Filing at a Glance

Company:	Group Hospitalization and Medical Services, Inc.
Product Name:	DC GHMSI Small Group Eff 201701 - ACA
State:	District of Columbia
TOI:	H16G Group Health - Major Medical
Sub-TOI:	H16G.003A Small Group Only - PPO
Filing Type:	Rate
Date Submitted:	05/02/2016
SERFF Tr Num:	CFAP-130548294
SERFF Status:	Assigned
State Tr Num:	
State Status:	
Co Tr Num:	2099
Implementation Date Requested:	01/01/2017
Author(s):	Dwayne Lucado, Anna Guloy, Todd Switzer, Brad Boban, Patrick Getts, Britney Tyler, Scott Cremens, Paul Fruth
Reviewer(s):	Efren Tanhehco (primary), John Morgan, Damon Siler
Disposition Date:	
Disposition Status:	
Implementation Date:	

State Filing Description:

General Information

Project Name:
Project Number: 2099
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Group Market Type: Employer
Filing Status Changed: 05/05/2016
State Status Changed:
Created By: Britney Tyler
Corresponding Filing Tracking Number:

Status of Filing in Domicile: Pending
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Group
Group Market Size: Small
Overall Rate Impact: -4.4%

Deemer Date:
Submitted By: Britney Tyler

PPACA: Non-Grandfathered Immed Mkt Reforms

PPACA Notes: null

Exchange Intentions: Group on Exchange

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 15 benefit plans on the D.C. Exchange.

Company and Contact

Filing Contact Information

Britney Tyler, Actuarial Assistant
10455 Mill Run Circle
Mail Stop OM1-780
Owings Mills, MD 21117

britney.tyler@carefirst.com
410-998-7197 [Phone]

Filing Company Information

Group Hospitalization and Medical Services, Inc.
840 First Street NE
Washington, DC 20065
(410) 581-3000 ext. [Phone]

CoCode: 53007
Group Code:
Group Name:
FEIN Number: 53-0078070

State of Domicile: District of Columbia
Company Type: Hospital, Medical & Dental Service or Indemnity
State ID Number:

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:

Rate Information

Rate data applies to filing.

Filing Method: Electronic (SERFF)
Rate Change Type: Increase
Overall Percentage of Last Rate Revision: 1.500%
Effective Date of Last Rate Revision: 10/01/2016
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.	Decrease	-4.400%	-4.400%	$-2,289,267	18,439	$51,776,153	-1.800%	-11.500%

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			32778

Trend Factors:

FORMS:

New Policy Forms: DC-CF-SHOP-GC (R 1-17), DC-CF-SHOP-PPO-EOC (1-17), DC-CF-SHOP-PPO-DOCS (1-17), DC CF SHOP ELIG AMEND (1-17), DC CF BP PPO 1000 90-70 (1-17), DC CF BP PPO BF HSA SIL 1500 (1-17), DC CF BP PPO CDH 2000 80-60 (1-17), DC CF BP PPO CDH SIL 1500 (1-17), DC CF BP PPO CDH SIL 2000 (1-17), DC CF BP PPO GOLD 500 (1-17), DC CF BP PPO GOLD 1000 (1-17), DC CF BP PPO GOLD 1500 (1-17), DC CF BP PPO PLAT 0 (1-17), DC CF BP PPO PLAT 500 (1-17), DC CF BP PPO SIL 1000 (1-17), DC CF HB PPO CDH SIL 2000 (1-17), DC CF HB PPO GOLD 1500 (1-17), DC CF HB PPO PLAT 500 (1-17), DC CF HB PPO PLAT 1000 (1-17)
Affected Forms: NA
Other Affected Forms: DC/GHMSI/DOL APPEAL (R. 1/15), 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 1/15, DC/CF/SG/INCENT (1/16)

REQUESTED RATE CHANGE INFORMATION:

Change Period: Quarterly
Member Months: 91,572
Benefit Change: None
Percent Change Requested: Min: -11.5 Max: -1.8 Avg: -4.4

PRIOR RATE:

Total Earned Premium: 51,776,153.00
Total Incurred Claims: 39,326,696.00
Annual $: Min: 383.35 Max: 614.88 Avg: 537.61

REQUESTED RATE:

Projected Earned Premium: 50,327,940.00
Projected Incurred Claims: 39,580,092.00
Annual $: Min: 348.30 Max: 585.35 Avg: 513.88

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 201701 - ACA*
Project Name/Number: */2099*

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Rate Filing 2099	DC-CF-SHOP-GC (R 1-17), DC-CF-SHOP-PPO-EOC (1-17), DC/GHMSI/DOL APPEAL (R. 1/15), DC-CF-SHOP-PPO-DOCS (1-17), 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 1/15, DC/CF/SG/INCENT (1/16), DC CF SHOP ELIG AMEND (1-17), DC CF BP PPO 1000 90-70 (1-17), DC CF BP PPO BF HSA SIL 1500 (1-17), DC CF BP PPO CDH 2000 80-60 (1-17), DC CF BP PPO CDH SIL 1500 (1-17), DC CF BP PPO CDH SIL 2000 (1-17), DC CF BP PPO GOLD 500 (1-17), DC CF BP PPO GOLD 1000 (1-17), DC CF BP PPO GOLD 1500 (1-17), DC CF BP PPO PLAT 0 (1-17), DC CF BP PPO PLAT 500 (1-17), DC CF BP PPO SIL 1000 (1-17), DC CF HB PPO CDH SIL 2000 (1-17), DC CF HB PPO GOLD 1500 (1-17), DC CF HB PPO PLAT 500 (1-17), DC CF HB PPO PLAT 1000 (1-17), and any amendments	Revised	Previous State Filing Number: CFAP-130056354 Percent Rate Change Request:	File_2099_DC_GHMSI 1.1.17_Rates.pdf,

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

Rate Filing # 2099
D.C. Small Group Products - On Exchange
Rate Filing Effective 1/1/2017

Proposed Individual Base Rates

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

Form Numbers

ON Exchange

Forms Used for ALL ON-Exchange GHMSI Group Products
DC-CF-SHOP-GC (R 1-17)
DC-CF-SHOP-PPO-EOC (1-17)
DC/GHMSI/DOL APPEAL (R. 1/15)
DC-CF-SHOP-PPO-DOCS (1-17)
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 1/15
DC/CF/SG/INCENT (1/16)
DC CF SHOP ELIG AMEND (1-17)

BluePreferred
DC CF BP PPO 1000 90-70 (1-17)
DC CF BP PPO BF HSA SIL 1500 (1-17)
DC CF BP PPO CDH 2000 80-60 (1-17)
DC CF BP PPO CDH SIL 1500 (1-17)
DC CF BP PPO CDH SIL 2000 (1-17)
DC CF BP PPO GOLD 500 (1-17)
DC CF BP PPO GOLD 1000 (1-17)
DC CF BP PPO GOLD 1500 (1-17)
DC CF BP PPO PLAT 0 (1-17)
DC CF BP PPO PLAT 500 (1-17)
DC CF BP PPO SIL 1000 (1-17)

HealthyBlue PPO
DC CF HB PPO CDH SIL 2000 (1-17)
DC CF HB PPO GOLD 1500 (1-17)
DC CF HB PPO PLAT 500 (1-17)
DC CF HB PPO PLAT 1000 (1-17)

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017
Premiums Effective 01/2017, 04/2017, 07/2017 and 10/2017
GHMSI Individual Base Rates - On Exchange

HIOS Plan ID	HIOS Product	HIOS Plan Name	Rx Benefit**	Benefit Description*	Deductible	OOP Max	Individual Base Rate 01/2017	04/2017	07/2017	10/2017	Incremental Base Rate % Change 04/2017	07/2017	10/2017
78079DC0220024	BluePreferred PPO	BluePreferred PPO Platinum 0	Non-Int: $10/$45/$65/50% ($150 Max Copay)	IN: $10 PCP/$20 Spec/$100 ER/$200 IP; OON: $40 PCP/Spec/$300 IP	IN: $0 Med / $0 Rx; OON: $1,500	IN: $1,500; OON: $3,000	$ 585.35	$ 601.48	$ 616.69	$ 633.60	2.8%	2.5%	2.7%
78079DC0220025	BluePreferred PPO	BluePreferred PPO Platinum 500	Non-Int: $10/$45/$65/50% ($150 Max Copay)	IN: $10 PCP/$20 Spec/$100 ER/$200 IP; OON: $40 PCP/Spec/20% IP	IN: $500 Med / $0 Rx; OON: $1,000	IN: $1,500; OON: $3,000	$ 555.46	$ 570.77	$ 585.20	$ 601.25	2.8%	2.5%	2.7%
78079DC0220021	BluePreferred PPO	BluePreferred PPO Gold 500	Non-Int: $10/$45/$65/50% ($150 Max Copay)	IN: $15 PCP/$30 Spec/$250 ER/$400 IP; OON: $50 PCP/Spec/$500 IP	IN: $500 Med / $250 Rx; OON: $1,000	IN: $7,150; OON: $14,300	$ 487.07	$ 500.50	$ 513.15	$ 527.23	2.8%	2.5%	2.7%
78079DC0220026	BluePreferred PPO	BluePreferred PPO Silver 1000	Non-Int: $10/$45/$65/50% ($150 Max Copay)	IN: $40 PCP/$80 Spec/$400 ER/$500 IP; OON: $100 PCP/Spec/20% IP	IN: $1,000 Med / $100 Rx; OON: $2,000	IN: $7,150; OON: $14,300	$ 401.96	$ 413.04	$ 423.49	$ 435.10	2.8%	2.5%	2.7%
78079DC0220020	BluePreferred PPO	BluePreferred PPO Gold 1000	Non-Int: $10/$45/$65/50% ($150 Max Copay)	IN: $15 PCP/$30 Spec/$250 ER/$400 IP; OON: $50 PCP/Spec/$500 IP	IN: $1,000 Med / $250 Rx; OON: $2,000	IN: $4,000; OON: $8,000	$ 474.64	$ 487.72	$ 500.05	$ 513.77	2.8%	2.5%	2.7%
78079DC0220032	BluePreferred PPO	BluePreferred PPO 1000 90%/70%	Int: $10/20%/40%/50% ($150 Max Copay)	IN: 10%; OON: 30%	IN: $1,000 (Integrated); OON: $2,000	IN: $6,550; OON: $13,100	$ 449.18	$ 461.56	$ 473.23	$ 486.22	2.8%	2.5%	2.7%
78079DC0220031	BluePreferred PPO	BluePreferred PPO Gold 1500	Non-Int: $10/$45/$65/50% ($150 Max Copay)	IN: $15 PCP/$30 Spec/$250 ER/$400 IP; OON: $50 PCP/Spec/20% IP	IN: $1,500 Med / $250 Rx; OON: $3,000	IN: $3,500; OON: $7,000	$ 467.16	$ 480.04	$ 492.17	$ 505.68	2.8%	2.5%	2.7%
78079DC0220022	BluePreferred PPO	BluePreferred PPO HSA/HRA Silver 1500	Int: $10/$45/$65/50% ($150 Max Copay)	IN: $25 PCP/$50 Spec/$250 ER/$750 IP; OON: $70 PCP/Spec/$850 IP	IN: $1,500 (Integrated); OON: $3,000	IN: $6,550; OON: $9,000	$ 375.10	$ 385.44	$ 395.18	$ 406.02	2.8%	2.5%	2.7%
78079DC0220034	BluePreferred PPO	BluePreferred PPO Silver 1500 BlueFund HSA	Int: $10/$45/$65/50% ($150 Max Copay)	IN: $25 PCP/$50 Spec/$250 ER/$750 IP; OON: $70 PCP/Spec/20% IP	IN: $1,500 (Integrated); OON: $3,000	IN: $6,350; OON: $9,000	$ 375.52	$ 385.87	$ 395.63	$ 406.48	2.8%	2.5%	2.7%
78079DC0220023	BluePreferred PPO	BluePreferred PPO HSA/HRA Silver 2000	Int: $10/$45/$65/50% ($150 Max Copay)	IN: $25 PCP/$50 Spec/$250 ER/$500 IP; OON: $70 PCP/Spec/20% IP	IN: $2,000 (Integrated); OON: $4,000	IN: $6,000; OON: $9,000	$ 361.88	$ 371.85	$ 381.26	$ 391.71	2.8%	2.5%	2.7%
78079DC0220033	BluePreferred PPO	BluePreferred PPO HSA/HRA 2000 80%/60%	Int: $10/20%/40%/50% ($150 Max Copay)	IN: 20%; OON: 40%	IN: $2,000 (Integrated); OON: $4,000	IN: $6,550; OON: $13,100	$ 348.30	$ 357.90	$ 366.95	$ 377.02	2.8%	2.5%	2.7%
78079DC0220030	BluePreferred PPO	HealthyBlue PPO Platinum 500	Non-Int: 0%/$45/$65/50% ($150 Max Copay)	IN: $0 PCP/$30 Spec/$200 ER/$500 IP; OON: $50 PCP/Spec/$600 IP	IN: $500 Med / $0 Rx; OON: $1,000	IN: $1,500; OON: $3,000	$ 571.09	$ 586.83	$ 601.66	$ 618.17	2.8%	2.5%	2.7%
78079DC0220029	BluePreferred PPO	HealthyBlue PPO Platinum 1000	Non-Int: 0%/$45/$65/50% ($150 Max Copay)	IN: $0 PCP/$30 Spec/$200 ER/$500 IP; OON: $50 PCP/Spec/$600 IP	IN: $1,000 Med / $0 Rx; OON: $2,000	IN: $1,500; OON: $3,000	$ 548.97	$ 564.10	$ 578.36	$ 594.23	2.8%	2.5%	2.7%
78079DC0220027	BluePreferred PPO	HealthyBlue PPO Gold 1500	Non-Int: 0%/$45/$65/50% ($150 Max Copay)	IN: $0 PCP/$30 Spec/$200 ER/$500 IP; OON: $50 PCP/Spec/$600 IP	IN: $1,500 Med / $0 Rx; OON: $3,000	IN: $7,150; OON: $14,300	$ 487.96	$ 501.41	$ 514.09	$ 528.19	2.8%	2.5%	2.7%
78079DC0220028	BluePreferred PPO	HealthyBlue PPO HSA/HRA Silver 2000	Int: 0%/$45/$65/50% ($150 Max Copay)	IN: $0 PCP/$45 Spec/$200 ER/$600 IP; OON: $65 PCP/Spec/$700 IP	IN: $2,000 (Integrated); OON: $4,000	IN: $6,550; OON: $9,000	$ 371.96	$ 382.22	$ 391.88	$ 402.63	2.8%	2.5%	2.7%

* Out-of-Network ER is paid as In-Network.

** 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 201701 - ACA		
Project Name/Number:	/2099		

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_2099_DC_GHMSI 1.1.17_AV Calculator Screenshots.pdf File_2099_DC_GHMSI_1.1.17_Actuarial_Letter_Memo_5.5.16.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	File_2099_DC_GHMSI_1.1.17_Actuarial_Letter_Memo_5.5.16.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:	
Attachment(s):	2017 ACA_Cover Letter_SG_DC_GH Letterhead.pdf
Item Status:	

Status Date:	

Satisfied - Item:	DISB Actuarial Memorandum Dataset
Comments:	
Attachment(s):	Actuarial Memo Dataset 2017 - GH_2099_050216_sent.xlsx
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):	Rate Filing Justification Part II GH_1.1.17.pdf File 2099 DC GHMSI 1.1.17 URRT_V2.0.xlsm File 2099 DC GHMSI 1.1.17 URRT.pdf
Item Status:	
Status Date:	

Satisfied - Item:	District of Columbia Plain Language Summary
Comments:	
Attachment(s):	Rate Filing Justification Part II GH_1.1.17.pdf
Item Status:	
Status Date:	

Satisfied - Item:	DISB Rate Filing Checklist
Comments:	
Attachment(s):	DC Checklist 1.1.17_GHMSI.pdf
Item Status:	

State: District of Columbia **Filing Company:** Group Hospitalization and Medical Services, Inc.
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003A Small Group Only - PPO
Product Name: DC GHMSI Small Group Eff 201701 - ACA
Project Name/Number: /2099

Status Date:	

Attachment Actuarial Memo Dataset 2017 - GH_2099_050216_sent.xlsx is not a PDF document and cannot be reproduced here.

Attachment File 2099 DC GHMSI 1.1.17 URRT_V2.0.xlsm is not a PDF document and cannot be reproduced here.

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

Rate Filing # 2099
D.C. Small Group Products - On Exchange
Rate Filing Effective 1/1/2017

Actuarial Value Calculations

CareFirst BlueCross BlueShield (GHMSI)
DC Small Group

Table of Contents

1 Cover
2 Table of Contents
3 List of DC SG GHMSI Plans & Actuarial Values

AV Screenshots

4 Platinum - $0/$0 Ded, $1500 OOP, $10/$20 - Hospital
5 Platinum - $0/$0 Ded, $1500 OOP, $10/$20 - Freestanding
6 Platinum - $500/$0 Ded, $1500 OOP, $10/$20 - Hospital
7 Platinum - $500/$0 Ded, $1500 OOP, $10/$20 - Freestanding
8 Gold - $500/$250 Ded, $7150 OOP, $15/$30 - Hospital
9 Gold - $500/$250 Ded, $7150 OOP, $15/$30 - Freestanding
10 Gold - $1000/$250 Ded, $4000 OOP, $15/$30 - Hospital
11 Gold - $1000/$250 Ded, $4000 OOP, $15/$30 - Freestanding
12 Gold - $1500/$250 Ded, $3500 OOP, $15/$30 - Hospital
13 Gold - $1500/$250 Ded, $3500 OOP, $15/$30 - Freestanding
14 Silver - $1000/$100 Ded, $7150 OOP, $40/$80 - Hospital
15 Silver - $1000/$100 Ded, $7150 OOP, $40/$80 - Freestanding
16 Silver - $1500 Ded, $6550 OOP, $25/$50 - Hospital
17 Silver - $1500 Ded, $6550 OOP, $25/$50 - Freestanding
18 Silver - $2000 Ded, $6000 OOP, $25/$50 - Hospital
19 Silver - $2000 Ded, $6000 OOP, $25/$50 - Freestanding
20 Platinum - HealthyBlue - $500/$0 Ded, $1500 OOP, $0/$30 - Hospital
21 Platinum - HealthyBlue - $500/$0 Ded, $1500 OOP, $0/$30 - Freestanding
22 Platinum - HealthyBlue - $1000/$0 Ded, $1500 OOP, $0/$30 - Hospital
23 Platinum - HealthyBlue - $1000/$0 Ded, $1500 OOP, $0/$30 - Freestanding
24 Gold - HealthyBlue - $1500/$0 Ded, $7150 OOP, $0/$30 - Hospital
25 Gold - HealthyBlue - $1500/$0 Ded, $7150 OOP, $0/$30 - Freestanding
26 Silver - HealthyBlue - $2000 Ded, $6550 OOP, $0/$45 - Hospital
27 Silver - HealthyBlue - $2000 Ded, $6550 OOP, $0/$45 - Freestanding
28 SHOP - BluePreferred PPO HSA/HRA 2000 80%/60%
29 SHOP - BluePreferred PPO 1000 90%/70%
30 Silver - BlueFund - $1500 Ded, $6350 OOP, $25/$50 - Hospital
31 Silver - BlueFund - $1500 Ded, $6350 OOP, $25/$50 - Freestanding

CareFirst BlueCross BlueShield (GHMSI)
DC Small Group

Plan Name*	Metal Level	Actuarial Value	Page #'s of AV Screenshot**	Unique Plan
BluePreferred PPO HSA/HRA 2000 80%/60%	Silver	71.13%	28	No
BluePreferred PPO 1000 90%/70%	Platinum	91.98%	30	No
BluePreferred PPO Platinum 0	Platinum	91.58%	4, 5	Yes
BluePreferred PPO Platinum 500	Platinum	89.01%	6, 7	Yes
BluePreferred PPO Gold 500	Gold	81.82%	8, 9	Yes
BluePreferred PPO Silver 1000	Silver	71.99%	14, 15	Yes
BluePreferred PPO Gold 1000	Gold	80.06%	10, 11	Yes
BluePreferred PPO Gold 1500	Gold	79.00%	12, 13	Yes
BluePreferred PPO HSA/HRA Silver 1500	Silver	71.72%	16, 17	Yes
BluePreferred PPO Silver 1500 BlueFund HSA	Silver	71.90%	30, 31	Yes
BluePreferred PPO HSA/HRA Silver 2000	Silver	70.90%	18, 19	Yes
HealthyBlue PPO Platinum 500	Platinum	89.49%	20, 21	Yes
HealthyBlue PPO Platinum 1000	Platinum	88.68%	22, 23	Yes
HealthyBlue PPO Gold 1500	Gold	81.31%	24, 25	Yes
HealthyBlue PPO HSA/HRA Silver 2000	Silver	71.98%	26, 27	Yes

*Plan Names that are bolded are SHOP plans. These will not have the metal level in the plan name.
**For plans with two pages listed, the final blended AV will be located on the Hospital Inputs page.

AV Calculator - BluePreferred PPO Platinum 0

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

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

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

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

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☐ All			☑ All	☑ All			☑ All	☐ All
Emergency Room Services	☑	☐		$100.00	☑	☑			☑	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☐		$200.00	☑	☑			☑	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$10.00	☑	☑			☐	☐
Specialist Visit	☐	☐		$20.00	☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☐	☐		$10.00	☑	☑			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☐		$200.00	☑	☑			☑	☐
Rehabilitative Speech Therapy	☐	☐		$20.00	☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☐	☐		$20.00	☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☐		$10.00	☑	☑			☑	☐
X-rays and Diagnostic Imaging	☑	☐		$20.00	☑	☑			☑	☐
Skilled Nursing Facility	☑	☐		$20.00	☑	☑			☑	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	96%		☑	☑				
Outpatient Surgery Physician/Surgical Services	☑	☑	90%		☑	☑				
Drugs	☑ All	☐ All			☑ All	☑ All			☑ All	☐ All
Generics	☑	☐		$10.00	☑	☑			☑	☐
Preferred Brand Drugs	☑	☐		$45.00	☑	☑			☑	☐
Non-Preferred Brand Drugs	☑	☐		$65.00	☑	☑			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑			☐	☐

	Copays	Weights
OP Facility Surgery	$ 150	30%
OP Facility Non-Surgery	$ 50	70%

Enter OP Copays	Assumed Cost / Visit from MECU Report 2014
$ 80	$ 1,902.07
$ 20	$ 198.81

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☑
Specialty Rx Coinsurance Maximum:	$150
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	91.48%
Metal Tier:	Platinum

2017 AV Calculator

Hospital SoS AV	91.48%
Freestanding SoS AV	91.79%
Final Blended AV*	91.58%

***Blending assumes a weight of 2/3 for Hospital SoS and 1/3 for FreestandingSoS**

AV Calculator - BluePreferred PPO Platinum 0

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

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

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

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

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☐ All			☑ All	☑ All			☑ All	☐ All
Emergency Room Services	☑	☐		$100.00	☑	☑			☑	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☐		$200.00	☑	☑			☑	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$10.00	☑	☑			☐	☐
Specialist Visit	☐	☐		$20.00	☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☐	☐		$10.00	☑	☑			☐	☐
Imaging (CT/PET Scans, MRIs)	☐	☐		$50.00	☑	☑			☐	☐
Rehabilitative Speech Therapy	☐	☐		$20.00	☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☐	☐		$20.00	☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☐	☐		$10.00	☑	☑			☐	☐
X-rays and Diagnostic Imaging	☐	☐		$20.00	☑	☑			☐	☐
Skilled Nursing Facility	☑	☐		$20.00	☑	☑			☑	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☐	☑	97%		☑	☑				
Outpatient Surgery Physician/Surgical Services	☐	☑	90%		☑	☑				
Drugs	☑ All	☐ All			☑ All	☑ All			☑ All	☐ All
Generics	☑	☐		$10.00	☑	☑			☑	☐
Preferred Brand Drugs	☑	☐		$45.00	☑	☑			☑	☐
Non-Preferred Brand Drugs	☑	☐		$65.00	☑	☑			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑			☐	☐

	Copays	Weights
OP Facility Surgery	$ 50	100%
OP Facility Non-Surgery		0%

Enter OP Copays	Assumed Cost / Visit from MECU Report 2014
$ 50	$ 1,902.07
$ 20	$ 198.81

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☑
Specialty Rx Coinsurance Maximum:	$150
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	91.79%
Metal Tier:	Platinum

2017 AV Calculator

AV Calculator - BluePreferred PPO Platinum 500

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible? ☐
Apply Inpatient Copay per Day? ☐
Apply Skilled Nursing Facility Copay per Day? ☐
Use Separate OOP Maximum for Medical and Drug Spending? ☐
Indicate if Plan Meets CSR Standard? ☐
Desired Metal Tier: Platinum

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

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

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☐ All			☑ All	☑ All			☑ All	☐ All
Emergency Room Services	☑	☐		$100.00	☑	☑			☑	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☐		$200.00	☑	☑			☑	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$10.00	☑	☑			☐	☐
Specialist Visit	☐	☐		$20.00	☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☐	☐		$10.00	☑	☑			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☐		$200.00	☑	☑			☑	☐
Rehabilitative Speech Therapy	☐	☐		$20.00	☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☐	☐		$20.00	☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☐		$10.00	☑	☑			☑	☐
X-rays and Diagnostic Imaging	☑	☐		$20.00	☑	☑			☑	☐
Skilled Nursing Facility	☑	☐		$20.00	☑	☑			☑	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	96%		☑	☑				
Outpatient Surgery Physician/Surgical Services	☑	☑	90%		☑	☑				
Drugs	☑ All	☐ All			☑ All	☑ All			☑ All	☐ All
Generics	☑	☐		$10.00	☑	☑			☑	☐
Preferred Brand Drugs	☑	☐		$45.00	☑	☑			☑	☐
Non-Preferred Brand Drugs	☑	☐		$65.00	☑	☑			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑			☐	☐

	Copays	Weights
OP Facility Surgery	$ 150	30%
OP Facility Non-Surgery	$ 50	70%

Enter OP Copays	Assumed Cost / Visit from MECU Report 2014
$ 80	$ 1,902.07
$ 20	$ 198.81

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☑
Specialty Rx Coinsurance Maximum:	$150
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]

Output

Calculate

Status/Error Messages: Calculation Successful.
Actuarial Value: 88.77%
Metal Tier: Platinum

2017 AV Calculator

Hospital SoS AV	88.77%
Freestanding SoS AV	89.49%
Final Blended AV*	89.01%

***Blending assumes a weight of 2/3 for Hospital SoS and 1/3 for FreestandingSoS**

AV Calculator - BluePreferred PPO Platinum 500

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

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

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

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

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☐ All			☑ All	☑ All			☑ All	☐ All
Emergency Room Services	☑	☐		$100.00	☑	☑			☑	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☐		$200.00	☑	☑			☑	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$10.00	☑	☑			☐	☐
Specialist Visit	☐	☐		$20.00	☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☐	☐		$10.00	☑	☑			☐	☐
Imaging (CT/PET Scans, MRIs)	☐	☐		$50.00	☑	☑			☐	☐
Rehabilitative Speech Therapy	☐	☐		$20.00	☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☐	☐		$20.00	☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☐	☐		$10.00	☑	☑			☐	☐
X-rays and Diagnostic Imaging	☐	☐		$20.00	☑	☑			☐	☐
Skilled Nursing Facility	☑	☐		$20.00	☑	☑			☑	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☐	☑	97%		☑	☑				
Outpatient Surgery Physician/Surgical Services	☐	☑	90%		☑	☑				
Drugs	☑ All	☐ All			☑ All	☑ All			☑ All	☐ All
Generics	☑	☐		$10.00	☑	☑			☑	☐
Preferred Brand Drugs	☑	☐		$45.00	☑	☑			☑	☐
Non-Preferred Brand Drugs	☑	☐		$65.00	☑	☑			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑			☐	☐

	Copays	Weights
OP Facility Surgery	$ 50	100%
OP Facility Non-Surgery		0%

Enter OP Copays	Assumed Cost / Visit from MECU Report 2014
$ 50	$ 1,902.07
$ 20	$ 198.81

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☑
Specialty Rx Coinsurance Maximum:	$150
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	89.49%
Metal Tier:	Platinum

2017 AV Calculator

AV Calculator - BluePreferred PPO Gold 500

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

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

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

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$500.00	$250.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
OOP Maximum ($)	$7,150.00					
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☐ All	☐ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☐		$250.00	☑	☑			☑	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☐		$400.00	☑	☑			☑	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$15.00	☑	☑			☐	☐
Specialist Visit	☐	☐		$30.00	☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☐	☐		$15.00	☑	☑			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☐		$400.00	☑	☑			☑	☐
Rehabilitative Speech Therapy	☐	☐		$30.00	☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☐	☐		$30.00	☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☐		$30.00	☑	☑			☑	☐
X-rays and Diagnostic Imaging	☑	☐		$60.00	☑	☑			☑	☐
Skilled Nursing Facility	☑	☐		$30.00	☑	☑			☑	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	93%		☑	☑				
Outpatient Surgery Physician/Surgical Services	☑	☑	85%		☑	☑				
Drugs	☑ All	☐ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$10.00	☑	☑			☐	☐
Preferred Brand Drugs	☑	☐		$45.00	☑	☑			☑	☐
Non-Preferred Brand Drugs	☑	☐		$65.00	☑	☑			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑			☐	☐

	Copays	Weights
OP Facility Surgery	$ 300	30%
OP Facility Non-Surgery	$ 50	70%

Enter OP Copays	Assumed Cost / Visit from MECU Report 2014
$ 125	$ 1,902.07
$ 30	$ 198.81

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☑
Specialty Rx Coinsurance Maximum:	$150
Set a Maximum Number of Days for Charging an IP Copay?	☑
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	81.04%
Metal Tier:	Gold

2017 AV Calculator

Hospital SoS AV	81.04%
Freestanding SoS AV	83.38%
Final Blended AV*	81.82%

***Blending assumes a weight of 2/3 for Hospital SoS and 1/3 for FreestandingSoS**

AV Calculator - BluePreferred PPO Gold 500

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

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

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

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$500.00	$250.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
OOP Maximum ($)	$7,150.00					
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☐ All	☐ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☐		$250.00	☑	☑			☑	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☐		$400.00	☑	☑			☑	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$15.00	☑	☑			☐	☐
Specialist Visit	☐	☐		$30.00	☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☐	☐		$15.00	☑	☑			☐	☐
Imaging (CT/PET Scans, MRIs)	☐	☐		$200.00	☑	☑			☐	☐
Rehabilitative Speech Therapy	☐	☐		$30.00	☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☐	☐		$30.00	☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☐	☐		$15.00	☑	☑			☐	☐
X-rays and Diagnostic Imaging	☐	☐		$30.00	☑	☑			☐	☐
Skilled Nursing Facility	☑	☐		$30.00	☑	☑			☑	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☐	☑	89%		☑	☑				
Outpatient Surgery Physician/Surgical Services	☐	☑	85%		☑	☑				
Drugs	☑ All	☐ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$10.00	☑	☑			☐	☐
Preferred Brand Drugs	☑	☐		$45.00	☑	☑			☑	☐
Non-Preferred Brand Drugs	☑	☐		$65.00	☑	☑			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑			☐	☐

	Copays	Weights
OP Facility Surgery	$ 200	100%
OP Facility Non-Surgery		0%

Enter OP Copays	Assumed Cost / Visit from MECU Report 2014
$ 200	$ 1,902.07
$ 30	$ 198.81

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☑
Specialty Rx Coinsurance Maximum:	$150
Set a Maximum Number of Days for Charging an IP Copay?	☑
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]

Output

Calculate

Status/Error Messages:	Error: Result is outside of +/- 2 percent de minimis variation.
Actuarial Value:	83.38%
Metal Tier:	

2017 AV Calculator

AV Calculator - BluePreferred PPO Gold 1000

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

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

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

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$1,000.00	$250.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
OOP Maximum ($)	$4,000.00					
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☐ All			☑ All	☑ All			☑ All	☐ All
Emergency Room Services	☑	☐		$250.00	☑	☑			☑	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☐		$400.00	☑	☑			☑	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$15.00	☑	☑			☐	☐
Specialist Visit	☐	☐		$30.00	☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☐	☐		$15.00	☑	☑			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☐		$400.00	☑	☑			☑	☐
Rehabilitative Speech Therapy	☐	☐		$30.00	☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☐	☐		$30.00	☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☐		$30.00	☑	☑			☑	☐
X-rays and Diagnostic Imaging	☑	☐		$60.00	☑	☑			☑	☐
Skilled Nursing Facility	☑	☐		$30.00	☑	☑			☑	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	93%		☑	☑				
Outpatient Surgery Physician/Surgical Services	☑	☑	85%		☑	☑				
Drugs	☑ All	☐ All			☑ All	☑ All			☑ All	☐ All
Generics	☐	☐		$10.00	☑	☑			☐	☐
Preferred Brand Drugs	☑	☐		$45.00	☑	☑			☑	☐
Non-Preferred Brand Drugs	☑	☐		$65.00	☑	☑			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑			☐	☐

	Copays	Weights
OP Facility Surgery	$ 300	30%
OP Facility Non-Surgery	$ 50	70%

Enter OP Copays	Assumed Cost / Visit from MECU Report 2014
$ 125	$ 1,902.07
$ 30	$ 198.81

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☑
Specialty Rx Coinsurance Maximum:	$150
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	79.17%
Metal Tier:	Gold

2017 AV Calculator

Hospital SoS AV	79.17%
Freestanding SoS AV	81.85%
Final Blended AV*	80.06%

***Blending assumes a weight of 2/3 for Hospital SoS and 1/3 for FreestandingSoS**

AV Calculator - BluePreferred PPO Gold 1000

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

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

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

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$1,000.00	$250.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
OOP Maximum ($)	$4,000.00					
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☐ All			☑ All	☑ All			☑ All	☐ All
Emergency Room Services	☑	☐		$250.00	☑	☑			☑	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☐		$400.00	☑	☑			☑	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$15.00	☑	☑			☐	☐
Specialist Visit	☐	☐		$30.00	☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☐	☐		$15.00	☑	☑			☐	☐
Imaging (CT/PET Scans, MRIs)	☐	☐		$200.00	☑	☑			☐	☐
Rehabilitative Speech Therapy	☐	☐		$30.00	☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☐	☐		$30.00	☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☐	☐		$15.00	☑	☑			☐	☐
X-rays and Diagnostic Imaging	☐	☐		$30.00	☑	☑			☐	☐
Skilled Nursing Facility	☑	☐		$30.00	☑	☑			☑	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☐	☑	89%		☑	☑				
Outpatient Surgery Physician/Surgical Services	☐	☑	85%		☑	☑				
Drugs	☑ All	☐ All			☑ All	☑ All			☑ All	☐ All
Generics	☐	☐		$10.00	☑	☑			☐	☐
Preferred Brand Drugs	☑	☐		$45.00	☑	☑			☑	☐
Non-Preferred Brand Drugs	☑	☐		$65.00	☑	☑			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑			☐	☐

	Copays	Weights
OP Facility Surgery	$ 200	100%
OP Facility Non-Surgery		0%

Enter OP Copays	Assumed Cost / Visit from MECU Report 2014
$ 200	$ 1,902.07
$ 30	$ 198.81

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☑
Specialty Rx Coinsurance Maximum:	$150
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	81.85%
Metal Tier:	Gold

2017 AV Calculator

AV Calculator - BluePreferred PPO Gold 1500

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

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

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

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$1,500.00	$250.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
OOP Maximum ($)	$3,500.00					
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☐ All			☑ All	☑ All			☑ All	☐ All
Emergency Room Services	☑	☐		$250.00	☑	☑			☑	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☐		$400.00	☑	☑			☑	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$15.00	☑	☑			☐	☐
Specialist Visit	☐	☐		$30.00	☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☐	☐		$15.00	☑	☑			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☐		$400.00	☑	☑			☑	☐
Rehabilitative Speech Therapy	☐	☐		$30.00	☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☐	☐		$30.00	☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☐		$30.00	☑	☑			☑	☐
X-rays and Diagnostic Imaging	☑	☐		$60.00	☑	☑			☑	☐
Skilled Nursing Facility	☑	☐		$30.00	☑	☑			☑	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	93%		☑	☑				
Outpatient Surgery Physician/Surgical Services	☑	☑	85%		☑	☑				
Drugs	☑ All	☐ All			☑ All	☑ All			☑ All	☐ All
Generics	☐	☐		$10.00	☑	☑			☐	☐
Preferred Brand Drugs	☑	☐		$45.00	☑	☑			☑	☐
Non-Preferred Brand Drugs	☑	☐		$65.00	☑	☑			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑			☐	☐

	Copays	Weights
OP Facility Surgery	$ 300	30%
OP Facility Non-Surgery	$ 50	70%

Enter OP Copays	Assumed Cost / Visit from MECU Report 2014
$ 125	$ 1,902.07
$ 30	$ 198.81

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☑
Specialty Rx Coinsurance Maximum:	$150
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]

Output

Calculate

Status/Error Messages:	Error: Result is outside of +/- 2 percent de minimis variation.
Actuarial Value:	77.97%
Metal Tier:	

2017 AV Calculator

Hospital SoS AV	77.97%
Freestanding SoS AV	81.06%
Final Blended AV*	79.00%

***Blending assumes a weight of 2/3 for Hospital SoS and 1/3 for FreestandingSoS**

AV Calculator - BluePreferred PPO Gold 1500

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

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

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

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$1,500.00	$250.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
OOP Maximum ($)	$3,500.00					
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☐ All			☑ All	☑ All			☑ All	☐ All
Emergency Room Services	☑	☐		$250.00	☑	☑			☑	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☐		$400.00	☑	☑			☑	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$15.00	☑	☑			☐	☐
Specialist Visit	☐	☐		$30.00	☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☐	☐		$15.00	☑	☑			☐	☐
Imaging (CT/PET Scans, MRIs)	☐	☐		$200.00	☑	☑			☐	☐
Rehabilitative Speech Therapy	☐	☐		$30.00	☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☐	☐		$30.00	☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☐	☐		$15.00	☑	☑			☐	☐
X-rays and Diagnostic Imaging	☐	☐		$30.00	☑	☑			☐	☐
Skilled Nursing Facility	☑	☐		$30.00	☑	☑			☑	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☐	☑	89%		☑	☑				
Outpatient Surgery Physician/Surgical Services	☐	☑	85%		☑	☑				
Drugs	☑ All	☐ All			☑ All	☑ All			☑ All	☐ All
Generics	☐	☐		$10.00	☑	☑			☐	☐
Preferred Brand Drugs	☑	☐		$45.00	☑	☑			☑	☐
Non-Preferred Brand Drugs	☑	☐		$65.00	☑	☑			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑			☐	☐

	Copays	Weights
OP Facility Surgery	$ 200	100%
OP Facility Non-Surgery		0%

Enter OP Copays	Assumed Cost / Visit from MECU Report 2014
$ 200	$ 1,902.07
$ 30	$ 198.81

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☑
Specialty Rx Coinsurance Maximum:	$150
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	81.06%
Metal Tier:	Gold

2017 AV Calculator

AV Calculator - BluePreferred PPO Silver 1000

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible? ☐
Apply Inpatient Copay per Day? ☑
Apply Skilled Nursing Facility Copay per Day? ☑
Use Separate OOP Maximum for Medical and Drug Spending? ☐
Indicate if Plan Meets CSR Standard? ☐
Desired Metal Tier: Silver

