20%	\$50	\$2,800	\$5,600	Y	Y	Gold	78.06%	\$435.20	\$429.34	1.4%
78079DC0230010	PPO HSA/HRA	BluePreferred PPO HSA/HRA \$2,000, 100%/80%	Int: \$10/45/\$65/50%	\$0	\$0	\$200	\$500	NA	\$2,000	\$4,500	20%	\$200	\$4,000	\$7,500	Y	Y	Silver	71.78%	\$377.75	\$372.66	1.4%
78079DC0230011	PPO HSA/HRA	BluePreferred PPO HSA/HRA \$1,800	Int: \$10/45/\$65/50%	NA	NA	NA	NA	10%	\$1,800	\$4,500	30%	10%	\$3,600	\$7,200	Y	Y	Silver	71.58%	\$376.98	\$371.91	1.4%
78079DC0230009	PPO HSA/HRA	BluePreferred PPO HSA/HRA \$4,500	Int: \$10/45/\$65/50%	\$0	\$0	\$0	\$0	NA	\$4,500	\$6,350	20%	\$0	\$6,350	\$7,500	Y	Y	Bronze	61.00%	\$301.64	\$297.58	1.4%

HIOS Plan ID	Product	Option	Rx Benefit**	In-Network							Out of Network				Embedded Pediatric Vision	Embedded Pediatric Dental	Metal Tier	Est. AV	07/2015	04/2015	Rate Change 07/2015 over 04/2015		
				PCP Copay	Specialist Copay	ER Copay	I/P Copay	I/P Copay	Co-Ins	Ded	OOP Max	ER Copay / Co-Ins*	I/P Copay	OP Surg					Other Services Copay	Ded		OOP Max	Individual Base Rate Total
78079DC0300005	HB PPO	HealthyBlue PPO \$300	Non-Int: \$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%	\$566.19	\$558.52	1.4%
78079DC0300006	HB PPO	HealthyBlue PPO \$600	Non-Int: \$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%	\$552.87	\$545.39	1.4%
78079DC0300004	HB PPO	HealthyBlue PPO \$1,500	Non-Int: \$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%	\$465.83	\$459.53	1.4%
78079DC0310002	HB PPO HSA	HealthyBlue PPO HSA/HRA \$2,000	Int: \$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%	\$373.43	\$368.41	1.4%

* Includes PCP, Specialist, and IP

** Generic/Preferred Brand/Non-Preferred Brand/Specialty High Cost

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2015
Premiums Effective 10/2015
GHMSI Individual Base Rates - On Exchange

HIOS Plan ID	Product	Option	Rx Benefit**	In-Network							Out of Network				Embedded Pediatric Vision	Embedded Pediatric Dental	Metal Tier	Est. AV	10/2015 Individual Base Rate Total	07/2015 Individual Base Rate Total	Rate Change 10/2015 over 07/2015
				PCP Copay	Specialist Copay	ER Copay	I/P Copay	I/P	Co-Ins	Ded	OOP Max	Co-Ins*	Co-Ins	Ded							
78079DC0170001	PPO	BlueCross BlueShield Preferred 1000, A Multi-State Plan	Int: \$10/20%/40%/50%	NA	NA	NA	NA	10%	\$1,000	\$3,000	30%	10%	\$2,000	\$6,000	Y	Y	Gold	79.88%	\$460.97	\$454.71	1.4%
78079DC0220016	PPO	BluePreferred PPO 100%/80%, Rx: \$10/20%/40%/50%	Non-Int: \$10/20%/40%/50%	\$20	\$30	\$200	\$250	NA	\$0	\$2,000	20%	\$200	\$1,000	\$4,000	Y	Y	Platinum	89.44%	\$584.96	\$577.02	1.4%
78079DC0220013	PPO	BluePreferred PPO 100%/80%, Rx: \$10/45/\$65/50%	Non-Int: \$10/45/\$65/50%	\$20	\$30	\$200	\$250	NA	\$0	\$1,100	20%	\$200	\$300	\$2,200	Y	Y	Platinum	88.99%	\$599.44	\$591.30	1.4%
78079DC0220006	PPO	BluePreferred PPO \$500	Non-Int: \$10/45/\$65/50%	\$10	\$10	\$50	\$0	NA	\$500	\$1,500	20%	\$50	\$1,000	\$3,000	Y	Y	Platinum	88.25%	\$557.62	\$550.06	1.4%
78079DC0220007	PPO	BluePreferred PPO \$1,200	Non-Int: \$10/45/\$65/50%	\$20	\$20	\$100	\$200	NA	\$1,200	\$4,000	20%	\$100	\$2,400	\$7,500	Y	Y	Gold	79.86%	\$459.18	\$452.95	1.4%
78079DC0220014	PPO	BluePreferred PPO \$1,000 80%/60%	Non-Int: \$10/45/\$65/50%	\$20	\$20	NA	NA	20%	\$1,000	\$3,500	40%	20%	\$2,000	\$7,000	Y	Y	Gold	80.74%	\$457.08	\$450.88	1.4%
78079DC0220015	PPO	BluePreferred PPO \$2,000	Non-Int: \$10/45/\$65/50%	\$20	\$20	\$0	\$0	NA	\$2,000	\$5,000	20%	\$0	\$4,000	\$7,500	Y	Y	Gold	79.20%	\$436.72	\$430.79	1.4%
78079DC0220011	PPO	BluePreferred PPO \$4,500	Non-Int: \$10/45/\$65/50%	\$30	\$30	\$100	\$0	NA	\$4,500	\$6,350	20%	\$100	\$5,500	\$7,500	Y	Y	Bronze	61.91%	\$335.02	\$330.47	1.4%
78079DC0220012	PPO	BluePreferred PPO \$1,000 100%/80%	Non-Int: \$10/45/\$65/50%	\$0	\$0	\$250	\$500	NA	\$1,000	\$3,500	20%	\$250	\$2,000	\$7,000	Y	Y	Gold	81.79%	\$470.79	\$464.40	1.4%
78079DC0220018	PPO	BluePreferred PPO \$1000 \$30/\$40	Non-Int: \$10/45/\$65/50%	\$30	\$40	\$450	\$500	NA	\$1,000	\$6,600	\$50 PCP/SPEC, \$750 IP	\$450	\$2,000	\$7,500	Y	Y	Silver	72.00%	\$426.49	\$420.70	1.4%
78079DC0220019	PPO	BluePreferred PPO \$500 \$20/\$30	Non-Int: \$10/45/\$65/50%	\$20	\$30	\$300	\$500	NA	\$500	\$4,500	\$50 PCP/SPEC, \$750 IP	\$300	\$1,000	\$7,500	Y	Y	Gold	78.51%	\$492.74	\$486.05	1.4%
78079DC0230003	PPO HSA/HRA	BluePreferred PPO HSA/HRA \$4,000	Int: \$10/20%/40%/50%	NA	NA	NA	NA	30%	\$4,000	\$6,350	50%	30%	\$8,000	\$12,700	Y	Y	Bronze	60.85%	\$297.51	\$293.50	1.4%
78079DC0190001	PPO HSA/HRA	BlueCross BlueShield Preferred 2000, A Multi-State Plan (HSA/HRA)	Int: \$10/20%/40%/50%	NA	NA	NA	NA	20%	\$2,000	\$4,000	40%	20%	\$4,000	\$8,000	Y	Y	Silver	70.90%	\$369.37	\$364.39	1.4%
78079DC0230008	PPO HSA/HRA	BluePreferred PPO HSA/HRA \$1,400	Int: \$10/45/\$65/50%	\$0	\$0	\$50	\$0	NA	\$1,400	\$2,800	20%	\$50	\$2,800	\$5,600	Y	Y	Gold	78.06%	\$441.15	\$435.20	1.4%
78079DC0230010	PPO HSA/HRA	BluePreferred PPO HSA/HRA \$2000, 100%/80%	Int: \$10/45/\$65/50%	\$0	\$0	\$200	\$500	NA	\$2,000	\$4,500	20%	\$200	\$4,000	\$7,500	Y	Y	Silver	71.78%	\$382.91	\$377.75	1.4%
78079DC0230011	PPO HSA/HRA	BluePreferred PPO HSA/HRA \$1,800	Int: \$10/45/\$65/50%	NA	NA	NA	NA	10%	\$1,800	\$4,500	30%	10%	\$3,600	\$7,200	Y	Y	Silver	71.58%	\$382.14	\$376.98	1.4%
78079DC0230009	PPO HSA/HRA	BluePreferred PPO HSA/HRA \$4,500	Int: \$10/45/\$65/50%	\$0	\$0	\$0	\$0	NA	\$4,500	\$6,350	20%	\$0	\$6,350	\$7,500	Y	Y	Bronze	61.00%	\$305.77	\$301.64	1.4%

HIOS Plan ID	Product	Option	Rx Benefit**	In-Network							Out of Network				Embedded Pediatric Vision	Embedded Pediatric Dental	Metal Tier	Est. AV	10/2015 Individual Base Rate Total	07/2015 Individual Base Rate Total	Rate Change 10/2015 over 07/2015		
				PCP Copay	Specialist Copay	ER Copay	I/P Copay	I/P	Co-Ins	Ded	OOP Max	ER Copay	I/P Copay	OP Surg								Other Services Copay	Ded
78079DC0300005	HB PPO	HealthyBlue PPO \$300	Non-Int: \$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%	\$573.98	\$566.19	1.4%
78079DC0300006	HB PPO	HealthyBlue PPO \$600	Non-Int: \$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%	\$560.48	\$552.87	1.4%
78079DC0300004	HB PPO	HealthyBlue PPO \$1,500	Non-Int: \$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%	\$472.24	\$465.83	1.4%
78079DC0310002	HB PPO HSA	HealthyBlue PPO HSA/HRA \$2,000	Int: \$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%	\$378.54	\$373.43	1.4%

* Includes PCP, Specialist, and IP

** Generic/Preferred Brand/Non-Preferred Brand/Specialty High Cost

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 201501 - ACA
Project Name/Number: /1957

Supporting Document Schedules

Satisfied - Item:	Actuarial Justification
Comments:	This information can be found in the Actuarial Memorandum.
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	File_1957_DC_GHMSI_SG_1.1.15_Actuarial_Memorandum.pdf File_1957_DC_GHMSI_SG_1.1.15_Actuarial_Cover_Letter.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	File_1957_DC_GHMSI_SG_1.1.15_Actuarial_Memorandum.pdf File_1957_DC_GHMSI_SG_1.1.15_Actuarial_Cover_Letter.pdf
Item Status:	
Status Date:	

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

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

Satisfied - Item:	Cover Letter All Filings
Comments:	Please see the Actuarial Memorandum for these items.
Attachment(s):	

SERFF Tracking #:

CFAP-129567873

State Tracking #:

Company Tracking #:

1957

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 201501 - ACA
Project Name/Number: /1957

Item Status:	
Status Date:	
Satisfied - Item:	DISB Actuarial Memorandum Dataset
Comments:	
Attachment(s):	DISB Actuarial Memo Dataset - GHMSI_1957_SENT.xlsx File_1957_DC_GHMSI_SG_1.1.15_PartII.pdf
Item Status:	
Status Date:	
Bypassed - Item:	District of Columbia and Countrywide Experience for the Last 5 Years (P&C)
Bypass Reason:	This is not a P&C filing.
Attachment(s):	
Item Status:	
Status Date:	
Bypassed - Item:	District of Columbia and Countrywide Loss Ratio Analysis (P&C)
Bypass Reason:	This is not a P&C filing.
Attachment(s):	
Item Status:	
Status Date:	
Satisfied - Item:	Unified Rate Review Template
Comments:	
Attachment(s):	URR_Template_DC_GHMSI.xlsm DC_GHMSI_URRT_201501.pdf DC_GHMSI_URRT_201501_finalized_20140613163346.xml File_1957_DC_GHMSI_SG_1.1.15_PartII.pdf
Item Status:	
Status Date:	

SERFF Tracking #:

CFAP-129567873

State Tracking #:

Company Tracking #:

1957

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 201501 - ACA

Project Name/Number:

/1957

Attachment DISB Actuarial Memo Dataset - GHMSI_1957_SENT.xlsx is not a PDF document and cannot be reproduced here.

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Attachment DC_GHMSI_URRT_201501_finalized_20140613163346.xml 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 # 1957
D.C. Small Group Products - On Exchange
Rate Filing Effective 1/1/2015**

Actuarial Memorandum

**CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2015**

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Group Hospitalization & Medical Services, Inc. (GHMSI)

(NAIC # 53007)

D.C. Small Group Products - On Exchange

Rates Effective 1/1/2015

Form Numbers

Form Numbers Associated With This Filing:

This list contains the applicable forms for the new and renewing products. Some of these are also used with other products, which may be open or closed to new sales. These forms are used with products that are both grandfathered and non-grandfathered.

The SERFF Tracking # for the corresponding form filing On Exchange is as follows: CFBC-129540249

ON Exchange

Forms Used for ALL ON-Exchange GHMSI Group Products

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
DC/CF/SHOP/2015 GC AMEND (1/15)
DC/CF/SHOP 2015 AMEND (1/15)
DC/CF/PPO/INCENT (1/15)

Product: BluePreferred

Network: Regional Preferred (RPN)

DC/CF/SHOP/GC (1/14)
DC/CF/SHOP/EOC (1/14)
DC/CF/PPO/PLAT SOB (R. 1/15)
DC/CF/PPO/BRZ SOB (R. 1/15)
DC/CF/PPO/10080/SOB (R. 1/15)
DC/CF/PPO/500/SOB (R. 1/15)
DC/CF/PPO/1200/SOB (R. 1/15)
DC/CF/PPO/1000/SOB (R. 1/15)
DC/CF/PPO/2000/SOB (R. 1/15)
DC/CF/PPO/4500/SOB (R. 1/15)
DC/CF/PPO CDH/1400/SOB (R. 1/15)
DC/CF/PPO HSA/4500 SOB (R. 1/15)
DC/CF/PPO CDH/2000/SOB (R. 1/15)
DC/CF/PPO HRA/1000/SOB (R. 1/15)
DC/CF/PPO CDH/1800/SOB (R. 1/15)
DC/CF/PPO/500/20-30/SOB (1/15)
DC/CF/PPO/1000/30-40/SOB (1/15)

Product: BluePreferred Multi-State Plans

Network: Regional Preferred (RPN)

DC/CF/MSP/EOC (1/14)
DC/CF/MSP/GC (1/14)
DC/CF/MSP APPEAL (1/14)
DC/CF/PPO/GOLD SOB (R. 1/15)
DC/CF/PPO/SIL SOB (R. 1/15)

Product: HealthyBlue PPO

Network: Regional Preferred (RPN)

DC/CF/SHOP/GC (1/14)
DC/CF/SHOP/EOC (1/14)
DC/CF/HB PPO/300 SOB (R. 1/15)
DC/CF/HB PPO/600 SOB (R. 1/15)
DC/CF/HB PPO/1500 SOB (R. 1/15)
DC/CF/HB PPO CDH/2000 SOB (R. 1/15)

**CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2015**

Acronym	Definition
SHOP	Small Business Health Options Program
CF	CareFirst BlueCross BlueShield
BC	CareFirst BlueChoice, Inc.
GHMSI	Group Hospitalization and Medical Services, Inc.
SG	Small Group
IND64-, INM	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
HDHP	High Deductible Health Plan
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
ABA	Applied Behavioral Analysis

CareFirst BlueCross BlueShield (GHMSI)
(NAIC # 53007)
D.C. Small Group Products - On Exchange
Rates Effective 1/1/2015
Actuarial Certification

I, Dwayne Lucado, am the Director of Actuarial Pricing with Group Hospitalization and Medical Services, Inc. (GHMSI) doing business as CareFirst BlueCross BlueShield. 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 Exchange) in the District of Columbia for business effective post 1/1/2015. 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 CCIIO instructions for Part III - Actuarial Memorandum.
3. The projected index rate is reasonable in relation to the projected benefits and the projected population and is neither excessive nor deficient.
4. The plan level rates are developed based only on allowed index rate modifiers in accordance with 45 CFR 156.80(d)(1) and (2) and have been calibrated 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, FSA, MAAA
Director, Actuarial Pricing
CareFirst BlueCross BlueShield
Mail Drop-Point 01-780
10455 Mill Run Circle
Owings Mills, MD 21117

**CareFirst BlueCross BlueShield (GHMSI)
(NAIC # 53007)
D.C. Small Group Products - On Exchange
Rates Effective 1/1/2015**

Affected HIOS IDS*

HIOS Product ID	HIOS Product Name	HIOS Plan ID	HIOS Plan Name	On/Off Exchange	Product Type	Abortion Coverage	Actuarial Value 2014-2015	Metal Level	Unique Plan	Projected Contracts 12/31/15
78079DC019	BluePreferred HSA/HRA Multi-State Plan	78079DC0190001	BlueCross BlueShield Preferred 2000, A Multi-State Plan	On	PPO	No	70.90%	Silver	No	51
78079DC023	BluePreferred PPO HSA/HRA	78079DC0230003	BluePreferred PPO HSA/HRA \$4,000	On	PPO	Yes	60.85%	Bronze	No	2
78079DC017	BluePreferred Multi-State Plan	78079DC0170001	BlueCross BlueShield Preferred 1000, A Multi-State Plan	On	PPO	No	79.88%	Gold	No	693
78079DC022	BluePreferred PPO	78079DC0220016	BluePreferred PPO 100%/80%, Rx: \$10/20%/40%/50%	On	PPO	Yes	89.44%	Platinum	No	38
78079DC022	BluePreferred PPO	78079DC0220018	BluePreferred PPO \$1000 \$30/\$40	On	PPO	Yes	72.00%	Silver	No	54
78079DC022	BluePreferred PPO	78079DC0220019	BluePreferred PPO \$500 \$20/\$30	On	PPO	Yes	78.51%	Gold	No	54
78079DC023	BluePreferred PPO HSA/HRA	78079DC0230008	BluePreferred PPO HSA/HRA \$1,400	On	PPO	Yes	78.06%	Gold	No	1,310
78079DC023	BluePreferred PPO HSA/HRA	78079DC0230009	BluePreferred PPO HSA/HRA \$4,500	On	PPO	Yes	61.00%	Bronze	No	17
78079DC023	BluePreferred PPO HSA/HRA	78079DC0230010	BluePreferred PPO HSA/HRA \$2000, 100%/80%	On	PPO	Yes	71.78%	Silver	No	328
78079DC023	BluePreferred PPO HSA/HRA	78079DC0230011	BluePreferred PPO HSA/HRA \$1,800	On	PPO	Yes	71.58%	Silver	No	51
78079DC022	BluePreferred PPO	78079DC0220012	BluePreferred PPO \$1,000 100%/80%	On	PPO	Yes	81.79%	Gold	No	8,452
78079DC022	BluePreferred PPO	78079DC0220006	BluePreferred PPO \$500	On	PPO	Yes	88.25%	Platinum	No	1,063
78079DC022	BluePreferred PPO	78079DC0220007	BluePreferred PPO \$1,200	On	PPO	Yes	79.86%	Gold	No	822
78079DC022	BluePreferred PPO	78079DC0220015	BluePreferred PPO \$2,000	On	PPO	Yes	79.20%	Gold	No	508
78079DC022	BluePreferred PPO	78079DC0220011	BluePreferred PPO \$4,500	On	PPO	Yes	61.91%	Bronze	No	13
78079DC022	BluePreferred PPO	78079DC0220014	BluePreferred PPO \$1,000 80%/60%	On	PPO	Yes	80.74%	Gold	No	1,493
78079DC022	BluePreferred PPO	78079DC0220013	BluePreferred PPO 100%/80%, Rx:\$10/\$45/\$65/50%	On	PPO	Yes	88.99%	Platinum	No	3,138
78079DC030	HealthyBlue PPO	78079DC0300005	HealthyBlue PPO \$300	On	PPO	Yes	90.26%	Platinum	No	40
78079DC030	HealthyBlue PPO	78079DC0300006	HealthyBlue PPO \$600	On	PPO	Yes	89.81%	Platinum	No	16
78079DC030	HealthyBlue PPO	78079DC0300004	HealthyBlue PPO \$1,500	On	PPO	Yes	81.88%	Gold	No	3,896
78079DC031	HealthyBlue PPO HSA/HRA	78079DC0310002	HealthyBlue PPO HSA/HRA \$2,000	On	PPO	Yes	70.81%	Silver	Yes	74

*BluePreferred PPO \$1000 \$30/\$40 and BluePreferred PPO \$500 \$20/\$30 are new plans effective 1/1/15. All other plans were new effective 1/1/14.

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2015

2015 ACA – RATE CHANGES AT PRODUCT/METAL LEVEL
SMALL GROUP - DC GHMSI

1	2	3	4			5	6	7	8	9				13	14				19	20	21	22
			Members							Projected 1Q15 EMMs	HHS 2014 AV	Base Premium				HHS 2015 AV	Base Premium					
Metal	Product	Actual 3/31/14	Projected 12/31/14	Projected 12/31/15	% of Actual Total	Projected 1Q15 EMMs	HHS 2014 AV	1Q14	2Q14			3Q14	4Q14	HHS 2015 AV	1Q15		RNL	2Q15	RNL	3Q15	RNL	4Q15
ON																						
1	Platinum	BluePreferred PPO	1,420	28,308	7,907	15.2%	28,272	0.888	\$511	\$517	\$523	\$530	0.888	\$565	10.7%	\$573	10.8%	\$581	11.0%	\$589	11.1%	6.7%
2	Platinum	HealthyBlue PPO	18	396	104	0.2%	372	0.901	\$493	\$499	\$505	\$512	0.901	\$547	11.1%	\$555	11.2%	\$562	11.3%	\$570	11.5%	7.0%
PLATINUM SUBTOTAL			1,438	28,704	8,011	15.4%	28,644	0.888	\$510	\$517	\$523	\$530	0.888	\$565	10.7%	\$573	10.8%	\$581	11.0%	\$589	11.1%	6.7%
3	Gold	BluePreferred PPO	4,934	5,320	21,130	52.7%	75,564	0.814	\$399	\$404	\$409	\$414	0.814	\$448	12.3%	\$454	12.5%	\$460	12.6%	\$467	12.7%	12.7%
4	Gold	BluePreferred PPO HSA/HRA	638	2,686	2,569	6.8%	9,192	0.781	\$381	\$386	\$390	\$395	0.781	\$424	11.3%	\$429	11.4%	\$435	11.5%	\$441	11.6%	7.2%
5	Gold	BluePreferred Multi-State Plan	339	884	1,293	3.6%	4,620	0.799	\$401	\$406	\$411	\$416	0.799	\$443	10.5%	\$449	10.6%	\$455	10.7%	\$461	10.8%	6.4%
6	Gold	HealthyBlue PPO	1,748	35	7,267	18.7%	25,992	0.819	\$399	\$404	\$409	\$414	0.819	\$453	13.6%	\$460	13.8%	\$466	13.9%	\$472	14.0%	9.5%
GOLD SUBTOTAL			7,659	8,925	32,259	81.9%	115,368	0.812	\$397	\$402	\$407	\$413	0.812	\$447	12.5%	\$453	12.6%	\$459	12.7%	\$466	12.9%	11.3%
7	Silver	BluePreferred PPO HSA/HRA	150	781	744	1.6%	2,664	0.718	\$327	\$331	\$335	\$339	0.718	\$368	12.6%	\$373	12.7%	\$378	12.8%	\$383	12.9%	8.4%
8	Silver	BluePreferred PPO	-	-	100	0.0%	360	0.720	\$409				0.720	\$409		\$415		\$421		\$426		
9	Silver	BluePreferred Multi-State Plan HSA/HRA	7	245	100	0.1%	360	0.709	\$320	\$324	\$328	\$332	0.709	\$355	11.0%	\$359	11.1%	\$364	11.2%	\$369	11.3%	6.9%
10	Silver	HealthyBlue PPO HSA/HRA	35	37	145	0.4%	516	0.708	\$321	\$325	\$329	\$333	0.708	\$364	13.2%	\$368	13.3%	\$373	13.4%	\$379	13.6%	9.1%
SILVER SUBTOTAL			192	1,063	1,090	2.1%	3,900	0.715	\$325	\$329	\$333	\$337	0.716	\$370	12.5%	\$375	12.6%	\$380	12.7%	\$385	12.9%	8.4%
11	Bronze	BluePreferred PPO	5	256	25	0.1%	84	0.619	\$287	\$291	\$295	\$298	0.619	\$322	11.9%	\$326	12.0%	\$330	12.1%	\$335	12.3%	7.8%
12	Bronze	BluePreferred PPO HSA/HRA	61	74	37	0.7%	132	0.610	\$261	\$264	\$267	\$270	0.610	\$293	12.4%	\$296	12.5%	\$301	12.6%	\$305	12.8%	8.3%
BRONZE SUBTOTAL			66	330	62	0.7%	216	0.613	\$271	\$274	\$278	\$281	0.613	\$304	12.2%	\$308	12.3%	\$312	12.4%	\$317	12.6%	8.1%
GHMSI Total			9,355	39,022	41,422	100%	148,128	0.824	\$417	\$423	\$428	\$433	0.824	\$468	12.1%	\$474	12.2%	\$481	12.4%	\$487	12.5%	10.3%

LOW RENEWAL (Minimum):
HIGH RENEWAL (Maximum):

10.5% **10.6%** **10.7%** **10.8%**
13.6% **13.8%** **13.9%** **14.0%**

Note: The previous SERFF tracking number for GHMSI DC Small Group (effective 1/1/2014) is CFAP-129047320 (On and Off Exchange).

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2015

2015 ACA – RATE CHANGES AT PRODUCT/METAL LEVEL
SMALL GROUP - DC

1	2	3	4		5	6	7	8	10				12	13	16				19	20	21	22
			Actual	Projected					Projected	% of Actual	Base Premium				Base Premium							
Metal	Product	1/31/14	12/31/14	12/31/15	Total	Projected	HHS	Base Premium				HHS	Base Premium				1Q					
						1Q15	2014	1Q14	2Q14	3Q14	4Q14	2015	1Q15	RNL	2Q15	RNL	3Q15	RNL	4Q15	RNL	Incremental	
ON																						
1	Platinum	BlueChoice Advantage	133	868	561	0.9%	1,944	0.885	\$435	\$444	\$454	\$463	0.885	\$489	12.4%	\$495	11.5%	\$502	10.7%	\$509	9.9%	5.6%
2	Platinum	BlueChoice HMO	268	3,160	1,230	1.7%	4,284	0.883	\$421	\$429	\$438	\$448	0.883	\$468	11.3%	\$474	10.4%	\$481	9.6%	\$487	8.8%	4.6%
3	Platinum	BlueChoice HMO Referral	371	6,044	2,045	2.4%	7,116	0.890	\$404	\$413	\$421	\$430	0.890	\$448	11.0%	\$454	10.1%	\$461	9.3%	\$467	8.5%	4.3%
4	Platinum	BlueChoice Plus	643	8,551	3,716	4.2%	12,936	0.887	\$428	\$437	\$446	\$456	0.887	\$475	11.0%	\$481	10.1%	\$488	9.3%	\$494	8.5%	4.3%
5	Platinum	HealthyBlue HMO	7	343	208	0.0%	720	0.903	\$408	\$417	\$425	\$434	0.903	\$457	12.0%	\$463	11.2%	\$470	10.4%	\$476	9.5%	5.3%
6	Platinum	HealthyBlue Plus	188	829	1,172	1.2%	4,068	0.902	\$420	\$428	\$437	\$446	0.902	\$468	11.6%	\$474	10.7%	\$481	9.9%	\$487	9.1%	4.9%
7	Platinum	HealthyBlue Advantage	44	438	412	0.3%	1,428	0.903	\$426	\$435	\$444	\$453	0.903	\$481	12.9%	\$487	12.1%	\$494	11.3%	\$500	10.4%	6.1%
8	Platinum	BluePreferred PPO	1,420	28,308	7,907	9.2%	28,272	0.888	\$511	\$517	\$523	\$530	0.888	\$565	10.7%	\$573	10.8%	\$581	11.0%	\$589	11.1%	6.7%
9	Platinum	HealthyBlue PPO	18	396	104	0.1%	372	0.901	\$493	\$499	\$505	\$512	0.901	\$547	11.1%	\$555	11.2%	\$562	11.3%	\$570	11.5%	7.0%
PLATINUM SUBTOTAL			3,092	48,937	17,356	20.1%	61,140	0.889	\$463	\$470	\$478	\$486	0.889	\$514	11.0%	\$520	10.6%	\$528	10.3%	\$535	9.9%	5.6%
10	Gold	BlueChoice Advantage	578	47	2,578	3.7%	8,964	0.787	\$342	\$349	\$356	\$364	0.787	\$384	12.1%	\$389	11.3%	\$394	10.5%	\$400	9.6%	9.6%
11	Gold	BlueChoice HMO	502	1,015	2,615	3.3%	9,108	0.816	\$350	\$357	\$364	\$372	0.816	\$394	12.8%	\$399	11.9%	\$405	11.1%	\$410	10.3%	5.9%
12	Gold	BlueChoice HMO Referral	98	467	449	0.6%	1,560	0.788	\$325	\$332	\$339	\$346	0.788	\$363	11.8%	\$368	11.0%	\$373	10.2%	\$378	9.3%	5.1%
13	Gold	BlueChoice HMO HSA/HRA	186	1,516	698	1.2%	2,424	0.797	\$311	\$318	\$324	\$331	0.797	\$343	10.1%	\$347	9.3%	\$352	8.5%	\$357	7.7%	3.5%
14	Gold	HealthyBlue HMO	150	31	611	1.0%	2,124	0.819	\$329	\$336	\$343	\$350	0.819	\$375	14.0%	\$379	13.1%	\$385	12.3%	\$390	11.4%	7.1%
15	Gold	HealthyBlue Plus	255	31	1,085	1.7%	3,768	0.819	\$339	\$346	\$353	\$361	0.819	\$385	13.6%	\$390	12.7%	\$396	11.9%	\$401	11.1%	6.8%
16	Gold	HealthyBlue Advantage	2,224	27	9,466	14.4%	32,916	0.819	\$343	\$350	\$357	\$365	0.819	\$394	14.9%	\$399	14.0%	\$404	13.2%	\$410	12.3%	7.9%
17	Gold	BluePreferred PPO	4,934	5,320	21,130	32.0%	75,564	0.814	\$399	\$404	\$409	\$414	0.814	\$448	12.3%	\$454	12.5%	\$460	12.6%	\$467	12.7%	12.7%
18	Gold	BluePreferred PPO HSA/HRA	638	2,686	2,569	4.1%	9,192	0.781	\$381	\$386	\$390	\$395	0.781	\$424	11.3%	\$429	11.4%	\$435	11.5%	\$441	11.6%	7.2%
19	Gold	BluePreferred Multi-State Plan	339	884	1,293	2.2%	4,620	0.799	\$401	\$406	\$411	\$416	0.799	\$443	10.5%	\$449	10.6%	\$455	10.7%	\$461	10.8%	6.4%
20	Gold	HealthyBlue PPO	1,748	35	7,267	11.3%	25,992	0.819	\$399	\$404	\$409	\$414	0.819	\$453	13.6%	\$460	13.8%	\$466	13.9%	\$472	14.0%	9.5%
GOLD SUBTOTAL			11,652	12,059	49,760	75.6%	176,232	0.812	\$378	\$384	\$390	\$396	0.812	\$427	12.9%	\$433	12.7%	\$438	12.5%	\$444	12.3%	10.0%
21	Silver	BlueChoice HMO HSA/HRA	113	647	620	0.7%	2,160	0.718	\$261	\$266	\$272	\$278	0.718	\$293	12.2%	\$296	11.3%	\$300	10.5%	\$304	9.6%	5.4%
22	Silver	BlueChoice Advantage HSA/HRA	40	66	495	0.3%	1,716	0.703	\$280	\$286	\$292	\$298	0.703	\$318	13.3%	\$322	12.5%	\$326	11.6%	\$331	10.8%	6.5%
23	Silver	BlueChoice Plus	8	10	37	0.1%	132	0.719	\$285	\$291	\$297	\$303	0.719	\$320	12.4%	\$324	11.5%	\$329	10.7%	\$333	9.9%	5.6%
24	Silver	BlueChoice Plus HSA/HRA	73	323	412	0.5%	1,440	0.714	\$282	\$288	\$294	\$300	0.714	\$314	11.3%	\$318	10.4%	\$322	9.6%	\$327	8.8%	4.5%
25	Silver	HealthyBlue HMO HSA/HRA	91	34	428	0.6%	1,488	0.708	\$255	\$261	\$266	\$272	0.708	\$291	13.8%	\$294	12.9%	\$298	12.1%	\$302	11.2%	6.9%
26	Silver	HealthyBlue Plus HSA/HRA	30	25	166	0.2%	576	0.708	\$263	\$269	\$275	\$280	0.708	\$299	13.4%	\$303	12.5%	\$307	11.7%	\$311	10.9%	6.6%
27	Silver	HealthyBlue Advantage HSA/HRA	27	36	125	0.2%	432	0.708	\$266	\$272	\$278	\$283	0.708	\$305	14.7%	\$309	13.8%	\$314	13.0%	\$318	12.1%	7.8%
28	Silver	BluePreferred PPO HSA/HRA	150	781	744	1.0%	2,664	0.718	\$327	\$331	\$335	\$339	0.718	\$368	12.6%	\$373	12.7%	\$378	12.8%	\$383	12.9%	8.4%
29	Silver	BluePreferred PPO	-	-	100	0.0%	360						0.720	\$409		\$415		\$421		\$426		
30	Silver	BluePreferred Multi-State Plan HSA/HRA	7	245	100	0.0%	360	0.709	\$320	\$324	\$328	\$332	0.709	\$355	11.0%	\$359	11.1%	\$364	11.2%	\$369	11.3%	6.9%
31	Silver	HealthyBlue PPO HSA/HRA	35	37	145	0.2%	516	0.708	\$321	\$325	\$329	\$333	0.708	\$364	13.2%	\$368	13.3%	\$373	13.4%	\$379	13.6%	9.1%
SILVER SUBTOTAL			574	2,204	3,372	3.7%	11,844	0.712	\$286	\$291	\$297	\$302	0.713	\$325	12.7%	\$329	12.1%	\$334	11.6%	\$338	11.1%	6.7%
32	Bronze	BlueChoice HMO Referral HSA/HRA	7	41	62	0.0%	216	0.612	\$198	\$203	\$207	\$211	0.612	\$219	10.4%	\$222	9.6%	\$225	8.8%	\$228	7.9%	3.8%
33	Bronze	BlueChoice Plus HSA/HRA	27	30	391	0.2%	1,356	0.616	\$232	\$237	\$242	\$247	0.616	\$258	11.2%	\$261	10.3%	\$265	9.5%	\$268	8.7%	4.5%
34	Bronze	BluePreferred PPO	5	256	25	0.0%	84	0.619	\$287	\$291	\$295	\$298	0.619	\$322	11.9%	\$326	12.0%	\$330	12.1%	\$335	12.3%	7.8%
35	Bronze	BluePreferred PPO HSA/HRA	61	74	37	0.4%	132	0.610	\$261	\$264	\$267	\$270	0.610	\$293	12.4%	\$296	12.5%	\$301	12.6%	\$305	12.8%	8.3%
BRONZE SUBTOTAL			100	401	515	0.6%	1,788	0.615	\$232	\$237	\$242	\$247	0.615	\$259	11.2%	\$262	10.5%	\$266	9.8%	\$269	9.1%	4.8%
BlueChoice Total			6,063	24,579	29,582	39%	102,876	0.826	\$359	\$367	\$374	\$382	0.826	\$405	12.9%	\$410	12.0%	\$416	11.2%	\$421	10.4%	6.4%
GHMSI Total			9,355	39,022	41,422	61%	148,128	0.824	\$417	\$423	\$428	\$433	0.824	\$468	12.1%	\$474	12.2%	\$481	12.4%	\$487	12.5%	10.3%
Grand Total			15,418	63,601	71,004	100%	251,004	0.825	\$393	\$400	\$406	\$412	0.825	\$442	12.4%	\$448	12.2%	\$454	11.9%	\$460	11.6%	8.7%

LOW RENEWAL (Minimum): 10.1% 9.3% 8.5% 7.7%
HIGH RENEWAL (Maximum): 14.9% 14.0% 13.9% 14.0%

PPO/HMO: 1.16 1.15 1.14 1.13 1.16 1.16 1.16 1.16

Note: The previous SERFF tracking number for GHMSI DC Small Group (effective 1/1/2014) is CFAP-129047320 (On and Off Exchange).
The previous SERFF tracking number for BlueChoice DC Small Group (effective 1/1/2014) is CFAP-129047155 (On and Off Exchange).

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2015
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 - 1/1/2015

	Begin	End	Mid-point		Months of Trend	
Experience Period	1/1/2013	12/31/2013	7/2/2013			
Rating Period	1/1/2015	12/31/2015	7/2/2015		24.0	pd through 3/31/2014
Experience Period Summary	Total					
Experience Period Premiums	\$	192,950,934				
MLR Rebates	\$	-				
Net Experience Period Premiums	\$	192,950,934				
Experience Period Paid Claims (Non-Capitated)	\$	169,370,060				
Completion Factor		0.99				
Experience Period Incurred Claims (Non-Capitated)	\$	170,971,028				
Capitations	\$	589,848				
Rx Rebates	\$	(2,928,482)				
Other Manual Claims	\$	-				
Total Experience Period Claims	\$	168,632,395				
Experience Period Loss Ratio (Before MLR Rebates)		87.4%				
Experience Period Loss Ratio (After MLR Rebates)		87.4%				
Experience Period Loss Ratio (System Claims Only)		88.6%				
Experience Period Member Months		462,200				
Average Members		38,517				
End of Experience Period Contracts		21,905				
End of Experience Period Members		39,428				
Experience Period Allowed Claims (Non-Capitated)	\$	193,237,257				
Adjustments	\$	(2,338,633)				
Total Adjusted EP Allowed Claims	\$	190,898,624				
EP Paid / Allowed Ratio		88.3%				

Service Category Level Projection

Service Category Experience Period Allowed	Utilization Measure	EP Units	EP Allowed \$	Other	Rx Rebates	Net Allowed
Inpatient	Admits	2,098	\$ 32,308,552	\$ -	\$ -	\$ 32,308,552
Outpatient	Visits	32,289	\$ 38,455,250	\$ -	\$ -	\$ 38,455,250
Professional	Visits	402,542	\$ 63,889,209	\$ -	\$ -	\$ 63,889,209
Other	Services	35,103	\$ 9,933,413	\$ -	\$ -	\$ 9,933,413
Rx	Scripts	358,444	\$ 48,650,833	\$ -	\$ (2,928,482)	\$ 45,722,351
Capitation	Member Months	462,200	\$ 589,848	\$ -	\$ -	\$ 589,848
Total			\$ 193,827,106	\$ -	\$ (2,928,482)	\$ 190,898,624
PMPM			\$ 419.36	\$ -	\$ (6.34)	\$ 413.02

Annual Trend Inputs	
Cost Trend	Utilization Trend
5.0%	0.0%
8.0%	2.0%
2.5%	2.5%
10.0%	6.0%
7.5%	-1.5%
2.0%	0.0%

Service Category Experience Period Allowed	Utilization Measure	Experience Period			Projection Factors			Cost Factor	Utilization Factor	Total Factor	Projected			Effective Allowed
		Util / 1000	Unit Cost	PMPM	Population Risk / Morbidity*	Other	Util / 1000				Unit Cost	PMPM	Annual Trend	
Inpatient	Admits	54.47	\$ 15,400.57	\$ 69.90	1.000	0.989	1.103	1.000	1.09	54.47	\$ 16,797.41	\$ 76.24	5.0%	
Outpatient	Visits	838.30	\$ 1,190.99	\$ 83.20	1.000	0.989	1.166	1.040	1.20	872.17	\$ 1,374.30	\$ 99.89	10.2%	
Professional	Visits	10,451.10	\$ 158.71	\$ 138.23	1.000	1.024	1.051	1.051	1.13	10,980.19	\$ 170.71	\$ 156.21	5.1%	
Other	Services	911.38	\$ 282.98	\$ 21.49	1.000	1.168	1.210	1.124	1.59	1,024.02	\$ 400.05	\$ 34.14	16.6%	
Rx	Scripts	9,306.21	\$ 127.56	\$ 98.92	1.000	0.956	1.156	0.970	1.07	9,029.11	\$ 140.94	\$ 106.04	5.9%	
Capitation	Member Months	12,000.00	\$ 1.28	\$ 1.28	1.000	0.984	1.040	1.000	1.02	12,000.00	\$ 1.31	\$ 1.31	2.0%	
Total				\$ 413.02								\$ 473.82	7.0%	
Projected Allowed Claims PMPM (EHB + Non-EHB)												\$ 473.82		
Non-EHB Claims In Projected PMPM**												\$ 1.13		
Index Rate for EHB												\$ 472.69		

* Please refer to page 61 for more information.

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

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2015
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 - 4/1/2015

Experience Period Rating Period	Begin	End	Mid-point	Months of Trend	pd through	3/31/2014
	1/1/2013 4/1/2015	12/31/2013 3/31/2016	7/2/2013 9/30/2015			
				27.0		

Experience Period Summary	Total
Experience Period Premiums	\$ 192,950,934
MLR Rebates (enter as negative)	\$ -
Net Experience Period Premiums	\$ 192,950,934
Experience Period Paid Claims (Non-Capitated)	\$ 169,370,060
Completion Factor	0.99
Experience Period Incurred Claims (Non-Capitated)	\$ 170,971,028
Capitations	\$ 589,848
Rx Rebates	\$ (2,928,482)
Other Manual Claims	\$ -
Total Experience Period Claims	\$ 168,632,395
Experience Period Loss Ratio (Before MLR Rebates)	87.4%
Experience Period Loss Ratio (After MLR Rebates)	87.4%
Experience Period Loss Ratio (System Claims Only)	88.6%
Experience Period Member Months	462,200
Average Members	38,517
End of Experience Period Contracts	21,905
End of Experience Period Members	39,428
Experience Period Allowed Claims (Non-Capitated)	\$ 193,237,257
Adjustments	\$ (2,338,633)
Total Adjusted EP Allowed Claims	\$ 190,898,624
EP Paid / Allowed Ratio	88.3%

Service Category Level Projection

Service Category Experience Period Allowed	Utilization Measure	EP Units	EP Allowed \$	Other	Rx Rebates	Net Allowed
Inpatient	Admits	2,098	\$ 32,308,552	\$ -	\$ -	\$ 32,308,552
Outpatient	Visits	32,289	\$ 38,455,250	\$ -	\$ -	\$ 38,455,250
Professional	Visits	402,542	\$ 63,889,209	\$ -	\$ -	\$ 63,889,209
Other	Services	35,103	\$ 9,933,413	\$ -	\$ -	\$ 9,933,413
Rx	Scripts	358,444	\$ 48,650,833	\$ -	\$ (2,928,482)	\$ 45,722,351
Capitation	Member Months	462,200	\$ 589,848	\$ -	\$ -	\$ 589,848
Total			\$ 193,827,106	\$ -	\$ (2,928,482)	\$ 190,898,624
PMPM			\$ 419.36	\$ -	\$ (6.34)	\$ 413.02

Annual Trend Inputs	
Cost Trend	Utilization Trend
5.0%	0.0%
8.0%	2.0%
2.5%	2.5%
10.0%	6.0%
7.5%	-1.5%
2.0%	0.0%

Service Category Experience Period Allowed	Utilization Measure	Experience Period			Projection Factors		Cost Factor	Utilization Factor	Total Factor	Projected			Effective Allowed	
		Util / 1000	Unit Cost	PMPM	Population Risk / Morbidity*	Other				Util / 1000	Unit Cost	PMPM	Annual Trend	
Inpatient	Admits	54.47	\$ 15,400.57	\$ 69.90	1.000	0.989	1.116	1.000	1.10	54.47	\$ 17,003.55	\$ 77.18	5.0%	
Outpatient	Visits	838.30	\$ 1,190.99	\$ 83.20	1.000	0.989	1.189	1.046	1.23	876.50	\$ 1,401.00	\$ 102.33	10.2%	
Professional	Visits	10,451.10	\$ 158.71	\$ 138.23	1.000	1.024	1.057	1.057	1.14	11,048.18	\$ 171.77	\$ 158.15	5.1%	
Other	Services	911.38	\$ 282.98	\$ 21.49	1.000	1.168	1.239	1.140	1.65	1,039.05	\$ 409.70	\$ 35.47	16.6%	
Rx	Scripts	9,306.21	\$ 127.56	\$ 98.92	1.000	0.956	1.177	0.967	1.09	8,995.06	\$ 143.51	\$ 107.57	5.9%	
Capitation	Member Months	12,000.00	\$ 1.28	\$ 1.28	1.000	0.984	1.046	1.000	1.03	12,000.00	\$ 1.31	\$ 1.31	2.0%	
Total				\$ 413.02								\$ 482.01	7.0%	
												Projected Allowed Claims PMPM (EHB + Non-EHB)	\$ 482.01	7.0%
												Non-EHB Claims In Projected PMPM**	\$ 1.15	
												Index Rate for EHB	\$ 480.86	

* Please refer to page 61 for more information.

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

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2015
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 - 7/1/2015

	Begin	End	Mid-point	Months of Trend		
Experience Period	1/1/2013	12/31/2013	7/2/2013		pd through	3/31/2014
Rating Period	7/1/2015	6/30/2016	12/30/2015	30.0		

Experience Period Summary	Total
Experience Period Premiums	\$ 192,950,934
MLR Rebates (enter as negative)	\$ -
Net Experience Period Premiums	\$ 192,950,934

Experience Period Paid Claims (Non-Capitated)	\$ 169,370,060
Completion Factor	0.99
Experience Period Incurred Claims (Non-Capitated)	\$ 170,971,028
Capitations	\$ 589,848
Rx Rebates	\$ (2,928,482)
Other Manual Claims	\$ -
Total Experience Period Claims	\$ 168,632,395
Experience Period Loss Ratio (Before MLR Rebates)	87.4%
Experience Period Loss Ratio (After MLR Rebates)	87.4%
Experience Period Loss Ratio (System Claims Only)	88.6%

Experience Period Member Months	462,200
Average Members	38,517
End of Experience Period Contracts	21,905
End of Experience Period Members	39,428

Experience Period Allowed Claims (Non-Capitated)	\$ 193,237,257
Adjustments	\$ (2,338,633)
Total Adjusted EP Allowed Claims	\$ 190,898,624
EP Paid / Allowed Ratio	88.3%

Service Category Level Projection

Service Category	Experience Period	Allowed	Utilization Measure	EP Units	EP Allowed \$	Other	Rx Rebates	Net Allowed
Inpatient			Admits	2,098	\$ 32,308,552	\$ -	\$ -	\$ 32,308,552
Outpatient			Visits	32,289	\$ 38,455,250	\$ -	\$ -	\$ 38,455,250
Professional			Visits	402,542	\$ 63,889,209	\$ -	\$ -	\$ 63,889,209
Other			Services	35,103	\$ 9,933,413	\$ -	\$ -	\$ 9,933,413
Rx			Scripts	358,444	\$ 48,650,833	\$ -	\$ (2,928,482)	\$ 45,722,351
Capitation			Member Months	462,200	\$ 589,848	\$ -	\$ -	\$ 589,848
Total					\$ 193,827,106	\$ -	\$ (2,928,482)	\$ 190,898,624
PMPM					\$ 419.36	\$ -	\$ (6.34)	\$ 413.02

Annual Trend Inputs	
Cost Trend	Utilization Trend
5.0%	0.0%
8.0%	2.0%
2.5%	2.5%
10.0%	6.0%
7.5%	-1.5%
2.0%	0.0%

Service Category	Experience Period	Utilization Measure	Experience Period			Projection Factors		Cost Factor	Utilization Factor	Total Factor	Projected			Effective Allowed
			Util / 1000	Unit Cost	PMPM	Population Risk / Morbidity*	Other				Util / 1000	Unit Cost	PMPM	Annual Trend
Inpatient		Admits	54.47	\$ 15,400.57	\$ 69.90	1.000	0.989	1.130	1.000	1.12	54.47	\$ 17,212.22	\$ 78.12	5.0%
Outpatient		Visits	838.30	\$ 1,190.99	\$ 83.20	1.000	0.989	1.212	1.051	1.26	880.85	\$ 1,428.22	\$ 104.84	10.2%
Professional		Visits	10,451.10	\$ 158.71	\$ 138.23	1.000	1.024	1.064	1.064	1.16	11,116.59	\$ 172.84	\$ 160.11	5.1%
Other		Services	911.38	\$ 282.98	\$ 21.49	1.000	1.168	1.269	1.157	1.72	1,054.30	\$ 419.58	\$ 36.86	16.6%
Rx		Scripts	9,306.21	\$ 127.56	\$ 98.92	1.000	0.956	1.198	0.963	1.10	8,961.14	\$ 146.13	\$ 109.12	5.9%
Capitation		Member Months	12,000.00	\$ 1.28	\$ 1.28	1.000	0.984	1.051	1.000	1.03	12,000.00	\$ 1.32	\$ 1.32	2.0%
Total					\$ 413.02								\$ 490.38	7.0%
												Projected Allowed Claims PMPM (EHB + Non-EHB)	\$ 490.38	
												Non-EHB Claims In Projected PMPM**	\$ 1.17	
												Index Rate for EHB	\$ 489.21	

* Please refer to page 61 for more information.