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

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$1,000.00	$100.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
OOP Maximum ($)	$7,150.00					
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☐ All			☑ All	☑ All			☑ All	☐ All
Emergency Room Services	☑	☐		$400.00	☑	☑			☑	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☐		$500.00	☑	☑			☑	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$40.00	☑	☑			☐	☐
Specialist Visit	☑	☐		$80.00	☑	☑			☑	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☐	☐		$40.00	☑	☑			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☐		$550.00	☑	☑			☑	☐
Rehabilitative Speech Therapy	☑	☐		$80.00	☑	☑			☑	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☐		$80.00	☑	☑			☑	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☐		$100.00	☑	☑			☑	☐
X-rays and Diagnostic Imaging	☑	☐		$150.00	☑	☑			☑	☐
Skilled Nursing Facility	☑	☐		$80.00	☑	☑			☑	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	90%		☑	☑				
Outpatient Surgery Physician/Surgical Services	☑	☑	60%		☑	☑				
Drugs	☑ All	☐ All			☑ All	☑ All			☑ All	☐ All
Generics	☐	☐		$10.00	☑	☑			☐	☐
Preferred Brand Drugs	☑	☐		$45.00	☑	☑			☑	☐
Non-Preferred Brand Drugs	☑	☐		$65.00	☑	☑			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑			☐	☐

	Copays	Weights
OP Facility Surgery	$ 500	30%
OP Facility Non-Surgery	$ 50	70%

Enter OP Copays	Assumed Cost / Visit from MECU Report 2014
$ 185	$ 1,902.07
$ 80	$ 198.81

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☑
Specialty Rx Coinsurance Maximum:	$150
Set a Maximum Number of Days for Charging an IP Copay?	☑
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]

Output

Calculate

Status/Error Messages: Calculation Successful.
Actuarial Value: 71.18%
Metal Tier: Silver

2017 AV Calculator

Hospital SoS AV	71.18%
Freestanding SoS AV	73.62%
Final Blended AV*	71.99%

***Blending assumes a weight of 2/3 for Hospital SoS and 1/3 for FreestandingSoS**

AV Calculator - BluePreferred PPO Silver 1000

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☑
Apply Skilled Nursing Facility Copay per Day?	☑
Use Separate OOP Maximum for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR Standard?	☐
Desired Metal Tier	Silver

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

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$1,000.00	$100.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
OOP Maximum ($)	$7,150.00					
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☐ All			☑ All	☑ All			☑ All	☐ All
Emergency Room Services	☑	☐		$400.00	☑	☑			☑	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☐		$500.00	☑	☑			☑	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$40.00	☑	☑			☐	☐
Specialist Visit	☑	☐		$80.00	☑	☑			☑	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☐	☐		$40.00	☑	☑			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☐		$250.00	☑	☑			☑	☐
Rehabilitative Speech Therapy	☑	☐		$80.00	☑	☑			☑	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☐		$80.00	☑	☑			☑	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☐		$25.00	☑	☑			☑	☐
X-rays and Diagnostic Imaging	☑	☐		$50.00	☑	☑			☑	☐
Skilled Nursing Facility	☑	☐		$80.00	☑	☑			☑	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	84%		☑	☑				
Outpatient Surgery Physician/Surgical Services	☑	☑	60%		☑	☑				
Drugs	☑ All	☐ All			☑ All	☑ All			☑ All	☐ All
Generics	☐	☐		$10.00	☑	☑			☐	☐
Preferred Brand Drugs	☑	☐		$45.00	☑	☑			☑	☐
Non-Preferred Brand Drugs	☑	☐		$65.00	☑	☑			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑			☐	☐

	Copays	Weights
OP Facility Surgery	$ 300	100%
OP Facility Non-Surgery		0%

Enter OP Copays	Assumed Cost / Visit from MECU Report 2014
$ 300	$ 1,902.07
$ 80	$ 198.81

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☑
Specialty Rx Coinsurance Maximum:	$150
Set a Maximum Number of Days for Charging an IP Copay?	☑
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]

Output

Calculate

Status/Error Messages:	Error: Result is outside of +/- 2 percent de minimis variation.
Actuarial Value:	73.62%
Metal Tier:	

2017 AV Calculator

AV Calculator - BluePreferred PPO HSA/HRA Silver 1500

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☑
Apply Inpatient Copay per Day?	☑
Apply Skilled Nursing Facility Copay per Day?	☑
Use Separate OOP Maximum for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR Standard?	☐
Desired Metal Tier	Silver

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

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$1,500.00			
Coinsurance (%, Insurer's Cost Share)			100.00%			
OOP Maximum ($)			$6,550.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☐ All			☑ All	☑ All			☑ All	☐ All
Emergency Room Services	☑	☐		$250.00	☑	☑			☑	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☐		$750.00	☑	☑			☑	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☐		$25.00	☑	☑			☑	☐
Specialist Visit	☑	☐		$50.00	☑	☑			☑	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☐		$25.00	☑	☑			☑	☐
Imaging (CT/PET Scans, MRIs)	☑	☐		$600.00	☑	☑			☑	☐
Rehabilitative Speech Therapy	☑	☐		$50.00	☑	☑			☑	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☐		$50.00	☑	☑			☑	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☐		$150.00	☑	☑			☑	☐
X-rays and Diagnostic Imaging	☑	☐		$200.00	☑	☑			☑	☐
Skilled Nursing Facility	☑	☐		$50.00	☑	☑			☑	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	90%		☑	☑				
Outpatient Surgery Physician/Surgical Services	☑	☑	75%		☑	☑				
Drugs	☑ All	☐ All			☑ All	☑ All			☑ All	☐ All
Generics	☑	☐		$10.00	☑	☑			☑	☐
Preferred Brand Drugs	☑	☐		$45.00	☑	☑			☑	☐
Non-Preferred Brand Drugs	☑	☐		$65.00	☑	☑			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑			☐	☐

	Copays	Weights
OP Facility Surgery	$ 500	30%
OP Facility Non-Surgery	$ 50	70%

Enter OP Copays	Assumed Cost / Visit from MECU Report 2014
$ 185	$ 1,902.07
$ 50	$ 198.81

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☑
Specialty Rx Coinsurance Maximum:	$150
Set a Maximum Number of Days for Charging an IP Copay?	☑
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	70.73%
Metal Tier:	Silver

2017 AV Calculator

Hospital SoS AV	70.73%
Freestanding SoS AV	73.69%
Final Blended AV*	71.72%

***Blending assumes a weight of 2/3 for Hospital SoS and 1/3 for FreestandingSoS**

AV Calculator - BluePreferred PPO HSA/HRA Silver 1500

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☑
Apply Inpatient Copay per Day?	☑
Apply Skilled Nursing Facility Copay per Day?	☑
Use Separate OOP Maximum for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR Standard?	☐
Desired Metal Tier	Silver

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

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$1,500.00			
Coinsurance (%, Insurer's Cost Share)			100.00%			
OOP Maximum ($)			$6,550.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☐ All			☑ All	☑ All			☑ All	☐ All
Emergency Room Services	☑	☐		$250.00	☑	☑			☑	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☐		$750.00	☑	☑			☑	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☐		$25.00	☑	☑			☑	☐
Specialist Visit	☑	☐		$50.00	☑	☑			☑	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☐		$25.00	☑	☑			☑	☐
Imaging (CT/PET Scans, MRIs)	☑	☐		$250.00	☑	☑			☑	☐
Rehabilitative Speech Therapy	☑	☐		$50.00	☑	☑			☑	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☐		$50.00	☑	☑			☑	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☐		$25.00	☑	☑			☑	☐
X-rays and Diagnostic Imaging	☑	☐		$50.00	☑	☑			☑	☐
Skilled Nursing Facility	☑	☐		$50.00	☑	☑			☑	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	84%		☑	☑				
Outpatient Surgery Physician/Surgical Services	☑	☑	75%		☑	☑				
Drugs	☑ All	☐ All			☑ All	☑ All			☑ All	☐ All
Generics	☑	☐		$10.00	☑	☑			☑	☐
Preferred Brand Drugs	☑	☐		$45.00	☑	☑			☑	☐
Non-Preferred Brand Drugs	☑	☐		$65.00	☑	☑			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑			☐	☐

	Copays	Weights
OP Facility Surgery	$ 300	100%
OP Facility Non-Surgery		0%

Enter OP Copays	Assumed Cost / Visit from MECU Report 2014
$ 300	$ 1,902.07
$ 50	$ 198.81

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☑
Specialty Rx Coinsurance Maximum:	$150
Set a Maximum Number of Days for Charging an IP Copay?	☑
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]

Output

Calculate

Status/Error Messages:	Error: Result is outside of +/- 2 percent de minimis variation.
Actuarial Value:	73.69%
Metal Tier:	

2017 AV Calculator

AV Calculator - BluePreferred PPO HSA/HRA Silver 2000

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☑
Apply Inpatient Copay per Day?	☑
Apply Skilled Nursing Facility Copay per Day?	☑
Use Separate OOP Maximum for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR Standard?	☐
Desired Metal Tier	Silver

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

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$2,000.00			
Coinsurance (%, Insurer's Cost Share)			100.00%			
OOP Maximum ($)			$6,000.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☐ All			☑ All	☑ All			☑ All	☐ All
Emergency Room Services	☑	☐		$250.00	☑	☑			☑	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☐		$500.00	☑	☑			☑	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☐		$25.00	☑	☑			☑	☐
Specialist Visit	☑	☐		$50.00	☑	☑			☑	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☐		$25.00	☑	☑			☑	☐
Imaging (CT/PET Scans, MRIs)	☑	☐		$500.00	☑	☑			☑	☐
Rehabilitative Speech Therapy	☑	☐		$50.00	☑	☑			☑	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☐		$50.00	☑	☑			☑	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☐		$50.00	☑	☑			☑	☐
X-rays and Diagnostic Imaging	☑	☐		$100.00	☑	☑			☑	☐
Skilled Nursing Facility	☑	☐		$50.00	☑	☑			☑	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	92%		☑	☑				
Outpatient Surgery Physician/Surgical Services	☑	☑	75%		☑	☑				
Drugs	☑ All	☐ All			☑ All	☑ All			☑ All	☐ All
Generics	☑	☐		$10.00	☑	☑			☑	☐
Preferred Brand Drugs	☑	☐		$45.00	☑	☑			☑	☐
Non-Preferred Brand Drugs	☑	☐		$65.00	☑	☑			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑			☐	☐

	Copays	Weights
OP Facility Surgery	$ 400	30%
OP Facility Non-Surgery	$ 50	70%

Enter OP Copays	Assumed Cost / Visit from MECU Report 2014
$ 155	$ 1,902.07
$ 50	$ 198.81

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☑
Specialty Rx Coinsurance Maximum:	$150
Set a Maximum Number of Days for Charging an IP Copay?	☑
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	70.47%
Metal Tier:	Silver

2017 AV Calculator

Hospital SoS AV	70.47%
Freestanding SoS AV	71.77%
Final Blended AV*	70.90%

***Blending assumes a weight of 2/3 for Hospital SoS and 1/3 for FreestandingSoS**

AV Calculator - BluePreferred PPO HSA/HRA Silver 2000

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☑
Apply Inpatient Copay per Day?	☑
Apply Skilled Nursing Facility Copay per Day?	☑
Use Separate OOP Maximum for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR Standard?	☐
Desired Metal Tier	Silver

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

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$2,000.00			
Coinsurance (%, Insurer's Cost Share)			100.00%			
OOP Maximum ($)			$6,000.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☐ All			☑ All	☑ All			☑ All	☐ All
Emergency Room Services	☑	☐		$250.00	☑	☑			☑	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☐		$500.00	☑	☑			☑	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☐		$25.00	☑	☑			☑	☐
Specialist Visit	☑	☐		$50.00	☑	☑			☑	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☐		$25.00	☑	☑			☑	☐
Imaging (CT/PET Scans, MRIs)	☑	☐		$250.00	☑	☑			☑	☐
Rehabilitative Speech Therapy	☑	☐		$50.00	☑	☑			☑	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☐		$50.00	☑	☑			☑	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☐		$25.00	☑	☑			☑	☐
X-rays and Diagnostic Imaging	☑	☐		$50.00	☑	☑			☑	☐
Skilled Nursing Facility	☑	☐		$50.00	☑	☑			☑	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	84%		☑	☑				
Outpatient Surgery Physician/Surgical Services	☑	☑	75%		☑	☑				
Drugs	☑ All	☐ All			☑ All	☑ All			☑ All	☐ All
Generics	☑	☐		$10.00	☑	☑			☑	☐
Preferred Brand Drugs	☑	☐		$45.00	☑	☑			☑	☐
Non-Preferred Brand Drugs	☑	☐		$65.00	☑	☑			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑			☐	☐

	Copays	Weights
OP Facility Surgery	$ 300	100%
OP Facility Non-Surgery		0%

Enter OP Copays	Assumed Cost / Visit from MECU Report 2014
$ 300	$ 1,902.07
$ 50	$ 198.81

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☑
Specialty Rx Coinsurance Maximum:	$150
Set a Maximum Number of Days for Charging an IP Copay?	☑
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	71.77%
Metal Tier:	Silver

2017 AV Calculator

AV Calculator - HealthyBlue PPO Platinum 500

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible? ☐
Apply Inpatient Copay per Day? ☐
Apply Skilled Nursing Facility Copay per Day? ☐
Use Separate OOP Maximum for Medical and Drug Spending? ☐
Indicate if Plan Meets CSR Standard? ☐
Desired Metal Tier: Platinum

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

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

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☐ All	☐ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☐	☐		$200.00	☑	☑			☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☐		$500.00	☑	☑			☑	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐			☑	☑			☐	☐
Specialist Visit	☐	☐		$30.00	☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☐	☐			☑	☑			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☐		$200.00	☑	☑			☑	☐
Rehabilitative Speech Therapy	☐	☐		$30.00	☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☐	☐		$30.00	☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☐		$15.00	☑	☑			☑	☐
X-rays and Diagnostic Imaging	☑	☐		$30.00	☑	☑			☑	☐
Skilled Nursing Facility	☑	☐		$30.00	☑	☑			☑	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	95%		☑	☑				
Outpatient Surgery Physician/Surgical Services	☑	☐			☑	☑				
Drugs	☑ All	☐ All			☑ All	☑ All			☑ All	☐ All
Generics	☑	☐		$0.00	☑	☑			☑	☐
Preferred Brand Drugs	☑	☐		$45.00	☑	☑			☑	☐
Non-Preferred Brand Drugs	☑	☐		$65.00	☑	☑			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑			☐	☐

	Copays	Weights
OP Facility Surgery	$ 200	30%
OP Facility Non-Surgery	$ 50	70%

Enter OP Copays	Assumed Cost / Visit from MECU Report 2014
$ 95	$ 1,902.07
	$ 198.81

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? ☑
Specialty Rx Coinsurance Maximum: $150
Set a Maximum Number of Days for Charging an IP Copay? ☐
Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? ☐
Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? ☐
Copays (1-10):

Plan Description:

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]

Output

Calculate

Status/Error Messages: Calculation Successful.
Actuarial Value: 88.95%
Metal Tier: Platinum

2017 AV Calculator

Hospital SoS AV	88.95%
Freestanding SoS AV	90.58%
Final Blended AV*	89.49%

***Blending assumes a weight of 2/3 for Hospital SoS and 1/3 for FreestandingSoS**

AV Calculator - HealthyBlue PPO Platinum 500

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

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

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

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

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☐ All	☐ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☐	☐		$200.00	☑	☑			☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☐		$500.00	☑	☑			☑	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐			☑	☑			☐	☐
Specialist Visit	☐	☐		$30.00	☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☐	☐			☑	☑			☐	☐
Imaging (CT/PET Scans, MRIs)	☐	☐		$100.00	☑	☑			☐	☐
Rehabilitative Speech Therapy	☐	☐		$30.00	☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☐	☐		$30.00	☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☐	☐			☑	☑			☐	☐
X-rays and Diagnostic Imaging	☐	☐			☑	☑			☐	☐
Skilled Nursing Facility	☑	☐		$30.00	☑	☑			☑	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☐	☑	95%		☑	☑				
Outpatient Surgery Physician/Surgical Services	☐	☐			☑	☑				
Drugs	☑ All	☐ All			☑ All	☑ All			☑ All	☐ All
Generics	☑	☐		$0.00	☑	☑			☑	☐
Preferred Brand Drugs	☑	☐		$45.00	☑	☑			☑	☐
Non-Preferred Brand Drugs	☑	☐		$65.00	☑	☑			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑			☐	☐

	Copays	Weights
OP Facility Surgery	$ 100	100%
OP Facility Non-Surgery		0%

Enter OP Copays	Assumed Cost / Visit from MECU Report 2014
$ 100	$ 1,902.07
	$ 198.81

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☑
Specialty Rx Coinsurance Maximum:	$150
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	90.58%
Metal Tier:	Platinum

2017 AV Calculator

AV Calculator - HealthyBlue PPO Platinum 1000

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

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

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

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$1,000.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
OOP Maximum ($)	$1,500.00					
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☐ All			☑ All	☑ All			☑ All	☐ All
Emergency Room Services	☐	☐		$200.00	☑	☑			☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☐		$500.00	☑	☑			☑	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐			☑	☑			☐	☐
Specialist Visit	☐	☐		$30.00	☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☐	☐			☑	☑			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☐		$200.00	☑	☑			☑	☐
Rehabilitative Speech Therapy	☐	☐		$30.00	☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☐	☐		$30.00	☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☐		$15.00	☑	☑			☑	☐
X-rays and Diagnostic Imaging	☑	☐		$30.00	☑	☑			☑	☐
Skilled Nursing Facility	☑	☐		$30.00	☑	☑			☑	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	95%		☑	☑				
Outpatient Surgery Physician/Surgical Services	☑	☐			☑	☑				
Drugs	☑ All	☐ All			☑ All	☑ All			☑ All	☐ All
Generics	☑	☐		$0.00	☑	☑			☑	☐
Preferred Brand Drugs	☑	☐		$45.00	☑	☑			☑	☐
Non-Preferred Brand Drugs	☑	☐		$65.00	☑	☑			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑			☐	☐

	Copays	Weights
OP Facility Surgery	$ 200	30%
OP Facility Non-Surgery	$ 50	70%

Enter OP Copays	Assumed Cost / Visit from MECU Report 2014
$ 95	$ 1,902.07
	$ 198.81

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☑
Specialty Rx Coinsurance Maximum:	$150
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	88.16%
Metal Tier:	Platinum

2017 AV Calculator

Hospital SoS AV	88.16%
Freestanding SoS AV	89.73%
Final Blended AV*	88.68%

***Blending assumes a weight of 2/3 for Hospital SoS and 1/3 for FreestandingSoS**

AV Calculator - HealthyBlue PPO Platinum 1000

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

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

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

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$1,000.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
OOP Maximum ($)	$1,500.00					
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☐ All			☑ All	☑ All			☑ All	☐ All
Emergency Room Services	☐	☐		$200.00	☑	☑			☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☐		$500.00	☑	☑			☑	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐			☑	☑			☐	☐
Specialist Visit	☐	☐		$30.00	☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☐	☐			☑	☑			☐	☐
Imaging (CT/PET Scans, MRIs)	☐	☐		$100.00	☑	☑			☐	☐
Rehabilitative Speech Therapy	☐	☐		$30.00	☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☐	☐		$30.00	☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☐	☐			☑	☑			☐	☐
X-rays and Diagnostic Imaging	☐	☐			☑	☑			☐	☐
Skilled Nursing Facility	☑	☐		$30.00	☑	☑			☑	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☐	☑	95%		☑	☑				
Outpatient Surgery Physician/Surgical Services	☐	☐			☑	☑				
Drugs	☑ All	☐ All			☑ All	☑ All			☑ All	☐ All
Generics	☑	☐		$0.00	☑	☑			☑	☐
Preferred Brand Drugs	☑	☐		$45.00	☑	☑			☑	☐
Non-Preferred Brand Drugs	☑	☐		$65.00	☑	☑			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑			☐	☐

	Copays	Weights
OP Facility Surgery	$ 100	100%
OP Facility Non-Surgery		0%

Enter OP Copays	Assumed Cost / Visit from MECU Report 2014
$ 100	$ 1,902.07
$ -	$ 198.81

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☑
Specialty Rx Coinsurance Maximum:	$150
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	89.73%
Metal Tier:	Platinum

2017 AV Calculator

AV Calculator - HealthyBlue PPO Gold 1500

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☑
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate OOP Maximum for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR Standard?	☐
Desired Metal Tier	Gold

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

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$1,500.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
OOP Maximum ($)	$7,150.00					
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☐ All			☑ All	☑ All			☑ All	☐ All
Emergency Room Services	☐	☐		$200.00	☑	☑			☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☐		$500.00	☑	☑			☑	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐			☑	☑			☐	☐
Specialist Visit	☐	☐		$30.00	☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☐	☐			☑	☑			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☐		$200.00	☑	☑			☑	☐
Rehabilitative Speech Therapy	☐	☐		$30.00	☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☐	☐		$30.00	☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☐		$30.00	☑	☑			☑	☐
X-rays and Diagnostic Imaging	☑	☐		$45.00	☑	☑			☑	☐
Skilled Nursing Facility	☑	☐		$30.00	☑	☑			☑	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	95%		☑	☑				
Outpatient Surgery Physician/Surgical Services	☑	☐			☑	☑				
Drugs	☑ All	☐ All			☑ All	☑ All			☑ All	☐ All
Generics	☑	☐		$0.00	☑	☑			☑	☐
Preferred Brand Drugs	☑	☐		$45.00	☑	☑			☑	☐
Non-Preferred Brand Drugs	☑	☐		$65.00	☑	☑			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑			☐	☐

	Copays	Weights
OP Facility Surgery	$ 200	30%
OP Facility Non-Surgery	$ 50	70%

Enter OP Copays	Assumed Cost / Visit from MECU Report 2014
$ 95	$ 1,902.07
	$ 198.81

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☑
Specialty Rx Coinsurance Maximum:	$150
Set a Maximum Number of Days for Charging an IP Copay?	☑
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	79.68%
Metal Tier:	Gold

2017 AV Calculator

Hospital SoS AV	79.68%
Freestanding SoS AV	84.58%
Final Blended AV*	81.31%

***Blending assumes a weight of 2/3 for Hospital SoS and 1/3 for FreestandingSoS**

AV Calculator - HealthyBlue PPO Gold 1500

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☑
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate OOP Maximum for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR Standard?	☐
Desired Metal Tier	Gold

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

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$1,500.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
OOP Maximum ($)	$7,150.00					
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☐ All			☑ All	☑ All			☑ All	☐ All
Emergency Room Services	☐	☐		$200.00	☑	☑			☐	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☐		$500.00	☑	☑			☑	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐			☑	☑			☐	☐
Specialist Visit	☐	☐		$30.00	☑	☑			☐	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☐	☐			☑	☑			☐	☐
Imaging (CT/PET Scans, MRIs)	☐	☐		$100.00	☑	☑			☐	☐
Rehabilitative Speech Therapy	☐	☐		$30.00	☑	☑			☐	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☐	☐		$30.00	☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☐	☐			☑	☑			☐	☐
X-rays and Diagnostic Imaging	☐	☐			☑	☑			☐	☐
Skilled Nursing Facility	☑	☐		$30.00	☑	☑			☑	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☐	☑	95%		☑	☑				
Outpatient Surgery Physician/Surgical Services	☐	☐			☑	☑				
Drugs	☑ All	☐ All			☑ All	☑ All			☑ All	☐ All
Generics	☑	☐		$0.00	☑	☑			☑	☐
Preferred Brand Drugs	☑	☐		$45.00	☑	☑			☑	☐
Non-Preferred Brand Drugs	☑	☐		$65.00	☑	☑			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑			☐	☐

	Copays	Weights
OP Facility Surgery	$ 100	100%
OP Facility Non-Surgery		0%

Enter OP Copays	Assumed Cost / Visit from MECU Report 2014
$ 100	$ 1,902.07
$ -	$ 198.81

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☑
Specialty Rx Coinsurance Maximum:	$150
Set a Maximum Number of Days for Charging an IP Copay?	☑
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]

Output

Calculate

Status/Error Messages:	Error: Result is outside of +/- 2 percent de minimis variation.
Actuarial Value:	84.58%
Metal Tier:	

2017 AV Calculator

AV Calculator - HealthyBlue PPO HSA/HRA Silver 2000

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☑
Apply Inpatient Copay per Day?	☑
Apply Skilled Nursing Facility Copay per Day?	☑
Use Separate OOP Maximum for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR Standard?	☐
Desired Metal Tier	Silver

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

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$2,000.00			
Coinsurance (%, Insurer's Cost Share)			100.00%			
OOP Maximum ($)			$6,550.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☐ All			☑ All	☑ All			☑ All	☐ All
Emergency Room Services	☑	☐		$200.00	☑	☑			☑	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☐		$600.00	☑	☑			☑	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☐			☑	☑			☑	☐
Specialist Visit	☑	☐		$45.00	☑	☑			☑	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☐			☑	☑			☑	☐
Imaging (CT/PET Scans, MRIs)	☑	☐		$300.00	☑	☑			☑	☐
Rehabilitative Speech Therapy	☑	☐		$45.00	☑	☑			☑	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☐		$45.00	☑	☑			☑	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☐		$75.00	☑	☑			☑	☐
X-rays and Diagnostic Imaging	☑	☐		$100.00	☑	☑			☑	☐
Skilled Nursing Facility	☑	☐		$45.00	☑	☑			☑	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	94%		☑	☑				
Outpatient Surgery Physician/Surgical Services	☑	☑	77%		☑	☑				
Drugs	☑ All	☐ All			☑ All	☑ All			☑ All	☐ All
Generics	☑	☐		$0.00	☑	☑			☑	☐
Preferred Brand Drugs	☑	☐		$45.00	☑	☑			☑	☐
Non-Preferred Brand Drugs	☑	☐		$65.00	☑	☑			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑			☐	☐

	Copays	Weights
OP Facility Surgery	$ 250	30%
OP Facility Non-Surgery	$ 50	70%

Enter OP Copays	Assumed Cost / Visit from MECU Report 2014
$ 110	$ 1,902.07
$ 45	$ 198.81

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☑
Specialty Rx Coinsurance Maximum:	$150
Set a Maximum Number of Days for Charging an IP Copay?	☑
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	71.08%
Metal Tier:	Silver

2017 AV Calculator

Hospital SoS AV	71.08%
Freestanding SoS AV	73.77%
Final Blended AV*	71.98%

***Blending assumes a weight of 2/3 for Hospital SoS and 1/3 for FreestandingSoS**

AV Calculator - HealthyBlue PPO HSA/HRA Silver 2000

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☑
Apply Inpatient Copay per Day?	☑
Apply Skilled Nursing Facility Copay per Day?	☑
Use Separate OOP Maximum for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR Standard?	☐
Desired Metal Tier	Silver

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

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$2,000.00			
Coinsurance (%, Insurer's Cost Share)			100.00%			
OOP Maximum ($)			$6,550.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☐ All			☑ All	☑ All			☑ All	☐ All
Emergency Room Services	☑	☐		$200.00	☑	☑			☑	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☐		$600.00	☑	☑			☑	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☐			☑	☑			☑	☐
Specialist Visit	☑	☐		$45.00	☑	☑			☑	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☐			☑	☑			☑	☐
Imaging (CT/PET Scans, MRIs)	☑	☐		$100.00	☑	☑			☑	☐
Rehabilitative Speech Therapy	☑	☐		$45.00	☑	☑			☑	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☐		$45.00	☑	☑			☑	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☐			☑	☑			☑	☐
X-rays and Diagnostic Imaging	☑	☐			☑	☑			☑	☐
Skilled Nursing Facility	☑	☐		$45.00	☑	☑			☑	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	95%		☑	☑				
Outpatient Surgery Physician/Surgical Services	☑	☑	77%		☑	☑				
Drugs	☑ All	☐ All			☑ All	☑ All			☑ All	☐ All
Generics	☑	☐		$0.00	☑	☑			☑	☐
Preferred Brand Drugs	☑	☐		$45.00	☑	☑			☑	☐
Non-Preferred Brand Drugs	☑	☐		$65.00	☑	☑			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑			☐	☐

	Copays	Weights
OP Facility Surgery	$ 100	100%
OP Facility Non-Surgery		0%

Enter OP Copays	Assumed Cost / Visit from MECU Report 2014
$ 100	$ 1,902.07
$ 45	$ 198.81

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☑
Specialty Rx Coinsurance Maximum:	$150
Set a Maximum Number of Days for Charging an IP Copay?	☑
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]

Output

Calculate

Status/Error Messages:	Error: Result is outside of +/- 2 percent de minimis variation.
Actuarial Value:	73.77%
Metal Tier:	

2017 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☑
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate OOP Maximum for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR Standard?	☐
Desired Metal Tier	Silver

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

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$2,000.00			
Coinsurance (%, Insurer's Cost Share)			80.00%			
OOP Maximum ($)			$6,550.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

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

	Copays	Weights
OP Facility Surgery	$ -	30%
OP Facility Non-Surgery	$ -	70%

Enter OP Copays	Assumed Cost / Visit from MECU Report 2014
$ -	$ 1,902.07
$ -	$ 198.81

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☑
Specialty Rx Coinsurance Maximum:	$150
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	71.13%
Metal Tier:	Silver

2017 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☑
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate OOP Maximum for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR Standard?	☐
Desired Metal Tier	Gold

HSA/HRA Options	
HSA/HRA Employer Contribution?	☐
Annual Contribution Amount:	

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

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$1,000.00			
Coinsurance (%, Insurer's Cost Share)			90.00%			
OOP Maximum ($)			$6,550.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

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

	Copays	Weights
OP Facility Surgery	$ -	30%
OP Facility Non-Surgery	$ -	70%

Enter OP Copays	Assumed Cost / Visit from MECU Report 2014
$ -	$ 1,902.07
$ -	$ 198.81

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☑
Specialty Rx Coinsurance Maximum:	$150
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	80.61%
Metal Tier:	Gold

2017 AV Calculator

AV Calculator - BluePreferred PPO Silver 1500 BlueFund HSA

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☑
Apply Inpatient Copay per Day?	☑
Apply Skilled Nursing Facility Copay per Day?	☑
Use Separate OOP Maximum for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR Standard?	☐
Desired Metal Tier	Silver

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

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$1,500.00			
Coinsurance (%, Insurer's Cost Share)			100.00%			
OOP Maximum ($)			$6,350.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☐ All			☑ All	☑ All			☑ All	☐ All
Emergency Room Services	☑	☐		$250.00	☑	☑			☑	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☐		$750.00	☑	☑			☑	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☐		$25.00	☑	☑			☑	☐
Specialist Visit	☑	☐		$50.00	☑	☑			☑	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☐		$25.00	☑	☑			☑	☐
Imaging (CT/PET Scans, MRIs)	☑	☐		$600.00	☑	☑			☑	☐
Rehabilitative Speech Therapy	☑	☐		$50.00	☑	☑			☑	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☐		$50.00	☑	☑			☑	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☐		$150.00	☑	☑			☑	☐
X-rays and Diagnostic Imaging	☑	☐		$200.00	☑	☑			☑	☐
Skilled Nursing Facility	☑	☐		$50.00	☑	☑			☑	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	90%		☑	☑				
Outpatient Surgery Physician/Surgical Services	☑	☑	75%		☑	☑				
Drugs	☑ All	☐ All			☑ All	☑ All			☑ All	☐ All
Generics	☑	☐		$10.00	☑	☑			☑	☐
Preferred Brand Drugs	☑	☐		$45.00	☑	☑			☑	☐
Non-Preferred Brand Drugs	☑	☐		$65.00	☑	☑			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑			☐	☐

	Copays	Weights
OP Facility Surgery	$ 500	30%
OP Facility Non-Surgery	$ 50	70%

Enter OP Copays	Assumed Cost / Visit from MECU Report 2014
$ 185	$ 1,902.07
$ 50	$ 198.81

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☑
Specialty Rx Coinsurance Maximum:	$150
Set a Maximum Number of Days for Charging an IP Copay?	☑
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	70.94%
Metal Tier:	Silver

2017 AV Calculator

Hospital SoS AV	70.94%
Freestanding SoS AV	73.83%
Final Blended AV*	71.90%

***Blending assumes a weight of 2/3 for Hospital SoS and 1/3 for FreestandingSoS**

AV Calculator - BluePreferred PPO Silver 1500 BlueFund HSA

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☑
Apply Inpatient Copay per Day?	☑
Apply Skilled Nursing Facility Copay per Day?	☑
Use Separate OOP Maximum for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR Standard?	☐
Desired Metal Tier	Silver

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

Tier 1 Plan Benefit Design	Medical	Drug	Combined
Deductible ($)			$1,500.00
Coinsurance (%, Insurer's Cost Share)			100.00%
OOP Maximum ($)			$6,350.00
OOP Maximum if Separate ($)			

Tier 2 Plan Benefit Design	Medical	Drug	Combined

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☐ All			☑ All	☑ All			☑ All	☐ All
Emergency Room Services	☑	☐		$250.00	☑	☑			☑	☐
All Inpatient Hospital Services (inc. MHSA)	☑	☐		$750.00	☑	☑			☑	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☐		$25.00	☑	☑			☑	☐
Specialist Visit	☑	☐		$50.00	☑	☑			☑	☐
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☐		$25.00	☑	☑			☑	☐
Imaging (CT/PET Scans, MRIs)	☑	☐		$250.00	☑	☑			☑	☐
Rehabilitative Speech Therapy	☑	☐		$50.00	☑	☑			☑	☐
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☐		$50.00	☑	☑			☑	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☐		$25.00	☑	☑			☑	☐
X-rays and Diagnostic Imaging	☑	☐		$50.00	☑	☑			☑	☐
Skilled Nursing Facility	☑	☐		$50.00	☑	☑			☑	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	84%		☑	☑				
Outpatient Surgery Physician/Surgical Services	☑	☑	75%		☑	☑				
Drugs	☑ All	☐ All			☑ All	☑ All			☑ All	☐ All
Generics	☑	☐		$10.00	☑	☑			☑	☐
Preferred Brand Drugs	☑	☐		$45.00	☑	☑			☑	☐
Non-Preferred Brand Drugs	☑	☐		$65.00	☑	☑			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑			☐	☐

	Copays	Weights
OP Facility Surgery	$ 300	100%
OP Facility Non-Surgery		0%

Enter OP Copays	Assumed Cost / Visit from MECU Report 2014
$ 300	$ 1,902.07
$ 50	$ 198.81

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☑
Specialty Rx Coinsurance Maximum:	$150
Set a Maximum Number of Days for Charging an IP Copay?	☑
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]

Output

Calculate

Status/Error Messages: Error: Result is outside of +/- 2 percent de minimis variation.
Actuarial Value: 73.83%
Metal Tier:

2017 AV Calculator

CAREFIRST BLUECROSS BLUESHIELD
PART III ACTUARIAL MEMORANDUM

1. REDACTED ACTUARIAL MEMORANDUM (AM): CareFirst (CF) is making no redactions so both AM submissions are the same.

2. GENERAL INFORMATION:

Company Legal Name: Group Hospitalization and Medical Services, Inc. (NAIC # 53007) (GHMSI).
State: District of Columbia.
HIOS Issuer ID: 78079.
Market: Small Group (SG) – On Exchange.
Effective Date: 1/1/17 and quarterly incremental "trend" increases effective 4/1/17, 7/1/17 and 10/1/17.

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

3. PROPOSED RATE INCREASE(S): In compliance with the "Patient Protection and Affordable Care Act" (ACA, H.R. 3590) and toward the company's objectives of maximizing access and affordability, long-term financial viability and customer rate stability, GHMSI is proposing to change premiums by 0.0% on average for 1Q17, prior to age band changes. For CF overall (including SG HMO business) the proposed average renewal is 2.3%. The range for GHMSI is -7.4% to 2.8% for 1Q17. 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. The estimated average renewals for 2Q17, 3Q17, and 4Q17 will be 1.3%, 2.2% and 3.5%, respectively. Consistent with 45 CFR Part § 155.705(b)(6) and Market Standards Proposed Rules 78 FR 13406 and 37032, we understand that we may subsequently file for changes to the post-1Q17 quarterly rate changes proposed herein if deemed necessary. This filing applies to all new and renewing, in-force business in the guaranteed renewable, non-grandfathered, ACA, metaled benefit plans.

Reason for Rate Increase(s): The main drivers supporting the rate actions are the assumed increases in allowed costs (8% assumed annual trend), the re-estimation of projected risk transfers for 2017, and the reduction in the Health Insurer Fee for 2017. The expected rate changes vary from -7.4% to 2.8% for 1Q17 renewals in this filing (prior to any impact of age band changes). This range is impacted by the compression of our induced demand factors by adopting the HHS factors.

4. MARKET EXPERIENCE:

4.1 - EXPERIENCE PERIOD PREMIUM AND CLAIMS: The incurred period is 1/1/15 through 12/31/15, as required.

Paid Through Date: 2/29/16.
Premiums (Net of MLR Rebate) in Experience Period: $215,112,455 (Merged).
Allowed and Incurred Claims From Experience Period: $209,316,044 (Merged Index Rate).

4.2 - BENEFIT CATEGORIES:
Inpatient (hospital).
Outpatient (hospital) (OP).
Professional.
Other Medical (non-capitated ambulance, home health care, durable medical equipment, prosthetics, supplies, vision exams, dental services and other).
Prescription drug (Rx).
Capitations.

4.3 - PROJECTION FACTORS:

Changes in the Morbidity of the Population Insured: Examination of the 2015 experience of the cohort as of 02/29/16 shows an increase of 1.3%. From this 02/29/16 cohort we had prior claims experience for 75% of them.

Changes in Benefits: For 2017 we have minimally redesigned our small group portfolio. Some plans, requiring adjustments in order to comply with AV thresholds, received minor changes to member cost sharing. We intend to exit our Multi-State Plan options and map these plans to a similar plan with the same metal level. The changes to our plan designs have been accounted for in each specific plan level cost-share factor.

Changes in Demographics: We do anticipate a material change in the average age of this population between the experience and projection periods. As such, a 1.3% adjustment factor has been included.

Other Adjustments: CF is proposing to continue the incentive program whereby members can earn medical expense debit cards. The cards must be utilized for qualified medical expenses such as deductibles, copays and out-of-pocket maximums. The scope includes all benefit plans within CF's portfolio, On and Off the exchange. The impact of this program is now implicit in our base experience therefore no explicit adjustment has been made. Our aim is that this incentive program will improve our member' health.

This calculation also includes the following:

1. A decrease to prescription drug claims costs due to a projected increase in rebates realized by the move to a new "Pharmacy Benefits Manager" (PBM) in 2014.
2. A decrease in the PMPM capitations.

Trend Factors (Cost/Utilization): The proposed trend of 8.0% remains the same over 2016's 8.0%. In accordance with URRT instructions, we chose our proposed trend of 8.0% incorporating no change to utilization solely attributable to induced demand from experience period to projection period. An attached exhibit outlines the calculation.

4.4 - CREDIBILITY MANUAL RATE DEVELOPMENT: Not applicable.

4.5 - CREDIBILITY OF EXPERIENCE: The calendar 2015 base data includes 446,566 members months (average monthly of 37,214) and is therefore considered 100% credible.

4.6 - PAID TO ALLOWED RATIO: Projected at 85.8%, on average, for all quarters.

4.7 - RISK ADJUSTMENT AND REINSURANCE:

Experience Period Risk Adjustment and Reinsurance Adjustments PMPM: The estimates of the experience period Risk Adjustment transfers in the URRT are based on a multi-carrier analysis by Wakely Consulting Group. Since this is a SG filing Reinsurance Claims Adjustments do not apply.

Projected Risk Adjustments PMPM: -$38.14 PMPM for 1Q17. This is based on an analysis of the market by Wakely Consulting Group. Wakely provided CF's normalized risk scores, which were used to develop projected transfer receipts from 2015 to 2017. We referenced the CMS report released on 03/18/16 and used their 2015 state average premium of $448.83 and billable members of 975,427. However, we used our own state average PLRS (1.3891 versus CMS' 1.340) estimates since Wakely's PLRS includes an estimate of "incurred but not reported" claims. Since CF represents 83% of the market according to Wakely, our calculations assume that the state average scores will change in step with CF's changes from 2015 to 2016 to 2017. We have anchored on 2015 data including IBNR since we believe this best estimates final transfers. We itemize the variables such as "plan liability risk score" (PLRS), "allowable rating factor" (ARF) and state averages assumed to calculate PMPM transfers.

Per the DISB's request, CF has agreed to change its risk adjustment calculation from merged to unmerged starting in 2017. The impact was estimated to increase the renewal by 40 basis points from -0.4% to 0.0%.

Projected ACA Reinsurance Recoveries Net of Reinsurance Premium (Individual Market and Combined Markets Only): Reinsurance does not apply for 2017.

4.8 - NON-BENEFIT EXPENSES AND CONTRIBUTION TO RESERVE (CtR) & RISK: The "desired incurred claims ratio" (DICR) has changed from 76.3% (4Q 2016) to 79.4% (1Q 2017).

Administrative Expense Load: PMPMs decreased by 5% versus 2016. This includes broker expenses. CF has had some cost increases attributable to 1) ACA and operational complexity, 2) cybersecurity and 3) audit and compliance exposure and demands.

Contribution to Reserve & Risk Margin: 2.8% prior to income taxes (2016 was 2.0%).

Taxes and Fees:

1) Premium Tax of 2.0%.
2) Federal Income Tax (FIT) of 0.6% (20% tax rate).
3) Health Insurer Fee does not apply for 2017. A fee of 2.6% is assumed for 2018 and is phased in to the proposed rates for 2Q, 3Q, 4Q.
4) PCORI increased from $2.33 PMPY to $2.35 PMPY for 1Q – 3Q 2017 and $2.44 for 4Q 2017.
5) Reinsurance does not apply for 2017.
6) Risk Adjustment User Fees are included as $0.13 PMPM.
7) Exchange User Fees remained at $0.
8) Exchange Assessment Fee of 1.0% for 2017 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 also a state assessment fee of 0.1%.

5. PROJECTED LOSS RATIO: Our projected loss ratio for ACA MLR rebate purposes is 86.5%, meeting the 80.0% minimum of the "Public Health Service Act" (PHSA) 218. Please note that this is based on the combined experience of INM and SG.

6. APPLICATION OF MARKET REFORM RATING RULES:

6.1 - 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). This encompasses INM Open Enrollment, HIPAA, Group Conversion, and formerly medically underwritten coverages as well as SGs. Experience from only our plans sold in DC has been considered.

6.2 - INDEX RATE: Last year's implicit 2015 index rate was $469.20 (($437.36 EP allowed claims PMPM - $2.92 Non-EHB) x trend of 8.0%). As shown on Worksheet 1 of the URRT, the actual index rate for 2015 is $467 for a favorable variance of 0%.

After applying projection factors, the allowed claims PMPM for 1Q17 is $553.39. This includes projected claims for non-EHBs, estimated at $2.43 PMPM. The proposed 1Q17 index rate is $550.96.

Because the index rate merges Individual non-Medigap (IND64-) and Small Group (SG), the starting point experience period index rate for SG is higher by 4%.

6.2.1 - Small Group Quarterly Rate Filings: This filing includes quarterly incremental "trend" increases. Index rates are $561.99, $573.31 and $584.94 for 2Q, 3Q and 4Q17, respectively. As required, the index rate entered in the URRT reflects a member weighted blend of the quarterly index rates.

6.3 - MARKET ADJUSTED INDEX RATE:

Federal Reinsurance Program Adjustment: 1.00 for 1Q17
Risk Adjustment: 0.9196 for 1Q17. A summary exhibit is provided.
Marketplace User Fee Adjustment: 1.00. A summary exhibit is provided.

6.4 - PLAN ADJUSTED INDEX RATES: The Cost-Share factor includes 1) internally-developed pricing AVs, 2) CDH/Non-CDH factors and 3) metal-level induced demand factors. Regarding the second item, as discussed in the past, we maintain that this factor is allowable under 45 C.F.R. § 156.80 for the same reason that the third item is allowed. There is only 1 type of network in this filing, Regional Preferred Network (RPN), which is assigned a network factor of 1.00. Cost-Share factors and Non-EHBs vary by plan. All other factors applying to the Index Rate are the same across all plans.

6.5 - CALIBRATION: Done for age, but we have elected not to rate for tobacco usage. Geographic rating does not apply, as D.C. has only one rating area.

Age Curve Calibration – We have calibrated to the average age factor produced by our projected distribution and the required age curve.

6.6 - CONSUMER ADJUSTED PREMIUM RATE DEVELOPMENT: A sample group rate development is included in this filing.

SG Plan Premium Rates – Our rates are developed from base experience for quarterly trend increases as shown on the allowed PMPM projection exhibits in the filing. We also include the derivation of quarterly Plan Adjusted Index and Consumer Level Base rates**.**

7. PLAN PRODUCT INFORMATION:

7.1 - HHS ACTUARIAL METAL VALUES (AV): The majority of our 2017 plans include varying cost-share levels for some services that depend on the setting in which care is delivered. The Federal AV calculator was used to compute two separate AVs for each impacted plan – one which applied the higher level of cost-share, and one which applied the lower. The results were blended assuming 2/3 of the designated services are rendered in higher cost-share setting and the remaining 1/3 at the lower, consistent with 2014 experience for our SG and INM markets. Plans without these features used the AV calculator without modification.

Printouts for each plan are provided in the "Actuarial Memorandum" section of the Supporting Documentation tab of the SERFF filing, and also as part of the QHP binder submission under separate cover.

7.2 - AV PRICING VALUES: The breakdown of the AV Pricing values is shown on the Plan Level derivation pages.

7.3 - MEMBERSHIP PROJECTIONS: The distribution of projected enrollment is based on actual enrollment by plan as of 2/29/16. Total projected enrollment is consistent with our corporate plan.

7.4 - TERMINATED PLANS AND PRODUCTS: None

7.5 - PLAN TYPE: PPO.

7.6 - WARNING ALERTS:

1. **Worksheet 2**

   a. **General:** Per the District's instructions, the index rate was developed with combined SG/INM 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 SG market's plan data, and most of the warnings have been triggered because the SG totals on Worksheet 2 are less than the combined SG/INM totals on Worksheet 1.

b. **Section IV: Plan Adjusted Index Rate, Total Premium (TP)** – Per URRT guidelines, the Plan Adjusted Index Rate must reflect the member weighted average of the Plan Adjusted Index Rates for all effective dates in the submission (1Q – 4Q16). As such, the average rate shown on Worksheet 2 will not match the SRP Gross Premium Avg. Rate on Worksheet 1, which reflects only the effective date of the change in Index Rate (January 1). Similarly, since the Total Premium on Worksheet 2 is calculated as Plan Adjusted Index Rate x Member Months, it will not match the Projected Period Total Premium from Worksheet 1.

8**. MISCELLANEOUS INSTRUCTIONS:**

8.1 – Effective Rate Review Information: We have nothing additional to provide.

8.2 - Reliance: None.

8.3 – Actuarial Certification: Included in the AM.

Group Hospitalization & Medical Services, Inc. (GHMSI)

d.b.a. CareFirst BlueCross BlueShield

(NAIC # 53007)

Rate Filing # 2099

D.C. Small Group Products - On Exchange

Rate Filing Effective 1/1/2017

Actuarial Memorandum

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

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Group Hospitalization & Medical Services, Inc. (GHMSI)
(NAIC # 53007)
D.C. Small Group Products - On Exchange
Rates Effective 1/1/2017

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-130551823

ON Exchange

Forms Used for ALL ON-Exchange GHMSI Group Products	Product: BluePreferred Network: Regional Preferred (RPN)
DC-CF-SHOP-GC (R 1-17)	DC CF BP PPO 1000 90-70 (1-17)
DC-CF-SHOP-PPO-EOC (1-17)	DC CF BP PPO BF HSA SIL 1500 (1-17)
DC/GHMSI/DOL APPEAL (R. 1/15)	DC CF BP PPO CDH 2000 80-60 (1-17)
DC-CF-SHOP-PPO-DOCS (1-17)	DC CF BP PPO CDH SIL 1500 (1-17)
DC/CF/SHOP/ELIG (1/14)	DC CF BP PPO CDH SIL 2000 (1-17)
DC/GHMSI/FAM PLAN (8/12)	DC CF BP PPO GOLD 500 (1-17)
DC/CF/PARTNER (R. 7/09)	DC CF BP PPO GOLD 1000 (1-17)
DC/CF/BLCRD (1/12)	DC CF BP PPO GOLD 1500 (1-17)
DC/CF/MEM/BLCRD (1/12)	DC CF BP PPO PLAT 0 (1-17)
DC/CF/ANCILLARY AMEND (10/12)	DC CF BP PPO PLAT 500 (1-17)
DC/CF/PT PROTECT (9/10)	DC CF BP PPO SIL 1000 (1-17)
DC/GHMSI-HEALTH GUARANTEE 1/15	
DC/CF/SG/INCENT (1/16)	
DC CF SHOP ELIG AMEND (1-17)	**Product: HealthyBlue PPO** **Network: Regional Preferred (RPN)**
	DC CF HB PPO CDH SIL 2000 (1-17)
	DC CF HB PPO GOLD 1500 (1-17)
	DC CF HB PPO PLAT 500 (1-17)
	DC CF HB PPO PLAT 1000 (1-17)

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

Acronym	Definition
SHOP	Small Business Health Options Program
CF, CFI	CareFirst, Incorporated
BC, CFBC	CareFirst BlueChoice, Inc.
GHMSI	Group Hospitalization and Medical Services, Inc.
SG	Small Group
IND64-, INM	Individual, Non-Medigap
CD	Consumer Direct (Individual, Non-Medigap)
PPACA	Patient Protection and Affordable Care Act
AV	Actuarial Value
EHB	Essential Health Benefits
FPL	Federal Poverty Level
FIT	Federal Income Tax
SIT	State Income Tax
GF	Grandfathered
FTE	Full-time Equivalent
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
MSP	Multi-State Plan
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
IN	In Network
OON	Out of Network
IP, In Pat	Inpatient
OP	Outpatient
Prof	Professional
OOP	Out of Pocket
Co-ins	Coinsurance
MHSA	Mental Health & Substance Abuse
DXL	Diagnostic X-ray and Lab
RPN	Regional Preferred Network
ABA	Applied Behavioral Analysis

Group Hospitalization & Medical Services, Inc. (GHMSI)
(NAIC # 53007)
H.R. 3950 - Public Law 111-148 - Patient Protection and Affordable Care Act (ACA)
D.C. Small Group Products - On Exchange
Rate Filing Effective 1/1/2017
Actuarial Certification

I, Dwayne Lucado, am a Director of Actuarial Pricing with Group Hospitalization and Medical Services, Inc. doing business as CareFirst BlueCross BlueShield. I am a member of the American Academy of Actuaries (AAA) in good standing and have the education and experience necessary to perform the work. Rates were developed in accordance with the appropriate Actuarial Standards of Practice (ASOPs) and the AAA's Code of Professional Conduct. While other ASOPs apply, a sample listing is below.

i. ASOP No. 5, Incurred Health and Disability Claims
ii. ASOP No. 8, Regulatory Filings for Health Plan Entities
iii. ASOP No. 12, Risk Classification
iv. ASOP No. 23, Data Quality
v. ASOP No. 25, Credibility Procedures Applicable to Accident and Health, Group Term Life, and Property/Casualty Coverages
vi. ASOP No. 26, Compliance with Statutory and Regulatory Requirements for the Actuarial Certification of Small Employer Health and Benefit Plans
vii. ASOP No. 41, Actuarial Communications

I have been involved in the development of these rates, and to the best of my knowledge and understanding, the rates in this filing have been developed in accordance with the available regulations and guidance. Should new guidance be released, this filing may be revised. I certify that this filing has been prepared based on sound and commonly accepted actuarial principles, practices and assumptions in the aggregate for the legal entity.

I further certify the following:

1. The projected Index Rate is:

    a. In compliance with all applicable state and Federal statutes and regulations (45 CFR § 156.80(d)(1))
    b. Reasonable in relation to the benefits provided and the population anticipated to be covered.
    c. Neither excessive nor deficient.

2. The Index Rate and only the allowable modifiers as described in 45 CFR § 156.80(d)(1) and 45 CFR § 156.80(d)(2) were used to generate plan level rates. These rates have been calibrated to account for age (geography and tobacco are not applicable).

3. The percentage of total premium that represents essential health benefits (EHBs) included in Worksheet 2, Sections III and IV, was calculated in accordance with ASOPs.

4. Consistent with 45 CFR § 156.135, the 2016 HHS Actuarial Values (AV) Calculator was used to determine the AV metal values shown in Worksheet 2 of Part I of the Unified Rate Review Template (URRT) for all plans except those specified. Where necessary, the AVs of the benefits proposed have been calculated with minimal modifications to the AV calculator as described in the Actuarial Memorandum.

As a qualifier to the opinion, the URRT does not demonstrate the process used by the issuer to develop the rates. Rather it represents information required by Federal regulation to be provided in support of the review of rate increases, for certification of Qualified Health Plans for Federally-facilitated Marketplaces, and for certification that the Index Rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.

Dwayne Lucado Digitally signed by Dwayne Lucado
Date: 2016.05.05 16:20:07 -04'00'

_____

Dwayne Lucado, FSA, MAAA
Director, Actuarial Pricing
CareFirst BlueCross BlueShield
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10455 Mill Run Circle
Owings Mills, MD 21117

CareFirst BlueCross BlueShield (GHMSI)
(NAIC # 53007)
D.C. Small Group Products - On Exchange
Rates Effective 1/1/2017

2017 HIOS IDs

HIOS Product ID	HIOS Product Name	HIOS Plan ID	HIOS Plan Name	On/Off Exchange	Product Type	Abortion Coverage	Actuarial Value	Metal Level	Unique Plan	Projected Members 12/31/17
78079DC022	BluePreferred PPO	78079DC0220024	BluePreferred PPO Platinum 0	On	PPO	Yes	91.58%	Platinum	Yes	11,986
78079DC022	BluePreferred PPO	78079DC0220025	BluePreferred PPO Platinum 500	On	PPO	Yes	89.01%	Platinum	Yes	5,266
78079DC022	BluePreferred PPO	78079DC0220021	BluePreferred PPO Gold 500	On	PPO	Yes	81.82%	Gold	Yes	1,299
78079DC022	BluePreferred PPO	78079DC0220026	BluePreferred PPO Silver 1000	On	PPO	Yes	71.99%	Silver	Yes	431
78079DC022	BluePreferred PPO	78079DC0220020	BluePreferred PPO Gold 1000	On	PPO	Yes	80.06%	Gold	Yes	3,610
78079DC022	BluePreferred PPO	78079DC0220032	BluePreferred PPO 1000 90%/70%	On	PPO	No	80.61%	Gold	No	276
78079DC022	BluePreferred PPO	78079DC0220031	BluePreferred PPO Gold 1500	On	PPO	Yes	79.00%	Gold	Yes	2,396
78079DC022	BluePreferred PPO	78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500	On	PPO	Yes	71.72%	Silver	Yes	2,643
78079DC022	BluePreferred PPO	78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	On	PPO	Yes	71.90%	Silver	Yes	100
78079DC022	BluePreferred PPO	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	On	PPO	Yes	70.90%	Silver	Yes	1,678
78079DC022	BluePreferred PPO	78079DC0220033	BluePreferred PPO HSA/HRA 2000 80%/60%	On	PPO	No	71.13%	Silver	No	100
78079DC022	BluePreferred PPO	78079DC0220030	HealthyBlue PPO Platinum 500	On	PPO	Yes	89.49%	Platinum	Yes	449
78079DC022	BluePreferred PPO	78079DC0220029	HealthyBlue PPO Platinum 1000	On	PPO	Yes	88.68%	Platinum	Yes	207
78079DC022	BluePreferred PPO	78079DC0220027	HealthyBlue PPO Gold 1500	On	PPO	Yes	81.31%	Gold	Yes	2,121
78079DC022	BluePreferred PPO	78079DC0220028	HealthyBlue PPO HSA/HRA Silver 2000	On	PPO	Yes	71.98%	Silver	Yes	336
TOTAL										**32,898**

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

2017 ACA – RATE CHANGES AT METAL/PLAN LEVEL
SMALL GROUP - DC GHMSI

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
	2016 Plans		2017 Plans		Members		HHS	Consumer Level Base Rates				HHS	Consumer Level Base Rates								
	Metal	Plan	Metal	Plan	Actual	% of Actual	2016					2017									
					2/29/2016	Total	AV	1Q16	2Q16	3Q16	4Q16	AV	1Q17	RNL	2Q17	RNL	3Q17	RNL	4Q17	RNL	1Q INC
1	Platinum	BluePreferred PPO Platinum 0	Platinum	BluePreferred PPO Platinum 0	11,986	36.6%	0.911	$587.62	$596.42	$605.64	$614.88	0.916	$585.35	-0.4%	$601.48	0.8%	$616.69	1.8%	$633.60	3.0%	-4.8%
2	Platinum	BluePreferred PPO Platinum 500	Platinum	BluePreferred PPO Platinum 500	5,266	16.1%	0.884	$563.82	$572.26	$581.11	$589.98	0.890	$555.46	-1.5%	$570.77	-0.3%	$585.20	0.7%	$601.25	1.9%	-5.9%
3	Platinum	HealthyBlue PPO Platinum 500	Platinum	HealthyBlue PPO Platinum 500	449	1.4%	0.889	$574.32	$582.92	$591.93	$600.97	0.895	$571.09	-0.6%	$586.83	0.7%	$601.66	1.6%	$618.17	2.9%	-5.0%
4	Platinum	HealthyBlue PPO Platinum 1000	Platinum	HealthyBlue PPO Platinum 1000	207	0.6%	0.880	$568.04	$576.54	$585.45	$594.39	0.887	$548.97	-3.4%	$564.10	-2.2%	$578.36	-1.2%	$594.23	0.0%	-7.6%
	PLATINUM SUBTOTAL				**17,908**	**54.7%**	**0.902**	**$580.06**	**$588.75**	**$597.85**	**$606.97**	**0.907**	**$575.78**	**-0.7%**	**$591.65**	**0.5%**	**$606.61**	**1.5%**	**$623.25**	**2.7%**	**-5.1%**
5	Gold	BlueCross BlueShield Preferred 1000, a Multi-State Plan	Gold	BluePreferred PPO 1000 90%/70%	276	0.8%	0.816	$463.35	$470.28	$477.55	$484.84	0.806	$449.18	-3.1%	$461.56	-1.9%	$473.23	-0.9%	$486.22	0.3%	-7.4%
6	Gold	BluePreferred PPO Gold 500	Gold	BluePreferred PPO Gold 500	1,299	4.0%	0.815	$474.05	$481.14	$488.58	$496.04	0.818	$487.07	2.7%	$500.50	4.0%	$513.15	5.0%	$527.23	6.3%	-1.8%
7	Gold	BluePreferred PPO Gold 1000	Gold	BluePreferred PPO Gold 1000	3,610	11.0%	0.791	$461.83	$468.75	$475.99	$483.26	0.801	$474.64	2.8%	$487.72	4.0%	$500.05	5.1%	$513.77	6.3%	-1.8%
8	Gold	BluePreferred PPO Gold 1500	Gold	BluePreferred PPO Gold 1500	2,396	7.3%	0.780	$459.70	$466.58	$473.79	$481.03	0.790	$467.16	1.6%	$480.04	2.9%	$492.17	3.9%	$505.68	5.1%	-2.9%
9	Gold	HealthyBlue PPO Gold 1500	Gold	HealthyBlue PPO Gold 1500	2,121	6.5%	0.818	$486.56	$493.84	$501.48	$509.13	0.813	$487.96	0.3%	$501.41	1.5%	$514.09	2.5%	$528.19	3.7%	-4.2%
	GOLD SUBTOTAL				**9,702**	**29.6%**	**0.798**	**$468.39**	**$475.40**	**$482.75**	**$490.12**	**0.803**	**$476.64**	**1.8%**	**$489.78**	**3.0%**	**$502.16**	**4.0%**	**$515.94**	**5.3%**	**-2.7%**
10	Silver	BlueCross BlueShield Preferred 2000, a Multi-State Plan	Silver	BluePreferred PPO HSA/HRA 2000 80%/60%	47	0.1%	0.720	$376.06	$381.69	$387.59	$393.51	0.711	$348.30	-7.4%	$357.90	-6.2%	$366.95	-5.3%	$377.02	-4.2%	-11.5%
11	Silver	BluePreferred PPO Silver 1000	Silver	BluePreferred PPO Silver 1000	431	1.3%	0.714	$392.96	$398.84	$405.00	$411.18	0.720	$401.96	2.3%	$413.04	3.6%	$423.49	4.6%	$435.10	5.8%	-2.2%
12	Silver	BluePreferred PPO HSA/HRA Silver 1500	Silver	BluePreferred PPO HSA/HRA Silver 1500	2,643	8.1%	0.716	$376.74	$382.37	$388.29	$394.21	0.717	$375.10	-0.4%	$385.44	0.8%	$395.18	1.8%	$406.02	3.0%	-4.8%
13	Silver	BluePreferred PPO HSA/HRA Silver 2000	Silver	BluePreferred PPO HSA/HRA Silver 2000	1,678	5.1%	0.696	$366.36	$371.84	$377.59	$383.35	0.709	$361.88	-1.2%	$371.85	0.0%	$381.26	1.0%	$391.71	2.2%	-5.6%
14	Silver	HealthyBlue PPO HSA/HRA Silver 2000	Silver	HealthyBlue PPO HSA/HRA Silver 2000	336	1.0%	0.719	$380.36	$386.05	$392.02	$398.00	0.720	$371.96	-2.2%	$382.22	-1.0%	$391.88	0.0%	$402.63	1.2%	-6.5%
	SILVER SUBTOTAL				**5,135**	**15.7%**	**0.709**	**$374.94**	**$380.55**	**$386.43**	**$392.33**	**0.715**	**$372.58**	**-0.6%**	**$382.85**	**0.6%**	**$392.53**	**1.6%**	**$403.30**	**2.8%**	**-5.0%**
		GHMSI Total			**32,745**	**100%**	**0.841084554**	**514.8076851**	**$522.51**	**$530.59**	**$538.69**	**0.846**	**$514.54**	**0.0%**	**$528.72**	**1.3%**	**$542.09**	**2.2%**	**$556.96**	**3.5%**	**-4.4%**

LOW RENEWAL (Minimum):	**-7.4%**	**-6.2%**	**-5.3%**	**-4.2%**
HIGH RENEWAL (Maximum):	**2.8%**	**4.0%**	**5.1%**	**6.3%**

Note: The previous SERFF tracking number for GHMSI DC Small Group (effective 1/1/2016) is CFAP-130056354 (On Exchange).

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

2017 ACA – RATE CHANGES AT METAL/PLAN LEVEL
SMALL GROUP - DC

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
	2016 Plans		2017 Plans		Members		HHS	Consumer Level Base Rates				HHS	Consumer Level Base Rates								
	Metal	Plan	Metal	Plan	Actual	% of Actual	2016					2017									
					2/29/2016	Total	AV	1Q16	2Q16	3Q16	4Q16	AV	1Q17	RNL	2Q17	RNL	3Q17	RNL	4Q17	RNL	1Q INC
1	Platinum	BlueChoice HMO Platinum 0	Platinum	BlueChoice HMO Platinum 0	1,825	2.7%	0.911	$477.60	$484.28	$491.48	$498.64	0.916	$490.96	2.8%	$503.18	3.9%	$514.72	4.7%	$527.89	5.9%	-1.5%
2	Platinum	BlueChoice HMO Referral Platinum 0	Platinum	BlueChoice HMO Referral Platinum 0	2,734	4.0%	0.911	$454.86	$461.22	$468.07	$474.89	0.916	$467.58	2.8%	$479.22	3.9%	$490.21	4.7%	$502.75	5.9%	-1.5%
3	Platinum	BlueChoice HMO Referral Platinum 1000	Platinum	BlueChoice HMO Referral Platinum 1000	1	0.0%	0.881	$429.41	$435.42	$441.89	$448.32	0.886	$436.53	1.7%	$447.39	2.7%	$457.65	3.6%	$469.36	4.7%	-2.6%
4	Platinum	BlueChoice Plus Opt-Out Platinum 0	Platinum	BlueChoice Plus Opt-Out Platinum 0	5,880	8.6%	0.911	$484.07	$490.85	$498.14	$505.39	0.916	$497.61	2.8%	$510.00	3.9%	$521.70	4.7%	$535.04	5.9%	-1.5%
5	Platinum	BlueChoice Advantage Platinum 0	Platinum	BlueChoice Advantage Platinum 0	1,384	2.0%	0.911	$511.59	$518.75	$526.45	$534.12	0.916	$525.90	2.8%	$538.99	3.9%	$551.35	4.7%	$565.45	5.9%	-1.5%
6	Platinum	HealthyBlue HMO Platinum 500	Platinum	HealthyBlue HMO Platinum 500	298	0.4%	0.889	$464.53	$471.03	$478.03	$484.99	0.895	$481.65	3.7%	$493.64	4.8%	$504.96	5.6%	$517.88	6.8%	-0.7%
7	Platinum	HealthyBlue HMO Platinum 1000	Platinum	HealthyBlue HMO Platinum 1000	86	0.1%	0.880	$459.08	$465.51	$472.42	$479.30	0.887	$462.41	0.7%	$473.92	1.8%	$484.79	2.6%	$497.19	3.7%	-3.5%
8	Platinum	HealthyBlue Plus Platinum 500	Platinum	HealthyBlue Plus Platinum 500	1,265	1.8%	0.889	$477.12	$483.80	$490.98	$498.13	0.895	$494.70	3.7%	$507.01	4.8%	$518.65	5.6%	$531.91	6.8%	-0.7%
9	Platinum	HealthyBlue Plus Platinum 1000	Platinum	HealthyBlue Plus Platinum 1000	505	0.7%	0.880	$471.52	$478.12	$485.22	$492.29	0.887	$474.94	0.7%	$486.76	1.8%	$497.92	2.6%	$510.66	3.7%	-3.5%
10	Platinum	HealthyBlue Advantage Platinum 500	Platinum	HealthyBlue Advantage Platinum 500	747	1.1%	0.889	$497.59	$504.55	$512.05	$519.50	0.895	$515.93	3.7%	$528.77	4.8%	$540.89	5.6%	$554.73	6.8%	-0.7%
11	Platinum	HealthyBlue Advantage Platinum 1000	Platinum	HealthyBlue Advantage Platinum 1000	684	1.0%	0.880	$491.75	$498.63	$506.04	$513.41	0.887	$495.31	0.7%	$507.64	1.8%	$519.28	2.6%	$532.57	3.7%	-3.5%
12	Platinum	BluePreferred PPO Platinum 0	Platinum	BluePreferred PPO Platinum 0	11,986	17.5%	0.911	$587.62	$596.42	$605.64	$614.88	0.916	$585.35	-0.4%	$601.48	0.8%	$616.69	1.8%	$633.60	3.0%	-4.8%
13	Platinum	BluePreferred PPO Platinum 500	Platinum	BluePreferred PPO Platinum 500	5,266	7.7%	0.884	$563.82	$572.26	$581.11	$589.98	0.890	$555.46	-1.5%	$570.77	-0.3%	$585.20	0.7%	$601.25	1.9%	-5.9%
14	Platinum	HealthyBlue PPO Platinum 500	Platinum	HealthyBlue PPO Platinum 500	449	0.7%	0.889	$574.32	$582.92	$591.93	$600.97	0.895	$571.09	-0.6%	$586.83	0.7%	$601.66	1.6%	$618.17	2.9%	-5.0%
15	Platinum	HealthyBlue PPO Platinum 1000	Platinum	HealthyBlue PPO Platinum 1000	207	0.3%	0.880	$568.04	$576.54	$585.45	$594.39	0.887	$548.97	-3.4%	$564.10	-2.2%	$578.36	-1.2%	$594.23	0.0%	-7.6%
	PLATINUM SUBTOTAL				**33,317**	**48.6%**	**0.904**	**$533.82**	**$541.60**	**$549.84**	**$558.07**	**0.909**	**$537.65**	**0.9%**	**$551.86**	**2.0%**	**$565.26**	**3.0%**	**$580.32**	**4.1%**	**-3.5%**
16	Gold	BlueChoice HMO Gold 500	Gold	BlueChoice HMO Gold 500	1,660	2.4%	0.815	$374.61	$379.85	$385.49	$391.11	0.818	$401.28	7.1%	$411.26	8.3%	$420.70	9.1%	$431.46	10.3%	2.6%
17	Gold	BlueChoice HMO Gold 1500	Gold	BlueChoice HMO Gold 1500	239	0.3%	0.780	$360.06	$365.10	$370.52	$375.92	0.790	$385.84	7.2%	$395.44	8.3%	$404.51	9.2%	$414.86	10.4%	2.6%
18	Gold	BlueChoice HMO Referral Gold 0	Gold	BlueChoice HMO Referral Gold 0	122	0.2%	0.818	$374.39	$379.63	$385.27	$390.88	0.818	$402.05	7.4%	$412.05	8.5%	$421.51	9.4%	$432.29	10.6%	2.9%
19	Gold	BlueChoice HMO Referral Gold 500	Gold	BlueChoice HMO Referral Gold 500	1,079	1.6%	0.815	$356.77	$361.76	$367.14	$372.48	0.818	$382.17	7.1%	$391.68	8.3%	$400.67	9.1%	$410.91	10.3%	2.6%
20	Gold	BlueChoice HMO Referral Gold 80	Gold	BlueChoice HMO Referral Gold 80	57	0.1%	0.780	$336.40	$341.11	$346.17	$351.21	0.790	$366.21	8.9%	$375.33	10.0%	$383.94	10.9%	$393.76	12.1%	4.3%
21	Gold	BlueChoice Plus Gold 500	Gold	BlueChoice Plus Gold 500	139	0.2%	0.815	$384.76	$390.15	$395.94	$401.71	0.818	$412.15	7.1%	$422.41	8.3%	$432.10	9.1%	$443.15	10.3%	2.6%
22	Gold	BlueChoice Plus Gold 1000	Gold	BlueChoice Plus Gold 1000	67	0.1%	0.791	$372.74	$377.95	$383.57	$389.15	0.801	$402.16	7.9%	$412.17	9.1%	$421.62	9.9%	$432.41	11.1%	3.3%
23	Gold	BlueChoice Advantage Gold 500	Gold	BlueChoice Advantage Gold 500	909	1.3%	0.815	$401.27	$406.88	$412.93	$418.94	0.818	$429.83	7.1%	$440.53	8.3%	$450.64	9.1%	$462.16	10.3%	2.6%
24	Gold	BlueChoice Advantage Gold 1000	Gold	BlueChoice Advantage Gold 1000	1,060	1.5%	0.791	$388.73	$394.17	$400.02	$405.85	0.801	$419.41	7.9%	$429.85	9.1%	$439.71	9.9%	$450.96	11.1%	3.3%
25	Gold	HealthyBlue HMO Gold 1500	Gold	HealthyBlue HMO Gold 1500	1,080	1.6%	0.818	$391.31	$396.78	$402.68	$408.54	0.813	$408.57	4.4%	$418.73	5.5%	$428.34	6.4%	$439.30	7.5%	0.0%
26	Gold	HealthyBlue Plus Gold 1500	Gold	HealthyBlue Plus Gold 1500	1,404	2.0%	0.818	$401.91	$407.54	$413.59	$419.61	0.813	$419.64	4.4%	$430.08	5.5%	$439.95	6.4%	$451.20	7.5%	0.0%
27	Gold	HealthyBlue Advantage Gold 1500	Gold	HealthyBlue Advantage Gold 1500	3,745	5.5%	0.818	$419.15	$425.02	$431.33	$437.61	0.813	$437.64	4.4%	$448.53	5.5%	$458.82	6.4%	$470.56	7.5%	0.0%
28	Gold	BlueCross BlueShield Preferred 1000, a Multi-State Plan	Gold	BluePreferred PPO 1000 90%/70%	276	0.4%	0.816	$463.35	$470.28	$477.55	$484.84	0.806	$449.18	-3.1%	$461.56	-1.9%	$473.23	-0.9%	$486.22	0.3%	-7.4%
29	Gold	BluePreferred PPO Gold 500	Gold	BluePreferred PPO Gold 500	1,299	1.9%	0.815	$474.05	$481.14	$488.58	$496.04	0.818	$487.07	2.7%	$500.50	4.0%	$513.15	5.0%	$527.23	6.3%	-1.8%
30	Gold	BluePreferred PPO Gold 1000	Gold	BluePreferred PPO Gold 1000	3,610	5.3%	0.791	$461.83	$468.75	$475.99	$483.26	0.801	$474.64	2.8%	$487.72	4.0%	$500.05	5.1%	$513.77	6.3%	-1.8%
31	Gold	BluePreferred PPO Gold 1500	Gold	BluePreferred PPO Gold 1500	2,396	3.5%	0.780	$459.70	$466.58	$473.79	$481.03	0.790	$467.16	1.6%	$480.04	2.9%	$492.17	3.9%	$505.68	5.1%	-2.9%
32	Gold	HealthyBlue PPO Gold 1500	Gold	HealthyBlue PPO Gold 1500	2,121	3.1%	0.818	$486.56	$493.84	$501.48	$509.13	0.813	$487.96	0.3%	$501.41	1.5%	$514.09	2.5%	$528.19	3.7%	-4.2%
	GOLD SUBTOTAL				**21,263**	**31.0%**	**0.806**	**$428.63**	**$434.83**	**$441.42**	**$448.01**	**0.809**	**$444.62**	**3.9%**	**$456.27**	**5.1%**	**$467.26**	**6.0%**	**$479.63**	**7.3%**	**-0.5%**
33	Silver	BlueChoice HMO Silver 1000	Silver	BlueChoice HMO Silver 1000	40	0.1%	0.714	$303.96	$308.21	$312.79	$317.35	0.720	$327.59	7.8%	$335.74	8.9%	$343.44	9.8%	$352.23	11.0%	3.2%
34	Silver	BlueChoice HMO HSA/HRA Silver 1500	Silver	BlueChoice HMO HSA/HRA Silver 1500	817	1.2%	0.716	$284.61	$288.60	$292.88	$297.15	0.717	$300.49	5.6%	$307.97	6.7%	$315.03	7.6%	$323.09	8.7%	1.1%
35	Silver	BlueChoice HMO HSA/HRA Silver 2000	Silver	BlueChoice HMO HSA/HRA Silver 2000	937	1.4%	0.696	$274.44	$278.28	$282.41	$286.52	0.709	$289.99	5.7%	$297.21	6.8%	$304.02	7.7%	$311.80	8.8%	1.2%
36	Silver	BlueChoice HMO HSA/HRA Silver 3000	Silver	BlueChoice HMO HSA/HRA Silver 3000	6	0.0%	0.682	$265.34	$269.06	$273.05	$277.03	0.694	$276.08	4.0%	$282.95	5.2%	$289.45	6.0%	$296.85	7.2%	-0.3%
37	Silver	BlueChoice HMO Referral Silver 70	Silver	BlueChoice HMO Referral Silver 70	16	0.0%	0.701	$274.05	$277.88	$282.01	$286.12	0.712	$297.67	8.6%	$305.08	9.8%	$312.08	10.7%	$320.06	11.9%	4.0%
38	Silver	BlueChoice Plus HSA/HRA Silver 1500	Silver	BlueChoice Plus HSA/HRA Silver 1500	1,280	1.9%	0.716	$292.32	$296.42	$300.82	$305.20	0.717	$308.63	5.6%	$316.31	6.7%	$323.57	7.6%	$331.85	8.7%	1.1%
39	Silver	BlueChoice Plus HSA/HRA Silver 3000	Silver	BlueChoice Plus HSA/HRA Silver 3000	597	0.9%	0.682	$272.54	$276.35	$280.45	$284.54	0.694	$283.57	4.0%	$290.62	5.2%	$297.29	6.0%	$304.89	7.2%	-0.3%
40	Silver	BlueChoice Advantage HSA/HRA Silver 1500	Silver	BlueChoice Advantage HSA/HRA Silver 1500	1,873	2.7%	0.716	$304.86	$309.13	$313.72	$318.29	0.717	$321.87	5.6%	$329.88	6.7%	$337.45	7.6%	$346.08	8.7%	1.1%
41	Silver	BlueChoice Advantage HSA/HRA Silver 3000	Silver	BlueChoice Advantage HSA/HRA Silver 3000	9	0.0%	0.682	$284.23	$288.20	$292.49	$296.74	0.694	$295.73	4.0%	$303.09	5.2%	$310.04	6.0%	$317.97	7.2%	-0.3%
42	Silver	HealthyBlue HMO HSA/HRA Silver 2000	Silver	HealthyBlue HMO HSA/HRA Silver 2000	980	1.4%	0.719	$286.80	$290.81	$295.13	$299.43	0.720	$298.87	4.2%	$306.31	5.3%	$313.34	6.2%	$321.35	7.3%	-0.2%
43	Silver	HealthyBlue Plus HSA/HRA Silver 2000	Silver	HealthyBlue Plus HSA/HRA Silver 2000	639	0.9%	0.719	$294.57	$298.69	$303.13	$307.55	0.720	$306.97	4.2%	$314.61	5.3%	$321.83	6.2%	$330.06	7.3%	-0.2%
44	Silver	HealthyBlue Advantage HSA/HRA Silver 2000	Silver	HealthyBlue Advantage HSA/HRA Silver 2000	1,323	1.9%	0.719	$307.21	$311.51	$316.14	$320.74	0.720	$320.14	4.2%	$328.11	5.3%	$335.63	6.2%	$344.22	7.3%	-0.2%
45	Silver	BlueCross BlueShield Preferred 2000, a Multi-State Plan	Silver	BluePreferred PPO HSA/HRA 2000 80%/60%	47	0.1%	0.720	$376.06	$381.69	$387.59	$393.51	0.711	$348.30	-7.4%	$357.90	-6.2%	$366.95	-5.3%	$377.02	-4.2%	-11.5%
46	Silver	BluePreferred PPO Silver 1000	Silver	BluePreferred PPO Silver 1000	431	0.6%	0.714	$392.96	$398.84	$405.00	$411.18	0.720	$401.96	2.3%	$413.04	3.6%	$423.49	4.6%	$435.10	5.8%	-2.2%
47	Silver	BluePreferred PPO HSA/HRA Silver 1500	Silver	BluePreferred PPO HSA/HRA Silver 1500	2,643	3.9%	0.716	$376.74	$382.37	$388.29	$394.21	0.717	$375.10	-0.4%	$385.44	0.8%	$395.18	1.8%	$406.02	3.0%	-4.8%
48	Silver	BluePreferred PPO HSA/HRA Silver 2000	Silver	BluePreferred PPO HSA/HRA Silver 2000	1,678	2.4%	0.696	$366.36	$371.84	$377.59	$383.35	0.709	$361.88	-1.2%	$371.85	0.0%	$381.26	1.0%	$391.71	2.2%	-5.6%
49	Silver	HealthyBlue PPO HSA/HRA Silver 2000	Silver	HealthyBlue PPO HSA/HRA Silver 2000	336	0.5%	0.719	$380.36	$386.05	$392.02	$398.00	0.720	$371.96	-2.2%	$382.22	-1.0%	$391.88	0.0%	$402.63	1.2%	-6.5%
	SILVER SUBTOTAL				**13,652**	**19.9%**	**0.711**	**$323.71**	**$328.38**	**$333.34**	**$338.30**	**0.715**	**$332.00**	**2.9%**	**$340.63**	**4.1%**	**$348.79**	**5.0%**	**$357.98**	**6.1%**	**-1.5%**
50	Bronze	BlueChoice HMO HSA/HRA Bronze 5000	Bronze	BlueChoice HMO HSA/HRA Bronze 6500	286	0.4%	0.619	$201.25	$204.07	$207.10	$210.12	0.614	$228.01	13.3%	$233.68	14.5%	$239.04	15.4%	$245.16	16.7%	8.5%
51	Bronze	BlueChoice HMO Referral Bronze 5500	Bronze	BlueChoice HMO Referral Bronze 5500	16	0.0%	0.620	$217.51	$220.55	$223.83	$227.09	0.616	$257.34	18.3%	$263.75	19.6%	$269.80	20.5%	$276.70	21.8%	13.3%
52	Bronze	BlueChoice Plus HSA/HRA Bronze 5000	Bronze	BlueChoice Plus HSA/HRA Bronze 6500	72	0.1%	0.619	$206.71	$209.60	$212.71	$215.81	0.614	$234.19	13.3%	$240.01	14.5%	$245.52	15.4%	$251.80	16.7%	8.5%
53	Bronze	BlueChoice Advantage HSA/HRA Bronze 5000	Bronze	BlueChoice Advantage HSA/HRA Bronze 6500	10	0.0%	0.619	$215.58	$218.59	$221.84	$225.07	0.614	$244.23	13.3%	$250.31	14.5%	$256.05	15.4%	$262.60	16.7%	8.5%
	BRONZE SUBTOTAL				**384**	**0.6%**	**0.619**	**$203.32**	**$206.17**	**$209.23**	**$212.28**	**0.614**	**$230.81**	**13.5%**	**$236.55**	**14.7%**	**$241.98**	**15.6%**	**$248.17**	**16.9%**	**8.7%**
	BlueChoice Total				35,871	52%	0.827	$405.32	$411.00	$417.10	$423.17	0.830	$422.04	4.4%	$432.55	5.5%	$442.47	6.3%	$453.79	7.5%	0.0%
	GHMSI Total				32,745	48%	0.841	$514.81	$522.51	$530.59	$538.69	0.846	$514.54	0.0%	$528.72	1.3%	$542.09	2.2%	$556.96	3.5%	-4.4%
	Grand Total				**68,616**	**100%**	**0.834**	**$457.57**	**$464.21**	**$471.26**	**$478.30**	**0.838**	**$466.19**	**2.3%**	**$478.45**	**3.5%**	**$490.01**	**4.4%**	**$503.02**	**5.6%**	**-2.1%**

LOW RENEWAL (Minimum):														**-7.4%**		**-6.2%**		**-5.3%**		**-4.2%**	
HIGH RENEWAL (Maximum):														**18.3%**		**19.6%**		**20.5%**		**21.8%**	
PPO/HMO:								**1.27**	**1.27**	**1.27**	**1.27**		**1.22**		**1.22**		**1.23**		**1.23**		

Note: The previous SERFF tracking number for GHMSI DC Small Group (effective 1/1/2016) is CFAP-130056354 (On Exchange).
The previous SERFF tracking number for BlueChoice DC Small Group (effective 1/1/2016) is CFAP-130051604 (On Exchange).