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

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2015
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 - 10/1/2015

	Begin	End	Mid-point	Months of Trend		
Experience Period	1/1/2013	12/31/2013	7/2/2013		pd through	3/31/2014
Rating Period	10/1/2015	9/30/2016	3/31/2016	33.0		

Experience Period Summary	Total
Experience Period Premiums	\$ 192,950,934
MLR Rebates (enter as negative)	\$ -
Net Experience Period Premiums	\$ 192,950,934
Experience Period Paid Claims (Non-Capitated)	\$ 169,370,060
Completion Factor	0.99
Experience Period Incurred Claims (Non-Capitated)	\$ 170,971,028
Capitations	\$ 589,848
Rx Rebates	\$ (2,928,482)
Other Manual Claims	\$ -
Total Experience Period Claims	\$ 168,632,395
Experience Period Loss Ratio (Before MLR Rebates)	87.4%
Experience Period Loss Ratio (After MLR Rebates)	87.4%
Experience Period Loss Ratio (System Claims Only)	88.6%
Experience Period Member Months	462,200
Average Members	38,517
End of Experience Period Contracts	21,905
End of Experience Period Members	39,428
Experience Period Allowed Claims (Non-Capitated)	\$ 193,237,257
Adjustments	\$ (2,338,633)
Total Adjusted EP Allowed Claims	\$ 190,898,624
EP Paid / Allowed Ratio	88.3%

Service Category Level Projection

Service Category	Experience Period Allowed	Utilization Measure	EP Units	EP Allowed \$	Other	Rx Rebates	Net Allowed
Inpatient	Admits	2,098	\$ 32,308,552	\$ -	\$ -	\$ 32,308,552	
Outpatient	Visits	32,289	\$ 38,455,250	\$ -	\$ -	\$ 38,455,250	
Professional	Visits	402,542	\$ 63,889,209	\$ -	\$ -	\$ 63,889,209	
Other	Services	35,103	\$ 9,933,413	\$ -	\$ -	\$ 9,933,413	
Rx	Scripts	358,444	\$ 48,650,833	\$ -	\$ (2,928,482)	\$ 45,722,351	
Capitation	Member Months	462,200	\$ 589,848	\$ -	\$ -	\$ 589,848	
Total			\$ 193,827,106	\$ -	\$ (2,928,482)	\$ 190,898,624	
PMPM			\$ 419.36	\$ -	\$ (6.34)	\$ 413.02	

Annual Trend Inputs	
Cost Trend	Utilization Trend
5.0%	0.0%
8.0%	2.0%
2.5%	2.5%
10.0%	6.0%
7.5%	-1.5%
2.0%	0.0%

Service Category	Experience Period Allowed	Utilization Measure	Experience Period			Projection Factors		Cost Factor	Utilization Factor	Total Factor	Projected			Effective Allowed
			Util / 1000	Unit Cost	PMPM	Population Risk / Morbidity*	Other				Util / 1000	Unit Cost	PMPM	Annual Trend
Inpatient	Admits	54.47	\$ 15,400.57	\$ 69.90	1.000	0.989	1.144	1.000	1.13	54.47	\$ 17,423.45	\$ 79.08	5.0%	
Outpatient	Visits	838.30	\$ 1,190.99	\$ 83.20	1.000	0.989	1.236	1.056	1.29	885.22	\$ 1,455.96	\$ 107.40	10.2%	
Professional	Visits	10,451.10	\$ 158.71	\$ 138.23	1.000	1.024	1.070	1.070	1.17	11,185.43	\$ 173.91	\$ 162.10	5.1%	
Other	Services	911.38	\$ 282.98	\$ 21.49	1.000	1.168	1.300	1.174	1.78	1,069.77	\$ 429.69	\$ 38.31	16.6%	
Rx	Scripts	9,306.21	\$ 127.56	\$ 98.92	1.000	0.956	1.220	0.959	1.12	8,927.34	\$ 148.79	\$ 110.69	5.9%	
Capitation	Member Months	12,000.00	\$ 1.28	\$ 1.28	1.000	0.984	1.056	1.000	1.04	12,000.00	\$ 1.33	\$ 1.33	2.0%	
Total				\$ 413.02										
												Projected Allowed Claims PMPM (EHB + Non-EHB)	\$ 498.91	7.0%
												Non-EHB Claims In Projected PMPM**	\$ 1.19	
												Index Rate for EHB	\$ 497.72	

* Please refer to page 61 for more information.

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

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2015
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	2013 Member	
		Months	Exp Period PMPM
GHMSI	\$520,156	599,428	\$0.87

Projected PMPM	
1Q15	\$1.02
2Q15	\$1.04
3Q15	\$1.06
4Q15	\$1.08

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

Refer to page 43 for details.

Projected PMPM Spread Over Individual Market	Blended with Small Group
\$1.07	\$0.11

Projected PMPM	
1Q15	\$0.11
2Q15	\$0.11
3Q15	\$0.11
4Q15	\$0.11

Projection Period Non-EHB	
1Q15	\$1.13
2Q15	\$1.15
3Q15	\$1.17
4Q15	\$1.19

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2015

Adjustments for Small Group Benefits in Excess of EHB

<u>1Q15</u>	Med	Rx	Total
Index Rate for EHB	\$ 366.65	\$ 106.04	\$ 472.69
<u>Benefits to be Covered in Excess of EHB On Exchange (PMPM)</u>			
Abortion*	\$ 1.06	\$ -	\$ 1.06
Total Adjustment to Index Rate	0.29%	0.00%	0.22%
<u>2Q15</u>	Med	Rx	Total
Index Rate for EHB	\$ 373.29	\$ 107.57	\$ 480.86
<u>Benefits to be Covered in Excess of EHB On Exchange (PMPM)</u>			
Abortion*	\$ 1.08	\$ -	\$ 1.08
Total Adjustment to Index Rate	0.29%	0.00%	0.22%
<u>3Q15</u>	Med	Rx	Total
Index Rate for EHB	\$ 380.09	\$ 109.12	\$ 489.21
<u>Benefits to be Covered in Excess of EHB On Exchange (PMPM)</u>			
Abortion*	\$ 1.10	\$ -	\$ 1.10
Total Adjustment to Index Rate	0.29%	0.00%	0.22%
<u>4Q15</u>	Med	Rx	Total
Index Rate for EHB	\$ 387.03	\$ 110.69	\$ 497.72
<u>Benefits to be Covered in Excess of EHB On Exchange (PMPM)</u>			
Abortion*	\$ 1.12	\$ -	\$ 1.12
Total Adjustment to Index Rate	0.29%	0.00%	0.22%

* Based on calendar year 2013 experience for DC GHMSI Small Group business, trended to 2015.

Note: Abortion coverage applies to all DC Small Group plans, excluding the two multi-state plans.

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2015
DC GHMSI Index Rate History

Month	Index Rate	% Change	% Change Year to Year
201401	\$ 448.53		
201404	\$ 454.11	1.24%	
201407	\$ 459.80	1.25%	
201410	\$ 465.58	1.26%	
201501	\$ 472.69	1.53%	5.39%
201504	\$ 480.86	1.73%	5.89%
201507	\$ 489.21	1.73%	6.39%
201510	\$ 497.72	1.74%	6.90%

**CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2015**

2015 ACA - TREND ANALYSIS SUMMARY - DC GHMSI

		2014 FILING						2015 FILING								
		PROJECTED			EXPERIENCE PERIOD			PROJECTED								
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
GHMSI-DC		Allowed		Cost	Utilization	Claims	Allowed		Cost	Utilization	Claims	Cost	Utilization	Claims	vs 2014	
		Claims*	%	Trend	Trend	Trend	Claims	%	Trend	Trend	Trend	Trend	Trend	Trend**	Δ	
1	Inpatient	Hospital	\$37,967,903	17%	3.5%	-3.0%	0.4%	\$38,899,620	17%	8.6%	-0.9%	7.6%	5.0%	0.0%	5.0%	4.6%
2	Outpatient	Hospital	\$44,073,844	20%	6.0%	4.0%	10.2%	\$46,445,610	20%	8.2%	2.1%	10.4%	8.0%	2.0%	10.2%	-0.1%
3	Professional		\$75,916,377	34%	2.5%	2.0%	4.5%	\$76,881,109	33%	2.7%	2.4%	5.2%	2.5%	2.5%	5.1%	0.5%
4	Other Medical	Non-Capitated Ambulance	\$10,295,016	5%	-4.0%	14.5%	9.9%	\$11,955,628	5%	13.6%	7.3%	21.9%	10.0%	6.0%	16.6%	6.7%
5		Home Health														
6		DME														
7		Prosthetics														
8		Supplies														
9		Vision Exams														
10		Dental Services														
11		Other Services														
12	Medical	Subtotal (Clms-Wgtd):	\$168,253,139	75%	3.2%	2.2%	5.4%	\$174,181,966	75%	6.2%	1.9%	8.3%	5.0%	2.0%	7.2%	1.8%
13																
14	RX	Claims-Weighted	\$56,466,039	25%	5.0%	-1.5%	3.4%	\$58,693,066	25%	10.3%	-1.1%	9.1%	7.5%	-1.5%	5.9%	2.5%
15	TOTAL	Claims-Weighted	\$224,719,178	100%	3.7%	1.2%	5.0%	\$232,875,032	100%	7.2%	1.2%	8.5%	5.7%	1.2%	6.9%	1.9%

*Includes grandfathered Small Group business

**Note: The total trend shown is claims-weighted. The actual pricing trend utilized is 7.0%, calculated on a PMPM basis.

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2015
GHMSI Plan Level Rate Derivation - 1/1/2015

Assumes Index Rate = Projected Pool Allowed Claims PMPM for EHB

Plan	BlueCross BlueShield Preferred 1000, A Multi-State Plan	BlueCross BlueShield Preferred 2000, A Multi-State Plan (HSA/HRA)	BluePreferred PPO \$4,500	BluePreferred PPO \$1000 \$30/\$40	BluePreferred PPO \$500 \$20/\$30	BluePreferred PPO \$1,200	BluePreferred PPO \$1,000 80%/60%
HIOS Product ID	78079DC017	78079DC019	78079DC022	78079DC022	78079DC022	78079DC022	78079DC022
HIOS Plan ID	78079DC0170001	78079DC0190001	78079DC0220011	78079DC0220018	78079DC0220019	78079DC0220007	78079DC0220014
Metal Level	Gold	Silver	Bronze	Silver	Gold	Gold	Gold
Metallic AV	79.88%	70.90%	61.91%	72.00%	78.51%	79.86%	80.74%
On / Off Exchange	On	On	On	On	On	On	On
Network Type	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)
High Level Benefit Description							
Integrated	Y	Y	N	N	N	N	N
Individual Deductible	IN: \$1000 OON: \$2000	IN: 2000 OON: \$4000	IN: \$4500 Med/\$0 Rx OON: \$5500 Med/\$0 Rx IN: \$6350 OON: \$7500	IN: \$1000 Med/\$0 Rx OON: \$2000 Med/\$0 Rx IN: \$6600 OON: \$7500	IN: \$500 Med/\$0 Rx OON: \$1000 Med/\$0 Rx IN: \$4500 OON: \$7500	IN: \$1200 Med/\$0 Rx OON: \$2400 Med/\$0 Rx IN: \$4000 OON: \$7500	IN: \$1000 Med/\$0 Rx OON: \$2000 Med/\$0 Rx IN: \$3500 OON: \$7000
Individual OOP Max	IN: \$3000 OON: \$6000	IN: 4000 OON: \$8000					
Member Copay/Coinsurance	10% OON: 10% ER/30%	20% OON: 20% ER/40%	\$30 PCP/Spec, \$100 ER OON: \$100 ER/20%	\$30 PCP/\$40 Spec/\$450 ER/\$500 IP OON: \$50 PCP/Spec, \$750 IP	\$20 PCP/\$30 Spec/\$300 ER/\$500 IP OON: \$50 PCP/Spec, \$750 IP	\$20 PCP/Spec, \$100 ER/\$200 IP OON: \$100 ER/20%	\$20 PCP/Spec, 20% OON: 20% ER/40%
Rx Copays:							
Retail Generic	\$10	\$10	\$10	\$10	\$10	\$10	\$10
Retail Preferred Brand	20%	20%	\$45	\$45	\$45	\$45	\$45
Retail NonPreferred Brand	40%	40%	\$65	\$65	\$65	\$65	\$65
Specialty	50%	50%	50%	50%	50%	50%	50%
Embedded Pediatric Dental Benefit							
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
Index Rate (Projected EHB Allowed PMPM)	\$472.69	\$472.69	\$472.69	\$472.69	\$472.69	\$472.69	\$472.69
Market Level Adjustments:							
Reinsurance	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Risk Adjustment	0.9444	0.9444	0.9444	0.9444	0.9444	0.9444	0.9444
Exchange User Fees	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Market Adjusted Index Rate (PMPM)	\$446.43	\$446.43	\$446.43	\$446.43	\$446.43	\$446.43	\$446.43
Plan Level Adjustments							
Cost Sharing Factor	0.7615	0.6066	0.5522	0.7030	0.8122	0.7569	0.7534
Network &UM	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Non-EHB*	1.0000	1.0000	1.0022	1.0022	1.0022	1.0022	1.0022
Catastrophic Adj	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Distribution and Admin Cost	1.3709	1.3793	1.3709	1.3709	1.3709	1.3709	1.3709
Plan Adjusted Index Rate (PMPM)	\$466.06	\$373.54	\$338.72	\$431.19	\$498.18	\$464.25	\$462.12
Calibrations to Consumer Level Rating Factors							
Age Calibration	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497
Geo Calibration	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Tobacco Calibration	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Consumer Level Base Rate	\$442.60	\$354.74	\$321.67	\$409.49	\$473.10	\$440.88	\$438.86
Pricing AV	104.4%	83.7%	75.9%	96.6%	111.6%	104.0%	103.5%
Estimated Plan DICR	72.9%	72.5%	72.9%	72.9%	72.9%	72.9%	72.9%
Projected Member Months	4,620	360	84	360	360	5,484	9,960
Membership Distribution	3.1%	0.2%	0.1%	0.2%	0.2%	3.7%	6.7%
2014 Plan Adjusted Index Rate (PMPM)	\$429.56	\$342.66	\$308.15	n/a	n/a	\$421.84	\$423.52
% Change	8.5%	9.0%	9.9%	n/a	n/a	10.1%	9.1%
2014 Consumer Level Base Rate	\$400.72	\$319.66	\$287.46	n/a	n/a	\$393.52	\$395.09
% Change	10.5%	11.0%	11.9%	n/a	n/a	12.0%	11.1%

* Covers abortion claims for all plans, except for BlueCross BlueShield Preferred 2000, A Multi-State Plan (HSA/HRA) and BlueCross BlueShield Preferred 1000, A Multi-State Plan.

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2015
GHMSI Plan Level Rate Derivation - 1/1/2015

Assumes Index Rate = Projected Pool Allowed Claims PMPM for EHB

Plan	BluePreferred PPO \$2,000	BluePreferred PPO \$1,000 100%/80%	BluePreferred PPO 100%/80%, Rx:\$10/\$45/\$65/50%	BluePreferred PPO \$500	BluePreferred PPO 100%/80%, Rx: \$10/20%/40%/50%	BluePreferred PPO HSA/HRA \$4,500	BluePreferred PPO HSA/HRA \$4,000
HIOS Product ID	78079DC022	78079DC022	78079DC022	78079DC022	78079DC022	78079DC023	78079DC023
HIOS Plan ID	78079DC0220015	78079DC0220012	78079DC0220013	78079DC0220006	78079DC0220016	78079DC0230009	78079DC0230003
Metal Level	Gold	Gold	Platinum	Platinum	Platinum	Bronze	Bronze
Metallic AV	79.20%	81.79%	88.99%	88.25%	89.44%	61.00%	60.85%
On / Off Exchange	On	On	On	On	On	On	On
Network Type	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)
High Level Benefit Description							
Integrated	Y/N	N	N	N	N	Y	Y
Individual Deductible	IN: \$2000 Med/\$0 Rx OON: \$4000 Med/\$0 Rx	IN: \$1000 Med/\$0 Rx OON: \$2000 Med/\$0 Rx	IN: \$0 Med/\$0 Rx OON: \$300 Med/\$0 Rx	IN: \$500 Med/\$0 Rx OON: \$1000 Med/\$0 Rx	IN: \$0 Med/\$0 Rx OON: \$1000 Med/\$0 Rx	IN: 4500 OON: \$6350	IN: 4000 OON: \$8000
Individual OOP Max	IN: \$5000 OON: \$7500	IN: \$3500 OON: \$7000	IN: \$1100 OON: \$2200	IN: \$1500 OON: \$3000	IN: \$2000 OON: \$4000	IN: 6350 OON: \$7500	IN: 6350 OON: \$12700
Member Copay/Coinsurance	\$20 PCP/Spec, 0% OON: 0% ER/20%	\$250 ER/\$500 IP/0% OON: \$250 ER/20%	\$20 PCP/\$30 Spec/\$200 ER/\$250 IP OON: \$200 ER/20%	\$10 PCP/Spec, \$50 ER/0% OON: \$50 ER/20%	\$20 PCP/\$30 Spec/\$200 ER/\$250 IP OON: \$200 ER/20%	0% OON: 0% ER/20%	30% OON: 30% ER/50%
Rx Copays:							
Retail Generic	\$10	\$10	\$10	\$10	\$10	\$10	\$10
Retail Preferred Brand	\$45	\$45	\$45	\$45	20%	\$45	20%
Retail NonPreferred Brand	\$65	\$65	\$65	\$65	40%	\$65	40%
Specialty	50%	50%	50%	50%	50%	50%	50%
Embedded Pediatric Dental Benefit							
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
Index Rate (Projected EHB Allowed PMPM)	\$472.69	\$472.69	\$472.69	\$472.69	\$472.69	\$472.69	\$472.69
Market Level Adjustments:							
Reinsurance	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Risk Adjustment	0.9444	0.9444	0.9444	0.9444	0.9444	0.9444	0.9444
Exchange User Fees	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Market Adjusted Index Rate (PMPM)	\$446.43	\$446.43	\$446.43	\$446.43	\$446.43	\$446.43	\$446.43
Plan Level Adjustments							
Cost Sharing Factor	0.7199	0.7760	0.9881	0.9192	0.9642	0.5010	0.4875
Network &UM	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Non-EHB*	1.0022	1.0022	1.0022	1.0022	1.0022	1.0022	1.0022
Catastrophic Adj	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Distribution and Admin Cost	1.3709	1.3709	1.3709	1.3709	1.3709	1.3793	1.3793
Plan Adjusted Index Rate (PMPM)	\$441.54	\$475.98	\$606.05	\$563.78	\$591.41	\$309.22	\$300.87
Calibrations to Consumer Level Rating Factors							
Age Calibration	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497
Geo Calibration	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Tobacco Calibration	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Consumer Level Base Rate	\$419.31	\$452.03	\$575.55	\$535.40	\$561.65	\$293.65	\$285.73
Pricing AV	98.9%	106.6%	135.8%	126.3%	132.5%	69.3%	67.4%
Estimated Plan DICR	72.9%	72.9%	72.9%	72.9%	72.9%	72.5%	72.5%
Projected Member Months	3,384	56,376	20,928	7,092	252	12	12
Membership Distribution	2.3%	38.1%	14.1%	4.8%	0.2%	0.1%	0.0%
2014 Plan Adjusted Index Rate (PMPM)	\$402.13	\$430.22	\$557.14	\$518.57	\$543.54	\$279.91	\$273.68
% Change	9.8%	10.6%	8.8%	8.7%	8.8%	10.5%	9.9%
2014 Consumer Level Base Rate	\$375.14	\$401.34	\$519.74	\$483.76	\$507.05	\$261.12	\$255.31
% Change	11.8%	12.6%	10.7%	10.7%	10.8%	12.5%	11.9%

* Covers abortion claims for all plans, except for BlueCross BlueShield Preferred 2000, A Multi-State Plan (HSA/HRA) and BlueCross BlueShield Preferred 1000, A Multi-State Plan.

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2015
GHMSI Plan Level Rate Derivation - 1/1/2015

Assumes Index Rate = Projected Pool Allowed Claims PMPM for EHB

Plan	BluePreferred PPO HSA/HRA \$2000, 100%/80%	BluePreferred PPO HSA/HRA \$1,800	BluePreferred PPO HSA/HRA \$1,400	HealthyBlue PPO \$1,500	HealthyBlue PPO \$300	HealthyBlue PPO \$600	HealthyBlue PPO HSA/HRA \$2,000
HIOS Product ID	78079DC023	78079DC023	78079DC023	78079DC030	78079DC030	78079DC030	78079DC031
HIOS Plan ID	78079DC0230010	78079DC0230011	78079DC0230008	78079DC0300004	78079DC0300005	78079DC0300006	78079DC0310002
Metal Level	Silver	Silver	Gold	Gold	Platinum	Platinum	Silver
Metallic AV	71.78%	71.58%	78.06%	81.88%	90.26%	89.81%	70.81%
On / Off Exchange	On	On	On	On	On	On	On
Network Type	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)
High Level Benefit Description							
Integrated	Y	Y	Y	N	N	N	Y
Individual Deductible	IN: 2000 OON: \$4000	IN: 1800 OON: \$3600	IN: 1400 OON: \$2800	IN: \$1500 Med/\$0 Rx OON: \$3000 Med/\$0 Rx	IN: \$300 Med/\$0 Rx OON: \$1000 Med/\$0 Rx	IN: \$600 Med/\$0 Rx OON: \$1500 Med/\$0 Rx	IN: 2000 OON: \$4000
Individual OOP Max	IN: 4500 OON: \$7500	IN: 4500 OON: \$7200	IN: 2800 OON: \$5600	IN: \$5500 OON: \$7500	IN: \$1500 OON: \$3000	IN: \$1500 OON: \$3000	IN: 6350 OON: \$7500
Member Copay/Coinsurance	\$200 ER/\$500 IP/0% OON: \$200 ER/20%	10% OON: 10% ER/30%	\$50 ER, 0% OON: \$50 ER, 20%	\$0 PCP/\$30 Spec/\$200 ER/\$300 IP/\$0 DXL OON: \$200 ER/\$500 IP/\$50/\$500 OP	\$0 PCP/\$30 Spec/\$200 ER/\$300 IP/\$0 DXL OON: \$200 ER/\$500 IP/\$50/\$500 OP	\$0 PCP/\$30 Spec/\$200 ER/\$300 IP/\$0 DXL OON: \$200 ER/\$500 IP/\$50/\$500 OP	\$0 PCP/\$30 Spec/\$200 ER/\$300 IP/\$0 DXL OON: \$200 ER/\$500 IP/\$50/\$500 OP
Rx Copays:							
Retail Generic	\$10	\$10	\$10	\$0	\$0	\$0	\$0
Retail Preferred Brand	\$45	\$45	\$45	\$45	\$45	\$45	\$45
Retail NonPreferred Brand	\$65	\$65	\$65	\$65	\$65	\$65	\$65
Specialty	50%	50%	50%	50%	50%	50%	50%
Embedded Pediatric Dental Benefit							
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
Index Rate (Projected EHB Allowed PMPM)	\$472.69	\$472.69	\$472.69	\$472.69	\$472.69	\$472.69	\$472.69
Market Level Adjustments:							
Reinsurance	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Risk Adjustment	0.9444	0.9444	0.9444	0.9444	0.9444	0.9444	0.9444
Exchange User Fees	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Market Adjusted Index Rate (PMPM)	\$446.43	\$446.43	\$446.43	\$446.43	\$446.43	\$446.43	\$446.43
Plan Level Adjustments							
Cost Sharing Factor	0.6275	0.6262	0.7229	0.7784	0.9461	0.9239	0.6203
Network &UM	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Non-EHB*	1.0022	1.0022	1.0022	1.0022	1.0022	1.0022	1.0022
Catastrophic Adj	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Distribution and Admin Cost	1.3793	1.3793	1.3793	1.3709	1.3709	1.3709	1.3793
Plan Adjusted Index Rate (PMPM)	\$387.23	\$386.45	\$446.13	\$477.45	\$580.31	\$566.67	\$382.81
Calibrations to Consumer Level Rating Factors							
Age Calibration	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497
Geo Calibration	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Tobacco Calibration	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Consumer Level Base Rate	\$367.74	\$367.00	\$423.67	\$453.42	\$551.10	\$538.14	\$363.54
Pricing AV	86.7%	86.6%	99.9%	106.9%	130.0%	126.9%	85.7%
Estimated Plan DICR	72.5%	72.5%	72.5%	72.9%	72.9%	72.9%	72.5%
Projected Member Months	2,304	360	9,192	25,992	264	108	516
Membership Distribution	1.6%	0.2%	6.2%	17.5%	0.2%	0.1%	0.3%
2014 Plan Adjusted Index Rate (PMPM)	\$349.63	\$353.05	\$408.19	\$427.70	\$531.38	\$520.15	\$344.20
% Change	10.8%	9.5%	9.3%	11.6%	9.2%	8.9%	11.2%
2014 Consumer Level Base Rate	\$326.16	\$329.35	\$380.79	\$398.99	\$495.71	\$485.23	\$321.09
% Change	12.7%	11.4%	11.3%	13.6%	11.2%	10.9%	13.2%

* Covers abortion claims for all plans, except for BlueCross BlueShield Preferred 2000, A Multi-State Plan (HSA/HRA) and BlueCross BlueShield Preferred 1000, A Multi-State Plan.

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2015
GHMSI Plan Level Rate Derivation - 4/1/2015

Assumes Index Rate = Projected Pool Allowed Claims PMPM for EHB

Plan	BlueCross BlueShield Preferred 1000, A Multi-State Plan	BlueCross BlueShield Preferred 2000, A Multi-State Plan (HSA/HRA)	BluePreferred PPO \$4,500	BluePreferred PPO \$1000 \$30/\$40	BluePreferred PPO \$500 \$20/\$30	BluePreferred PPO \$1,200	BluePreferred PPO \$1,000 80%/60%
HIOS Product ID	78079DC017	78079DC019	78079DC022	78079DC022	78079DC022	78079DC022	78079DC022
HIOS Plan ID	78079DC0170001	78079DC0190001	78079DC0220011	78079DC0220018	78079DC0220019	78079DC0220007	78079DC0220014
Metal Level	Gold	Silver	Bronze	Silver	Gold	Gold	Gold
Metallic AV	79.88%	70.90%	61.91%	72.00%	78.51%	79.86%	80.74%
On / Off Exchange	On	On	On	On	On	On	On
Network Type	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)
High Level Benefit Description							
Integrated	Y	Y	N	N	N	N	N
Individual Deductible	IN: \$1000 OON: \$2000	IN: 2000 OON: \$4000	IN: \$4500 Med/\$0 Rx OON: \$5500 Med/\$0 Rx	IN: \$1000 Med/\$0 Rx OON: \$2000 Med/\$0 Rx	IN: \$500 Med/\$0 Rx OON: \$1000 Med/\$0 Rx	IN: \$1200 Med/\$0 Rx OON: \$2400 Med/\$0 Rx	IN: \$1000 Med/\$0 Rx OON: \$2000 Med/\$0 Rx
Individual OOP Max	IN: \$3000 OON: \$6000	IN: 4000 OON: \$8000	IN: \$6350 OON: \$7500	IN: \$6600 OON: \$7500	IN: \$4500 OON: \$7500	IN: \$4000 OON: \$7500	IN: \$3500 OON: \$7000
Member Copay/Coinsurance	10% OON: 10% ER/30%	20% OON: 20% ER/40%	\$30 PCP/Spec, \$100 ER OON: \$100 ER/20%	\$30 PCP/\$40 Spec/\$450 ER/\$500 IP OON: \$50 PCP/Spec, \$750 IP	\$20 PCP/\$30 Spec/\$300 ER/\$500 IP OON: \$50 PCP/Spec, \$750 IP	\$20 PCP/Spec, \$100 ER/\$200 IP OON: \$100 ER/20%	\$20 PCP/Spec, 20% OON: 20% ER/40%
Rx Copays:							
Retail Generic	\$10	\$10	\$10	\$10	\$10	\$10	\$10
Retail Preferred Brand	20%	20%	\$45	\$45	\$45	\$45	\$45
Retail NonPreferred Brand	40%	40%	\$65	\$65	\$65	\$65	\$65
Specialty	50%	50%	50%	50%	50%	50%	50%
Embedded Pediatric Dental Benefit 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
Index Rate (Projected EHB Allowed PMPM)	\$480.86	\$480.86	\$480.86	\$480.86	\$480.86	\$480.86	\$480.86
Market Level Adjustments:							
Reinsurance	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Risk Adjustment	0.9444	0.9444	0.9444	0.9444	0.9444	0.9444	0.9444
Exchange User Fees	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Market Adjusted Index Rate (PMPM)	\$454.15	\$454.15	\$454.15	\$454.15	\$454.15	\$454.15	\$454.15
Plan Level Adjustments							
Cost Sharing Factor	0.7615	0.6066	0.5522	0.7030	0.8122	0.7569	0.7534
Network &UM	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Non-EHB*	1.0000	1.0000	1.0022	1.0022	1.0022	1.0022	1.0022
Catastrophic Adj	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Distribution and Admin Cost	1.3657	1.3740	1.3657	1.3657	1.3657	1.3657	1.3657
Plan Adjusted Index Rate (PMPM)	\$472.33	\$378.54	\$343.28	\$437.00	\$504.88	\$470.50	\$468.35
Calibrations to Consumer Level Rating Factors							
Age Calibration	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497
Geo Calibration	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Tobacco Calibration	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Consumer Level Base Rate	\$448.56	\$359.49	\$326.00	\$415.00	\$479.47	\$446.81	\$444.77
Pricing AV	104.0%	83.4%	75.6%	96.2%	111.2%	103.6%	103.1%
Estimated Plan DICR	73.2%	72.8%	73.2%	73.2%	73.2%	73.2%	73.2%
Projected Member Months	3,012	228	60	228	228	3,564	6,480
Membership Distribution	3.1%	0.2%	0.1%	0.2%	0.2%	3.7%	6.7%
2014 Plan Adjusted Index Rate (PMPM)	\$434.89	\$346.93	\$311.97	n/a	n/a	\$427.09	\$428.79
% Change	8.6%	9.1%	10.0%	n/a	n/a	10.2%	9.2%
2014 Consumer Level Base Rate	\$405.70	\$323.64	\$291.03	n/a	n/a	\$398.42	\$400.01
% Change	10.6%	11.1%	12.0%	n/a	n/a	12.1%	11.2%

* Covers abortion claims for all plans, except for BlueCross BlueShield Preferred 2000, A Multi-State Plan (HSA/HRA) and BlueCross BlueShield Preferred 1000, A Multi-State Plan.

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2015
GHMSI Plan Level Rate Derivation - 4/1/2015

Assumes Index Rate = Projected Pool Allowed Claims PMPM for EHB

Plan	BluePreferred PPO \$2,000	BluePreferred PPO \$1,000 100%/80%	BluePreferred PPO 100%/80%, Rx:\$10/\$45/\$65/50%	BluePreferred PPO \$500	BluePreferred PPO 100%/80%, Rx: \$10/20%/40%/50%	BluePreferred PPO HSA/HRA \$4,500	BluePreferred PPO HSA/HRA \$4,000
HIOS Product ID	78079DC022	78079DC022	78079DC022	78079DC022	78079DC022	78079DC023	78079DC023
HIOS Plan ID	78079DC0220015	78079DC0220012	78079DC0220013	78079DC0220006	78079DC0220016	78079DC0230009	78079DC0230003
Metal Level	Gold	Gold	Platinum	Platinum	Platinum	Bronze	Bronze
Metallic AV	79.20%	81.79%	88.99%	88.25%	89.44%	61.00%	60.85%
On / Off Exchange	On	On	On	On	On	On	On
Network Type	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)
High Level Benefit Description							
Integrated	N	N	N	N	N	Y	Y
Individual Deductible	IN: \$2000 Med/\$0 Rx OON: \$4000 Med/\$0 Rx	IN: \$1000 Med/\$0 Rx OON: \$2000 Med/\$0 Rx	IN: \$0 Med/\$0 Rx OON: \$300 Med/\$0 Rx	IN: \$500 Med/\$0 Rx OON: \$1000 Med/\$0 Rx	IN: \$0 Med/\$0 Rx OON: \$1000 Med/\$0 Rx	IN: 4500 OON: \$6350	IN: 4000 OON: \$8000
Individual OOP Max	IN: \$5000 OON: \$7500	IN: \$3500 OON: \$7000	IN: \$1100 OON: \$2200	IN: \$1500 OON: \$3000	IN: \$2000 OON: \$4000	IN: 6350 OON: \$7500	IN: 6350 OON: \$12700
Member Copay/Coinsurance	\$20 PCP/Spec, 0% OON: 0% ER/20%	\$250 ER/\$500 IP/0% OON: \$250 ER/20%	\$20 PCP/\$30 Spec/\$200 ER/\$250 IP OON: \$200 ER/20%	\$10 PCP/Spec, \$50 ER/0% OON: \$50 ER/20%	\$20 PCP/\$30 Spec/\$200 ER/\$250 IP OON: \$200 ER/20%	0% OON: 0% ER/20%	30% OON: 30% ER/50%
Rx Copays:							
Retail Generic	\$10	\$10	\$10	\$10	\$10	\$10	\$10
Retail Preferred Brand	\$45	\$45	\$45	\$45	20%	\$45	20%
Retail NonPreferred Brand	\$65	\$65	\$65	\$65	40%	\$65	40%
Specialty	50%	50%	50%	50%	50%	50%	50%
Embedded Pediatric Dental Benefit							
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
Index Rate (Projected EHB Allowed PMPM)	\$480.86	\$480.86	\$480.86	\$480.86	\$480.86	\$480.86	\$480.86
Market Level Adjustments:							
Reinsurance	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Risk Adjustment	0.9444	0.9444	0.9444	0.9444	0.9444	0.9444	0.9444
Exchange User Fees	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Market Adjusted Index Rate (PMPM)	\$454.15	\$454.15	\$454.15	\$454.15	\$454.15	\$454.15	\$454.15
Plan Level Adjustments							
Cost Sharing Factor	0.7199	0.7760	0.9881	0.9192	0.9642	0.5010	0.4875
Network &UM	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Non-EHB*	1.0022	1.0022	1.0022	1.0022	1.0022	1.0022	1.0022
Catastrophic Adj	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Distribution and Admin Cost	1.3657	1.3657	1.3657	1.3657	1.3657	1.3740	1.3740
Plan Adjusted Index Rate (PMPM)	\$447.48	\$482.39	\$614.21	\$571.37	\$599.37	\$313.35	\$304.90
Calibrations to Consumer Level Rating Factors							
Age Calibration	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497
Geo Calibration	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Tobacco Calibration	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Consumer Level Base Rate	\$424.96	\$458.11	\$583.30	\$542.61	\$569.21	\$297.58	\$289.55
Pricing AV	98.5%	106.2%	135.2%	125.8%	132.0%	69.0%	67.1%
Estimated Plan DICR	73.2%	73.2%	73.2%	73.2%	73.2%	72.8%	72.8%
Projected Member Months	2,208	36,660	13,620	4,608	168	72	12
Membership Distribution	2.3%	38.1%	14.1%	4.8%	0.2%	0.1%	0.0%
2014 Plan Adjusted Index Rate (PMPM)	\$407.14	\$435.58	\$564.08	\$525.02	\$550.30	\$283.39	\$277.09
% Change	9.9%	10.7%	8.9%	8.8%	8.9%	10.6%	10.0%
2014 Consumer Level Base Rate	\$379.81	\$406.34	\$526.21	\$489.78	\$513.36	\$264.37	\$258.49
% Change	11.9%	12.7%	10.8%	10.8%	10.9%	12.6%	12.0%

* Covers abortion claims for all plans, except for BlueCross BlueShield Preferred 2000, A Multi-State Plan (HSA/HRA) and BlueCross BlueShield Preferred 1000, A Multi-State Plan.

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2015
GHMSI Plan Level Rate Derivation - 4/1/2015

Assumes Index Rate = Projected Pool Allowed Claims PMPM for EHB

Plan	BluePreferred PPO HSA/HRA \$2000, 100%/80%	BluePreferred PPO HSA/HRA \$1,800	BluePreferred PPO HSA/HRA \$1,400	HealthyBlue PPO \$1,500	HealthyBlue PPO \$300	HealthyBlue PPO \$600	HealthyBlue PPO HSA/HRA \$2,000
HIOS Product ID	78079DC023	78079DC023	78079DC023	78079DC030	78079DC030	78079DC030	78079DC031
HIOS Plan ID	78079DC0230010	78079DC0230011	78079DC0230008	78079DC0300004	78079DC0300005	78079DC0300006	78079DC0310002
Metal Level	Silver	Silver	Gold	Gold	Platinum	Platinum	Silver
Metallic AV	71.78%	71.58%	78.06%	81.88%	90.26%	89.81%	70.81%
On / Off Exchange	On	On	On	On	On	On	On
Network Type	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)
High Level Benefit Description							
Integrated	Y	Y	Y	N	N	N	Y
Individual Deductible	IN: 2000 OON: \$4000	IN: 1800 OON: \$3600	IN: 1400 OON: \$2800	IN: \$1500 Med/\$0 Rx OON: \$3000 Med/\$0 Rx	IN: \$300 Med/\$0 Rx OON: \$1000 Med/\$0 Rx	IN: \$600 Med/\$0 Rx OON: \$1500 Med/\$0 Rx	IN: 2000 OON: \$4000
Individual OOP Max	IN: 4500 OON: \$7500	IN: 4500 OON: \$7200	IN: 2800 OON: \$5600	IN: \$5500 OON: \$7500	IN: \$1500 OON: \$3000	IN: \$1500 OON: \$3000	IN: 6350 OON: \$7500
Member Copay/Coinsurance	\$200 ER/\$500 IP/0% OON: \$200 ER/20%	10% OON: 10% ER/30%	\$50 ER, 0% OON: \$50 ER, 20%	\$0 PCP/\$30 Spec/\$200 ER/\$300 IP/\$0 DXL OON: \$200 ER/\$500 IP/\$50/\$500 OP	\$0 PCP/\$30 Spec/\$200 ER/\$300 IP/\$0 DXL OON: \$200 ER/\$500 IP/\$50/\$500 OP	\$0 PCP/\$30 Spec/\$200 ER/\$300 IP/\$0 DXL OON: \$200 ER/\$500 IP/\$50/\$500 OP	\$0 PCP/\$30 Spec/\$200 ER/\$300 IP/\$0 DXL OON: \$200 ER/\$500 IP/\$50/\$500 OP
Rx Copays:							
Retail Generic	\$10	\$10	\$10	\$0	\$0	\$0	\$0
Retail Preferred Brand	\$45	\$45	\$45	\$45	\$45	\$45	\$45
Retail NonPreferred Brand	\$65	\$65	\$65	\$65	\$65	\$65	\$65
Specialty	50%	50%	50%	50%	50%	50%	50%
Embedded Pediatric Dental Benefit							
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
Index Rate (Projected EHB Allowed PMPM)	\$480.86	\$480.86	\$480.86	\$480.86	\$480.86	\$480.86	\$480.86
Market Level Adjustments:							
Reinsurance	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Risk Adjustment	0.9444	0.9444	0.9444	0.9444	0.9444	0.9444	0.9444
Exchange User Fees	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Market Adjusted Index Rate (PMPM)	\$454.15	\$454.15	\$454.15	\$454.15	\$454.15	\$454.15	\$454.15
Plan Level Adjustments							
Cost Sharing Factor	0.6275	0.6262	0.7229	0.7784	0.9461	0.9239	0.6203
Network &UM	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Non-EHB*	1.0022	1.0022	1.0022	1.0022	1.0022	1.0022	1.0022
Catastrophic Adj	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Distribution and Admin Cost	1.3740	1.3740	1.3740	1.3657	1.3657	1.3657	1.3740
Plan Adjusted Index Rate (PMPM)	\$392.42	\$391.62	\$452.09	\$483.88	\$588.12	\$574.29	\$387.93
Calibrations to Consumer Level Rating Factors							
Age Calibration	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497
Geo Calibration	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Tobacco Calibration	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Consumer Level Base Rate	\$372.66	\$371.91	\$429.34	\$459.53	\$558.52	\$545.39	\$368.41
Pricing AV	86.4%	86.2%	99.5%	106.5%	129.5%	126.5%	85.4%
Estimated Plan DICR	72.8%	72.8%	72.8%	73.2%	73.2%	73.2%	72.8%
Projected Member Months	1,500	228	5,976	16,896	180	60	348
Membership Distribution	1.6%	0.2%	6.2%	17.5%	0.2%	0.1%	0.4%
2014 Plan Adjusted Index Rate (PMPM)	\$353.98	\$357.44	\$413.26	\$433.02	\$537.99	\$526.62	\$348.48
% Change	10.9%	9.6%	9.4%	11.7%	9.3%	9.1%	11.3%
2014 Consumer Level Base Rate	\$330.22	\$333.45	\$385.52	\$403.95	\$501.88	\$491.27	\$325.09
% Change	12.9%	11.5%	11.4%	13.8%	11.3%	11.0%	13.3%

* Covers abortion claims for all plans, except for BlueCross BlueShield Preferred 2000, A Multi-State Plan (HSA/HRA) and BlueCross BlueShield Preferred 1000, A Multi-State Plan.

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2015
GHMSI Plan Level Rate Derivation - 7/1/2015

Assumes Index Rate = Projected Pool Allowed Claims PMPM for EHB

Plan	BlueCross BlueShield Preferred 1000, A Multi-State Plan	BlueCross BlueShield Preferred 2000, A Multi-State Plan (HSA/HRA)	BluePreferred PPO \$4,500	BluePreferred PPO \$1000 \$30/\$40	BluePreferred PPO \$500 \$20/\$30	BluePreferred PPO \$1,200	BluePreferred PPO \$1,000 80%/60%
HIOS Product ID	78079DC017	78079DC019	78079DC022	78079DC022	78079DC022	78079DC022	78079DC022
HIOS Plan ID	78079DC0170001	78079DC0190001	78079DC0220011	78079DC0220018	78079DC0220019	78079DC0220007	78079DC0220014
Metal Level	Gold	Silver	Bronze	Silver	Gold	Gold	Gold
Metallic AV	79.88%	70.90%	61.91%	72.00%	78.51%	79.86%	80.74%
On / Off Exchange	On	On	On	On	On	On	On
Network Type	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)
High Level Benefit Description							
Integrated	Y	Y	N	N	N	N	N
Individual Deductible	IN: \$1000 OON: \$2000	IN: 2000 OON: \$4000	IN: \$4500 Med/\$0 Rx OON: \$5500 Med/\$0 Rx IN: \$6350 OON: \$7500	IN: \$1000 Med/\$0 Rx OON: \$2000 Med/\$0 Rx IN: \$6600 OON: \$7500	IN: \$500 Med/\$0 Rx OON: \$1000 Med/\$0 Rx IN: \$4500 OON: \$7500	IN: \$1200 Med/\$0 Rx OON: \$2400 Med/\$0 Rx IN: \$4000 OON: \$7500	IN: \$1000 Med/\$0 Rx OON: \$2000 Med/\$0 Rx IN: \$3500 OON: \$7000
Individual OOP Max	IN: \$3000 OON: \$6000	IN: 4000 OON: \$8000					
Member Copay/Coinsurance	10% OON: 10% ER/30%	20% OON: 20% ER/40%	\$30 PCP/Spec, \$100 ER OON: \$100 ER/20%	\$30 PCP/\$40 Spec/\$450 ER/\$500 IP OON: \$50 PCP/Spec, \$750 IP	\$20 PCP/\$30 Spec/\$300 ER/\$500 IP OON: \$50 PCP/Spec, \$750 IP	\$20 PCP/Spec, \$100 ER/\$200 IP OON: \$100 ER/20%	\$20 PCP/Spec, 20% OON: 20% ER/40%
Rx Copays:							
Retail Generic	\$10	\$10	\$10	\$10	\$10	\$10	\$10
Retail Preferred Brand	20%	20%	\$45	\$45	\$45	\$45	\$45
Retail NonPreferred Brand	40%	40%	\$65	\$65	\$65	\$65	\$65
Specialty	50%	50%	50%	50%	50%	50%	50%
Embedded Pediatric Dental Benefit							
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
Index Rate (Projected EHB Allowed PMPM)	\$489.21	\$489.21	\$489.21	\$489.21	\$489.21	\$489.21	\$489.21
Market Level Adjustments:							
Reinsurance	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Risk Adjustment	0.9444	0.9444	0.9444	0.9444	0.9444	0.9444	0.9444
Exchange User Fees	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Market Adjusted Index Rate (PMPM)	\$462.03	\$462.03	\$462.03	\$462.03	\$462.03	\$462.03	\$462.03
Plan Level Adjustments							
Cost Sharing Factor	0.7615	0.6066	0.5522	0.7030	0.8122	0.7569	0.7534
Network &UM	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Non-EHB*	1.0000	1.0000	1.0022	1.0022	1.0022	1.0022	1.0022
Catastrophic Adj	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Distribution and Admin Cost	1.3608	1.3690	1.3608	1.3608	1.3608	1.3608	1.3608
Plan Adjusted Index Rate (PMPM)	\$478.81	\$383.70	\$347.99	\$442.99	\$511.81	\$476.95	\$474.77
Calibrations to Consumer Level Rating Factors							
Age Calibration	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497
Geo Calibration	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Tobacco Calibration	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Consumer Level Base Rate	\$454.71	\$364.39	\$330.47	\$420.70	\$486.05	\$452.95	\$450.88
Pricing AV	103.6%	83.0%	75.3%	95.9%	110.8%	103.2%	102.8%
Estimated Plan DICR	73.5%	73.0%	73.5%	73.5%	73.5%	73.5%	73.5%
Projected Member Months	3,600	276	72	276	4,284	7,764	7,764
Membership Distribution	3.1%	0.2%	0.1%	0.2%	0.2%	3.7%	6.7%
2014 Plan Adjusted Index Rate (PMPM)	\$440.34	\$351.27	\$315.88	n/a	n/a	\$432.44	\$434.16
% Change	8.7%	9.2%	10.2%	n/a	n/a	10.3%	9.4%
2014 Consumer Level Base Rate	\$410.78	\$327.69	\$294.68	n/a	n/a	\$403.41	\$405.02
% Change	10.7%	11.2%	12.1%	n/a	n/a	12.3%	11.3%

* Covers abortion claims for all plans, except for BlueCross BlueShield Preferred 2000, A Multi-State Plan (HSA/HRA) and BlueCross BlueShield Preferred 1000, A Multi-State Plan.

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2015
GHMSI Plan Level Rate Derivation - 7/1/2015

Assumes Index Rate = Projected Pool Allowed Claims PMPM for EHB

Plan	BluePreferred PPO \$2,000	BluePreferred PPO \$1,000 100%/80%	BluePreferred PPO 100%/80%, Rx:\$10/\$45/\$65/50%	BluePreferred PPO \$500	BluePreferred PPO 100%/80%, Rx: \$10/20%/40%/50%	BluePreferred PPO HSA/HRA \$4,500	BluePreferred PPO HSA/HRA \$4,000
HIOS Product ID	78079DC022	78079DC022	78079DC022	78079DC022	78079DC022	78079DC022	78079DC023
HIOS Plan ID	78079DC0220015	78079DC0220012	78079DC0220013	78079DC0220006	78079DC0220016	78079DC0230009	78079DC0230003
Metal Level	Gold	Gold	Platinum	Platinum	Platinum	Bronze	Bronze
Metallic AV	79.20%	81.79%	88.99%	88.25%	89.44%	61.00%	60.85%
On / Off Exchange	On	On	On	On	On	On	On
Network Type	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)
High Level Benefit Description							
Integrated	N	N	N	N	N	Y	Y
Individual Deductible	IN: \$2000 Med/\$0 Rx OON: \$4000 Med/\$0 Rx	IN: \$1000 Med/\$0 Rx OON: \$2000 Med/\$0 Rx	IN: \$0 Med/\$0 Rx OON: \$300 Med/\$0 Rx	IN: \$500 Med/\$0 Rx OON: \$1000 Med/\$0 Rx	IN: \$0 Med/\$0 Rx OON: \$1000 Med/\$0 Rx	IN: 4500 OON: \$6350	IN: 4000 OON: \$8000
Individual OOP Max	IN: \$5000 OON: \$7500	IN: \$3500 OON: \$7000	IN: \$1100 OON: \$2200	IN: \$1500 OON: \$3000	IN: \$2000 OON: \$4000	IN: 6350 OON: \$7500	IN: 6350 OON: \$12700
Member Copay/Coinsurance	\$20 PCP/Spec, 0% OON: 0% ER/20%	\$250 ER/\$500 IP/0% OON: \$250 ER/20%	\$20 PCP/\$30 Spec/\$200 ER/\$250 IP OON: \$200 ER/20%	\$10 PCP/Spec, \$50 ER/0% OON: \$50 ER/20%	\$20 PCP/\$30 Spec/\$200 ER/\$250 IP OON: \$200 ER/20%	0% OON: 0% ER/20%	30% OON: 30% ER/50%
Rx Copays:							
Retail Generic	\$10	\$10	\$10	\$10	\$10	\$10	\$10
Retail Preferred Brand	\$45	\$45	\$45	\$45	\$45	\$45	20%
Retail NonPreferred Brand	\$65	\$65	\$65	\$65	\$65	\$65	40%
Specialty	50%	50%	50%	50%	50%	50%	50%
Embedded Pediatric Dental Benefit							
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
Index Rate (Projected EHB Allowed PMPM)	\$489.21	\$489.21	\$489.21	\$489.21	\$489.21	\$489.21	\$489.21
Market Level Adjustments:							
Reinsurance	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Risk Adjustment	0.9444	0.9444	0.9444	0.9444	0.9444	0.9444	0.9444
Exchange User Fees	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Market Adjusted Index Rate (PMPM)	\$462.03	\$462.03	\$462.03	\$462.03	\$462.03	\$462.03	\$462.03
Plan Level Adjustments							
Cost Sharing Factor	0.7199	0.7760	0.9881	0.9192	0.9642	0.5010	0.4875
Network &UM	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Non-EHB*	1.0022	1.0022	1.0022	1.0022	1.0022	1.0022	1.0022
Catastrophic Adj	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Distribution and Admin Cost	1.3608	1.3608	1.3608	1.3608	1.3608	1.3690	1.3690
Plan Adjusted Index Rate (PMPM)	\$453.62	\$489.01	\$622.64	\$579.21	\$607.60	\$317.63	\$309.06
Calibrations to Consumer Level Rating Factors							
Age Calibration	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497
Geo Calibration	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Tobacco Calibration	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Consumer Level Base Rate	\$430.79	\$464.40	\$591.30	\$550.06	\$577.02	\$301.64	\$293.50
Pricing AV	98.2%	105.8%	134.8%	125.4%	131.5%	68.7%	66.9%
Estimated Plan DICR	73.5%	73.5%	73.5%	73.5%	73.5%	73.0%	73.0%
Projected Member Months	2,640	43,956	16,320	5,532	192	96	12
Membership Distribution	2.3%	38.1%	14.1%	4.8%	0.2%	0.1%	0.0%
2014 Plan Adjusted Index Rate (PMPM)	\$412.23	\$441.04	\$571.14	\$531.59	\$557.20	\$286.94	\$280.56
% Change	10.0%	10.9%	9.0%	9.0%	9.0%	10.7%	10.2%
2014 Consumer Level Base Rate	\$384.56	\$411.43	\$532.80	\$495.91	\$519.80	\$267.68	\$261.73
% Change	12.0%	12.9%	11.0%	10.9%	11.0%	12.7%	12.1%

* Covers abortion claims for all plans, except for BlueCross BlueShield Preferred 2000, A Multi-State Plan (HSA/HRA) and BlueCross BlueShield Preferred 1000, A Multi-State Plan.