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017
DC GHMSI Rate Change History

	Renewals	
	PPO	**HealthyBlue PPO**
1Q15	10.5%	10.5%
2Q15	10.6%	10.6%
3Q15	10.8%	10.8%
4Q15	10.9%	10.9%
1Q16	4.4%	4.6%
2Q16	4.5%	4.8%
3Q16	4.7%	4.9%
4Q16	4.8%	5.1%
1Q17	**0.1%**	**0.0%**
2Q17	**1.4%**	**1.3%**
3Q17	**2.4%**	**2.2%**
4Q17	**3.6%**	**3.5%**

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017
DC GHMSI Average Renewal Rate Increase over 2017

HIOS Product ID	HIOS Product Name	Average 2017 Renewal
78079DC022	BluePreferred PPO	2.3%

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017
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 - 1/1/2017

	Begin	End	Mid-point		Months of Trend		
Experience Period	1/1/2015	12/31/2015	7/2/2015			pd through	2/29/2016
Rating Period	1/1/2017	12/31/2017	7/2/2017		24.0		

Experience Period Summary	**Total**
Experience Period Premiums	**$ 215,112,455**
MLR Rebates	**$ -**
Net Experience Period Premiums	$ 215,112,455
Experience Period Paid Claims (Non-Capitated)	$ 190,859,339
Completion Factor	0.98
Experience Period Incurred Claims (Non-Capitated)	$ 194,074,820
Capitations	**$ 473,767**
Rx Rebates	**$ (12,581,018)**
Other Manual Claims	**$ -**
Total Experience Period Claims	$ 181,967,569
Experience Period Loss Ratio (Before MLR Rebates)	84.6%
Experience Period Loss Ratio (After MLR Rebates)	84.6%
Experience Period Loss Ratio (System Claims Only)	90.2%
Experience Period Member Months	446,566
Average Members	37,214
End of Experience Period Contracts	21,076
End of Experience Period Members	36,508
Experience Period Allowed Claims (Non-Capitated)	$ 221,423,295
Adjustments	$ (12,107,251)
Total Adjusted EP Allowed Claims	$ 209,316,044
EP Paid / Allowed Ratio	86.9%

Service Category Level Projection

Service Category Experience Period Allowed	**Utilization Measure**	**EP Units**	**EP Allowed $**	**Other**	**Rx Rebates**	**Net Allowed**
Inpatient	Admits	2,204	$ 35,895,163	$ -	$ -	$ 35,895,163
Outpatient	Visits	34,045	$ 45,751,169	$ -	$ -	$ 45,751,169
Professional	Visits	409,761	$ 69,515,507	$ -	$ -	$ 69,515,507
Other	Services	45,261	$ 13,604,090	$ -	$ -	$ 13,604,090
Rx	Scripts	360,984	$ 56,657,366	$ -	$ (12,581,018)	$ 44,076,349
Capitation	Member Months	**446,566**	$ 473,767	$ -	$ -	$ 473,767
Total			**$ 221,897,062**	**$ -**	**$ (12,581,018)**	**$ 209,316,045**
PMPM			**$ 496.90**	**$ -**	**$ (28.17)**	**$ 468.72**
					Non-EHB Claims In Experience PMPM ***	**$ 2.09**
					EP Index Rate for EHB (Rounded to Nearest Whole Dollar)	**$ 467.00**

Annual Trend Inputs	
Cost Trend	**Utilization Trend**
0.0%	**1.0%**
9.0%	**3.5%**
2.0%	**3.0%**
0.0%	**10.0%**
9.5%	**3.0%**
0.0%	**0.0%**

		Experience Period			**Projection Factors**					**Projected**			**Effective Allowed PMPM**
Service Category Experience Period Allowed	**Utilization Measure**	**Util / 1000**	**Unit Cost**	**PMPM**	**Population Risk / Morbidity ***	**Other**	**Cost Factor**	**Utilization Factor**	**Total Factor**	**Util / 1000**	**Unit Cost**	**PMPM**	**Annual Trend**
Inpatient	Admits	59.23	$ 16,283.93	**$ 80.38**	**1.013**	**1.013**	1.000	1.020	1.05	61.21	$ 16,494.95	**$ 84.14**	**1.0%**
Outpatient	Visits	914.86	$ 1,343.83	**$ 102.45**	**1.013**	**1.013**	1.188	1.071	1.31	992.76	$ 1,617.30	**$ 133.80**	**12.8%**
Professional	Visits	11,010.99	$ 169.65	**$ 155.67**	**1.013**	**1.013**	1.040	1.061	1.13	11,833.42	$ 178.79	**$ 176.31**	**5.1%**
Other	Services	1,216.23	$ 300.57	**$ 30.46**	**1.013**	**1.013**	1.000	1.210	1.24	1,490.77	$ 304.47	**$ 37.82**	**10.0%**
Rx	Scripts	9,700.26	$ 122.10	**$ 98.70**	**1.013**	**0.947**	1.199	1.061	1.22	10,424.79	$ 138.64	**$ 120.44**	**12.8%**
Capitation	Member Months	12,000.00	$ 1.06	**$ 1.06**	**1.000**	**0.830**	1.000	1.000	0.83	12,000.00	$ 0.88	**$ 0.88**	**0.0%**
Total				**$ 468.72**							**Projected Allowed Claims PMPM (EHB + Non-EHB)**	**$ 553.39**	**8.0%**
											Non-EHB Claims In Projected PMPM **	**$ 2.43**	
											Index Rate for EHB	**$ 550.96**	

*** Please refer to page 50 for more information.**
**** Includes abortion claims and capitation for embedded adult vision benefit.**
***** Includes abortion claims and capitations for embedded adult vision benefit.**

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017
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 - 4/1/2017

	Begin	End	Mid-point		Months of Trend		
Experience Period	1/1/2015	12/31/2015	7/2/2015			pd through	2/29/2016
Rating Period	4/1/2017	3/31/2018	9/30/2017		27.0		

Experience Period Summary	Total
Experience Period Premiums	**$ 215,112,455**
MLR Rebates (enter as negative)	**$ -**
Net Experience Period Premiums	$ 215,112,455
Experience Period Paid Claims (Non-Capitated)	$ 190,859,339
Completion Factor	0.98
Experience Period Incurred Claims (Non-Capitated)	$ 194,074,820
Capitations	**$ 473,767**
Rx Rebates	**$ (12,581,018)**
Other Manual Claims	**$ -**
Total Experience Period Claims	$ 181,967,569
Experience Period Loss Ratio (Before MLR Rebates)	84.6%
Experience Period Loss Ratio (After MLR Rebates)	84.6%
Experience Period Loss Ratio (System Claims Only)	90.2%
Experience Period Member Months	446,566
Average Members	37,214
End of Experience Period Contracts	21,076
End of Experience Period Members	36,508
Experience Period Allowed Claims (Non-Capitated)	$ 221,423,295
Adjustments	$ (12,107,251)
Total Adjusted EP Allowed Claims	$ 209,316,044
EP Paid / Allowed Ratio	86.9%

Service Category Level Projection

Service Category Experience Period Allowed	**Utilization Measure**	**EP Units**	**EP Allowed $**	**Other**	**Rx Rebates**	**Net Allowed**	**Annual Trend Inputs** Cost Trend	Utilization Trend
Inpatient	Admits	2,204	$ 35,895,163	$ -	$ -	$ 35,895,163	**0.0%**	**1.0%**
Outpatient	Visits	34,045	$ 45,751,169	$ -	$ -	$ 45,751,169	**9.0%**	**3.5%**
Professional	Visits	409,761	$ 69,515,507	$ -	$ -	$ 69,515,507	**2.0%**	**3.0%**
Other	Services	45,261	$ 13,604,090	$ -	$ -	$ 13,604,090	**0.0%**	**10.0%**
Rx	Scripts	360,984	$ 56,657,366	$ -	$ (12,581,018)	$ 44,076,349	**9.5%**	**3.0%**
Capitation	Member Months	**446,566**	$ 473,767	$ -	$ -	$ 473,767	**0.0%**	**0.0%**
Total			**$ 221,897,062**	**$ -**	**$ (12,581,018)**	**$ 209,316,045**		
PMPM			**$ 496.90**	**$ -**	**$ (28.17)**	**$ 468.72**		

		Experience Period			**Projection Factors**					**Projected**			**Effective Allowed PMPM**
Service Category Experience Period Allowed	**Utilization Measure**	**Util / 1000**	**Unit Cost**	**PMPM**	**Population Risk / Morbidity ***	**Other**	**Cost Factor**	**Utilization Factor**	**Total Factor**	**Util / 1000**	**Unit Cost**	**PMPM**	**Annual Trend**
Inpatient	Admits	59.23	$ 16,283.93	**$ 80.38**	**1.013**	**1.013**	1.000	1.023	1.05	61.36	$ 16,494.95	**$ 84.35**	**1.0%**
Outpatient	Visits	914.86	$ 1,343.83	**$ 102.45**	**1.013**	**1.013**	1.214	1.080	1.35	1,001.33	$ 1,652.52	**$ 137.89**	**12.8%**
Professional	Visits	11,010.99	$ 169.65	**$ 155.67**	**1.013**	**1.013**	1.046	1.069	1.15	11,921.19	$ 179.68	**$ 178.50**	**5.1%**
Other	Services	1,216.23	$ 300.57	**$ 30.46**	**1.013**	**1.013**	1.000	1.239	1.27	1,526.72	$ 304.47	**$ 38.74**	**10.0%**
Rx	Scripts	9,700.26	$ 122.10	**$ 98.70**	**1.013**	**0.947**	1.227	1.069	1.26	10,502.11	$ 141.82	**$ 124.12**	**12.8%**
Capitation	Member Months	12,000.00	$ 1.06	**$ 1.06**	**1.000**	**0.830**	1.000	1.000	0.83	12,000.00	$ 0.88	**$ 0.88**	**0.0%**
Total				**$ 468.72**							**Projected Allowed Claims PMPM (EHB + Non-EHB)**	**$ 564.47**	**8.1%**
											Non-EHB Claims In Projected PMPM **	**$ 2.48**	
											Index Rate for EHB	**$ 561.99**	

*** Please refer to page 50 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 1/1/2017
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 - 7/1/2017

	Begin	End	Mid-point		Months of Trend		
Experience Period	**1/1/2015**	**12/31/2015**	**7/2/2015**			**pd through**	**2/29/2016**
Rating Period	**7/1/2017**	**6/30/2018**	**12/30/2017**		30.0		

Experience Period Summary	**Total**
Experience Period Premiums	**$ 215,112,455**
MLR Rebates (enter as negative)	**$ -**
Net Experience Period Premiums	$ 215,112,455
Experience Period Paid Claims (Non-Capitated)	$ 190,859,339
Completion Factor	0.98
Experience Period Incurred Claims (Non-Capitated)	$ 194,074,820
Capitations	**$ 473,767**
Rx Rebates	**$ (12,581,018)**
Other Manual Claims	**$ -**
Total Experience Period Claims	$ 181,967,569
Experience Period Loss Ratio (Before MLR Rebates)	84.6%
Experience Period Loss Ratio (After MLR Rebates)	84.6%
Experience Period Loss Ratio (System Claims Only)	90.2%
Experience Period Member Months	446,566
Average Members	37,214
End of Experience Period Contracts	21,076
End of Experience Period Members	36,508
Experience Period Allowed Claims (Non-Capitated)	$ 221,423,295
Adjustments	$ (12,107,251)
Total Adjusted EP Allowed Claims	$ 209,316,044
EP Paid / Allowed Ratio	86.9%

Service Category Level Projection

Service Category Experience Period Allowed	**Utilization Measure**	**EP Units**	**EP Allowed $**	**Other**	**Rx Rebates**	**Net Allowed**	**Annual Trend Inputs Cost Trend**	**Utilization Trend**
Inpatient	Admits	2,204	$ 35,895,163	$ -	$ -	$ 35,895,163	**0.0%**	**1.0%**
Outpatient	Visits	34,045	$ 45,751,169	$ -	$ -	$ 45,751,169	**9.0%**	**3.5%**
Professional	Visits	409,761	$ 69,515,507	$ -	$ -	$ 69,515,507	**2.0%**	**3.0%**
Other	Services	45,261	$ 13,604,090	$ -	$ -	$ 13,604,090	**0.0%**	**10.0%**
Rx	Scripts	360,984	$ 56,657,366	$ -	$ (12,581,018)	$ 44,076,349	**9.5%**	**3.0%**
Capitation	Member Months	**446,566**	$ 473,767	$ -	$ -	$ 473,767	**0.0%**	**0.0%**
Total			**$ 221,897,062**	**$ -**	**$ (12,581,018)**	**$ 209,316,045**		
PMPM			**$ 496.90**	**$ -**	**$ (28.17)**	**$ 468.72**		

		Experience Period			**Projection Factors**					**Projected**			**Effective Allowed PMPM**
Service Category Experience Period Allowed	**Utilization Measure**	**Util / 1000**	**Unit Cost**	**PMPM**	**Population Risk / Morbidity ***	**Other**	**Cost Factor**	**Utilization Factor**	**Total Factor**	**Util / 1000**	**Unit Cost**	**PMPM**	**Annual Trend**
Inpatient	Admits	59.23	$ 16,283.93	**$ 80.38**	**1.013**	**1.013**	1.000	1.025	1.05	61.52	$ 16,494.95	**$ 84.56**	**1.0%**
Outpatient	Visits	914.86	$ 1,343.83	**$ 102.45**	**1.013**	**1.013**	1.240	1.090	1.39	1,009.98	$ 1,688.51	**$ 142.11**	**12.8%**
Professional	Visits	11,010.99	$ 169.65	**$ 155.67**	**1.013**	**1.013**	1.051	1.077	1.16	12,009.61	$ 180.57	**$ 180.71**	**5.1%**
Other	Services	1,216.23	$ 300.57	**$ 30.46**	**1.013**	**1.013**	1.000	1.269	1.30	1,563.53	$ 304.47	**$ 39.67**	**10.0%**
Rx	Scripts	9,700.26	$ 122.10	**$ 98.70**	**1.013**	**0.947**	1.255	1.077	1.30	10,580.01	$ 145.07	**$ 127.91**	**12.8%**
Capitation	Member Months	12,000.00	$ 1.06	**$ 1.06**	**1.000**	**0.830**	1.000	1.000	0.83	12,000.00	$ 0.88	**$ 0.88**	**0.0%**
Total				**$ 468.72**							**Projected Allowed Claims PMPM (EHB + Non-EHB)**	**$ 575.84**	**8.1%**
											Non-EHB Claims In Projected PMPM **	**$ 2.53**	
											Index Rate for EHB	**$ 573.31**	

*** Please refer to page 50 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 1/1/2017
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 - 10/1/2017

	Begin	End	Mid-point		Months of Trend		
Experience Period	**1/1/2015**	**12/31/2015**	**7/2/2015**			**pd through**	**2/29/2016**
Rating Period	**10/1/2017**	**9/30/2018**	**4/1/2018**		33.0		

Experience Period Summary	**Total**
Experience Period Premiums	**$ 215,112,455**
MLR Rebates (enter as negative)	**$ -**
Net Experience Period Premiums	$ 215,112,455
Experience Period Paid Claims (Non-Capitated)	$ 190,859,339
Completion Factor	0.98
Experience Period Incurred Claims (Non-Capitated)	$ 194,074,820
Capitations	**$ 473,767**
Rx Rebates	**$ (12,581,018)**
Other Manual Claims	**$ -**
Total Experience Period Claims	$ 181,967,569
Experience Period Loss Ratio (Before MLR Rebates)	84.6%
Experience Period Loss Ratio (After MLR Rebates)	84.6%
Experience Period Loss Ratio (System Claims Only)	90.2%
Experience Period Member Months	446,566
Average Members	37,214
End of Experience Period Contracts	21,076
End of Experience Period Members	36,508
Experience Period Allowed Claims (Non-Capitated)	$ 221,423,295
Adjustments	$ (12,107,251)
Total Adjusted EP Allowed Claims	$ 209,316,044
EP Paid / Allowed Ratio	86.9%

Service Category Level Projection

Service Category Experience Period Allowed	**Utilization Measure**	**EP Units**	**EP Allowed $**	**Other**	**Rx Rebates**	**Net Allowed**	**Annual Trend Inputs Cost Trend**	**Utilization Trend**
Inpatient	Admits	2,204	$ 35,895,163	$ -	$ -	$ 35,895,163	**0.0%**	**1.0%**
Outpatient	Visits	34,045	$ 45,751,169	$ -	$ -	$ 45,751,169	**9.0%**	**3.5%**
Professional	Visits	409,761	$ 69,515,507	$ -	$ -	$ 69,515,507	**2.0%**	**3.0%**
Other	Services	45,261	$ 13,604,090	$ -	$ -	$ 13,604,090	**0.0%**	**10.0%**
Rx	Scripts	360,984	$ 56,657,366	$ -	$ (12,581,018)	$ 44,076,349	**9.5%**	**3.0%**
Capitation	Member Months	**446,566**	$ 473,767	$ -	$ -	$ 473,767	**0.0%**	**0.0%**
Total			**$ 221,897,062**	**$ -**	**$ (12,581,018)**	**$ 209,316,045**		
PMPM			**$ 496.90**	**$ -**	**$ (28.17)**	**$ 468.72**		

Service Category Experience Period Allowed	**Utilization Measure**	**Experience Period Util / 1000**	**Unit Cost**	**PMPM**	**Projection Factors Population Risk / Morbidity ***	**Other**	**Cost Factor**	**Utilization Factor**	**Total Factor**	**Projected Util / 1000**	**Unit Cost**	**PMPM**	**Effective Allowed PMPM Annual Trend**
Inpatient	Admits	59.23	$ 16,283.93	**$ 80.38**	**1.013**	**1.013**	1.000	1.028	1.05	61.67	$ 16,494.95	**$ 84.77**	**1.0%**
Outpatient	Visits	914.86	$ 1,343.83	**$ 102.45**	**1.013**	**1.013**	1.267	1.099	1.43	1,018.70	$ 1,725.28	**$ 146.46**	**12.8%**
Professional	Visits	11,010.99	$ 169.65	**$ 155.67**	**1.013**	**1.013**	1.056	1.085	1.18	12,098.69	$ 181.47	**$ 182.96**	**5.1%**
Other	Services	1,216.23	$ 300.57	**$ 30.46**	**1.013**	**1.013**	1.000	1.300	1.33	1,601.24	$ 304.47	**$ 40.63**	**10.0%**
Rx	Scripts	9,700.26	$ 122.10	**$ 98.70**	**1.013**	**0.947**	1.283	1.085	1.34	10,658.48	$ 148.40	**$ 131.81**	**12.8%**
Capitation	Member Months	12,000.00	$ 1.06	**$ 1.06**	**1.000**	**0.830**	1.000	1.000	0.83	12,000.00	$ 0.88	**$ 0.88**	**0.0%**
Total				**$ 468.72**							**Projected Allowed Claims PMPM (EHB + Non-EHB)**	**$ 587.51**	**8.1%**
											Non-EHB Claims In Projected PMPM **	**$ 2.57**	
											Index Rate for EHB	**$ 584.94**	

*** Please refer to page 50 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 1/1/2017
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	2015 Member Months	Exp Period PMPM
GHMSI	$1,099,726	550,798	**$2.00**

	Projected PMPM
1Q17	$2.34
2Q17	$2.39
3Q17	$2.44
4Q17	$2.48

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

Individual, non-Medigap Embedded PMPM (Vision Capitation)	% of D.C. Individual, non-Medigap Market Over Age 19	Projected PMPM Spread Over Individual Market	Blended with Small Group
$1.16	90%	$1.04	**$0.09**

	Projected PMPM
1Q17	$0.09
2Q17	$0.09
3Q17	$0.09
4Q17	$0.09

	Projected Non-EHB PMPM
1Q17	**$2.43**
2Q17	**$2.48**
3Q17	**$2.53**
4Q17	**$2.57**

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

Adjustments for Small Group Benefits in Excess of EHB

1Q17	**Med**	**Rx**	**Total**
Index Rate for EHB	$ 430.52	$ 120.44	$ 550.96
Benefits to be Covered in Excess of EHB On Exchange (PMPM)			
Abortion *	$ 2.30	$ -	$ 2.30
Total Adjustment to Index Rate	**0.53%**	**0.00%**	**0.42%**

2Q17	**Med**	**Rx**	**Total**
Index Rate for EHB	$ 437.88	$ 124.12	$ 561.99
Benefits to be Covered in Excess of EHB On Exchange (PMPM)			
Abortion *	$ 2.34	$ -	$ 2.34
Total Adjustment to Index Rate	**0.53%**	**0.00%**	**0.42%**

3Q17	**Med**	**Rx**	**Total**
Index Rate for EHB	$ 445.41	$ 127.91	$ 573.31
Benefits to be Covered in Excess of EHB On Exchange (PMPM)			
Abortion *	$ 2.38	$ -	$ 2.38
Total Adjustment to Index Rate	**0.53%**	**0.00%**	**0.42%**

4Q17	**Med**	**Rx**	**Total**
Index Rate for EHB	$ 453.13	$ 131.81	$ 584.94
Benefits to be Covered in Excess of EHB On Exchange (PMPM)			
Abortion *	$ 2.42	$ -	$ 2.42
Total Adjustment to Index Rate	**0.53%**	**0.00%**	**0.42%**

* Based on calendar year 2015 experience for DC GHMSI Small Group business, trended to 2017.
Note: Abortion coverage applies to all DC Small Group plans, excluding BluePreferred PPO 1000 90%/70% and BluePreferred PPO HSA/HRA 2000 80%/60%.

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017
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	$ 459.94	-1.21%	2.54%
201504	$ 467.90	1.73%	3.03%
201507	$ 476.02	1.74%	3.53%
201510	$ 484.31	1.74%	4.02%
201601	$ 518.35	7.03%	12.70%
201604	$ 528.56	1.97%	12.96%
201607	$ 538.95	1.97%	13.22%
201610	$ 549.57	1.97%	13.48%
201701	**$ 550.96**	**0.25%**	**6.29%**
201704	**$ 561.99**	**2.00%**	**6.33%**
201707	**$ 573.31**	**2.01%**	**6.38%**
201710	**$ 584.94**	**2.03%**	**6.44%**

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

2017 ACA - TREND ANALYSIS SUMMARY - DC GHMSI

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
				2016 FILING							**2017 FILING**					
					PROJECTED					**EXPERIENCE PERIOD**			**PROJECTED**			
	GHMSI-DC		Allowed		Cost	Utilization	Claims	Allowed		Cost	Utilization	Claims	Cost	Utilization	Claims	vs 2016
			Claims *	%	Trend	Trend	Trend	Claims	%	Trend	Trend	Trend	Trend	Trend	Trend **	Δ
1	Inpatient	Hospital	$40,005,763	17%	8.0%	1.0%	9.1%	$35,895,163	16%	-1.6%	2.2%	0.6%	0.0%	1.0%	1.0%	-8.1%
2	Outpatient	Hospital	$47,122,116	21%	3.5%	3.5%	7.1%	$45,751,169	21%	7.5%	4.1%	11.9%	9.0%	3.5%	12.8%	5.7%
3	Professional		$74,124,676	32%	3.5%	1.5%	5.1%	$69,515,507	31%	-0.1%	4.2%	4.2%	2.0%	3.0%	5.1%	0.0%
4	Other Medical	Non-Capitated Ambulance	$13,002,211	6%	4.0%	2.0%	6.1%	$13,604,090	6%	12.7%	5.5%	19.0%	0.0%	10.0%	10.0%	3.9%
5		Home Health														
6		DME														
7		Prosthetics														
8		Supplies														
9		Vision Exams														
10		Dental Services														
11		Other Services														
12	**Medical**	**Subtotal (Clms-Wgtd):**	**$174,254,765**	**76%**	**4.6%**	**2.0%**	**6.6%**	**$164,765,929**	**74%**	**2.7%**	**3.9%**	**6.7%**	**3.3%**	**3.3%**	**6.7%**	**0.1%**
13																
14	**Capitation**	**Total**	**$ 647,160**	**0%**	**0.0%**	**0.0%**	**0.0%**	**$ 473,767**	**0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**
15																
16	**RX**	**Claims-Weighted**	$54,658,099	**24%**	13.0%	0.0%	**13.0%**	$56,657,366	**26%**	14.8%	3.6%	**18.9%**	9.5%	3.0%	**12.8%**	**-0.2%**
17	**TOTAL**	**Claims-Weighted**	**$229,560,024**	**100%**	**6.6%**	**1.5%**	**8.2%**	**$221,897,062**	**100%**	**5.8%**	**3.8%**	**9.8%**	**4.9%**	**3.2%**	**8.3%**	**0.1%**
18																
19	**Weighted Total DC (BlueChoice & GHMSI Combined)**														**8.3%**	

* Includes grandfathered Small Group business.

** Note: The total trend shown is claims-weighted. The actual pricing trend utilized is 8.0%, calculated on a PMPM basis.

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

2017 ACA - PLAN LEVEL DERIVATIONS 1Q17
SG DC GHMSI

			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
				Actual 2/29/2016	ON-Exchange 1Q17 Cohort Projected		**INDEX RATE**	**Market-Level Adjustments (MLA)**			**INDEX RATE**	**Plan-Level Adjustments**			**(PLA) = (10)x(11)x(12)**				**INDEX RATE**		**Calibration Allowable Rating Factors (ARFs) ***	**BASE PREMIUM**	Average Cost Share	**INDEX RATE**	
Benefit Plan				Mapped Mems	EMMs	%	(Ave ALW EHB)	Reins.	Risk Adj	Exch User Fees	(Post-MLA)	CF Pricing Value	CDH Factor	Induced Demand	Cost Share	Network & UM	Non-EHB	Distrib & Admin	(Plan-Level)	2017 HHS AV	Age	(Consumer-Level) 1Q17	1Q17	(Plan-Level) 1Q16	Δ
Silver Plans	Ded.	OOP Max																							
BluePreferred PPO Silver 1000	$1,000 Med / $100 Rx	$7,150		431	1,200	1.3%	$550.96	1.0000	0.9196	1.0000	$506.65	0.7135	1.0060	0.9348	0.6711	1.0000	1.0042	1.2592	$429.91	0.7199	0.9350	$401.96	0.6501	$413.78	3.9%
BluePreferred PPO HSA/HRA Silver 1500	$1,500 (Integrated)	$6,550		2,643	7,356	8.0%	$550.96	1.0000	0.9196	1.0000	$506.65	0.6978	0.9600	0.9348	0.6262	1.0000	1.0042	1.2592	$401.17	0.7172	0.9350	$375.10	0.6233	$396.70	1.1%
BluePreferred PPO Silver 1500 BlueFund HSA	$1,500 (Integrated)	$6,350		0	276	0.3%	$550.96	1.0000	0.9196	1.0000	$506.65	0.6985	0.9600	0.9348	0.6269	1.0000	1.0042	1.2592	$401.63	0.7190	0.9350	$375.52	NA	NA	NA
BluePreferred PPO HSA/HRA 2000 80%/60%	$2,000 (Integrated)	$6,550		47	276	0.3%	$550.96	1.0000	0.9196	1.0000	$506.65	0.6506	0.9600	0.9348	0.5839	1.0000	1.0000	1.2592	$372.51	0.7113	0.9350	$348.30	0.6257	$395.99	-5.9%
BluePreferred PPO HSA/HRA Silver 2000	$2,000 (Integrated)	$6,000		1,678	4,668	5.1%	$550.96	1.0000	0.9196	1.0000	$506.65	0.6732	0.9600	0.9348	0.6041	1.0000	1.0042	1.2592	$387.04	0.7090	0.9350	$361.88	0.6061	$385.77	0.3%
HealthyBlue PPO HSA/HRA Silver 2000	$2,000 (Integrated)	$6,550		336	936	1.0%	$550.96	1.0000	0.9196	1.0000	$506.65	0.6919	0.9600	0.9348	0.6210	1.0000	1.0042	1.2592	$397.82	0.7198	0.9350	$371.96	0.6293	$400.52	-0.7%
Gold Plans																									
BluePreferred PPO 1000 90%/70%	$1,000 (Integrated)	$6,550		276	768	0.8%	$550.96	1.0000	0.9196	1.0000	$506.65	0.7636	1.0060	0.9802	0.7530	1.0000	1.0000	1.2592	$480.41	0.8061	0.9350	$449.18	0.7710	$487.90	-1.5%
BluePreferred PPO Gold 500	$500 Med / $250 Rx	$7,150		1,299	3,612	3.9%	$550.96	1.0000	0.9196	1.0000	$506.65	0.8246	1.0060	0.9802	0.8131	1.0000	1.0042	1.2592	$520.93	0.8182	0.9350	$487.07	0.7843	$499.17	4.4%
BluePreferred PPO Gold 1000	$1,000 Med / $250 Rx	$4,000		3,610	10,044	11.0%	$550.96	1.0000	0.9196	1.0000	$506.65	0.8035	1.0060	0.9802	0.7924	1.0000	1.0042	1.2592	$507.63	0.8006	0.9350	$474.64	0.7641	$486.31	4.4%
BluePreferred PPO Gold 1500	$1,500 Med / $250 Rx	$3,500		2,396	6,672	7.3%	$550.96	1.0000	0.9196	1.0000	$506.65	0.7909	1.0060	0.9802	0.7799	1.0000	1.0042	1.2592	$499.64	0.7900	0.9350	$467.16	0.7605	$484.07	3.2%
HealthyBlue PPO Gold 1500	$1,500 Med / $0 Rx	$7,150		2,121	5,904	6.4%	$550.96	1.0000	0.9196	1.0000	$506.65	0.8261	1.0060	0.9802	0.8146	1.0000	1.0042	1.2592	$521.88	0.8131	0.9350	$487.96	0.8050	$512.35	1.9%
Platinum Plans																									
BluePreferred PPO Platinum 0	$0 Med / $0 Rx	$1,500		11,986	33,372	36.4%	$550.96	1.0000	0.9196	1.0000	$506.65	0.9306	1.0060	1.0438	0.9772	1.0000	1.0042	1.2592	$626.04	0.9158	0.9350	$585.35	0.9722	$618.77	1.2%
BluePreferred PPO Platinum 500	$500 Med / $0 Rx	$1,500		5,266	14,664	16.0%	$550.96	1.0000	0.9196	1.0000	$506.65	0.8831	1.0060	1.0438	0.9273	1.0000	1.0042	1.2592	$594.07	0.8901	0.9350	$555.46	0.9328	$593.71	0.1%
HealthyBlue PPO Platinum 500	$500 Med / $0 Rx	$1,500		449	1,248	1.4%	$550.96	1.0000	0.9196	1.0000	$506.65	0.9080	1.0060	1.0438	0.9534	1.0000	1.0042	1.2592	$610.79	0.8949	0.9350	$571.09	0.9502	$604.76	1.0%
HealthyBlue PPO Platinum 1000	$1,000 Med / $0 Rx	$1,500		207	576	0.6%	$550.96	1.0000	0.9196	1.0000	$506.65	0.8728	1.0060	1.0438	0.9165	1.0000	1.0042	1.2592	$587.14	0.8868	0.9350	$548.97	0.9398	$598.15	-1.8%
		SILVER SUBTOTAL:		5,135	14,712	16.1%	$550.96	1.0000	0.9196	1.0000	$506.65	0.6900	0.9638	0.9348	0.6217	1.0000	1.0041	1.2592	$398.29	0.7149	0.9350	$372.40	0.6203	$394.81	0.9%
		GOLD SUBTOTAL:		9,702	27,000	29.5%	$550.96	1.0000	0.9196	1.0000	$506.65	0.8070	1.0060	0.9802	0.7958	1.0000	1.0041	1.2592	$509.78	0.8032	0.9350	$476.64	0.7750	$493.22	3.4%
		PLATINUM SUBTOTAL:		17,908	49,860	54.4%	$550.96	1.0000	0.9196	1.0000	$506.65	0.9154	1.0060	1.0438	0.9612	1.0000	1.0042	1.2592	$615.81	0.9074	0.9350	$575.78	0.9597	$610.81	0.8%
		GRAND TOTAL:		**32,745**	**91,572**	**100.0%**	**$550.96**	**1.0000**	**0.9196**	**1.0000**	**$506.65**	**0.8473**	**0.9992**	**1.0075**	**0.8579**	**1.0000**	**1.0041**	**1.2592**	**$549.60**	**0.8458**	**0.9350**	**$513.88**	**0.8517**	**$542.09**	**1.6%**

*** Geographic and Tobacco calibration factors both = 1.000.**

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

2017 ACA - PLAN LEVEL DERIVATIONS 2Q17
SG DC GHMSI

			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
				Actual 2/29/2016	ON-Exchange 2Q17 Cohort		**INDEX RATE**	**Market-Level Adjustments (MLA)**			**INDEX RATE**	**Plan-Level Adjustments (PLA)**			**= (10)x(11)x(12)**				**INDEX RATE**		**Calibration Allowable Rating Factors (ARFs) ***	**BASE PREMIUM**	Average Cost Share	**INDEX RATE**	
Benefit Plan				Mapped Mems	Projected EMMs	%	(Ave ALW EHB)	Reins.	Risk Adj	Exch User Fees	(Post-MLA)	CF Pricing Value	CDH Factor	Induced Demand	Cost Share	Network & UM	Non-EHB	Distrib & Admin	(Plan-Level)	2017 HHS AV	Age	(Consumer-Level) 2Q17	2Q17	(Plan-Level) 2Q16	Δ
Silver Plans	Ded.	OOP Max																							
BluePreferred PPO Silver 1000	$1,000 Med / $100 Rx	$7,150		431	396	1.3%	$561.99	1.0000	0.9212	1.0000	$517.69	0.7135	1.0060	0.9348	0.6711	1.0000	1.0042	1.2663	$441.76	0.7199	0.9350	$413.04	0.6501	$419.97	5.2%
BluePreferred PPO HSA/HRA Silver 1500	$1,500 (Integrated)	$6,550		2,643	2,412	8.0%	$561.99	1.0000	0.9212	1.0000	$517.69	0.6978	0.9600	0.9348	0.6262	1.0000	1.0042	1.2663	$412.23	0.7172	0.9350	$385.44	0.6233	$402.64	2.4%
BluePreferred PPO Silver 1500 BlueFund HSA	$1,500 (Integrated)	$6,350		0	96	0.3%	$561.99	1.0000	0.9212	1.0000	$517.69	0.6985	0.9600	0.9348	0.6269	1.0000	1.0042	1.2663	$412.70	0.7190	0.9350	$385.87	NA	NA	NA
BluePreferred PPO HSA/HRA 2000 80%/60%	$2,000 (Integrated)	$6,550		47	96	0.3%	$561.99	1.0000	0.9212	1.0000	$517.69	0.6506	0.9600	0.9348	0.5839	1.0000	1.0000	1.2663	$382.78	0.7113	0.9350	$357.90	0.6257	$401.92	-4.8%
BluePreferred PPO HSA/HRA Silver 2000	$2,000 (Integrated)	$6,000		1,678	1,536	5.1%	$561.99	1.0000	0.9212	1.0000	$517.69	0.6732	0.9600	0.9348	0.6041	1.0000	1.0042	1.2663	$397.70	0.7090	0.9350	$371.85	0.6061	$391.55	1.6%
HealthyBlue PPO HSA/HRA Silver 2000	$2,000 (Integrated)	$6,550		336	300	1.0%	$561.99	1.0000	0.9212	1.0000	$517.69	0.6919	0.9600	0.9348	0.6210	1.0000	1.0042	1.2663	$408.79	0.7198	0.9350	$382.22	0.6293	$406.51	0.6%
Gold Plans																									
BluePreferred PPO 1000 90%/70%	$1,000 (Integrated)	$6,550		276	252	0.8%	$561.99	1.0000	0.9212	1.0000	$517.69	0.7636	1.0060	0.9802	0.7530	1.0000	1.0000	1.2663	$493.65	0.8061	0.9350	$461.56	0.7710	$495.21	-0.3%
BluePreferred PPO Gold 500	$500 Med / $250 Rx	$7,150		1,299	1,188	4.0%	$561.99	1.0000	0.9212	1.0000	$517.69	0.8246	1.0060	0.9802	0.8131	1.0000	1.0042	1.2663	$535.29	0.8182	0.9350	$500.50	0.7843	$506.64	5.7%
BluePreferred PPO Gold 1000	$1,000 Med / $250 Rx	$4,000		3,610	3,288	11.0%	$561.99	1.0000	0.9212	1.0000	$517.69	0.8035	1.0060	0.9802	0.7924	1.0000	1.0042	1.2663	$521.62	0.8006	0.9350	$487.72	0.7641	$493.59	5.7%
BluePreferred PPO Gold 1500	$1,500 Med / $250 Rx	$3,500		2,396	2,184	7.3%	$561.99	1.0000	0.9212	1.0000	$517.69	0.7909	1.0060	0.9802	0.7799	1.0000	1.0042	1.2663	$513.41	0.7900	0.9350	$480.04	0.7605	$491.31	4.5%
HealthyBlue PPO Gold 1500	$1,500 Med / $0 Rx	$7,150		2,121	1,932	6.4%	$561.99	1.0000	0.9212	1.0000	$517.69	0.8261	1.0060	0.9802	0.8146	1.0000	1.0042	1.2663	$536.27	0.8131	0.9350	$501.41	0.8050	$520.02	3.1%
Platinum Plans																									
BluePreferred PPO Platinum 0	$0 Med / $0 Rx	$1,500		11,986	10,908	36.4%	$561.99	1.0000	0.9212	1.0000	$517.69	0.9306	1.0060	1.0438	0.9772	1.0000	1.0042	1.2663	$643.29	0.9158	0.9350	$601.48	0.9722	$628.03	2.4%
BluePreferred PPO Platinum 500	$500 Med / $0 Rx	$1,500		5,266	4,788	16.0%	$561.99	1.0000	0.9212	1.0000	$517.69	0.8831	1.0060	1.0438	0.9273	1.0000	1.0042	1.2663	$610.44	0.8901	0.9350	$570.77	0.9328	$602.59	1.3%
HealthyBlue PPO Platinum 500	$500 Med / $0 Rx	$1,500		449	408	1.4%	$561.99	1.0000	0.9212	1.0000	$517.69	0.9080	1.0060	1.0438	0.9534	1.0000	1.0042	1.2663	$627.62	0.8949	0.9350	$586.83	0.9502	$613.81	2.2%
HealthyBlue PPO Platinum 1000	$1,000 Med / $0 Rx	$1,500		207	192	0.6%	$561.99	1.0000	0.9212	1.0000	$517.69	0.8728	1.0060	1.0438	0.9165	1.0000	1.0042	1.2663	$603.32	0.8868	0.9350	$564.10	0.9398	$607.10	-0.6%
		SILVER SUBTOTAL:		5,135	4,836	16.1%	$561.99	1.0000	0.9212	1.0000	$517.69	0.6900	0.9638	0.9348	0.6217	1.0000	1.0041	1.2663	$409.25	0.7149	0.9350	$382.65	0.6203	$400.72	2.2%
		GOLD SUBTOTAL:		9,702	8,844	29.5%	$561.99	1.0000	0.9212	1.0000	$517.69	0.8070	1.0060	0.9802	0.7958	1.0000	1.0041	1.2663	$523.83	0.8033	0.9350	$489.79	0.7750	$500.60	4.7%
		PLATINUM SUBTOTAL:		17,908	16,296	54.4%	$561.99	1.0000	0.9212	1.0000	$517.69	0.9154	1.0060	1.0438	0.9612	1.0000	1.0042	1.2663	$632.78	0.9074	0.9350	$591.65	0.9597	$619.95	2.1%
		GRAND TOTAL:		**32,745**	**29,976**	**100.0%**	**$561.99**	**1.0000**	**0.9212**	**1.0000**	**$517.69**	**0.8471**	**0.9992**	**1.0074**	**0.8577**	**1.0000**	**1.0041**	**1.2663**	**$564.57**	**0.8456**	**0.9350**	**$527.88**	**0.8517**	**$550.21**	**2.8%**