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2015
GHMSI Plan Level Rate Derivation - 7/1/2015

Assumes Index Rate = Projected Pool Allowed Claims PMPM for EHB

Plan	BluePreferred PPO HSA/HRA \$2000, 100%/80%	BluePreferred PPO HSA/HRA \$1,800	BluePreferred PPO HSA/HRA \$1,400	HealthyBlue PPO \$1,500	HealthyBlue PPO \$300	HealthyBlue PPO \$600	HealthyBlue PPO HSA/HRA \$2,000
HIOS Product ID	78079DC023	78079DC023	78079DC023	78079DC030	78079DC030	78079DC030	78079DC031
HIOS Plan ID	78079DC0230010	78079DC0230011	78079DC0230008	78079DC0300004	78079DC0300005	78079DC0300006	78079DC0310002
Metal Level	Silver	Silver	Gold	Gold	Platinum	Platinum	Silver
Metallic AV	71.78%	71.58%	78.06%	81.88%	90.26%	89.81%	70.81%
On / Off Exchange	On	On	On	On	On	On	On
Network Type	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)
High Level Benefit Description							
Integrated	Y	Y	Y	N	N	N	Y
Individual Deductible	IN: 2000 OON: \$4000	IN: 1800 OON: \$3600	IN: 1400 OON: \$2800	IN: \$1500 Med/\$0 Rx OON: \$3000 Med/\$0 Rx	IN: \$300 Med/\$0 Rx OON: \$1000 Med/\$0 Rx	IN: \$600 Med/\$0 Rx OON: \$1500 Med/\$0 Rx	IN: 2000 OON: \$4000
Individual OOP Max	IN: 4500 OON: \$7500	IN: 4500 OON: \$7200	IN: 2800 OON: \$5600	IN: \$5500 OON: \$7500	IN: \$1500 OON: \$3000	IN: \$1500 OON: \$3000	IN: 6350 OON: \$7500
Member Copay/Coinsurance	\$200 ER/\$500 IP/0% OON: \$200 ER/20%	10% OON: 10% ER/30%	\$50 ER, 0% OON: \$50 ER, 20%	\$0 PCP/\$30 Spec/\$200 ER/\$300 IP/\$0 DXL OON: \$200 ER/\$500 IP/\$50/\$500 OP	\$0 PCP/\$30 Spec/\$200 ER/\$300 IP/\$0 DXL OON: \$200 ER/\$500 IP/\$50/\$500 OP	\$0 PCP/\$30 Spec/\$200 ER/\$300 IP/\$0 DXL OON: \$200 ER/\$500 IP/\$50/\$500 OP	\$0 PCP/\$30 Spec/\$200 ER/\$300 IP/\$0 DXL OON: \$200 ER/\$500 IP/\$50/\$500 OP
Rx Copays:							
Retail Generic	\$10	\$10	\$10	\$0	\$0	\$0	\$0
Retail Preferred Brand	\$45	\$45	\$45	\$45	\$45	\$45	\$45
Retail NonPreferred Brand	\$65	\$65	\$65	\$65	\$65	\$65	\$65
Specialty	50%	50%	50%	50%	50%	50%	50%
Embedded Pediatric Dental Benefit							
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
Index Rate (Projected EHB Allowed PMPM)	\$489.21	\$489.21	\$489.21	\$489.21	\$489.21	\$489.21	\$489.21
Market Level Adjustments:							
Reinsurance	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Risk Adjustment	0.9444	0.9444	0.9444	0.9444	0.9444	0.9444	0.9444
Exchange User Fees	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Market Adjusted Index Rate (PMPM)	\$462.03	\$462.03	\$462.03	\$462.03	\$462.03	\$462.03	\$462.03
Plan Level Adjustments							
Cost Sharing Factor	0.6275	0.6262	0.7229	0.7784	0.9461	0.9239	0.6203
Network &UM	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Non-EHB*	1.0022	1.0022	1.0022	1.0022	1.0022	1.0022	1.0022
Catastrophic Adj	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Distribution and Admin Cost	1.3690	1.3690	1.3690	1.3608	1.3608	1.3608	1.3690
Plan Adjusted Index Rate (PMPM)	\$397.77	\$396.96	\$458.26	\$490.52	\$596.19	\$582.17	\$393.22
Calibrations to Consumer Level Rating Factors							
Age Calibration	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497
Geo Calibration	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Tobacco Calibration	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Consumer Level Base Rate	\$377.75	\$376.98	\$435.20	\$465.83	\$566.19	\$552.87	\$373.43
Pricing AV	86.1%	85.9%	99.2%	106.2%	129.0%	126.0%	85.1%
Estimated Plan DICR	73.0%	73.0%	73.0%	73.5%	73.5%	73.5%	73.0%
Projected Member Months	1,800	276	7,164	20,256	84	204	396
Membership Distribution	1.6%	0.2%	6.2%	17.5%	0.2%	0.1%	0.3%
2014 Plan Adjusted Index Rate (PMPM)	\$358.42	\$361.93	\$418.45	\$438.45	\$544.74	\$533.21	\$352.85
% Change	11.0%	9.7%	9.5%	11.9%	9.4%	9.2%	11.4%
2014 Consumer Level Base Rate	\$334.36	\$337.63	\$390.36	\$409.02	\$508.17	\$497.42	\$329.16
% Change	13.0%	11.7%	11.5%	13.9%	11.4%	11.1%	13.4%

* Covers abortion claims for all plans, except for BlueCross BlueShield Preferred 2000, A Multi-State Plan (HSA/HRA) and BlueCross BlueShield Preferred 1000, A Multi-State Plan.

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2015
GHMSI Plan Level Rate Derivation - 10/1/2015

Assumes Index Rate = Projected Pool Allowed Claims PMPM for EHB

Plan	BlueCross BlueShield Preferred 1000, A Multi-State Plan	BlueCross BlueShield Preferred 2000, A Multi-State Plan (HSA/HRA)	BluePreferred PPO \$4,500	BluePreferred PPO \$1000 \$30/\$40	BluePreferred PPO \$500 \$20/\$30	BluePreferred PPO \$1,200	BluePreferred PPO \$1,000 80%/60%
HIOS Product ID	78079DC017	78079DC019	78079DC022	78079DC022	78079DC022	78079DC022	78079DC022
HIOS Plan ID	78079DC0170001	78079DC0190001	78079DC0220011	78079DC0220018	78079DC0220019	78079DC0220007	78079DC0220014
Metal Level	Gold	Silver	Bronze	Silver	Gold	Gold	Gold
Metallic AV	79.88%	70.90%	61.91%	72.00%	78.51%	79.86%	80.74%
On / Off Exchange	On	On	On	On	On	On	On
Network Type	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)
High Level Benefit Description							
Integrated	Y	Y	N	N	N	N	N
Individual Deductible	IN: \$1000 OON: \$2000	IN: 2000 OON: \$4000	IN: \$4500 Med/\$0 Rx OON: \$5500 Med/\$0 Rx IN: \$6350 OON: \$7500	IN: \$1000 Med/\$0 Rx OON: \$2000 Med/\$0 Rx IN: \$6600 OON: \$7500	IN: \$500 Med/\$0 Rx OON: \$1000 Med/\$0 Rx IN: \$4500 OON: \$7500	IN: \$1200 Med/\$0 Rx OON: \$2400 Med/\$0 Rx IN: \$4000 OON: \$7500	IN: \$1000 Med/\$0 Rx OON: \$2000 Med/\$0 Rx IN: \$3500 OON: \$7000
Individual OOP Max	IN: \$3000 OON: \$6000	IN: 4000 OON: \$8000					
Member Copay/Coinsurance	10% OON: 10% ER/30%	20% OON: 20% ER/40%	\$30 PCP/Spec, \$100 ER OON: \$100 ER/20%	\$30 PCP/\$40 Spec/\$450 ER/\$500 IP OON: \$50 PCP/Spec, \$750 IP	\$20 PCP/\$30 Spec/\$300 ER/\$500 IP OON: \$50 PCP/Spec, \$750 IP	\$20 PCP/Spec, \$100 ER/\$200 IP OON: \$100 ER/20%	\$20 PCP/Spec, 20% OON: 20% ER/40%
Rx Copays:							
Retail Generic	\$10	\$10	\$10	\$10	\$10	\$10	\$10
Retail Preferred Brand	20%	20%	\$45	\$45	\$45	\$45	\$45
Retail NonPreferred Brand	40%	40%	\$65	\$65	\$65	\$65	\$65
Specialty	50%	50%	50%	50%	50%	50%	50%
Embedded Pediatric Dental Benefit							
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
Index Rate (Projected EHB Allowed PMPM)	\$497.72	\$497.72	\$497.72	\$497.72	\$497.72	\$497.72	\$497.72
Market Level Adjustments:							
Reinsurance	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Risk Adjustment	0.9444	0.9444	0.9444	0.9444	0.9444	0.9444	0.9444
Exchange User Fees	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Market Adjusted Index Rate (PMPM)	\$470.07	\$470.07	\$470.07	\$470.07	\$470.07	\$470.07	\$470.07
Plan Level Adjustments							
Cost Sharing Factor	0.7615	0.6066	0.5522	0.7030	0.8122	0.7569	0.7534
Network &UM	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Non-EHB*	1.0000	1.0000	1.0022	1.0022	1.0022	1.0022	1.0022
Catastrophic Adj	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Distribution and Admin Cost	1.3559	1.3640	1.3559	1.3559	1.3559	1.3559	1.3559
Plan Adjusted Index Rate (PMPM)	\$485.40	\$388.95	\$352.78	\$449.09	\$518.85	\$483.51	\$481.30
Calibrations to Consumer Level Rating Factors							
Age Calibration	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497
Geo Calibration	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Tobacco Calibration	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Consumer Level Base Rate	\$460.97	\$369.37	\$335.02	\$426.49	\$492.74	\$459.18	\$457.08
Pricing AV	103.3%	82.7%	75.0%	95.5%	110.4%	102.9%	102.4%
Estimated Plan DICR	73.7%	73.3%	73.7%	73.7%	73.7%	73.7%	73.7%
Projected Member Months	4,284	336	84	336	336	5,076	9,216
Membership Distribution	3.1%	0.2%	0.1%	0.2%	0.2%	3.7%	6.7%
2014 Plan Adjusted Index Rate (PMPM)	\$445.88	\$355.69	\$319.85	n/a	n/a	\$437.87	\$439.62
% Change	8.9%	9.4%	10.3%	n/a	n/a	10.4%	9.5%
2014 Consumer Level Base Rate	\$415.95	\$331.81	\$298.38	n/a	n/a	\$408.48	\$410.11
% Change	10.8%	11.3%	12.3%	n/a	n/a	12.4%	11.5%

* Covers abortion claims for all plans, except for BlueCross BlueShield Preferred 2000, A Multi-State Plan (HSA/HRA) and BlueCross BlueShield Preferred 1000, A Multi-State Plan.

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D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2015
GHMSI Plan Level Rate Derivation - 10/1/2015

Assumes Index Rate = Projected Pool Allowed Claims PMPM for EHB

Plan	BluePreferred PPO \$2,000	BluePreferred PPO \$1,000 100%/80%	BluePreferred PPO 100%/80%, Rx:\$10/\$45/\$65/50%	BluePreferred PPO \$500	BluePreferred PPO 100%/80%, Rx: \$10/20%/40%/50%	BluePreferred PPO HSA/HRA \$4,500	BluePreferred PPO HSA/HRA \$4,000
HIOS Product ID	78079DC022	78079DC022	78079DC022	78079DC022	78079DC022	78079DC023	78079DC023
HIOS Plan ID	78079DC0220015	78079DC0220012	78079DC0220013	78079DC0220006	78079DC0220016	78079DC0230009	78079DC0230003
Metal Level	Gold	Gold	Platinum	Platinum	Platinum	Bronze	Bronze
Metallic AV	79.20%	81.79%	88.99%	88.25%	89.44%	61.00%	60.85%
On / Off Exchange	On	On	On	On	On	On	On
Network Type	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)
High Level Benefit Description							
Integrated	N	N	N	N	N	Y	Y
Individual Deductible	IN: \$2000 Med/\$0 Rx OON: \$4000 Med/\$0 Rx	IN: \$1000 Med/\$0 Rx OON: \$2000 Med/\$0 Rx	IN: \$0 Med/\$0 Rx OON: \$300 Med/\$0 Rx	IN: \$500 Med/\$0 Rx OON: \$1000 Med/\$0 Rx	IN: \$0 Med/\$0 Rx OON: \$1000 Med/\$0 Rx	IN: 4500 OON: \$6350	IN: 4000 OON: \$8000
Individual OOP Max	IN: \$5000 OON: \$7500	IN: \$3500 OON: \$7000	IN: \$1100 OON: \$2200	IN: \$1500 OON: \$3000	IN: \$2000 OON: \$4000	IN: 6350 OON: \$7500	IN: 6350 OON: \$12700
Member Copay/Coinsurance	\$20 PCP/Spec, 0% OON: 0% ER/20%	\$250 ER/\$500 IP/0% OON: \$250 ER/20%	\$20 PCP/\$30 Spec/\$200 ER/\$250 IP OON: \$200 ER/20%	\$10 PCP/Spec, \$50 ER/0% OON: \$50 ER/20%	\$20 PCP/\$30 Spec/\$200 ER/\$250 IP OON: \$200 ER/20%	0% OON: 0% ER/20%	30% OON: 30% ER/50%
Rx Copays:							
Retail Generic	\$10	\$10	\$10	\$10	\$10	\$10	\$10
Retail Preferred Brand	\$45	\$45	\$45	\$45	20%	\$45	20%
Retail NonPreferred Brand	\$65	\$65	\$65	\$65	40%	\$65	40%
Specialty	50%	50%	50%	50%	50%	50%	50%
Embedded Pediatric Dental Benefit							
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
Index Rate (Projected EHB Allowed PMPM)	\$497.72	\$497.72	\$497.72	\$497.72	\$497.72	\$497.72	\$497.72
Market Level Adjustments:							
Reinsurance	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Risk Adjustment	0.9444	0.9444	0.9444	0.9444	0.9444	0.9444	0.9444
Exchange User Fees	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Market Adjusted Index Rate (PMPM)	\$470.07	\$470.07	\$470.07	\$470.07	\$470.07	\$470.07	\$470.07
Plan Level Adjustments							
Cost Sharing Factor	0.7199	0.7760	0.9881	0.9192	0.9642	0.5010	0.4875
Network &UM	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Non-EHB*	1.0022	1.0022	1.0022	1.0022	1.0022	1.0022	1.0022
Catastrophic Adj	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Distribution and Admin Cost	1.3559	1.3559	1.3559	1.3559	1.3559	1.3640	1.3640
Plan Adjusted Index Rate (PMPM)	\$459.86	\$495.74	\$631.21	\$587.18	\$615.96	\$321.97	\$313.28
Calibrations to Consumer Level Rating Factors							
Age Calibration	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497
Geo Calibration	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Tobacco Calibration	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Consumer Level Base Rate	\$436.72	\$470.79	\$599.44	\$557.62	\$584.96	\$305.77	\$297.51
Pricing AV	97.8%	105.5%	134.3%	124.9%	131.0%	68.5%	66.6%
Estimated Plan DICR	73.7%	73.7%	73.7%	73.7%	73.7%	73.3%	73.3%
Projected Member Months	3,144	52,176	19,368	6,564	240	108	12
Membership Distribution	2.3%	38.1%	14.1%	4.8%	0.2%	0.1%	0.0%
2014 Plan Adjusted Index Rate (PMPM)	\$417.42	\$446.58	\$578.32	\$538.28	\$564.20	\$290.55	\$284.09
% Change	10.2%	11.0%	9.1%	9.1%	9.2%	10.8%	10.3%
2014 Consumer Level Base Rate	\$389.40	\$416.60	\$539.50	\$502.15	\$526.33	\$271.05	\$265.02
% Change	12.2%	13.0%	11.1%	11.0%	11.1%	12.8%	12.3%

* Covers abortion claims for all plans, except for BlueCross BlueShield Preferred 2000, A Multi-State Plan (HSA/HRA) and BlueCross BlueShield Preferred 1000, A Multi-State Plan.

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2015
GHMSI Plan Level Rate Derivation - 10/1/2015

Assumes Index Rate = Projected Pool Allowed Claims PMPM for EHB

Plan	BluePreferred PPO HSA/HRA \$2000, 100%/80%	BluePreferred PPO HSA/HRA \$1,800	BluePreferred PPO HSA/HRA \$1,400	HealthyBlue PPO \$1,500	HealthyBlue PPO \$300	HealthyBlue PPO \$600	HealthyBlue PPO HSA/HRA \$2,000
HIOS Product ID	78079DC023	78079DC023	78079DC023	78079DC030	78079DC030	78079DC030	78079DC031
HIOS Plan ID	78079DC0230010	78079DC0230011	78079DC0230008	78079DC0300004	78079DC0300005	78079DC0300006	78079DC0310002
Metal Level	Silver	Silver	Gold	Gold	Platinum	Platinum	Silver
Metallc AV	71.78%	71.58%	78.06%	81.88%	90.26%	89.81%	70.81%
On / Off Exchange	On	On	On	On	On	On	On
Network Type	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)
High Level Benefit Description							
Integrated	Y	Y	Y	N	N	N	Y
Individual Deductible	IN: 2000 OON: \$4000	IN: 1800 OON: \$3600	IN: 1400 OON: \$2800	IN: \$1500 Med/\$0 Rx OON: \$3000 Med/\$0 Rx	IN: \$300 Med/\$0 Rx OON: \$1000 Med/\$0 Rx	IN: \$600 Med/\$0 Rx OON: \$1500 Med/\$0 Rx	IN: 2000 OON: \$4000
Individual OOP Max	IN: 4500 OON: \$7500	IN: 4500 OON: \$7200	IN: 2800 OON: \$5600	IN: \$5500 OON: \$7500	IN: \$1500 OON: \$3000	IN: \$1500 OON: \$3000	IN: 6350 OON: \$7500
Member Copay/Coinsurance	\$200 ER/\$500 IP/0% OON: \$200 ER/20%	10% OON: 10% ER/30%	\$50 ER, 0% OON: \$50 ER, 20%	\$0 PCP/\$30 Spec/\$200 ER/\$300 IP/\$0 DXL OON: \$200 ER/\$500 IP/\$50/\$500 OP	\$0 PCP/\$30 Spec/\$200 ER/\$300 IP/\$0 DXL OON: \$200 ER/\$500 IP/\$50/\$500 OP	\$0 PCP/\$30 Spec/\$200 ER/\$300 IP/\$0 DXL OON: \$200 ER/\$500 IP/\$50/\$500 OP	\$0 PCP/\$30 Spec/\$200 ER/\$300 IP/\$0 DXL OON: \$200 ER/\$500 IP/\$50/\$500 OP
Rx Copays:							
Retail Generic	\$10	\$10	\$10	\$0	\$0	\$0	\$0
Retail Preferred Brand	\$45	\$45	\$45	\$45	\$45	\$45	\$45
Retail NonPreferred Brand	\$65	\$65	\$65	\$65	\$65	\$65	\$65
Specialty	50%	50%	50%	50%	50%	50%	50%
Embedded Pediatric Dental Benefit							
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
Index Rate (Projected EHB Allowed PMPM)	\$497.72	\$497.72	\$497.72	\$497.72	\$497.72	\$497.72	\$497.72
Market Level Adjustments:							
Reinsurance	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Risk Adjustment	0.9444	0.9444	0.9444	0.9444	0.9444	0.9444	0.9444
Exchange User Fees	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Market Adjusted Index Rate (PMPM)	\$470.07	\$470.07	\$470.07	\$470.07	\$470.07	\$470.07	\$470.07
Plan Level Adjustments							
Cost Sharing Factor	0.6275	0.6262	0.7229	0.7784	0.9461	0.9239	0.6203
Network &UM	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Non-EHB*	1.0022	1.0022	1.0022	1.0022	1.0022	1.0022	1.0022
Catastrophic Adj	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Distribution and Admin Cost	1.3640	1.3640	1.3640	1.3559	1.3559	1.3559	1.3640
Plan Adjusted Index Rate (PMPM)	\$403.21	\$402.39	\$464.53	\$497.27	\$604.40	\$590.18	\$398.60
Calibrations to Consumer Level Rating Factors							
Age Calibration	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497
Geo Calibration	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Tobacco Calibration	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Consumer Level Base Rate	\$382.91	\$382.14	\$441.15	\$472.24	\$573.98	\$560.48	\$378.54
Pricing AV	85.8%	85.6%	98.8%	105.8%	128.6%	125.6%	84.8%
Estimated Plan DICR	73.3%	73.3%	73.3%	73.7%	73.7%	73.7%	73.3%
Projected Member Months	2,124	336	8,496	24,060	252	96	480
Membership Distribution	1.5%	0.2%	6.2%	17.5%	0.2%	0.1%	0.4%
2014 Plan Adjusted Index Rate (PMPM)	\$362.92	\$366.47	\$423.70	\$443.96	\$551.59	\$539.92	\$357.28
% Change	11.1%	9.8%	9.6%	12.0%	9.6%	9.3%	11.6%
2014 Consumer Level Base Rate	\$338.56	\$341.87	\$395.26	\$414.16	\$514.56	\$503.68	\$333.30
% Change	13.1%	11.8%	11.6%	14.0%	11.5%	11.3%	13.6%

* Covers abortion claims for all plans, except for BlueCross BlueShield Preferred 2000, A Multi-State Plan (HSA/HRA) and BlueCross BlueShield Preferred 1000, A Multi-State Plan.

CareFirst BlueCross BlueShield (GHMSI)
(NAIC # 53007)
D.C. Small Group Products - On Exchange
Rates Effective 01/01/2015
Single Risk Pool Desired Incurred Claims Ratio (DICR)

	Medical	Rx	Total
Projected Allowed Claims PMPM (EHB and Non-EHB)	\$ 367.71	\$ 106.04	\$ 473.75
Projected Paid / Allowed Ratio	80.3%	80.3%	80.3%
Adjustment for Risk Transfer			\$ (26.26)
Projected Paid Claims PMPM (EHB and Non-EHB), Adjusted for Risk Transfer			\$ 359.17

	Non-CDH		CDH		Total		Total (1Q14)*		% Δ
	PMPM	%	PMPM	%	PMPM	%	PMPM	%	
Projected Allowed Claims (+ Capitations)	\$ 359.17	72.9%	\$ 359.17	72.5%	\$ 359.17	72.9%		76.9%	-3.9%
Admin Costs	\$ 46.81	9.5%	\$ 46.81	9.4%	\$ 46.81	9.5%		10.3%	-0.8%
Patient Outcome Tax	\$ 0.18	0.0%	\$ 0.18	0.0%	\$ 0.18	0.0%		0.0%	0.0%
Reinsurance	\$ 3.60	0.7%	\$ 3.60	0.7%	\$ 3.60	0.7%		1.0%	-0.3%
Risk Adjustment User Fees	\$ 0.08	0.0%	\$ 0.08	0.0%	\$ 0.08	0.0%		0.0%	0.0%
Broker Commissions & Fees	\$ 27.94	5.7%	\$ 27.94	5.6%	\$ 27.94	5.7%		4.7%	1.0%
Contrib to Reserve	\$ 7.88	1.6%	\$ 7.93	1.6%	\$ 7.88	1.6%		2.4%	-0.8%
Invst Income Credit*	\$ (0.00)	0.0%	\$ (0.00)	0.0%	\$ (0.00)	0.0%		0.0%	0.0%
Premium Taxes/Community Health Investment*	\$ 9.85	2.0%	\$ 9.91	2.0%	\$ 9.85	2.0%		2.0%	0.0%
Assessment Fees*	\$ 0.57	0.1%	\$ 0.57	0.1%	\$ 0.57	0.1%		0.1%	0.0%
Federal Income Tax	\$ 1.97	0.4%	\$ 1.98	0.4%	\$ 1.97	0.4%		0.6%	-0.2%
State Income Tax	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%		0.0%	0.0%
Exchange Assessment Fee	\$ 9.85	2.0%	\$ 9.91	2.0%	\$ 9.85	2.0%		0.0%	2.0%
Health Insurer Fee	\$ 12.92	2.6%	\$ 13.00	2.6%	\$ 12.93	2.6%		1.9%	0.7%
Exchange Fees	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%		0.0%	0.0%
Incentive Program	\$ 11.56	2.3%	\$ 11.56	2.3%	\$ 11.56	2.3%		0.0%	2.3%
CDH Expenses	\$ -	0.0%	\$ 2.78	0.6%	\$ 0.24	0.0%		0.1%	0.0%
Total	\$ 492.37	100.0%	\$ 495.41	100.0%	\$ 492.64	100.0%		100.0%	

* From approved GHMSI DC Small Group filing effective 1/1/2014, SERFF tracking # CFBC-129047320
Note: The Contribution to Reserve shown is post-tax. The pre-tax contribution is 2.0%.

CareFirst BlueCross BlueShield (GHMSI)
(NAIC # 53007)
D.C. Small Group Products - On Exchange
Rates Effective 04/01/2015
Single Risk Pool Desired Incurred Claims Ratio (DICR)

	Medical	Rx	Total
Projected Allowed Claims PMPM (EHB and Non-EHB)	\$ 374.37	\$ 107.57	\$ 481.94
Projected Paid / Allowed Ratio	80.3%	80.3%	80.3%
Adjustment for Risk Transfer			\$ (26.71)
Projected Paid Claims PMPM (EHB and Non-EHB), Adjusted for Risk Transfer			\$ 365.39

	Non-CDH		CDH		Total		Total (1Q15)	% Δ
	PMPM	%	PMPM	%	PMPM	%	%	
Projected Allowed Claims (+ Capitations)	\$ 365.39	73.2%	\$ 365.39	72.8%	\$ 365.39	73.2%	72.9%	0.3%
Admin Costs	\$ 46.81	9.4%	\$ 46.81	9.3%	\$ 46.81	9.4%	9.5%	-0.1%
Patient Outcome Tax	\$ 0.18	0.0%	\$ 0.18	0.0%	\$ 0.18	0.0%	0.0%	0.0%
Reinsurance	\$ 3.25	0.7%	\$ 3.25	0.6%	\$ 3.25	0.7%	0.7%	-0.1%
Risk Adjustment User Fees	\$ 0.08	0.0%	\$ 0.08	0.0%	\$ 0.08	0.0%	0.0%	0.0%
Broker Commissions & Fees	\$ 27.94	5.6%	\$ 27.94	5.6%	\$ 27.94	5.6%	5.7%	-0.1%
Contrib to Reserve	\$ 7.98	1.6%	\$ 8.03	1.6%	\$ 7.99	1.6%	1.6%	0.0%
Invst Income Credit*	\$ (0.00)	0.0%	\$ (0.00)	0.0%	\$ (0.00)	0.0%	0.0%	0.0%
Premium Taxes/Community Health Investment*	\$ 9.98	2.0%	\$ 10.04	2.0%	\$ 9.99	2.0%	2.0%	0.0%
Assessment Fees*	\$ 0.57	0.1%	\$ 0.58	0.1%	\$ 0.57	0.1%	0.1%	0.0%
Federal Income Tax	\$ 2.00	0.4%	\$ 2.01	0.4%	\$ 2.00	0.4%	0.4%	0.0%
State Income Tax	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	0.0%	0.0%
Exchange Assessment Fee	\$ 9.98	2.0%	\$ 10.04	2.0%	\$ 9.99	2.0%	2.0%	0.0%
Health Insurer Fee	\$ 13.10	2.6%	\$ 13.18	2.6%	\$ 13.11	2.6%	2.6%	0.0%
Exchange Fees	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	0.0%	0.0%
Incentive Program	\$ 11.75	2.4%	\$ 11.75	2.3%	\$ 11.75	2.4%	2.3%	0.0%
CDH Expenses	\$ -	0.0%	\$ 2.78	0.6%	\$ 0.24	0.0%	0.0%	0.0%
Total	\$ 499.01	100.0%	\$ 502.05	100.0%	\$ 499.27	100.0%	100.0%	

Note: The Contribution to Reserve shown is post-tax. The pre-tax contribution is 2.0%.

CareFirst BlueCross BlueShield (GHMSI)
(NAIC # 53007)
D.C. Small Group Products - On Exchange
Rates Effective 07/01/2015
Single Risk Pool Desired Incurred Claims Ratio (DICR)

	Medical	Rx	Total
Projected Allowed Claims PMPM (EHB and Non-EHB)	\$ 381.18	\$ 109.12	\$ 490.30
Projected Paid / Allowed Ratio	80.3%	80.3%	80.3%
Adjustment for Risk Transfer			\$ (27.18)
Projected Paid Claims PMPM (EHB and Non-EHB), Adjusted for Risk Transfer			\$ 371.72

	Non-CDH		CDH		Total		Total (2Q15)	% Δ
	PMPM	%	PMPM	%	PMPM	%	%	
Projected Allowed Claims (+ Capitations)	\$ 371.72	73.5%	\$ 371.72	73.0%	\$ 371.72	73.4%	73.2%	0.3%
Admin Costs	\$ 46.81	9.3%	\$ 46.81	9.2%	\$ 46.81	9.2%	9.4%	-0.1%
Patient Outcome Tax	\$ 0.18	0.0%	\$ 0.18	0.0%	\$ 0.18	0.0%	0.0%	0.0%
Reinsurance	\$ 2.95	0.6%	\$ 2.95	0.6%	\$ 2.95	0.6%	0.7%	-0.1%
Risk Adjustment User Fees	\$ 0.08	0.0%	\$ 0.08	0.0%	\$ 0.08	0.0%	0.0%	0.0%
Broker Commissions & Fees	\$ 27.94	5.5%	\$ 27.94	5.5%	\$ 27.94	5.5%	5.6%	-0.1%
Contrib to Reserve	\$ 8.09	1.6%	\$ 8.14	1.6%	\$ 8.10	1.6%	1.6%	0.0%
Invst Income Credit*	\$ (0.00)	0.0%	\$ (0.00)	0.0%	\$ (0.00)	0.0%	0.0%	0.0%
Premium Taxes/Community Health Investment*	\$ 10.12	2.0%	\$ 10.18	2.0%	\$ 10.12	2.0%	2.0%	0.0%
Assessment Fees*	\$ 0.58	0.1%	\$ 0.59	0.1%	\$ 0.58	0.1%	0.1%	0.0%
Federal Income Tax	\$ 2.02	0.4%	\$ 2.04	0.4%	\$ 2.02	0.4%	0.4%	0.0%
State Income Tax	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	0.0%	0.0%
Exchange Assessment Fee	\$ 10.12	2.0%	\$ 10.18	2.0%	\$ 10.12	2.0%	2.0%	0.0%
Health Insurer Fee	\$ 13.28	2.6%	\$ 13.36	2.6%	\$ 13.29	2.6%	2.6%	0.0%
Exchange Fees	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	0.0%	0.0%
Incentive Program	\$ 11.96	2.4%	\$ 11.96	2.3%	\$ 11.96	2.4%	2.4%	0.0%
CDH Expenses	\$ -	0.0%	\$ 2.78	0.5%	\$ 0.24	0.0%	0.0%	0.0%
Total	\$ 505.85	100.0%	\$ 508.89	100.0%	\$ 506.11	100.0%	100.0%	

Note: The Contribution to Reserve shown is post-tax. The pre-tax contribution is 2.0%.

CareFirst BlueCross BlueShield (GHMSI)
(NAIC # 53007)
D.C. Small Group Products - On Exchange
Rates Effective 10/01/2015
Single Risk Pool Desired Incurred Claims Ratio (DICR)

	Medical	Rx	Total
Projected Allowed Claims PMPM (EHB and Non-EHB)	\$ 388.15	\$ 110.69	\$ 498.84
Projected Paid / Allowed Ratio	80.3%	80.3%	80.3%
Adjustment for Risk Transfer			\$ (27.65)
Projected Paid Claims PMPM (EHB and Non-EHB), Adjusted for Risk Transfer			\$ 378.19

	Non-CDH		CDH		Total		Total (3Q15)	% Δ
	PMPM	%	PMPM	%	PMPM	%	%	
Projected Allowed Claims (+ Capitations)	\$ 378.19	73.7%	\$ 378.19	73.3%	\$ 378.19	73.7%	73.4%	0.3%
Admin Costs	\$ 46.81	9.1%	\$ 46.81	9.1%	\$ 46.81	9.1%	9.2%	-0.1%
Patient Outcome Tax	\$ 0.18	0.0%	\$ 0.18	0.0%	\$ 0.18	0.0%	0.0%	0.0%
Reinsurance	\$ 2.63	0.5%	\$ 2.63	0.5%	\$ 2.63	0.5%	0.6%	-0.1%
Risk Adjustment User Fees	\$ 0.08	0.0%	\$ 0.08	0.0%	\$ 0.08	0.0%	0.0%	0.0%
Broker Commissions & Fees	\$ 27.94	5.4%	\$ 27.94	5.4%	\$ 27.94	5.4%	5.5%	-0.1%
Contrib to Reserve	\$ 8.20	1.6%	\$ 8.25	1.6%	\$ 8.21	1.6%	1.6%	0.0%
Invst Income Credit*	\$ (0.00)	0.0%	\$ (0.00)	0.0%	\$ (0.00)	0.0%	0.0%	0.0%
Premium Taxes/Community Health Investment*	\$ 10.26	2.0%	\$ 10.32	2.0%	\$ 10.26	2.0%	2.0%	0.0%
Assessment Fees*	\$ 0.59	0.1%	\$ 0.59	0.1%	\$ 0.59	0.1%	0.1%	0.0%
Federal Income Tax	\$ 2.05	0.4%	\$ 2.06	0.4%	\$ 2.05	0.4%	0.4%	0.0%
State Income Tax	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	0.0%	0.0%
Exchange Assessment Fee	\$ 10.26	2.0%	\$ 10.32	2.0%	\$ 10.26	2.0%	2.0%	0.0%
Health Insurer Fee	\$ 13.46	2.6%	\$ 13.54	2.6%	\$ 13.47	2.6%	2.6%	0.0%
Exchange Fees	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	0.0%	0.0%
Incentive Program	\$ 12.16	2.4%	\$ 12.16	2.4%	\$ 12.16	2.4%	2.4%	0.0%
CDH Expenses	\$ -	0.0%	\$ 2.78	0.5%	\$ 0.24	0.0%	0.0%	0.0%
Total	\$ 512.81	100.0%	\$ 515.85	100.0%	\$ 513.07	100.0%	100.0%	

Note: The Contribution to Reserve shown is post-tax. The pre-tax contribution is 2.0%.

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2015

Support for DICR Components

Estimated Breakdown of Admin Costs

	% of Revenue
Salaries/Wages/Benefits	3.9%
Quality Improvement Activities	0.8%
Other General Admin	4.8%
Total Admin Costs	9.5%

ACA Fees

Patient Outcome Tax (PCORI)	\$ 2.11	PMPY
Divide by 12:	\$ 0.18	PMPM
Reinsurance 2015	\$ 3.67	PMPM
Reinsurance 2016	\$ 2.44	PMPM
Risk Adjustment User Fees	\$ 0.96	PMPY
Divide by 12:	\$ 0.08	PMPM
Health Insurer Fee 2015	2.6% of premium	
Health Insurer Fee 2016	2.6% of premium	
Exchange Fees	0.0% of premium	
Exchange Assessment Fee 2014	1.0% of premium	
Exchange Assessment Fee 2015	1.0% of premium	

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2015

Development of Anticipated Medical Loss Ratio, as Defined by PPACA

		GHMSI Projected
(1)a	Projected Claims (Trend & Capitation)	\$157,616,695
(1)b	Experience Period Member Months	414,509
(1)c	Credibility Factor	1.00
(1)d	Projected Claims (DICR) = DICR x Revenue - Risk Adjustment	\$157,616,695
(1)e	Projected Claims (Final) = (1)a x (1)c + (1)d x (1-(1)c)	\$157,616,695
(2)	Projected Revenue	\$204,202,216
(3) = (1)e / (2)	Anticipated Incurred Straight LR	77.2%
(4)	Health Care Improvement*	\$4,996,449
(5)	ITS Fees	(\$635,610)
(6)	Risk Transfer Payment/Receipt	(\$11,338,722)
(7) = (1)e + (4) + (5) + (6)	MLR Numerator	\$150,638,812
(8)	Federal Taxes	\$816,809
(9)	State and Premium Taxes	\$4,084,044
(10)	ACA Fees**	\$11,043,835
(11) = (8) + (9) + (10)	Total Taxes & Regulatory Fees	\$15,944,689
(12) = (2) - (11)	MLR Denominator	\$188,257,527
(13) = (7) / (12)	Projected MLR	80.0%

* Estimated at 3.17% of care costs for GHMSI. Adjustments 1 & 2 below are based on actual health care improvement adjustments for all GHMSI D.C. Small Group business in 2013, 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: | -1.49% |
| 2. Health care improvement expenses: | 1.62% |
| 3. Incentive program quality improvement expenses | 3.04% |
| 4. Net adjustment: | 3.17% |

** Includes Patient Outcome Tax, Reinsurance, Risk Adjustment User Fees, Exchange Fees, Exchange Assessment Fee, and Health Insurer Fee.

Credibility Factor Derivation:

	Exp Pd Member Months	CMS (Assigned Credibility of <20% = 0%; >90% = 100%)
GHMSI	414,509	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.

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2015

Summary of Wakely Small Group Modeling

	Relative Risk Score*		Projected Index Rate	Estimated Risk Adjustment PMPM (Applied to Projected Index Rate)	Calculated Risk Adjustment Factor	Proposed Value for Rate Filing	Proposed PMPM Applied to Projected Index Rate
GHMSI	1.08	1Q15	\$ 472.69	\$ (35.01)	0.926	0.944	\$ (26.26)
		2Q15	\$ 480.86	\$ (35.62)	0.926	0.944	\$ (26.71)
		3Q15	\$ 489.21	\$ (36.24)	0.926	0.944	\$ (27.18)
		4Q15	\$ 497.72	\$ (36.87)	0.926	0.944	\$ (27.65)

* Assumes market risk score = 1.0

The proposed risk adjustment was developed based on a multi-carrier study conducted by Wakely Consulting. Given the uncertainty in estimating these values, we have applied 75% of the estimated values from Wakely.

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2015
Description of "Other" Adjustments to Experience Period Data

The adjustment descriptions below detail the build up of our "Other" multiplicative factors used in adjusting the experience period allowed PMPM amounts to the projection period. These adjustments coincide with those used in worksheet I section II of the URRT. Please see pages 38 - 43 for support of these factors.

Service Category	Other Factor	Description of Adjustment
Inpatient	0.989	Multiplicative factors of 1.003 for changes in average age of the pool, 1.017 to reflect the impact of early renewing business, and 0.970 to reflect the impact of the new Incentive Program.
Outpatient	0.989	Multiplicative factors of 1.003 for changes in average age of the pool, 1.017 to reflect the impact of early renewing business, and 0.970 to reflect the impact of the new Incentive Program.
Professional	1.024	Multiplicative factors of 1.003 for changes in average age of the pool, 1.035 for changes in treatment of ABA services, 1.017 to reflect the impact of early renewing business, and 0.970 to reflect the impact of the new Incentive Program.
Other	1.168	Multiplicative factors of 1.003 for changes in average age of the pool, 1.181 to reflect the impact of embedded pediatric dental benefit, 1.017 to reflect the impact of early renewing business, and 0.970 to reflect the impact of the new Incentive Program.
Rx	0.956	Multiplicative factors of 0.924 to reflect differences in discounts between the experience period and projection period, 1.042 to reflect the impact of expanding out list of drugs to include the hepatitis C drug Sovaldi, and 1.004 to reflect changes in our Mandatory Generic policy. Also includes multiplicative factors of 1.003 for changes in average age of the pool, 1.017 to reflect the impact of early renewing business, and 0.970 to reflect the impact of the new Incentive Program.
Capitation	0.984	Multiplicative factor of 0.984 to reflect inclusion of pediatric vision benefit.

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2015

Support for "Other" adjustment factors

<u>Early Renewal Factor Derivation</u>	Allowed Claims	Item	Calculation
	PMPM		
Early Renewal (Small Group Only, BC & GHMSI combined)			
Experience Period Total Allowed PMPM of Early renewing cohort	\$ 397.23	(1)	
Experience Period Total Allowed PMPM of Non-Early renewing cohort	\$ 419.26	(2)	
Combined Experience Period Total Allowed PMPM	\$ 412.06	(3)	
Early Renewal Adjustment Factor (Small Group Only)	1.7%		(4) = (2) / (3) - 1
Early Renewal Adjustment Factor (Blended Across Single Risk Pool)	1.7%		
<u>Rx Discount Factor Derivation (Based on CFI Total Book of Business Data)</u>			
Grand Total New Allowed	\$ 1,154,386,773	(1)	
Grand Total Old Allowed	\$ 1,249,560,894	(2)	
\$ Difference	\$ (95,174,121)	(3)	
% Difference	-7.6%		(4) = (3)/(2)
<u>Mandatory Generic Factor Derivation (Based on CFI Total Book of Business Data)</u>			
Total \$ Impact Due to expansion of list of Mandatory Generic Drugs	\$ 4,594,160	(1)	
Total 2013 Drug Claims	\$ 1,249,560,894	(2)	
% Increase in Paid Drug \$	0.4%		(3) = (1)/(2)
<u>Sovaldi Factor Derivation</u>			
% Impact to total experience period allowed PMPM (see page 39 for details)	1.0%	(1)	
Experience Period Allowed Rx PMPM	\$ 98.92	(2)	
Total Experience Period Allowed PMPM	\$ 413.02	(3)	
\$ Amount of Sovaldi Drug	\$ 4.13	(4) = (1) * (3)	
Sovaldi Impact to Rx Only	4.2%		(5) = (4) / (2)
<u>Changes in treatment of ABA services (see page 40 for details)</u>			
<u>Ind64-</u>			
\$ Impact to Experience Period Allowed PMPM	\$ 1.74	(1)	
Experience Period Allowed PMPM for Professional Services	\$ 84.51	(2)	
Changes in treatment of ABA services - Impact (to Ind64- Professional only)	2.1%		(3) = (1)/(2)
<u>Small Group</u>			
\$ Impact to Experience Period Allowed PMPM	\$ 5.15	(4)	
Experience Period Allowed PMPM for Professional Services	\$ 144.41	(5)	
Changes in treatment of ABA services - Impact (to Small Group Professional only)	3.6%		(6) = (4)/(5)
Changes in treatment of ABA services - Impact to Professional only (Blended Across Single Risk Pool)	3.5%		
<u>Demographic Factor Derivation</u>			
Demographic Impact (Blended Across Single Risk Pool)	0.3%		

Note: Blended adjustments are an average of Ind64- and Small Group adjustments, weighted by claims.

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2015
Sovaldi Factor Derivation

	US Population	320 Million	
A	Number of chronic hepatitis C persons in US (source: CDC)	3.2 Million	
	Cost per 90-day script of Sovaldi	\$84,000	
	However, Sovaldi has to be taken with ribavirin and interferon. Cost of 90day supply of both	<u>\$10,000</u>	
B	Total cost per 90-day regimen (Sovaldi + ribavirin + interferon)	\$94,000	
C=A*B	Total maximum market potential for 90-day regimen (\$ Billion)	\$300 Billion	
D	First quarter Sovaldi sales (Gilead Sciences 1Q14 earnings report)	\$2.27 Billion	
E=D*4	Annualized 2014 Sovaldi sales assuming flat growth in Q2-Q4 {lower bound}	\$9 Billion	
F=(94/84)*E	Annualized cost of regimen	\$10 Billion	
	<u>Breakdown of US Population by payor mix (Million)</u>		
	Commercial	147	
	Medicare	51	
G	Medicaid	61	
	Tricare/Other Insured	10	
	Uninsured	<u>47</u>	
	US Total Population (2013)	316	
	<u>Number of Commercial Equivalent Membership Units (Million)</u>		
	Commercial	147	
	Medicare	50	
H=G*.75	Medicaid (pays 25% lower costs on brand name drugs than Medicare)	41	
	Tricare	<u>10</u>	
I	Total Commercial Equivalent Membership Units	248	
J=F/I	Cost per commercial equivalent member per year	\$40	
K	CFI Risk average allowed claim cost per year	\$4,062	
L	Sovaldi regimen costs as % of allowed claims	<table border="1" style="display: inline-table;"><tr><td style="text-align: center;">1%</td></tr></table>	1%
1%			
		(lower bound)	

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2015
Autism Cost Model

Average Cost:	Assume treatment cost per hour for intensive ABA therapy	\$46
	Assume treatment of \$75 per hour for non-intensive therapy	\$97

	ABA Therapy hrs/wk	Other Therap y hrs/wk	Hrs/Yr Therapy	Cost Per Year Therapy
Children 2-5:	40	0	2080	94,826
Children 6-7:	15	5	1040	60,894
Children 8-12:	0	10	520	50,668
Children 13-21:	0	8	416	40,534

Utilization:	Assume 1 in every 68 children age 1-21 have Autism or Asperger's. Assume 1 in 3 seek ABA treatment	0.49%	SG	Ind64-
	children age 2-5 as a % of total population	====>	4.9%	1.8%
	children age 6 as a % of total population	====>	1.3%	0.4%
	children age 7 as % total population		1.2%	0.3%
	children age 8 as % total population		1.2%	0.5%
	children age 9-12 as a % of total population	====>	4.4%	1.7%
	children age 13-21 as a % of total population	====>	9.0%	2.7%

	Small Group		Ind64-	
Cost PMPM: Children 2-5:	\$	1.88	\$	0.68
Children age 6	\$	0.31	\$	0.10
Children age 7	\$	0.30	\$	0.07
Children age 8	\$	0.25	\$	0.10
Children 9-12:	\$	0.92	\$	0.34
Children 13-21:	\$	1.49	\$	0.45
Total	\$	5.15	\$	1.74

	Small Group	Ind64-	Blended
Adjustment (to Professional Only)	3.6%	2.1%	3.5%

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2015
Derivation of Embedded Pediatric Dental Rate
Projection Period: 1/1/2015 - 12/31/2015

#	Formula	Description	%	PMPM
1		Base D.C. Dental Allowed PMPM For Members Age 19 and Under, Classes 1 -4		\$ 16.32
2		Adjustment to D.C. Benchmark Plan (D.C. FEDVIP)	-1.15%	
3	(3) = (1)*(1+(2))	Adjusted Allowed PMPM Classes 1 - 4		\$ 16.13
4		Base D.C. Dental Allowed PMPM For Members Age 19 and Under, Class 5 (Ortho)		\$ 3.44
5		Adjustment to D.C. Benchmark Plan	-40%	
6	(6) = (4*(1+(5))	Adjusted Allowed PMPM Class 5 (Ortho)		\$ 2.06
7		Estimated Base Period Allowed PMPM Adjusted to D.C. Benchmark		\$ 18.19
8		Completion Factor (Incurred 12, Paid 14)		0.980
9	(9) = (7)/(8)	Ultimate Base Period Allowed PMPM Adjusted to D.C. Benchmark		\$ 18.56
10		Assumed Annual Trend	5.0%	
11		Assumed Trend Factor for 24 months	1.103	
12	(12) = (9)*(11)	Projected Allowed Pediatric PMPM		\$ 20.47
13		Adjustment to Dental PPO Fee Schedule	0.879	
14	(14) = (12)*(13)	Projected Allowed Pediatric PMPM Based On PPO Fee Schedule		\$ 17.98
15		Adjustment for Planned 1/1/2014 Fee Schedule Increase	1.000	
16	(16) = (14)*(15)	Projected Allowed Pediatric PMPM Adjusted for Fee Schedule Changes		\$ 17.98
17		% of D.C. Small Group & Individual, Non-Medigap Market Age 19 and Under	21.6%	
18	(18) = (16)*(17)	Projected Allowed Pediatric Dental PMPM Spread Over Single Risk Pool		\$ 3.89
19		Base Period Other Medical PMPM		\$ 21.49
20		Projection Factor Entered To Adjust Other Medical Category		1.181
21		Impact on Total Medical and Rx Base Period PMPM		1.009

Notes:

- Row 1** Allowed PMPM for experience period of 01/2013 - 12/2013, pd through 03/2014 for Classes 1- 4
- Row 2** Adjustment factor to account for coverage differences between current plans and DC Benchmark plan for Classes 1 - 4
- Row 4** Allowed PMPM for experience period of 01/2013 - 12/2013, pd through 03/2014 for Class 5 (Ortho)
- Row 5** Adjustment factor to account for coverage differences between current plans and DC Benchmark plan for Class 5 (Ortho), as provided by CareFirst's Dental Network Director.
- Row 10** Assumed pricing trend.
- Row 11** Projected through 12/31/2015.
- 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	1/1/2013	12/31/2013	7/2/2013	
Rating Period	1/1/2015	12/31/2015	7/2/2015	24.0

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2015

Derivation of Pediatric Dental Effective Coinsurance

	Allowed		
	PMPM*	Plan Coinsurance	Plan Portion
Level 1	\$ 10.49	100%	\$ 10.49
Level 2	\$ 3.25	80%	\$ 2.60
Level 3	\$ 2.30	80%	\$ 1.84
Level 4	\$ 0.54	50%	\$ 0.27
Level 5	\$ 1.82	50%	\$ 0.91
Total	\$ 18.41		\$ 16.12
Effective Coinsurance			87.6%

* Based on the combined D.C. Small Group dental book of business over the experience period 11/2012 - 10/2013, paid through 12/2013, projected to 2015, and adjusted to the PMPM and utilization distribution of the expected pediatric population.

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2015
Vision Embedded in Medical Plan
Projection Period: 1/1/2015 - 12/31/2015

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		22.6%
<hr/>		
Pediatric Vision PMPM Spread Over Small Group Market	\$	0.28
Individual, non-Medigap Embedded PMPM (Davis Vision Capitation)	\$	1.77
% of D.C. Individual, non-Medigap Market Age 19 and Under		7.7%
<hr/>		
Pediatric Vision PMPM Spread Over Individual Market	\$	0.14
Blended EHB Pediatric Vision PMPM Spread Over Entire Single Risk Pool	\$	0.27

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		92.3%
<hr/>		
Embedded Adult Vision PMPM Spread Over Individual Market	\$	1.07
Blended Non-EHB Adult Vision PMPM Spread Over Entire Single Risk Pool	\$	0.11

Derivation of Projection Factor

Total Embedded Vision PMPM	\$	0.38
Experience Period Core Vision Capitation PMPM	\$	0.40
\$ Change from Experience to Projection Period PMPM	\$	(0.02)
Total Experience Period Capitation PMPM	\$	1.28
Projection Factor to Adjust Capitation Category		0.984

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2015

Derivation of Age Calibration Factor
Based on Approved DC Age Factors from 1/1/2014

Projected Pool Allowed PMPM (including non-EHB)	\$	473.75
Total Estimated Allowed \$ Per Month, Based on Age Factors	\$	25,023,131
Total Small Group Experience Members		49,682
PMPM Based On Age Factors	\$	503.67
Calibration Adjustment		0.950
Average Age Factor		1.063
Average Age (Implied by Average Factor)		42

**CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2015**

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

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

Total D.C. SG GHMSI

	Midpoint AV	Projected Contracts As Of 12/31/2015	Utilization Impact Relative to Bronze*	Impact Relative to Average
Platinum	90%	4,295	1.166	1.059
Gold	80%	17,228	1.087	0.988
Silver	70%	558	1.032	0.938
Bronze	60%	32	1.001	0.909
Subtotal:		22,113		
Average	81.7%		1.101	

	Impact of Health Savings/Reimbursement Account**	1Q15 Projected Member Months
HSA/HRA	0.960	12,864
All Other	1.004	135,264
	1.000	148,128

* 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 Exchange Rate Filing Effective 1/1/2015**

Rating Methodology & Sample Calculation

Methodology

- 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 BlueCross BlueShield Preferred 1000, A Multi-State Plan

Employee 1	Employee 2
A spouse, and 1 child	5 children
1	0
0	1
1	4

- For each subscriber and dependent, identify their age.

Subscriber	Spouse	Child 1	Subscriber	Child 1*	Child 2	Child 3	Child 4	Child 5
46	34	15	52	6	10	13	18	22

- Determine appropriate age factor.

1.227	0.856	0.654	1.545		0.654	0.654	0.654	0.727
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- Identify the appropriate consumer level base rate.

\$442.60	\$442.60	\$442.60	\$442.60		\$442.60	\$442.60	\$442.60	\$442.60
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- Multiply the (base rate x age factor) and round to the nearest whole cent to determine the member's individual rate.

\$543.07	\$378.87	\$289.46	\$683.82		\$289.46	\$289.46	\$289.46	\$321.77
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- The group's total rate is the sum of individual rates for all subscribers and members combined.

\$3,085.37

*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 Exchange Rate Filing Effective 1/1/2015

Age Factors

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

From approved filing CFAP-129047320, effective 1/1/2014.

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2015

Estimated Renewal Rate Changes

Product	HIOS Product ID	1Q15	1Q15 Estimated	2Q15	2Q15 Estimated	3Q15	3Q15 Estimated	4Q15	4Q15 Estimated
		Estimated Consumer Level Base Rate Renewal	Avg. Plan Adjusted Index Rate Renewal	Estimated Consumer Level Base Rate Renewal	Avg. Plan Adjusted Index Rate Renewal	Estimated Consumer Level Base Rate Renewal	Avg. Plan Adjusted Index Rate Renewal	Estimated Consumer Level Base Rate Renewal	Avg. Plan Adjusted Index Rate Renewal
HealthyBlue PPO HSA/HRA	78079DC031	13.2%	11.2%	13.3%	11.3%	13.4%	11.4%	13.6%	11.6%
HealthyBlue PPO	78079DC030	13.6%	11.6%	13.7%	11.7%	13.8%	11.8%	14.0%	12.0%
BluePreferred HSA/HRA Multi-State Plan	78079DC019	11.0%	9.0%	11.1%	9.1%	11.2%	9.2%	11.3%	9.4%
BluePreferred PPO	78079DC022	11.8%	9.8%	11.9%	10.0%	12.1%	10.1%	12.2%	10.2%
BluePreferred PPO HSA/HRA	78079DC023	11.5%	9.6%	11.6%	9.7%	11.8%	9.8%	11.9%	9.9%
BluePreferred Multi-State Plan	78079DC017	10.5%	8.5%	10.6%	8.6%	10.7%	8.7%	10.8%	8.9%
TOTAL:		12.1%		12.2%		12.4%		12.5%	

APPENDIX

CareFirst BlueCross BlueShield (GHMSI)
(NAIC # 53007)
D.C. Small Group Products - On Exchange
Rates Effective 1/1/2015
Non-Grandfathered Experience for Existing HIOS IDs

Existing Products Included in Experience Period

HIOS Product ID	HIOS Product Name	Contracts a/o Dec 2013	Member Months	Total Premium	Total Allowed Claims	Incurred Claims
78079DC008	BluePreferred	16,449	366,985	\$ 164,572,664	\$ 160,316,934	\$ 145,502,011
78079DC010	BluePreferred HRA	591	11,785	\$ 4,605,473	\$ 5,538,758	\$ 4,543,835
78079DC009	BluePreferred HSA	1,583	34,908	\$ 12,876,869	\$ 16,571,208	\$ 13,431,241
78079DC011	Indemnity	35	831	\$ 527,254	\$ 432,655	\$ 398,145
	Total	18,658	414,509	\$ 182,582,260	\$ 182,859,554	\$ 163,875,232

Existing Products with No Experience in Experience Period

HIOS Product ID	HIOS Product Name
78079DC015	BluePreferred HDHP

CareFirst BlueCross BlueShield (GHMSI)
(NAIC # 53007)
D.C. Small Group Products - On Exchange
Rates Effective 1/1/2015

Off Exchange HIOS IDs*

HIOS Plan ID	HIOS Plan Name	On/Off Exchange
78079DC0230001	BluePreferred PPO HSA/HRA \$1,400	Off
78079DC0230002	BluePreferred PPO HSA/HRA \$2,000 - SE	Off
78079DC0230004	BluePreferred PPO HSA/HRA \$4,000 - SE	Off
78079DC0230005	BluePreferred PPO HSA/HRA \$4,500	Off
78079DC0230006	BluePreferred PPO HSA/HRA \$2000, 100%/80%	Off
78079DC0230007	BluePreferred PPO HSA/HRA \$1,800	Off
78079DC0220008	BluePreferred PPO \$1,000 100%/80%	Off
78079DC0220001	BluePreferred PPO \$500	Off
78079DC0220002	BluePreferred PPO \$1,000 - SE	Off
78079DC0220017	BluePreferred PPO 100%/80%, Rx: \$10/20%/40%/50% - SE	Off
78079DC0220003	BluePreferred PPO \$1,200	Off
78079DC0220004	BluePreferred PPO \$2,000	Off
78079DC0220005	BluePreferred PPO \$4,500	Off
78079DC0220010	BluePreferred PPO \$1,000 80%/60%	Off
78079DC0220009	BluePreferred PPO 100%/80%, Rx:\$10/\$45/\$65/50%	Off
78079DC0300002	HealthyBlue PPO \$300	Off
78079DC0300003	HealthyBlue PPO \$600	Off
78079DC0300001	HealthyBlue PPO \$1,500	Off
78079DC0310001	HealthyBlue PPO HSA/HRA \$2,000	Off

*Off Exchange plans are closed for new and renewing business effective 1/1/2015

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2015

D.C. GHMSI Small Group Experience
Experience Period: 1/1/2013 - 12/31/2013, Paid Through 3/31/2014

Service Category	Non-Grandfathered Small Group (Used in Base Period Data)			Total Small Group (Grandfathered & Non) (Used in Historical Trend Analysis)		
	Allowed Amount	Units	Allowed PMPM	Allowed Amount	Units	Allowed PMPM
Inpatient	\$ 31,075,789	1,991	\$ 74.97	\$ 37,666,856	2,478	\$ 75.00
Outpatient	\$ 36,385,422	30,317	\$ 87.78	\$ 44,375,782	36,960	\$ 88.36
Professional	\$ 59,859,022	376,768	\$ 144.41	\$ 72,850,921	460,686	\$ 145.07
Other	\$ 9,245,685	34,648	\$ 22.31	\$ 11,267,900	42,023	\$ 22.44
Rx	\$ 46,293,637	335,650	\$ 111.68	\$ 56,335,870	408,694	\$ 112.18
Capitation	\$ 511,288		\$ 1.23	\$ 619,443		\$ 1.23
Total (Including Capitations)	\$ 183,370,842		\$ 442.38	\$ 223,116,771		\$ 444.29
Member Months	414,509			502,192		

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. Approximately 11.6% of current D.C. GHMSI Small Group enrollment is grandfathered business.

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2015
Blended Index Rate

Effective Date	Index Rate	Total Member Months
1/1/2015	\$ 472.69	148,128
4/1/2015	\$ 480.86	96,336
7/1/2015	\$ 489.21	115,476
10/1/2015	\$ 497.72	137,124
Blended	\$ 485.02	497,064

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2015
D.C. GHMSI Small Group & Individual Base Experience Medical Inpatient
Experience Period: Incurred 201301 - 201312, Paid through 201403

Month	Contracts	Members	Allowed	Admits	Completion Factor	Completed		Rolling 12 PMPM			Rolling 12 Trend			
						Allowed	Admits	Allowed	Admits/1000	Unit Cost	Allowed	Admits/1000	Unit Cost	
201104	24,573	44,425	\$3,177,993	230	1.00	\$3,177,993	230							
201105	24,638	44,458	\$2,886,577	228	1.00	\$2,886,577	228							
201106	24,853	44,833	\$2,947,777	231	1.00	\$2,947,777	231							
201107	25,227	45,408	\$3,007,547	222	1.00	\$3,007,547	222							
201108	25,548	46,029	\$3,554,226	246	1.00	\$3,554,226	246							
201109	25,817	46,386	\$3,499,075	225	1.00	\$3,499,075	225							
201110	25,789	46,303	\$2,688,617	226	1.00	\$2,688,617	226							
201111	25,887	46,489	\$3,067,304	226	1.00	\$3,067,304	226							
201112	26,071	46,963	\$2,778,732	223	1.00	\$2,778,732	223							
201201	25,978	46,832	\$3,054,316	216	1.00	\$3,054,316	216							
201202	26,250	47,247	\$2,497,675	205	1.00	\$2,497,736	205							
201203	26,258	47,356	\$4,251,848	261	1.00	\$4,251,872	261	\$67.69	59.47	\$13,658.88				
201204	26,447	47,649	\$2,763,043	211	1.00	\$2,763,307	211	\$66.55	58.71	\$13,601.74				
201205	26,395	47,635	\$3,322,394	237	1.00	\$3,322,875	237	\$66.95	58.57	\$13,716.59				
201206	26,655	48,196	\$2,800,296	204	1.00	\$2,800,762	204	\$66.29	57.65	\$13,799.09				
201207	26,601	48,222	\$3,792,184	253	1.00	\$3,792,899	253	\$67.35	58.02	\$13,929.68				
201208	26,688	48,462	\$3,336,609	221	1.00	\$3,337,418	221	\$66.68	57.24	\$13,977.94				
201209	26,679	48,449	\$3,071,903	229	1.00	\$3,073,016	229	\$65.69	57.12	\$13,799.80				
201210	26,712	48,511	\$3,244,463	246	1.00	\$3,246,404	246	\$66.41	57.32	\$13,902.18				
201211	26,544	48,222	\$3,102,058	227	1.00	\$3,104,284	227	\$66.27	57.17	\$13,909.78				
201212	26,341	47,990	\$2,530,845	218	1.00	\$2,532,687	218	\$65.73	56.97	\$13,844.32				
201301	25,958	47,246	\$3,486,818	235	1.00	\$3,490,479	235	\$66.44	57.33	\$13,906.06				
201302	25,846	46,937	\$2,790,054	192	1.00	\$2,793,829	192	\$66.99	57.10	\$14,079.08				
201303	25,726	46,590	\$3,171,904	226	1.00	\$3,177,277	226	\$65.21	56.45	\$13,861.65	-3.7%	-5.1%	1.5%	
201304	25,708	46,561	\$3,206,054	211	1.00	\$3,215,070	212	\$66.12	56.57	\$14,025.92	-0.6%	-3.6%	3.1%	
201305	25,578	46,236	\$2,825,722	230	1.00	\$2,838,520	231	\$65.43	56.58	\$13,877.36	-2.3%	-3.4%	1.2%	
201306	25,449	46,015	\$3,200,241	227	0.99	\$3,217,537	228	\$66.41	57.31	\$13,907.08	0.2%	-0.6%	0.8%	
201307	25,264	45,677	\$2,881,832	214	0.99	\$2,901,965	215	\$65.14	56.77	\$13,769.59	-3.3%	-2.2%	-1.1%	
201308	25,258	45,651	\$2,929,277	215	0.99	\$2,959,587	217	\$64.80	56.97	\$13,648.15	-2.8%	-0.5%	-2.4%	
201309	25,037	45,204	\$4,687,106	197	0.99	\$4,751,999	200	\$68.16	56.67	\$14,433.27	3.8%	-0.8%	4.6%	
201310	24,958	45,012	\$3,031,948	194	0.98	\$3,090,802	198	\$68.31	55.99	\$14,642.04	2.9%	-2.3%	5.3%	
201311	24,764	44,698	\$3,243,489	222	0.97	\$3,341,487	229	\$69.18	56.38	\$14,724.52	4.4%	-1.4%	5.9%	
201312	24,369	44,056	\$2,957,987	192	0.95	\$3,121,068	203	\$70.74	56.44	\$15,040.71	7.6%	-0.9%	8.6%	
201401	23,445	42,419	\$3,518,493	202	0.89	\$3,940,415	226	\$72.19	56.74	\$15,267.63	8.7%	-1.0%	9.8%	
201402	22,629	41,087	\$2,173,870	160	0.83	\$2,621,833	193	\$72.66	57.37	\$15,196.68	8.5%	0.5%	7.9%	
201403	21,669	39,429	\$903,517	65	0.39	\$2,304,152	166	\$71.99	56.78	\$15,215.95	10.4%	0.6%	9.8%	
Experience Period	303,915	549,883	\$38,412,432	2,555	0.99	\$38,899,620	2,586							
201303	25,726	46,590									-3.7%	-5.1%	1.5%	
201309	25,037	45,204									3.8%	-0.8%	4.6%	
201312	24,369	44,056									7.6%	-0.9%	8.6%	
Avg last 6 months	24,942	45,050									2.1%	-1.3%	3.5%	
Selected Pricing Trend													0.0%	5.0%

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2015
D.C. GHMSI Small Group & Individual Base Experience Medical Outpatient
Experience Period: Incurred 201301 - 201312, Paid through 201403

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	
201104	24,573	44,425	\$3,178,754	2,966	1.00	\$3,178,754	2,966							
201105	24,638	44,458	\$3,484,371	3,268	1.00	\$3,484,371	3,268							
201106	24,853	44,833	\$3,158,283	3,237	1.00	\$3,158,283	3,237							
201107	25,227	45,408	\$2,975,003	2,927	1.00	\$2,975,003	2,927							
201108	25,548	46,029	\$3,491,421	3,174	1.00	\$3,491,421	3,174							
201109	25,817	46,386	\$3,182,838	3,129	1.00	\$3,182,838	3,129							
201110	25,789	46,303	\$3,451,108	3,156	1.00	\$3,451,108	3,156							
201111	25,887	46,489	\$3,405,520	3,109	1.00	\$3,405,520	3,109							
201112	26,071	46,963	\$3,455,972	3,280	1.00	\$3,455,972	3,280							
201201	25,978	46,832	\$3,711,937	3,439	1.00	\$3,711,937	3,439							
201202	26,250	47,247	\$3,473,605	3,301	1.00	\$3,473,655	3,301							
201203	26,258	47,356	\$3,690,368	3,426	1.00	\$3,690,424	3,426	\$73.56	833.94	\$1,058.50				
201204	26,447	47,649	\$3,613,694	3,346	1.00	\$3,614,039	3,346	\$73.92	837.32	\$1,059.34				
201205	26,395	47,635	\$3,712,681	3,442	1.00	\$3,713,176	3,442	\$73.91	836.30	\$1,060.47				
201206	26,655	48,196	\$3,503,859	3,313	1.00	\$3,504,405	3,314	\$74.08	832.94	\$1,067.26				
201207	26,601	48,222	\$3,893,326	3,356	1.00	\$3,894,050	3,357	\$75.34	837.91	\$1,078.93				
201208	26,688	48,462	\$3,862,562	3,408	1.00	\$3,863,546	3,409	\$75.67	839.28	\$1,081.92				
201209	26,679	48,449	\$3,691,959	3,156	1.00	\$3,693,381	3,157	\$76.29	836.84	\$1,094.00				
201210	26,712	48,511	\$3,724,981	3,369	1.00	\$3,727,215	3,371	\$76.48	838.12	\$1,095.02				
201211	26,544	48,222	\$3,429,819	3,177	1.00	\$3,432,242	3,179	\$76.30	837.06	\$1,093.77				
201212	26,341	47,990	\$3,663,958	3,158	1.00	\$3,666,571	3,160	\$76.53	833.06	\$1,102.33				
201301	25,958	47,246	\$4,034,443	3,458	1.00	\$4,038,740	3,462	\$77.04	832.94	\$1,109.89				
201302	25,846	46,937	\$3,734,394	3,163	1.00	\$3,739,445	3,167	\$77.54	830.59	\$1,120.30				
201303	25,726	46,590	\$3,815,648	3,347	1.00	\$3,822,259	3,353	\$77.88	830.17	\$1,125.68	5.9%	-0.5%	6.3%	
201304	25,708	46,561	\$4,068,821	3,288	1.00	\$4,080,317	3,297	\$78.84	830.72	\$1,138.83	6.7%	-0.8%	7.5%	
201305	25,578	46,236	\$3,900,740	3,298	1.00	\$3,918,528	3,313	\$79.39	830.04	\$1,147.74	7.4%	-0.7%	8.2%	
201306	25,449	46,015	\$3,662,185	3,100	0.99	\$3,682,141	3,117	\$80.01	829.08	\$1,158.00	8.0%	-0.5%	8.5%	
201307	25,264	45,677	\$4,076,258	3,237	0.99	\$4,104,837	3,260	\$80.74	830.75	\$1,166.23	7.2%	-0.9%	8.1%	
201308	25,258	45,651	\$3,824,587	3,219	0.99	\$3,864,403	3,252	\$81.14	831.56	\$1,170.91	7.2%	-0.9%	8.2%	
201309	25,037	45,204	\$3,548,379	2,992	0.99	\$3,597,564	3,034	\$81.44	833.73	\$1,172.17	6.7%	-0.4%	7.1%	
201310	24,958	45,012	\$4,051,339	3,334	0.98	\$4,129,689	3,399	\$82.67	839.56	\$1,181.66	8.1%	0.2%	7.9%	
201311	24,764	44,698	\$3,500,573	2,933	0.97	\$3,606,413	3,022	\$83.51	841.49	\$1,190.94	9.5%	0.5%	8.9%	
201312	24,369	44,056	\$3,659,506	3,111	0.95	\$3,861,273	3,283	\$84.46	850.18	\$1,192.19	10.4%	2.1%	8.2%	
201401	23,445	42,419	\$3,331,282	3,012	0.89	\$3,732,726	3,375	\$84.65	855.79	\$1,186.98	9.9%	2.7%	6.9%	
201402	22,629	41,087	\$3,048,401	2,576	0.83	\$3,680,455	3,111	\$85.46	863.83	\$1,187.17	10.2%	4.0%	6.0%	
201403	21,669	39,429	\$1,145,210	1,190	0.39	\$2,922,646	3,036	\$84.92	868.31	\$1,173.59	9.0%	4.6%	4.3%	
Experience Period	303,915	549,883	\$45,876,873	38,480	0.99	\$46,445,610	38,958							
201303	25,726	46,590									5.9%	-0.5%	6.3%	
201309	25,037	45,204									6.7%	-0.4%	7.1%	
201312	24,369	44,056									10.4%	2.1%	8.2%	
Avg last 6 months	24,942	45,050									8.2%	0.1%	8.1%	
Selected Pricing Trend													2.0%	8.0%

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2015
D.C. GHMSI Small Group & Individual Base Experience Medical Professional
Experience Period: Incurred 201301 - 201312, Paid through 201403

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
201104	24,573	44,425	\$5,516,172	37,166	1.00	\$5,516,172	37,166						
201105	24,638	44,458	\$5,893,690	39,092	1.00	\$5,893,690	39,092						
201106	24,853	44,833	\$5,842,663	39,487	1.00	\$5,842,663	39,487						
201107	25,227	45,408	\$5,257,241	35,661	1.00	\$5,257,241	35,661						
201108	25,548	46,029	\$6,110,762	39,998	1.00	\$6,110,762	39,998						
201109	25,817	46,386	\$5,846,660	39,335	1.00	\$5,846,660	39,335						
201110	25,789	46,303	\$6,040,574	41,405	1.00	\$6,040,574	41,405						
201111	25,887	46,489	\$5,950,962	40,140	1.00	\$5,950,962	40,140						
201112	26,071	46,963	\$5,728,530	39,361	1.00	\$5,728,530	39,361						
201201	25,978	46,832	\$6,800,535	43,295	1.00	\$6,800,535	43,295						
201202	26,250	47,247	\$6,200,219	40,982	1.00	\$6,200,327	40,983						
201203	26,258	47,356	\$6,620,148	43,407	1.00	\$6,620,258	43,408	\$129.92	10,406.49	\$149.81			
201204	26,447	47,649	\$6,158,281	40,135	1.00	\$6,158,871	40,139	\$130.32	10,410.31	\$150.22			
201205	26,395	47,635	\$6,812,828	43,975	1.00	\$6,813,730	43,981	\$131.22	10,456.08	\$150.60			
201206	26,655	48,196	\$6,363,945	40,668	1.00	\$6,364,938	40,674	\$131.37	10,418.89	\$151.30			
201207	26,601	48,222	\$6,400,426	40,031	1.00	\$6,401,624	40,039	\$132.74	10,459.95	\$152.28			
201208	26,688	48,462	\$6,483,075	42,957	1.00	\$6,484,683	42,968	\$132.83	10,477.90	\$152.12			
201209	26,679	48,449	\$6,156,702	39,084	1.00	\$6,159,024	39,099	\$132.90	10,434.99	\$152.83			
201210	26,712	48,511	\$6,620,935	43,376	1.00	\$6,624,897	43,402	\$133.40	10,436.60	\$153.39			
201211	26,544	48,222	\$6,113,948	40,982	1.00	\$6,118,309	41,011	\$133.29	10,423.30	\$153.46			
201212	26,341	47,990	\$5,639,077	37,704	1.00	\$5,643,147	37,731	\$132.91	10,370.65	\$153.79			
201301	25,958	47,246	\$7,056,306	44,540	1.00	\$7,063,883	44,588	\$133.27	10,390.15	\$153.92			
201302	25,846	46,937	\$6,113,321	39,257	1.00	\$6,121,613	39,310	\$133.20	10,360.85	\$154.28			
201303	25,726	46,590	\$6,230,152	39,447	1.00	\$6,240,854	39,515	\$132.72	10,293.30	\$154.73	2.2%	-1.1%	3.3%
201304	25,708	46,561	\$6,778,301	42,894	1.00	\$6,797,571	43,016	\$134.09	10,373.10	\$155.12	2.9%	-0.4%	3.3%
201305	25,578	46,236	\$6,577,478	41,911	1.00	\$6,607,650	42,103	\$134.05	10,359.07	\$155.29	2.2%	-0.9%	3.1%
201306	25,449	46,015	\$6,004,170	38,066	0.99	\$6,037,063	38,275	\$133.99	10,348.18	\$155.38	2.0%	-0.7%	2.7%
201307	25,264	45,677	\$6,329,203	40,001	0.99	\$6,373,656	40,282	\$134.54	10,399.79	\$155.25	1.4%	-0.6%	1.9%
201308	25,258	45,651	\$6,252,769	39,181	0.99	\$6,317,836	39,589	\$134.92	10,379.74	\$155.98	1.6%	-0.9%	2.5%
201309	25,037	45,204	\$6,186,876	38,203	0.99	\$6,273,127	38,735	\$135.90	10,432.02	\$156.33	2.3%	0.0%	2.3%
201310	24,958	45,012	\$6,888,422	44,165	0.98	\$7,022,069	45,022	\$137.47	10,532.39	\$156.62	3.0%	0.9%	2.1%
201311	24,764	44,698	\$5,869,428	37,848	0.97	\$6,046,998	38,993	\$138.21	10,555.69	\$157.13	3.7%	1.3%	2.4%
201312	24,369	44,056	\$5,666,439	35,439	0.95	\$5,978,788	37,393	\$139.81	10,623.82	\$157.92	5.2%	2.4%	2.7%
201401	23,445	42,419	\$5,878,945	36,658	0.89	\$6,586,214	41,070	\$140.18	10,640.45	\$158.09	5.2%	2.4%	2.7%
201402	22,629	41,087	\$4,793,815	30,018	0.83	\$5,786,817	36,243	\$141.08	10,687.62	\$158.40	5.9%	3.2%	2.7%
201403	21,669	39,429	\$2,757,799	17,867	0.39	\$7,032,984	45,553	\$144.46	10,967.66	\$158.06	8.8%	6.6%	2.2%
Experience Period	303,915	549,883	\$75,952,865	480,952	0.99	\$76,881,109	486,822						
201303	25,726	46,590									2.2%	-1.1%	3.3%
201309	25,037	45,204									2.3%	0.0%	2.3%
201312	24,369	44,056									5.2%	2.4%	2.7%
Avg last 6 months	24,942	45,050									2.9%	0.5%	2.3%
Selected Pricing Trend												2.5%	2.5%

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2015
D.C. GHMSI Small Group & Individual Base Experience Medical Other
Experience Period: Incurred 201301 - 201312, Paid through 201403

Month	Contracts	Members	Allowed	Services	Completion Factor	Completed		Rolling 12 PMPM			Rolling 12 Trend			
						Allowed	Services	Allowed	Services/1000	Unit Cost	Allowed	Services/1000	Unit Cost	
201104	24,573	44,425	\$743,130	2,793	1.00	\$743,130	2,793							
201105	24,638	44,458	\$833,362	3,025	1.00	\$833,362	3,025							
201106	24,853	44,833	\$742,646	2,986	1.00	\$742,646	2,986							
201107	25,227	45,408	\$735,641	2,884	1.00	\$735,641	2,884							
201108	25,548	46,029	\$1,039,875	3,209	1.00	\$1,039,875	3,209							
201109	25,817	46,386	\$901,292	3,241	1.00	\$901,292	3,241							
201110	25,789	46,303	\$887,467	3,275	1.00	\$887,467	3,275							
201111	25,887	46,489	\$910,906	3,510	1.00	\$910,906	3,510							
201112	26,071	46,963	\$1,011,740	3,542	1.00	\$1,011,740	3,542							
201201	25,978	46,832	\$834,819	3,631	1.00	\$834,819	3,631							
201202	26,250	47,247	\$831,307	3,157	1.00	\$831,327	3,157							
201203	26,258	47,356	\$1,000,161	3,707	1.00	\$1,000,179	3,707	\$18.95	845.84	\$268.80				
201204	26,447	47,649	\$848,042	3,338	1.00	\$848,127	3,338	\$19.03	852.70	\$267.75				
201205	26,395	47,635	\$805,633	3,456	1.00	\$805,736	3,456	\$18.87	857.12	\$264.16				
201206	26,655	48,196	\$796,590	3,400	1.00	\$796,716	3,400	\$18.85	860.84	\$262.79				
201207	26,601	48,222	\$779,583	3,225	1.00	\$779,732	3,226	\$18.84	863.80	\$261.67				
201208	26,688	48,462	\$848,881	3,454	1.00	\$849,095	3,455	\$18.42	865.29	\$255.43				
201209	26,679	48,449	\$796,757	3,253	1.00	\$797,057	3,254	\$18.17	862.44	\$252.81				
201210	26,712	48,511	\$842,682	3,552	1.00	\$843,187	3,554	\$18.02	864.96	\$250.02				
201211	26,544	48,222	\$934,512	3,693	1.00	\$935,182	3,695	\$18.01	866.23	\$249.49				
201212	26,341	47,990	\$933,547	3,541	1.00	\$934,230	3,543	\$17.84	864.71	\$247.61				
201301	25,958	47,246	\$952,879	3,542	1.00	\$953,920	3,546	\$18.04	862.31	\$251.00				
201302	25,846	46,937	\$971,797	3,412	1.00	\$973,117	3,416	\$18.29	868.19	\$252.84				
201303	25,726	46,590	\$947,156	3,427	1.00	\$948,801	3,433	\$18.23	863.62	\$253.28	-3.8%	2.1%	-5.8%	
201304	25,708	46,561	\$1,010,397	3,750	1.00	\$1,013,294	3,760	\$18.55	874.10	\$254.68	-2.5%	2.5%	-4.9%	
201305	25,578	46,236	\$955,106	3,691	1.00	\$959,520	3,708	\$18.87	881.51	\$256.81	0.0%	2.8%	-2.8%	
201306	25,449	46,015	\$831,282	3,233	0.99	\$835,831	3,250	\$19.01	881.72	\$258.67	0.8%	2.4%	-1.6%	
201307	25,264	45,677	\$1,015,571	3,418	0.99	\$1,022,712	3,442	\$19.52	890.26	\$263.12	3.6%	3.1%	0.6%	
201308	25,258	45,651	\$1,076,807	3,439	0.99	\$1,088,011	3,475	\$20.04	895.12	\$268.67	8.8%	3.4%	5.2%	
201309	25,037	45,204	\$986,679	3,506	0.99	\$1,000,381	3,554	\$20.52	906.71	\$271.57	12.9%	5.1%	7.4%	
201310	24,958	45,012	\$1,084,701	3,851	0.98	\$1,105,604	3,925	\$21.12	920.39	\$275.35	17.2%	6.4%	10.1%	
201311	24,764	44,698	\$942,881	3,366	0.97	\$971,421	3,468	\$21.32	921.31	\$277.68	18.4%	6.4%	11.3%	
201312	24,369	44,056	\$1,026,556	3,336	0.95	\$1,083,016	3,521	\$21.74	927.42	\$281.32	21.9%	7.3%	13.6%	
201401	23,445	42,419	\$852,493	2,817	0.89	\$955,875	3,159	\$21.94	927.12	\$283.95	21.6%	7.5%	13.1%	
201402	22,629	41,087	\$718,608	2,404	0.83	\$868,522	2,910	\$21.98	925.91	\$284.90	20.2%	6.6%	12.7%	
201403	21,669	39,429	\$585,760	1,414	0.39	\$1,490,960	3,614	\$23.30	942.47	\$296.63	27.8%	9.1%	17.1%	
Experience Period	303,915	549,883	\$11,801,811	41,971	0.99	\$11,955,628	42,498							
201303	25,726	46,590									-3.8%	2.1%	-5.8%	
201309	25,037	45,204									12.9%	5.1%	7.4%	
201312	24,369	44,056									21.9%	7.3%	13.6%	
Avg last 6 months	24,942	45,050									13.8%	5.3%	8.0%	
Selected Pricing Trend													6.0%	10.0%

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2015
D.C. GHMSI Small Group & Individual Base Experience Rx
Experience Period: Incurred 201301 - 201312, Paid through 201403

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	
201104	24,573	44,425	\$4,233,261	35,613	1.00	\$4,233,261	35,613							
201105	24,638	44,458	\$4,354,373	37,107	1.00	\$4,354,373	37,107							
201106	24,853	44,833	\$4,551,853	36,678	1.00	\$4,551,853	36,678							
201107	25,227	45,408	\$4,210,285	35,189	1.00	\$4,210,285	35,189							
201108	25,548	46,029	\$4,591,213	36,973	1.00	\$4,591,213	36,973							
201109	25,817	46,386	\$4,524,802	35,261	1.00	\$4,524,802	35,261							
201110	25,789	46,303	\$4,483,827	36,946	1.00	\$4,483,827	36,946							
201111	25,887	46,489	\$4,591,120	37,544	1.00	\$4,591,120	37,544							
201112	26,071	46,963	\$4,678,459	39,030	1.00	\$4,678,459	39,030							
201201	25,978	46,832	\$4,909,976	39,711	1.00	\$4,909,976	39,711							
201202	26,250	47,247	\$4,505,044	36,865	1.00	\$4,505,044	36,865							
201203	26,258	47,356	\$4,773,854	39,397	1.00	\$4,773,854	39,397	\$98.44	9,689.68	\$121.91				
201204	26,447	47,649	\$4,726,161	37,733	1.00	\$4,726,161	37,733	\$98.75	9,679.25	\$122.43				
201205	26,395	47,635	\$4,904,952	39,047	1.00	\$4,904,952	39,047	\$99.17	9,665.89	\$123.12				
201206	26,655	48,196	\$4,469,023	36,997	1.00	\$4,469,023	36,997	\$98.43	9,614.90	\$122.85				
201207	26,601	48,222	\$4,650,061	37,466	1.00	\$4,650,061	37,466	\$98.72	9,615.38	\$123.21				
201208	26,688	48,462	\$4,803,099	38,604	1.00	\$4,803,099	38,604	\$98.67	9,608.64	\$123.23				
201209	26,679	48,449	\$4,361,381	35,615	1.00	\$4,361,381	35,615	\$98.03	9,581.31	\$122.77				
201210	26,712	48,511	\$4,697,750	38,069	1.00	\$4,697,750	38,069	\$98.02	9,567.89	\$122.94				
201211	26,544	48,222	\$4,567,187	37,670	1.00	\$4,567,187	37,670	\$97.69	9,541.62	\$122.86				
201212	26,341	47,990	\$4,851,088	38,650	1.00	\$4,851,088	38,650	\$97.81	9,516.64	\$123.34				
201301	25,958	47,246	\$5,119,718	40,217	1.00	\$5,119,718	40,217	\$98.11	9,520.35	\$123.66				
201302	25,846	46,937	\$4,314,451	35,170	1.00	\$4,314,451	35,170	\$97.83	9,490.10	\$123.70				
201303	25,726	46,590	\$4,835,349	37,134	1.00	\$4,835,349	37,134	\$98.07	9,455.46	\$124.46	-0.4%	-2.4%	2.1%	
201304	25,708	46,561	\$4,865,205	37,431	1.00	\$4,865,205	37,431	\$98.49	9,467.09	\$124.85	-0.3%	-2.2%	2.0%	
201305	25,578	46,236	\$4,777,087	37,531	1.00	\$4,777,087	37,531	\$98.51	9,458.43	\$124.98	-0.7%	-2.1%	1.5%	
201306	25,449	46,015	\$4,597,348	34,690	1.00	\$4,597,348	34,690	\$99.11	9,446.04	\$125.91	0.7%	-1.8%	2.5%	
201307	25,264	45,677	\$5,070,693	36,340	1.00	\$5,070,693	36,340	\$100.30	9,464.61	\$127.17	1.6%	-1.6%	3.2%	
201308	25,258	45,651	\$4,974,751	35,069	1.00	\$4,974,751	35,069	\$101.11	9,436.58	\$128.57	2.5%	-1.8%	4.3%	
201309	25,037	45,204	\$4,839,945	33,799	1.00	\$4,839,945	33,799	\$102.54	9,452.32	\$130.18	4.6%	-1.3%	6.0%	
201310	24,958	45,012	\$5,242,465	35,643	1.00	\$5,242,465	35,643	\$104.16	9,459.43	\$132.14	6.3%	-1.1%	7.5%	
201311	24,764	44,698	\$4,766,864	33,048	1.00	\$4,766,864	33,048	\$105.19	9,419.47	\$134.01	7.7%	-1.3%	9.1%	
201312	24,369	44,056	\$5,289,190	35,416	1.00	\$5,289,190	35,416	\$106.74	9,416.29	\$136.02	9.1%	-1.1%	10.3%	
201401	23,445	42,419	\$4,307,404	32,840	1.00	\$4,307,404	32,840	\$106.19	9,337.26	\$136.48	8.2%	-1.9%	10.4%	
201402	22,629	41,087	\$3,897,255	29,284	1.00	\$3,897,255	29,284	\$106.57	9,307.57	\$137.40	8.9%	-1.9%	11.1%	
201403	21,669	39,429	\$4,273,443	31,355	1.00	\$4,273,443	31,355	\$106.95	9,302.51	\$137.96	9.1%	-1.6%	10.9%	
Experience Period	303,915	549,883	\$58,693,066	431,488	1.00	\$58,693,066	431,488							
201303	25,726	46,590									-0.4%	-2.4%	2.1%	
201309	25,037	45,204									4.6%	-1.3%	6.0%	
201312	24,369	44,056									9.1%	-1.1%	10.3%	
Avg last 6 months	24,942	45,050									5.3%	-1.4%	6.7%	
Selected Pricing Trend													-1.5%	7.5%

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2015
D.C. GHMSI Small Group & Individual Base Experience - Medical and Rx Total
Experience Period: Incurred 201301 - 201312, Paid through 201403

Month	Contracts	Members	Allowed	Completion Factor	Completed	Rolling 12 PMPM	Rolling 12 Trend
					Allowed	Allowed	Allowed
201104	24,573	44,425	\$16,849,310	1.00	\$16,849,310		
201105	24,638	44,458	\$17,452,372	1.00	\$17,452,372		
201106	24,853	44,833	\$17,243,222	1.00	\$17,243,222		
201107	25,227	45,408	\$16,185,717	1.00	\$16,185,717		
201108	25,548	46,029	\$18,787,497	1.00	\$18,787,497		
201109	25,817	46,386	\$17,954,668	1.00	\$17,954,668		
201110	25,789	46,303	\$17,551,594	1.00	\$17,551,594		
201111	25,887	46,489	\$17,925,812	1.00	\$17,925,812		
201112	26,071	46,963	\$17,653,433	1.00	\$17,653,433		
201201	25,978	46,832	\$19,311,583	1.00	\$19,311,583		
201202	26,250	47,247	\$17,507,849	1.00	\$17,508,090		
201203	26,258	47,356	\$20,336,379	1.00	\$20,336,586	\$388.54	
201204	26,447	47,649	\$18,109,222	1.00	\$18,110,504	\$388.56	
201205	26,395	47,635	\$19,558,488	1.00	\$19,560,470	\$390.12	
201206	26,655	48,196	\$17,933,714	1.00	\$17,935,845	\$389.02	
201207	26,601	48,222	\$19,515,580	1.00	\$19,518,366	\$392.98	
201208	26,688	48,462	\$19,334,226	1.00	\$19,337,842	\$392.27	
201209	26,679	48,449	\$18,078,702	1.00	\$18,083,860	\$391.07	
201210	26,712	48,511	\$19,130,810	1.00	\$19,139,454	\$392.34	
201211	26,544	48,222	\$18,147,525	1.00	\$18,157,203	\$391.56	
201212	26,341	47,990	\$17,618,514	1.00	\$17,627,723	\$390.81	
201301	25,958	47,246	\$20,650,165	1.00	\$20,666,739	\$392.89	
201302	25,846	46,937	\$17,924,017	1.00	\$17,942,454	\$393.85	
201303	25,726	46,590	\$19,000,208	1.00	\$19,024,540	\$392.09	0.9%
201304	25,708	46,561	\$19,928,776	1.00	\$19,971,457	\$396.09	1.9%
201305	25,578	46,236	\$19,036,133	1.00	\$19,101,305	\$396.25	1.6%
201306	25,449	46,015	\$18,295,226	1.00	\$18,369,920	\$398.53	2.4%
201307	25,264	45,677	\$19,373,558	0.99	\$19,473,864	\$400.24	1.8%
201308	25,258	45,651	\$19,058,192	0.99	\$19,204,588	\$402.00	2.5%
201309	25,037	45,204	\$20,248,985	0.99	\$20,463,017	\$408.57	4.5%
201310	24,958	45,012	\$20,298,874	0.99	\$20,590,629	\$413.74	5.5%
201311	24,764	44,698	\$18,323,235	0.98	\$18,733,184	\$417.41	6.6%
201312	24,369	44,056	\$18,599,677	0.96	\$19,333,336	\$423.50	8.4%
201401	23,445	42,419	\$17,888,618	0.92	\$19,522,635	\$425.15	8.2%
201402	22,629	41,087	\$14,631,949	0.87	\$16,854,882	\$427.75	8.6%
201403	21,669	39,429	\$9,665,729	0.54	\$18,024,186	\$431.62	10.1%
Experience Period	303,915	549,883	\$230,737,046	0.99	\$232,875,032		
201303	25,726	46,590					0.9%
201309	25,037	45,204					4.5%
201312	24,369	44,056					8.4%
Avg last 6 months	24,942	45,050					4.9%

**CareFirst BlueCross BlueShield
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2015**

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

	Total Allowed*	Experience Period Actual Trend*		Projection Period Trend		Difference Proj vs. Exp trend	
		6 Mth Average of R12 Trends		Unit Cost	Utilization	Unit Cost	Utilization
Inpatient	\$ 38,899,620	3.5%	-1.3%	5.0%	0.0%	1.5%	1.3%
Outpatient	\$ 46,445,610	8.1%	0.1%	8.0%	2.0%	-0.1%	1.9%
Professional	\$ 76,881,109	2.3%	0.5%	2.5%	2.5%	0.2%	2.0%
Other	\$ 11,955,628	8.0%	5.3%	10.0%	6.0%	2.0%	0.7%
Rx	\$ 58,693,066	6.7%	-1.4%	7.5%	-1.5%	0.8%	-0.1%
Total	\$ 232,875,032	5.1%	-0.1%	5.7%	1.2%	0.6%	1.3%
Claims-Weighted Total Trend (Cost & Utilization combined)		5.0%		6.9%		1.9%	
Total Trend from Allowed PMPM Projection Pages (Incl Capitations, Excl GF SG business)				7.0%			

* Includes grandfathered Small Group business.

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2015
Morbidity Impact on Small Group/Individual HMO/PPO combined

The current combined Individual/Small Group non-Grandfathered pool is expected to increase from approximately 72,700 members today to approximately 94,000 members in 2015. This 21,300 member increase is expected to come from an influx of the following new entrants:

- a) Prior IND64- grandfathered members (Underwritten, HIPAA, Group Conversion, Open Enrollment) - ~1,100 members
- b) Former large group enrollees - ~2,000 members
- c) Former small group enrollees - ~500 members
- d) Newly insured entrants who were formerly uninsured - ~3,000 members
- e) Congress - ~10,100 members
- f) Competitors - ~4,600 members

The estimated average morbidity of these 21,300 new entrants is approximately 0.99 compared to the current Small Group/Individual merged pool and when blended with the 1.00 morbidity of the current pool, yields a resultant 2015 morbidity of 1.00 in relation to the current non-Grandfathered pool.

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2015

DC Combined - Small Group & Individual Capitations

<u>GHMSI</u>	<u>Description</u>	<u>1/1/13</u> <u>PMPM</u>	<u>1/1/14</u> <u>PMPM</u>	<u>Δ</u>
	Mental Health UR	\$0.60	\$0.62	2.6%
	Nurse Hotline	\$0.04	\$0.04	0.0%
	Wellness	\$0.21	\$0.21	0.0%
	Vision	\$0.41	\$0.42	2.1%
		\$1.26	\$1.29	1.9%

*The total capitation for Wellness is \$0.26, but only applies to members age 18+.

CAREFIRST BLUECROSS BLUESHIELD (CF)
PART III ACTUARIAL MEMORANDUM

1. GENERAL INFORMATION:

- A. **Company Legal Name:** Group Hospitalization and Medical Services, Inc. (NAIC # 53007). (GHMSI).
- B. **Jurisdiction:** District of Columbia.
- C. **HIOS Issuer ID:** 78079.
- D. **Market:** Small Group (SG). In 2015 the 2014 Off Exchange benefits are being subsumed into On Exchange.
- E. **Effective Date:** 1/1/15 – 12/31/15.

- F. **Primary Contact Name:** Mr. Dwayne Lucado, F.S.A., M.A.A.A.
- G. **Primary Contact Telephone Number:** 410-998-7519.
- H. **Primary Contact E-Mail Address:** Dwayne.Lucado@CareFirst.com.

2. PROPOSED RATE INCREASE(S): In compliance with the “Patient Protection and Affordable Care Act” (ACA, H.R. 3590) and toward the same 2014 objectives of maximizing access and affordability, long-term financial viability, and customer rate stability, CF is proposing to raise 1Q15 premiums by 12.1%, prior to age band changes. (For CF the proposed 1Q15 renewal is 12.4%.) The range is 10.5% to 13.6%. (For renewing customers, an age band change adds 2.6% to the renewal, on average, with a range of 0.0% to 3.9% for ages 22 and upwards per the DC age curve.) Since we are filing incremental quarterly trend increases for 2015, the 2Q15, 3Q15, and 4Q15 renewals are estimated to be 12.2%, 12.4%, and 12.5%, respectively.

3. EXPERIENCE PERIOD PREMIUM AND CLAIMS: The incurred period is 1/1/13 through 12/31/13, as required.

- A. **Paid Through Date:** 3/31/14.
- B. **Premiums (Net of Medical Loss Ratio (MLR) Rebate) in Experience Period:** \$192,950,934 (Merged Index Rate).
- C. **Allowed and Incurred Claims From Experience Period:** \$190,898,624 (Merged Index Rate).

4. BENEFIT CATEGORIES:

- A. Inpatient (hospital).
- B. Outpatient (hospital) (OP).
- C. Professional.
- D. Other Medical (non-capitated ambulance, home health care, durable medical equipment, prosthetics, supplies, vision exams, dental services, and other).
- E. Prescription drug (Rx).
- F. Capitations.

5. PROJECTION FACTORS:

- A. **Changes in the Morbidity of the Population Insured:** For 2015, CareFirst estimates a morbidity factor that is almost identical to 2014’s projected morbidity. The morbidity risk factor projections are based upon the model that supported CareFirst’s 2014 rate filings. The model compares known and estimated allowed claims costs per member per month (PMPM) for 2013 to project the costs of various categories of the estimated 2015 membership.

These categories are based upon the prior status of the 2015 membership – previous CareFirst members (medically underwritten “Individual Non-Medigap” (INM), Open Enrollment, HIPAA, Group Conversion, Groups (small and large including Congress)), and New Entrants sorted by income (i.e.,

> 200% of Federal Poverty Level (FPL)). As of 5/12/14, CF has enrolled approximately 10,000 members from Congress through the Small Business Health Options Program (SHOP). The prospect of offering of SHOP plans to Congress was not known at the time of the 2014 rate filings. This influx of Congressional members with an average age of 32.3 years versus 33.7 for SG and 36.1 for INM contributed to the decline in the morbidity factor. Congress is projected to represent ~12% of total enrollment with an ~10% improvement in the loss ratio leading to ~1% reduction to premiums. On 12/31/15 we are projecting about 23,000 CF INM members and 71,000 for CF SG for a total of approximately 94,000.

- B. **Changes in Benefits:** We are adding 3 new benefits to our portfolio bringing the total number of unique plans from 54 to 57 – 4 Bronze, 14 Silver (includes a new PPO \$1,000 deductible plan), 18 Gold (including a new BlueChoice Advantage \$500 deductible plan and a new PPO \$500 deductible plan), and 21 Platinum. We have recalculated the costs of “Essential Health Benefits” (EHB) as well as Non-EHBs.

Related to autism benefits, per the “Better Prices, Better Quality, Better Choices for Health Coverage Amendment Act of 2013” passed on 6/4/13 (D.C. Official Code § 31-3171.01, et seq.) we have calculated an increase in claims PMPM of \$1.74 for INM and \$5.15 for SG PMPM for 2015. This is largely for “Applied Behavioral Analysis” (ABA) treatments and is a D.C.-mandated benefit.

Attached exhibits detail adjustments for pediatric dental, mandatory generics, and a new hepatitis C prescription drug, Sovaldi.

- C. **Changes in Demographics:** Comparing the overall CareFirst member-level average age as of 12/31/12 to 3/31/14, we have seen an increase of 0.4 years from 33.8 to 34.2. For BlueChoice (BC) the increase is +0.6 from 33.7 to 34.3. For GHMSI the increase is +0.2 years from 33.9 to 34.1.

For INM CF, the average age increased by 2.1 years from 34.0 to 36.1. For BlueChoice the increase is +1.8 from 34.2 to 36.0. For GHMSI the increase is +2.4 years from 33.9 to 36.3.

Age factors will account for a portion of the corresponding increase in claims cost. We find the CMS age curve spread of “3 to 1” to be lower than the “4.5 to 1” that is more correlated with expected claims costs. We have therefore adjusted expected claims costs accordingly in the “experience period” (EP) index rate projection in the “other” category.

- D. **Other Adjustments:** CareFirst (CF) is proposing to introduce an incentive program (IP) whereby members can earn medical expense debit cards of as much as \$150 annually, for an individual (\$400 for a family). The cards must be utilized for qualified medical expenses such as deductibles, copays, and out-of-pocket costs. The scope includes all metaleed benefit plans within CF’s portfolio. This is being done in a revenue-neutral way. That is, the costs to CF of the incentive payments were chosen such that they match the expected savings to CF from more efficacious health care delivery. “HealthyBlue” (HB) was first launched effective 10/1/10 with the objective of motivating and rewarding greater engagement by the member in his or her health, improved wellness and prevention and better provider coordination and quality. As we sought to respond to feedback about HB, subsequent versions were released on 1/1/12 and 10/1/12. This IP represents an evolution of the HB concept. Further, it joins the tenets of HB with our “Patient Centered Medical Home” (PCMH) program which was launched in January, 2011.

The savings has been incorporated in the “Other” category when projecting the EP index rate. The cost of the incentive has been included in “general and administrative expenses.” Our aim is that this IP will improve our members’ health.

Included in this calculation is a decrease to claims costs for a change in our “Pharmacy Benefits Manager” (PBM) in 2014.

- E. **Trend Factors (Cost/Utilization):** The proposed trend of 7.0% is an increase of 200 basis points from 2014's 5.0%.

6. CREDIBILITY MANUAL RATE DEVELOPMENT:

- A. **Source and Appropriateness of Experience Data Used:** The calendar 2013 base data includes 462,200 member months (average monthly of 38,517) and is therefore considered 100% credible.
- B. **Adjustments Made to the Data:** Non-EHBs (adult vision and abortion) were removed to develop the index rate.
- C. **Inclusion of Capitation Payments:** A new exhibit lists all capitations.

7. **PAID TO ALLOWED RATIO:** Projected at 80.3%, on average.

8. RISK ADJUSTMENT AND REINSURANCE:

- A. **Projected Risk Adjustments PMPM:** -\$26 PMPM for 1Q15. This is based on an analysis of the market by Wakely Consulting where CF's normalized risk scores for BC and GHMSI are 0.92 and 1.08. We have applied these percentages to our projected index rates for each quarter of 2015 to translate the risk score into a PMPM. We gave 75% credibility to the Wakely numbers. A risk transfer receipt has been shown on our exhibit demonstrating MLR compliance.
- B. **Projected ACA Reinsurance Recoveries Net of Reinsurance Premium (Individual Market and Combined Markets Only):** Not applicable.

9. **NON-BENEFIT EXPENSES AND CONTRIBUTION TO RESERVE (CtR):** The 2015 "desired incurred claims ratio" (DICR) has decreased from 76.9% (2014) to 72.9% due primarily to the medical expense debit card issue described in "Other Adjustments" above.

A. **Administrative Expense Load:** G&A PMPMs decreased by 11% versus 2014.

B. **CtR & Risk Margin:** Pre-tax CtR is 2.0% versus 3.0% in 2014.

C. Taxes and Fees:

- Community Health Investment of 2.0%.
- Federal Income Tax (FIT) of 0.4% (20% FIT rate).
- Health Insurer Fee increased 73 basis points to 2.6% considering non-deductibility for tax purposes.
- Patient-Centered Outcomes Research Institute (PCORI) of \$2.11 PMPY (\$0.18 PMPM).
- Reinsurance Payments decreased from \$5.25 PMPM to \$3.60 PMPM.
- Risk Adjustment User Fees remained at \$0.08 PMPM.
- Reinsurance Administrative Fee is \$0.11 PMPM.
- Exchange Assessment Fee of 1.0% for 2015 and 1.0% for 2014 per the "Health Benefit Exchange Authority Financial Sustainability Emergency Amendment Act of 2014" (D.C. Act 20-329) approved on 5/22/14. In addition, there is an additional state assessment fee of 0.1%.

10. **PROJECTED LOSS RATIO:** Our projected DICR for MLR purposes is 80.0%, meeting the 80.0% minimum of "Public Health Service Act" (PHSA) 218. For testing we used the combined experience of INM and SG.

11. **SINGLE RISK POOL (SRP):** Our SRP reflects all covered lives for every non-grandfathered product in our market per 45 CFR Part § 156.80 (d). There are no transitional policies for CareFirst in D.C. This

encompasses INM Open Enrollment, HIPAA, Group Conversion, and formerly medically underwritten coverages as well as SGs.

12. **INDEX RATE:** The EP index rate is a key component driving the renewal. Last year's implicit 2013 index rate was \$421 (\$401 + trend of 5.0%). The actual for 2013 is \$413 for a favorable variance of -2%.

For GHMSI the experience period index rates for INM, SG and INM+SG are \$218, \$436 and \$413, respectively. By using the merged index rate, INM goes up by +90% (i.e., \$413 versus \$218) and SG goes down by -5% (i.e., \$413 versus \$436).

For CF the experience period index rates for INM, SG and INM+SG are \$290, \$372 and \$364, respectively. By using the merged index rate, INM goes up by +26% (i.e., \$364 versus \$290) and SG goes down by -2% (i.e., \$364 versus \$372).

The ratio of our composite PPO to HMO rate was 1.16 in 2014. 2015 filings maintain this ratio.

Retail Clinics will have reduced copays to match the Primary Care Provider (PCP) rather than specialist copay with negligible price impact.