*** Geographic and Tobacco calibration factors both = 1.000.**

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

2017 ACA - PLAN LEVEL DERIVATIONS 3Q17
SG DC GHMSI

			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
				Actual 2/29/2016	ON-Exchange 3Q17 Cohort Projected		**INDEX RATE**	**Market-Level Adjustments (MLA)**			**INDEX RATE**	**Plan-Level Adjustments (PLA)**							**INDEX RATE**		**Calibration Allowable Rating Factors (ARFs) ***	**BASE PREMIUM**	Average Cost Share	**INDEX RATE**	
				Mapped			(Ave ALW		Risk	Exch User	(Post-	CF Pricing	CDH	Induced	= (10)x(11)x(12) Cost	Network	Non-	Distrib	(Plan-	2017 HHS		(Consumer- Level)		(Plan- Level)	
Benefit Plan				Mems	EMMs	%	EHB)	Reins.	Adj	Fees	MLA)	Value	Factor	Demand	Share	& UM	EHB	& Admin	Level)	AV	Age	3Q17	3Q17	3Q16	Δ
Silver Plans	Ded.	OOP Max																							
BluePreferred PPO Silver 1000	$1,000 Med / $100 Rx	$7,150		431	984	1.3%	$573.31	1.0000	0.9227	1.0000	$529.01	0.7135	1.0060	0.9348	0.6711	1.0000	1.0042	1.2706	$452.93	0.7199	0.9350	$423.49	0.6501	$426.47	6.2%
BluePreferred PPO HSA/HRA Silver 1500	$1,500 (Integrated)	$6,550		2,643	6,060	8.0%	$573.31	1.0000	0.9227	1.0000	$529.01	0.6978	0.9600	0.9348	0.6262	1.0000	1.0042	1.2706	$422.65	0.7172	0.9350	$395.18	0.6233	$408.87	3.4%
BluePreferred PPO Silver 1500 BlueFund HSA	$1,500 (Integrated)	$6,350		0	228	0.3%	$573.31	1.0000	0.9227	1.0000	$529.01	0.6985	0.9600	0.9348	0.6269	1.0000	1.0042	1.2706	$423.13	0.7190	0.9350	$395.63	NA	NA	NA
BluePreferred PPO HSA/HRA 2000 80%/60%	$2,000 (Integrated)	$6,550		47	228	0.3%	$573.31	1.0000	0.9227	1.0000	$529.01	0.6506	0.9600	0.9348	0.5839	1.0000	1.0000	1.2706	$392.46	0.7113	0.9350	$366.95	0.6257	$408.13	-3.8%
BluePreferred PPO HSA/HRA Silver 2000	$2,000 (Integrated)	$6,000		1,678	3,852	5.1%	$573.31	1.0000	0.9227	1.0000	$529.01	0.6732	0.9600	0.9348	0.6041	1.0000	1.0042	1.2706	$407.76	0.7090	0.9350	$381.26	0.6061	$397.60	2.6%
HealthyBlue PPO HSA/HRA Silver 2000	$2,000 (Integrated)	$6,550		336	780	1.0%	$573.31	1.0000	0.9227	1.0000	$529.01	0.6919	0.9600	0.9348	0.6210	1.0000	1.0042	1.2706	$419.12	0.7198	0.9350	$391.88	0.6293	$412.80	1.5%
Gold Plans																									
BluePreferred PPO 1000 90%/70%	$1,000 (Integrated)	$6,550		276	636	0.8%	$573.31	1.0000	0.9227	1.0000	$529.01	0.7636	1.0060	0.9802	0.7530	1.0000	1.0000	1.2706	$506.13	0.8061	0.9350	$473.23	0.7710	$502.86	0.7%
BluePreferred PPO Gold 500	$500 Med / $250 Rx	$7,150		1,299	2,976	3.9%	$573.31	1.0000	0.9227	1.0000	$529.01	0.8246	1.0060	0.9802	0.8131	1.0000	1.0042	1.2706	$548.82	0.8182	0.9350	$513.15	0.7843	$514.48	6.7%
BluePreferred PPO Gold 1000	$1,000 Med / $250 Rx	$4,000		3,610	8,292	11.0%	$573.31	1.0000	0.9227	1.0000	$529.01	0.8035	1.0060	0.9802	0.7924	1.0000	1.0042	1.2706	$534.81	0.8006	0.9350	$500.05	0.7641	$501.22	6.7%
BluePreferred PPO Gold 1500	$1,500 Med / $250 Rx	$3,500		2,396	5,496	7.3%	$573.31	1.0000	0.9227	1.0000	$529.01	0.7909	1.0060	0.9802	0.7799	1.0000	1.0042	1.2706	$526.39	0.7900	0.9350	$492.17	0.7605	$498.91	5.5%
HealthyBlue PPO Gold 1500	$1,500 Med / $0 Rx	$7,150		2,121	4,872	6.5%	$573.31	1.0000	0.9227	1.0000	$529.01	0.8261	1.0060	0.9802	0.8146	1.0000	1.0042	1.2706	$549.83	0.8131	0.9350	$514.09	0.8050	$528.06	4.1%
Platinum Plans																									
BluePreferred PPO Platinum 0	$0 Med / $0 Rx	$1,500		11,986	27,516	36.4%	$573.31	1.0000	0.9227	1.0000	$529.01	0.9306	1.0060	1.0438	0.9772	1.0000	1.0042	1.2706	$659.56	0.9158	0.9350	$616.69	0.9722	$637.74	3.4%
BluePreferred PPO Platinum 500	$500 Med / $0 Rx	$1,500		5,266	12,084	16.0%	$573.31	1.0000	0.9227	1.0000	$529.01	0.8831	1.0060	1.0438	0.9273	1.0000	1.0042	1.2706	$625.88	0.8901	0.9350	$585.20	0.9328	$611.91	2.3%
HealthyBlue PPO Platinum 500	$500 Med / $0 Rx	$1,500		449	1,032	1.4%	$573.31	1.0000	0.9227	1.0000	$529.01	0.9080	1.0060	1.0438	0.9534	1.0000	1.0042	1.2706	$643.49	0.8949	0.9350	$601.66	0.9502	$623.30	3.2%
HealthyBlue PPO Platinum 1000	$1,000 Med / $0 Rx	$1,500		207	468	0.6%	$573.31	1.0000	0.9227	1.0000	$529.01	0.8728	1.0060	1.0438	0.9165	1.0000	1.0042	1.2706	$618.57	0.8868	0.9350	$578.36	0.9398	$616.48	0.3%
	SILVER SUBTOTAL:			5,135	12,132	16.1%	$573.31	1.0000	0.9227	1.0000	$529.01	0.6900	0.9637	0.9348	0.6217	1.0000	1.0041	1.2706	$419.59	0.7149	0.9350	$392.32	0.6203	$406.91	3.2%
	GOLD SUBTOTAL:			9,702	22,272	29.5%	$573.31	1.0000	0.9227	1.0000	$529.01	0.8070	1.0060	0.9802	0.7958	1.0000	1.0041	1.2706	$537.07	0.8032	0.9350	$502.16	0.7750	$508.34	5.7%
	PLATINUM SUBTOTAL:			17,908	41,100	54.4%	$573.31	1.0000	0.9227	1.0000	$529.01	0.9154	1.0060	1.0438	0.9612	1.0000	1.0042	1.2706	$648.79	0.9074	0.9350	$606.62	0.9597	$629.53	3.0%
	GRAND TOTAL:			**32,745**	**75,504**	**100.0%**	**$573.31**	**1.0000**	**0.9227**	**1.0000**	**$529.01**	**0.8472**	**0.9992**	**1.0075**	**0.8579**	**1.0000**	**1.0041**	**1.2706**	**$579.01**	**0.8458**	**0.9350**	**$541.37**	**0.8517**	**$558.71**	**3.8%**

*** Geographic and Tobacco calibration factors both = 1.000.**

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

2017 ACA - PLAN LEVEL DERIVATIONS 4Q17
SG DC GHMSI

			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
				Actual 2/29/2016	ON-Exchange 4Q17 Cohort Projected		**INDEX RATE**	**Market-Level Adjustments (MLA)**			**INDEX RATE**			**Plan-Level Adjustments**	**(PLA) = (10)x(11)x(12)**				**INDEX RATE**		**Calibration Allowable Rating Factors (ARFs) ***	**BASE PREMIUM**	Average Cost Share	**INDEX RATE**
Benefit Plan				Mapped Mems	EMMs	%	(Ave ALW EHB)	Reins.	Risk Adj	Exch User Fees	(Post-MLA)	CF Pricing Value	CDH Factor	Induced Demand	Cost Share	Network & UM	Non-EHB	Distrib & Admin	(Plan-Level)	2017 HHS AV	Age	(Consumer-Level) 4Q17	4Q17	(Plan-Level) 4Q16	Δ
Silver Plans	Ded.	OOP Max																							
BluePreferred PPO Silver 1000	$1,000 Med / $100 Rx	$7,150		431	2,592	1.3%	$584.94	1.0000	0.9243	1.0000	$540.63	0.7135	1.0060	0.9348	0.6711	1.0000	1.0042	1.2774	$465.35	0.7199	0.9350	$435.10	0.6501	$432.98	7.5%
BluePreferred PPO HSA/HRA Silver 1500	$1,500 (Integrated)	$6,550		2,643	15,888	8.0%	$584.94	1.0000	0.9243	1.0000	$540.63	0.6978	0.9600	0.9348	0.6262	1.0000	1.0042	1.2774	$434.25	0.7172	0.9350	$406.02	0.6233	$415.11	4.6%
BluePreferred PPO Silver 1500 BlueFund HSA	$1,500 (Integrated)	$6,350		0	600	0.3%	$584.94	1.0000	0.9243	1.0000	$540.63	0.6985	0.9600	0.9348	0.6269	1.0000	1.0042	1.2774	$434.74	0.7190	0.9350	$406.48	NA	NA	NA
BluePreferred PPO HSA/HRA 2000 80%/60%	$2,000 (Integrated)	$6,550		47	600	0.3%	$584.94	1.0000	0.9243	1.0000	$540.63	0.6506	0.9600	0.9348	0.5839	1.0000	1.0000	1.2774	$403.22	0.7113	0.9350	$377.02	0.6257	$414.36	-2.7%
BluePreferred PPO HSA/HRA Silver 2000	$2,000 (Integrated)	$6,000		1,678	10,080	5.1%	$584.94	1.0000	0.9243	1.0000	$540.63	0.6732	0.9600	0.9348	0.6041	1.0000	1.0042	1.2774	$418.95	0.7090	0.9350	$391.71	0.6061	$403.67	3.8%
HealthyBlue PPO HSA/HRA Silver 2000	$2,000 (Integrated)	$6,550		336	2,016	1.0%	$584.94	1.0000	0.9243	1.0000	$540.63	0.6919	0.9600	0.9348	0.6210	1.0000	1.0042	1.2774	$430.62	0.7198	0.9350	$402.63	0.6293	$419.10	2.7%
Gold Plans																									
BluePreferred PPO 1000 90%/70%	$1,000 (Integrated)	$6,550		276	1,656	0.8%	$584.94	1.0000	0.9243	1.0000	$540.63	0.7636	1.0060	0.9802	0.7530	1.0000	1.0000	1.2774	$520.02	0.8061	0.9350	$486.22	0.7710	$510.54	1.9%
BluePreferred PPO Gold 500	$500 Med / $250 Rx	$7,150		1,299	7,812	4.0%	$584.94	1.0000	0.9243	1.0000	$540.63	0.8246	1.0060	0.9802	0.8131	1.0000	1.0042	1.2774	$563.88	0.8182	0.9350	$527.23	0.7843	$522.33	8.0%
BluePreferred PPO Gold 1000	$1,000 Med / $250 Rx	$4,000		3,610	21,696	11.0%	$584.94	1.0000	0.9243	1.0000	$540.63	0.8035	1.0060	0.9802	0.7924	1.0000	1.0042	1.2774	$549.48	0.8006	0.9350	$513.77	0.7641	$508.87	8.0%
BluePreferred PPO Gold 1500	$1,500 Med / $250 Rx	$3,500		2,396	14,400	7.3%	$584.94	1.0000	0.9243	1.0000	$540.63	0.7909	1.0060	0.9802	0.7799	1.0000	1.0042	1.2774	$540.83	0.7900	0.9350	$505.68	0.7605	$506.52	6.8%
HealthyBlue PPO Gold 1500	$1,500 Med / $0 Rx	$7,150		2,121	12,744	6.4%	$584.94	1.0000	0.9243	1.0000	$540.63	0.8261	1.0060	0.9802	0.8146	1.0000	1.0042	1.2774	$564.91	0.8131	0.9350	$528.19	0.8050	$536.12	5.4%
Platinum Plans																									
BluePreferred PPO Platinum 0	$0 Med / $0 Rx	$1,500		11,986	72,036	36.4%	$584.94	1.0000	0.9243	1.0000	$540.63	0.9306	1.0060	1.0438	0.9772	1.0000	1.0042	1.2774	$677.65	0.9158	0.9350	$633.60	0.9722	$647.47	4.7%
BluePreferred PPO Platinum 500	$500 Med / $0 Rx	$1,500		5,266	31,656	16.0%	$584.94	1.0000	0.9243	1.0000	$540.63	0.8831	1.0060	1.0438	0.9273	1.0000	1.0042	1.2774	$643.05	0.8901	0.9350	$601.25	0.9328	$621.25	3.5%
HealthyBlue PPO Platinum 500	$500 Med / $0 Rx	$1,500		449	2,700	1.4%	$584.94	1.0000	0.9243	1.0000	$540.63	0.9080	1.0060	1.0438	0.9534	1.0000	1.0042	1.2774	$661.14	0.8949	0.9350	$618.17	0.9502	$632.82	4.5%
HealthyBlue PPO Platinum 1000	$1,000 Med / $0 Rx	$1,500		207	1,248	0.6%	$584.94	1.0000	0.9243	1.0000	$540.63	0.8728	1.0060	1.0438	0.9165	1.0000	1.0042	1.2774	$635.54	0.8868	0.9350	$594.23	0.9398	$625.89	1.5%
	SILVER SUBTOTAL:			5,135	31,776	16.1%	$584.94	1.0000	0.9243	1.0000	$540.63	0.6900	0.9638	0.9348	0.6217	1.0000	1.0041	1.2774	$431.12	0.7149	0.9350	$403.10	0.6203	$413.12	4.4%
	GOLD SUBTOTAL:			9,702	58,308	29.5%	$584.94	1.0000	0.9243	1.0000	$540.63	0.8070	1.0060	0.9802	0.7958	1.0000	1.0041	1.2774	$551.81	0.8032	0.9350	$515.94	0.7750	$516.09	6.9%
	PLATINUM SUBTOTAL:			17,908	107,640	54.4%	$584.94	1.0000	0.9243	1.0000	$540.63	0.9154	1.0060	1.0438	0.9612	1.0000	1.0042	1.2774	$666.57	0.9074	0.9350	$623.24	0.9597	$639.14	4.3%
	GRAND TOTAL:			**32,745**	**197,724**	**100.0%**	**$584.94**	**1.0000**	**0.9243**	**1.0000**	**$540.63**	**0.8472**	**0.9992**	**1.0075**	**0.8579**	**1.0000**	**1.0041**	**1.2774**	**$594.89**	**0.8458**	**0.9350**	**$556.22**	**0.8517**	**$567.24**	**5.1%**

*** Geographic and Tobacco calibration factors both = 1.000.**

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017
DICR & MLR

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
		SG DC GHMSI Projected 1Q17			**SG DC GHMSI** Projected 2Q17			**SG DC GHMSI** Projected 3Q17			**SG DC GHMSI** Projected 4Q17			**SG DC GHMSI** Projected 2017			**SG DC GHMSI** Filed 4Q16	
TRADITIONAL LOSS RATIO		PMPM	%	$s	PMPM	%	$s	PMPM	%	$s	PMPM	%	$s	PMPM	%	$s	PMPM	%
1 Allowed Claims & Captns (EHB Only)	Medical	$ 430.52			$ 437.88			$ 445.41			$ 453.13			$ 445.25			$ 417.01	
2	RX	$ 120.44			$ 124.12			$ 127.91			$ 131.81			$ 127.84			$ 132.56	
3	**TOTAL**	**$ 550.96**			**$ 561.99**			**$ 573.31**			**$ 584.94**			**$ 573.09**			**$ 549.57**	
4																		
5 Allowed Claims & Captns (EHB & Non-EHB)	Medical	$ 432.82			$ 440.21			$ 447.79			$ 455.55			$ 447.63			$ 420.12	
6	RX	$ 120.44			$ 124.12			$ 127.91			$ 131.81			$ 127.84			$ 132.56	
7	**TOTAL**	**$ 553.26**			**$ 564.33**			**$ 575.69**			**$ 587.36**			**$ 575.47**			**$ 552.69**	
8																		
9 Projected EMMs		91,572			29,976			75,504			197,724			394,776			218,568	
10 Average Members		7,631			2,498			6,292			16,477			32,898			18,214	
11 %		23%			8%			19%			50%			100%			52%	
12 Paid/Allowed Ratio		85.8%			85.8%			85.8%			85.8%			85.8%			84.8%	
13 Paid Claims & Captns		$ 474.65			$ 484.00			$ 493.88			$ 503.89			$ 493.68			$ 468.71	
14																		
15 **"3Rs"**																		
16 Risk Corridor		n/a			n/a			n/a			n/a			n/a			n/a	
17 Risk Adjustment/Transfer (Paid Claims Basis)		$ (38.14)		($3,492,590)	$ (38.14)		($1,143,296)	$ (38.14)		($2,879,751)	$ (38.14)		($7,541,267)	$ (38.14)		($15,056,904)	$ (37.81)	
18 Reinsurance Recoveries (State & Federal) (Individual Only, Paid Claims Basis)		$ -		$0	$ -		$0	$ -		$0	$ -		$0	$ -		$0	$ -	
19 **Subtotal:**		**$ (38.14)**		($3,492,590)	**$ (38.14)**		($3,492,590)	**$ (38.14)**		($3,492,590)	**$ (38.14)**		($3,492,590)	**$ (35.39)**		($13,970,361)	**$ (37.81)**	
20																		
21 Paid Claims & Captns (Post-3Rs)		**$ 436.51**	**79.4%**	**$ 39,971,936**	**$445.86**	**78.9%**	**$ 13,365,116**	**$455.74**	**78.7%**	**$ 34,410,111**	**$ 465.75**	**78.3%**	**$ 92,089,769**	**$ 455.54**	**78.6%**	**$ 179,836,932**	**$ 430.91**	**76.3%**
22 Administrative Expense		**$ 49.46**	9.0%	$ 4,529,369	**$ 49.46**	8.8%	$ 1,482,684	**$ 49.46**	8.5%	$ 3,734,607	**$ 49.46**	8.3%	$ 9,779,899	**$ 49.46**	8.5%	$ 19,526,560	**$ 46.24**	8.2%
23 Broker Commissions & Fee		**$ 23.21**	4.2%	$ 2,124,949	**$ 23.21**	4.1%	$ 695,600	**$ 23.21**	4.0%	$ 1,752,088	**$ 23.21**	3.9%	$ 4,588,231	**$ 23.21**	4.0%	$ 9,160,868	**$ 30.50**	5.4%
24 Contribution to Reserve (CtR) - Post-FIT		$ 12.10	**2.2%**	$ 1,107,639	$ 12.42	**2.2%**	$ 372,449	$ 12.74	**2.2%**	$ 962,111	$ 13.09	**2.2%**	$ 2,588,565	$ 12.74	**2.2%**	$ 5,030,764	$ 9.04	**1.6%**
25 Investment Income Credit		$ (0.00)	**0.0%**	$ (49)	$ (0.00)	**0.0%**	$ (16)	$ (0.00)	**0.0%**	$ (43)	$ (0.00)	**0.0%**	$ (115)	$ (0.00)	**0.0%**	$ (223)	$ (0.00)	**0.0%**
26																		
27 **Non-ACA Taxes & Fees**																		
28 State Premium Tax		$ 11.00	**2.0%**	$ 1,006,944	$ 11.30	**2.0%**	$ 338,590	$ 11.58	**2.0%**	$ 874,646	$ 11.90	**2.0%**	$ 2,353,241	$ 11.58	**2.0%**	$ 4,573,422	$ 11.30	**2.0%**
29 State Assessment Fees		$ 0.63	**0.1%**	$ 57,886	$ 0.65	**0.1%**	$ 19,464	$ 0.67	**0.1%**	$ 50,280	$ 0.68	**0.1%**	$ 135,280	$ 0.67	**0.1%**	$ 262,911	$ 0.65	**0.1%**
30 State Income Tax (SIT)		$ -	**0.0%**	$ -	$ -	**0.0%**	$ -	$ -	**0.0%**	$ -	$ -	**0.0%**	$ -	$ -	**0.0%**	$ -	$ -	**0.0%**
31 Federal Income Tax (FIT)		$ 3.30	**0.6%**	$ 302,083	$ 3.39	**0.6%**	$ 101,577	$ 3.48	**0.6%**	$ 262,394	$ 3.57	**0.6%**	$ 705,972	$ 3.48	**0.6%**	$ 1,372,026	$ 2.26	**0.4%**
32																		
33 **ACA Taxes & Fees**																		
34 Health Insurer Fee		$ 0.37	**0.1%**	$ 33,706	$ 5.09	**0.9%**	$ 152,553	$ 8.79	**1.5%**	$ 663,982	$ 13.71	**2.3%**	$ 2,711,716	$ 9.02	**1.6%**	$ 3,561,956	$ 14.69	**2.6%**
35 ***Reinsurance Contribution***		**$ -**	0.0%	$ -	**$ -**	0.0%	$ -	**$ -**	0.0%	$ -	**$ -**	0.0%	$ -	**$ -**	0.0%	$ -	***$ 0.25***	0.0%
36 Risk Adjustment User Fee		**$ 0.13**	0.0%	$ 11,904	**$ 0.13**	0.0%	$ 3,897	**$ 0.13**	0.0%	$ 9,816	**$ 0.13**	0.0%	$ 25,704	**$ 0.13**	0.0%	$ 51,321	**$ 0.15**	0.0%
37 ***Exchange Assessment Fee***		$ 5.50	**1.0%**	$ 503,472	$ 5.65	**1.0%**	$ 169,295	$ 5.79	**1.0%**	$ 437,323	$ 5.95	**1.0%**	$ 1,176,620	$ 5.79	**1.0%**	$ 2,286,711	$ 5.65	**1.0%**
38 ***Exchange User Fees (FFEs Only)***		***$ -***	0.0%	$ -	***$ -***	0.0%	$ -	***$ -***	0.0%	$ -	***$ -***	0.0%	$ -	***$ -***	0.0%	$ -	***$ -***	0.0%
39 Patient-Centered Outcomes Research Institute (PCORI) Tax		**$ 0.20**	0.0%	$ 17,911	**$ 0.20**	0.0%	$ 5,863	**$ 0.20**	0.0%	$ 14,768	**$ 0.20**	0.0%	$ 40,052	**$ 0.20**	0.0%	$ 78,593	**$ 0.19**	0.0%
40																		
41 BlueRewards/Incentive Program-Medical Debit Cards		**$ 7.42**	1.3%	$ 679,464	**$ 7.42**	1.3%	$ 222,422	**$ 7.42**	1.3%	$ 560,240	**$ 7.42**	1.2%	$ 1,467,112	**$ 7.42**	1.3%	$ 2,929,238	**$ 13.19**	2.3%
42																		
43 Other		**$ -**	0.0%	$ -	**$ -**	0.0%	$ -	**$ -**	0.0%	$ -	**$ -**	0.0%	$ -	**$ -**	0.0%	$ -	**$ -**	0.0%
44 **TOTAL**		**$ 549.81**	**100.0%**	**$ 50,347,214**	**$ 564.77**	**100.0%**	**$ 16,929,494**	**$ 579.21**	**100.0%**	**$ 43,732,323**	**$ 595.08**	**100.0%**	**$ 117,662,047**	**$ 579.24**	**100.0%**	**$ 228,671,078**	**$ 565.03**	**100.0%**
45																		
46 Contribution to Reserve (CtR) - Pre-FIT			**2.8%**			**2.8%**			**2.8%**			**2.8%**			**2.8%**			**2.0%**	
47																		
48 **FHCR MEDICAL LOSS RATIO**																		
49 Risk Adjustment		$ (38.14)		$ (3,492,590)	$ (38.14)		$ (1,143,296)	$ (38.14)		$ (2,879,751)	$ (38.14)		$ (7,541,267)	$ (38.14)		$ (15,056,904)	$ (40.97)	
50 Reinsurance Receipts (Individual Only)		$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	
51 BlueRewards/Incentive Program-Medical Debit Cards		$ 7.42		$ 679,464	$ 7.42		$ 222,422	$ 7.42		$ 560,240	$ 7.42		$ 1,467,112	$ 7.42		$ 2,929,238	$ 13.19	
52 Quality Improvement Expenses		$ 4.82		$ 441,769	$ 4.82		$ 144,612	$ 4.82		$ 364,252	$ 4.82		$ 953,875	$ 4.82		$ 1,904,508	$ 7.01	
53 Removal of costs which we book as care, but are not considered care under MLR guidelines (including ITS fees)		$ 7.29		$ 667,537	$ 7.29		$ 218,517	$ 7.29		$ 550,405	$ 7.29		$ 1,441,358	$ 7.29		$ 2,877,817	$ (8.93)	
54 **Numerator (Claims) Adjustment**		**$ (18.61)**		**$ (1,703,821)**	**$ (18.61)**		**$ (557,744)**	**$ (18.61)**		**$ (1,404,854)**	**$ (18.61)**		**$ (3,678,922)**	**$ (18.61)**		**$ (7,345,340)**	**$ (29.69)**	
55																		
56 Non-ACA: Taxes & Regulatory Fees	State Premium Tax	$ 11.00		$ 1,006,944	$ 11.30		$ 338,590	$ 11.58		$ 874,646	$ 11.90		$ 2,353,241	$ 11.58		$ 4,573,422	$ 11.30	
57	State Assmt Fee	$ 0.63		$ 57,886	$ 0.65		$ 19,464	$ 0.67		$ 50,280	$ 0.68		$ 135,280	$ 0.67		$ 262,911	$ 0.65	
58	State Income Tax	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	
59	Federal Income Tax	$ 3.30		$ 302,083	$ 3.39		$ 101,577	$ 3.48		$ 262,394	$ 3.57		$ 705,972	$ 3.48		$ 1,372,026	$ 2.26	
60																		
61 ACA: Taxes & Regulatory Fees	Health Insurer Fee	$ 0.37		$ 33,706	$ 5.09		$ 152,553	$ 8.79		$ 663,982	$ 13.71		$ 2,711,716	$ 9.02		$ 3,561,956	$ 14.69	
62	Reinsurance Contribution	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ 0.25	
64	Risk Adj User Fees	$ 0.13		$ 11,904	$ 0.13		$ 3,897	$ 0.13		$ 9,816	$ 0.13		$ 25,704	$ 0.13		$ 51,321	$ 0.15	
65	Exchange Assessment Fee	$ 5.50		$ 503,472	$ 5.65		$ 169,295	$ 5.79		$ 437,323	$ 5.95		$ 1,176,620	$ 5.79		$ 2,286,711	$ 5.65	
66	Exchange User Fee	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	
67	PCORI	$ 0.20		$ 17,911	$ 0.20		$ 5,863	$ 0.20		$ 14,768	$ 0.20		$ 40,052	$ 0.20		$ 78,593	$ 0.19	
68 **Denominator (Premium) Adjustment**		**$ 21.12**		**$ 1,933,906**	**$ 26.40**		**$ 791,239**	**$ 30.64**		**$ 2,313,209**	**$ 36.15**		**$ 7,148,585**	**$ 30.87**		**$ 12,186,940**	**$ 35.15**	
69																		
70 FHCR Claims		$ 456.04		$ 41,760,705	$ 465.39		$ 13,950,668	$ 475.27		$ 35,885,008	$ 485.28		$ 95,952,114	$ 475.08		$ 187,548,495	$ 439.02	
71 FHCR MLR Premium		$ 528.69		$ 48,413,308	$ 538.37		$ 16,138,255	$ 548.57		$ 41,419,114	$ 558.93		$ 110,513,461	$ 548.37		$ 216,484,138	$ 529.88	
72 **FHCR Loss Ratio**		**86.3%**			**86.4%**			**86.6%**			**86.8%**			**86.6%**			**82.9%**	

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017
DICR & MLR

		1	2	3	4
			Ind 64-DC GHMSI Projected 2017		
	TRADITIONAL LOSS RATIO		PMPM	%	$s
1	Allowed Claims & Captns (EHB Only)	Medical	$ 430.52		
2		RX	$ 120.44		
3		**TOTAL**	**$ 550.96**		
4					
5	Allowed Claims & Captns (EHB & Non-EHB)	Medical	$ 433.09		
6		RX	$ 120.44		
7		**TOTAL**	**$ 553.53**		
8					
9	Projected EMMs		62,048		
10	Average Members		5,171		
11					
12	Paid/Allowed Ratio		71.7%		
13	Paid Claims & Captns		$ 396.61		
14					
15	**"3Rs"**				
16	Risk Corridor		n/a		
17	Risk Adjustment/Transfer (Paid Claims Basis)		$ (55.39)		
18	Reinsurance Recoveries (State & Federal) (Individual Only, Paid Claims Basis)		$ -		
19	**Subtotal:**		**$ (55.39)**		
20					
21	Paid Claims & Captns (Post-3Rs)		**$ 341.22**	**81.1%**	**$ 21,172,205**
22	Administrative Expense		**$ 57.78**	13.7%	$ 3,585,198
23	Broker Commissions & Fee		**$ 3.62**	0.9%	$ 224,363
24	Contribution to Reserve (CtR) - Post-FIT		$ -	**0.0%**	$ -
25	Investment Income Credit		$ (0.00)	**0.0%**	$ (25)
26					
27	**Non-ACA Taxes & Fees**				
28	State Premium Tax		$ 8.42	**2.0%**	$ 522,134
29	State Assessment Fees		$ 0.18	**0.0%**	$ 11,321
30	State Income Tax (SIT)		$ -	**0.0%**	$ -
31	Federal Income Tax (FIT)		$ -	**0.0%**	$ -
32					
33	**ACA Taxes & Fees**				
34	Health Insurer Fee		$ -	**0.0%**	$ -
35	Risk Adjustment User Fee		**$ 0.13**	0.0%	$ 8,066
36	***Exchange Assessment Fee***		$ 4.21	**1.0%**	$ 261,067
37	***Exchange User Fees (FFEs Only)***		**$ -**	0.0%	$ -
38	Patient-Centered Outcomes Research Institute (PCORI) Tax		**$ 0.20**	0.0%	$ 12,136
39					
40	BlueRewards/Incentive Program-Medical Debit Cards		**$ 5.00**	1.2%	$ 310,240
41					
42	Other		**$ -**	0.0%	$ -
43	**TOTAL**		**$ 420.75**	**100.0%**	**$ 26,106,705**
44					
45	Contribution to Reserve (CtR) - Pre-FIT			**0.0%**	
46					
47	**FHCR MEDICAL LOSS RATIO**				
48	Risk Adjustment		$ (55.39)		$ (3,436,862)
49	Reinsurance Receipts		$ -		$ -
50	BlueRewards/Incentive Program-Medical Debit Cards		$ 5.00		$ 310,240
51	Quality Improvement Expenses (net after MLR reclass from care)		$ 4.95		$ 307,037
52	Removal of costs which we book as care, but are not considered care under MLR guidelines (including ITS fees)		$ (3.78)		$ (234,675)
53	**Numerator (Claims) Adjustment**		**$ (49.22)**		**$ (3,054,260)**
54					
55	Non-ACA: Taxes & Regulatory Fees	State Premium Tax	$ 8.42		$ 522,134
56		State Assmt Fee	$ 0.18		$ 11,321
57		State Income Tax	$ -		$ -
58		Federal Income Tax	$ -		$ -
59					
60	ACA: Taxes & Regulatory Fees	Health Insurer Fee	$ -		$ -
61		Reinsurance Contribution	$ -		$ -
62		Risk Adj User Fees	$ 0.13		$ 8,066
63		Exchange Assessment Fee	$ 4.21		$ 261,067
64		Exchange User Fee	$ -		$ -
65		PCORI	$ 0.20		$ 12,136
66	**Denominator (Premium) Adjustment**		**$ 13.13**		**$ 814,725**
67					
68	FHCR Claims		$ 347.39		$ 21,554,807
69	FHCR MLR Premium		$ 407.62		$ 25,291,981
70	**FHCR Loss Ratio**		**85.2%**		

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017
DICR & MLR

		1	2	3	4
			SG & Ind DC GHMSI Projected 2017		
	TRADITIONAL LOSS RATIO		PMPM	%	$s
1	Allowed Claims & Captns (EHB Only)	Medical $	443.25		
2		RX $	126.84		
3		**TOTAL $**	**570.08**		
4					
5	Allowed Claims & Captns (EHB & Non-EHB)	Medical $	445.65		
6		RX $	126.84		
7		**TOTAL $**	**572.49**		
8					
9	Projected EMMs		456,824		
10	Average Members		38,069		
11					
12	Paid/Allowed Ratio		83.9%		
13	Paid Claims & Captns	$	480.50		
14					
15	**"3Rs"**				
16	Risk Corridor		n/a		
17	Risk Adjustment/Transfer (Paid Claims Basis)	$	(40.48)		
18	Reinsurance Recoveries (State & Federal) (Individual Only, Paid Claims Basis)	$	-		
19	**Subtotal:**	**$**	**(40.48)**		
20					
21	Paid Claims & Captns (Post-3Rs)	**$**	**440.01**	**78.9%**	**$ 201,009,137**
22	Administrative Expense	**$**	**50.59**	9.1%	$ 23,111,758
23	Broker Commissions & Fee	**$**	**20.54**	3.7%	$ 9,385,231
24	Contribution to Reserve (CtR) - Post-FIT	$	11.01	**2.0%**	$ 5,030,764
25	Investment Income Credit	$	(0.00)	**0.0%**	$ (248)
26					
27	**Non-ACA Taxes & Fees**				
28	State Premium Tax	$	11.15	**2.0%**	$ 5,095,556
29	State Assessment Fees	$	0.60	**0.1%**	$ 274,232
30	State Income Tax (SIT)	$	-	**0.0%**	$ -
31	Federal Income Tax (FIT)	$	3.00	**0.5%**	$ 1,372,026
32					
33	**ACA Taxes & Fees**				
34	Health Insurer Fee	$	7.80	**1.4%**	$ 3,561,956
35	***Reinsurance Contribution***	**$**	**-**	0.0%	$ -
36	Risk Adjustment User Fee	**$**	**0.13**	0.0%	$ 59,387
37	***Exchange Assessment Fee***	$	5.58	**1.0%**	$ 2,547,778
38	***Exchange User Fees (FFEs Only)***	**$**	**-**	0.0%	$ -
39	Patient-Centered Outcomes Research Institute (PCORI) Tax	**$**	**0.20**	0.0%	$ 90,729
40					
41	BlueRewards/Incentive Program-Medical Debit Cards	**$**	**7.09**	1.3%	$ 3,239,478
42					
43	Other	**$**	**-**	0.0%	$ -
44	**TOTAL**	**$**	**557.72**	**100.0%**	**$ 254,777,783**
45					
46	Contribution to Reserve (CtR) - Pre-FIT			2.8%	
47					
48	**FHCR MEDICAL LOSS RATIO**				
49	Risk Adjustment	$	(40.48)		$ (18,493,766)
50	Reinsurance Receipts (Individual Only)	$	-		$ -
51	BlueRewards/Incentive Program-Medical Debit Cards	$	7.09		$ 3,239,478
52	Quality Improvement Expenses	$	4.84		$ 2,211,545
53	Removal of costs which we book as care, but are not considered care under MLR guidelines (including ITS fees)	$	5.79		$ 2,643,142
54	**Numerator (Claims) Adjustment**	**$**	**(22.77)**		**$ (10,399,601)**
55					
56	Non-ACA: Taxes & Regulatory Fees	State Premium Tax $	11.15		$ 5,095,556
57		State Assmt Fee $	0.60		$ 274,232
58		State Income Tax $	-		$ -
59		Federal Income Tax $	3.00		$ 1,372,026
60					$ -
61	ACA: Taxes & Regulatory Fees	Health Insurer Fee $	7.80		$ 3,561,956
62		Reinsurance Contribution $	-		$ -
64		Risk Adj User Fees $	0.13		$ 59,387
65		Exchange Assessment Fee $	5.58		$ 2,547,778
66		Exchange User Fee $	-		$ -
67		PCORI $	0.20		$ 90,729
68	**Denominator (Premium) Adjustment**	**$**	**28.46**		**$ 13,001,664**
69					
70	FHCR Claims	$	457.73		$ 209,103,302
71	FHCR MLR Premium	$	529.25		$ 241,776,119
72	**FHCR Loss Ratio**		**86.5%**		

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

2017 DC Small Group GHMSI
Exhibit 8 - Risk Adjustment

2015

Metallic Tier	Member Months	Distribution	PLRS	ARF	Transfer $	PMPM
Bronze	4,212	1%	1.147	1.173	$30,504	$7.24
Silver	22,447	6%	1.398	1.078	$1,314,239	$58.55
Gold	161,077	40%	1.409	1.054	$3,308,852	$20.54
Platinum	218,146	54%	1.665	1.057	$10,869,908	$49.83
Total	405,883	100%	1.543	1.058	$15,523,503	$38.25

Statewide		1.389	1.042
State Average Premium	$448.83		

2016

Metallic Tier	Member Months	Distribution	PLRS	ARF	Transfer $	PMPM
Bronze	0	0%	1.097	1.185	$0	
Silver	59,308	15%	1.316	1.089	$1,912,032	$32.24
Gold	122,664	31%	1.429	1.065	$2,991,182	$24.39
Platinum	209,742	54%	1.661	1.068	$9,647,614	$46.00
Total	391,714	100%	1.536	1.070	$14,362,493	$36.67

Statewide		1.388	1.049
State Average Premium	$463.64		

2017

Metallic Tier	Member Months	Distribution	PLRS	ARF	Transfer $	PMPM
Bronze	0	0%	1.097	1.185	$0	
Silver	62,624	16%	1.316	1.089	$2,085,550	$33.30
Gold	115,738	30%	1.429	1.065	$2,915,430	$25.19
Platinum	213,493	54%	1.661	1.068	$10,144,193	$47.52
Total	391,855	100%	1.53727	1.0703	$14,945,485	$38.14

Statewide		1.375	1.050
State Average Premium	$478.94		

Assumptions:
1. Statewide risk adjustment factors are assumed to move proportionately with movement in the estimated CareFirst risk fac
2. Statewide Average Premiums increase at the 2015 / 2014 rate.
3. 2016 and 2017 estimates account for mapped changes in metal levels that occur at renewal

CareFirst BlueCross BlueShield (GHMSI)
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Summary of Wakely Small Group Modeling

		(1)	(2)	(3)	(4) = (2) x 1.00	(5)	(6)	(7) = ((4) + (5))/(6)	(8) = (1)	(9) = 1 + (7)/(8)
		Projected Index Rate	Estimated Risk Adjustment PMPM (Applied to Projected Index Rate)	Calculated Risk Adjustment Factor	Proposed Risk Adjustment PMPM Applied to Projected Index Rate	Risk Adjustment User Fee PMPM**	Avg Paid/Allowed Ratio	Net Risk Transfer Allowed Basis	Projected Index Rate After Reinsurance Adjustment	Proposed Value for Rate Filing
GHMSI	1Q17	$ 550.96	$ (38.14)	0.9308	$ (38.14)	$ 0.13	85.8%	$ (44.31)	$ 550.96	0.9196
	2Q17	$ 561.99	$ (38.14)	0.9321	$ (38.14)	$ 0.13	85.8%	$ (44.31)	$ 561.99	0.9212
	3Q17	$ 573.31	$ (38.14)	0.9335	$ (38.14)	$ 0.13	85.8%	$ (44.31)	$ 573.31	0.9227
	4Q17	$ 584.94	$ (38.14)	0.9348	$ (38.14)	$ 0.13	85.8%	$ (44.31)	$ 584.94	0.9243

* The proposed risk adjustment was developed based on a multi-carrier study conducted by Wakely Consulting Group.

** Risk Adjustment User Fee = $1.56 PMPY / 12 = $0.13 PMPM.

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

Support for DICR Components

Estimated Breakdown of Admin Costs

	% of Revenue
Salaries/Wages/Benefits	3.9%
Quality Improvement Activities	0.9%
Other General Admin	4.3%
Total Admin Costs	**9.0%**

ACA Fees

Policy years ending 10/31/2017 - 9/30/2018			$2.35	PMPY
	Divide by 12:	**$**	**0.20**	PMPM
Policy years ending 10/31/2018 forward			$2.44	PMPY
	Divide by 12:	**$**	**0.20**	PMPM
Reinsurance Contribution 2017		**$**	**-**	PMPM
Risk Adjustment User Fees		$	1.56	PMPY
	Divide by 12:	**$**	**0.13**	PMPM
Health Insurer Fee 2017			**0.0%**	of premium
Health Insurer Fee 2018			**2.6%**	of premium
Exchange Fees			**0.0%**	of premium
Exchange Assessment Fee 2017			**1.0%**	of premium

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017
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 page 30 for support of these factors.

Service Category	Other Factor	Description of Adjustment
Inpatient	1.013	Factor of 1.013 for the impact of the increased age of the pool.
Outpatient	1.013	Factor of 1.013 for the impact of the increased age of the pool.
Professional	1.013	Factor of 1.013 for the impact of the increased age of the pool.
Other	1.013	Factor of 1.013 for the impact of the increased age of the pool.
Rx	0.947	Multiplicative factors of 1.013 for the impact of the increased age of the pool and 0.935 to reflect a projected increase in pharmacy rebates.
Capitation	0.830	Factor of 0.830 to adjust for changes to the capitation fee schedule to occur in the rating period.

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

Support for "Other" Adjustment Factors

1. Factors to Adjust for Capitation Schedule Changes

		Allowed Claims	Item	Calculation
Experience Period Capitation PMPM	$	1.06	(1)	
Projected Difference in Capitations PMPM due to lower negotiated rates		($0.18)	(2)	
Adjustment Factor - Impact to Capitations only (Blended Across Single Risk Pool)		**-17.0%**	(3)	= (2) / (1)

2. Pharmacy Rebates Adjustment

CareFirst changed its Pharmacy Benefits Manager (PBM) in 2014 and has received increased pharmacy rebates as a result of this change. The adjustment below is the ratio of the rebate PMPM for the last 3 months of 2015, which better represents current and future higher rebates, over the average rebate PMPM for all of 2015.

Ind64-				
Experience Period Allowed Rx PMPM (Pre-Rebate)		$ 173.15	(1)	
Experience Period Pharmacy Rebates PMPM		($13.81)	(2)	
Projection Period Pharmacy Rebates PMPM		($23.32)	(3)	
Rebate adjustment factor - Impact to Rx only (Ind64- Only)	-6.0%	**-6.0%**	(4)	= [(3)-(2)] / [(1)+(2)]
Small Group				
Experience Period Allowed Rx PMPM (Pre-Rebate)		$ 122.60	(1)	
Experience Period Pharmacy Rebates PMPM		($29.28)	(2)	
Projection Period Pharmacy Rebates PMPM		($35.43)	(3)	
Rebate adjustment factor - Impact to Rx only (Small Group Only)	-6.6%	**-6.6%**	(4)	= [(3)-(2)] / [(1)+(2)]
Rebate Adjustment Factor - Impact to Rx only (Blended Across Single Risk Pool)		**-6.5%**		

3. Demographic Factor Derivation (see page 32 for details)

Average Relative Risk using 6/30/15 Age Distribution	1.695	(1)	
Average Relative Risk using 2/29/16 Age Distribution	1.717	(2)	
Demographic Impact (Blended Across Single Risk Pool)	**1.3%**	(3)	= (2) / (1) -1

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 1/1/2017
Support for Induced Demand Adjustment - Small Group/Individual Combined

		Item	Calculation
2015 AV	83.34%	(1)	
2015 Induced Demand Factor	1.103	(2)	
2017 AV	83.29%	(3)	
2017 Induced Demand Factor	1.103	(4)	
Buydown Impact Implied by Base Period and Projected Average AVs	0.0%	(5)	=(4)/(2) - 1

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

Demographic Factor Derivation

The factor below represents the change in age factors from our 2015 ACA enrollment vs. actual results from ACA open enrollment through 2/29/16.

The factor is applied as change to all service categories, except capitations, on the Index Rate Derivation page. The factor is specifically applied to the Other Projection Factors section.

The age factors used to calculate the increase in demographic factor are based on our internal data that has a slope of approximately 4.5:1 for adults. We think this better approximates actual claims experience than the Federal curve which is constrained to a 3:1 slope.

	Members	Total Age Factor		Members	Total Age Factor	
Totals	42,781	72,534.40		43,323	74,405.20	**Change**
Average Age Factor		1.695			1.717	**1.3%**
Average Age		42.4			42.6	**0.2**
	6/30/2015	CF		2/29/2016	CF	
Age	Members	Factor	Mem x Age Factor	Members	Factor	Mem x Age Factor
0-20	9858	0.750	7,393.50	9531	0.750	7,148.25
21	326	1.000	325.83	305	1.000	305.33
22	491	1.016	498.75	420	1.016	427.11
23	650	1.048	681.28	607	1.048	636.72
24	792	1.065	842.92	706	1.065	751.90
25	948	1.081	1,024.27	869	1.081	939.44
26	1210	1.113	1,346.43	1182	1.113	1,315.82
27	1078	1.129	1,217.10	1076	1.129	1,214.84
28	1063	1.145	1,217.31	1112	1.145	1,273.42
29	1083	1.177	1,275.15	1134	1.177	1,335.19
30	1004	1.194	1,198.32	1126	1.194	1,343.94
31	1024	1.226	1,255.23	1065	1.226	1,305.48
32	1013	1.242	1,258.08	1053	1.242	1,307.76
33	910	1.274	1,159.52	1035	1.274	1,318.79
34	862	1.290	1,112.26	941	1.290	1,214.19
35	901	1.323	1,191.65	889	1.323	1,175.77
36	824	1.339	1,103.10	911	1.339	1,219.56
37	802	1.371	1,099.52	851	1.371	1,166.69
38	753	1.403	1,056.63	826	1.403	1,159.06
39	741	1.419	1,051.74	783	1.419	1,111.35
40	716	1.452	1,039.35	757	1.452	1,098.87
41	671	1.548	1,038.97	678	1.548	1,049.81
42	702	1.629	1,143.58	690	1.629	1,124.03
43	676	1.694	1,144.84	715	1.694	1,210.89
44	706	1.774	1,252.58	707	1.774	1,254.35
45	724	1.855	1,342.90	711	1.855	1,318.79
46	734	1.952	1,432.48	718	1.952	1,401.26
47	660	2.032	1,341.29	727	2.032	1,477.45
48	637	2.129	1,356.19	653	2.129	1,390.26
49	654	2.226	1,455.68	633	2.226	1,408.94
50	587	2.323	1,363.35	622	2.323	1,444.65
51	630	2.468	1,554.68	592	2.468	1,460.90
52	618	2.597	1,604.81	652	2.597	1,693.10
53	660	2.710	1,788.39	593	2.710	1,606.84
54	621	2.823	1,752.82	630	2.823	1,778.23
55	561	2.968	1,664.90	612	2.968	1,816.26
56	535	3.097	1,656.77	564	3.097	1,746.58
57	541	3.258	1,762.61	546	3.258	1,778.90
58	497	3.387	1,683.39	545	3.387	1,845.97
59	503	3.565	1,792.95	512	3.565	1,825.03
60	502	3.710	1,862.26	532	3.710	1,973.55
61	456	3.871	1,765.16	495	3.871	1,916.13
62	454	4.065	1,845.29	484	4.065	1,967.23
63	464	4.258	1,975.74	449	4.258	1,911.87
64 and Over	1940	4.435	8,604.84	2082	4.435	9,234.68
	42,781		**72,534.40**	**43,323**		**74,405.20**

CareFirst BlueCross BlueShield (GHMSI)
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Derivation of Age Calibration Factor
Based on Approved DC Age Factors from 1/1/2015

Projected Pool Allowed PMPM	**$**	**553.26**
Total Estimated Allowed $ Per Month, Based on Age Factors	$	22,362,593
Total Experience Members		37,812
PMPM Based On Age Factors	$	591.42
Calibration Adjustment		**0.935**
Average Age Factor		**1.069**

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

Small Group 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 GHMSI Small Group

	Midpoint AV	Projected 2017 Member Months	Utilization Impact Relative to Bronze	Impact Relative to Average *
Platinum	90%	214,896	**1.150**	1.044
Gold	80%	116,424	**1.080**	0.980
Silver	70%	63,456	**1.030**	0.935
Subtotal:		394,776		
Average	83.8%		1.110	

	Impact of Health Savings/Reimbursement Account	Projected 2017 Member Months
HSA/HRA	0.960	58,284
All Other *	1.006	336,492
Total	0.999	394,776

* Please refer to page 35 for normalization.

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

Support for Normalization Across Individual (Ind) and Small Group (SG) Markets

Metal Level	Market	Initial Factor	Projected MMs	Normalized Factors
Platinum	SG & Ind	1.150	214,896	1.044
Gold	SG & Ind	1.080	145,505	0.980
Silver	SG & Ind	1.030	86,796	0.935
Silver 200	Ind	1.030	631	0.935
Bronze	SG & Ind	1.000	8,996	0.908
Subtotal:		1.102	456,824	1.000

	Market	Initial Factor	Projected MMs	Normalized Factors
HSA/HRA	SG	0.960	58,284	0.960
Other	SG & Ind		398,540	1.006
Subtotal:			456,824	1.000

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

Rating Methdology & Sample Calculation

Methodology

	Group ABC	
	Selects BluePreferred Gold Plan	
1. For each subscriber in a group, identify:	**Employee 1**	**Employee 2**
All dependents associated with the subscriber including the following categories:	A spouse, and 1 child	5 children
Spouse/Domestic Partner	1	0
# of children ages 21 or older	0	1
# of children ages under 21 (if more than 3, select 3 oldest children)	1	4

	Subscriber	**Spouse**	**Child 1**	**Subscriber**	**Child 1 ***	**Child 2**	**Child 3**	**Child 4**	**Child 5**
2. For each subscriber and dependent, identify their age.	46	34	15	52	6	10	13	18	22
3. Determine appropriate age factor.	1.227	0.856	0.654	1.545		0.654	0.654	0.654	0.727
4. Idenfity the appropriate consumer level base rate.	$474.64	$474.64	$474.64	$474.64		$474.64	$474.64	$474.64	$474.64
5. Multiply the (base rate x age factor) and round to the nearest whole cent to determine the member's individual rate.	$582.38	$406.29	$310.41	$733.32		$310.41	$310.41	$310.41	$345.06
6. The group's total rate is the sum of individual rates for all members combined.	**$3,308.69**								

* 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 1/1/2017

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-129567873, effective 1/1/2015.

APPENDIX

CareFirst BlueCross BlueShield (GHMSI)
(NAIC # 53007)
D.C. Small Group Products - On Exchange
Rates Effective 1/1/2017
Non-Grandfathered Experience for Pre-ACA Plans

Existing Closed Pre-ACA Products Included in Experience Period

HIOS Product ID	HIOS Product Name	On/Off Exchange	Member Months	Total Premium	Total Allowed Claims *	Incurred Claims *
78079DC008	BluePreferred	N/A	44	$ 65,049	$ 189,668	$ 177,878
78079DC010	BluePreferred HRA	N/A	-	$ -	$ 3,767	$ 3,282
78079DC009	BluePreferred HSA	N/A	-	$ -	$ -	$ -
78079DC015	BluePreferred HDHP	N/A	-	$ 1,872	$ 5,840	$ 5,056
78079DC011	Indemnity	N/A	60	$ 47,436	$ 29,950	$ 29,011
	Subtotal Termed Non-ACA for URRT		**104**	**$ 114,357**	**$ 229,225**	**$ 215,228**

*** These amounts do not include pharmacy rebates or capitations.**

CareFirst BlueCross BlueShield (GHMSI)
(NAIC # 53007)
D.C. Small Group Products - On Exchange
Rates Effective 1/1/2017
Non-Grandfathered Experience for ACA Plans

Existing ACA Products Included in Experience Period

2015 HIOS Plan ID	2015 HIOS Plan Name	2017 HIOS Plan ID *	2017 HIOS Plan Name	On/Off Exchange	Contracts a/o Dec 2015	Member Months	Total Premium	Total Allowed Claims **	Incurred Claims **
78079DC0190001	BlueCross BlueShield Preferred 2000, A Multi-State Plan	78079DC0220033	BluePreferred PPO HSA/HRA 2000 80%/60%	On	26	150	$ 60,428	$ 34,616	$ 19,031
78079DC0230003	BluePreferred PPO HSA/HRA $4,000	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	On	17	189	$ 38,898	$ 12,230	$ 4,324
78079DC0170001	BlueCross BlueShield Preferred 1000, A Multi-State Plan	78079DC0220032	BluePreferred PPO 1000 90%/70%	On	192	3,848	$ 1,537,893	$ 1,170,837	$ 926,072
78079DC0220016	BluePreferred PPO 100%/80%, Rx: $10/20%/40%/50%	78079DC0220024	BluePreferred PPO Platinum 0	On	61	928	$ 495,999	$ 412,965	$ 383,258
78079DC0220018	BluePreferred PPO $1000 $30/$40	78079DC0220026	BluePreferred PPO Silver 1000	On	116	574	$ 168,351	$ 308,119	$ 235,754
78079DC0220019	BluePreferred PPO $500 $20/$30	78079DC0220021	BluePreferred PPO Gold 500	On	544	6,607	$ 2,522,036	$ 2,820,750	$ 2,373,976
78079DC0230008	BluePreferred PPO HSA/HRA $1,400	78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500	On	1,574	34,904	$ 14,772,906	$ 15,617,168	$ 12,430,585
78079DC0230009	BluePreferred PPO HSA/HRA $4,500	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	On	86	2,313	$ 686,408	$ 1,351,051	$ 1,039,473
78079DC0230010	BluePreferred PPO HSA/HRA $2000, 100%/80%	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	On	674	16,794	$ 6,060,223	$ 7,585,772	$ 5,788,949
78079DC0230011	BluePreferred PPO HSA/HRA $1,800	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	On	75	1,956	$ 699,188	$ 1,160,187	$ 983,203
78079DC0220012	BluePreferred PPO $1,000 100%/80%	78079DC0220020	BluePreferred PPO Gold 1000	On	1,916	46,854	$ 20,584,283	$ 25,848,993	$ 22,608,185
78079DC0220006	BluePreferred PPO $500	78079DC0220025	BluePreferred PPO Platinum 500	On	3,020	63,617	$ 34,697,952	$ 31,897,541	$ 28,945,475
78079DC0220007	BluePreferred PPO $1,200	78079DC0220031	BluePreferred PPO Gold 1500	On	791	22,288	$ 10,208,060	$ 11,275,119	$ 9,507,141
78079DC0220015	BluePreferred PPO $2,000	78079DC0220031	BluePreferred PPO Gold 1500	On	500	12,132	$ 4,739,838	$ 5,171,749	$ 4,390,781
78079DC0220011	BluePreferred PPO $4,500	78079DC0220026	BluePreferred PPO Silver 1000	On	83	1,994	$ 711,769	$ 1,077,895	$ 837,292
78079DC0220014	BluePreferred PPO $1,000 80%/60%	78079DC0220020	BluePreferred PPO Gold 1000	On	433	9,631	$ 3,688,560	$ 4,048,232	$ 3,465,872
78079DC0220013	BluePreferred PPO 100%/80%, Rx:$10/$45/$65/50%	78079DC0220024	BluePreferred PPO Platinum 0	On	6,489	147,058	$ 83,604,033	$ 71,562,879	$ 66,536,313
78079DC0300005	HealthyBlue PPO $300	78079DC0220030	HealthyBlue PPO Platinum 500	On	263	4,538	$ 2,317,435	$ 2,167,669	$ 1,992,362
78079DC0300006	HealthyBlue PPO $600	78079DC0220029	HealthyBlue PPO Platinum 1000	On	113	2,546	$ 1,196,599	$ 805,928	$ 720,226
78079DC0300004	HealthyBlue PPO $1,500	78079DC0220027	HealthyBlue PPO Gold 1500	On	1,396	26,453	$ 9,868,715	$ 10,429,877	$ 9,286,270
78079DC0310002	HealthyBlue PPO HSA/HRA $2,000	78079DC0220028	HealthyBlue PPO HSA/HRA Silver 2000	On	178	3,376	$ 1,287,424	$ 1,192,438	$ 790,001
				Total	**18,547**	**408,750**	**$ 199,946,998**	**$ 195,952,014**	**$173,264,543**

*** Experience for mapped plans will be listed in the URRT under these 2017 HIOS Plan IDs.**

**** These amounts do not include pharmacy rebates or capitations.**

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017
Blended Index Rate

Effective Date	Index Rate	Total Member Months	%	Average Members
1/1/2017	$ 550.96	91,572	23%	7,631
4/1/2017	$ 561.99	29,976	8%	2,498
7/1/2017	$ 573.31	75,504	19%	6,292
10/1/2017	$ 584.94	197,724	50%	16,477
Blended	**$ 573.09**	**394,776**	**100%**	**32,898**

CareFirst BlueCross BlueShield (GHMSI)

D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

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

Experience Period: Incurred 201501 - 201512, Paid through 201602

						Completed		Rolling 12 PMPM			Rolling 12 Trend		
Month	**Contracts**	**Members**	**Allowed**	**Admits**	**Completion Factor**	**Allowed**	**Admits**	**Allowed**	**Admits/1000**	**Unit Cost**	**Allowed**	**Admits/1000**	**Unit Cost**
201304	21,193	38,080	$2,706,146	158	1.00	$2,706,146	158						
201305	21,193	37,963	$2,328,360	182	1.00	$2,328,360	182						
201306	21,060	37,755	$2,621,955	183	1.00	$2,621,955	183						
201307	21,055	37,782	$2,467,150	183	1.00	$2,467,151	183						
201308	21,353	38,228	$2,531,449	182	1.00	$2,531,450	182						
201309	21,182	37,860	$4,240,017	166	1.00	$4,240,034	166						
201310	21,207	37,864	$2,806,086	163	1.00	$2,806,131	163						
201311	21,254	38,041	$2,919,765	182	1.00	$2,919,843	182						
201312	21,331	38,279	$2,854,604	183	1.00	$2,854,683	183						
201401	24,902	44,057	$5,284,759	242	1.00	$5,284,972	242						
201402	25,080	44,387	$3,061,450	223	1.00	$3,061,667	223						
201403	24,931	44,090	$3,129,745	234	1.00	$3,129,990	234	$77.90	57.70	$16,199.64			
201404	24,785	43,924	$3,482,980	224	1.00	$3,483,296	224	$78.57	58.65	$16,075.08			
201405	24,805	43,935	$2,515,112	204	1.00	$2,515,966	204	$77.99	58.47	$16,004.50			
201406	24,716	43,873	$3,541,957	214	1.00	$3,543,615	214	$78.89	58.50	$16,181.12			
201407	24,316	43,152	$3,125,059	199	1.00	$3,126,897	199	$79.36	58.26	$16,346.26			
201408	24,062	42,822	$5,181,493	198	1.00	$5,185,635	198	$83.92	58.11	$17,328.84			
201409	23,690	42,199	$2,518,516	180	1.00	$2,520,958	180	$79.81	57.95	$16,525.84			
201410	23,274	41,506	$3,974,070	200	1.00	$3,978,486	200	$81.54	58.41	$16,750.17			
201411	22,980	40,925	$2,746,742	170	1.00	$2,750,780	170	$80.75	57.81	$16,761.38			
201412	21,579	38,192	$2,412,514	188	1.00	$2,417,050	188	$79.91	57.95	$16,548.57			
201501	21,542	37,787	$3,051,955	165	1.00	$3,058,941	165	$76.51	56.85	$16,149.90			
201502	21,542	37,690	$2,169,380	170	1.00	$2,175,110	170	$75.76	56.35	$16,133.93			
201503	21,607	37,674	$3,286,825	226	1.00	$3,298,592	227	$77.09	56.90	$16,255.76	-1.0%	-1.4%	0.3%
201504	21,614	37,643	$2,871,128	184	0.99	$2,887,588	185	$76.86	56.68	$16,272.15	-2.2%	-3.4%	1.2%
201505	21,454	37,323	$3,169,873	189	0.99	$3,194,026	190	$79.32	57.12	$16,665.36	1.7%	-2.3%	4.1%
201506	21,398	37,220	$3,518,275	176	0.99	$3,553,332	178	$80.46	57.00	$16,938.61	2.0%	-2.6%	4.7%
201507	21,342	37,169	$3,425,587	201	0.99	$3,470,365	204	$82.22	57.84	$17,056.91	3.6%	-0.7%	4.3%
201508	21,210	36,937	$3,058,978	185	0.98	$3,119,754	189	$78.80	58.33	$16,209.44	-6.1%	0.4%	-6.5%
201509	21,229	36,930	$2,982,819	169	0.97	$3,064,581	174	$80.89	58.83	$16,499.42	1.4%	1.5%	-0.2%
201510	21,162	36,764	$3,055,234	186	0.96	$3,172,910	193	$79.96	59.26	$16,190.92	-1.9%	1.5%	-3.3%
201511	21,237	36,921	$1,986,932	139	0.94	$2,108,233	147	$79.24	59.18	$16,067.03	-1.9%	2.4%	-4.1%
201512	21,076	36,508	$2,577,822	168	0.92	$2,791,730	182	$80.38	59.23	$16,283.93	0.6%	2.2%	-1.6%
201601	21,871	37,311	$2,092,577	154	0.78	$2,692,072	198	$79.64	60.19	$15,879.60	4.1%	5.9%	-1.7%
201602	22,711	38,298	$384,657	32	0.28	$1,393,274	116	$77.79	58.63	$15,920.89	2.7%	4.0%	-1.3%
Experience Period	256,413	446,566	$35,154,806	2,158	0.98	$35,895,163	2,204						
201503	21,607	37,674									-1.0%	-1.4%	0.3%
201509	21,229	36,930									1.4%	1.5%	-0.2%
201512	21,076	36,508									0.6%	2.2%	-1.6%
Avg last 6 months	21,209	36,872									-0.7%	1.2%	-1.9%
Selected Pricing Trend												**1.0%**	**0.0%**

CareFirst BlueCross BlueShield (GHMSI)

D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

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

Experience Period: Incurred 201501 - 201512, Paid through 201602

						Completed		Rolling 12 PMPM			Rolling 12 Trend		
Month	**Contracts**	**Members**	**Allowed**	**Visits**	**Completion Factor**	**Allowed**	**Visits**	**Allowed**	**Visits/1000**	**Unit Cost**	**Allowed**	**Visits/1000**	**Unit Cost**
201304	21,193	38,080	$3,124,547	2,675	1.00	$3,124,547	2,675						
201305	21,193	37,963	$3,196,739	2,705	1.00	$3,196,739	2,705						
201306	21,060	37,755	$2,952,037	2,541	1.00	$2,952,037	2,541						
201307	21,055	37,782	$3,352,561	2,681	1.00	$3,352,562	2,681						
201308	21,353	38,228	$3,087,963	2,707	1.00	$3,087,965	2,707						
201309	21,182	37,860	$2,918,120	2,561	1.00	$2,918,132	2,561						
201310	21,207	37,864	$3,368,061	2,803	1.00	$3,368,114	2,803						
201311	21,254	38,041	$2,980,658	2,499	1.00	$2,980,738	2,499						
201312	21,331	38,279	$3,066,125	2,745	1.00	$3,066,211	2,745						
201401	24,902	44,057	$3,631,473	3,220	1.00	$3,631,611	3,220						
201402	25,080	44,387	$3,541,154	2,970	1.00	$3,541,389	2,970						
201403	24,931	44,090	$4,133,029	3,156	1.00	$4,133,319	3,156	$82.96	841.43	$1,183.07			
201404	24,785	43,924	$3,761,331	3,258	1.00	$3,761,719	3,258	$83.27	845.77	$1,181.51			
201405	24,805	43,935	$3,664,390	3,160	1.00	$3,665,771	3,161	$83.22	846.64	$1,179.47			
201406	24,716	43,873	$3,782,931	3,151	1.00	$3,784,718	3,152	$83.87	851.03	$1,182.66			
201407	24,316	43,152	$4,131,300	3,204	1.00	$4,133,627	3,206	$84.54	854.50	$1,187.18			
201408	24,062	42,822	$4,019,387	3,027	1.00	$4,022,413	3,029	$85.62	854.38	$1,202.62			
201409	23,690	42,199	$3,677,139	3,204	1.00	$3,680,697	3,207	$86.40	862.37	$1,202.22			
201410	23,274	41,506	$4,504,989	3,368	1.00	$4,510,129	3,372	$88.02	869.59	$1,214.61			
201411	22,980	40,925	$3,909,356	2,895	1.00	$3,915,330	2,899	$89.34	874.07	$1,226.60			
201412	21,579	38,192	$4,201,120	2,950	1.00	$4,209,143	2,956	$91.59	879.14	$1,250.14			
201501	21,542	37,787	$4,014,544	2,855	1.00	$4,022,647	2,861	$93.49	881.50	$1,272.71			
201502	21,542	37,690	$3,258,294	2,473	1.00	$3,267,034	2,480	$94.20	881.54	$1,282.24			
201503	21,607	37,674	$3,871,159	2,909	1.00	$3,884,583	2,919	$94.92	887.23	$1,283.76	14.4%	5.4%	8.5%
201504	21,614	37,643	$3,844,032	2,738	0.99	$3,866,070	2,754	$96.35	886.24	$1,304.65	15.7%	4.8%	10.4%
201505	21,454	37,323	$3,659,514	2,685	0.99	$3,687,453	2,705	$97.72	887.05	$1,321.99	17.4%	4.8%	12.1%
201506	21,398	37,220	$3,707,901	2,796	0.99	$3,745,006	2,824	$99.01	891.19	$1,333.20	18.0%	4.7%	12.7%
201507	21,342	37,169	$3,589,807	2,848	0.99	$3,636,810	2,885	$99.21	894.36	$1,331.21	17.4%	4.7%	12.1%
201508	21,210	36,937	$3,571,519	2,797	0.98	$3,642,212	2,852	$99.66	901.15	$1,327.03	16.4%	5.5%	10.3%
201509	21,229	36,930	$3,441,562	2,725	0.97	$3,535,624	2,799	$100.49	900.84	$1,338.58	16.3%	4.5%	11.3%
201510	21,162	36,764	$3,903,134	2,770	0.96	$4,053,445	2,877	$100.53	897.14	$1,344.68	14.2%	3.2%	10.7%
201511	21,237	36,921	$3,831,600	2,802	0.94	$4,065,368	2,973	$101.76	907.13	$1,346.18	13.9%	3.8%	9.7%
201512	21,076	36,508	$4,013,620	2,877	0.92	$4,344,916	3,116	$102.45	914.86	$1,343.83	11.9%	4.1%	7.5%
201601	21,871	37,311	$3,561,668	2,563	0.78	$4,577,771	3,295	$103.80	927.50	$1,343.02	11.0%	5.2%	5.5%
201602	22,711	38,298	$878,827	938	0.28	$3,119,677	3,323	$103.33	948.91	$1,306.77	9.7%	7.6%	1.9%
Experience Period	256,413	446,566	$44,706,687	33,275	0.98	$45,751,169	34,045						
201503	21,607	37,674									14.4%	5.4%	8.5%
201509	21,229	36,930									16.3%	4.5%	11.3%
201512	21,076	36,508									11.9%	4.1%	7.5%
Avg last 6 months	21,209	36,872									15.0%	4.3%	10.3%
Selected Pricing Trend												**3.5%**	**9.0%**

CareFirst BlueCross BlueShield (GHMSI)

D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

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

Experience Period: Incurred 201501 - 201512, Paid through 201602

						Completed		Rolling 12 PMPM			Rolling 12 Trend		
Month	**Contracts**	**Members**	**Allowed**	**Visits**	**Completion Factor**	**Allowed**	**Visits**	**Allowed**	**Visits/1000**	**Unit Cost**	**Allowed**	**Visits/1000**	**Unit Cost**
201304	21,193	38,080	$5,520,794	34,554	1.00	$5,520,794	34,554						
201305	21,193	37,963	$5,388,719	33,999	1.00	$5,388,719	33,999						
201306	21,060	37,755	$4,958,844	30,922	1.00	$4,958,844	30,922						
201307	21,055	37,782	$5,262,810	32,865	1.00	$5,262,812	32,865						
201308	21,353	38,228	$5,215,064	32,386	1.00	$5,215,067	32,386						
201309	21,182	37,860	$5,243,720	31,924	1.00	$5,243,741	31,924						
201310	21,207	37,864	$5,875,607	37,231	1.00	$5,875,701	37,232						
201311	21,254	38,041	$5,155,049	32,676	1.00	$5,155,187	32,677						
201312	21,331	38,279	$5,182,613	31,902	1.00	$5,182,758	31,903						
201401	24,902	44,057	$6,850,811	39,547	1.00	$6,851,089	39,549						
201402	25,080	44,387	$5,907,566	35,171	1.00	$5,907,976	35,173						
201403	24,931	44,090	$6,161,660	37,366	1.00	$6,162,090	37,369	$140.66	10,385.27	$162.52			
201404	24,785	43,924	$6,409,920	39,255	1.00	$6,410,566	39,259	$140.80	10,376.45	$162.83			
201405	24,805	43,935	$6,341,589	38,630	1.00	$6,344,006	38,645	$141.03	10,363.66	$163.30			
201406	24,716	43,873	$6,194,808	37,835	1.00	$6,197,750	37,853	$141.80	10,403.81	$163.55			
201407	24,316	43,152	$6,273,528	37,905	1.00	$6,277,088	37,927	$142.30	10,413.60	$163.98			
201408	24,062	42,822	$5,938,489	35,377	1.00	$5,943,066	35,404	$142.45	10,390.46	$164.52			
201409	23,690	42,199	$6,158,931	38,179	1.00	$6,164,972	38,217	$143.05	10,450.52	$164.26			
201410	23,274	41,506	$9,245,787	42,905	1.00	$9,256,505	42,954	$148.65	10,510.50	$169.72			
201411	22,980	40,925	$5,442,429	34,095	1.00	$5,450,749	34,147	$148.39	10,485.81	$169.82			
201412	21,579	38,192	$5,703,942	35,042	1.00	$5,714,559	35,107	$149.46	10,562.53	$169.80			
201501	21,542	37,787	$5,816,350	33,890	1.00	$5,828,167	33,959	$149.29	10,560.86	$169.63			
201502	21,542	37,690	$5,003,704	29,892	1.00	$5,017,078	29,972	$149.50	10,577.47	$169.61			
201503	21,607	37,674	$5,804,754	33,806	1.00	$5,824,901	33,923	$150.76	10,631.18	$170.18	7.2%	2.4%	4.7%
201504	21,614	37,643	$5,920,628	34,624	0.99	$5,954,574	34,823	$151.77	10,658.96	$170.87	7.8%	2.7%	4.9%
201505	21,454	37,323	$5,523,819	32,612	0.99	$5,565,982	32,861	$152.24	10,661.18	$171.36	7.9%	2.9%	4.9%
201506	21,398	37,220	$5,842,164	34,404	0.99	$5,900,640	34,749	$153.75	10,732.21	$171.91	8.4%	3.2%	5.1%
201507	21,342	37,169	$6,023,146	34,064	0.99	$6,102,047	34,510	$155.34	10,781.80	$172.89	9.2%	3.5%	5.4%
201508	21,210	36,937	$5,437,893	31,996	0.98	$5,545,871	32,632	$156.46	10,847.10	$173.09	9.8%	4.4%	5.2%
201509	21,229	36,930	$5,509,353	33,202	0.97	$5,659,962	34,110	$157.16	10,864.33	$173.59	9.9%	4.0%	5.7%
201510	21,162	36,764	$6,126,912	36,545	0.96	$6,362,858	37,953	$152.41	10,845.55	$168.63	2.5%	3.2%	-0.6%
201511	21,237	36,921	$5,523,964	32,747	0.94	$5,861,125	34,746	$154.69	10,958.45	$169.39	4.2%	4.5%	-0.3%
201512	21,076	36,508	$5,439,185	32,788	0.92	$5,892,301	35,525	$155.67	11,010.99	$169.65	4.2%	4.2%	-0.1%
201601	21,871	37,311	$4,797,164	28,526	0.78	$6,169,608	36,689	$156.60	11,096.19	$169.35	4.9%	5.1%	-0.2%
201602	22,711	38,298	$2,278,478	14,509	0.28	$8,094,090	51,552	$163.27	11,660.82	$168.02	9.2%	10.2%	-0.9%
Experience Period	256,413	446,566	$67,971,872	400,570	0.98	$69,515,507	409,761						
201503	21,607	37,674									7.2%	2.4%	4.7%
201509	21,229	36,930									9.9%	4.0%	5.7%
201512	21,076	36,508									4.2%	4.2%	-0.1%
Avg last 6 months	21,209	36,872									6.6%	4.0%	2.6%
Selected Pricing Trend												**3.0%**	**2.0%**

CareFirst BlueCross BlueShield (GHMSI)

D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

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

Experience Period: Incurred 201501 - 201512, Paid through 201602

						Completed		Rolling 12 PMPM			Rolling 12 Trend		
Month	**Contracts**	**Members**	**Allowed**	**Services**	**Completion Factor**	**Allowed**	**Services**	**Allowed**	**Services/1000**	**Unit Cost**	**Allowed**	**Services/1000**	**Unit Cost**
201304	21,193	38,080	$782,265	3,001	1.00	$782,265	3,001						
201305	21,193	37,963	$723,683	3,019	1.00	$723,683	3,019						
201306	21,060	37,755	$670,837	2,591	1.00	$670,837	2,591						
201307	21,055	37,782	$859,527	2,774	1.00	$859,527	2,774						
201308	21,353	38,228	$968,478	2,955	1.00	$968,478	2,955						
201309	21,182	37,860	$865,426	2,895	1.00	$865,430	2,895						
201310	21,207	37,864	$940,619	3,310	1.00	$940,634	3,310						
201311	21,254	38,041	$848,856	2,872	1.00	$848,879	2,872						
201312	21,331	38,279	$966,975	2,935	1.00	$967,002	2,935						
201401	24,902	44,057	$933,103	3,301	1.00	$933,141	3,301						
201402	25,080	44,387	$916,056	3,459	1.00	$916,123	3,459						
201403	24,931	44,090	$1,204,239	3,932	1.00	$1,204,331	3,932	$22.51	937.08	$288.31			
201404	24,785	43,924	$1,062,098	4,220	1.00	$1,062,232	4,220	$22.82	956.14	$286.44			
201405	24,805	43,935	$1,185,918	3,709	1.00	$1,186,351	3,710	$23.49	961.46	$293.23			
201406	24,716	43,873	$1,135,003	4,128	1.00	$1,135,533	4,130	$24.15	987.02	$293.57			
201407	24,316	43,152	$1,095,541	4,303	1.00	$1,096,152	4,305	$24.36	1,013.28	$288.50			
201408	24,062	42,822	$1,129,619	3,874	1.00	$1,130,461	3,877	$24.46	1,026.04	$286.08			
201409	23,690	42,199	$1,113,150	4,360	1.00	$1,114,217	4,364	$24.74	1,052.05	$282.22			
201410	23,274	41,506	$1,122,162	4,542	1.00	$1,123,435	4,547	$24.92	1,073.63	$278.58			
201411	22,980	40,925	$1,035,816	4,212	1.00	$1,037,439	4,218	$25.15	1,099.08	$274.61			
201412	21,579	38,192	$1,194,954	5,204	1.00	$1,197,212	5,213	$25.60	1,152.55	$266.58			
201501	21,542	37,787	$1,092,006	4,580	1.00	$1,094,234	4,589	$26.24	1,197.31	$262.98			
201502	21,542	37,690	$1,149,190	4,263	1.00	$1,152,275	4,274	$27.06	1,232.89	$263.41			
201503	21,607	37,674	$1,126,623	4,931	1.00	$1,130,523	4,947	$27.26	1,273.59	$256.89	21.1%	35.9%	-10.9%
201504	21,614	37,643	$1,317,532	5,045	0.99	$1,325,085	5,074	$28.16	1,311.02	$257.71	23.4%	37.1%	-10.0%
201505	21,454	37,323	$1,062,918	4,036	0.99	$1,071,031	4,067	$28.30	1,337.95	$253.85	20.5%	39.2%	-13.4%
201506	21,398	37,220	$1,164,775	4,842	0.99	$1,176,407	4,891	$28.79	1,375.98	$251.05	19.2%	39.4%	-14.5%
201507	21,342	37,169	$1,137,421	4,488	0.99	$1,152,306	4,547	$29.27	1,399.77	$250.96	20.2%	38.1%	-13.0%
201508	21,210	36,937	$1,169,252	4,799	0.98	$1,192,538	4,895	$29.78	1,444.03	$247.48	21.7%	40.7%	-13.5%
201509	21,229	36,930	$1,077,367	2,800	0.97	$1,106,778	2,877	$30.11	1,421.63	$254.14	21.7%	35.1%	-9.9%
201510	21,162	36,764	$1,167,887	1,783	0.96	$1,212,901	1,852	$30.62	1,365.03	$269.20	22.9%	27.1%	-3.4%
201511	21,237	36,921	$890,052	1,365	0.94	$944,353	1,448	$30.69	1,303.06	$282.60	22.0%	18.6%	2.9%
201512	21,076	36,508	$964,784	1,660	0.92	$1,045,658	1,799	$30.46	1,216.23	$300.57	19.0%	5.5%	12.7%
201601	21,871	37,311	$740,474	1,108	0.78	$950,919	1,425	$30.18	1,132.41	$319.76	15.0%	-5.4%	21.6%
201602	22,711	38,298	$264,555	648	0.28	$944,735	2,308	$29.67	1,078.07	$330.25	9.6%	-12.6%	25.4%
Experience Period	256,413	446,566	$13,319,807	44,592	0.98	$13,604,090	45,261						
201503	21,607	37,674									21.1%	35.9%	-10.9%
201509	21,229	36,930									21.7%	35.1%	-9.9%
201512	21,076	36,508									19.0%	5.5%	12.7%
Avg last 6 months	21,209	36,872									21.2%	27.5%	-4.0%
Selected Pricing Trend												**10.0%**	**0.0%**