13. **MARKET ADJUSTED INDEX RATE:** A summary exhibit is provided.
14. **PLAN ADJUSTED INDEX RATES:** Network factors composite to 1.00. The "cost-share" factor includes 1) pricing AVs, 2) H.S.A./Non-H.S.A. factors, and 3) benefit generosity. There is 1 type of network, PPO/RPN.
15. **CALIBRATION:** Done for age and geography but we have elected not to rate for tobacco usage. Capping dependents under the age of 21 at 3 is implicit in the calibration.
16. **CONSUMER ADJUSTED PREMIUM RATE DEVELOPMENT:** A summary exhibit is provided.
17. **HHS ACTUARIAL METAL VALUES (AV):** The 2014 Federal calculator was used exclusively without major modifications. The following plans required minor modifications to the AV inputs: BluePreferred PPO \$4,500, BluePreferred PPO \$1000 \$30/\$40, BluePreferred PPO \$500 \$20/\$30, and all four HealthyBlue PPO plans. These plans have copays on OP facility and in some cases OP Surgery Physician/Surgical Services, which are not accommodated by the AV calculator. Equivalent coinsurances were computed using the AV calculator continuance tables so that an input could be entered.
- 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 costs of the applicable generic drugs to the allowed costs of all generic drugs was added to the baseline.
- Printouts for each plan are provided as part of the QHP binder submission under separate cover.
18. **AV PRICING VALUES:** We have updated our internal AV model with the latest experience and with corrections for computing effective coinsurance for emergency room (ER) and inpatient hospital care. The result was a needed upward adjustment of ~6% to allowed claims which we are proposing to grade in by using a 50%/50% blend of the 2014 and 2015 AVs.
19. **MEMBERSHIP PROJECTIONS:** We had projected 61% of enrollment in PPO-based plans as of 12/31/14 in our 2014 filings. Actual data as of 5/12/14 indicate that PPO will comprise 58% of our CF members. Approximately 75% of actual YTD enrollment is in Gold plans. We incorporated this in

projecting 12/31/15 enrollment. As of 5/12/14 we have 6,205 INM members in metaled products and 16,960 SG members in metaled products.

20. **TERMINATED PRODUCTS:** Not applicable.

21. **PLAN TYPE:** PPO.

22. **WARNING ALERTS:** 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.

23. **RELIANCE:** None.

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

**Rate Filing # 1957
D.C. Small Group Products - On Exchange
Rate Filing Effective 1/1/2015**

Actuarial Memorandum

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2015

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Group Hospitalization & Medical Services, Inc. (GHMSI)

(NAIC # 53007)

D.C. Small Group Products - On Exchange

Rates Effective 1/1/2015

Form Numbers

Form Numbers Associated With This Filing:

This list contains the applicable forms for the new and renewing products. Some of these are also used with other products, which may be open or closed to new sales. These forms are used with products that are both grandfathered and non-grandfathered.

The SERFF Tracking # for the corresponding form filing On Exchange is as follows: CFBC-129540249

ON Exchange

Forms Used for ALL ON-Exchange GHMSI Group Products

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
DC/CF/SHOP/2015 GC AMEND (1/15)
DC/CF/SHOP 2015 AMEND (1/15)
DC/CF/PPO/INCENT (1/15)

Product: BluePreferred

Network: Regional Preferred (RPN)

DC/CF/SHOP/GC (1/14)
DC/CF/SHOP/EOC (1/14)
DC/CF/PPO/PLAT SOB (R. 1/15)
DC/CF/PPO/BRZ SOB (R. 1/15)
DC/CF/PPO/10080/SOB (R. 1/15)
DC/CF/PPO/500/SOB (R. 1/15)
DC/CF/PPO/1200/SOB (R. 1/15)
DC/CF/PPO/1000/SOB (R. 1/15)
DC/CF/PPO/2000/SOB (R. 1/15)
DC/CF/PPO/4500/SOB (R. 1/15)
DC/CF/PPO CDH/1400/SOB (R. 1/15)
DC/CF/PPO HSA/4500 SOB (R. 1/15)
DC/CF/PPO CDH/2000/SOB (R. 1/15)
DC/CF/PPO HRA/1000/SOB (R. 1/15)
DC/CF/PPO CDH/1800/SOB (R. 1/15)
DC/CF/PPO/500/20-30/SOB (1/15)
DC/CF/PPO/1000/30-40/SOB (1/15)

Product: BluePreferred Multi-State Plans

Network: Regional Preferred (RPN)

DC/CF/MSP/EOC (1/14)
DC/CF/MSP/GC (1/14)
DC/CF/MSP APPEAL (1/14)
DC/CF/PPO/GOLD SOB (R. 1/15)
DC/CF/PPO/SIL SOB (R. 1/15)

Product: HealthyBlue PPO

Network: Regional Preferred (RPN)

DC/CF/SHOP/GC (1/14)
DC/CF/SHOP/EOC (1/14)
DC/CF/HB PPO/300 SOB (R. 1/15)
DC/CF/HB PPO/600 SOB (R. 1/15)
DC/CF/HB PPO/1500 SOB (R. 1/15)
DC/CF/HB PPO CDH/2000 SOB (R. 1/15)

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2015

Acronym	Definition
SHOP	Small Business Health Options Program
CF	CareFirst BlueCross BlueShield
BC	CareFirst BlueChoice, Inc.
GHMSI	Group Hospitalization and Medical Services, Inc.
SG	Small Group
IND64-, INM	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
HDHP	High Deductible Health Plan
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
ABA	Applied Behavioral Analysis

CareFirst BlueCross BlueShield (GHMSI)
(NAIC # 53007)
D.C. Small Group Products - On Exchange
Rates Effective 1/1/2015
Actuarial Certification

I, Dwayne Lucado, am the Director of Actuarial Pricing with Group Hospitalization and Medical Services, Inc. (GHMSI) doing business as CareFirst BlueCross BlueShield. 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 Exchange) in the District of Columbia for business effective post 1/1/2015. 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 CCIIO instructions for Part III - Actuarial Memorandum.
3. The projected index rate is reasonable in relation to the projected benefits and the projected population and is neither excessive nor deficient.
4. The plan level rates are developed based only on allowed index rate modifiers in accordance with 45 CFR 156.80(d)(1) and (2) and have been calibrated 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, FSA, MAAA
Director, Actuarial Pricing
CareFirst BlueCross BlueShield
Mail Drop-Point 01-780
10455 Mill Run Circle
Owings Mills, MD 21117

**CareFirst BlueCross BlueShield (GHMSI)
(NAIC # 53007)
D.C. Small Group Products - On Exchange
Rates Effective 1/1/2015**

Affected HIOS IDS*

HIOS Product ID	HIOS Product Name	HIOS Plan ID	HIOS Plan Name	On/Off Exchange	Product Type	Abortion Coverage	Actuarial Value 2014-2015	Metal Level	Unique Plan	Projected Contracts 12/31/15
78079DC019	BluePreferred HSA/HRA Multi-State Plan	78079DC0190001	BlueCross BlueShield Preferred 2000, A Multi-State Plan	On	PPO	No	70.90%	Silver	No	51
78079DC023	BluePreferred PPO HSA/HRA	78079DC0230003	BluePreferred PPO HSA/HRA \$4,000	On	PPO	Yes	60.85%	Bronze	No	2
78079DC017	BluePreferred Multi-State Plan	78079DC0170001	BlueCross BlueShield Preferred 1000, A Multi-State Plan	On	PPO	No	79.88%	Gold	No	693
78079DC022	BluePreferred PPO	78079DC0220016	BluePreferred PPO 100%/80%, Rx: \$10/20%/40%/50%	On	PPO	Yes	89.44%	Platinum	No	38
78079DC022	BluePreferred PPO	78079DC0220018	BluePreferred PPO \$1000 \$30/\$40	On	PPO	Yes	72.00%	Silver	No	54
78079DC022	BluePreferred PPO	78079DC0220019	BluePreferred PPO \$500 \$20/\$30	On	PPO	Yes	78.51%	Gold	No	54
78079DC023	BluePreferred PPO HSA/HRA	78079DC0230008	BluePreferred PPO HSA/HRA \$1,400	On	PPO	Yes	78.06%	Gold	No	1,310
78079DC023	BluePreferred PPO HSA/HRA	78079DC0230009	BluePreferred PPO HSA/HRA \$4,500	On	PPO	Yes	61.00%	Bronze	No	17
78079DC023	BluePreferred PPO HSA/HRA	78079DC0230010	BluePreferred PPO HSA/HRA \$2000, 100%/80%	On	PPO	Yes	71.78%	Silver	No	328
78079DC023	BluePreferred PPO HSA/HRA	78079DC0230011	BluePreferred PPO HSA/HRA \$1,800	On	PPO	Yes	71.58%	Silver	No	51
78079DC022	BluePreferred PPO	78079DC0220012	BluePreferred PPO \$1,000 100%/80%	On	PPO	Yes	81.79%	Gold	No	8,452
78079DC022	BluePreferred PPO	78079DC0220006	BluePreferred PPO \$500	On	PPO	Yes	88.25%	Platinum	No	1,063
78079DC022	BluePreferred PPO	78079DC0220007	BluePreferred PPO \$1,200	On	PPO	Yes	79.86%	Gold	No	822
78079DC022	BluePreferred PPO	78079DC0220015	BluePreferred PPO \$2,000	On	PPO	Yes	79.20%	Gold	No	508
78079DC022	BluePreferred PPO	78079DC0220011	BluePreferred PPO \$4,500	On	PPO	Yes	61.91%	Bronze	No	13
78079DC022	BluePreferred PPO	78079DC0220014	BluePreferred PPO \$1,000 80%/60%	On	PPO	Yes	80.74%	Gold	No	1,493
78079DC022	BluePreferred PPO	78079DC0220013	BluePreferred PPO 100%/80%, Rx:\$10/\$45/\$65/50%	On	PPO	Yes	88.99%	Platinum	No	3,138
78079DC030	HealthyBlue PPO	78079DC0300005	HealthyBlue PPO \$300	On	PPO	Yes	90.26%	Platinum	No	40
78079DC030	HealthyBlue PPO	78079DC0300006	HealthyBlue PPO \$600	On	PPO	Yes	89.81%	Platinum	No	16
78079DC030	HealthyBlue PPO	78079DC0300004	HealthyBlue PPO \$1,500	On	PPO	Yes	81.88%	Gold	No	3,896
78079DC031	HealthyBlue PPO HSA/HRA	78079DC0310002	HealthyBlue PPO HSA/HRA \$2,000	On	PPO	Yes	70.81%	Silver	Yes	74

*BluePreferred PPO \$1000 \$30/\$40 and BluePreferred PPO \$500 \$20/\$30 are new plans effective 1/1/15. All other plans were new effective 1/1/14.

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2015

2015 ACA – RATE CHANGES AT PRODUCT/METAL LEVEL
SMALL GROUP - DC GHMSI

1	2	3	4			5	6	7	8	9-12				13	14-21								22
			Members							Projected 1Q15 EMMs	HHS 2014 AV	Base Premium				HHS 2015 AV	Base Premium						
Metal	Product	Actual 3/31/14	Projected 12/31/14	Projected 12/31/15	% of Actual Total	Projected 1Q15 EMMs	HHS 2014 AV	1Q14	2Q14			3Q14	4Q14	HHS 2015 AV	1Q15		RNL	2Q15	RNL	3Q15	RNL	4Q15	RNL
ON																							
1	Platinum	BluePreferred PPO	1,420	28,308	7,907	15.2%	28,272	0.888	\$511	\$517	\$523	\$530	0.888	\$565	10.7%	\$573	10.8%	\$581	11.0%	\$589	11.1%	6.7%	
2	Platinum	HealthyBlue PPO	18	396	104	0.2%	372	0.901	\$493	\$499	\$505	\$512	0.901	\$547	11.1%	\$555	11.2%	\$562	11.3%	\$570	11.5%	7.0%	
PLATINUM SUBTOTAL			1,438	28,704	8,011	15.4%	28,644	0.888	\$510	\$517	\$523	\$530	0.888	\$565	10.7%	\$573	10.8%	\$581	11.0%	\$589	11.1%	6.7%	
3	Gold	BluePreferred PPO	4,934	5,320	21,130	52.7%	75,564	0.814	\$399	\$404	\$409	\$414	0.814	\$448	12.3%	\$454	12.5%	\$460	12.6%	\$467	12.7%	12.7%	
4	Gold	BluePreferred PPO HSA/HRA	638	2,686	2,569	6.8%	9,192	0.781	\$381	\$386	\$390	\$395	0.781	\$424	11.3%	\$429	11.4%	\$435	11.5%	\$441	11.6%	7.2%	
5	Gold	BluePreferred Multi-State Plan	339	884	1,293	3.6%	4,620	0.799	\$401	\$406	\$411	\$416	0.799	\$443	10.5%	\$449	10.6%	\$455	10.7%	\$461	10.8%	6.4%	
6	Gold	HealthyBlue PPO	1,748	35	7,267	18.7%	25,992	0.819	\$399	\$404	\$409	\$414	0.819	\$453	13.6%	\$460	13.8%	\$466	13.9%	\$472	14.0%	9.5%	
GOLD SUBTOTAL			7,659	8,925	32,259	81.9%	115,368	0.812	\$397	\$402	\$407	\$413	0.812	\$447	12.5%	\$453	12.6%	\$459	12.7%	\$466	12.9%	11.3%	
7	Silver	BluePreferred PPO HSA/HRA	150	781	744	1.6%	2,664	0.718	\$327	\$331	\$335	\$339	0.718	\$368	12.6%	\$373	12.7%	\$378	12.8%	\$383	12.9%	8.4%	
8	Silver	BluePreferred PPO	-	-	100	0.0%	360	0.720					0.720	\$409		\$415		\$421		\$426			
9	Silver	BluePreferred Multi-State Plan HSA/HRA	7	245	100	0.1%	360	0.709	\$320	\$324	\$328	\$332	0.709	\$355	11.0%	\$359	11.1%	\$364	11.2%	\$369	11.3%	6.9%	
10	Silver	HealthyBlue PPO HSA/HRA	35	37	145	0.4%	516	0.708	\$321	\$325	\$329	\$333	0.708	\$364	13.2%	\$368	13.3%	\$373	13.4%	\$379	13.6%	9.1%	
SILVER SUBTOTAL			192	1,063	1,090	2.1%	3,900	0.715	\$325	\$329	\$333	\$337	0.716	\$370	12.5%	\$375	12.6%	\$380	12.7%	\$385	12.9%	8.4%	
11	Bronze	BluePreferred PPO	5	256	25	0.1%	84	0.619	\$287	\$291	\$295	\$298	0.619	\$322	11.9%	\$326	12.0%	\$330	12.1%	\$335	12.3%	7.8%	
12	Bronze	BluePreferred PPO HSA/HRA	61	74	37	0.7%	132	0.610	\$261	\$264	\$267	\$270	0.610	\$293	12.4%	\$296	12.5%	\$301	12.6%	\$305	12.8%	8.3%	
BRONZE SUBTOTAL			66	330	62	0.7%	216	0.613	\$271	\$274	\$278	\$281	0.613	\$304	12.2%	\$308	12.3%	\$312	12.4%	\$317	12.6%	8.1%	
GHMSI Total			9,355	39,022	41,422	100%	148,128	0.824	\$417	\$423	\$428	\$433	0.824	\$468	12.1%	\$474	12.2%	\$481	12.4%	\$487	12.5%	10.3%	

LOW RENEWAL (Minimum):	10.5%	10.6%	10.7%	10.8%
HIGH RENEWAL (Maximum):	13.6%	13.8%	13.9%	14.0%

Note: The previous SERFF tracking number for GHMSI DC Small Group (effective 1/1/2014) is CFAP-129047320 (On and Off Exchange).

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2015

2015 ACA – RATE CHANGES AT PRODUCT/METAL LEVEL
SMALL GROUP - DC

1	2	3	4		5	6	7	8	10				13	16				21	22			
			Actual	Projected					Projected	% of Actual	Base Premium				Base Premium							
Metal	Product	1/31/14	12/31/14	12/31/15	Total	Projected	HHS	Base Premium				HHS	Base Premium				1Q					
						1Q15	2014	1Q14	2Q14	3Q14	4Q14	2015	1Q15	RNL	2Q15	RNL	3Q15	RNL	4Q15	RNL	Incremental	
ON																						
1	Platinum	BlueChoice Advantage	133	868	561	0.9%	1,944	0.885	\$435	\$444	\$454	\$463	0.885	\$489	12.4%	\$495	11.5%	\$502	10.7%	\$509	9.9%	5.6%
2	Platinum	BlueChoice HMO	268	3,160	1,230	1.7%	4,284	0.883	\$421	\$429	\$438	\$448	0.883	\$468	11.3%	\$474	10.4%	\$481	9.6%	\$487	8.8%	4.6%
3	Platinum	BlueChoice HMO Referral	371	6,044	2,045	2.4%	7,116	0.890	\$404	\$413	\$421	\$430	0.890	\$448	11.0%	\$454	10.1%	\$461	9.3%	\$467	8.5%	4.3%
4	Platinum	BlueChoice Plus	643	8,551	3,716	4.2%	12,936	0.887	\$428	\$437	\$446	\$456	0.887	\$475	11.0%	\$481	10.1%	\$488	9.3%	\$494	8.5%	4.3%
5	Platinum	HealthyBlue HMO	7	343	208	0.0%	720	0.903	\$408	\$417	\$425	\$434	0.903	\$457	12.0%	\$463	11.2%	\$470	10.4%	\$476	9.5%	5.3%
6	Platinum	HealthyBlue Plus	188	829	1,172	1.2%	4,068	0.902	\$420	\$428	\$437	\$446	0.902	\$468	11.6%	\$474	10.7%	\$481	9.9%	\$487	9.1%	4.9%
7	Platinum	HealthyBlue Advantage	44	438	412	0.3%	1,428	0.903	\$426	\$435	\$444	\$453	0.903	\$481	12.9%	\$487	12.1%	\$494	11.3%	\$500	10.4%	6.1%
8	Platinum	BluePreferred PPO	1,420	28,308	7,907	9.2%	28,272	0.888	\$511	\$517	\$523	\$530	0.888	\$565	10.7%	\$573	10.8%	\$581	11.0%	\$589	11.1%	6.7%
9	Platinum	HealthyBlue PPO	18	396	104	0.1%	372	0.901	\$493	\$499	\$505	\$512	0.901	\$547	11.1%	\$555	11.2%	\$562	11.3%	\$570	11.5%	7.0%
PLATINUM SUBTOTAL			3,092	48,937	17,356	20.1%	61,140	0.889	\$463	\$470	\$478	\$486	0.889	\$514	11.0%	\$520	10.6%	\$528	10.3%	\$535	9.9%	5.6%
10	Gold	BlueChoice Advantage	578	47	2,578	3.7%	8,964	0.787	\$342	\$349	\$356	\$364	0.787	\$384	12.1%	\$389	11.3%	\$394	10.5%	\$400	9.6%	9.6%
11	Gold	BlueChoice HMO	502	1,015	2,615	3.3%	9,108	0.816	\$350	\$357	\$364	\$372	0.816	\$394	12.8%	\$399	11.9%	\$405	11.1%	\$410	10.3%	5.9%
12	Gold	BlueChoice HMO Referral	98	467	449	0.6%	1,560	0.788	\$325	\$332	\$339	\$346	0.788	\$363	11.8%	\$368	11.0%	\$373	10.2%	\$378	9.3%	5.1%
13	Gold	BlueChoice HMO HSA/HRA	186	1,516	698	1.2%	2,424	0.797	\$311	\$318	\$324	\$331	0.797	\$343	10.1%	\$347	9.3%	\$352	8.5%	\$357	7.7%	3.5%
14	Gold	HealthyBlue HMO	150	31	611	1.0%	2,124	0.819	\$329	\$336	\$343	\$350	0.819	\$375	14.0%	\$379	13.1%	\$385	12.3%	\$390	11.4%	7.1%
15	Gold	HealthyBlue Plus	255	31	1,085	1.7%	3,768	0.819	\$339	\$346	\$353	\$361	0.819	\$385	13.6%	\$390	12.7%	\$396	11.9%	\$401	11.1%	6.8%
16	Gold	HealthyBlue Advantage	2,224	27	9,466	14.4%	32,916	0.819	\$343	\$350	\$357	\$365	0.819	\$394	14.9%	\$399	14.0%	\$404	13.2%	\$410	12.3%	7.9%
17	Gold	BluePreferred PPO	4,934	5,320	21,130	32.0%	75,564	0.814	\$399	\$404	\$409	\$414	0.814	\$448	12.3%	\$454	12.5%	\$460	12.6%	\$467	12.7%	12.7%
18	Gold	BluePreferred PPO HSA/HRA	638	2,686	2,569	4.1%	9,192	0.781	\$381	\$386	\$390	\$395	0.781	\$424	11.3%	\$429	11.4%	\$435	11.5%	\$441	11.6%	7.2%
19	Gold	BluePreferred Multi-State Plan	339	884	1,293	2.2%	4,620	0.799	\$401	\$406	\$411	\$416	0.799	\$443	10.5%	\$449	10.6%	\$455	10.7%	\$461	10.8%	6.4%
20	Gold	HealthyBlue PPO	1,748	35	7,267	11.3%	25,992	0.819	\$399	\$404	\$409	\$414	0.819	\$453	13.6%	\$460	13.8%	\$466	13.9%	\$472	14.0%	9.5%
GOLD SUBTOTAL			11,652	12,059	49,760	75.6%	176,232	0.812	\$378	\$384	\$390	\$396	0.812	\$427	12.9%	\$433	12.7%	\$438	12.5%	\$444	12.3%	10.0%
21	Silver	BlueChoice HMO HSA/HRA	113	647	620	0.7%	2,160	0.718	\$261	\$266	\$272	\$278	0.718	\$293	12.2%	\$296	11.3%	\$300	10.5%	\$304	9.6%	5.4%
22	Silver	BlueChoice Advantage HSA/HRA	40	66	495	0.3%	1,716	0.703	\$280	\$286	\$292	\$298	0.703	\$318	13.3%	\$322	12.5%	\$326	11.6%	\$331	10.8%	6.5%
23	Silver	BlueChoice Plus	8	10	37	0.1%	132	0.719	\$285	\$291	\$297	\$303	0.719	\$320	12.4%	\$324	11.5%	\$329	10.7%	\$333	9.9%	5.6%
24	Silver	BlueChoice Plus HSA/HRA	73	323	412	0.5%	1,440	0.714	\$282	\$288	\$294	\$300	0.714	\$314	11.3%	\$318	10.4%	\$322	9.6%	\$327	8.8%	4.5%
25	Silver	HealthyBlue HMO HSA/HRA	91	34	428	0.6%	1,488	0.708	\$255	\$261	\$266	\$272	0.708	\$291	13.8%	\$294	12.9%	\$298	12.1%	\$302	11.2%	6.9%
26	Silver	HealthyBlue Plus HSA/HRA	30	25	166	0.2%	576	0.708	\$263	\$269	\$275	\$280	0.708	\$299	13.4%	\$303	12.5%	\$307	11.7%	\$311	10.9%	6.6%
27	Silver	HealthyBlue Advantage HSA/HRA	27	36	125	0.2%	432	0.708	\$266	\$272	\$278	\$283	0.708	\$305	14.7%	\$309	13.8%	\$314	13.0%	\$318	12.1%	7.8%
28	Silver	BluePreferred PPO HSA/HRA	150	781	744	1.0%	2,664	0.718	\$327	\$331	\$335	\$339	0.718	\$368	12.6%	\$373	12.7%	\$378	12.8%	\$383	12.9%	8.4%
29	Silver	BluePreferred PPO	-	-	100	0.0%	360						0.720	\$409		\$415		\$421		\$426		
30	Silver	BluePreferred Multi-State Plan HSA/HRA	7	245	100	0.0%	360	0.709	\$320	\$324	\$328	\$332	0.709	\$355	11.0%	\$359	11.1%	\$364	11.2%	\$369	11.3%	6.9%
31	Silver	HealthyBlue PPO HSA/HRA	35	37	145	0.2%	516	0.708	\$321	\$325	\$329	\$333	0.708	\$364	13.2%	\$368	13.3%	\$373	13.4%	\$379	13.6%	9.1%
SILVER SUBTOTAL			574	2,204	3,372	3.7%	11,844	0.712	\$286	\$291	\$297	\$302	0.713	\$325	12.7%	\$329	12.1%	\$334	11.6%	\$338	11.1%	6.7%
32	Bronze	BlueChoice HMO Referral HSA/HRA	7	41	62	0.0%	216	0.612	\$198	\$203	\$207	\$211	0.612	\$219	10.4%	\$222	9.6%	\$225	8.8%	\$228	7.9%	3.8%
33	Bronze	BlueChoice Plus HSA/HRA	27	30	391	0.2%	1,356	0.616	\$232	\$237	\$242	\$247	0.616	\$258	11.2%	\$261	10.3%	\$265	9.5%	\$268	8.7%	4.5%
34	Bronze	BluePreferred PPO	5	256	25	0.0%	84	0.619	\$287	\$291	\$295	\$298	0.619	\$322	11.9%	\$326	12.0%	\$330	12.1%	\$335	12.3%	7.8%
35	Bronze	BluePreferred PPO HSA/HRA	61	74	37	0.4%	132	0.610	\$261	\$264	\$267	\$270	0.610	\$293	12.4%	\$296	12.5%	\$301	12.6%	\$305	12.8%	8.3%
BRONZE SUBTOTAL			100	401	515	0.6%	1,788	0.615	\$232	\$237	\$242	\$247	0.615	\$259	11.2%	\$262	10.5%	\$266	9.8%	\$269	9.1%	4.8%
BlueChoice Total			6,063	24,579	29,582	39%	102,876	0.826	\$359	\$367	\$374	\$382	0.826	\$405	12.9%	\$410	12.0%	\$416	11.2%	\$421	10.4%	6.4%
GHMSI Total			9,355	39,022	41,422	61%	148,128	0.824	\$417	\$423	\$428	\$433	0.824	\$468	12.1%	\$474	12.2%	\$481	12.4%	\$487	12.5%	10.3%
Grand Total			15,418	63,601	71,004	100%	251,004	0.825	\$393	\$400	\$406	\$412	0.825	\$442	12.4%	\$448	12.2%	\$454	11.9%	\$460	11.6%	8.7%

LOW RENEWAL (Minimum): 10.1% **HIGH RENEWAL (Maximum):** 14.9% **PPO/HMO:** 1.16 1.15 1.14 1.13 1.16 1.16 1.16 1.16

Note: The previous SERFF tracking number for GHMSI DC Small Group (effective 1/1/2014) is CFAP-129047320 (On and Off Exchange).
The previous SERFF tracking number for BlueChoice DC Small Group (effective 1/1/2014) is CFAP-129047155 (On and Off Exchange).

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2015
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 - 1/1/2015

	Begin	End	Mid-point	Months of Trend		
Experience Period	1/1/2013	12/31/2013	7/2/2013			
Rating Period	1/1/2015	12/31/2015	7/2/2015	24.0	pd through	3/31/2014
Experience Period Summary	Total					
Experience Period Premiums	\$	192,950,934				
MLR Rebates	\$	-				
Net Experience Period Premiums	\$	192,950,934				
Experience Period Paid Claims (Non-Capitated)	\$	169,370,060				
Completion Factor		0.99				
Experience Period Incurred Claims (Non-Capitated)	\$	170,971,028				
Capitations	\$	589,848				
Rx Rebates	\$	(2,928,482)				
Other Manual Claims	\$	-				
Total Experience Period Claims	\$	168,632,395				
Experience Period Loss Ratio (Before MLR Rebates)		87.4%				
Experience Period Loss Ratio (After MLR Rebates)		87.4%				
Experience Period Loss Ratio (System Claims Only)		88.6%				
Experience Period Member Months		462,200				
Average Members		38,517				
End of Experience Period Contracts		21,905				
End of Experience Period Members		39,428				
Experience Period Allowed Claims (Non-Capitated)	\$	193,237,257				
Adjustments	\$	(2,338,633)				
Total Adjusted EP Allowed Claims	\$	190,898,624				
EP Paid / Allowed Ratio		88.3%				

Service Category Level Projection

Service Category Experience Period Allowed	Utilization Measure	EP Units	EP Allowed \$	Other	Rx Rebates	Net Allowed
Inpatient	Admits	2,098	\$ 32,308,552	\$ -	\$ -	\$ 32,308,552
Outpatient	Visits	32,289	\$ 38,455,250	\$ -	\$ -	\$ 38,455,250
Professional	Visits	402,542	\$ 63,889,209	\$ -	\$ -	\$ 63,889,209
Other	Services	35,103	\$ 9,933,413	\$ -	\$ -	\$ 9,933,413
Rx	Scripts	358,444	\$ 48,650,833	\$ -	\$ (2,928,482)	\$ 45,722,351
Capitation	Member Months	462,200	\$ 589,848	\$ -	\$ -	\$ 589,848
Total			\$ 193,827,106	\$ -	\$ (2,928,482)	\$ 190,898,624
PMPM			\$ 419.36	\$ -	\$ (6.34)	\$ 413.02

Annual Trend Inputs	
Cost Trend	Utilization Trend
5.0%	0.0%
8.0%	2.0%
2.5%	2.5%
10.0%	6.0%
7.5%	-1.5%
2.0%	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	Annual Trend	
Inpatient	Admits	54.47	\$ 15,400.57	\$ 69.90	1.000	0.989	1.103	1.000	1.09	54.47	\$ 16,797.41	\$ 76.24	5.0%	
Outpatient	Visits	838.30	\$ 1,190.99	\$ 83.20	1.000	0.989	1.166	1.040	1.20	872.17	\$ 1,374.30	\$ 99.89	10.2%	
Professional	Visits	10,451.10	\$ 158.71	\$ 138.23	1.000	1.024	1.051	1.051	1.13	10,980.19	\$ 170.71	\$ 156.21	5.1%	
Other	Services	911.38	\$ 282.98	\$ 21.49	1.000	1.168	1.210	1.124	1.59	1,024.02	\$ 400.05	\$ 34.14	16.6%	
Rx	Scripts	9,306.21	\$ 127.56	\$ 98.92	1.000	0.956	1.156	0.970	1.07	9,029.11	\$ 140.94	\$ 106.04	5.9%	
Capitation	Member Months	12,000.00	\$ 1.28	\$ 1.28	1.000	0.984	1.040	1.000	1.02	12,000.00	\$ 1.31	\$ 1.31	2.0%	
Total			\$ 413.02									\$ 473.82	7.0%	
Projected Allowed Claims PMPM (EHB + Non-EHB)												\$ 473.82		
Non-EHB Claims In Projected PMPM**												\$ 1.13		
Index Rate for EHB												\$ 472.69		

* Please refer to page 61 for more information.

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

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2015
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 - 4/1/2015

Experience Period Rating Period	Begin	End	Mid-point	Months of Trend	pd through	3/31/2014
	1/1/2013 4/1/2015	12/31/2013 3/31/2016	7/2/2013 9/30/2015			
				27.0		

Experience Period Summary	Total
Experience Period Premiums	\$ 192,950,934
MLR Rebates (enter as negative)	\$ -
Net Experience Period Premiums	\$ 192,950,934
Experience Period Paid Claims (Non-Capitated)	\$ 169,370,060
Completion Factor	0.99
Experience Period Incurred Claims (Non-Capitated)	\$ 170,971,028
Capitations	\$ 589,848
Rx Rebates	\$ (2,928,482)
Other Manual Claims	\$ -
Total Experience Period Claims	\$ 168,632,395
Experience Period Loss Ratio (Before MLR Rebates)	87.4%
Experience Period Loss Ratio (After MLR Rebates)	87.4%
Experience Period Loss Ratio (System Claims Only)	88.6%
Experience Period Member Months	462,200
Average Members	38,517
End of Experience Period Contracts	21,905
End of Experience Period Members	39,428
Experience Period Allowed Claims (Non-Capitated)	\$ 193,237,257
Adjustments	\$ (2,338,633)
Total Adjusted EP Allowed Claims	\$ 190,898,624
EP Paid / Allowed Ratio	88.3%

Service Category Level Projection

Service Category Experience Period Allowed	Utilization Measure	EP Units	EP Allowed \$	Other	Rx Rebates	Net Allowed
Inpatient	Admits	2,098	\$ 32,308,552	\$ -	\$ -	\$ 32,308,552
Outpatient	Visits	32,289	\$ 38,455,250	\$ -	\$ -	\$ 38,455,250
Professional	Visits	402,542	\$ 63,889,209	\$ -	\$ -	\$ 63,889,209
Other	Services	35,103	\$ 9,933,413	\$ -	\$ -	\$ 9,933,413
Rx	Scripts	358,444	\$ 48,650,833	\$ -	\$ (2,928,482)	\$ 45,722,351
Capitation	Member Months	462,200	\$ 589,848	\$ -	\$ -	\$ 589,848
Total			\$ 193,827,106	\$ -	\$ (2,928,482)	\$ 190,898,624
PMPM			\$ 419.36	\$ -	\$ (6.34)	\$ 413.02

Annual Trend Inputs	
Cost Trend	Utilization Trend
5.0%	0.0%
8.0%	2.0%
2.5%	2.5%
10.0%	6.0%
7.5%	-1.5%
2.0%	0.0%

Service Category Experience Period Allowed	Utilization Measure	Experience Period			Projection Factors		Cost Factor	Utilization Factor	Total Factor	Projected			Effective Allowed	
		Util / 1000	Unit Cost	PMPM	Population Risk / Morbidity*	Other				Util / 1000	Unit Cost	PMPM	PMPM	Annual Trend
Inpatient	Admits	54.47	\$ 15,400.57	\$ 69.90	1.000	0.989	1.116	1.000	1.10	54.47	\$ 17,003.55	\$ 77.18	5.0%	
Outpatient	Visits	838.30	\$ 1,190.99	\$ 83.20	1.000	0.989	1.189	1.046	1.23	876.50	\$ 1,401.00	\$ 102.33	10.2%	
Professional	Visits	10,451.10	\$ 158.71	\$ 138.23	1.000	1.024	1.057	1.057	1.14	11,048.18	\$ 171.77	\$ 158.15	5.1%	
Other	Services	911.38	\$ 282.98	\$ 21.49	1.000	1.168	1.239	1.140	1.65	1,039.05	\$ 409.70	\$ 35.47	16.6%	
Rx	Scripts	9,306.21	\$ 127.56	\$ 98.92	1.000	0.956	1.177	0.967	1.09	8,995.06	\$ 143.51	\$ 107.57	5.9%	
Capitation	Member Months	12,000.00	\$ 1.28	\$ 1.28	1.000	0.984	1.046	1.000	1.03	12,000.00	\$ 1.31	\$ 1.31	2.0%	
Total				\$ 413.02								\$ 482.01	7.0%	
												Projected Allowed Claims PMPM (EHB + Non-EHB)	\$ 482.01	7.0%
												Non-EHB Claims In Projected PMPM**	\$ 1.15	
												Index Rate for EHB	\$ 480.86	

* Please refer to page 61 for more information.

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

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2015
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 - 7/1/2015

	Begin	End	Mid-point	Months of Trend		
Experience Period	1/1/2013	12/31/2013	7/2/2013		pd through	3/31/2014
Rating Period	7/1/2015	6/30/2016	12/30/2015	30.0		

Experience Period Summary	Total
Experience Period Premiums	\$ 192,950,934
MLR Rebates (enter as negative)	\$ -
Net Experience Period Premiums	\$ 192,950,934

Experience Period Paid Claims (Non-Capitated)	\$ 169,370,060
Completion Factor	0.99
Experience Period Incurred Claims (Non-Capitated)	\$ 170,971,028
Capitations	\$ 589,848
Rx Rebates	\$ (2,928,482)
Other Manual Claims	\$ -
Total Experience Period Claims	\$ 168,632,395
Experience Period Loss Ratio (Before MLR Rebates)	87.4%
Experience Period Loss Ratio (After MLR Rebates)	87.4%
Experience Period Loss Ratio (System Claims Only)	88.6%

Experience Period Member Months	462,200
Average Members	38,517
End of Experience Period Contracts	21,905
End of Experience Period Members	39,428

Experience Period Allowed Claims (Non-Capitated)	\$ 193,237,257
Adjustments	\$ (2,338,633)
Total Adjusted EP Allowed Claims	\$ 190,898,624
EP Paid / Allowed Ratio	88.3%

Service Category Level Projection

Service Category	Experience Period	Allowed	Utilization Measure	EP Units	EP Allowed \$	Other	Rx Rebates	Net Allowed
Inpatient			Admits	2,098	\$ 32,308,552	\$ -	\$ -	\$ 32,308,552
Outpatient			Visits	32,289	\$ 38,455,250	\$ -	\$ -	\$ 38,455,250
Professional			Visits	402,542	\$ 63,889,209	\$ -	\$ -	\$ 63,889,209
Other			Services	35,103	\$ 9,933,413	\$ -	\$ -	\$ 9,933,413
Rx			Scripts	358,444	\$ 48,650,833	\$ -	\$ (2,928,482)	\$ 45,722,351
Capitation			Member Months	462,200	\$ 589,848	\$ -	\$ -	\$ 589,848
Total					\$ 193,827,106	\$ -	\$ (2,928,482)	\$ 190,898,624
PMPM					\$ 419.36	\$ -	\$ (6.34)	\$ 413.02

Annual Trend Inputs	
Cost Trend	Utilization Trend
5.0%	0.0%
8.0%	2.0%
2.5%	2.5%
10.0%	6.0%
7.5%	-1.5%
2.0%	0.0%

Service Category	Experience Period	Allowed	Utilization Measure	Experience Period			Projection Factors			Projected			Effective Allowed		
				Util / 1000	Unit Cost	PMPM	Population Risk / Morbidity*	Other	Cost Factor	Utilization Factor	Total Factor	Util / 1000	Unit Cost	PMPM	PMPM
Inpatient			Admits	54.47	\$ 15,400.57	\$ 69.90	1.000	0.989	1.130	1.000	1.12	54.47	\$ 17,212.22	\$ 78.12	5.0%
Outpatient			Visits	838.30	\$ 1,190.99	\$ 83.20	1.000	0.989	1.212	1.051	1.26	880.85	\$ 1,428.22	\$ 104.84	10.2%
Professional			Visits	10,451.10	\$ 158.71	\$ 138.23	1.000	1.024	1.064	1.064	1.16	11,116.59	\$ 172.84	\$ 160.11	5.1%
Other			Services	911.38	\$ 282.98	\$ 21.49	1.000	1.168	1.269	1.157	1.72	1,054.30	\$ 419.58	\$ 36.86	16.6%
Rx			Scripts	9,306.21	\$ 127.56	\$ 98.92	1.000	0.956	1.198	0.963	1.10	8,961.14	\$ 146.13	\$ 109.12	5.9%
Capitation			Member Months	12,000.00	\$ 1.28	\$ 1.28	1.000	0.984	1.051	1.000	1.03	12,000.00	\$ 1.32	\$ 1.32	2.0%
Total						\$ 413.02								\$ 490.38	7.0%
												Projected Allowed Claims PMPM (EHB + Non-EHB)		\$ 490.38	7.0%
												Non-EHB Claims In Projected PMPM**		\$ 1.17	
												Index Rate for EHB		\$ 489.21	

* Please refer to page 61 for more information.

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

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2015
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 - 10/1/2015

	Begin	End	Mid-point	Months of Trend		
Experience Period	1/1/2013	12/31/2013	7/2/2013		pd through	3/31/2014
Rating Period	10/1/2015	9/30/2016	3/31/2016	33.0		

Experience Period Summary	Total
Experience Period Premiums	\$ 192,950,934
MLR Rebates (enter as negative)	\$ -
Net Experience Period Premiums	\$ 192,950,934
Experience Period Paid Claims (Non-Capitated)	\$ 169,370,060
Completion Factor	0.99
Experience Period Incurred Claims (Non-Capitated)	\$ 170,971,028
Capitations	\$ 589,848
Rx Rebates	\$ (2,928,482)
Other Manual Claims	\$ -
Total Experience Period Claims	\$ 168,632,395
Experience Period Loss Ratio (Before MLR Rebates)	87.4%
Experience Period Loss Ratio (After MLR Rebates)	87.4%
Experience Period Loss Ratio (System Claims Only)	88.6%
Experience Period Member Months	462,200
Average Members	38,517
End of Experience Period Contracts	21,905
End of Experience Period Members	39,428
Experience Period Allowed Claims (Non-Capitated)	\$ 193,237,257
Adjustments	\$ (2,338,633)
Total Adjusted EP Allowed Claims	\$ 190,898,624
EP Paid / Allowed Ratio	88.3%

Service Category Level Projection

Service Category	Experience Period Allowed	Utilization Measure	EP Units	EP Allowed \$	Other	Rx Rebates	Net Allowed
Inpatient	Admits	2,098	\$ 32,308,552	\$ -	\$ -	\$ 32,308,552	
Outpatient	Visits	32,289	\$ 38,455,250	\$ -	\$ -	\$ 38,455,250	
Professional	Visits	402,542	\$ 63,889,209	\$ -	\$ -	\$ 63,889,209	
Other	Services	35,103	\$ 9,933,413	\$ -	\$ -	\$ 9,933,413	
Rx	Scripts	358,444	\$ 48,650,833	\$ -	\$ (2,928,482)	\$ 45,722,351	
Capitation	Member Months	462,200	\$ 589,848	\$ -	\$ -	\$ 589,848	
Total			\$ 193,827,106	\$ -	\$ (2,928,482)	\$ 190,898,624	
PMPM			\$ 419.36	\$ -	\$ (6.34)	\$ 413.02	

Annual Trend Inputs	
Cost Trend	Utilization Trend
5.0%	0.0%
8.0%	2.0%
2.5%	2.5%
10.0%	6.0%
7.5%	-1.5%
2.0%	0.0%

Service Category	Experience Period Allowed	Utilization Measure	Experience Period			Projection Factors		Cost Factor	Utilization Factor	Total Factor	Projected			Effective Allowed
			Util / 1000	Unit Cost	PMPM	Population Risk / Morbidity*	Other				Util / 1000	Unit Cost	PMPM	Annual Trend
Inpatient	Admits	54.47	\$ 15,400.57	\$ 69.90	1.000	0.989	1.144	1.000	1.13	54.47	\$ 17,423.45	\$ 79.08	5.0%	
Outpatient	Visits	838.30	\$ 1,190.99	\$ 83.20	1.000	0.989	1.236	1.056	1.29	885.22	\$ 1,455.96	\$ 107.40	10.2%	
Professional	Visits	10,451.10	\$ 158.71	\$ 138.23	1.000	1.024	1.070	1.070	1.17	11,185.43	\$ 173.91	\$ 162.10	5.1%	
Other	Services	911.38	\$ 282.98	\$ 21.49	1.000	1.168	1.300	1.174	1.78	1,069.77	\$ 429.69	\$ 38.31	16.6%	
Rx	Scripts	9,306.21	\$ 127.56	\$ 98.92	1.000	0.956	1.220	0.959	1.12	8,927.34	\$ 148.79	\$ 110.69	5.9%	
Capitation	Member Months	12,000.00	\$ 1.28	\$ 1.28	1.000	0.984	1.056	1.000	1.04	12,000.00	\$ 1.33	\$ 1.33	2.0%	
Total				\$ 413.02								\$ 498.91	7.0%	
												Projected Allowed Claims PMPM (EHB + Non-EHB)	\$ 498.91	7.0%
												Non-EHB Claims In Projected PMPM**	\$ 1.19	
												Index Rate for EHB	\$ 497.72	

* Please refer to page 61 for more information.

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

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2015
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	2013 Member	
		Months	Exp Period PMPM
GHMSI	\$520,156	599,428	\$0.87

Projected PMPM	
1Q15	\$1.02
2Q15	\$1.04
3Q15	\$1.06
4Q15	\$1.08

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

Refer to page 43 for details.

Projected PMPM Spread Over Individual Market

Blended with Small Group

\$1.07

\$0.11

Projected PMPM	
1Q15	\$0.11
2Q15	\$0.11
3Q15	\$0.11
4Q15	\$0.11

Projection Period Non-EHB

1Q15	\$1.13
2Q15	\$1.15
3Q15	\$1.17
4Q15	\$1.19

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2015

Adjustments for Small Group Benefits in Excess of EHB

<u>1Q15</u>	Med	Rx	Total
Index Rate for EHB	\$ 366.65	\$ 106.04	\$ 472.69
<u>Benefits to be Covered in Excess of EHB On Exchange (PMPM)</u>			
Abortion*	\$ 1.06	\$ -	\$ 1.06
Total Adjustment to Index Rate	0.29%	0.00%	0.22%
<u>2Q15</u>	Med	Rx	Total
Index Rate for EHB	\$ 373.29	\$ 107.57	\$ 480.86
<u>Benefits to be Covered in Excess of EHB On Exchange (PMPM)</u>			
Abortion*	\$ 1.08	\$ -	\$ 1.08
Total Adjustment to Index Rate	0.29%	0.00%	0.22%
<u>3Q15</u>	Med	Rx	Total
Index Rate for EHB	\$ 380.09	\$ 109.12	\$ 489.21
<u>Benefits to be Covered in Excess of EHB On Exchange (PMPM)</u>			
Abortion*	\$ 1.10	\$ -	\$ 1.10
Total Adjustment to Index Rate	0.29%	0.00%	0.22%
<u>4Q15</u>	Med	Rx	Total
Index Rate for EHB	\$ 387.03	\$ 110.69	\$ 497.72
<u>Benefits to be Covered in Excess of EHB On Exchange (PMPM)</u>			
Abortion*	\$ 1.12	\$ -	\$ 1.12
Total Adjustment to Index Rate	0.29%	0.00%	0.22%

* Based on calendar year 2013 experience for DC GHMSI Small Group business, trended to 2015.

Note: Abortion coverage applies to all DC Small Group plans, excluding the two multi-state plans.

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2015
DC GHMSI Index Rate History

Month	Index Rate	% Change	% Change Year to Year
201401	\$ 448.53		
201404	\$ 454.11	1.24%	
201407	\$ 459.80	1.25%	
201410	\$ 465.58	1.26%	
201501	\$ 472.69	1.53%	5.39%
201504	\$ 480.86	1.73%	5.89%
201507	\$ 489.21	1.73%	6.39%
201510	\$ 497.72	1.74%	6.90%

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2015

2015 ACA - TREND ANALYSIS SUMMARY - DC GHMSI

		2014 FILING						2015 FILING								
		PROJECTED			EXPERIENCE PERIOD			PROJECTED			vs 2014					
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
GHMSI-DC		Allowed		Cost	Utilization	Claims	Allowed		Cost	Utilization	Claims	Cost	Utilization	Claims		
		<u>Claims*</u>	<u>%</u>	<u>Trend</u>	<u>Trend</u>	<u>Trend</u>	<u>Claims</u>	<u>%</u>	<u>Trend</u>	<u>Trend</u>	<u>Trend</u>	<u>Trend</u>	<u>Trend</u>	<u>Trend**</u>	<u>Δ</u>	
1	Inpatient	Hospital	\$37,967,903	17%	3.5%	-3.0%	0.4%	\$38,899,620	17%	8.6%	-0.9%	7.6%	5.0%	0.0%	5.0%	4.6%
2	Outpatient	Hospital	\$44,073,844	20%	6.0%	4.0%	10.2%	\$46,445,610	20%	8.2%	2.1%	10.4%	8.0%	2.0%	10.2%	-0.1%
3	Professional		\$75,916,377	34%	2.5%	2.0%	4.5%	\$76,881,109	33%	2.7%	2.4%	5.2%	2.5%	2.5%	5.1%	0.5%
4	Other Medical	Non-Capitated Ambulance	\$10,295,016	5%	-4.0%	14.5%	9.9%	\$11,955,628	5%	13.6%	7.3%	21.9%	10.0%	6.0%	16.6%	6.7%
5		Home Health														
6		DME														
7		Prosthetics														
8		Supplies														
9		Vision Exams														
10		Dental Services														
11		Other Services														
12	Medical	Subtotal (Clms-Wgtd):	\$168,253,139	75%	3.2%	2.2%	5.4%	\$174,181,966	75%	6.2%	1.9%	8.3%	5.0%	2.0%	7.2%	1.8%
13																
14	RX	Claims-Weighted	\$56,466,039	25%	5.0%	-1.5%	3.4%	\$58,693,066	25%	10.3%	-1.1%	9.1%	7.5%	-1.5%	5.9%	2.5%
15	TOTAL	Claims-Weighted	\$224,719,178	100%	3.7%	1.2%	5.0%	\$232,875,032	100%	7.2%	1.2%	8.5%	5.7%	1.2%	6.9%	1.9%

*Includes grandfathered Small Group business

**Note: The total trend shown is claims-weighted. The actual pricing trend utilized is 7.0%, calculated on a PMPM basis.

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2015
GHMSI Plan Level Rate Derivation - 1/1/2015

Assumes Index Rate = Projected Pool Allowed Claims PMPM for EHB

Plan	BlueCross BlueShield Preferred 1000, A Multi-State Plan	BlueCross BlueShield Preferred 2000, A Multi-State Plan (HSA/HRA)	BluePreferred PPO \$4,500	BluePreferred PPO \$1000 \$30/\$40	BluePreferred PPO \$500 \$20/\$30	BluePreferred PPO \$1,200	BluePreferred PPO \$1,000 80%/60%
HIOS Product ID	78079DC017	78079DC019	78079DC022	78079DC022	78079DC022	78079DC022	78079DC022
HIOS Plan ID	78079DC0170001	78079DC0190001	78079DC0220011	78079DC0220018	78079DC0220019	78079DC0220007	78079DC0220014
Metal Level	Gold	Silver	Bronze	Silver	Gold	Gold	Gold
Metallic AV	79.88%	70.90%	61.91%	72.00%	78.51%	79.86%	80.74%
On / Off Exchange	On	On	On	On	On	On	On
Network Type	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)
High Level Benefit Description							
Integrated	Y	Y	N	N	N	N	N
Individual Deductible	IN: \$1000 OON: \$2000	IN: 2000 OON: \$4000	IN: \$4500 Med/\$0 Rx OON: \$5500 Med/\$0 Rx IN: \$6350 OON: \$7500	IN: \$1000 Med/\$0 Rx OON: \$2000 Med/\$0 Rx IN: \$6600 OON: \$7500	IN: \$500 Med/\$0 Rx OON: \$1000 Med/\$0 Rx IN: \$4500 OON: \$7500	IN: \$1200 Med/\$0 Rx OON: \$2400 Med/\$0 Rx IN: \$4000 OON: \$7500	IN: \$1000 Med/\$0 Rx OON: \$2000 Med/\$0 Rx IN: \$3500 OON: \$7000
Individual OOP Max	IN: \$3000 OON: \$6000	IN: 4000 OON: \$8000					
Member Copay/Coinsurance	10% OON: 10% ER/30%	20% OON: 20% ER/40%	\$30 PCP/Spec, \$100 ER OON: \$100 ER/20%	\$30 PCP/\$40 Spec/\$450 ER/\$500 IP OON: \$50 PCP/Spec, \$750 IP	\$20 PCP/\$30 Spec/\$300 ER/\$500 IP OON: \$50 PCP/Spec, \$750 IP	\$20 PCP/Spec, \$100 ER/\$200 IP OON: \$100 ER/20%	\$20 PCP/Spec, 20% OON: 20% ER/40%
Rx Copays:							
Retail Generic	\$10	\$10	\$10	\$10	\$10	\$10	\$10
Retail Preferred Brand	20%	20%	\$45	\$45	\$45	\$45	\$45
Retail NonPreferred Brand	40%	40%	\$65	\$65	\$65	\$65	\$65
Specialty	50%	50%	50%	50%	50%	50%	50%
Embedded Pediatric Dental Benefit							
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
Index Rate (Projected EHB Allowed PMPM)	\$472.69	\$472.69	\$472.69	\$472.69	\$472.69	\$472.69	\$472.69
Market Level Adjustments:							
Reinsurance	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Risk Adjustment	0.9444	0.9444	0.9444	0.9444	0.9444	0.9444	0.9444
Exchange User Fees	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Market Adjusted Index Rate (PMPM)	\$446.43	\$446.43	\$446.43	\$446.43	\$446.43	\$446.43	\$446.43
Plan Level Adjustments							
Cost Sharing Factor	0.7615	0.6066	0.5522	0.7030	0.8122	0.7569	0.7534
Network &UM	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Non-EHB*	1.0000	1.0000	1.0022	1.0022	1.0022	1.0022	1.0022
Catastrophic Adj	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Distribution and Admin Cost	1.3709	1.3793	1.3709	1.3709	1.3709	1.3709	1.3709
Plan Adjusted Index Rate (PMPM)	\$466.06	\$373.54	\$338.72	\$431.19	\$498.18	\$464.25	\$462.12
Calibrations to Consumer Level Rating Factors							
Age Calibration	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497
Geo Calibration	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Tobacco Calibration	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Consumer Level Base Rate	\$442.60	\$354.74	\$321.67	\$409.49	\$473.10	\$440.88	\$438.86
Pricing AV	104.4%	83.7%	75.9%	96.6%	111.6%	104.0%	103.5%
Estimated Plan DICR	72.9%	72.5%	72.9%	72.9%	72.9%	72.9%	72.9%
Projected Member Months	4,620	360	84	360	360	5,484	9,960
Membership Distribution	3.1%	0.2%	0.1%	0.2%	0.2%	3.7%	6.7%
2014 Plan Adjusted Index Rate (PMPM)	\$429.56	\$342.66	\$308.15	n/a	n/a	\$421.84	\$423.52
% Change	8.5%	9.0%	9.9%	n/a	n/a	10.1%	9.1%
2014 Consumer Level Base Rate	\$400.72	\$319.66	\$287.46	n/a	n/a	\$393.52	\$395.09
% Change	10.5%	11.0%	11.9%	n/a	n/a	12.0%	11.1%

* Covers abortion claims for all plans, except for BlueCross BlueShield Preferred 2000, A Multi-State Plan (HSA/HRA) and BlueCross BlueShield Preferred 1000, A Multi-State Plan.