CareFirst BlueCross BlueShield (GHMSI)

D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

D.C. GHMSI Non-Grandfathered Small Group & Individual Base Experience Rx

Experience Period: Incurred 201501 - 201512, Paid through 201602

						Completed		Rolling 12 PMPM			Rolling 12 Trend		
Month	**Contracts**	**Members**	**Allowed**	**Scripts**	**Completion Factor**	**Allowed**	**Scripts**	**Allowed**	**Scripts/1000**	**Unit Cost**	**Allowed**	**Scripts/1000**	**Unit Cost**
201304	21,193	38,080	$3,899,240	30,309	1.00	$3,899,240	30,309						
201305	21,193	37,963	$3,930,227	30,653	1.00	$3,930,227	30,653						
201306	21,060	37,755	$3,725,243	28,297	1.00	$3,725,243	28,297						
201307	21,055	37,782	$4,132,836	29,811	1.00	$4,132,836	29,811						
201308	21,353	38,228	$4,070,732	28,952	1.00	$4,070,732	28,952						
201309	21,182	37,860	$4,028,614	28,139	1.00	$4,028,614	28,139						
201310	21,207	37,864	$4,347,031	29,816	1.00	$4,347,031	29,816						
201311	21,254	38,041	$4,016,316	27,900	1.00	$4,016,316	27,900						
201312	21,331	38,279	$4,509,982	30,520	1.00	$4,509,982	30,520						
201401	24,902	44,057	$4,033,791	32,300	1.00	$4,033,791	32,300						
201402	25,080	44,387	$3,915,004	30,909	1.00	$3,915,004	30,909						
201403	24,931	44,090	$4,502,629	34,367	1.00	$4,502,629	34,367	$103.53	9,156.42	$135.68			
201404	24,785	43,924	$4,603,148	34,763	1.00	$4,603,148	34,763	$103.73	9,156.29	$135.95			
201405	24,805	43,935	$4,797,938	35,221	1.00	$4,797,938	35,221	$104.24	9,156.56	$136.61			
201406	24,716	43,873	$4,903,870	33,944	1.00	$4,903,870	33,944	$105.34	9,180.42	$137.70			
201407	24,316	43,152	$5,058,992	34,256	1.00	$5,058,992	34,256	$106.07	9,188.54	$138.52			
201408	24,062	42,822	$4,539,088	32,694	1.00	$4,539,088	32,694	$106.03	9,193.90	$138.39			
201409	23,690	42,199	$4,496,990	33,052	1.00	$4,496,990	33,052	$106.04	9,231.53	$137.85			
201410	23,274	41,506	$4,921,062	33,942	1.00	$4,921,062	33,942	$106.41	9,262.67	$137.86			
201411	22,980	40,925	$4,402,919	31,509	1.00	$4,402,919	31,509	$106.57	9,295.01	$137.58			
201412	21,579	38,192	$4,593,670	33,505	1.00	$4,593,670	33,505	$106.75	9,366.40	$136.76			
201501	21,542	37,787	$4,440,385	31,152	1.00	$4,440,385	31,152	$108.87	9,455.10	$138.18			
201502	21,542	37,690	$4,050,318	28,027	1.00	$4,050,318	28,027	$110.60	9,512.56	$139.52			
201503	21,607	37,674	$4,596,098	30,972	1.00	$4,596,098	30,972	$112.23	9,553.67	$140.97	8.4%	4.3%	3.9%
201504	21,614	37,643	$4,751,362	30,180	1.00	$4,751,362	30,180	$113.98	9,563.95	$143.01	9.9%	4.5%	5.2%
201505	21,454	37,323	$4,453,032	29,914	1.00	$4,453,032	29,914	$114.83	9,563.02	$144.09	10.2%	4.4%	5.5%
201506	21,398	37,220	$4,727,913	30,233	1.00	$4,727,913	30,233	$116.07	9,603.28	$145.04	10.2%	4.6%	5.3%
201507	21,342	37,169	$4,830,843	30,117	1.00	$4,830,843	30,117	$117.06	9,619.92	$146.03	10.4%	4.7%	5.4%
201508	21,210	36,937	$4,711,308	29,366	1.00	$4,711,308	29,366	$118.93	9,655.99	$147.80	12.2%	5.0%	6.8%
201509	21,229	36,930	$4,659,286	29,168	1.00	$4,659,286	29,168	$120.65	9,665.34	$149.80	13.8%	4.7%	8.7%
201510	21,162	36,764	$5,238,522	30,487	1.00	$5,238,522	30,487	$122.62	9,675.01	$152.09	15.2%	4.5%	10.3%
201511	21,237	36,921	$4,680,899	29,626	1.00	$4,680,899	29,626	$124.34	9,711.02	$153.64	16.7%	4.5%	11.7%
201512	21,076	36,508	$5,517,401	31,742	1.00	$5,517,401	31,742	$126.87	9,700.26	$156.95	18.9%	3.6%	14.8%
201601	21,871	37,311	$4,809,351	30,183	1.00	$4,809,351	30,183	$127.84	9,684.55	$158.40	17.4%	2.4%	14.6%
201602	22,711	38,298	$5,171,481	31,458	1.00	$5,171,481	31,458	$130.17	9,763.54	$159.99	17.7%	2.6%	14.7%
Experience Period	256,413	446,566	$56,657,366	360,984	1.00	$56,657,366	360,984						
201503	21,607	37,674									8.4%	4.3%	3.9%
201509	21,229	36,930									13.8%	4.7%	8.7%
201512	21,076	36,508									18.9%	3.6%	14.8%
Avg last 6 months	21,209	36,872									14.5%	4.5%	9.6%
Selected Pricing Trend												**3.0%**	**9.5%**

CareFirst BlueCross BlueShield (GHMSI)

D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

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

Experience Period: Incurred 201501 - 201512, Paid through 201602

Month	Contracts	Members	Allowed	Completion Factor	Completed Allowed	Rolling 12 PMPM Allowed	Rolling 12 Trend Allowed	Rolling 3 Trend Allowed	Paid	Rolling 12 Trend Paid	Premium
201304	21,193	38,080	$16,032,992	1.00	$16,032,992				$13,578,392		$15,873,030
201305	21,193	37,963	$15,567,728	1.00	$15,567,728				$13,233,221		$15,838,587
201306	21,060	37,755	$14,928,917	1.00	$14,928,917				$12,755,704		$15,867,963
201307	21,055	37,782	$16,074,884	1.00	$16,074,888				$13,771,980		$15,980,595
201308	21,353	38,228	$15,873,687	1.00	$15,873,691				$13,571,141		$16,237,039
201309	21,182	37,860	$17,295,896	1.00	$17,295,950				$15,008,937		$16,221,250
201310	21,207	37,864	$17,337,403	1.00	$17,337,610				$14,845,844		$16,552,831
201311	21,254	38,041	$15,920,644	1.00	$15,920,963				$13,726,378		$16,801,474
201312	21,331	38,279	$16,580,299	1.00	$16,580,635				$14,009,258		$17,343,652
201401	24,902	44,057	$20,733,936	1.00	$20,734,604				$16,972,919		$19,761,209
201402	25,080	44,387	$17,341,230	1.00	$17,342,160				$14,291,142		$19,776,336
201403	24,931	44,090	$19,131,303	1.00	$19,132,358	$427.55			$15,861,486		$19,750,677
201404	24,785	43,924	$19,319,477	1.00	$19,320,961	$429.19			$16,104,058		$20,054,348
201405	24,805	43,935	$18,504,948	1.00	$18,510,032	$429.97			$15,422,038		$20,118,525
201406	24,716	43,873	$19,558,569	1.00	$19,565,486	$434.05		6.6%	$16,522,444		$19,753,531
201407	24,316	43,152	$19,684,421	1.00	$19,692,757	$436.63		7.5%	$16,603,881		$19,492,789
201408	24,062	42,822	$20,808,077	1.00	$20,820,663	$442.49		12.3%	$17,830,955		$19,374,189
201409	23,690	42,199	$17,964,726	1.00	$17,977,834	$440.04		5.5%	$14,890,541		$19,303,690
201410	23,274	41,506	$23,768,069	1.00	$23,789,617	$449.55		11.6%	$20,417,348		$19,140,869
201411	22,980	40,925	$17,537,261	1.00	$17,557,217	$450.21		7.1%	$14,821,768		$18,845,246
201412	21,579	38,192	$18,106,201	1.00	$18,131,634	$453.31		13.0%	$14,294,729		$18,568,105
201501	21,542	37,787	$18,415,239	1.00	$18,444,375	$454.40		4.7%	$14,375,269		$18,273,819
201502	21,542	37,690	$15,630,886	1.00	$15,661,816	$457.12		6.5%	$12,271,506		$18,099,724
201503	21,607	37,674	$18,685,458	1.00	$18,734,698	$462.26	8.1%	8.2%	$14,827,523	-6.5%	$15,339,833
201504	21,614	37,643	$18,704,681	1.00	$18,784,679	$467.11	8.8%	11.7%	$15,097,481	-6.3%	$18,180,589
201505	21,454	37,323	$17,869,156	0.99	$17,971,524	$472.42	9.9%	14.1%	$14,570,717	-5.5%	$18,205,113
201506	21,398	37,220	$18,961,029	0.99	$19,103,298	$478.07	10.1%	14.3%	$15,571,458	-5.8%	$18,166,233
201507	21,342	37,169	$19,006,805	0.99	$19,192,371	$483.11	10.6%	14.2%	$15,797,825	-4.9%	$18,177,062
201508	21,210	36,937	$17,948,951	0.99	$18,211,683	$483.62	9.3%	9.7%	$14,820,299	-16.9%	$18,197,841
201509	21,229	36,930	$17,670,386	0.98	$18,026,230	$489.30	11.2%	9.4%	$14,758,054	-0.9%	$18,309,030
201510	21,162	36,764	$19,491,688	0.97	$20,040,637	$486.14	8.1%	2.8%	$16,463,462	-19.4%	$18,321,499
201511	21,237	36,921	$16,913,447	0.96	$17,659,979	$490.71	9.0%	5.8%	$14,264,690	-3.8%	$18,543,668
201512	21,076	36,508	$18,512,812	0.94	$19,592,005	$495.84	**9.4%**	**5.4%**	$15,579,548	**9.0%**	$19,090,380
201601	21,871	37,311	$16,001,234	0.83	$19,199,722	$498.06	9.6%	10.1%	$14,022,376	-2.5%	$19,400,207
201602	22,711	38,298	$8,977,999	0.48	$18,723,257	$504.23	10.3%	11.6%	$13,149,011	7.2%	$19,715,499
Experience Period	256,413	446,566	$217,810,539	0.98	$221,423,295						$216,904,792
201503	21,607	37,674					8.1%				
201509	21,229	36,930					11.2%				
201512	21,076	36,508					9.4%				
Avg last 6 months	21,209	36,872					9.6%				

CareFirst BlueCross BlueShield (GHMSI)

D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

2017 ACA - TREND ANALYSIS SUMMARY - SMALL GROUP & INDIVIDUAL - DC GHMSI

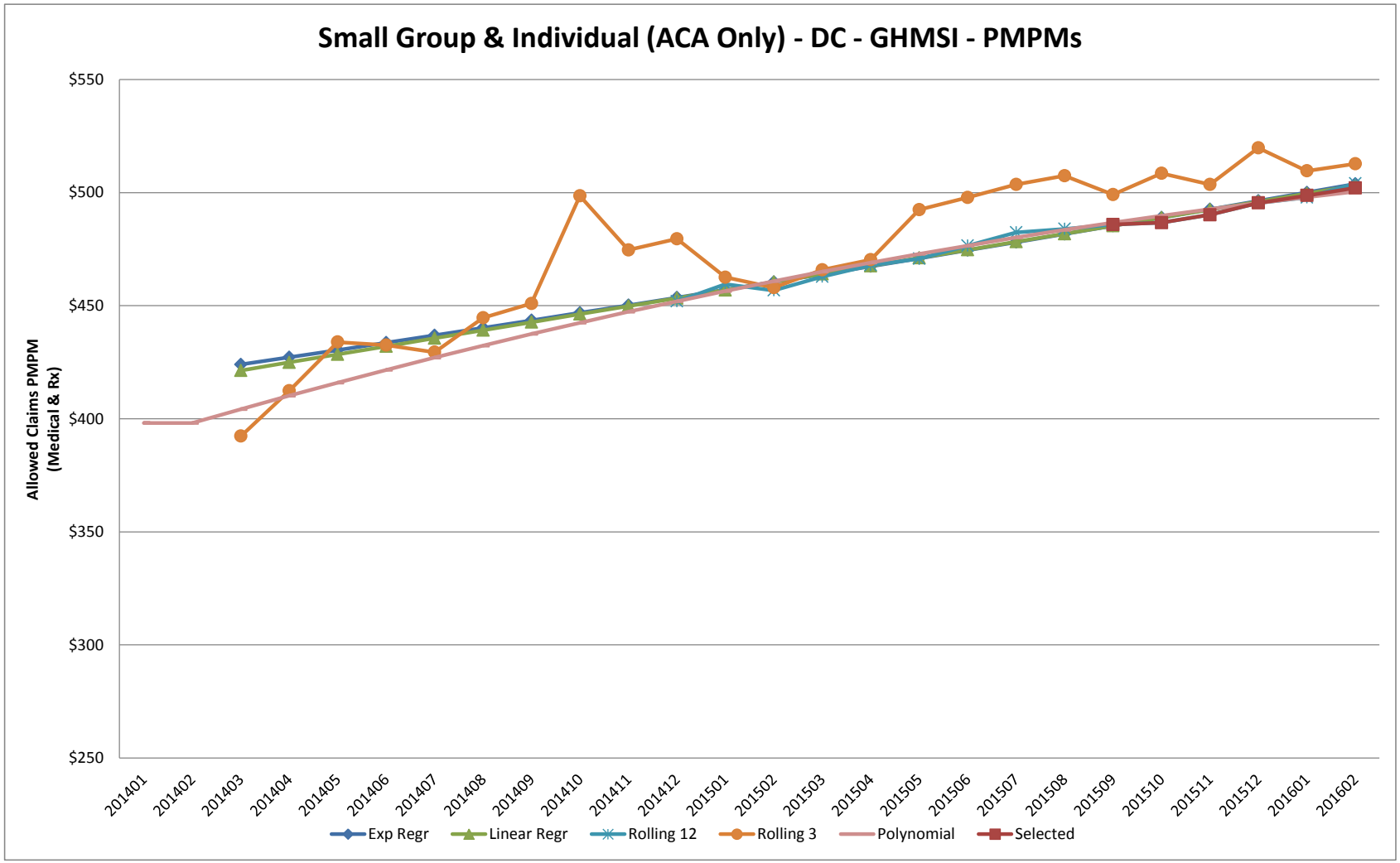
ACA Total Med & Rx Experience

Regressions based on R12 allowed claims PMPMs (Period: 201412 - 201512)

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	24	25	26	27	28	29
										TOTAL (Medical & RX)												**Linear Regression**		**Exponential Regression**			
												ROLLING 3						**ROLLING 12**				Y = MX + B		Y = BM^X			
															Δ						Δ						
																						M 3.554		M 1.008			
																						B 417.811		B 420.803			
																						R2 = 0.974		**R2 = 0.973**			
			Allowed	Paid	Utilization	Allowed Claims	Paid Claims	Allowed Cost/	Annualized Util/	Allowed Cost/	Annual **Cost**	Util/	Annual **Utilization**	Allowed Claims	Annual **Claims**	Allowed Cost/	Annual **Cost**	Util/	Annual **Utilization**	Allowed Claims	Annual **Claims**	PMPM - Linear Reg	R12 Trend Projected PMPMs	PMPM -Exp Reg	R12 Trend Projected PMPMs	Selected	Selected
	Date	Members	Claims	Claims	Units	PMPM	PMPM	Case	1000	Case	Trend	1000	Trend	PMPM	Trend	Case	Trend	1000	Trend	PMPM	Trend					Trends %	Trends $s
10	201401	7,418	$2,818,441	$378,757	10,101	$380		$279	16,340																	8.2%	
11	201402	9,025	$3,210,699	$209,740	13,444	$356		$239	17,875																	8.2%	
12	201403	10,320	$4,470,383	$277,454	18,552	$433		$241	21,572	$249		18,875		$392								$421		$424		8.2%	
13	201404	11,168	$4,900,290	$145,598	20,620	$439		$238	22,156	$239		20,692		$412								$425		$427		8.2%	
14	201405	12,443	$5,351,825	$90,858	22,172	$430		$241	21,382	$240		21,695		$434								$428		$430		8.2%	
15	201406	13,795	$5,929,345	$257,386	24,484	$430		$242	21,298	$241		21,582		$433								$432		$434		8.2%	
16	201407	16,249	$6,963,902	$222,582	29,642	$429		$235	21,891	$239		21,549		$429								$436		$437		8.2%	
17	201408	18,508	$8,696,582	$272,964	32,889	$470		$264	21,324	$248		21,506		$445								$439		$440		8.2%	
18	201409	20,772	$9,380,558	$361,806	39,612	$452		$237	22,884	$245		22,073		$451								$443		$443		8.2%	
19	201410	22,698	$12,824,269	$362,539	47,184	$565		$272	24,945	$258		23,173		$499								$446		$447		8.2%	
20	201411	25,273	$10,421,139	$88,390	44,666	$412		$233	21,208	$248		22,948		$475								$450		$450		8.2%	
21	201412	38,022	$17,994,331	$263,415	76,531	$473		$235	24,154	$245		23,497		$480		$245		22,163		$452		$453		$454		8.2%	
22	201501	37,787	$18,342,466	$974,367	72,632	$485		$253	23,066	$241		23,010		$463		$245		22,490		$460		$457		$457		8.3%	
23	201502	37,690	$15,641,170	$147,781	64,894	$415		$241	20,661	$243		22,632		$458		$245		22,387		$457		$460		$460		8.3%	
24	201503	37,674	$18,722,503	$571,571	72,960	$497		$257	23,239	$250	0.4%	22,323	18.3%	$466	18.7%	$247		22,526		$463		$464	10.1%	$464	9.4%	8.3%	
25	201504	37,643	$18,782,613	$199,813	72,983	$499		$257	23,266	$252	5.4%	22,388	8.2%	$470	14.1%	$248		22,627		$468		$468	10.0%	$467	9.4%	8.3%	
26	201505	37,323	$17,967,150	$755,140	69,700	$481		$258	22,410	$257	7.2%	22,973	5.9%	$492	13.5%	$249		22,648		$471		$471	10.0%	$471	9.4%	8.3%	
27	201506	37,220	$19,100,073	$529,416	72,787	$513		$262	23,467	$259	7.8%	23,048	6.8%	$498	15.1%	$251		22,782		$477		$475	9.9%	$474	9.4%	8.3%	
28	201507	37,169	$19,186,652	$421,023	72,195	$516		$266	23,308	$262	9.6%	23,061	7.0%	$504	17.3%	$253		22,870		$482		$478	9.8%	$478	9.4%	8.3%	
29	201508	36,937	$18,206,659	$317,299	69,856	$493		$261	22,695	$263	6.0%	23,158	7.7%	$507	14.1%	$253		22,924		$484		$482	9.7%	$482	9.4%	8.3%	
30	201509	36,915	$18,020,181	$233,382	69,065	$488		$261	22,451	$262	7.1%	22,819	3.4%	$499	10.7%	$255		22,885		$486		$485	9.6%	$485	9.4%	8.3%	$486
31	201510	36,736	$20,009,712	$295,794	73,255	$545		$273	23,929	$265	2.7%	23,023	-0.6%	$509	2.0%	$255		22,866		$487		$489	9.6%	$489	9.4%	8.3%	$487
32	201511	36,893	$17,639,923	$155,521	68,849	$478		$256	22,394	$264	6.2%	22,923	-0.1%	$504	6.1%	$257		22,920		$490		$492	9.5%	$493	9.4%	8.3%	$490
33	201512	36,475	$19,574,865	$313,470	72,169	$537		$271	23,743	$267	9.0%	23,353	-0.6%	$520	8.4%	$260	6.2%	22,882	3.2%	$495	**9.6%**	$496	9.4%	$496	9.4%	8.3%	$495
34	201601	37,275	$19,172,264	$296,559	71,638	$514		$268	23,062	$265	9.9%	23,064	0.2%	$510	10.2%	$261	6.5%	22,882	1.7%	$498	8.3%	$500	9.3%	$500	9.4%	8.3%	$499
35	201602	38,265	$18,690,676	$3,961	88,591	$488		$211	27,782	$247	1.8%	24,896	10.0%	$513	12.0%	$258	5.2%	23,489	4.9%	$504	10.4%	$503	9.3%	$504	9.4%	8.3%	$502
36	201603																					$507	9.2%	$508	9.4%	8.3%	$505
37	201604																					$510	9.1%	$511	9.4%	8.3%	$509
38	201605																					$514	9.1%	$515	9.4%	8.3%	$512
39	201606																					$517	9.0%	$519	9.4%	8.3%	$516
40	201607																					$521	8.9%	$523	9.4%	8.3%	$519
41	201608																					$524	8.9%	$527	9.4%	8.3%	$522
42	201609																					$528	8.8%	$531	9.4%	8.3%	$526
43	201610																					$532	8.7%	$535	9.4%	8.3%	$529
44	201611																					$535	8.7%	$539	9.4%	8.3%	$533
45	201612																					$539	8.6%	$543	9.4%	8.3%	$536
46	201701																					$542	8.5%	$547	9.4%	8.3%	$540
47	201702																					$546	8.5%	$551	9.4%	8.3%	$544
48	201703																					$549	8.4%	$555	9.4%	8.3%	$547
49	201704																					$553	8.4%	$560	9.4%	8.3%	$551
50	201705																					$556	8.3%	$564	9.4%	8.3%	$554
51	201706																					$560	**8.2%**	$568	**9.4%**	**8.3%**	$558
52	201707																					$564	8.2%	$572	9.4%	8.3%	$562
53	201708																					$567	8.1%	$577	9.4%	8.3%	$566
54	201709																					$571	8.1%	$581	9.4%	8.3%	$569
55	201710																					$574	8.0%	$585	9.4%	8.3%	$573
56	201711																					$578	8.0%	$590	9.4%	8.3%	$577
57	201712																					$581	7.9%	$594	9.4%	8.3%	$581

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

2017 ACA - TREND ANALYSIS SUMMARY - SMALL GROUP & INDIVIDUAL - DC GHMSI



CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017
BluePreferred Projected Morbidity

2017 Change in Morbidity Projection					
	2015 Actual		2017 Projected		
Metal	**Age & Induced Demand Normalized Allowed PMPM**	**Single Risk Pool Members 12/31/2015**	**Projected Age & Induced Demand Normalized Allowed PMPM**	**6/30/17 Projected Members**	**PMPM Δ**
Bronze	$288	707	$299	855	
Silver	$469	965	$441	2,585	
Gold	$668	701	$866	2,560	
Platinum	$1,079	927			
Ind Under 65 Single Risk Pool	$666	3,300	$602	6,000	0.904
Small Group Single Risk Pool	$484	33,175	$484	33,679	1.000
Combined Single Risk Pool	**$496**	**36,475**	**$502**	**39,679**	**1.013**

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

DC ACA Combined - Small Group & Individual Capitations

GHMSI	Description	1/1/15 PMPM	1/1/16 PMPM	1/1/17 PMPM
	Mental Health UR	$0.45	$0.36	$0.27
	Nurse Hotline	$0.04	$0.04	$0.04
	Wellness *	$0.21	$0.21	$0.21
	Embedded Pediatric Vision **	$0.27	$0.27	$0.27
	Embedded Adult Vision ***	$0.09	$0.09	$0.09
	AVERAGE PMPM:	$1.06	$0.97	$0.88

* The total capitation for Wellness is $0.26, but only applies to members age 18+.
** Only applies to members age 19 and under.
*** Ind64- only and only apples to members over the age of 19.

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

Absolute Maximum Premium Effective 1/1/2017

2016 Plan Name	2016 Metal	2017 Plan Name	2017 Metal	Base Rate Renewal Increase	Absolute Max Max Increase due to Aging	Total Renewal Increase
BluePreferred PPO Gold 1000	Gold	BluePreferred PPO Gold 1000	Gold	2.8%	11.2%	14.2%

Maximum Age Increase:	Aging from	To
	Age 20	Age 21

Memorandum

To: Katie Barron

Cc: Dwayne Lucado, Anna Guloy, Scott Cremens, Paula Holt

From: David Markowitz, Kevin Chan

Date: 4/28/2015

Subject: Completion Factor Methodology

This memorandum describes the data and the method used in the derivation of the completion factors for small group medical and drug segments. Please see the attached Excel file for an example completion factor derivation.

Data

Claims data, by paid date and incurred date, for Medical and Drug products are organized into claims triangles separately for ACA and Non-ACA and by segment (e.g. Small Group (SG)) and legal entity (CFMI, GHMSI, and BlueChoice).

IT provides claims data files which are used in the calculation of monthly Incurred but Not Reported (IBNR) liability, of which the development of the completion factor (CF) is one step. This data has been reviewed for reasonableness and consistency.

Please see Appendix A for a sample paid claims triangle organized by incurred date and lag month.

Method

We use a "chain and ladder" model based on the most recent 36 months to derive the completion factor and IBNR for each incurral month. The chain and ladder model uses the most recent 6 completion ratios for a given lag month (0 to 34) and ignores the highest and the lowest to smooth the completion ratios. We calculate a simple arithmetic average of the remaining four completion ratios to determine the average completion ratio for a given lag month (completion ratio for a given lag t is defined as the ratio of the cumulative paid in lag $t-1$ to the cumulative paid in lag t).

Assuming a completion factor of 1.0 for lags 35 and greater, the completion factor for lag 34 is calculated by taking the product of the completion ratio and completion factor for lag 35. Completion factors for lags 33 to 0 are calculated in a similar recursive fashion. We divide the paid claims for a particular incurral month by the resulting completion factor to develop an estimated total incurred amount.

Please see Appendices B through D to see the step by step process used in estimating completion factors for lags months 0 through 34.

While we use the chain and ladder model to derive the completion factors for lags 3 and greater (December 2014 and earlier), we incorporate several methods to estimate the completion factors for lags 0 through 2. We primarily use a claims trend assumption to determine the completion factors for these lag months.

To calculate the completion factor for a 12 month experience period, we first estimate Incurred care for each incurral month using the above methodology. We then sum up the paid claims incurred in the 12 month period and divide that by the total estimated incurred care for the period to get the completion factor.

APPENDIX-A

BlueChoice SG ACA Medical

Sample Paid Claims Data (in thousands)

(Incurral dates and Paid dates)

	201204	201205	.	.	.	201406	201407	201408	201409	201410	201411	201412	201501	201502	201503
Lag month 0	-	-	.	.	.	3,527	4,816	6,033	8,568	9,483	7,427	9,673	15,383	11,927	18,248
Lag month 1	-	-	.	.	.	5,181	7,980	8,175	10,116	12,070	13,011	25,033	19,871	22,109	
Lag month 2	-	-	.	.	.	772	777	1,069	1,770	2,247	2,781	2,766	6,252		
Lag month 3	-	-	.	.	.	186	346	879	700	1,214	709	1,114			
Lag month 4	-	-	.	.	.	184	95	116	988	306	481				
Lag month 5	-	-	.	.	.	81	59	130	91	189					
Lag month 6	-	-	.	.	.	48	207	90	135						
Lag month 7	-	-	.	.	.	54	28	33							
Lag month 8	-	-	.	.	.	32	26								
Lag month 9	-	-	.	.	.	11									
.	.	.	.	.	.										
.	.	.	.	.											
.	.	.	.												
Lag month 30	-	-													
Lag month 31	-	-													
Lag month 32	-	-													
Lag month 33	-	-													
Lag month 34	-	-													
Lag month 35	-														

Note: The highlighted number 709 represents the claims incurred in November 2014 but paid in February 2015 (lag 3)

APPENDIX-B

BlueChoice SG ACA Medical

Cumulative Paid Triangle (in thousands)

(Incurral dates and Paid dates)

	201204	201205	.	.	.	201406	201407	201408	201409	201410	201411	201412	201501	201502	201503
Lag month 0	-	-	.	.	.	3,527	4,816	6,033	8,568	9,483	7,427	9,673	15,383	11,927	18,248
Lag month 1	-	-	.	.	.	8,708	12,796	14,207	18,683	21,553	20,438	34,706	35,254	34,036	
Lag month 2	-	-	.	.	.	9,480	13,573	15,276	20,453	23,800	23,219	37,472	41,507		
Lag month 3	-	-	.	.	.	9,666	13,919	16,155	21,153	25,014	23,928	38,586			
Lag month 4	-	-	.	.	.	9,850	14,013	16,271	22,142	25,320	24,409				
Lag month 5	-	-	.	.	.	9,931	14,073	16,402	22,233	25,510					
Lag month 6	-	-	.	.	.	9,979	14,279	16,492	22,368						
Lag month 7	-	-	.	.	.	10,034	14,308	16,525							
Lag month 8	-	-	.	.	.	10,066	14,334								
Lag month 9	-	-	.	.	.	10,076									
.	.	.	.	.	.										
.	.	.	.	.											
.	.	.	.												
Lag month 30	-	-													
Lag month 31	-	-													
Lag month 32	-	-													
Lag month 33	-	-													
Lag month 34	-	-													
Lag month 35	-														

Note: The highlighted number 23,928 represents the cumulative claims paid as of February 2015 for claims incurred in November 2014. 23,928 is the sum of 7247, 13011, 2781, and 709 all of which can be seen in Appendix A.

APPENDIX-C

BlueChoice SG ACA Medical

Completion Ratios

(Incurral dates and Paid dates)

	201204	201205	.	.	.	201406	201407	201408	201409	201410	201411	201412	201501	201502	201503
Lag month 0	-	-	.	.	.	-	-	-	-	-	-	-	-	-	-
Lag month 1	-	-	.	.	.	0.405080	0.376388	0.424615	0.458566	0.440002	0.363392	0.278723	0.436344	0.350419	
Lag month 2	-	-	.	.	.	0.918527	0.942782	0.930037	0.913463	0.905603	0.880208	0.926184	0.849366		
Lag month 3	-	-	.	.	.	0.980796	0.975159	0.945615	0.966912	0.951470	0.970350	0.971127			
Lag month 4	-	-	.	.	.	0.981294	0.993249	0.992850	0.955357	0.987896	0.980314				
Lag month 5	-	-	.	.	.	0.991865	0.995780	0.992046	0.995889	0.992576					
Lag month 6	-	-	.	.	.	0.995189	0.985516	0.994523	0.993963						
Lag month 7	-	-	.	.	.	0.994570	0.998011	0.997982							
Lag month 8	-	-	.	.	.	0.996819	0.998154								
Lag month 9	-	-	.	.	.	0.998926									
.	.	.	.	.	.										
.	.	.	.	.	.										
.	.	.	.	.	.										
Lag month 30	-	-	.	.	.										
Lag month 31	-	-	.	.	.										
Lag month 32	-	-	.	.	.										
Lag month 33	-	-													
Lag month 34	-	-													
Lag month 35	-														

Max
Min

Note: The yellow highlighted number, 0.970350, is the completion ratio for lag 3 for the incurral month of November 2014. This is the ratio of cumulative paid in lag 2 (23,219) to cumulative paid in lag 3 (23,928) (see Appendix B for cumulative paid). Because we rounded paid claims in Appendix B, the ratio shown in Appendix C is not exact.

<u>Example</u>

To determine the completion ratio for lag 4 (which we need in the calculation of completion factor for lag 3):

- Select the 6 most recent completion ratios for lag 4 (numbers in the box above)
- Eliminate the highest completion ratio (0.993249--highlighted orange)
- Eliminate the lowest completion ratio (0.955357--highlighted blue)
- Average the four remaining ratios (unweighted arithmetic average)
  - $\frac{.981294 + .992850 + .987896 + .980314}{4}$ =0.9856 (rounded to the nearest four decimal places)

APPENDIX-D

BlueChoice SG ACA Medical

Completion Ratios, Completion Factors, and Incurred Care

Lag Month	(mos 1 - 6) 4 of 6	(mos 1 - 6) 4 of 6		
	Completion Ratios	Completion Factors	Paid to Date	Incurred Care
0	0	0.3345	18,248,455	54,551,423
1	0.3975	0.8415	34,035,670	40,447,732
2	0.9064	0.9284	41,506,801	44,707,665
3	0.9650	0.9621	38,586,321	40,105,842
4	0.9856	0.9762	24,408,981	25,004,578
5	0.9931	0.9830	25,509,534	25,950,812
6	0.9951	0.9878	22,368,189	22,643,712
7	0.9962	0.9916	16,525,210	16,665,902
8	0.9982	0.9933	14,334,273	14,430,584
9	0.9986	0.9947	10,076,458	10,129,806
10	0.9955	0.9992	9,522,470	9,529,937
11	0.9996	0.9996	7,742,681	7,745,418
12	0.9998	0.9998	4,964,052	4,964,928
13	0.9999	0.9999	3,783,808	3,784,278
14	0.9999	1.0000	2,207,690	2,207,690
15	1.0000	1.0000	-	-
16	1.0000	1.0000	-	-
17	1.0000	1.0000	-	-
18	1.0000	1.0000	-	-
19	1.0000	1.0000	-	-
20	1.0000	1.0000	-	-
21	1.0000	1.0000	-	-
22	1.0000	1.0000	-	-
23	1.0000	1.0000	-	-
24	1.0000	1.0000	-	-
25	1.0000	1.0000	-	-
26	1.0000	1.0000	-	-
27	1.0000	1.0000	-	-
28	1.0000	1.0000	-	-
29	1.0000	1.0000	-	-
30	1.0000	1.0000	-	-
31	1.0000	1.0000	-	-
32	1.0000	1.0000	-	-
33	1.0000	1.0000	-	-
34	1.0000	1.0000	-	-
35	1.0000	1.0000	-	-

2014		
Paid to Date	Incurred Care	CF
180,029,668	183,163,487	0.9829

2014 Incurral Months

There are no claims in lag month 15 and prior because ACA started in 2014.

Example

To derive the completion factor for lag 3, we will need the completion ratio and the completion factor for lag 4.

For the calculation of completion ratio for lag 4, please see the example in Appendix C. The completion ratio for lag 4 is 0.9856.

The completion factor for lag 4 is calculated in a recursive fashion. Assuming a completion factor of 1.0 for lags 35 and greater, the completion factor for lag *t* is calculated by taking the product of the completion ratio and completion factor for lag *t+1*. This iterative process results in a completion factor of 0.9762 for lag 4.

The completion factor of 0.9621 (0.9856*0.9762 = 0.9621) for lag 3 is calculated by taking the product of completion ratio and the completion factor for lag 4. To calculate incurred care for a given incurral month, we divide that month's paid to date claims (i.e. claims incurred in that month and paid through the valuation month) by the derived completion factor. Given the volatility of completion factors for lags 0-2, we instead project incurred care for these months using a trend assumption based on recent experience.

To determine the 2014 12-month CF, we sum up the claims paid and incurred in 2014 and divide by the estimated total incurred care in 2014, as indicated by the table on the top right of the preceding page.

CAREFIRST BLUECROSS BLUESHIELD
PART III ACTUARIAL MEMORANDUM

1. REDACTED ACTUARIAL MEMORANDUM (AM): CareFirst (CF) is making no redactions so both AM submissions are the same.

2. GENERAL INFORMATION:

Company Legal Name: Group Hospitalization and Medical Services, Inc. (NAIC # 53007) (GHMSI).
State: District of Columbia.
HIOS Issuer ID: 78079.
Market: Small Group (SG) – On Exchange.
Effective Date: 1/1/17 and quarterly incremental "trend" increases effective 4/1/17, 7/1/17 and 10/1/17.

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

3. PROPOSED RATE INCREASE(S): In compliance with the "Patient Protection and Affordable Care Act" (ACA, H.R. 3590) and toward the company's objectives of maximizing access and affordability, long-term financial viability and customer rate stability, GHMSI is proposing to change premiums by 0.0% on average for 1Q17, prior to age band changes. For CF overall (including SG HMO business) the proposed average renewal is 2.3%. The range for GHMSI is -7.4% to 2.8% for 1Q17. 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. The estimated average renewals for 2Q17, 3Q17, and 4Q17 will be 1.3%, 2.2% and 3.5%, respectively. Consistent with 45 CFR Part § 155.705(b)(6) and Market Standards Proposed Rules 78 FR 13406 and 37032, we understand that we may subsequently file for changes to the post-1Q17 quarterly rate changes proposed herein if deemed necessary. This filing applies to all new and renewing, in-force business in the guaranteed renewable, non-grandfathered, ACA, metaled benefit plans.

Reason for Rate Increase(s): The main drivers supporting the rate actions are the assumed increases in allowed costs (8% assumed annual trend), the re-estimation of projected risk transfers for 2017, and the reduction in the Health Insurer Fee for 2017. The expected rate changes vary from -7.4% to 2.8% for 1Q17 renewals in this filing (prior to any impact of age band changes). This range is impacted by the compression of our induced demand factors by adopting the HHS factors.

4. MARKET EXPERIENCE:

4.1 - EXPERIENCE PERIOD PREMIUM AND CLAIMS: The incurred period is 1/1/15 through 12/31/15, as required.

Paid Through Date: 2/29/16.
Premiums (Net of MLR Rebate) in Experience Period: $215,112,455 (Merged).
Allowed and Incurred Claims From Experience Period: $209,316,044 (Merged Index Rate).

4.2 - BENEFIT CATEGORIES:
Inpatient (hospital).
Outpatient (hospital) (OP).
Professional.
Other Medical (non-capitated ambulance, home health care, durable medical equipment, prosthetics, supplies, vision exams, dental services and other).
Prescription drug (Rx).
Capitations.

4.3 - PROJECTION FACTORS:

Changes in the Morbidity of the Population Insured: Examination of the 2015 experience of the cohort as of 02/29/16 shows an increase of 1.3%. From this 02/29/16 cohort we had prior claims experience for 75% of them.

Changes in Benefits: For 2017 we have minimally redesigned our small group portfolio. Some plans, requiring adjustments in order to comply with AV thresholds, received minor changes to member cost sharing. We intend to exit our Multi-State Plan options and map these plans to a similar plan with the same metal level. The changes to our plan designs have been accounted for in each specific plan level cost-share factor.

Changes in Demographics: We do anticipate a material change in the average age of this population between the experience and projection periods. As such, a 1.3% adjustment factor has been included.

Other Adjustments: CF is proposing to continue the incentive program whereby members can earn medical expense debit cards. The cards must be utilized for qualified medical expenses such as deductibles, copays and out-of-pocket maximums. The scope includes all benefit plans within CF's portfolio, On and Off the exchange. The impact of this program is now implicit in our base experience therefore no explicit adjustment has been made. Our aim is that this incentive program will improve our member' health.

This calculation also includes the following:

1. A decrease to prescription drug claims costs due to a projected increase in rebates realized by the move to a new "Pharmacy Benefits Manager" (PBM) in 2014.
2. A decrease in the PMPM capitations.

Trend Factors (Cost/Utilization): The proposed trend of 8.0% remains the same over 2016's 8.0%. In accordance with URRT instructions, we chose our proposed trend of 8.0% incorporating no change to utilization solely attributable to induced demand from experience period to projection period. An attached exhibit outlines the calculation.