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2015
GHMSI Plan Level Rate Derivation - 1/1/2015

Assumes Index Rate = Projected Pool Allowed Claims PMPM for EHB

Plan	BluePreferred PPO \$2,000	BluePreferred PPO \$1,000 100%/80%	BluePreferred PPO 100%/80%, Rx:\$10/\$45/\$65/50%	BluePreferred PPO \$500	BluePreferred PPO 100%/80%, Rx: \$10/20%/40%/50%	BluePreferred PPO HSA/HRA \$4,500	BluePreferred PPO HSA/HRA \$4,000
HIOS Product ID	78079DC022	78079DC022	78079DC022	78079DC022	78079DC022	78079DC023	78079DC023
HIOS Plan ID	78079DC0220015	78079DC0220012	78079DC0220013	78079DC0220006	78079DC0220016	78079DC0230009	78079DC0230003
Metal Level	Gold	Gold	Platinum	Platinum	Platinum	Bronze	Bronze
Metallic AV	79.20%	81.79%	88.99%	88.25%	89.44%	61.00%	60.85%
On / Off Exchange	On	On	On	On	On	On	On
Network Type	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)
High Level Benefit Description							
Integrated	Y/N	N	N	N	N	Y	Y
Individual Deductible	IN: \$2000 Med/\$0 Rx OON: \$4000 Med/\$0 Rx	IN: \$1000 Med/\$0 Rx OON: \$2000 Med/\$0 Rx	IN: \$0 Med/\$0 Rx OON: \$300 Med/\$0 Rx	IN: \$500 Med/\$0 Rx OON: \$1000 Med/\$0 Rx	IN: \$0 Med/\$0 Rx OON: \$1000 Med/\$0 Rx	IN: 4500 OON: \$6350	IN: 4000 OON: \$8000
Individual OOP Max	IN: \$5000 OON: \$7500	IN: \$3500 OON: \$7000	IN: \$1100 OON: \$2200	IN: \$1500 OON: \$3000	IN: \$2000 OON: \$4000	IN: 6350 OON: \$7500	IN: 6350 OON: \$12700
Member Copay/Coinsurance	\$20 PCP/Spec, 0% OON: 0% ER/20%	\$250 ER/\$500 IP/0% OON: \$250 ER/20%	\$20 PCP/\$30 Spec/\$200 ER/\$250 IP OON: \$200 ER/20%	\$10 PCP/Spec, \$50 ER/0% OON: \$50 ER/20%	\$20 PCP/\$30 Spec/\$200 ER/\$250 IP OON: \$200 ER/20%	0% OON: 0% ER/20%	30% OON: 30% ER/50%
Rx Copays:							
Retail Generic	\$10	\$10	\$10	\$10	\$10	\$10	\$10
Retail Preferred Brand	\$45	\$45	\$45	\$45	20%	\$45	20%
Retail NonPreferred Brand	\$65	\$65	\$65	\$65	40%	\$65	40%
Specialty	50%	50%	50%	50%	50%	50%	50%
Embedded Pediatric Dental Benefit							
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
Index Rate (Projected EHB Allowed PMPM)	\$472.69	\$472.69	\$472.69	\$472.69	\$472.69	\$472.69	\$472.69
Market Level Adjustments:							
Reinsurance	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Risk Adjustment	0.9444	0.9444	0.9444	0.9444	0.9444	0.9444	0.9444
Exchange User Fees	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Market Adjusted Index Rate (PMPM)	\$446.43	\$446.43	\$446.43	\$446.43	\$446.43	\$446.43	\$446.43
Plan Level Adjustments							
Cost Sharing Factor	0.7199	0.7760	0.9881	0.9192	0.9642	0.5010	0.4875
Network &UM	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Non-EHB*	1.0022	1.0022	1.0022	1.0022	1.0022	1.0022	1.0022
Catastrophic Adj	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Distribution and Admin Cost	1.3709	1.3709	1.3709	1.3709	1.3709	1.3793	1.3793
Plan Adjusted Index Rate (PMPM)	\$441.54	\$475.98	\$606.05	\$563.78	\$591.41	\$309.22	\$300.87
Calibrations to Consumer Level Rating Factors							
Age Calibration	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497
Geo Calibration	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Tobacco Calibration	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Consumer Level Base Rate	\$419.31	\$452.03	\$575.55	\$535.40	\$561.65	\$293.65	\$285.73
Pricing AV	98.9%	106.6%	135.8%	126.3%	132.5%	69.3%	67.4%
Estimated Plan DICR	72.9%	72.9%	72.9%	72.9%	72.9%	72.5%	72.5%
Projected Member Months	3,384	56,376	20,928	7,092	252	12	12
Membership Distribution	2.3%	38.1%	14.1%	4.8%	0.2%	0.1%	0.0%
2014 Plan Adjusted Index Rate (PMPM)	\$402.13	\$430.22	\$557.14	\$518.57	\$543.54	\$279.91	\$273.68
% Change	9.8%	10.6%	8.8%	8.7%	8.8%	10.5%	9.9%
2014 Consumer Level Base Rate	\$375.14	\$401.34	\$519.74	\$483.76	\$507.05	\$261.12	\$255.31
% Change	11.8%	12.6%	10.7%	10.7%	10.8%	12.5%	11.9%

* Covers abortion claims for all plans, except for BlueCross BlueShield Preferred 2000, A Multi-State Plan (HSA/HRA) and BlueCross BlueShield Preferred 1000, A Multi-State Plan.

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2015
GHMSI Plan Level Rate Derivation - 1/1/2015

Assumes Index Rate = Projected Pool Allowed Claims PMPM for EHB

Plan	BluePreferred PPO HSA/HRA \$2000, 100%/80%	BluePreferred PPO HSA/HRA \$1,800	BluePreferred PPO HSA/HRA \$1,400	HealthyBlue PPO \$1,500	HealthyBlue PPO \$300	HealthyBlue PPO \$600	HealthyBlue PPO HSA/HRA \$2,000
HIOS Product ID	78079DC023	78079DC023	78079DC023	78079DC030	78079DC030	78079DC030	78079DC031
HIOS Plan ID	78079DC0230010	78079DC0230011	78079DC0230008	78079DC0300004	78079DC0300005	78079DC0300006	78079DC0310002
Metal Level	Silver	Silver	Gold	Gold	Platinum	Platinum	Silver
Metallic AV	71.78%	71.58%	78.06%	81.88%	90.26%	89.81%	70.81%
On / Off Exchange	On	On	On	On	On	On	On
Network Type	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)
High Level Benefit Description							
Integrated	Y	Y	Y	N	N	N	Y
Individual Deductible	IN: 2000 OON: \$4000	IN: 1800 OON: \$3600	IN: 1400 OON: \$2800	IN: \$1500 Med/\$0 Rx OON: \$3000 Med/\$0 Rx	IN: \$300 Med/\$0 Rx OON: \$1000 Med/\$0 Rx	IN: \$600 Med/\$0 Rx OON: \$1500 Med/\$0 Rx	IN: 2000 OON: \$4000
Individual OOP Max	IN: 4500 OON: \$7500	IN: 4500 OON: \$7200	IN: 2800 OON: \$5600	IN: \$5500 OON: \$7500	IN: \$1500 OON: \$3000	IN: \$1500 OON: \$3000	IN: 6350 OON: \$7500
Member Copay/Coinsurance	\$200 ER/\$500 IP/0% OON: \$200 ER/20%	10% OON: 10% ER/30%	\$50 ER, 0% OON: \$50 ER, 20%	\$0 PCP/\$30 Spec/\$200 ER/\$300 IP/\$0 DXL OON: \$200 ER/\$500 IP/\$50/\$500 OP	\$0 PCP/\$30 Spec/\$200 ER/\$300 IP/\$0 DXL OON: \$200 ER/\$500 IP/\$50/\$500 OP	\$0 PCP/\$30 Spec/\$200 ER/\$300 IP/\$0 DXL OON: \$200 ER/\$500 IP/\$50/\$500 OP	\$0 PCP/\$30 Spec/\$200 ER/\$300 IP/\$0 DXL OON: \$200 ER/\$500 IP/\$50/\$500 OP
Rx Copays:							
Retail Generic	\$10	\$10	\$10	\$0	\$0	\$0	\$0
Retail Preferred Brand	\$45	\$45	\$45	\$45	\$45	\$45	\$45
Retail NonPreferred Brand	\$65	\$65	\$65	\$65	\$65	\$65	\$65
Specialty	50%	50%	50%	50%	50%	50%	50%
Embedded Pediatric Dental Benefit							
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
Index Rate (Projected EHB Allowed PMPM)	\$472.69	\$472.69	\$472.69	\$472.69	\$472.69	\$472.69	\$472.69
Market Level Adjustments:							
Reinsurance	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Risk Adjustment	0.9444	0.9444	0.9444	0.9444	0.9444	0.9444	0.9444
Exchange User Fees	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Market Adjusted Index Rate (PMPM)	\$446.43	\$446.43	\$446.43	\$446.43	\$446.43	\$446.43	\$446.43
Plan Level Adjustments							
Cost Sharing Factor	0.6275	0.6262	0.7229	0.7784	0.9461	0.9239	0.6203
Network &UM	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Non-EHB*	1.0022	1.0022	1.0022	1.0022	1.0022	1.0022	1.0022
Catastrophic Adj	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Distribution and Admin Cost	1.3793	1.3793	1.3793	1.3709	1.3709	1.3709	1.3793
Plan Adjusted Index Rate (PMPM)	\$387.23	\$386.45	\$446.13	\$477.45	\$580.31	\$566.67	\$382.81
Calibrations to Consumer Level Rating Factors							
Age Calibration	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497
Geo Calibration	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Tobacco Calibration	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Consumer Level Base Rate	\$367.74	\$367.00	\$423.67	\$453.42	\$551.10	\$538.14	\$363.54
Pricing AV	86.7%	86.6%	99.9%	106.9%	130.0%	126.9%	85.7%
Estimated Plan DICR	72.5%	72.5%	72.5%	72.9%	72.9%	72.9%	72.5%
Projected Member Months	2,304	360	9,192	25,992	264	108	516
Membership Distribution	1.6%	0.2%	6.2%	17.5%	0.2%	0.1%	0.3%
2014 Plan Adjusted Index Rate (PMPM)	\$349.63	\$353.05	\$408.19	\$427.70	\$531.38	\$520.15	\$344.20
% Change	10.8%	9.5%	9.3%	11.6%	9.2%	8.9%	11.2%
2014 Consumer Level Base Rate	\$326.16	\$329.35	\$380.79	\$398.99	\$495.71	\$485.23	\$321.09
% Change	12.7%	11.4%	11.3%	13.6%	11.2%	10.9%	13.2%

* Covers abortion claims for all plans, except for BlueCross BlueShield Preferred 2000, A Multi-State Plan (HSA/HRA) and BlueCross BlueShield Preferred 1000, A Multi-State Plan.

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2015
GHMSI Plan Level Rate Derivation - 4/1/2015

Assumes Index Rate = Projected Pool Allowed Claims PMPM for EHB

Plan	BlueCross BlueShield Preferred 1000, A Multi-State Plan	BlueCross BlueShield Preferred 2000, A Multi-State Plan (HSA/HRA)	BluePreferred PPO \$4,500	BluePreferred PPO \$1000 \$30/\$40	BluePreferred PPO \$500 \$20/\$30	BluePreferred PPO \$1,200	BluePreferred PPO \$1,000 80%/60%
HIOS Product ID	78079DC017	78079DC019	78079DC022	78079DC022	78079DC022	78079DC022	78079DC022
HIOS Plan ID	78079DC0170001	78079DC0190001	78079DC0220011	78079DC0220018	78079DC0220019	78079DC0220007	78079DC0220014
Metal Level	Gold	Silver	Bronze	Silver	Gold	Gold	Gold
Metallic AV	79.88%	70.90%	61.91%	72.00%	78.51%	79.86%	80.74%
On / Off Exchange	On	On	On	On	On	On	On
Network Type	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)
High Level Benefit Description							
Integrated	Y	Y	N	N	N	N	N
Individual Deductible	IN: \$1000 OON: \$2000	IN: 2000 OON: \$4000	IN: \$4500 Med/\$0 Rx OON: \$5500 Med/\$0 Rx	IN: \$1000 Med/\$0 Rx OON: \$2000 Med/\$0 Rx	IN: \$500 Med/\$0 Rx OON: \$1000 Med/\$0 Rx	IN: \$1200 Med/\$0 Rx OON: \$2400 Med/\$0 Rx	IN: \$1000 Med/\$0 Rx OON: \$2000 Med/\$0 Rx
Individual OOP Max	IN: \$3000 OON: \$6000	IN: 4000 OON: \$8000	IN: \$6350 OON: \$7500	IN: \$6600 OON: \$7500	IN: \$4500 OON: \$7500	IN: \$4000 OON: \$7500	IN: \$3500 OON: \$7000
Member Copay/Coinsurance	10% OON: 10% ER/30%	20% OON: 20% ER/40%	\$30 PCP/Spec, \$100 ER OON: \$100 ER/20%	\$30 PCP/\$40 Spec/\$450 ER/\$500 IP OON: \$50 PCP/Spec, \$750 IP	\$20 PCP/\$30 Spec/\$300 ER/\$500 IP OON: \$50 PCP/Spec, \$750 IP	\$20 PCP/Spec, \$100 ER/\$200 IP OON: \$100 ER/20%	\$20 PCP/Spec, 20% OON: 20% ER/40%
Rx Copays:							
Retail Generic	\$10	\$10	\$10	\$10	\$10	\$10	\$10
Retail Preferred Brand	20%	20%	\$45	\$45	\$45	\$45	\$45
Retail NonPreferred Brand	40%	40%	\$65	\$65	\$65	\$65	\$65
Specialty	50%	50%	50%	50%	50%	50%	50%
Embedded Pediatric Dental Benefit 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
Index Rate (Projected EHB Allowed PMPM)	\$480.86	\$480.86	\$480.86	\$480.86	\$480.86	\$480.86	\$480.86
Market Level Adjustments:							
Reinsurance	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Risk Adjustment	0.9444	0.9444	0.9444	0.9444	0.9444	0.9444	0.9444
Exchange User Fees	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Market Adjusted Index Rate (PMPM)	\$454.15	\$454.15	\$454.15	\$454.15	\$454.15	\$454.15	\$454.15
Plan Level Adjustments							
Cost Sharing Factor	0.7615	0.6066	0.5522	0.7030	0.8122	0.7569	0.7534
Network &UM	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Non-EHB*	1.0000	1.0000	1.0022	1.0022	1.0022	1.0022	1.0022
Catastrophic Adj	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Distribution and Admin Cost	1.3657	1.3740	1.3657	1.3657	1.3657	1.3657	1.3657
Plan Adjusted Index Rate (PMPM)	\$472.33	\$378.54	\$343.28	\$437.00	\$504.88	\$470.50	\$468.35
Calibrations to Consumer Level Rating Factors							
Age Calibration	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497
Geo Calibration	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Tobacco Calibration	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Consumer Level Base Rate	\$448.56	\$359.49	\$326.00	\$415.00	\$479.47	\$446.81	\$444.77
Pricing AV	104.0%	83.4%	75.6%	96.2%	111.2%	103.6%	103.1%
Estimated Plan DICR	73.2%	72.8%	73.2%	73.2%	73.2%	73.2%	73.2%
Projected Member Months	3,012	228	60	228	228	3,564	6,480
Membership Distribution	3.1%	0.2%	0.1%	0.2%	0.2%	3.7%	6.7%
2014 Plan Adjusted Index Rate (PMPM)	\$434.89	\$346.93	\$311.97	n/a	n/a	\$427.09	\$428.79
% Change	8.6%	9.1%	10.0%	n/a	n/a	10.2%	9.2%
2014 Consumer Level Base Rate	\$405.70	\$323.64	\$291.03	n/a	n/a	\$398.42	\$400.01
% Change	10.6%	11.1%	12.0%	n/a	n/a	12.1%	11.2%

* Covers abortion claims for all plans, except for BlueCross BlueShield Preferred 2000, A Multi-State Plan (HSA/HRA) and BlueCross BlueShield Preferred 1000, A Multi-State Plan.

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2015
GHMSI Plan Level Rate Derivation - 4/1/2015

Assumes Index Rate = Projected Pool Allowed Claims PMPM for EHB

Plan	BluePreferred PPO \$2,000	BluePreferred PPO \$1,000 100%/80%	BluePreferred PPO 100%/80%, Rx:\$10/\$45/\$65/50%	BluePreferred PPO \$500	BluePreferred PPO 100%/80%, Rx: \$10/20%/40%/50%	BluePreferred PPO HSA/HRA \$4,500	BluePreferred PPO HSA/HRA \$4,000
HIOS Product ID	78079DC022	78079DC022	78079DC022	78079DC022	78079DC022	78079DC023	78079DC023
HIOS Plan ID	78079DC0220015	78079DC0220012	78079DC0220013	78079DC0220006	78079DC0220016	78079DC0230009	78079DC0230003
Metal Level	Gold	Gold	Platinum	Platinum	Platinum	Bronze	Bronze
Metallic AV	79.20%	81.79%	88.99%	88.25%	89.44%	61.00%	60.85%
On / Off Exchange	On	On	On	On	On	On	On
Network Type	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)
High Level Benefit Description							
Integrated	N	N	N	N	N	Y	Y
Individual Deductible	IN: \$2000 Med/\$0 Rx OON: \$4000 Med/\$0 Rx	IN: \$1000 Med/\$0 Rx OON: \$2000 Med/\$0 Rx	IN: \$0 Med/\$0 Rx OON: \$300 Med/\$0 Rx	IN: \$500 Med/\$0 Rx OON: \$1000 Med/\$0 Rx	IN: \$0 Med/\$0 Rx OON: \$1000 Med/\$0 Rx	IN: 4500 OON: \$6350	IN: 4000 OON: \$8000
Individual OOP Max	IN: \$5000 OON: \$7500	IN: \$3500 OON: \$7000	IN: \$1100 OON: \$2200	IN: \$1500 OON: \$3000	IN: \$2000 OON: \$4000	IN: 6350 OON: \$7500	IN: 6350 OON: \$12700
Member Copay/Coinsurance	\$20 PCP/Spec, 0% OON: 0% ER/20%	\$250 ER/\$500 IP/0% OON: \$250 ER/20%	\$20 PCP/\$30 Spec/\$200 ER/\$250 IP OON: \$200 ER/20%	\$10 PCP/Spec, \$50 ER/0% OON: \$50 ER/20%	\$20 PCP/\$30 Spec/\$200 ER/\$250 IP OON: \$200 ER/20%	0% OON: 0% ER/20%	30% OON: 30% ER/50%
Rx Copays:							
Retail Generic	\$10	\$10	\$10	\$10	\$10	\$10	\$10
Retail Preferred Brand	\$45	\$45	\$45	\$45	20%	\$45	20%
Retail NonPreferred Brand	\$65	\$65	\$65	\$65	40%	\$65	40%
Specialty	50%	50%	50%	50%	50%	50%	50%
Embedded Pediatric Dental Benefit							
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
Index Rate (Projected EHB Allowed PMPM)	\$480.86	\$480.86	\$480.86	\$480.86	\$480.86	\$480.86	\$480.86
Market Level Adjustments:							
Reinsurance	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Risk Adjustment	0.9444	0.9444	0.9444	0.9444	0.9444	0.9444	0.9444
Exchange User Fees	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Market Adjusted Index Rate (PMPM)	\$454.15	\$454.15	\$454.15	\$454.15	\$454.15	\$454.15	\$454.15
Plan Level Adjustments							
Cost Sharing Factor	0.7199	0.7760	0.9881	0.9192	0.9642	0.5010	0.4875
Network &UM	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Non-EHB*	1.0022	1.0022	1.0022	1.0022	1.0022	1.0022	1.0022
Catastrophic Adj	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Distribution and Admin Cost	1.3657	1.3657	1.3657	1.3657	1.3657	1.3740	1.3740
Plan Adjusted Index Rate (PMPM)	\$447.48	\$482.39	\$614.21	\$571.37	\$599.37	\$313.35	\$304.90
Calibrations to Consumer Level Rating Factors							
Age Calibration	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497
Geo Calibration	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Tobacco Calibration	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Consumer Level Base Rate	\$424.96	\$458.11	\$583.30	\$542.61	\$569.21	\$297.58	\$289.55
Pricing AV	98.5%	106.2%	135.2%	125.8%	132.0%	69.0%	67.1%
Estimated Plan DICR	73.2%	73.2%	73.2%	73.2%	73.2%	72.8%	72.8%
Projected Member Months	2,208	36,660	13,620	4,608	168	72	12
Membership Distribution	2.3%	38.1%	14.1%	4.8%	0.2%	0.1%	0.0%
2014 Plan Adjusted Index Rate (PMPM)	\$407.14	\$435.58	\$564.08	\$525.02	\$550.30	\$283.39	\$277.09
% Change	9.9%	10.7%	8.9%	8.8%	8.9%	10.6%	10.0%
2014 Consumer Level Base Rate	\$379.81	\$406.34	\$526.21	\$489.78	\$513.36	\$264.37	\$258.49
% Change	11.9%	12.7%	10.8%	10.8%	10.9%	12.6%	12.0%

* Covers abortion claims for all plans, except for BlueCross BlueShield Preferred 2000, A Multi-State Plan (HSA/HRA) and BlueCross BlueShield Preferred 1000, A Multi-State Plan.

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2015
GHMSI Plan Level Rate Derivation - 4/1/2015

Assumes Index Rate = Projected Pool Allowed Claims PMPM for EHB

Plan	BluePreferred PPO HSA/HRA \$2000, 100%/80%	BluePreferred PPO HSA/HRA \$1,800	BluePreferred PPO HSA/HRA \$1,400	HealthyBlue PPO \$1,500	HealthyBlue PPO \$300	HealthyBlue PPO \$600	HealthyBlue PPO HSA/HRA \$2,000
HIOS Product ID	78079DC023	78079DC023	78079DC023	78079DC030	78079DC030	78079DC030	78079DC031
HIOS Plan ID	78079DC0230010	78079DC0230011	78079DC0230008	78079DC0300004	78079DC0300005	78079DC0300006	78079DC0310002
Metal Level	Silver	Silver	Gold	Gold	Platinum	Platinum	Silver
Metallic AV	71.78%	71.58%	78.06%	81.88%	90.26%	89.81%	70.81%
On / Off Exchange	On	On	On	On	On	On	On
Network Type	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)
High Level Benefit Description							
Integrated	Y	Y	Y	N	N	N	Y
Individual Deductible	IN: 2000 OON: \$4000	IN: 1800 OON: \$3600	IN: 1400 OON: \$2800	IN: \$1500 Med/\$0 Rx OON: \$3000 Med/\$0 Rx	IN: \$300 Med/\$0 Rx OON: \$1000 Med/\$0 Rx	IN: \$600 Med/\$0 Rx OON: \$1500 Med/\$0 Rx	IN: 2000 OON: \$4000
Individual OOP Max	IN: 4500 OON: \$7500	IN: 4500 OON: \$7200	IN: 2800 OON: \$5600	IN: \$5500 OON: \$7500	IN: \$1500 OON: \$3000	IN: \$1500 OON: \$3000	IN: 6350 OON: \$7500
Member Copay/Coinsurance	\$200 ER/\$500 IP/0% OON: \$200 ER/20%	10% OON: 10% ER/30%	\$50 ER, 0% OON: \$50 ER, 20%	\$0 PCP/\$30 Spec/\$200 ER/\$300 IP/\$0 DXL OON: \$200 ER/\$500 IP/\$50/\$500 OP	\$0 PCP/\$30 Spec/\$200 ER/\$300 IP/\$0 DXL OON: \$200 ER/\$500 IP/\$50/\$500 OP	\$0 PCP/\$30 Spec/\$200 ER/\$300 IP/\$0 DXL OON: \$200 ER/\$500 IP/\$50/\$500 OP	\$0 PCP/\$30 Spec/\$200 ER/\$300 IP/\$0 DXL OON: \$200 ER/\$500 IP/\$50/\$500 OP
Rx Copays:							
Retail Generic	\$10	\$10	\$10	\$0	\$0	\$0	\$0
Retail Preferred Brand	\$45	\$45	\$45	\$45	\$45	\$45	\$45
Retail NonPreferred Brand	\$65	\$65	\$65	\$65	\$65	\$65	\$65
Specialty	50%	50%	50%	50%	50%	50%	50%
Embedded Pediatric Dental Benefit							
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
Index Rate (Projected EHB Allowed PMPM)	\$480.86	\$480.86	\$480.86	\$480.86	\$480.86	\$480.86	\$480.86
Market Level Adjustments:							
Reinsurance	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Risk Adjustment	0.9444	0.9444	0.9444	0.9444	0.9444	0.9444	0.9444
Exchange User Fees	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Market Adjusted Index Rate (PMPM)	\$454.15	\$454.15	\$454.15	\$454.15	\$454.15	\$454.15	\$454.15
Plan Level Adjustments							
Cost Sharing Factor	0.6275	0.6262	0.7229	0.7784	0.9461	0.9239	0.6203
Network &UM	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Non-EHB*	1.0022	1.0022	1.0022	1.0022	1.0022	1.0022	1.0022
Catastrophic Adj	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Distribution and Admin Cost	1.3740	1.3740	1.3740	1.3657	1.3657	1.3657	1.3740
Plan Adjusted Index Rate (PMPM)	\$392.42	\$391.62	\$452.09	\$483.88	\$588.12	\$574.29	\$387.93
Calibrations to Consumer Level Rating Factors							
Age Calibration	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497
Geo Calibration	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Tobacco Calibration	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Consumer Level Base Rate	\$372.66	\$371.91	\$429.34	\$459.53	\$558.52	\$545.39	\$368.41
Pricing AV	86.4%	86.2%	99.5%	106.5%	129.5%	126.5%	85.4%
Estimated Plan DICR	72.8%	72.8%	72.8%	73.2%	73.2%	73.2%	72.8%
Projected Member Months	1,500	228	5,976	16,896	180	60	348
Membership Distribution	1.6%	0.2%	6.2%	17.5%	0.2%	0.1%	0.4%
2014 Plan Adjusted Index Rate (PMPM)	\$353.98	\$357.44	\$413.26	\$433.02	\$537.99	\$526.62	\$348.48
% Change	10.9%	9.6%	9.4%	11.7%	9.3%	9.1%	11.3%
2014 Consumer Level Base Rate	\$330.22	\$333.45	\$385.52	\$403.95	\$501.88	\$491.27	\$325.09
% Change	12.9%	11.5%	11.4%	13.8%	11.3%	11.0%	13.3%

* Covers abortion claims for all plans, except for BlueCross BlueShield Preferred 2000, A Multi-State Plan (HSA/HRA) and BlueCross BlueShield Preferred 1000, A Multi-State Plan.

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2015
GHMSI Plan Level Rate Derivation - 7/1/2015

Assumes Index Rate = Projected Pool Allowed Claims PMPM for EHB

Plan	BlueCross BlueShield Preferred 1000, A Multi-State Plan	BlueCross BlueShield Preferred 2000, A Multi-State Plan (HSA/HRA)	BluePreferred PPO \$4,500	BluePreferred PPO \$1000 \$30/\$40	BluePreferred PPO \$500 \$20/\$30	BluePreferred PPO \$1,200	BluePreferred PPO \$1,000 80%/60%
HIOS Product ID	78079DC017	78079DC019	78079DC022	78079DC022	78079DC022	78079DC022	78079DC022
HIOS Plan ID	78079DC0170001	78079DC0190001	78079DC0220011	78079DC0220018	78079DC0220019	78079DC0220007	78079DC0220014
Metal Level	Gold	Silver	Bronze	Silver	Gold	Gold	Gold
Metallic AV	79.88%	70.90%	61.91%	72.00%	78.51%	79.86%	80.74%
On / Off Exchange	On	On	On	On	On	On	On
Network Type	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)
High Level Benefit Description							
Integrated	Y	Y	N	N	N	N	N
Individual Deductible	IN: \$1000 OON: \$2000	IN: 2000 OON: \$4000	IN: \$4500 Med/\$0 Rx OON: \$5500 Med/\$0 Rx IN: \$6350 OON: \$7500	IN: \$1000 Med/\$0 Rx OON: \$2000 Med/\$0 Rx IN: \$6600 OON: \$7500	IN: \$500 Med/\$0 Rx OON: \$1000 Med/\$0 Rx IN: \$4500 OON: \$7500	IN: \$1200 Med/\$0 Rx OON: \$2400 Med/\$0 Rx IN: \$4000 OON: \$7500	IN: \$1000 Med/\$0 Rx OON: \$2000 Med/\$0 Rx IN: \$3500 OON: \$7000
Individual OOP Max	IN: \$3000 OON: \$6000	IN: 4000 OON: \$8000					
Member Copay/Coinsurance	10% OON: 10% ER/30%	20% OON: 20% ER/40%	\$30 PCP/Spec, \$100 ER OON: \$100 ER/20%	\$30 PCP/\$40 Spec/\$450 ER/\$500 IP OON: \$50 PCP/Spec, \$750 IP	\$20 PCP/\$30 Spec/\$300 ER/\$500 IP OON: \$50 PCP/Spec, \$750 IP	\$20 PCP/Spec, \$100 ER/\$200 IP OON: \$100 ER/20%	\$20 PCP/Spec, 20% OON: 20% ER/40%
Rx Copays:							
Retail Generic	\$10	\$10	\$10	\$10	\$10	\$10	\$10
Retail Preferred Brand	20%	20%	\$45	\$45	\$45	\$45	\$45
Retail NonPreferred Brand	40%	40%	\$65	\$65	\$65	\$65	\$65
Specialty	50%	50%	50%	50%	50%	50%	50%
Embedded Pediatric Dental Benefit							
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
Index Rate (Projected EHB Allowed PMPM)	\$489.21	\$489.21	\$489.21	\$489.21	\$489.21	\$489.21	\$489.21
Market Level Adjustments:							
Reinsurance	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Risk Adjustment	0.9444	0.9444	0.9444	0.9444	0.9444	0.9444	0.9444
Exchange User Fees	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Market Adjusted Index Rate (PMPM)	\$462.03	\$462.03	\$462.03	\$462.03	\$462.03	\$462.03	\$462.03
Plan Level Adjustments							
Cost Sharing Factor	0.7615	0.6066	0.5522	0.7030	0.8122	0.7569	0.7534
Network &UM	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Non-EHB*	1.0000	1.0000	1.0022	1.0022	1.0022	1.0022	1.0022
Catastrophic Adj	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Distribution and Admin Cost	1.3608	1.3690	1.3608	1.3608	1.3608	1.3608	1.3608
Plan Adjusted Index Rate (PMPM)	\$478.81	\$383.70	\$347.99	\$442.99	\$511.81	\$476.95	\$474.77
Calibrations to Consumer Level Rating Factors							
Age Calibration	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497
Geo Calibration	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Tobacco Calibration	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Consumer Level Base Rate	\$454.71	\$364.39	\$330.47	\$420.70	\$486.05	\$452.95	\$450.88
Pricing AV	103.6%	83.0%	75.3%	95.9%	110.8%	103.2%	102.8%
Estimated Plan DICR	73.5%	73.0%	73.5%	73.5%	73.5%	73.5%	73.5%
Projected Member Months	3,600	276	72	276	4,284	7,764	7,764
Membership Distribution	3.1%	0.2%	0.1%	0.2%	0.2%	3.7%	6.7%
2014 Plan Adjusted Index Rate (PMPM)	\$440.34	\$351.27	\$315.88	n/a	n/a	\$432.44	\$434.16
% Change	8.7%	9.2%	10.2%	n/a	n/a	10.3%	9.4%
2014 Consumer Level Base Rate	\$410.78	\$327.69	\$294.68	n/a	n/a	\$403.41	\$405.02
% Change	10.7%	11.2%	12.1%	n/a	n/a	12.3%	11.3%

* Covers abortion claims for all plans, except for BlueCross BlueShield Preferred 2000, A Multi-State Plan (HSA/HRA) and BlueCross BlueShield Preferred 1000, A Multi-State Plan.

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2015
GHMSI Plan Level Rate Derivation - 7/1/2015

Assumes Index Rate = Projected Pool Allowed Claims PMPM for EHB

Plan	BluePreferred PPO \$2,000	BluePreferred PPO \$1,000 100%/80%	BluePreferred PPO 100%/80%, Rx:\$10/\$45/\$65/50%	BluePreferred PPO \$500	BluePreferred PPO 100%/80%, Rx: \$10/20%/40%/50%	BluePreferred PPO HSA/HRA \$4,500	BluePreferred PPO HSA/HRA \$4,000
HIOS Product ID	78079DC022	78079DC022	78079DC022	78079DC022	78079DC022	78079DC022	78079DC023
HIOS Plan ID	78079DC0220015	78079DC0220012	78079DC0220013	78079DC0220006	78079DC0220016	78079DC0230009	78079DC0230003
Metal Level	Gold	Gold	Platinum	Platinum	Platinum	Bronze	Bronze
Metallic AV	79.20%	81.79%	88.99%	88.25%	89.44%	61.00%	60.85%
On / Off Exchange	On	On	On	On	On	On	On
Network Type	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)
High Level Benefit Description							
Integrated	N	N	N	N	N	Y	Y
Individual Deductible	IN: \$2000 Med/\$0 Rx OON: \$4000 Med/\$0 Rx	IN: \$1000 Med/\$0 Rx OON: \$2000 Med/\$0 Rx	IN: \$0 Med/\$0 Rx OON: \$300 Med/\$0 Rx	IN: \$500 Med/\$0 Rx OON: \$1000 Med/\$0 Rx	IN: \$0 Med/\$0 Rx OON: \$1000 Med/\$0 Rx	IN: 4500 OON: \$6350	IN: 4000 OON: \$8000
Individual OOP Max	IN: \$5000 OON: \$7500	IN: \$3500 OON: \$7000	IN: \$1100 OON: \$2200	IN: \$1500 OON: \$3000	IN: \$2000 OON: \$4000	IN: 6350 OON: \$7500	IN: 6350 OON: \$12700
Member Copay/Coinsurance	\$20 PCP/Spec, 0% OON: 0% ER/20%	\$250 ER/\$500 IP/0% OON: \$250 ER/20%	\$20 PCP/\$30 Spec/\$200 ER/\$250 IP OON: \$200 ER/20%	\$10 PCP/Spec, \$50 ER/0% OON: \$50 ER/20%	\$20 PCP/\$30 Spec/\$200 ER/\$250 IP OON: \$200 ER/20%	0% OON: 0% ER/20%	30% OON: 30% ER/50%
Rx Copays:							
Retail Generic	\$10	\$10	\$10	\$10	\$10	\$10	\$10
Retail Preferred Brand	\$45	\$45	\$45	\$45	\$45	\$45	20%
Retail NonPreferred Brand	\$65	\$65	\$65	\$65	\$65	\$65	40%
Specialty	50%	50%	50%	50%	50%	50%	50%
Embedded Pediatric Dental Benefit							
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
Index Rate (Projected EHB Allowed PMPM)	\$489.21	\$489.21	\$489.21	\$489.21	\$489.21	\$489.21	\$489.21
Market Level Adjustments:							
Reinsurance	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Risk Adjustment	0.9444	0.9444	0.9444	0.9444	0.9444	0.9444	0.9444
Exchange User Fees	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Market Adjusted Index Rate (PMPM)	\$462.03	\$462.03	\$462.03	\$462.03	\$462.03	\$462.03	\$462.03
Plan Level Adjustments							
Cost Sharing Factor	0.7199	0.7760	0.9881	0.9192	0.9642	0.5010	0.4875
Network &UM	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Non-EHB*	1.0022	1.0022	1.0022	1.0022	1.0022	1.0022	1.0022
Catastrophic Adj	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Distribution and Admin Cost	1.3608	1.3608	1.3608	1.3608	1.3608	1.3690	1.3690
Plan Adjusted Index Rate (PMPM)	\$453.62	\$489.01	\$622.64	\$579.21	\$607.60	\$317.63	\$309.06
Calibrations to Consumer Level Rating Factors							
Age Calibration	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497
Geo Calibration	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Tobacco Calibration	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Consumer Level Base Rate	\$430.79	\$464.40	\$591.30	\$550.06	\$577.02	\$301.64	\$293.50
Pricing AV	98.2%	105.8%	134.8%	125.4%	131.5%	68.7%	66.9%
Estimated Plan DICR	73.5%	73.5%	73.5%	73.5%	73.5%	73.0%	73.0%
Projected Member Months	2,640	43,956	16,320	5,532	192	96	12
Membership Distribution	2.3%	38.1%	14.1%	4.8%	0.2%	0.1%	0.0%
2014 Plan Adjusted Index Rate (PMPM)	\$412.23	\$441.04	\$571.14	\$531.59	\$557.20	\$286.94	\$280.56
% Change	10.0%	10.9%	9.0%	9.0%	9.0%	10.7%	10.2%
2014 Consumer Level Base Rate	\$384.56	\$411.43	\$532.80	\$495.91	\$519.80	\$267.68	\$261.73
% Change	12.0%	12.9%	11.0%	10.9%	11.0%	12.7%	12.1%

* Covers abortion claims for all plans, except for BlueCross BlueShield Preferred 2000, A Multi-State Plan (HSA/HRA) and BlueCross BlueShield Preferred 1000, A Multi-State Plan.

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2015
GHMSI Plan Level Rate Derivation - 7/1/2015

Assumes Index Rate = Projected Pool Allowed Claims PMPM for EHB

Plan	BluePreferred PPO HSA/HRA \$2000, 100%/80%	BluePreferred PPO HSA/HRA \$1,800	BluePreferred PPO HSA/HRA \$1,400	HealthyBlue PPO \$1,500	HealthyBlue PPO \$300	HealthyBlue PPO \$600	HealthyBlue PPO HSA/HRA \$2,000
HIOS Product ID	78079DC023	78079DC023	78079DC023	78079DC030	78079DC030	78079DC030	78079DC031
HIOS Plan ID	78079DC0230010	78079DC0230011	78079DC0230008	78079DC0300004	78079DC0300005	78079DC0300006	78079DC0310002
Metal Level	Silver	Silver	Gold	Gold	Platinum	Platinum	Silver
Metallic AV	71.78%	71.58%	78.06%	81.88%	90.26%	89.81%	70.81%
On / Off Exchange	On	On	On	On	On	On	On
Network Type	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)
High Level Benefit Description							
Integrated	Y	Y	Y	N	N	N	Y
Individual Deductible	IN: 2000 OON: \$4000	IN: 1800 OON: \$3600	IN: 1400 OON: \$2800	IN: \$1500 Med/\$0 Rx OON: \$3000 Med/\$0 Rx	IN: \$300 Med/\$0 Rx OON: \$1000 Med/\$0 Rx	IN: \$600 Med/\$0 Rx OON: \$1500 Med/\$0 Rx	IN: 2000 OON: \$4000
Individual OOP Max	IN: 4500 OON: \$7500	IN: 4500 OON: \$7200	IN: 2800 OON: \$5600	IN: \$5500 OON: \$7500	IN: \$1500 OON: \$3000	IN: \$1500 OON: \$3000	IN: 6350 OON: \$7500
Member Copay/Coinsurance	\$200 ER/\$500 IP/0% OON: \$200 ER/20%	10% OON: 10% ER/30%	\$50 ER, 0% OON: \$50 ER, 20%	\$0 PCP/\$30 Spec/\$200 ER/\$300 IP/\$0 DXL OON: \$200 ER/\$500 IP/\$50/\$500 OP	\$0 PCP/\$30 Spec/\$200 ER/\$300 IP/\$0 DXL OON: \$200 ER/\$500 IP/\$50/\$500 OP	\$0 PCP/\$30 Spec/\$200 ER/\$300 IP/\$0 DXL OON: \$200 ER/\$500 IP/\$50/\$500 OP	\$0 PCP/\$30 Spec/\$200 ER/\$300 IP/\$0 DXL OON: \$200 ER/\$500 IP/\$50/\$500 OP
Rx Copays:							
Retail Generic	\$10	\$10	\$10	\$0	\$0	\$0	\$0
Retail Preferred Brand	\$45	\$45	\$45	\$45	\$45	\$45	\$45
Retail NonPreferred Brand	\$65	\$65	\$65	\$65	\$65	\$65	\$65
Specialty	50%	50%	50%	50%	50%	50%	50%
Embedded Pediatric Dental Benefit 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
Index Rate (Projected EHB Allowed PMPM)	\$489.21	\$489.21	\$489.21	\$489.21	\$489.21	\$489.21	\$489.21
Market Level Adjustments:							
Reinsurance	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Risk Adjustment	0.9444	0.9444	0.9444	0.9444	0.9444	0.9444	0.9444
Exchange User Fees	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Market Adjusted Index Rate (PMPM)	\$462.03	\$462.03	\$462.03	\$462.03	\$462.03	\$462.03	\$462.03
Plan Level Adjustments							
Cost Sharing Factor	0.6275	0.6262	0.7229	0.7784	0.9461	0.9239	0.6203
Network &UM	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Non-EHB*	1.0022	1.0022	1.0022	1.0022	1.0022	1.0022	1.0022
Catastrophic Adj	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Distribution and Admin Cost	1.3690	1.3690	1.3690	1.3608	1.3608	1.3608	1.3690
Plan Adjusted Index Rate (PMPM)	\$397.77	\$396.96	\$458.26	\$490.52	\$596.19	\$582.17	\$393.22
Calibrations to Consumer Level Rating Factors							
Age Calibration	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497
Geo Calibration	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Tobacco Calibration	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Consumer Level Base Rate	\$377.75	\$376.98	\$435.20	\$465.83	\$566.19	\$552.87	\$373.43
Pricing AV	86.1%	85.9%	99.2%	106.2%	129.0%	126.0%	85.1%
Estimated Plan DICR	73.0%	73.0%	73.0%	73.5%	73.5%	73.5%	73.0%
Projected Member Months	1,800	276	7,164	20,256	84	204	396
Membership Distribution	1.6%	0.2%	6.2%	17.5%	0.2%	0.1%	0.3%
2014 Plan Adjusted Index Rate (PMPM)	\$358.42	\$361.93	\$418.45	\$438.45	\$544.74	\$533.21	\$352.85
% Change	11.0%	9.7%	9.5%	11.9%	9.4%	9.2%	11.4%
2014 Consumer Level Base Rate	\$334.36	\$337.63	\$390.36	\$409.02	\$508.17	\$497.42	\$329.16
% Change	13.0%	11.7%	11.5%	13.9%	11.4%	11.1%	13.4%

* Covers abortion claims for all plans, except for BlueCross BlueShield Preferred 2000, A Multi-State Plan (HSA/HRA) and BlueCross BlueShield Preferred 1000, A Multi-State Plan.

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2015
GHMSI Plan Level Rate Derivation - 10/1/2015

Assumes Index Rate = Projected Pool Allowed Claims PMPM for EHB

Plan	BlueCross BlueShield Preferred 1000, A Multi-State Plan	BlueCross BlueShield Preferred 2000, A Multi-State Plan (HSA/HRA)	BluePreferred PPO \$4,500	BluePreferred PPO \$1000 \$30/\$40	BluePreferred PPO \$500 \$20/\$30	BluePreferred PPO \$1,200	BluePreferred PPO \$1,000 80%/60%
HIOS Product ID	78079DC017	78079DC019	78079DC022	78079DC022	78079DC022	78079DC022	78079DC022
HIOS Plan ID	78079DC0170001	78079DC0190001	78079DC0220011	78079DC0220018	78079DC0220019	78079DC0220007	78079DC0220014
Metal Level	Gold	Silver	Bronze	Silver	Gold	Gold	Gold
Metallic AV	79.88%	70.90%	61.91%	72.00%	78.51%	79.86%	80.74%
On / Off Exchange	On	On	On	On	On	On	On
Network Type	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)
High Level Benefit Description	Integrated	Y	Y	N	N	N	N
Individual Deductible	IN: \$1000 OON: \$2000	IN: 2000 OON: \$4000	IN: \$4500 Med/\$0 Rx OON: \$5500 Med/\$0 Rx IN: \$6350 OON: \$7500	IN: \$1000 Med/\$0 Rx OON: \$2000 Med/\$0 Rx IN: \$6600 OON: \$7500	IN: \$500 Med/\$0 Rx OON: \$1000 Med/\$0 Rx IN: \$4500 OON: \$7500	IN: \$1200 Med/\$0 Rx OON: \$2400 Med/\$0 Rx IN: \$4000 OON: \$7500	IN: \$1000 Med/\$0 Rx OON: \$2000 Med/\$0 Rx IN: \$3500 OON: \$7000
Individual OOP Max	IN: \$3000 OON: \$6000	IN: 4000 OON: \$8000					
Member Copay/Coinsurance	10% OON: 10% ER/30%	20% OON: 20% ER/40%	\$30 PCP/Spec, \$100 ER OON: \$100 ER/20%	\$30 PCP/\$40 Spec/\$450 ER/\$500 IP OON: \$50 PCP/Spec, \$750 IP	\$20 PCP/\$30 Spec/\$300 ER/\$500 IP OON: \$50 PCP/Spec, \$750 IP	\$20 PCP/Spec, \$100 ER/\$200 IP OON: \$100 ER/20%	\$20 PCP/Spec, 20% OON: 20% ER/40%
Rx Copays:							
Retail Generic	\$10	\$10	\$10	\$10	\$10	\$10	\$10
Retail Preferred Brand	20%	20%	\$45	\$45	\$45	\$45	\$45
Retail NonPreferred Brand	40%	40%	\$65	\$65	\$65	\$65	\$65
Specialty	50%	50%	50%	50%	50%	50%	50%
Embedded Pediatric Dental Benefit							
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
Index Rate (Projected EHB Allowed PMPM)	\$497.72	\$497.72	\$497.72	\$497.72	\$497.72	\$497.72	\$497.72
Market Level Adjustments:							
Reinsurance	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Risk Adjustment	0.9444	0.9444	0.9444	0.9444	0.9444	0.9444	0.9444
Exchange User Fees	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Market Adjusted Index Rate (PMPM)	\$470.07	\$470.07	\$470.07	\$470.07	\$470.07	\$470.07	\$470.07
Plan Level Adjustments							
Cost Sharing Factor	0.7615	0.6066	0.5522	0.7030	0.8122	0.7569	0.7534
Network &UM	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Non-EHB*	1.0000	1.0000	1.0022	1.0022	1.0022	1.0022	1.0022
Catastrophic Adj	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Distribution and Admin Cost	1.3559	1.3640	1.3559	1.3559	1.3559	1.3559	1.3559
Plan Adjusted Index Rate (PMPM)	\$485.40	\$388.95	\$352.78	\$449.09	\$518.85	\$483.51	\$481.30
Calibrations to Consumer Level Rating Factors							
Age Calibration	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497
Geo Calibration	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Tobacco Calibration	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Consumer Level Base Rate	\$460.97	\$369.37	\$335.02	\$426.49	\$492.74	\$459.18	\$457.08
Pricing AV	103.3%	82.7%	75.0%	95.5%	110.4%	102.9%	102.4%
Estimated Plan DICR	73.7%	73.3%	73.7%	73.7%	73.7%	73.7%	73.7%
Projected Member Months	4,284	336	84	336	336	5,076	9,216
Membership Distribution	3.1%	0.2%	0.1%	0.2%	0.2%	3.7%	6.7%
2014 Plan Adjusted Index Rate (PMPM)	\$445.88	\$355.69	\$319.85	n/a	n/a	\$437.87	\$439.62
% Change	8.9%	9.4%	10.3%	n/a	n/a	10.4%	9.5%
2014 Consumer Level Base Rate	\$415.95	\$331.81	\$298.38	n/a	n/a	\$408.48	\$410.11
% Change	10.8%	11.3%	12.3%	n/a	n/a	12.4%	11.5%

* Covers abortion claims for all plans, except for BlueCross BlueShield Preferred 2000, A Multi-State Plan (HSA/HRA) and BlueCross BlueShield Preferred 1000, A Multi-State Plan.

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2015
GHMSI Plan Level Rate Derivation - 10/1/2015

Assumes Index Rate = Projected Pool Allowed Claims PMPM for EHB

Plan	BluePreferred PPO \$2,000	BluePreferred PPO \$1,000 100%/80%	BluePreferred PPO 100%/80%, Rx:\$10/\$45/\$65/50%	BluePreferred PPO \$500	BluePreferred PPO 100%/80%, Rx: \$10/20%/40%/50%	BluePreferred PPO HSA/HRA \$4,500	BluePreferred PPO HSA/HRA \$4,000
HIOS Product ID	78079DC022	78079DC022	78079DC022	78079DC022	78079DC022	78079DC023	78079DC023
HIOS Plan ID	78079DC0220015	78079DC0220012	78079DC0220013	78079DC0220006	78079DC0220016	78079DC0230009	78079DC0230003
Metal Level	Gold	Gold	Platinum	Platinum	Platinum	Bronze	Bronze
Metallic AV	79.20%	81.79%	88.99%	88.25%	89.44%	61.00%	60.85%
On / Off Exchange	On	On	On	On	On	On	On
Network Type	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)
High Level Benefit Description							
Integrated	N	N	N	N	N	Y	Y
Individual Deductible	IN: \$2000 Med/\$0 Rx OON: \$4000 Med/\$0 Rx	IN: \$1000 Med/\$0 Rx OON: \$2000 Med/\$0 Rx	IN: \$0 Med/\$0 Rx OON: \$300 Med/\$0 Rx	IN: \$500 Med/\$0 Rx OON: \$1000 Med/\$0 Rx	IN: \$0 Med/\$0 Rx OON: \$1000 Med/\$0 Rx	IN: 4500 OON: \$6350	IN: 4000 OON: \$8000
Individual OOP Max	IN: \$5000 OON: \$7500	IN: \$3500 OON: \$7000	IN: \$1100 OON: \$2200	IN: \$1500 OON: \$3000	IN: \$2000 OON: \$4000	IN: 6350 OON: \$7500	IN: 6350 OON: \$12700
Member Copay/Coinsurance	\$20 PCP/Spec, 0% OON: 0% ER/20%	\$250 ER/\$500 IP/0% OON: \$250 ER/20%	\$20 PCP/\$30 Spec/\$200 ER/\$250 IP OON: \$200 ER/20%	\$10 PCP/Spec, \$50 ER/0% OON: \$50 ER/20%	\$20 PCP/\$30 Spec/\$200 ER/\$250 IP OON: \$200 ER/20%	0% OON: 0% ER/20%	30% OON: 30% ER/50%
Rx Copays:							
Retail Generic	\$10	\$10	\$10	\$10	\$10	\$10	\$10
Retail Preferred Brand	\$45	\$45	\$45	\$45	20%	\$45	20%
Retail NonPreferred Brand	\$65	\$65	\$65	\$65	40%	\$65	40%
Specialty	50%	50%	50%	50%	50%	50%	50%
Embedded Pediatric Dental Benefit							
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
Index Rate (Projected EHB Allowed PMPM)	\$497.72	\$497.72	\$497.72	\$497.72	\$497.72	\$497.72	\$497.72
Market Level Adjustments:							
Reinsurance	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Risk Adjustment	0.9444	0.9444	0.9444	0.9444	0.9444	0.9444	0.9444
Exchange User Fees	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Market Adjusted Index Rate (PMPM)	\$470.07	\$470.07	\$470.07	\$470.07	\$470.07	\$470.07	\$470.07
Plan Level Adjustments							
Cost Sharing Factor	0.7199	0.7760	0.9881	0.9192	0.9642	0.5010	0.4875
Network &UM	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Non-EHB*	1.0022	1.0022	1.0022	1.0022	1.0022	1.0022	1.0022
Catastrophic Adj	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Distribution and Admin Cost	1.3559	1.3559	1.3559	1.3559	1.3559	1.3640	1.3640
Plan Adjusted Index Rate (PMPM)	\$459.86	\$495.74	\$631.21	\$587.18	\$615.96	\$321.97	\$313.28
Calibrations to Consumer Level Rating Factors							
Age Calibration	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497
Geo Calibration	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Tobacco Calibration	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Consumer Level Base Rate	\$436.72	\$470.79	\$599.44	\$557.62	\$584.96	\$305.77	\$297.51
Pricing AV	97.8%	105.5%	134.3%	124.9%	131.0%	68.5%	66.6%
Estimated Plan DICR	73.7%	73.7%	73.7%	73.7%	73.7%	73.3%	73.3%
Projected Member Months	3,144	52,176	19,368	6,564	240	108	12
Membership Distribution	2.3%	38.1%	14.1%	4.8%	0.2%	0.1%	0.0%
2014 Plan Adjusted Index Rate (PMPM)	\$417.42	\$446.58	\$578.32	\$538.28	\$564.20	\$290.55	\$284.09
% Change	10.2%	11.0%	9.1%	9.1%	9.2%	10.8%	10.3%
2014 Consumer Level Base Rate	\$389.40	\$416.60	\$539.50	\$502.15	\$526.33	\$271.05	\$265.02
% Change	12.2%	13.0%	11.1%	11.0%	11.1%	12.8%	12.3%

* Covers abortion claims for all plans, except for BlueCross BlueShield Preferred 2000, A Multi-State Plan (HSA/HRA) and BlueCross BlueShield Preferred 1000, A Multi-State Plan.

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2015
GHMSI Plan Level Rate Derivation - 10/1/2015

Assumes Index Rate = Projected Pool Allowed Claims PMPM for EHB

Plan	BluePreferred PPO HSA/HRA \$2000, 100%/80%	BluePreferred PPO HSA/HRA \$1,800	BluePreferred PPO HSA/HRA \$1,400	HealthyBlue PPO \$1,500	HealthyBlue PPO \$300	HealthyBlue PPO \$600	HealthyBlue PPO HSA/HRA \$2,000
HIOS Product ID	78079DC023	78079DC023	78079DC023	78079DC030	78079DC030	78079DC030	78079DC031
HIOS Plan ID	78079DC0230010	78079DC0230011	78079DC0230008	78079DC0300004	78079DC0300005	78079DC0300006	78079DC0310002
Metal Level	Silver	Silver	Gold	Gold	Platinum	Platinum	Silver
Metallc AV	71.78%	71.58%	78.06%	81.88%	90.26%	89.81%	70.81%
On / Off Exchange	On	On	On	On	On	On	On
Network Type	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)	Regional Preferred (RPN)
High Level Benefit Description							
Integrated	Y	Y	Y	N	N	N	Y
Individual Deductible	IN: 2000 OON: \$4000	IN: 1800 OON: \$3600	IN: 1400 OON: \$2800	IN: \$1500 Med/\$0 Rx OON: \$3000 Med/\$0 Rx	IN: \$300 Med/\$0 Rx OON: \$1000 Med/\$0 Rx	IN: \$600 Med/\$0 Rx OON: \$1500 Med/\$0 Rx	IN: 2000 OON: \$4000
Individual OOP Max	IN: 4500 OON: \$7500	IN: 4500 OON: \$7200	IN: 2800 OON: \$5600	IN: \$5500 OON: \$7500	IN: \$1500 OON: \$3000	IN: \$1500 OON: \$3000	IN: 6350 OON: \$7500
Member Copay/Coinsurance	\$200 ER/\$500 IP/0% OON: \$200 ER/20%	10% OON: 10% ER/30%	\$50 ER, 0% OON: \$50 ER, 20%	\$0 PCP/\$30 Spec/\$200 ER/\$300 IP/\$0 DXL OON: \$200 ER/\$500 IP/\$50/\$500 OP	\$0 PCP/\$30 Spec/\$200 ER/\$300 IP/\$0 DXL OON: \$200 ER/\$500 IP/\$50/\$500 OP	\$0 PCP/\$30 Spec/\$200 ER/\$300 IP/\$0 DXL OON: \$200 ER/\$500 IP/\$50/\$500 OP	\$0 PCP/\$30 Spec/\$200 ER/\$300 IP/\$0 DXL OON: \$200 ER/\$500 IP/\$50/\$500 OP
Rx Copays:							
Retail Generic	\$10	\$10	\$10	\$0	\$0	\$0	\$0
Retail Preferred Brand	\$45	\$45	\$45	\$45	\$45	\$45	\$45
Retail NonPreferred Brand	\$65	\$65	\$65	\$65	\$65	\$65	\$65
Specialty	50%	50%	50%	50%	50%	50%	50%
Embedded Pediatric Dental Benefit							
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
Index Rate (Projected EHB Allowed PMPM)	\$497.72	\$497.72	\$497.72	\$497.72	\$497.72	\$497.72	\$497.72
Market Level Adjustments:							
Reinsurance	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Risk Adjustment	0.9444	0.9444	0.9444	0.9444	0.9444	0.9444	0.9444
Exchange User Fees	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Market Adjusted Index Rate (PMPM)	\$470.07	\$470.07	\$470.07	\$470.07	\$470.07	\$470.07	\$470.07
Plan Level Adjustments							
Cost Sharing Factor	0.6275	0.6262	0.7229	0.7784	0.9461	0.9239	0.6203
Network &UM	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Non-EHB*	1.0022	1.0022	1.0022	1.0022	1.0022	1.0022	1.0022
Catastrophic Adj	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Distribution and Admin Cost	1.3640	1.3640	1.3640	1.3559	1.3559	1.3559	1.3640
Plan Adjusted Index Rate (PMPM)	\$403.21	\$402.39	\$464.53	\$497.27	\$604.40	\$590.18	\$398.60
Calibrations to Consumer Level Rating Factors							
Age Calibration	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497	0.9497
Geo Calibration	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Tobacco Calibration	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Consumer Level Base Rate	\$382.91	\$382.14	\$441.15	\$472.24	\$573.98	\$560.48	\$378.54
Pricing AV	85.8%	85.6%	98.8%	105.8%	128.6%	125.6%	84.8%
Estimated Plan DICR	73.3%	73.3%	73.3%	73.7%	73.7%	73.7%	73.3%
Projected Member Months	2,124	336	8,496	24,060	252	96	480
Membership Distribution	1.5%	0.2%	6.2%	17.5%	0.2%	0.1%	0.4%
2014 Plan Adjusted Index Rate (PMPM)	\$362.92	\$366.47	\$423.70	\$443.96	\$551.59	\$539.92	\$357.28
% Change	11.1%	9.8%	9.6%	12.0%	9.6%	9.3%	11.6%
2014 Consumer Level Base Rate	\$338.56	\$341.87	\$395.26	\$414.16	\$514.56	\$503.68	\$333.30
% Change	13.1%	11.8%	11.6%	14.0%	11.5%	11.3%	13.6%

* Covers abortion claims for all plans, except for BlueCross BlueShield Preferred 2000, A Multi-State Plan (HSA/HRA) and BlueCross BlueShield Preferred 1000, A Multi-State Plan.

CareFirst BlueCross BlueShield (GHMSI)
(NAIC # 53007)
D.C. Small Group Products - On Exchange
Rates Effective 01/01/2015
Single Risk Pool Desired Incurred Claims Ratio (DICR)

	Medical	Rx	Total
Projected Allowed Claims PMPM (EHB and Non-EHB)	\$ 367.71	\$ 106.04	\$ 473.75
Projected Paid / Allowed Ratio	80.3%	80.3%	80.3%
Adjustment for Risk Transfer			\$ (26.26)
Projected Paid Claims PMPM (EHB and Non-EHB), Adjusted for Risk Transfer			\$ 359.17

	Non-CDH		CDH		Total		Total (1Q14)*	% Δ
	PMPM	%	PMPM	%	PMPM	%		
Projected Allowed Claims (+ Capitations)	\$ 359.17	72.9%	\$ 359.17	72.5%	\$ 359.17	72.9%	76.9%	-3.9%
Admin Costs	\$ 46.81	9.5%	\$ 46.81	9.4%	\$ 46.81	9.5%	10.3%	-0.8%
Patient Outcome Tax	\$ 0.18	0.0%	\$ 0.18	0.0%	\$ 0.18	0.0%	0.0%	0.0%
Reinsurance	\$ 3.60	0.7%	\$ 3.60	0.7%	\$ 3.60	0.7%	1.0%	-0.3%
Risk Adjustment User Fees	\$ 0.08	0.0%	\$ 0.08	0.0%	\$ 0.08	0.0%	0.0%	0.0%
Broker Commissions & Fees	\$ 27.94	5.7%	\$ 27.94	5.6%	\$ 27.94	5.7%	4.7%	1.0%
Contrib to Reserve	\$ 7.88	1.6%	\$ 7.93	1.6%	\$ 7.88	1.6%	2.4%	-0.8%
Invst Income Credit*	\$ (0.00)	0.0%	\$ (0.00)	0.0%	\$ (0.00)	0.0%	0.0%	0.0%
Premium Taxes/Community Health Investment*	\$ 9.85	2.0%	\$ 9.91	2.0%	\$ 9.85	2.0%	2.0%	0.0%
Assessment Fees*	\$ 0.57	0.1%	\$ 0.57	0.1%	\$ 0.57	0.1%	0.1%	0.0%
Federal Income Tax	\$ 1.97	0.4%	\$ 1.98	0.4%	\$ 1.97	0.4%	0.6%	-0.2%
State Income Tax	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	0.0%	0.0%
Exchange Assessment Fee	\$ 9.85	2.0%	\$ 9.91	2.0%	\$ 9.85	2.0%	0.0%	2.0%
Health Insurer Fee	\$ 12.92	2.6%	\$ 13.00	2.6%	\$ 12.93	2.6%	1.9%	0.7%
Exchange Fees	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	0.0%	0.0%
Incentive Program	\$ 11.56	2.3%	\$ 11.56	2.3%	\$ 11.56	2.3%	0.0%	2.3%
CDH Expenses	\$ -	0.0%	\$ 2.78	0.6%	\$ 0.24	0.0%	0.1%	0.0%
Total	\$ 492.37	100.0%	\$ 495.41	100.0%	\$ 492.64	100.0%	100.0%	

* From approved GHMSI DC Small Group filing effective 1/1/2014, SERFF tracking # CFBC-129047320
Note: The Contribution to Reserve shown is post-tax. The pre-tax contribution is 2.0%.

CareFirst BlueCross BlueShield (GHMSI)
(NAIC # 53007)
D.C. Small Group Products - On Exchange
Rates Effective 04/01/2015
Single Risk Pool Desired Incurred Claims Ratio (DICR)

	Medical	Rx	Total
Projected Allowed Claims PMPM (EHB and Non-EHB)	\$ 374.37	\$ 107.57	\$ 481.94
Projected Paid / Allowed Ratio	80.3%	80.3%	80.3%
Adjustment for Risk Transfer			\$ (26.71)
Projected Paid Claims PMPM (EHB and Non-EHB), Adjusted for Risk Transfer			\$ 365.39

	Non-CDH		CDH		Total		Total (1Q15)	% Δ
	PMPM	%	PMPM	%	PMPM	%	%	
Projected Allowed Claims (+ Capitations)	\$ 365.39	73.2%	\$ 365.39	72.8%	\$ 365.39	73.2%	72.9%	0.3%
Admin Costs	\$ 46.81	9.4%	\$ 46.81	9.3%	\$ 46.81	9.4%	9.5%	-0.1%
Patient Outcome Tax	\$ 0.18	0.0%	\$ 0.18	0.0%	\$ 0.18	0.0%	0.0%	0.0%
Reinsurance	\$ 3.25	0.7%	\$ 3.25	0.6%	\$ 3.25	0.7%	0.7%	-0.1%
Risk Adjustment User Fees	\$ 0.08	0.0%	\$ 0.08	0.0%	\$ 0.08	0.0%	0.0%	0.0%
Broker Commissions & Fees	\$ 27.94	5.6%	\$ 27.94	5.6%	\$ 27.94	5.6%	5.7%	-0.1%
Contrib to Reserve	\$ 7.98	1.6%	\$ 8.03	1.6%	\$ 7.99	1.6%	1.6%	0.0%
Invst Income Credit*	\$ (0.00)	0.0%	\$ (0.00)	0.0%	\$ (0.00)	0.0%	0.0%	0.0%
Premium Taxes/Community Health Investment*	\$ 9.98	2.0%	\$ 10.04	2.0%	\$ 9.99	2.0%	2.0%	0.0%
Assessment Fees*	\$ 0.57	0.1%	\$ 0.58	0.1%	\$ 0.57	0.1%	0.1%	0.0%
Federal Income Tax	\$ 2.00	0.4%	\$ 2.01	0.4%	\$ 2.00	0.4%	0.4%	0.0%
State Income Tax	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	0.0%	0.0%
Exchange Assessment Fee	\$ 9.98	2.0%	\$ 10.04	2.0%	\$ 9.99	2.0%	2.0%	0.0%
Health Insurer Fee	\$ 13.10	2.6%	\$ 13.18	2.6%	\$ 13.11	2.6%	2.6%	0.0%
Exchange Fees	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	0.0%	0.0%
Incentive Program	\$ 11.75	2.4%	\$ 11.75	2.3%	\$ 11.75	2.4%	2.3%	0.0%
CDH Expenses	\$ -	0.0%	\$ 2.78	0.6%	\$ 0.24	0.0%	0.0%	0.0%
Total	\$ 499.01	100.0%	\$ 502.05	100.0%	\$ 499.27	100.0%	100.0%	

Note: The Contribution to Reserve shown is post-tax. The pre-tax contribution is 2.0%.

CareFirst BlueCross BlueShield (GHMSI)
(NAIC # 53007)
D.C. Small Group Products - On Exchange
Rates Effective 07/01/2015
Single Risk Pool Desired Incurred Claims Ratio (DICR)

	Medical	Rx	Total
Projected Allowed Claims PMPM (EHB and Non-EHB)	\$ 381.18	\$ 109.12	\$ 490.30
Projected Paid / Allowed Ratio	80.3%	80.3%	80.3%
Adjustment for Risk Transfer			\$ (27.18)
Projected Paid Claims PMPM (EHB and Non-EHB), Adjusted for Risk Transfer			\$ 371.72

	Non-CDH		CDH		Total		Total (2Q15)	% Δ
	PMPM	%	PMPM	%	PMPM	%	%	
Projected Allowed Claims (+ Capitations)	\$ 371.72	73.5%	\$ 371.72	73.0%	\$ 371.72	73.4%	73.2%	0.3%
Admin Costs	\$ 46.81	9.3%	\$ 46.81	9.2%	\$ 46.81	9.2%	9.4%	-0.1%
Patient Outcome Tax	\$ 0.18	0.0%	\$ 0.18	0.0%	\$ 0.18	0.0%	0.0%	0.0%
Reinsurance	\$ 2.95	0.6%	\$ 2.95	0.6%	\$ 2.95	0.6%	0.7%	-0.1%
Risk Adjustment User Fees	\$ 0.08	0.0%	\$ 0.08	0.0%	\$ 0.08	0.0%	0.0%	0.0%
Broker Commissions & Fees	\$ 27.94	5.5%	\$ 27.94	5.5%	\$ 27.94	5.5%	5.6%	-0.1%
Contrib to Reserve	\$ 8.09	1.6%	\$ 8.14	1.6%	\$ 8.10	1.6%	1.6%	0.0%
Invst Income Credit*	\$ (0.00)	0.0%	\$ (0.00)	0.0%	\$ (0.00)	0.0%	0.0%	0.0%
Premium Taxes/Community Health Investment*	\$ 10.12	2.0%	\$ 10.18	2.0%	\$ 10.12	2.0%	2.0%	0.0%
Assessment Fees*	\$ 0.58	0.1%	\$ 0.59	0.1%	\$ 0.58	0.1%	0.1%	0.0%
Federal Income Tax	\$ 2.02	0.4%	\$ 2.04	0.4%	\$ 2.02	0.4%	0.4%	0.0%
State Income Tax	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	0.0%	0.0%
Exchange Assessment Fee	\$ 10.12	2.0%	\$ 10.18	2.0%	\$ 10.12	2.0%	2.0%	0.0%
Health Insurer Fee	\$ 13.28	2.6%	\$ 13.36	2.6%	\$ 13.29	2.6%	2.6%	0.0%
Exchange Fees	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	0.0%	0.0%
Incentive Program	\$ 11.96	2.4%	\$ 11.96	2.3%	\$ 11.96	2.4%	2.4%	0.0%
CDH Expenses	\$ -	0.0%	\$ 2.78	0.5%	\$ 0.24	0.0%	0.0%	0.0%
Total	\$ 505.85	100.0%	\$ 508.89	100.0%	\$ 506.11	100.0%	100.0%	

Note: The Contribution to Reserve shown is post-tax. The pre-tax contribution is 2.0%.

CareFirst BlueCross BlueShield (GHMSI)
(NAIC # 53007)
D.C. Small Group Products - On Exchange
Rates Effective 10/01/2015
Single Risk Pool Desired Incurred Claims Ratio (DICR)

	Medical	Rx	Total
Projected Allowed Claims PMPM (EHB and Non-EHB)	\$ 388.15	\$ 110.69	\$ 498.84
Projected Paid / Allowed Ratio	80.3%	80.3%	80.3%
Adjustment for Risk Transfer			\$ (27.65)
Projected Paid Claims PMPM (EHB and Non-EHB), Adjusted for Risk Transfer			\$ 378.19

	Non-CDH		CDH		Total		Total (3Q15)	% Δ
	PMPM	%	PMPM	%	PMPM	%	%	
Projected Allowed Claims (+ Capitations)	\$ 378.19	73.7%	\$ 378.19	73.3%	\$ 378.19	73.7%	73.4%	0.3%
Admin Costs	\$ 46.81	9.1%	\$ 46.81	9.1%	\$ 46.81	9.1%	9.2%	-0.1%
Patient Outcome Tax	\$ 0.18	0.0%	\$ 0.18	0.0%	\$ 0.18	0.0%	0.0%	0.0%
Reinsurance	\$ 2.63	0.5%	\$ 2.63	0.5%	\$ 2.63	0.5%	0.6%	-0.1%
Risk Adjustment User Fees	\$ 0.08	0.0%	\$ 0.08	0.0%	\$ 0.08	0.0%	0.0%	0.0%
Broker Commissions & Fees	\$ 27.94	5.4%	\$ 27.94	5.4%	\$ 27.94	5.4%	5.5%	-0.1%
Contrib to Reserve	\$ 8.20	1.6%	\$ 8.25	1.6%	\$ 8.21	1.6%	1.6%	0.0%
Invst Income Credit*	\$ (0.00)	0.0%	\$ (0.00)	0.0%	\$ (0.00)	0.0%	0.0%	0.0%
Premium Taxes/Community Health Investment*	\$ 10.26	2.0%	\$ 10.32	2.0%	\$ 10.26	2.0%	2.0%	0.0%
Assessment Fees*	\$ 0.59	0.1%	\$ 0.59	0.1%	\$ 0.59	0.1%	0.1%	0.0%
Federal Income Tax	\$ 2.05	0.4%	\$ 2.06	0.4%	\$ 2.05	0.4%	0.4%	0.0%
State Income Tax	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	0.0%	0.0%
Exchange Assessment Fee	\$ 10.26	2.0%	\$ 10.32	2.0%	\$ 10.26	2.0%	2.0%	0.0%
Health Insurer Fee	\$ 13.46	2.6%	\$ 13.54	2.6%	\$ 13.47	2.6%	2.6%	0.0%
Exchange Fees	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	0.0%	0.0%
Incentive Program	\$ 12.16	2.4%	\$ 12.16	2.4%	\$ 12.16	2.4%	2.4%	0.0%
CDH Expenses	\$ -	0.0%	\$ 2.78	0.5%	\$ 0.24	0.0%	0.0%	0.0%
Total	\$ 512.81	100.0%	\$ 515.85	100.0%	\$ 513.07	100.0%	100.0%	

Note: The Contribution to Reserve shown is post-tax. The pre-tax contribution is 2.0%.

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2015

Support for DICR Components

Estimated Breakdown of Admin Costs

	% of Revenue
Salaries/Wages/Benefits	3.9%
Quality Improvement Activities	0.8%
Other General Admin	4.8%
Total Admin Costs	9.5%

ACA Fees

Patient Outcome Tax (PCORI)	\$	2.11	PMPY
Divide by 12:	\$	0.18	PMPM
Reinsurance 2015	\$	3.67	PMPM
Reinsurance 2016	\$	2.44	PMPM
Risk Adjustment User Fees	\$	0.96	PMPY
Divide by 12:	\$	0.08	PMPM
Health Insurer Fee 2015		2.6%	of premium
Health Insurer Fee 2016		2.6%	of premium
Exchange Fees		0.0%	of premium
Exchange Assessment Fee 2014		1.0%	of premium
Exchange Assessment Fee 2015		1.0%	of premium

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2015

Development of Anticipated Medical Loss Ratio, as Defined by PPACA

		GHMSI Projected
(1)a	Projected Claims (Trend & Capitation)	\$157,616,695
(1)b	Experience Period Member Months	414,509
(1)c	Credibility Factor	1.00
(1)d	Projected Claims (DICR) = DICR x Revenue - Risk Adjustment	\$157,616,695
(1)e	Projected Claims (Final) = (1)a x (1)c + (1)d x (1-(1)c)	\$157,616,695
(2)	Projected Revenue	\$204,202,216
(3) = (1)e / (2)	Anticipated Incurred Straight LR	77.2%
(4)	Health Care Improvement*	\$4,996,449
(5)	ITS Fees	(\$635,610)
(6)	Risk Transfer Payment/Receipt	(\$11,338,722)
(7) = (1)e + (4) + (5) + (6)	MLR Numerator	\$150,638,812
(8)	Federal Taxes	\$816,809
(9)	State and Premium Taxes	\$4,084,044
(10)	ACA Fees**	\$11,043,835
(11) = (8) + (9) + (10)	Total Taxes & Regulatory Fees	\$15,944,689
(12) = (2) - (11)	MLR Denominator	\$188,257,527
(13) = (7) / (12)	Projected MLR	80.0%

* Estimated at 3.17% of care costs for GHMSI. Adjustments 1 & 2 below are based on actual health care improvement adjustments for all GHMSI D.C. Small Group business in 2013, 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: | -1.49% |
| 2. Health care improvement expenses: | 1.62% |
| 3. Incentive program quality improvement expenses | 3.04% |
| 4. Net adjustment: | 3.17% |

** Includes Patient Outcome Tax, Reinsurance, Risk Adjustment User Fees, Exchange Fees, Exchange Assessment Fee, and Health Insurer Fee.

Credibility Factor Derivation:

	Exp Pd Member Months	CMS (Assigned Credibility of <20% = 0%; >90% = 100%)
GHMSI	414,509	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.

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2015

Summary of Wakely Small Group Modeling

	Relative Risk Score*		Projected Index Rate	Estimated Risk Adjustment PMPM (Applied to Projected Index Rate)	Calculated Risk Adjustment Factor	Proposed Value for Rate Filing	Proposed PMPM Applied to Projected Index Rate
GHMSI	1.08	1Q15	\$ 472.69	\$ (35.01)	0.926	0.944	\$ (26.26)
		2Q15	\$ 480.86	\$ (35.62)	0.926	0.944	\$ (26.71)
		3Q15	\$ 489.21	\$ (36.24)	0.926	0.944	\$ (27.18)
		4Q15	\$ 497.72	\$ (36.87)	0.926	0.944	\$ (27.65)

* Assumes market risk score = 1.0

The proposed risk adjustment was developed based on a multi-carrier study conducted by Wakely Consulting. Given the uncertainty in estimating these values, we have applied 75% of the estimated values from Wakely.

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2015
Description of "Other" Adjustments to Experience Period Data

The adjustment descriptions below detail the build up of our "Other" multiplicative factors used in adjusting the experience period allowed PMPM amounts to the projection period. These adjustments coincide with those used in worksheet I section II of the URRT. Please see pages 38 - 43 for support of these factors.

Service Category	Other Factor	Description of Adjustment
Inpatient	0.989	Multiplicative factors of 1.003 for changes in average age of the pool, 1.017 to reflect the impact of early renewing business, and 0.970 to reflect the impact of the new Incentive Program.
Outpatient	0.989	Multiplicative factors of 1.003 for changes in average age of the pool, 1.017 to reflect the impact of early renewing business, and 0.970 to reflect the impact of the new Incentive Program.
Professional	1.024	Multiplicative factors of 1.003 for changes in average age of the pool, 1.035 for changes in treatment of ABA services, 1.017 to reflect the impact of early renewing business, and 0.970 to reflect the impact of the new Incentive Program.
Other	1.168	Multiplicative factors of 1.003 for changes in average age of the pool, 1.181 to reflect the impact of embedded pediatric dental benefit, 1.017 to reflect the impact of early renewing business, and 0.970 to reflect the impact of the new Incentive Program.
Rx	0.956	Multiplicative factors of 0.924 to reflect differences in discounts between the experience period and projection period, 1.042 to reflect the impact of expanding out list of drugs to include the hepatitis C drug Sovaldi, and 1.004 to reflect changes in our Mandatory Generic policy. Also includes multiplicative factors of 1.003 for changes in average age of the pool, 1.017 to reflect the impact of early renewing business, and 0.970 to reflect the impact of the new Incentive Program.
Capitation	0.984	Multiplicative factor of 0.984 to reflect inclusion of pediatric vision benefit.

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2015

Support for "Other" adjustment factors

<u>Early Renewal Factor Derivation</u>	Allowed Claims	Item	Calculation
	PMPM		
Early Renewal (Small Group Only, BC & GHMSI combined)			
Experience Period Total Allowed PMPM of Early renewing cohort	\$ 397.23	(1)	
Experience Period Total Allowed PMPM of Non-Early renewing cohort	\$ 419.26	(2)	
Combined Experience Period Total Allowed PMPM	\$ 412.06	(3)	
Early Renewal Adjustment Factor (Small Group Only)	1.7%		(4) = (2) / (3) - 1
Early Renewal Adjustment Factor (Blended Across Single Risk Pool)	1.7%		
<u>Rx Discount Factor Derivation (Based on CFI Total Book of Business Data)</u>			
Grand Total New Allowed	\$ 1,154,386,773	(1)	
Grand Total Old Allowed	\$ 1,249,560,894	(2)	
\$ Difference	\$ (95,174,121)	(3)	
% Difference	-7.6%		(4) = (3)/(2)
<u>Mandatory Generic Factor Derivation (Based on CFI Total Book of Business Data)</u>			
Total \$ Impact Due to expansion of list of Mandatory Generic Drugs	\$ 4,594,160	(1)	
Total 2013 Drug Claims	\$ 1,249,560,894	(2)	
% Increase in Paid Drug \$	0.4%		(3) = (1)/(2)
<u>Sovaldi Factor Derivation</u>			
% Impact to total experience period allowed PMPM (see page 39 for details)	1.0%	(1)	
Experience Period Allowed Rx PMPM	\$ 98.92	(2)	
Total Experience Period Allowed PMPM	\$ 413.02	(3)	
\$ Amount of Sovaldi Drug	\$ 4.13	(4) = (1) * (3)	
Sovaldi Impact to Rx Only	4.2%		(5) = (4) / (2)
<u>Changes in treatment of ABA services (see page 40 for details)</u>			
<u>Ind64-</u>			
\$ Impact to Experience Period Allowed PMPM	\$ 1.74	(1)	
Experience Period Allowed PMPM for Professional Services	\$ 84.51	(2)	
Changes in treatment of ABA services - Impact (to Ind64- Professional only)	2.1%		(3) = (1)/(2)
<u>Small Group</u>			
\$ Impact to Experience Period Allowed PMPM	\$ 5.15	(4)	
Experience Period Allowed PMPM for Professional Services	\$ 144.41	(5)	
Changes in treatment of ABA services - Impact (to Small Group Professional only)	3.6%		(6) = (4)/(5)
Changes in treatment of ABA services - Impact to Professional only (Blended Across Single Risk Pool)	3.5%		
<u>Demographic Factor Derivation</u>			
Demographic Impact (Blended Across Single Risk Pool)	0.3%		

Note: Blended adjustments are an average of Ind64- and Small Group adjustments, weighted by claims.

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2015
Sovaldi Factor Derivation

	US Population	320 Million	
A	Number of chronic hepatitis C persons in US (source: CDC)	3.2 Million	
	Cost per 90-day script of Sovaldi	\$84,000	
	However, Sovaldi has to be taken with ribavirin and interferon. Cost of 90day supply of both	<u>\$10,000</u>	
B	Total cost per 90-day regimen (Sovaldi + ribavirin + interferon)	\$94,000	
C=A*B	Total maximum market potential for 90-day regimen (\$ Billion)	\$300 Billion	
D	First quarter Sovaldi sales (Gilead Sciences 1Q14 earnings report)	\$2.27 Billion	
E=D*4	Annualized 2014 Sovaldi sales assuming flat growth in Q2-Q4 {lower bound}	\$9 Billion	
F=(94/84)*E	Annualized cost of regimen	\$10 Billion	
	<u>Breakdown of US Population by payor mix (Million)</u>		
	Commercial	147	
	Medicare	51	
G	Medicaid	61	
	Tricare/Other Insured	10	
	Uninsured	<u>47</u>	
	US Total Population (2013)	316	
	<u>Number of Commercial Equivalent Membership Units (Million)</u>		
	Commercial	147	
	Medicare	50	
H=G*.75	Medicaid (pays 25% lower costs on brand name drugs than Medicare)	41	
	Tricare	<u>10</u>	
I	Total Commercial Equivalent Membership Units	248	
J=F/I	Cost per commercial equivalent member per year	\$40	
K	CFI Risk average allowed claim cost per year	\$4,062	
L	Sovaldi regimen costs as % of allowed claims	<table border="1" style="display: inline-table;"><tr><td style="text-align: center;">1%</td></tr></table>	1%
1%			
		(lower bound)	

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2015
Autism Cost Model

Average Cost:	Assume treatment cost per hour for intensive ABA therapy	\$46
	Assume treatment of \$75 per hour for non-intensive therapy	\$97

	ABA Therapy hrs/wk	Other Therap y hrs/wk	Hrs/Yr Therapy	Cost Per Year Therapy
Children 2-5:	40	0	2080	94,826
Children 6-7:	15	5	1040	60,894
Children 8-12:	0	10	520	50,668
Children 13-21:	0	8	416	40,534

Utilization:		0.49%	SG	Ind64-
Assume 1 in every 68 children age 1-21 have Autism or Asperger's. Assume 1 in 3 seek ABA treatment				
children age 2-5 as a % of total population	====>		4.9%	1.8%
children age 6 as a % of total population	====>		1.3%	0.4%
children age 7 as % total population			1.2%	0.3%
children age 8 as % total population			1.2%	0.5%
children age 9-12 as a % of total population	====>		4.4%	1.7%
children age 13-21 as a % of total population	====>		9.0%	2.7%

	Small Group		Ind64-	
Cost PMPM: Children 2-5:	\$	1.88	\$	0.68
Children age 6	\$	0.31	\$	0.10
Children age 7	\$	0.30	\$	0.07
Children age 8	\$	0.25	\$	0.10
Children 9-12:	\$	0.92	\$	0.34
Children 13-21:	\$	1.49	\$	0.45
Total	\$	5.15	\$	1.74

	Small Group	Ind64-	Blended
Adjustment (to Professional Only)	3.6%	2.1%	3.5%

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2015
Derivation of Embedded Pediatric Dental Rate
Projection Period: 1/1/2015 - 12/31/2015

#	Formula	Description	%	PMPM
1		Base D.C. Dental Allowed PMPM For Members Age 19 and Under, Classes 1 -4		\$ 16.32
2		Adjustment to D.C. Benchmark Plan (D.C. FEDVIP)	-1.15%	
3	(3) = (1)*(1+(2))	Adjusted Allowed PMPM Classes 1 - 4		\$ 16.13
4		Base D.C. Dental Allowed PMPM For Members Age 19 and Under, Class 5 (Ortho)		\$ 3.44
5		Adjustment to D.C. Benchmark Plan	-40%	
6	(6) = (4*(1+(5))	Adjusted Allowed PMPM Class 5 (Ortho)		\$ 2.06
7		Estimated Base Period Allowed PMPM Adjusted to D.C. Benchmark		\$ 18.19
8		Completion Factor (Incurred 12, Paid 14)		0.980
9	(9) = (7)/(8)	Ultimate Base Period Allowed PMPM Adjusted to D.C. Benchmark		\$ 18.56
10		Assumed Annual Trend	5.0%	
11		Assumed Trend Factor for 24 months	1.103	
12	(12) = (9)*(11)	Projected Allowed Pediatric PMPM		\$ 20.47
13		Adjustment to Dental PPO Fee Schedule	0.879	
14	(14) = (12)*(13)	Projected Allowed Pediatric PMPM Based On PPO Fee Schedule		\$ 17.98
15		Adjustment for Planned 1/1/2014 Fee Schedule Increase	1.000	
16	(16) = (14)*(15)	Projected Allowed Pediatric PMPM Adjusted for Fee Schedule Changes		\$ 17.98
17		% of D.C. Small Group & Individual, Non-Medigap Market Age 19 and Under	21.6%	
18	(18) = (16)*(17)	Projected Allowed Pediatric Dental PMPM Spread Over Single Risk Pool		\$ 3.89
19		Base Period Other Medical PMPM		\$ 21.49
20		Projection Factor Entered To Adjust Other Medical Category		1.181
21		Impact on Total Medical and Rx Base Period PMPM		1.009

Notes:

- Row 1** Allowed PMPM for experience period of 01/2013 - 12/2013, pd through 03/2014 for Classes 1- 4
- Row 2** Adjustment factor to account for coverage differences between current plans and DC Benchmark plan for Classes 1 - 4
- Row 4** Allowed PMPM for experience period of 01/2013 - 12/2013, pd through 03/2014 for Class 5 (Ortho)
- Row 5** Adjustment factor to account for coverage differences between current plans and DC Benchmark plan for Class 5 (Ortho), as provided by CareFirst's Dental Network Director.
- Row 10** Assumed pricing trend.
- Row 11** Projected through 12/31/2015.
- 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	1/1/2013	12/31/2013	7/2/2013	
Rating Period	1/1/2015	12/31/2015	7/2/2015	24.0

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2015

Derivation of Pediatric Dental Effective Coinsurance

	Allowed		
	PMPM*	Plan Coinsurance	Plan Portion
Level 1	\$ 10.49	100%	\$ 10.49
Level 2	\$ 3.25	80%	\$ 2.60
Level 3	\$ 2.30	80%	\$ 1.84
Level 4	\$ 0.54	50%	\$ 0.27
Level 5	\$ 1.82	50%	\$ 0.91
Total	\$ 18.41		\$ 16.12
Effective Coinsurance			87.6%

* Based on the combined D.C. Small Group dental book of business over the experience period 11/2012 - 10/2013, paid through 12/2013, projected to 2015, and adjusted to the PMPM and utilization distribution of the expected pediatric population.

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2015
Vision Embedded in Medical Plan
Projection Period: 1/1/2015 - 12/31/2015

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		22.6%
<hr/>		
Pediatric Vision PMPM Spread Over Small Group Market	\$	0.28
Individual, non-Medigap Embedded PMPM (Davis Vision Capitation)	\$	1.77
% of D.C. Individual, non-Medigap Market Age 19 and Under		7.7%
<hr/>		
Pediatric Vision PMPM Spread Over Individual Market	\$	0.14
Blended EHB Pediatric Vision PMPM Spread Over Entire Single Risk Pool	\$	0.27

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		92.3%
<hr/>		
Embedded Adult Vision PMPM Spread Over Individual Market	\$	1.07
Blended Non-EHB Adult Vision PMPM Spread Over Entire Single Risk Pool	\$	0.11

Derivation of Projection Factor

Total Embedded Vision PMPM	\$	0.38
Experience Period Core Vision Capitation PMPM	\$	0.40
\$ Change from Experience to Projection Period PMPM	\$	(0.02)
Total Experience Period Capitation PMPM	\$	1.28
Projection Factor to Adjust Capitation Category		0.984

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2015

Derivation of Age Calibration Factor
Based on Approved DC Age Factors from 1/1/2014

Projected Pool Allowed PMPM (including non-EHB)	\$	473.75
Total Estimated Allowed \$ Per Month, Based on Age Factors	\$	25,023,131
Total Small Group Experience Members		49,682
PMPM Based On Age Factors	\$	503.67
Calibration Adjustment		0.950
Average Age Factor		1.063
Average Age (Implied by Average Factor)		42

**CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2015**

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

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

Total D.C. SG GHMSI

	Midpoint AV	Projected Contracts As Of 12/31/2015	Utilization Impact Relative to Bronze*	Impact Relative to Average
Platinum	90%	4,295	1.166	1.059
Gold	80%	17,228	1.087	0.988
Silver	70%	558	1.032	0.938
Bronze	60%	32	1.001	0.909
Subtotal:		22,113		
Average	81.7%		1.101	

	Impact of Health Savings/Reimbursement Account**	1Q15 Projected Member Months
HSA/HRA	0.960	12,864
All Other	1.004	135,264
	1.000	148,128

* 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 Exchange Rate Filing Effective 1/1/2015**

Rating Methodology & Sample Calculation

Methodology

- 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 BlueCross BlueShield Preferred 1000, A Multi-State Plan

Employee 1	Employee 2
A spouse, and 1 child	5 children
1	0
0	1
1	4

- For each subscriber and dependent, identify their age.

Subscriber	Spouse	Child 1	Subscriber	Child 1*	Child 2	Child 3	Child 4	Child 5
46	34	15	52	6	10	13	18	22

- Determine appropriate age factor.

1.227	0.856	0.654	1.545		0.654	0.654	0.654	0.727
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- Identify the appropriate consumer level base rate.

\$442.60	\$442.60	\$442.60	\$442.60		\$442.60	\$442.60	\$442.60	\$442.60
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- Multiply the (base rate x age factor) and round to the nearest whole cent to determine the member's individual rate.

\$543.07	\$378.87	\$289.46	\$683.82		\$289.46	\$289.46	\$289.46	\$321.77
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- The group's total rate is the sum of individual rates for all subscribers and members combined.

\$3,085.37

*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 Exchange Rate Filing Effective 1/1/2015

Age Factors

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

From approved filing CFAP-129047320, effective 1/1/2014.

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2015

Estimated Renewal Rate Changes

Product	HIOS Product ID	1Q15	1Q15 Estimated	2Q15	2Q15 Estimated	3Q15	3Q15 Estimated	4Q15	4Q15 Estimated
		Estimated Consumer Level Base Rate Renewal	Avg. Plan Adjusted Index Rate Renewal	Estimated Consumer Level Base Rate Renewal	Avg. Plan Adjusted Index Rate Renewal	Estimated Consumer Level Base Rate Renewal	Avg. Plan Adjusted Index Rate Renewal	Estimated Consumer Level Base Rate Renewal	Avg. Plan Adjusted Index Rate Renewal
HealthyBlue PPO HSA/HRA	78079DC031	13.2%	11.2%	13.3%	11.3%	13.4%	11.4%	13.6%	11.6%
HealthyBlue PPO	78079DC030	13.6%	11.6%	13.7%	11.7%	13.8%	11.8%	14.0%	12.0%
BluePreferred HSA/HRA Multi-State Plan	78079DC019	11.0%	9.0%	11.1%	9.1%	11.2%	9.2%	11.3%	9.4%
BluePreferred PPO	78079DC022	11.8%	9.8%	11.9%	10.0%	12.1%	10.1%	12.2%	10.2%
BluePreferred PPO HSA/HRA	78079DC023	11.5%	9.6%	11.6%	9.7%	11.8%	9.8%	11.9%	9.9%
BluePreferred Multi-State Plan	78079DC017	10.5%	8.5%	10.6%	8.6%	10.7%	8.7%	10.8%	8.9%
TOTAL:		12.1%		12.2%		12.4%		12.5%	

APPENDIX

CareFirst BlueCross BlueShield (GHMSI)
(NAIC # 53007)
D.C. Small Group Products - On Exchange
Rates Effective 1/1/2015
Non-Grandfathered Experience for Existing HIOS IDs

Existing Products Included in Experience Period

HIOS Product ID	HIOS Product Name	Contracts a/o Dec 2013	Member Months	Total Premium	Total Allowed Claims	Incurred Claims
78079DC008	BluePreferred	16,449	366,985	\$ 164,572,664	\$ 160,316,934	\$ 145,502,011
78079DC010	BluePreferred HRA	591	11,785	\$ 4,605,473	\$ 5,538,758	\$ 4,543,835
78079DC009	BluePreferred HSA	1,583	34,908	\$ 12,876,869	\$ 16,571,208	\$ 13,431,241
78079DC011	Indemnity	35	831	\$ 527,254	\$ 432,655	\$ 398,145
	Total	18,658	414,509	\$ 182,582,260	\$ 182,859,554	\$ 163,875,232

Existing Products with No Experience in Experience Period

HIOS Product ID	HIOS Product Name
78079DC015	BluePreferred HDHP

CareFirst BlueCross BlueShield (GHMSI)
(NAIC # 53007)
D.C. Small Group Products - On Exchange
Rates Effective 1/1/2015

Off Exchange HIOS IDs*

HIOS Plan ID	HIOS Plan Name	On/Off Exchange
78079DC0230001	BluePreferred PPO HSA/HRA \$1,400	Off
78079DC0230002	BluePreferred PPO HSA/HRA \$2,000 - SE	Off
78079DC0230004	BluePreferred PPO HSA/HRA \$4,000 - SE	Off
78079DC0230005	BluePreferred PPO HSA/HRA \$4,500	Off
78079DC0230006	BluePreferred PPO HSA/HRA \$2000, 100%/80%	Off
78079DC0230007	BluePreferred PPO HSA/HRA \$1,800	Off
78079DC0220008	BluePreferred PPO \$1,000 100%/80%	Off
78079DC0220001	BluePreferred PPO \$500	Off
78079DC0220002	BluePreferred PPO \$1,000 - SE	Off
78079DC0220017	BluePreferred PPO 100%/80%, Rx: \$10/20%/40%/50% - SE	Off
78079DC0220003	BluePreferred PPO \$1,200	Off
78079DC0220004	BluePreferred PPO \$2,000	Off
78079DC0220005	BluePreferred PPO \$4,500	Off
78079DC0220010	BluePreferred PPO \$1,000 80%/60%	Off
78079DC0220009	BluePreferred PPO 100%/80%, Rx:\$10/\$45/\$65/50%	Off
78079DC0300002	HealthyBlue PPO \$300	Off
78079DC0300003	HealthyBlue PPO \$600	Off
78079DC0300001	HealthyBlue PPO \$1,500	Off
78079DC0310001	HealthyBlue PPO HSA/HRA \$2,000	Off

*Off Exchange plans are closed for new and renewing business effective 1/1/2015

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2015

D.C. GHMSI Small Group Experience
Experience Period: 1/1/2013 - 12/31/2013, Paid Through 3/31/2014

Service Category	Non-Grandfathered Small Group (Used in Base Period Data)			Total Small Group (Grandfathered & Non) (Used in Historical Trend Analysis)		
	Allowed Amount	Units	Allowed PMPM	Allowed Amount	Units	Allowed PMPM
Inpatient	\$ 31,075,789	1,991	\$ 74.97	\$ 37,666,856	2,478	\$ 75.00
Outpatient	\$ 36,385,422	30,317	\$ 87.78	\$ 44,375,782	36,960	\$ 88.36
Professional	\$ 59,859,022	376,768	\$ 144.41	\$ 72,850,921	460,686	\$ 145.07
Other	\$ 9,245,685	34,648	\$ 22.31	\$ 11,267,900	42,023	\$ 22.44
Rx	\$ 46,293,637	335,650	\$ 111.68	\$ 56,335,870	408,694	\$ 112.18
Capitation	\$ 511,288		\$ 1.23	\$ 619,443		\$ 1.23
Total (Including Capitations)	\$ 183,370,842		\$ 442.38	\$ 223,116,771		\$ 444.29
Member Months	414,509			502,192		

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. Approximately 11.6% of current D.C. GHMSI Small Group enrollment is grandfathered business.

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2015
Blended Index Rate

Effective Date	Index Rate	Total Member Months
1/1/2015	\$ 472.69	148,128
4/1/2015	\$ 480.86	96,336
7/1/2015	\$ 489.21	115,476
10/1/2015	\$ 497.72	137,124
Blended	\$ 485.02	497,064

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2015
D.C. GHMSI Small Group & Individual Base Experience Medical Inpatient
Experience Period: Incurred 201301 - 201312, Paid through 201403

Month	Contracts	Members	Allowed	Admits	Completion Factor	Completed		Rolling 12 PMPM			Rolling 12 Trend			
						Allowed	Admits	Allowed	Admits/1000	Unit Cost	Allowed	Admits/1000	Unit Cost	
201104	24,573	44,425	\$3,177,993	230	1.00	\$3,177,993	230							
201105	24,638	44,458	\$2,886,577	228	1.00	\$2,886,577	228							
201106	24,853	44,833	\$2,947,777	231	1.00	\$2,947,777	231							
201107	25,227	45,408	\$3,007,547	222	1.00	\$3,007,547	222							
201108	25,548	46,029	\$3,554,226	246	1.00	\$3,554,226	246							
201109	25,817	46,386	\$3,499,075	225	1.00	\$3,499,075	225							
201110	25,789	46,303	\$2,688,617	226	1.00	\$2,688,617	226							
201111	25,887	46,489	\$3,067,304	226	1.00	\$3,067,304	226							
201112	26,071	46,963	\$2,778,732	223	1.00	\$2,778,732	223							
201201	25,978	46,832	\$3,054,316	216	1.00	\$3,054,316	216							
201202	26,250	47,247	\$2,497,675	205	1.00	\$2,497,736	205							
201203	26,258	47,356	\$4,251,848	261	1.00	\$4,251,872	261	\$67.69	59.47	\$13,658.88				
201204	26,447	47,649	\$2,763,043	211	1.00	\$2,763,307	211	\$66.55	58.71	\$13,601.74				
201205	26,395	47,635	\$3,322,394	237	1.00	\$3,322,875	237	\$66.95	58.57	\$13,716.59				
201206	26,655	48,196	\$2,800,296	204	1.00	\$2,800,762	204	\$66.29	57.65	\$13,799.09				
201207	26,601	48,222	\$3,792,184	253	1.00	\$3,792,899	253	\$67.35	58.02	\$13,929.68				
201208	26,688	48,462	\$3,336,609	221	1.00	\$3,337,418	221	\$66.68	57.24	\$13,977.94				
201209	26,679	48,449	\$3,071,903	229	1.00	\$3,073,016	229	\$65.69	57.12	\$13,799.80				
201210	26,712	48,511	\$3,244,463	246	1.00	\$3,246,404	246	\$66.41	57.32	\$13,902.18				
201211	26,544	48,222	\$3,102,058	227	1.00	\$3,104,284	227	\$66.27	57.17	\$13,909.78				
201212	26,341	47,990	\$2,530,845	218	1.00	\$2,532,687	218	\$65.73	56.97	\$13,844.32				
201301	25,958	47,246	\$3,486,818	235	1.00	\$3,490,479	235	\$66.44	57.33	\$13,906.06				
201302	25,846	46,937	\$2,790,054	192	1.00	\$2,793,829	192	\$66.99	57.10	\$14,079.08				
201303	25,726	46,590	\$3,171,904	226	1.00	\$3,177,277	226	\$65.21	56.45	\$13,861.65	-3.7%	-5.1%	1.5%	
201304	25,708	46,561	\$3,206,054	211	1.00	\$3,215,070	212	\$66.12	56.57	\$14,025.92	-0.6%	-3.6%	3.1%	
201305	25,578	46,236	\$2,825,722	230	1.00	\$2,838,520	231	\$65.43	56.58	\$13,877.36	-2.3%	-3.4%	1.2%	
201306	25,449	46,015	\$3,200,241	227	0.99	\$3,217,537	228	\$66.41	57.31	\$13,907.08	0.2%	-0.6%	0.8%	
201307	25,264	45,677	\$2,881,832	214	0.99	\$2,901,965	215	\$65.14	56.77	\$13,769.59	-3.3%	-2.2%	-1.1%	
201308	25,258	45,651	\$2,929,277	215	0.99	\$2,959,587	217	\$64.80	56.97	\$13,648.15	-2.8%	-0.5%	-2.4%	
201309	25,037	45,204	\$4,687,106	197	0.99	\$4,751,999	200	\$68.16	56.67	\$14,433.27	3.8%	-0.8%	4.6%	
201310	24,958	45,012	\$3,031,948	194	0.98	\$3,090,802	198	\$68.31	55.99	\$14,642.04	2.9%	-2.3%	5.3%	
201311	24,764	44,698	\$3,243,489	222	0.97	\$3,341,487	229	\$69.18	56.38	\$14,724.52	4.4%	-1.4%	5.9%	
201312	24,369	44,056	\$2,957,987	192	0.95	\$3,121,068	203	\$70.74	56.44	\$15,040.71	7.6%	-0.9%	8.6%	
201401	23,445	42,419	\$3,518,493	202	0.89	\$3,940,415	226	\$72.19	56.74	\$15,267.63	8.7%	-1.0%	9.8%	
201402	22,629	41,087	\$2,173,870	160	0.83	\$2,621,833	193	\$72.66	57.37	\$15,196.68	8.5%	0.5%	7.9%	
201403	21,669	39,429	\$903,517	65	0.39	\$2,304,152	166	\$71.99	56.78	\$15,215.95	10.4%	0.6%	9.8%	
Experience Period	303,915	549,883	\$38,412,432	2,555	0.99	\$38,899,620	2,586							
201303	25,726	46,590									-3.7%	-5.1%	1.5%	
201309	25,037	45,204									3.8%	-0.8%	4.6%	
201312	24,369	44,056									7.6%	-0.9%	8.6%	
Avg last 6 months	24,942	45,050									2.1%	-1.3%	3.5%	
Selected Pricing Trend												0.0%	5.0%	

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2015
D.C. GHMSI Small Group & Individual Base Experience Medical Outpatient
Experience Period: Incurred 201301 - 201312, Paid through 201403

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
201104	24,573	44,425	\$3,178,754	2,966	1.00	\$3,178,754	2,966						
201105	24,638	44,458	\$3,484,371	3,268	1.00	\$3,484,371	3,268						
201106	24,853	44,833	\$3,158,283	3,237	1.00	\$3,158,283	3,237						
201107	25,227	45,408	\$2,975,003	2,927	1.00	\$2,975,003	2,927						
201108	25,548	46,029	\$3,491,421	3,174	1.00	\$3,491,421	3,174						
201109	25,817	46,386	\$3,182,838	3,129	1.00	\$3,182,838	3,129						
201110	25,789	46,303	\$3,451,108	3,156	1.00	\$3,451,108	3,156						
201111	25,887	46,489	\$3,405,520	3,109	1.00	\$3,405,520	3,109						
201112	26,071	46,963	\$3,455,972	3,280	1.00	\$3,455,972	3,280						
201201	25,978	46,832	\$3,711,937	3,439	1.00	\$3,711,937	3,439						
201202	26,250	47,247	\$3,473,605	3,301	1.00	\$3,473,655	3,301						
201203	26,258	47,356	\$3,690,368	3,426	1.00	\$3,690,424	3,426	\$73.56	833.94	\$1,058.50			
201204	26,447	47,649	\$3,613,694	3,346	1.00	\$3,614,039	3,346	\$73.92	837.32	\$1,059.34			
201205	26,395	47,635	\$3,712,681	3,442	1.00	\$3,713,176	3,442	\$73.91	836.30	\$1,060.47			
201206	26,655	48,196	\$3,503,859	3,313	1.00	\$3,504,405	3,314	\$74.08	832.94	\$1,067.26			
201207	26,601	48,222	\$3,893,326	3,356	1.00	\$3,894,050	3,357	\$75.34	837.91	\$1,078.93			
201208	26,688	48,462	\$3,862,562	3,408	1.00	\$3,863,546	3,409	\$75.67	839.28	\$1,081.92			
201209	26,679	48,449	\$3,691,959	3,156	1.00	\$3,693,381	3,157	\$76.29	836.84	\$1,094.00			
201210	26,712	48,511	\$3,724,981	3,369	1.00	\$3,727,215	3,371	\$76.48	838.12	\$1,095.02			
201211	26,544	48,222	\$3,429,819	3,177	1.00	\$3,432,242	3,179	\$76.30	837.06	\$1,093.77			
201212	26,341	47,990	\$3,663,958	3,158	1.00	\$3,666,571	3,160	\$76.53	833.06	\$1,102.33			
201301	25,958	47,246	\$4,034,443	3,458	1.00	\$4,038,740	3,462	\$77.04	832.94	\$1,109.89			
201302	25,846	46,937	\$3,734,394	3,163	1.00	\$3,739,445	3,167	\$77.54	830.59	\$1,120.30			
201303	25,726	46,590	\$3,815,648	3,347	1.00	\$3,822,259	3,353	\$77.88	830.17	\$1,125.68	5.9%	-0.5%	6.3%
201304	25,708	46,561	\$4,068,821	3,288	1.00	\$4,080,317	3,297	\$78.84	830.72	\$1,138.83	6.7%	-0.8%	7.5%
201305	25,578	46,236	\$3,900,740	3,298	1.00	\$3,918,528	3,313	\$79.39	830.04	\$1,147.74	7.4%	-0.7%	8.2%
201306	25,449	46,015	\$3,662,185	3,100	0.99	\$3,682,141	3,117	\$80.01	829.08	\$1,158.00	8.0%	-0.5%	8.5%
201307	25,264	45,677	\$4,076,258	3,237	0.99	\$4,104,837	3,260	\$80.74	830.75	\$1,166.23	7.2%	-0.9%	8.1%
201308	25,258	45,651	\$3,824,587	3,219	0.99	\$3,864,403	3,252	\$81.14	831.56	\$1,170.91	7.2%	-0.9%	8.2%
201309	25,037	45,204	\$3,548,379	2,992	0.99	\$3,597,564	3,034	\$81.44	833.73	\$1,172.17	6.7%	-0.4%	7.1%
201310	24,958	45,012	\$4,051,339	3,334	0.98	\$4,129,689	3,399	\$82.67	839.56	\$1,181.66	8.1%	0.2%	7.9%
201311	24,764	44,698	\$3,500,573	2,933	0.97	\$3,606,413	3,022	\$83.51	841.49	\$1,190.94	9.5%	0.5%	8.9%
201312	24,369	44,056	\$3,659,506	3,111	0.95	\$3,861,273	3,283	\$84.46	850.18	\$1,192.19	10.4%	2.1%	8.2%
201401	23,445	42,419	\$3,331,282	3,012	0.89	\$3,732,726	3,375	\$84.65	855.79	\$1,186.98	9.9%	2.7%	6.9%
201402	22,629	41,087	\$3,048,401	2,576	0.83	\$3,680,455	3,111	\$85.46	863.83	\$1,187.17	10.2%	4.0%	6.0%
201403	21,669	39,429	\$1,145,210	1,190	0.39	\$2,922,646	3,036	\$84.92	868.31	\$1,173.59	9.0%	4.6%	4.3%
Experience Period	303,915	549,883	\$45,876,873	38,480	0.99	\$46,445,610	38,958						
201303	25,726	46,590									5.9%	-0.5%	6.3%
201309	25,037	45,204									6.7%	-0.4%	7.1%
201312	24,369	44,056									10.4%	2.1%	8.2%
Avg last 6 months	24,942	45,050									8.2%	0.1%	8.1%
Selected Pricing Trend												2.0%	8.0%

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2015
D.C. GHMSI Small Group & Individual Base Experience Medical Professional
Experience Period: Incurred 201301 - 201312, Paid through 201403

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
201104	24,573	44,425	\$5,516,172	37,166	1.00	\$5,516,172	37,166						
201105	24,638	44,458	\$5,893,690	39,092	1.00	\$5,893,690	39,092						
201106	24,853	44,833	\$5,842,663	39,487	1.00	\$5,842,663	39,487						
201107	25,227	45,408	\$5,257,241	35,661	1.00	\$5,257,241	35,661						
201108	25,548	46,029	\$6,110,762	39,998	1.00	\$6,110,762	39,998						
201109	25,817	46,386	\$5,846,660	39,335	1.00	\$5,846,660	39,335						
201110	25,789	46,303	\$6,040,574	41,405	1.00	\$6,040,574	41,405						
201111	25,887	46,489	\$5,950,962	40,140	1.00	\$5,950,962	40,140						
201112	26,071	46,963	\$5,728,530	39,361	1.00	\$5,728,530	39,361						
201201	25,978	46,832	\$6,800,535	43,295	1.00	\$6,800,535	43,295						
201202	26,250	47,247	\$6,200,219	40,982	1.00	\$6,200,327	40,983						
201203	26,258	47,356	\$6,620,148	43,407	1.00	\$6,620,258	43,408	\$129.92	10,406.49	\$149.81			
201204	26,447	47,649	\$6,158,281	40,135	1.00	\$6,158,871	40,139	\$130.32	10,410.31	\$150.22			
201205	26,395	47,635	\$6,812,828	43,975	1.00	\$6,813,730	43,981	\$131.22	10,456.08	\$150.60			
201206	26,655	48,196	\$6,363,945	40,668	1.00	\$6,364,938	40,674	\$131.37	10,418.89	\$151.30			
201207	26,601	48,222	\$6,400,426	40,031	1.00	\$6,401,624	40,039	\$132.74	10,459.95	\$152.28			
201208	26,688	48,462	\$6,483,075	42,957	1.00	\$6,484,683	42,968	\$132.83	10,477.90	\$152.12			
201209	26,679	48,449	\$6,156,702	39,084	1.00	\$6,159,024	39,099	\$132.90	10,434.99	\$152.83			
201210	26,712	48,511	\$6,620,935	43,376	1.00	\$6,624,897	43,402	\$133.40	10,436.60	\$153.39			
201211	26,544	48,222	\$6,113,948	40,982	1.00	\$6,118,309	41,011	\$133.29	10,423.30	\$153.46			
201212	26,341	47,990	\$5,639,077	37,704	1.00	\$5,643,147	37,731	\$132.91	10,370.65	\$153.79			
201301	25,958	47,246	\$7,056,306	44,540	1.00	\$7,063,883	44,588	\$133.27	10,390.15	\$153.92			
201302	25,846	46,937	\$6,113,321	39,257	1.00	\$6,121,613	39,310	\$133.20	10,360.85	\$154.28			
201303	25,726	46,590	\$6,230,152	39,447	1.00	\$6,240,854	39,515	\$132.72	10,293.30	\$154.73	2.2%	-1.1%	3.3%
201304	25,708	46,561	\$6,778,301	42,894	1.00	\$6,797,571	43,016	\$134.09	10,373.10	\$155.12	2.9%	-0.4%	3.3%
201305	25,578	46,236	\$6,577,478	41,911	1.00	\$6,607,650	42,103	\$134.05	10,359.07	\$155.29	2.2%	-0.9%	3.1%
201306	25,449	46,015	\$6,004,170	38,066	0.99	\$6,037,063	38,275	\$133.99	10,348.18	\$155.38	2.0%	-0.7%	2.7%
201307	25,264	45,677	\$6,329,203	40,001	0.99	\$6,373,656	40,282	\$134.54	10,399.79	\$155.25	1.4%	-0.6%	1.9%
201308	25,258	45,651	\$6,252,769	39,181	0.99	\$6,317,836	39,589	\$134.92	10,379.74	\$155.98	1.6%	-0.9%	2.5%
201309	25,037	45,204	\$6,186,876	38,203	0.99	\$6,273,127	38,735	\$135.90	10,432.02	\$156.33	2.3%	0.0%	2.3%
201310	24,958	45,012	\$6,888,422	44,165	0.98	\$7,022,069	45,022	\$137.47	10,532.39	\$156.62	3.0%	0.9%	2.1%
201311	24,764	44,698	\$5,869,428	37,848	0.97	\$6,046,998	38,993	\$138.21	10,555.69	\$157.13	3.7%	1.3%	2.4%
201312	24,369	44,056	\$5,666,439	35,439	0.95	\$5,978,788	37,393	\$139.81	10,623.82	\$157.92	5.2%	2.4%	2.7%
201401	23,445	42,419	\$5,878,945	36,658	0.89	\$6,586,214	41,070	\$140.18	10,640.45	\$158.09	5.2%	2.4%	2.7%
201402	22,629	41,087	\$4,793,815	30,018	0.83	\$5,786,817	36,243	\$141.08	10,687.62	\$158.40	5.9%	3.2%	2.7%
201403	21,669	39,429	\$2,757,799	17,867	0.39	\$7,032,984	45,553	\$144.46	10,967.66	\$158.06	8.8%	6.6%	2.2%
Experience Period	303,915	549,883	\$75,952,865	480,952	0.99	\$76,881,109	486,822						
201303	25,726	46,590									2.2%	-1.1%	3.3%
201309	25,037	45,204									2.3%	0.0%	2.3%
201312	24,369	44,056									5.2%	2.4%	2.7%
Avg last 6 months	24,942	45,050									2.9%	0.5%	2.3%
Selected Pricing Trend												2.5%	2.5%

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2015
D.C. GHMSI Small Group & Individual Base Experience Medical Other
Experience Period: Incurred 201301 - 201312, Paid through 201403

Month	Contracts	Members	Allowed	Services	Completion Factor	Completed		Rolling 12 PMPM			Rolling 12 Trend			
						Allowed	Services	Allowed	Services/1000	Unit Cost	Allowed	Services/1000	Unit Cost	
201104	24,573	44,425	\$743,130	2,793	1.00	\$743,130	2,793							
201105	24,638	44,458	\$833,362	3,025	1.00	\$833,362	3,025							
201106	24,853	44,833	\$742,646	2,986	1.00	\$742,646	2,986							
201107	25,227	45,408	\$735,641	2,884	1.00	\$735,641	2,884							
201108	25,548	46,029	\$1,039,875	3,209	1.00	\$1,039,875	3,209							
201109	25,817	46,386	\$901,292	3,241	1.00	\$901,292	3,241							
201110	25,789	46,303	\$887,467	3,275	1.00	\$887,467	3,275							
201111	25,887	46,489	\$910,906	3,510	1.00	\$910,906	3,510							
201112	26,071	46,963	\$1,011,740	3,542	1.00	\$1,011,740	3,542							
201201	25,978	46,832	\$834,819	3,631	1.00	\$834,819	3,631							
201202	26,250	47,247	\$831,307	3,157	1.00	\$831,327	3,157							
201203	26,258	47,356	\$1,000,161	3,707	1.00	\$1,000,179	3,707	\$18.95	845.84	\$268.80				
201204	26,447	47,649	\$848,042	3,338	1.00	\$848,127	3,338	\$19.03	852.70	\$267.75				
201205	26,395	47,635	\$805,633	3,456	1.00	\$805,736	3,456	\$18.87	857.12	\$264.16				
201206	26,655	48,196	\$796,590	3,400	1.00	\$796,716	3,400	\$18.85	860.84	\$262.79				
201207	26,601	48,222	\$779,583	3,225	1.00	\$779,732	3,226	\$18.84	863.80	\$261.67				
201208	26,688	48,462	\$848,881	3,454	1.00	\$849,095	3,455	\$18.42	865.29	\$255.43				
201209	26,679	48,449	\$796,757	3,253	1.00	\$797,057	3,254	\$18.17	862.44	\$252.81				
201210	26,712	48,511	\$842,682	3,552	1.00	\$843,187	3,554	\$18.02	864.96	\$250.02				
201211	26,544	48,222	\$934,512	3,693	1.00	\$935,182	3,695	\$18.01	866.23	\$249.49				
201212	26,341	47,990	\$933,547	3,541	1.00	\$934,230	3,543	\$17.84	864.71	\$247.61				
201301	25,958	47,246	\$952,879	3,542	1.00	\$953,920	3,546	\$18.04	862.31	\$251.00				
201302	25,846	46,937	\$971,797	3,412	1.00	\$973,117	3,416	\$18.29	868.19	\$252.84				
201303	25,726	46,590	\$947,156	3,427	1.00	\$948,801	3,433	\$18.23	863.62	\$253.28	-3.8%	2.1%	-5.8%	
201304	25,708	46,561	\$1,010,397	3,750	1.00	\$1,013,294	3,760	\$18.55	874.10	\$254.68	-2.5%	2.5%	-4.9%	
201305	25,578	46,236	\$955,106	3,691	1.00	\$959,520	3,708	\$18.87	881.51	\$256.81	0.0%	2.8%	-2.8%	
201306	25,449	46,015	\$831,282	3,233	0.99	\$835,831	3,250	\$19.01	881.72	\$258.67	0.8%	2.4%	-1.6%	
201307	25,264	45,677	\$1,015,571	3,418	0.99	\$1,022,712	3,442	\$19.52	890.26	\$263.12	3.6%	3.1%	0.6%	
201308	25,258	45,651	\$1,076,807	3,439	0.99	\$1,088,011	3,475	\$20.04	895.12	\$268.67	8.8%	3.4%	5.2%	
201309	25,037	45,204	\$986,679	3,506	0.99	\$1,000,381	3,554	\$20.52	906.71	\$271.57	12.9%	5.1%	7.4%	
201310	24,958	45,012	\$1,084,701	3,851	0.98	\$1,105,604	3,925	\$21.12	920.39	\$275.35	17.2%	6.4%	10.1%	
201311	24,764	44,698	\$942,881	3,366	0.97	\$971,421	3,468	\$21.32	921.31	\$277.68	18.4%	6.4%	11.3%	
201312	24,369	44,056	\$1,026,556	3,336	0.95	\$1,083,016	3,521	\$21.74	927.42	\$281.32	21.9%	7.3%	13.6%	
201401	23,445	42,419	\$852,493	2,817	0.89	\$955,875	3,159	\$21.94	927.12	\$283.95	21.6%	7.5%	13.1%	
201402	22,629	41,087	\$718,608	2,404	0.83	\$868,522	2,910	\$21.98	925.91	\$284.90	20.2%	6.6%	12.7%	
201403	21,669	39,429	\$585,760	1,414	0.39	\$1,490,960	3,614	\$23.30	942.47	\$296.63	27.8%	9.1%	17.1%	
Experience Period	303,915	549,883	\$11,801,811	41,971	0.99	\$11,955,628	42,498							
201303	25,726	46,590									-3.8%	2.1%	-5.8%	
201309	25,037	45,204									12.9%	5.1%	7.4%	
201312	24,369	44,056									21.9%	7.3%	13.6%	
Avg last 6 months	24,942	45,050									13.8%	5.3%	8.0%	
Selected Pricing Trend													6.0%	10.0%

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2015
D.C. GHMSI Small Group & Individual Base Experience Rx
Experience Period: Incurred 201301 - 201312, Paid through 201403

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	
201104	24,573	44,425	\$4,233,261	35,613	1.00	\$4,233,261	35,613							
201105	24,638	44,458	\$4,354,373	37,107	1.00	\$4,354,373	37,107							
201106	24,853	44,833	\$4,551,853	36,678	1.00	\$4,551,853	36,678							
201107	25,227	45,408	\$4,210,285	35,189	1.00	\$4,210,285	35,189							
201108	25,548	46,029	\$4,591,213	36,973	1.00	\$4,591,213	36,973							
201109	25,817	46,386	\$4,524,802	35,261	1.00	\$4,524,802	35,261							
201110	25,789	46,303	\$4,483,827	36,946	1.00	\$4,483,827	36,946							
201111	25,887	46,489	\$4,591,120	37,544	1.00	\$4,591,120	37,544							
201112	26,071	46,963	\$4,678,459	39,030	1.00	\$4,678,459	39,030							
201201	25,978	46,832	\$4,909,976	39,711	1.00	\$4,909,976	39,711							
201202	26,250	47,247	\$4,505,044	36,865	1.00	\$4,505,044	36,865							
201203	26,258	47,356	\$4,773,854	39,397	1.00	\$4,773,854	39,397	\$98.44	9,689.68	\$121.91				
201204	26,447	47,649	\$4,726,161	37,733	1.00	\$4,726,161	37,733	\$98.75	9,679.25	\$122.43				
201205	26,395	47,635	\$4,904,952	39,047	1.00	\$4,904,952	39,047	\$99.17	9,665.89	\$123.12				
201206	26,655	48,196	\$4,469,023	36,997	1.00	\$4,469,023	36,997	\$98.43	9,614.90	\$122.85				
201207	26,601	48,222	\$4,650,061	37,466	1.00	\$4,650,061	37,466	\$98.72	9,615.38	\$123.21				
201208	26,688	48,462	\$4,803,099	38,604	1.00	\$4,803,099	38,604	\$98.67	9,608.64	\$123.23				
201209	26,679	48,449	\$4,361,381	35,615	1.00	\$4,361,381	35,615	\$98.03	9,581.31	\$122.77				
201210	26,712	48,511	\$4,697,750	38,069	1.00	\$4,697,750	38,069	\$98.02	9,567.89	\$122.94				
201211	26,544	48,222	\$4,567,187	37,670	1.00	\$4,567,187	37,670	\$97.69	9,541.62	\$122.86				
201212	26,341	47,990	\$4,851,088	38,650	1.00	\$4,851,088	38,650	\$97.81	9,516.64	\$123.34				
201301	25,958	47,246	\$5,119,718	40,217	1.00	\$5,119,718	40,217	\$98.11	9,520.35	\$123.66				
201302	25,846	46,937	\$4,314,451	35,170	1.00	\$4,314,451	35,170	\$97.83	9,490.10	\$123.70				
201303	25,726	46,590	\$4,835,349	37,134	1.00	\$4,835,349	37,134	\$98.07	9,455.46	\$124.46	-0.4%	-2.4%	2.1%	
201304	25,708	46,561	\$4,865,205	37,431	1.00	\$4,865,205	37,431	\$98.49	9,467.09	\$124.85	-0.3%	-2.2%	2.0%	
201305	25,578	46,236	\$4,777,087	37,531	1.00	\$4,777,087	37,531	\$98.51	9,458.43	\$124.98	-0.7%	-2.1%	1.5%	
201306	25,449	46,015	\$4,597,348	34,690	1.00	\$4,597,348	34,690	\$99.11	9,446.04	\$125.91	0.7%	-1.8%	2.5%	
201307	25,264	45,677	\$5,070,693	36,340	1.00	\$5,070,693	36,340	\$100.30	9,464.61	\$127.17	1.6%	-1.6%	3.2%	
201308	25,258	45,651	\$4,974,751	35,069	1.00	\$4,974,751	35,069	\$101.11	9,436.58	\$128.57	2.5%	-1.8%	4.3%	
201309	25,037	45,204	\$4,839,945	33,799	1.00	\$4,839,945	33,799	\$102.54	9,452.32	\$130.18	4.6%	-1.3%	6.0%	
201310	24,958	45,012	\$5,242,465	35,643	1.00	\$5,242,465	35,643	\$104.16	9,459.43	\$132.14	6.3%	-1.1%	7.5%	
201311	24,764	44,698	\$4,766,864	33,048	1.00	\$4,766,864	33,048	\$105.19	9,419.47	\$134.01	7.7%	-1.3%	9.1%	
201312	24,369	44,056	\$5,289,190	35,416	1.00	\$5,289,190	35,416	\$106.74	9,416.29	\$136.02	9.1%	-1.1%	10.3%	
201401	23,445	42,419	\$4,307,404	32,840	1.00	\$4,307,404	32,840	\$106.19	9,337.26	\$136.48	8.2%	-1.9%	10.4%	
201402	22,629	41,087	\$3,897,255	29,284	1.00	\$3,897,255	29,284	\$106.57	9,307.57	\$137.40	8.9%	-1.9%	11.1%	
201403	21,669	39,429	\$4,273,443	31,355	1.00	\$4,273,443	31,355	\$106.95	9,302.51	\$137.96	9.1%	-1.6%	10.9%	
Experience Period	303,915	549,883	\$58,693,066	431,488	1.00	\$58,693,066	431,488							
201303	25,726	46,590									-0.4%	-2.4%	2.1%	
201309	25,037	45,204									4.6%	-1.3%	6.0%	
201312	24,369	44,056									9.1%	-1.1%	10.3%	
Avg last 6 months	24,942	45,050									5.3%	-1.4%	6.7%	
Selected Pricing Trend													-1.5%	7.5%

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2015
D.C. GHMSI Small Group & Individual Base Experience - Medical and Rx Total
Experience Period: Incurred 201301 - 201312, Paid through 201403

Month	Contracts	Members	Allowed	Completion Factor	Completed	Rolling 12 PMPM	Rolling 12 Trend
					Allowed	Allowed	Allowed
201104	24,573	44,425	\$16,849,310	1.00	\$16,849,310		
201105	24,638	44,458	\$17,452,372	1.00	\$17,452,372		
201106	24,853	44,833	\$17,243,222	1.00	\$17,243,222		
201107	25,227	45,408	\$16,185,717	1.00	\$16,185,717		
201108	25,548	46,029	\$18,787,497	1.00	\$18,787,497		
201109	25,817	46,386	\$17,954,668	1.00	\$17,954,668		
201110	25,789	46,303	\$17,551,594	1.00	\$17,551,594		
201111	25,887	46,489	\$17,925,812	1.00	\$17,925,812		
201112	26,071	46,963	\$17,653,433	1.00	\$17,653,433		
201201	25,978	46,832	\$19,311,583	1.00	\$19,311,583		
201202	26,250	47,247	\$17,507,849	1.00	\$17,508,090		
201203	26,258	47,356	\$20,336,379	1.00	\$20,336,586	\$388.54	
201204	26,447	47,649	\$18,109,222	1.00	\$18,110,504	\$388.56	
201205	26,395	47,635	\$19,558,488	1.00	\$19,560,470	\$390.12	
201206	26,655	48,196	\$17,933,714	1.00	\$17,935,845	\$389.02	
201207	26,601	48,222	\$19,515,580	1.00	\$19,518,366	\$392.98	
201208	26,688	48,462	\$19,334,226	1.00	\$19,337,842	\$392.27	
201209	26,679	48,449	\$18,078,702	1.00	\$18,083,860	\$391.07	
201210	26,712	48,511	\$19,130,810	1.00	\$19,139,454	\$392.34	
201211	26,544	48,222	\$18,147,525	1.00	\$18,157,203	\$391.56	
201212	26,341	47,990	\$17,618,514	1.00	\$17,627,723	\$390.81	
201301	25,958	47,246	\$20,650,165	1.00	\$20,666,739	\$392.89	
201302	25,846	46,937	\$17,924,017	1.00	\$17,942,454	\$393.85	
201303	25,726	46,590	\$19,000,208	1.00	\$19,024,540	\$392.09	0.9%
201304	25,708	46,561	\$19,928,776	1.00	\$19,971,457	\$396.09	1.9%
201305	25,578	46,236	\$19,036,133	1.00	\$19,101,305	\$396.25	1.6%
201306	25,449	46,015	\$18,295,226	1.00	\$18,369,920	\$398.53	2.4%
201307	25,264	45,677	\$19,373,558	0.99	\$19,473,864	\$400.24	1.8%
201308	25,258	45,651	\$19,058,192	0.99	\$19,204,588	\$402.00	2.5%
201309	25,037	45,204	\$20,248,985	0.99	\$20,463,017	\$408.57	4.5%
201310	24,958	45,012	\$20,298,874	0.99	\$20,590,629	\$413.74	5.5%
201311	24,764	44,698	\$18,323,235	0.98	\$18,733,184	\$417.41	6.6%
201312	24,369	44,056	\$18,599,677	0.96	\$19,333,336	\$423.50	8.4%
201401	23,445	42,419	\$17,888,618	0.92	\$19,522,635	\$425.15	8.2%
201402	22,629	41,087	\$14,631,949	0.87	\$16,854,882	\$427.75	8.6%
201403	21,669	39,429	\$9,665,729	0.54	\$18,024,186	\$431.62	10.1%
Experience Period	303,915	549,883	\$230,737,046	0.99	\$232,875,032		
201303	25,726	46,590					0.9%
201309	25,037	45,204					4.5%
201312	24,369	44,056					8.4%
Avg last 6 months	24,942	45,050					4.9%

**CareFirst BlueCross BlueShield
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2015**

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

	Total Allowed*	Experience Period Actual Trend*		Projection Period Trend		Difference Proj vs. Exp trend	
		6 Mth Average of R12 Trends		Unit Cost	Utilization	Unit Cost	Utilization
Inpatient	\$ 38,899,620	3.5%	-1.3%	5.0%	0.0%	1.5%	1.3%
Outpatient	\$ 46,445,610	8.1%	0.1%	8.0%	2.0%	-0.1%	1.9%
Professional	\$ 76,881,109	2.3%	0.5%	2.5%	2.5%	0.2%	2.0%
Other	\$ 11,955,628	8.0%	5.3%	10.0%	6.0%	2.0%	0.7%
Rx	\$ 58,693,066	6.7%	-1.4%	7.5%	-1.5%	0.8%	-0.1%
Total	\$ 232,875,032	5.1%	-0.1%	5.7%	1.2%	0.6%	1.3%
Claims-Weighted Total Trend (Cost & Utilization combined)		5.0%		6.9%		1.9%	
Total Trend from Allowed PMPM Projection Pages (Incl Capitations, Excl GF SG business)				7.0%			

* Includes grandfathered Small Group business.

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2015
Morbidity Impact on Small Group/Individual HMO/PPO combined

The current combined Individual/Small Group non-Grandfathered pool is expected to increase from approximately 72,700 members today to approximately 94,000 members in 2015. This 21,300 member increase is expected to come from an influx of the following new entrants:

- a) Prior IND64- grandfathered members (Underwritten, HIPAA, Group Conversion, Open Enrollment) - ~1,100 members
- b) Former large group enrollees - ~2,000 members
- c) Former small group enrollees - ~500 members
- d) Newly insured entrants who were formerly uninsured - ~3,000 members
- e) Congress - ~10,100 members
- f) Competitors - ~4,600 members

The estimated average morbidity of these 21,300 new entrants is approximately 0.99 compared to the current Small Group/Individual merged pool and when blended with the 1.00 morbidity of the current pool, yields a resultant 2015 morbidity of 1.00 in relation to the current non-Grandfathered pool.

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2015

DC Combined - Small Group & Individual Capitations

<u>GHMSI</u>	<u>Description</u>	<u>1/1/13</u> <u>PMPM</u>	<u>1/1/14</u> <u>PMPM</u>	<u>Δ</u>
	Mental Health UR	\$0.60	\$0.62	2.6%
	Nurse Hotline	\$0.04	\$0.04	0.0%
	Wellness	\$0.21	\$0.21	0.0%
	Vision	\$0.41	\$0.42	2.1%
		\$1.26	\$1.29	1.9%

*The total capitation for Wellness is \$0.26, but only applies to members age 18+.

CAREFIRST BLUECROSS BLUESHIELD (CF)
PART III ACTUARIAL MEMORANDUM

1. GENERAL INFORMATION:

- A. **Company Legal Name:** Group Hospitalization and Medical Services, Inc. (NAIC # 53007). (GHMSI).
- B. **Jurisdiction:** District of Columbia.
- C. **HIOS Issuer ID:** 78079.
- D. **Market:** Small Group (SG). In 2015 the 2014 Off Exchange benefits are being subsumed into On Exchange.
- E. **Effective Date:** 1/1/15 – 12/31/15.

- F. **Primary Contact Name:** Mr. Dwayne Lucado, F.S.A., M.A.A.A.
- G. **Primary Contact Telephone Number:** 410-998-7519.
- H. **Primary Contact E-Mail Address:** Dwayne.Lucado@CareFirst.com.

2. PROPOSED RATE INCREASE(S): In compliance with the “Patient Protection and Affordable Care Act” (ACA, H.R. 3590) and toward the same 2014 objectives of maximizing access and affordability, long-term financial viability, and customer rate stability, CF is proposing to raise 1Q15 premiums by 12.1%, prior to age band changes. (For CF the proposed 1Q15 renewal is 12.4%.) The range is 10.5% to 13.6%. (For renewing customers, an age band change adds 2.6% to the renewal, on average, with a range of 0.0% to 3.9% for ages 22 and upwards per the DC age curve.) Since we are filing incremental quarterly trend increases for 2015, the 2Q15, 3Q15, and 4Q15 renewals are estimated to be 12.2%, 12.4%, and 12.5%, respectively.

3. EXPERIENCE PERIOD PREMIUM AND CLAIMS: The incurred period is 1/1/13 through 12/31/13, as required.

- A. **Paid Through Date:** 3/31/14.
- B. **Premiums (Net of Medical Loss Ratio (MLR) Rebate) in Experience Period:** \$192,950,934 (Merged Index Rate).
- C. **Allowed and Incurred Claims From Experience Period:** \$190,898,624 (Merged Index Rate).

4. BENEFIT CATEGORIES:

- A. Inpatient (hospital).
- B. Outpatient (hospital) (OP).
- C. Professional.
- D. Other Medical (non-capitated ambulance, home health care, durable medical equipment, prosthetics, supplies, vision exams, dental services, and other).
- E. Prescription drug (Rx).
- F. Capitations.

5. PROJECTION FACTORS:

- A. **Changes in the Morbidity of the Population Insured:** For 2015, CareFirst estimates a morbidity factor that is almost identical to 2014’s projected morbidity. The morbidity risk factor projections are based upon the model that supported CareFirst’s 2014 rate filings. The model compares known and estimated allowed claims costs per member per month (PMPM) for 2013 to project the costs of various categories of the estimated 2015 membership.

These categories are based upon the prior status of the 2015 membership – previous CareFirst members (medically underwritten “Individual Non-Medigap” (INM), Open Enrollment, HIPAA, Group Conversion, Groups (small and large including Congress)), and New Entrants sorted by income (i.e.,

> 200% of Federal Poverty Level (FPL)). As of 5/12/14, CF has enrolled approximately 10,000 members from Congress through the Small Business Health Options Program (SHOP). The prospect of offering of SHOP plans to Congress was not known at the time of the 2014 rate filings. This influx of Congressional members with an average age of 32.3 years versus 33.7 for SG and 36.1 for INM contributed to the decline in the morbidity factor. Congress is projected to represent ~12% of total enrollment with an ~10% improvement in the loss ratio leading to ~1% reduction to premiums. On 12/31/15 we are projecting about 23,000 CF INM members and 71,000 for CF SG for a total of approximately 94,000.

- B. **Changes in Benefits:** We are adding 3 new benefits to our portfolio bringing the total number of unique plans from 54 to 57 – 4 Bronze, 14 Silver (includes a new PPO \$1,000 deductible plan), 18 Gold (including a new BlueChoice Advantage \$500 deductible plan and a new PPO \$500 deductible plan), and 21 Platinum. We have recalculated the costs of “Essential Health Benefits” (EHB) as well as Non-EHBs.

Related to autism benefits, per the “Better Prices, Better Quality, Better Choices for Health Coverage Amendment Act of 2013” passed on 6/4/13 (D.C. Official Code § 31-3171.01, et seq.) we have calculated an increase in claims PMPM of \$1.74 for INM and \$5.15 for SG PMPM for 2015. This is largely for “Applied Behavioral Analysis” (ABA) treatments and is a D.C.-mandated benefit.

Attached exhibits detail adjustments for pediatric dental, mandatory generics, and a new hepatitis C prescription drug, Sovaldi.

- C. **Changes in Demographics:** Comparing the overall CareFirst member-level average age as of 12/31/12 to 3/31/14, we have seen an increase of 0.4 years from 33.8 to 34.2. For BlueChoice (BC) the increase is +0.6 from 33.7 to 34.3. For GHMSI the increase is +0.2 years from 33.9 to 34.1.

For INM CF, the average age increased by 2.1 years from 34.0 to 36.1. For BlueChoice the increase is +1.8 from 34.2 to 36.0. For GHMSI the increase is +2.4 years from 33.9 to 36.3.

Age factors will account for a portion of the corresponding increase in claims cost. We find the CMS age curve spread of “3 to 1” to be lower than the “4.5 to 1” that is more correlated with expected claims costs. We have therefore adjusted expected claims costs accordingly in the “experience period” (EP) index rate projection in the “other” category.

- D. **Other Adjustments:** CareFirst (CF) is proposing to introduce an incentive program (IP) whereby members can earn medical expense debit cards of as much as \$150 annually, for an individual (\$400 for a family). The cards must be utilized for qualified medical expenses such as deductibles, copays, and out-of-pocket costs. The scope includes all metaleed benefit plans within CF’s portfolio. This is being done in a revenue-neutral way. That is, the costs to CF of the incentive payments were chosen such that they match the expected savings to CF from more efficacious health care delivery. “HealthyBlue” (HB) was first launched effective 10/1/10 with the objective of motivating and rewarding greater engagement by the member in his or her health, improved wellness and prevention and better provider coordination and quality. As we sought to respond to feedback about HB, subsequent versions were released on 1/1/12 and 10/1/12. This IP represents an evolution of the HB concept. Further, it joins the tenets of HB with our “Patient Centered Medical Home” (PCMH) program which was launched in January, 2011.

The savings has been incorporated in the “Other” category when projecting the EP index rate. The cost of the incentive has been included in “general and administrative expenses.” Our aim is that this IP will improve our members’ health.

Included in this calculation is a decrease to claims costs for a change in our “Pharmacy Benefits Manager” (PBM) in 2014.

- E. **Trend Factors (Cost/Utilization):** The proposed trend of 7.0% is an increase of 200 basis points from 2014's 5.0%.

6. CREDIBILITY MANUAL RATE DEVELOPMENT:

- A. **Source and Appropriateness of Experience Data Used:** The calendar 2013 base data includes 462,200 member months (average monthly of 38,517) and is therefore considered 100% credible.
- B. **Adjustments Made to the Data:** Non-EHBs (adult vision and abortion) were removed to develop the index rate.
- C. **Inclusion of Capitation Payments:** A new exhibit lists all capitations.

7. **PAID TO ALLOWED RATIO:** Projected at 80.3%, on average.

8. RISK ADJUSTMENT AND REINSURANCE:

- A. **Projected Risk Adjustments PMPM:** -\$26 PMPM for 1Q15. This is based on an analysis of the market by Wakely Consulting where CF's normalized risk scores for BC and GHMSI are 0.92 and 1.08. We have applied these percentages to our projected index rates for each quarter of 2015 to translate the risk score into a PMPM. We gave 75% credibility to the Wakely numbers. A risk transfer receipt has been shown on our exhibit demonstrating MLR compliance.
- B. **Projected ACA Reinsurance Recoveries Net of Reinsurance Premium (Individual Market and Combined Markets Only):** Not applicable.

9. **NON-BENEFIT EXPENSES AND CONTRIBUTION TO RESERVE (CtR):** The 2015 "desired incurred claims ratio" (DICR) has decreased from 76.9% (2014) to 72.9% due primarily to the medical expense debit card issue described in "Other Adjustments" above.

A. **Administrative Expense Load:** G&A PMPMs decreased by 11% versus 2014.

B. **CtR & Risk Margin:** Pre-tax CtR is 2.0% versus 3.0% in 2014.

C. **Taxes and Fees:**

- Community Health Investment of 2.0%.
- Federal Income Tax (FIT) of 0.4% (20% FIT rate).
- Health Insurer Fee increased 73 basis points to 2.6% considering non-deductibility for tax purposes.
- Patient-Centered Outcomes Research Institute (PCORI) of \$2.11 PMPY (\$0.18 PMPM).
- Reinsurance Payments decreased from \$5.25 PMPM to \$3.60 PMPM.
- Risk Adjustment User Fees remained at \$0.08 PMPM.
- Reinsurance Administrative Fee is \$0.11 PMPM.
- Exchange Assessment Fee of 1.0% for 2015 and 1.0% for 2014 per the "Health Benefit Exchange Authority Financial Sustainability Emergency Amendment Act of 2014" (D.C. Act 20-329) approved on 5/22/14. In addition, there is an additional state assessment fee of 0.1%.

10. **PROJECTED LOSS RATIO:** Our projected DICR for MLR purposes is 80.0%, meeting the 80.0% minimum of "Public Health Service Act" (PHSA) 218. For testing we used the combined experience of INM and SG.

11. **SINGLE RISK POOL (SRP):** Our SRP reflects all covered lives for every non-grandfathered product in our market per 45 CFR Part § 156.80 (d). There are no transitional policies for CareFirst in D.C. This

encompasses INM Open Enrollment, HIPAA, Group Conversion, and formerly medically underwritten coverages as well as SGs.

12. **INDEX RATE:** The EP index rate is a key component driving the renewal. Last year's implicit 2013 index rate was \$421 (\$401 + trend of 5.0%). The actual for 2013 is \$413 for a favorable variance of -2%.

For GHMSI the experience period index rates for INM, SG and INM+SG are \$218, \$436 and \$413, respectively. By using the merged index rate, INM goes up by +90% (i.e., \$413 versus \$218) and SG goes down by -5% (i.e., \$413 versus \$436).

For CF the experience period index rates for INM, SG and INM+SG are \$290, \$372 and \$364, respectively. By using the merged index rate, INM goes up by +26% (i.e., \$364 versus \$290) and SG goes down by -2% (i.e., \$364 versus \$372).

The ratio of our composite PPO to HMO rate was 1.16 in 2014. 2015 filings maintain this ratio.

Retail Clinics will have reduced copays to match the Primary Care Provider (PCP) rather than specialist copay with negligible price impact.

13. **MARKET ADJUSTED INDEX RATE:** A summary exhibit is provided.
14. **PLAN ADJUSTED INDEX RATES:** Network factors composite to 1.00. The "cost-share" factor includes 1) pricing AVs, 2) H.S.A./Non-H.S.A. factors, and 3) benefit generosity. There is 1 type of network, PPO/RPN.
15. **CALIBRATION:** Done for age and geography but we have elected not to rate for tobacco usage. Capping dependents under the age of 21 at 3 is implicit in the calibration.
16. **CONSUMER ADJUSTED PREMIUM RATE DEVELOPMENT:** A summary exhibit is provided.
17. **HHS ACTUARIAL METAL VALUES (AV):** The 2014 Federal calculator was used exclusively without major modifications. The following plans required minor modifications to the AV inputs: BluePreferred PPO \$4,500, BluePreferred PPO \$1000 \$30/\$40, BluePreferred PPO \$500 \$20/\$30, and all four HealthyBlue PPO plans. These plans have copays on OP facility and in some cases OP Surgery Physician/Surgical Services, which are not accommodated by the AV calculator. Equivalent coinsurances were computed using the AV calculator continuance tables so that an input could be entered.
- 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 costs of the applicable generic drugs to the allowed costs of all generic drugs was added to the baseline.
- Printouts for each plan are provided as part of the QHP binder submission under separate cover.
18. **AV PRICING VALUES:** We have updated our internal AV model with the latest experience and with corrections for computing effective coinsurance for emergency room (ER) and inpatient hospital care. The result was a needed upward adjustment of ~6% to allowed claims which we are proposing to grade in by using a 50%/50% blend of the 2014 and 2015 AVs.
19. **MEMBERSHIP PROJECTIONS:** We had projected 61% of enrollment in PPO-based plans as of 12/31/14 in our 2014 filings. Actual data as of 5/12/14 indicate that PPO will comprise 58% of our CF members. Approximately 75% of actual YTD enrollment is in Gold plans. We incorporated this in

projecting 12/31/15 enrollment. As of 5/12/14 we have 6,205 INM members in metaled products and 16,960 SG members in metaled products.

20. **TERMINATED PRODUCTS:** Not applicable.

21. **PLAN TYPE:** PPO.

22. **WARNING ALERTS:** 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.

23. **RELIANCE:** None.

Rate Filing Justification Part II (Plain Language Summary)

Pursuant to 45 CFR 154.215, health insurance issuers are required to file Rate Filing Justifications. Part II of the Rate Filing Justification for rate increases and new submissions must contain a written description that includes a simple and brief narrative describing the data and assumptions that were used to develop the proposed rates. The Part II template below must be filled out and uploaded as an Adobe PDF or Microsoft Word file.

Name of Company Group Hospitalization & Medical Services, Inc.

SERFF tracking number CFAP-129567873

Submission Date 06/13/2014

Product Name BluePreferred PPO, BluePreferred Multi-State Plan, BluePreferred PPO HSA/HRA, BluePreferred HSA/HRA Multi-State Plan, HealthyBlue PPO, HealthyBlue PPO HSA/HRA

Market Type (Individual/Small Group) Small Group

Rate Filing Type (Rate Increase / New Filing) Rate Increase

Scope and Range of the Increase:

The 12.1% increase is requested because:

of projected increases in medical and prescription drug costs and utilization, as well as increases in related taxes and fees.

This filing will impact:

of D.C. policyholders 6,825 # of D.C. covered lives 12,284

The average, minimum, and maximum rate changes increases are:

- Average Rate Change: The average premium change, by percentage, across all policy holders if the filing is approved 12.1%
- Minimum Rate Change: The smallest premium increase (or largest decrease), by percentage, that any one policy holder would experience if the filing is approved 10.5%
- Maximum Rate Change: The largest premium increase, by percentage, that any one policy holder would experience if the filing is approved 13.6%

Individuals within the group may vary from the aggregate of the above increase components as a result of: product selection, changes in age factors, and changes in family composition.

Financial Experience of Product

The overall financial experience of the product includes:

Since these products were new effective 1/1/2014, no historical financial experience is included in this filing.

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

Components of Increase

The request is made up of the following components:

Trend Increases – __5.4__% of the __12.1__% total filed increase

1. Medical Utilization Changes – Defined as the increase in total plan claim costs not attributable to changes in the unit cost of underlying services, or renegotiation of provider contracts. Examples include changes in the mix of services utilized, or an increase/decrease in the frequency of service utilization.

This component is __0.9__% of the __12.1__% total filed increase.

2. Medical Price Changes – Defined as the increase in total plan claim costs attributable to changes in the unit cost of underlying services, or renegotiation of provider contracts.

This component is __4.5__% of the __12.1__% total filed increase.

Other Increases – __6.7__% of the __12.1__% total filed increase

1. Medical Benefit Changes Required by Law – Defined as any new mandated plan benefit changes, as mandated by either State or Federal Regulation.

This component is __0.9__% of the __12.1__% total filed increase.

2. Medical Benefit Changes Not Required by Law – Defined as changes in plan benefit design made by the company, which are not required by either State or Federal Regulation.

This component is __0.9__% of the __12.1__% total filed increase.

3. Changes to Administration Costs – Defined as increases in the costs of providing insurance coverage. Examples include claims payment expenses, distribution costs, taxes, and general business expenses such as rent, salaries, and overhead.

This component is __2.1__% of the __12.1__% total filed increase.

4. Changes to Profit Margin – Defined as increases to company surplus or changes as an additional margin to cover the risk of the company.

This component is __-0.8__% of the __12.1__% total filed increase.

5. Other – Defined as:

Items included in this category include ACA related fees and taxes, assessment fees, new incentive program, and changes in assumed risk adjustment payments or receipts.

This component is __3.6__% of the __12.1__% total filed increase.

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	X	Y			
1	Unified Rate Review v2.0.2																									
2																										
3	Company Legal Name:	Group Hospitalization & Medic State:										DC														
4	HIOS Issuer ID:	78079										Market:	Small Group													
5	Effective Date of Rate Change(s):	1/1/2015																								
6																										
7																										
8	Market Level Calculations (Same for all Plans)																									
9																										
10																										
11	Section I: Experience period data																									
12	Experience Period:	1/1/2013	to	12/31/2013																						
13		Experience Period																								
14		Aggregate Amount	PMPM	% of Prem																						
15	Premiums (net of MLR Rebate) in Experience Period:	\$192,950,934	\$417.46	100.00%																						
16	Incurred Claims in Experience Period	\$168,632,395	364.85	87.40%																						
17	Allowed Claims:	\$190,898,624	413.02	98.94%																						
18	Index Rate of Experience Period	\$412.00																								
19	Experience Period Member Months	462,200																								
20	Section II: Allowed Claims, PMPM basis																									
21		Experience Period		Projection Period:		1/1/2015	to	12/31/2015	Mid-point to Mid-point, Experience to Projection:				24	months												
22		on Actual Experience Allowed			Adj't. from Experience to Projection Period		Annualized Trend Factors				Projections, before credibility Adjustment			Credibility Manual												
23	Benefit Category	Utilization per 1,000	Average Cost/Service	PMPM	Pop'l risk				Utilization per 1,000	Average Cost/Service	PMPM	Utilization per 1,000	Average Cost/Service	PMPM												
24	Inpatient Hospital	Admits	54.47	15,400.57	\$69.90	1.00	0.99	1.050	1.000	54.47	\$16,797.41	\$76.24	54.47	16797.41	\$76.24											
25	Outpatient Hospital	Visits	838.30	1,190.99	83.20	1.00	0.99	1.080	1.020	872.17	1,374.30	99.89	872.17	1374.30	99.89											
26	Professional	Visits	10,451.10	158.71	138.23	1.00	1.02	1.025	1.025	10,980.19	170.71	156.21	10980.19	170.71	156.21											
27	Other Medical	Services	911.38	282.98	21.49	1.00	1.17	1.100	1.060	1,024.02	400.05	34.14	1024.02	400.05	34.14											
28	Capitation	Other	12,000.00	1.28	1.28	1.00	0.98	1.020	1.000	12,000.00	1.31	1.31	12000.00	1.31	1.31											
29	Prescription Drug	Prescriptions	9,306.21	127.56	98.92	1.00	0.96	1.075	0.985	9,029.11	140.94	106.04	9029.11	140.94	106.04											
30	Total				\$413.02							\$473.82			\$473.82											
31																										
32	Section III: Projected Experience:																									
33	Projected Allowed Experience Claims PMPM (w/applied credibility if applicable)																									
34	Paid to Allowed Average Factor in Projection Period																									
35	Projected Incurred Claims, before ACA rein & Risk Adj't, PMPM																									
36	Projected Risk Adjustments PMPM																									
37	Projected Incurred Claims, before reinsurance recoveries, net of rein prem, PMPM																									
38	Projected ACA reinsurance recoveries, net of rein prem, PMPM																									
39	Projected Incurred Claims																									
40	Administrative Expense Load																									
41	Profit & Risk Load																									
42	Taxes & Fees																									
43	Single Risk Pool Gross Premium Avg. Rate, PMPM																									
44	Index Rate for Projection Period																									
45	% increase over Experience Period																									
46	% Increase, annualized:																									
47	Projected Member Months																									
48																										
49	Information Not Releasable to the Public Unless Authorized by Law: This information has not been publically disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.																									
50																										

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SERFF tracking number CFAP-129567873

Submission Date 06/13/2014

Product Name BluePreferred PPO, BluePreferred Multi-State Plan, BluePreferred PPO HSA/HRA, BluePreferred HSA/HRA Multi-State Plan, HealthyBlue PPO, HealthyBlue PPO HSA/HRA

Market Type (Individual/Small Group) Small Group

Rate Filing Type (Rate Increase / New Filing) Rate Increase

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The 12.1% increase is requested because:

of projected increases in medical and prescription drug costs and utilization, as well as increases in related taxes and fees.

This filing will impact:

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Individuals within the group may vary from the aggregate of the above increase components as a result of: product selection, changes in age factors, and changes in family composition.

Financial Experience of Product

The overall financial experience of the product includes:

Since these products were new effective 1/1/2014, no historical financial experience is included in this filing.

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

Components of Increase

The request is made up of the following components:

Trend Increases – __5.4__% of the __12.1__% total filed increase

1. Medical Utilization Changes – Defined as the increase in total plan claim costs not attributable to changes in the unit cost of underlying services, or renegotiation of provider contracts. Examples include changes in the mix of services utilized, or an increase/decrease in the frequency of service utilization.

This component is __0.9__% of the __12.1__% total filed increase.

2. Medical Price Changes – Defined as the increase in total plan claim costs attributable to changes in the unit cost of underlying services, or renegotiation of provider contracts.

This component is __4.5__% of the __12.1__% total filed increase.

Other Increases – __6.7__% of the __12.1__% total filed increase

1. Medical Benefit Changes Required by Law – Defined as any new mandated plan benefit changes, as mandated by either State or Federal Regulation.

This component is __0.9__% of the __12.1__% total filed increase.

2. Medical Benefit Changes Not Required by Law – Defined as changes in plan benefit design made by the company, which are not required by either State or Federal Regulation.

This component is __0.9__% of the __12.1__% total filed increase.

3. Changes to Administration Costs – Defined as increases in the costs of providing insurance coverage. Examples include claims payment expenses, distribution costs, taxes, and general business expenses such as rent, salaries, and overhead.

This component is __2.1__% of the __12.1__% total filed increase.

4. Changes to Profit Margin – Defined as increases to company surplus or changes as an additional margin to cover the risk of the company.

This component is __-0.8__% of the __12.1__% total filed increase.

5. Other – Defined as:

Items included in this category include ACA related fees and taxes, assessment fees, new incentive program, and changes in assumed risk adjustment payments or receipts.

This component is __3.6__% of the __12.1__% total filed increase.