4.4 - CREDIBILITY MANUAL RATE DEVELOPMENT: Not applicable.

4.5 - CREDIBILITY OF EXPERIENCE: The calendar 2015 base data includes 446,566 members months (average monthly of 37,214) and is therefore considered 100% credible.

4.6 - PAID TO ALLOWED RATIO: Projected at 85.8%, on average, for all quarters.

4.7 - RISK ADJUSTMENT AND REINSURANCE:

Experience Period Risk Adjustment and Reinsurance Adjustments PMPM: The estimates of the experience period Risk Adjustment transfers in the URRT are based on a multi-carrier analysis by Wakely Consulting Group. Since this is a SG filing Reinsurance Claims Adjustments do not apply.

Projected Risk Adjustments PMPM: -$38.14 PMPM for 1Q17. This is based on an analysis of the market by Wakely Consulting Group. Wakely provided CF's normalized risk scores, which were used to develop projected transfer receipts from 2015 to 2017. We referenced the CMS report released on 03/18/16 and used their 2015 state average premium of $448.83 and billable members of 975,427. However, we used our own state average PLRS (1.3891 versus CMS' 1.340) estimates since Wakely's PLRS includes an estimate of "incurred but not reported" claims. Since CF represents 83% of the market according to Wakely, our calculations assume that the state average scores will change in step with CF's changes from 2015 to 2016 to 2017. We have anchored on 2015 data including IBNR since we believe this best estimates final transfers. We itemize the variables such as "plan liability risk score" (PLRS), "allowable rating factor" (ARF) and state averages assumed to calculate PMPM transfers.

Per the DISB's request, CF has agreed to change its risk adjustment calculation from merged to unmerged starting in 2017. The impact was estimated to increase the renewal by 40 basis points from -0.4% to 0.0%.

Projected ACA Reinsurance Recoveries Net of Reinsurance Premium (Individual Market and Combined Markets Only): Reinsurance does not apply for 2017.

4.8 - NON-BENEFIT EXPENSES AND CONTRIBUTION TO RESERVE (CtR) & RISK: The "desired incurred claims ratio" (DICR) has changed from 76.3% (4Q 2016) to 79.4% (1Q 2017).

Administrative Expense Load: PMPMs decreased by 5% versus 2016. This includes broker expenses. CF has had some cost increases attributable to 1) ACA and operational complexity, 2) cybersecurity and 3) audit and compliance exposure and demands.

Contribution to Reserve & Risk Margin: 2.8% prior to income taxes (2016 was 2.0%).

Taxes and Fees:

1) Premium Tax of 2.0%.
2) Federal Income Tax (FIT) of 0.6% (20% tax rate).
3) Health Insurer Fee does not apply for 2017. A fee of 2.6% is assumed for 2018 and is phased in to the proposed rates for 2Q, 3Q, 4Q.
4) PCORI increased from $2.33 PMPY to $2.35 PMPY for 1Q – 3Q 2017 and $2.44 for 4Q 2017.
5) Reinsurance does not apply for 2017.
6) Risk Adjustment User Fees are included as $0.13 PMPM.
7) Exchange User Fees remained at $0.
8) Exchange Assessment Fee of 1.0% for 2017 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 also a state assessment fee of 0.1%.

5. PROJECTED LOSS RATIO: Our projected loss ratio for ACA MLR rebate purposes is 86.5%, meeting the 80.0% minimum of the "Public Health Service Act" (PHSA) 218. Please note that this is based on the combined experience of INM and SG.

6. APPLICATION OF MARKET REFORM RATING RULES:

6.1 - 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). This encompasses INM Open Enrollment, HIPAA, Group Conversion, and formerly medically underwritten coverages as well as SGs. Experience from only our plans sold in DC has been considered.

6.2 - INDEX RATE: Last year's implicit 2015 index rate was $469.20 (($437.36 EP allowed claims PMPM - $2.92 Non-EHB) x trend of 8.0%). As shown on Worksheet 1 of the URRT, the actual index rate for 2015 is $467 for a favorable variance of 0%.

After applying projection factors, the allowed claims PMPM for 1Q17 is $553.39. This includes projected claims for non-EHBs, estimated at $2.43 PMPM. The proposed 1Q17 index rate is $550.96.

Because the index rate merges Individual non-Medigap (IND64-) and Small Group (SG), the starting point experience period index rate for SG is higher by 4%.

6.2.1 - Small Group Quarterly Rate Filings: This filing includes quarterly incremental "trend" increases. Index rates are $561.99, $573.31 and $584.94 for 2Q, 3Q and 4Q17, respectively. As required, the index rate entered in the URRT reflects a member weighted blend of the quarterly index rates.

6.3 - MARKET ADJUSTED INDEX RATE:

Federal Reinsurance Program Adjustment: 1.00 for 1Q17
Risk Adjustment: 0.9196 for 1Q17. A summary exhibit is provided.
Marketplace User Fee Adjustment: 1.00. A summary exhibit is provided.

6.4 - PLAN ADJUSTED INDEX RATES: The Cost-Share factor includes 1) internally-developed pricing AVs, 2) CDH/Non-CDH factors and 3) metal-level induced demand factors. Regarding the second item, as discussed in the past, we maintain that this factor is allowable under 45 C.F.R. § 156.80 for the same reason that the third item is allowed. There is only 1 type of network in this filing, Regional Preferred Network (RPN), which is assigned a network factor of 1.00. Cost-Share factors and Non-EHBs vary by plan. All other factors applying to the Index Rate are the same across all plans.

6.5 - CALIBRATION: Done for age, but we have elected not to rate for tobacco usage. Geographic rating does not apply, as D.C. has only one rating area.

Age Curve Calibration – We have calibrated to the average age factor produced by our projected distribution and the required age curve.

6.6 - CONSUMER ADJUSTED PREMIUM RATE DEVELOPMENT: A sample group rate development is included in this filing.

SG Plan Premium Rates – Our rates are developed from base experience for quarterly trend increases as shown on the allowed PMPM projection exhibits in the filing. We also include the derivation of quarterly Plan Adjusted Index and Consumer Level Base rates**.**

7. PLAN PRODUCT INFORMATION:

7.1 - HHS ACTUARIAL METAL VALUES (AV): The majority of our 2017 plans include varying cost-share levels for some services that depend on the setting in which care is delivered. The Federal AV calculator was used to compute two separate AVs for each impacted plan – one which applied the higher level of cost-share, and one which applied the lower. The results were blended assuming 2/3 of the designated services are rendered in higher cost-share setting and the remaining 1/3 at the lower, consistent with 2014 experience for our SG and INM markets. Plans without these features used the AV calculator without modification.

Printouts for each plan are provided in the "Actuarial Memorandum" section of the Supporting Documentation tab of the SERFF filing, and also as part of the QHP binder submission under separate cover.

7.2 - AV PRICING VALUES: The breakdown of the AV Pricing values is shown on the Plan Level derivation pages.

7.3 - MEMBERSHIP PROJECTIONS: The distribution of projected enrollment is based on actual enrollment by plan as of 2/29/16. Total projected enrollment is consistent with our corporate plan.

7.4 - TERMINATED PLANS AND PRODUCTS: None

7.5 - PLAN TYPE: PPO.

7.6 - WARNING ALERTS:

1. **Worksheet 2**

   a. **General:** Per the District's instructions, the index rate was developed with combined SG/INM 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 SG market's plan data, and most of the warnings have been triggered because the SG totals on Worksheet 2 are less than the combined SG/INM totals on Worksheet 1.

b. **Section IV: Plan Adjusted Index Rate, Total Premium (TP)** – Per URRT guidelines, the Plan Adjusted Index Rate must reflect the member weighted average of the Plan Adjusted Index Rates for all effective dates in the submission (1Q – 4Q16). As such, the average rate shown on Worksheet 2 will not match the SRP Gross Premium Avg. Rate on Worksheet 1, which reflects only the effective date of the change in Index Rate (January 1). Similarly, since the Total Premium on Worksheet 2 is calculated as Plan Adjusted Index Rate x Member Months, it will not match the Projected Period Total Premium from Worksheet 1.

8**. MISCELLANEOUS INSTRUCTIONS:**

8.1 – Effective Rate Review Information: We have nothing additional to provide.

8.2 - Reliance: None.

8.3 – Actuarial Certification: Included in the AM.

Group Hospitalization & Medical Services, Inc. (GHMSI)

d.b.a. CareFirst BlueCross BlueShield

(NAIC # 53007)

Rate Filing # 2099

D.C. Small Group Products - On Exchange

Rate Filing Effective 1/1/2017

Actuarial Memorandum

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

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Group Hospitalization & Medical Services, Inc. (GHMSI)
(NAIC # 53007)
D.C. Small Group Products - On Exchange
Rates Effective 1/1/2017

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-130551823

ON Exchange

Forms Used for ALL ON-Exchange GHMSI Group Products	Product: BluePreferred Network: Regional Preferred (RPN)
DC-CF-SHOP-GC (R 1-17)	DC CF BP PPO 1000 90-70 (1-17)
DC-CF-SHOP-PPO-EOC (1-17)	DC CF BP PPO BF HSA SIL 1500 (1-17)
DC/GHMSI/DOL APPEAL (R. 1/15)	DC CF BP PPO CDH 2000 80-60 (1-17)
DC-CF-SHOP-PPO-DOCS (1-17)	DC CF BP PPO CDH SIL 1500 (1-17)
DC/CF/SHOP/ELIG (1/14)	DC CF BP PPO CDH SIL 2000 (1-17)
DC/GHMSI/FAM PLAN (8/12)	DC CF BP PPO GOLD 500 (1-17)
DC/CF/PARTNER (R. 7/09)	DC CF BP PPO GOLD 1000 (1-17)
DC/CF/BLCRD (1/12)	DC CF BP PPO GOLD 1500 (1-17)
DC/CF/MEM/BLCRD (1/12)	DC CF BP PPO PLAT 0 (1-17)
DC/CF/ANCILLARY AMEND (10/12)	DC CF BP PPO PLAT 500 (1-17)
DC/CF/PT PROTECT (9/10)	DC CF BP PPO SIL 1000 (1-17)
DC/GHMSI-HEALTH GUARANTEE 1/15	
DC/CF/SG/INCENT (1/16)	
DC CF SHOP ELIG AMEND (1-17)	**Product: HealthyBlue PPO** **Network: Regional Preferred (RPN)**
	DC CF HB PPO CDH SIL 2000 (1-17)
	DC CF HB PPO GOLD 1500 (1-17)
	DC CF HB PPO PLAT 500 (1-17)
	DC CF HB PPO PLAT 1000 (1-17)

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

Acronym	Definition
SHOP	Small Business Health Options Program
CF, CFI	CareFirst, Incorporated
BC, CFBC	CareFirst BlueChoice, Inc.
GHMSI	Group Hospitalization and Medical Services, Inc.
SG	Small Group
IND64-, INM	Individual, Non-Medigap
CD	Consumer Direct (Individual, Non-Medigap)
PPACA	Patient Protection and Affordable Care Act
AV	Actuarial Value
EHB	Essential Health Benefits
FPL	Federal Poverty Level
FIT	Federal Income Tax
SIT	State Income Tax
GF	Grandfathered
FTE	Full-time Equivalent
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
MSP	Multi-State Plan
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
IN	In Network
OON	Out of Network
IP, In Pat	Inpatient
OP	Outpatient
Prof	Professional
OOP	Out of Pocket
Co-ins	Coinsurance
MHSA	Mental Health & Substance Abuse
DXL	Diagnostic X-ray and Lab
RPN	Regional Preferred Network
ABA	Applied Behavioral Analysis

Group Hospitalization & Medical Services, Inc. (GHMSI)
(NAIC # 53007)
H.R. 3950 - Public Law 111-148 - Patient Protection and Affordable Care Act (ACA)
D.C. Small Group Products - On Exchange
Rate Filing Effective 1/1/2017
Actuarial Certification

I, Dwayne Lucado, am a Director of Actuarial Pricing with Group Hospitalization and Medical Services, Inc. doing business as CareFirst BlueCross BlueShield. I am a member of the American Academy of Actuaries (AAA) in good standing and have the education and experience necessary to perform the work. Rates were developed in accordance with the appropriate Actuarial Standards of Practice (ASOPs) and the AAA's Code of Professional Conduct. While other ASOPs apply, a sample listing is below.

i. ASOP No. 5, Incurred Health and Disability Claims
ii. ASOP No. 8, Regulatory Filings for Health Plan Entities
iii. ASOP No. 12, Risk Classification
iv. ASOP No. 23, Data Quality
v. ASOP No. 25, Credibility Procedures Applicable to Accident and Health, Group Term Life, and Property/Casualty Coverages
vi. ASOP No. 26, Compliance with Statutory and Regulatory Requirements for the Actuarial Certification of Small Employer Health and Benefit Plans
vii. ASOP No. 41, Actuarial Communications

I have been involved in the development of these rates, and to the best of my knowledge and understanding, the rates in this filing have been developed in accordance with the available regulations and guidance. Should new guidance be released, this filing may be revised. I certify that this filing has been prepared based on sound and commonly accepted actuarial principles, practices and assumptions in the aggregate for the legal entity.

I further certify the following:

1. The projected Index Rate is:

    a. In compliance with all applicable state and Federal statutes and regulations (45 CFR § 156.80(d)(1))
    b. Reasonable in relation to the benefits provided and the population anticipated to be covered.
    c. Neither excessive nor deficient.

2. The Index Rate and only the allowable modifiers as described in 45 CFR § 156.80(d)(1) and 45 CFR § 156.80(d)(2) were used to generate plan level rates. These rates have been calibrated to account for age (geography and tobacco are not applicable).

3. The percentage of total premium that represents essential health benefits (EHBs) included in Worksheet 2, Sections III and IV, was calculated in accordance with ASOPs.

4. Consistent with 45 CFR § 156.135, the 2016 HHS Actuarial Values (AV) Calculator was used to determine the AV metal values shown in Worksheet 2 of Part I of the Unified Rate Review Template (URRT) for all plans except those specified. Where necessary, the AVs of the benefits proposed have been calculated with minimal modifications to the AV calculator as described in the Actuarial Memorandum.

As a qualifier to the opinion, the URRT does not demonstrate the process used by the issuer to develop the rates. Rather it represents information required by Federal regulation to be provided in support of the review of rate increases, for certification of Qualified Health Plans for Federally-facilitated Marketplaces, and for certification that the Index Rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.

Dwayne Lucado Digitally signed by Dwayne Lucado
Date: 2016.05.05 16:20:07 -04'00'

_____

Dwayne Lucado, FSA, MAAA
Director, Actuarial Pricing
CareFirst BlueCross BlueShield
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10455 Mill Run Circle
Owings Mills, MD 21117

CareFirst BlueCross BlueShield (GHMSI)
(NAIC # 53007)
D.C. Small Group Products - On Exchange
Rates Effective 1/1/2017

2017 HIOS IDs

HIOS Product ID	HIOS Product Name	HIOS Plan ID	HIOS Plan Name	On/Off Exchange	Product Type	Abortion Coverage	Actuarial Value	Metal Level	Unique Plan	Projected Members 12/31/17
78079DC022	BluePreferred PPO	78079DC0220024	BluePreferred PPO Platinum 0	On	PPO	Yes	91.58%	Platinum	Yes	11,986
78079DC022	BluePreferred PPO	78079DC0220025	BluePreferred PPO Platinum 500	On	PPO	Yes	89.01%	Platinum	Yes	5,266
78079DC022	BluePreferred PPO	78079DC0220021	BluePreferred PPO Gold 500	On	PPO	Yes	81.82%	Gold	Yes	1,299
78079DC022	BluePreferred PPO	78079DC0220026	BluePreferred PPO Silver 1000	On	PPO	Yes	71.99%	Silver	Yes	431
78079DC022	BluePreferred PPO	78079DC0220020	BluePreferred PPO Gold 1000	On	PPO	Yes	80.06%	Gold	Yes	3,610
78079DC022	BluePreferred PPO	78079DC0220032	BluePreferred PPO 1000 90%/70%	On	PPO	No	80.61%	Gold	No	276
78079DC022	BluePreferred PPO	78079DC0220031	BluePreferred PPO Gold 1500	On	PPO	Yes	79.00%	Gold	Yes	2,396
78079DC022	BluePreferred PPO	78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500	On	PPO	Yes	71.72%	Silver	Yes	2,643
78079DC022	BluePreferred PPO	78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	On	PPO	Yes	71.90%	Silver	Yes	100
78079DC022	BluePreferred PPO	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	On	PPO	Yes	70.90%	Silver	Yes	1,678
78079DC022	BluePreferred PPO	78079DC0220033	BluePreferred PPO HSA/HRA 2000 80%/60%	On	PPO	No	71.13%	Silver	No	100
78079DC022	BluePreferred PPO	78079DC0220030	HealthyBlue PPO Platinum 500	On	PPO	Yes	89.49%	Platinum	Yes	449
78079DC022	BluePreferred PPO	78079DC0220029	HealthyBlue PPO Platinum 1000	On	PPO	Yes	88.68%	Platinum	Yes	207
78079DC022	BluePreferred PPO	78079DC0220027	HealthyBlue PPO Gold 1500	On	PPO	Yes	81.31%	Gold	Yes	2,121
78079DC022	BluePreferred PPO	78079DC0220028	HealthyBlue PPO HSA/HRA Silver 2000	On	PPO	Yes	71.98%	Silver	Yes	336
TOTAL										**32,898**

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

2017 ACA – RATE CHANGES AT METAL/PLAN LEVEL
SMALL GROUP - DC GHMSI

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
	2016 Plans		2017 Plans		Members		HHS	Consumer Level Base Rates				HHS	Consumer Level Base Rates								
	Metal	Plan	Metal	Plan	Actual	% of Actual	2016					2017									
					2/29/2016	Total	AV	1Q16	2Q16	3Q16	4Q16	AV	1Q17	RNL	2Q17	RNL	3Q17	RNL	4Q17	RNL	1Q INC
1	Platinum	BluePreferred PPO Platinum 0	Platinum	BluePreferred PPO Platinum 0	11,986	36.6%	0.911	$587.62	$596.42	$605.64	$614.88	0.916	$585.35	-0.4%	$601.48	0.8%	$616.69	1.8%	$633.60	3.0%	-4.8%
2	Platinum	BluePreferred PPO Platinum 500	Platinum	BluePreferred PPO Platinum 500	5,266	16.1%	0.884	$563.82	$572.26	$581.11	$589.98	0.890	$555.46	-1.5%	$570.77	-0.3%	$585.20	0.7%	$601.25	1.9%	-5.9%
3	Platinum	HealthyBlue PPO Platinum 500	Platinum	HealthyBlue PPO Platinum 500	449	1.4%	0.889	$574.32	$582.92	$591.93	$600.97	0.895	$571.09	-0.6%	$586.83	0.7%	$601.66	1.6%	$618.17	2.9%	-5.0%
4	Platinum	HealthyBlue PPO Platinum 1000	Platinum	HealthyBlue PPO Platinum 1000	207	0.6%	0.880	$568.04	$576.54	$585.45	$594.39	0.887	$548.97	-3.4%	$564.10	-2.2%	$578.36	-1.2%	$594.23	0.0%	-7.6%
	PLATINUM SUBTOTAL				**17,908**	**54.7%**	**0.902**	**$580.06**	**$588.75**	**$597.85**	**$606.97**	**0.907**	**$575.78**	**-0.7%**	**$591.65**	**0.5%**	**$606.61**	**1.5%**	**$623.25**	**2.7%**	**-5.1%**
5	Gold	BlueCross BlueShield Preferred 1000, a Multi-State Plan	Gold	BluePreferred PPO 1000 90%/70%	276	0.8%	0.816	$463.35	$470.28	$477.55	$484.84	0.806	$449.18	-3.1%	$461.56	-1.9%	$473.23	-0.9%	$486.22	0.3%	-7.4%
6	Gold	BluePreferred PPO Gold 500	Gold	BluePreferred PPO Gold 500	1,299	4.0%	0.815	$474.05	$481.14	$488.58	$496.04	0.818	$487.07	2.7%	$500.50	4.0%	$513.15	5.0%	$527.23	6.3%	-1.8%
7	Gold	BluePreferred PPO Gold 1000	Gold	BluePreferred PPO Gold 1000	3,610	11.0%	0.791	$461.83	$468.75	$475.99	$483.26	0.801	$474.64	2.8%	$487.72	4.0%	$500.05	5.1%	$513.77	6.3%	-1.8%
8	Gold	BluePreferred PPO Gold 1500	Gold	BluePreferred PPO Gold 1500	2,396	7.3%	0.780	$459.70	$466.58	$473.79	$481.03	0.790	$467.16	1.6%	$480.04	2.9%	$492.17	3.9%	$505.68	5.1%	-2.9%
9	Gold	HealthyBlue PPO Gold 1500	Gold	HealthyBlue PPO Gold 1500	2,121	6.5%	0.818	$486.56	$493.84	$501.48	$509.13	0.813	$487.96	0.3%	$501.41	1.5%	$514.09	2.5%	$528.19	3.7%	-4.2%
	GOLD SUBTOTAL				**9,702**	**29.6%**	**0.798**	**$468.39**	**$475.40**	**$482.75**	**$490.12**	**0.803**	**$476.64**	**1.8%**	**$489.78**	**3.0%**	**$502.16**	**4.0%**	**$515.94**	**5.3%**	**-2.7%**
10	Silver	BlueCross BlueShield Preferred 2000, a Multi-State Plan	Silver	BluePreferred PPO HSA/HRA 2000 80%/60%	47	0.1%	0.720	$376.06	$381.69	$387.59	$393.51	0.711	$348.30	-7.4%	$357.90	-6.2%	$366.95	-5.3%	$377.02	-4.2%	-11.5%
11	Silver	BluePreferred PPO Silver 1000	Silver	BluePreferred PPO Silver 1000	431	1.3%	0.714	$392.96	$398.84	$405.00	$411.18	0.720	$401.96	2.3%	$413.04	3.6%	$423.49	4.6%	$435.10	5.8%	-2.2%
12	Silver	BluePreferred PPO HSA/HRA Silver 1500	Silver	BluePreferred PPO HSA/HRA Silver 1500	2,643	8.1%	0.716	$376.74	$382.37	$388.29	$394.21	0.717	$375.10	-0.4%	$385.44	0.8%	$395.18	1.8%	$406.02	3.0%	-4.8%
13	Silver	BluePreferred PPO HSA/HRA Silver 2000	Silver	BluePreferred PPO HSA/HRA Silver 2000	1,678	5.1%	0.696	$366.36	$371.84	$377.59	$383.35	0.709	$361.88	-1.2%	$371.85	0.0%	$381.26	1.0%	$391.71	2.2%	-5.6%
14	Silver	HealthyBlue PPO HSA/HRA Silver 2000	Silver	HealthyBlue PPO HSA/HRA Silver 2000	336	1.0%	0.719	$380.36	$386.05	$392.02	$398.00	0.720	$371.96	-2.2%	$382.22	-1.0%	$391.88	0.0%	$402.63	1.2%	-6.5%
	SILVER SUBTOTAL				**5,135**	**15.7%**	**0.709**	**$374.94**	**$380.55**	**$386.43**	**$392.33**	**0.715**	**$372.58**	**-0.6%**	**$382.85**	**0.6%**	**$392.53**	**1.6%**	**$403.30**	**2.8%**	**-5.0%**
		GHMSI Total			**32,745**	**100%**	**0.841084554**	**514.8076851**	**$522.51**	**$530.59**	**$538.69**	**0.846**	**$514.54**	**0.0%**	**$528.72**	**1.3%**	**$542.09**	**2.2%**	**$556.96**	**3.5%**	**-4.4%**

LOW RENEWAL (Minimum):	**-7.4%**	**-6.2%**	**-5.3%**	**-4.2%**
HIGH RENEWAL (Maximum):	**2.8%**	**4.0%**	**5.1%**	**6.3%**

Note: The previous SERFF tracking number for GHMSI DC Small Group (effective 1/1/2016) is CFAP-130056354 (On Exchange).

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

2017 ACA – RATE CHANGES AT METAL/PLAN LEVEL
SMALL GROUP - DC

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
	2016 Plans		2017 Plans		Members		HHS	Consumer Level Base Rates				HHS	Consumer Level Base Rates								
	Metal	Plan	Metal	Plan	Actual	% of Actual	2016					2017									
					2/29/2016	Total	AV	1Q16	2Q16	3Q16	4Q16	AV	1Q17	RNL	2Q17	RNL	3Q17	RNL	4Q17	RNL	1Q INC
1	Platinum	BlueChoice HMO Platinum 0	Platinum	BlueChoice HMO Platinum 0	1,825	2.7%	0.911	$477.60	$484.28	$491.48	$498.64	0.916	$490.96	2.8%	$503.18	3.9%	$514.72	4.7%	$527.89	5.9%	-1.5%
2	Platinum	BlueChoice HMO Referral Platinum 0	Platinum	BlueChoice HMO Referral Platinum 0	2,734	4.0%	0.911	$454.86	$461.22	$468.07	$474.89	0.916	$467.58	2.8%	$479.22	3.9%	$490.21	4.7%	$502.75	5.9%	-1.5%
3	Platinum	BlueChoice HMO Referral Platinum 1000	Platinum	BlueChoice HMO Referral Platinum 1000	1	0.0%	0.881	$429.41	$435.42	$441.89	$448.32	0.886	$436.53	1.7%	$447.39	2.7%	$457.65	3.6%	$469.36	4.7%	-2.6%
4	Platinum	BlueChoice Plus Opt-Out Platinum 0	Platinum	BlueChoice Plus Opt-Out Platinum 0	5,880	8.6%	0.911	$484.07	$490.85	$498.14	$505.39	0.916	$497.61	2.8%	$510.00	3.9%	$521.70	4.7%	$535.04	5.9%	-1.5%
5	Platinum	BlueChoice Advantage Platinum 0	Platinum	BlueChoice Advantage Platinum 0	1,384	2.0%	0.911	$511.59	$518.75	$526.45	$534.12	0.916	$525.90	2.8%	$538.99	3.9%	$551.35	4.7%	$565.45	5.9%	-1.5%
6	Platinum	HealthyBlue HMO Platinum 500	Platinum	HealthyBlue HMO Platinum 500	298	0.4%	0.889	$464.53	$471.03	$478.03	$484.99	0.895	$481.65	3.7%	$493.64	4.8%	$504.96	5.6%	$517.88	6.8%	-0.7%
7	Platinum	HealthyBlue HMO Platinum 1000	Platinum	HealthyBlue HMO Platinum 1000	86	0.1%	0.880	$459.08	$465.51	$472.42	$479.30	0.887	$462.41	0.7%	$473.92	1.8%	$484.79	2.6%	$497.19	3.7%	-3.5%
8	Platinum	HealthyBlue Plus Platinum 500	Platinum	HealthyBlue Plus Platinum 500	1,265	1.8%	0.889	$477.12	$483.80	$490.98	$498.13	0.895	$494.70	3.7%	$507.01	4.8%	$518.65	5.6%	$531.91	6.8%	-0.7%
9	Platinum	HealthyBlue Plus Platinum 1000	Platinum	HealthyBlue Plus Platinum 1000	505	0.7%	0.880	$471.52	$478.12	$485.22	$492.29	0.887	$474.94	0.7%	$486.76	1.8%	$497.92	2.6%	$510.66	3.7%	-3.5%
10	Platinum	HealthyBlue Advantage Platinum 500	Platinum	HealthyBlue Advantage Platinum 500	747	1.1%	0.889	$497.59	$504.55	$512.05	$519.50	0.895	$515.93	3.7%	$528.77	4.8%	$540.89	5.6%	$554.73	6.8%	-0.7%
11	Platinum	HealthyBlue Advantage Platinum 1000	Platinum	HealthyBlue Advantage Platinum 1000	684	1.0%	0.880	$491.75	$498.63	$506.04	$513.41	0.887	$495.31	0.7%	$507.64	1.8%	$519.28	2.6%	$532.57	3.7%	-3.5%
12	Platinum	BluePreferred PPO Platinum 0	Platinum	BluePreferred PPO Platinum 0	11,986	17.5%	0.911	$587.62	$596.42	$605.64	$614.88	0.916	$585.35	-0.4%	$601.48	0.8%	$616.69	1.8%	$633.60	3.0%	-4.8%
13	Platinum	BluePreferred PPO Platinum 500	Platinum	BluePreferred PPO Platinum 500	5,266	7.7%	0.884	$563.82	$572.26	$581.11	$589.98	0.890	$555.46	-1.5%	$570.77	-0.3%	$585.20	0.7%	$601.25	1.9%	-5.9%
14	Platinum	HealthyBlue PPO Platinum 500	Platinum	HealthyBlue PPO Platinum 500	449	0.7%	0.889	$574.32	$582.92	$591.93	$600.97	0.895	$571.09	-0.6%	$586.83	0.7%	$601.66	1.6%	$618.17	2.9%	-5.0%
15	Platinum	HealthyBlue PPO Platinum 1000	Platinum	HealthyBlue PPO Platinum 1000	207	0.3%	0.880	$568.04	$576.54	$585.45	$594.39	0.887	$548.97	-3.4%	$564.10	-2.2%	$578.36	-1.2%	$594.23	0.0%	-7.6%
	PLATINUM SUBTOTAL				**33,317**	**48.6%**	**0.904**	**$533.82**	**$541.60**	**$549.84**	**$558.07**	**0.909**	**$537.65**	**0.9%**	**$551.86**	**2.0%**	**$565.26**	**3.0%**	**$580.32**	**4.1%**	**-3.5%**
16	Gold	BlueChoice HMO Gold 500	Gold	BlueChoice HMO Gold 500	1,660	2.4%	0.815	$374.61	$379.85	$385.49	$391.11	0.818	$401.28	7.1%	$411.26	8.3%	$420.70	9.1%	$431.46	10.3%	2.6%
17	Gold	BlueChoice HMO Gold 1500	Gold	BlueChoice HMO Gold 1500	239	0.3%	0.780	$360.06	$365.10	$370.52	$375.92	0.790	$385.84	7.2%	$395.44	8.3%	$404.51	9.2%	$414.86	10.4%	2.6%
18	Gold	BlueChoice HMO Referral Gold 0	Gold	BlueChoice HMO Referral Gold 0	122	0.2%	0.818	$374.39	$379.63	$385.27	$390.88	0.818	$402.05	7.4%	$412.05	8.5%	$421.51	9.4%	$432.29	10.6%	2.9%
19	Gold	BlueChoice HMO Referral Gold 500	Gold	BlueChoice HMO Referral Gold 500	1,079	1.6%	0.815	$356.77	$361.76	$367.14	$372.48	0.818	$382.17	7.1%	$391.68	8.3%	$400.67	9.1%	$410.91	10.3%	2.6%
20	Gold	BlueChoice HMO Referral Gold 80	Gold	BlueChoice HMO Referral Gold 80	57	0.1%	0.780	$336.40	$341.11	$346.17	$351.21	0.790	$366.21	8.9%	$375.33	10.0%	$383.94	10.9%	$393.76	12.1%	4.3%
21	Gold	BlueChoice Plus Gold 500	Gold	BlueChoice Plus Gold 500	139	0.2%	0.815	$384.76	$390.15	$395.94	$401.71	0.818	$412.15	7.1%	$422.41	8.3%	$432.10	9.1%	$443.15	10.3%	2.6%
22	Gold	BlueChoice Plus Gold 1000	Gold	BlueChoice Plus Gold 1000	67	0.1%	0.791	$372.74	$377.95	$383.57	$389.15	0.801	$402.16	7.9%	$412.17	9.1%	$421.62	9.9%	$432.41	11.1%	3.3%
23	Gold	BlueChoice Advantage Gold 500	Gold	BlueChoice Advantage Gold 500	909	1.3%	0.815	$401.27	$406.88	$412.93	$418.94	0.818	$429.83	7.1%	$440.53	8.3%	$450.64	9.1%	$462.16	10.3%	2.6%
24	Gold	BlueChoice Advantage Gold 1000	Gold	BlueChoice Advantage Gold 1000	1,060	1.5%	0.791	$388.73	$394.17	$400.02	$405.85	0.801	$419.41	7.9%	$429.85	9.1%	$439.71	9.9%	$450.96	11.1%	3.3%
25	Gold	HealthyBlue HMO Gold 1500	Gold	HealthyBlue HMO Gold 1500	1,080	1.6%	0.818	$391.31	$396.78	$402.68	$408.54	0.813	$408.57	4.4%	$418.73	5.5%	$428.34	6.4%	$439.30	7.5%	0.0%
26	Gold	HealthyBlue Plus Gold 1500	Gold	HealthyBlue Plus Gold 1500	1,404	2.0%	0.818	$401.91	$407.54	$413.59	$419.61	0.813	$419.64	4.4%	$430.08	5.5%	$439.95	6.4%	$451.20	7.5%	0.0%
27	Gold	HealthyBlue Advantage Gold 1500	Gold	HealthyBlue Advantage Gold 1500	3,745	5.5%	0.818	$419.15	$425.02	$431.33	$437.61	0.813	$437.64	4.4%	$448.53	5.5%	$458.82	6.4%	$470.56	7.5%	0.0%
28	Gold	BlueCross BlueShield Preferred 1000, a Multi-State Plan	Gold	BluePreferred PPO 1000 90%/70%	276	0.4%	0.816	$463.35	$470.28	$477.55	$484.84	0.806	$449.18	-3.1%	$461.56	-1.9%	$473.23	-0.9%	$486.22	0.3%	-7.4%
29	Gold	BluePreferred PPO Gold 500	Gold	BluePreferred PPO Gold 500	1,299	1.9%	0.815	$474.05	$481.14	$488.58	$496.04	0.818	$487.07	2.7%	$500.50	4.0%	$513.15	5.0%	$527.23	6.3%	-1.8%
30	Gold	BluePreferred PPO Gold 1000	Gold	BluePreferred PPO Gold 1000	3,610	5.3%	0.791	$461.83	$468.75	$475.99	$483.26	0.801	$474.64	2.8%	$487.72	4.0%	$500.05	5.1%	$513.77	6.3%	-1.8%
31	Gold	BluePreferred PPO Gold 1500	Gold	BluePreferred PPO Gold 1500	2,396	3.5%	0.780	$459.70	$466.58	$473.79	$481.03	0.790	$467.16	1.6%	$480.04	2.9%	$492.17	3.9%	$505.68	5.1%	-2.9%
32	Gold	HealthyBlue PPO Gold 1500	Gold	HealthyBlue PPO Gold 1500	2,121	3.1%	0.818	$486.56	$493.84	$501.48	$509.13	0.813	$487.96	0.3%	$501.41	1.5%	$514.09	2.5%	$528.19	3.7%	-4.2%
	GOLD SUBTOTAL				**21,263**	**31.0%**	**0.806**	**$428.63**	**$434.83**	**$441.42**	**$448.01**	**0.809**	**$444.62**	**3.9%**	**$456.27**	**5.1%**	**$467.26**	**6.0%**	**$479.63**	**7.3%**	**-0.5%**
33	Silver	BlueChoice HMO Silver 1000	Silver	BlueChoice HMO Silver 1000	40	0.1%	0.714	$303.96	$308.21	$312.79	$317.35	0.720	$327.59	7.8%	$335.74	8.9%	$343.44	9.8%	$352.23	11.0%	3.2%
34	Silver	BlueChoice HMO HSA/HRA Silver 1500	Silver	BlueChoice HMO HSA/HRA Silver 1500	817	1.2%	0.716	$284.61	$288.60	$292.88	$297.15	0.717	$300.49	5.6%	$307.97	6.7%	$315.03	7.6%	$323.09	8.7%	1.1%
35	Silver	BlueChoice HMO HSA/HRA Silver 2000	Silver	BlueChoice HMO HSA/HRA Silver 2000	937	1.4%	0.696	$274.44	$278.28	$282.41	$286.52	0.709	$289.99	5.7%	$297.21	6.8%	$304.02	7.7%	$311.80	8.8%	1.2%
36	Silver	BlueChoice HMO HSA/HRA Silver 3000	Silver	BlueChoice HMO HSA/HRA Silver 3000	6	0.0%	0.682	$265.34	$269.06	$273.05	$277.03	0.694	$276.08	4.0%	$282.95	5.2%	$289.45	6.0%	$296.85	7.2%	-0.3%
37	Silver	BlueChoice HMO Referral Silver 70	Silver	BlueChoice HMO Referral Silver 70	16	0.0%	0.701	$274.05	$277.88	$282.01	$286.12	0.712	$297.67	8.6%	$305.08	9.8%	$312.08	10.7%	$320.06	11.9%	4.0%
38	Silver	BlueChoice Plus HSA/HRA Silver 1500	Silver	BlueChoice Plus HSA/HRA Silver 1500	1,280	1.9%	0.716	$292.32	$296.42	$300.82	$305.20	0.717	$308.63	5.6%	$316.31	6.7%	$323.57	7.6%	$331.85	8.7%	1.1%
39	Silver	BlueChoice Plus HSA/HRA Silver 3000	Silver	BlueChoice Plus HSA/HRA Silver 3000	597	0.9%	0.682	$272.54	$276.35	$280.45	$284.54	0.694	$283.57	4.0%	$290.62	5.2%	$297.29	6.0%	$304.89	7.2%	-0.3%
40	Silver	BlueChoice Advantage HSA/HRA Silver 1500	Silver	BlueChoice Advantage HSA/HRA Silver 1500	1,873	2.7%	0.716	$304.86	$309.13	$313.72	$318.29	0.717	$321.87	5.6%	$329.88	6.7%	$337.45	7.6%	$346.08	8.7%	1.1%
41	Silver	BlueChoice Advantage HSA/HRA Silver 3000	Silver	BlueChoice Advantage HSA/HRA Silver 3000	9	0.0%	0.682	$284.23	$288.20	$292.49	$296.74	0.694	$295.73	4.0%	$303.09	5.2%	$310.04	6.0%	$317.97	7.2%	-0.3%
42	Silver	HealthyBlue HMO HSA/HRA Silver 2000	Silver	HealthyBlue HMO HSA/HRA Silver 2000	980	1.4%	0.719	$286.80	$290.81	$295.13	$299.43	0.720	$298.87	4.2%	$306.31	5.3%	$313.34	6.2%	$321.35	7.3%	-0.2%
43	Silver	HealthyBlue Plus HSA/HRA Silver 2000	Silver	HealthyBlue Plus HSA/HRA Silver 2000	639	0.9%	0.719	$294.57	$298.69	$303.13	$307.55	0.720	$306.97	4.2%	$314.61	5.3%	$321.83	6.2%	$330.06	7.3%	-0.2%
44	Silver	HealthyBlue Advantage HSA/HRA Silver 2000	Silver	HealthyBlue Advantage HSA/HRA Silver 2000	1,323	1.9%	0.719	$307.21	$311.51	$316.14	$320.74	0.720	$320.14	4.2%	$328.11	5.3%	$335.63	6.2%	$344.22	7.3%	-0.2%
45	Silver	BlueCross BlueShield Preferred 2000, a Multi-State Plan	Silver	BluePreferred PPO HSA/HRA 2000 80%/60%	47	0.1%	0.720	$376.06	$381.69	$387.59	$393.51	0.711	$348.30	-7.4%	$357.90	-6.2%	$366.95	-5.3%	$377.02	-4.2%	-11.5%
46	Silver	BluePreferred PPO Silver 1000	Silver	BluePreferred PPO Silver 1000	431	0.6%	0.714	$392.96	$398.84	$405.00	$411.18	0.720	$401.96	2.3%	$413.04	3.6%	$423.49	4.6%	$435.10	5.8%	-2.2%
47	Silver	BluePreferred PPO HSA/HRA Silver 1500	Silver	BluePreferred PPO HSA/HRA Silver 1500	2,643	3.9%	0.716	$376.74	$382.37	$388.29	$394.21	0.717	$375.10	-0.4%	$385.44	0.8%	$395.18	1.8%	$406.02	3.0%	-4.8%
48	Silver	BluePreferred PPO HSA/HRA Silver 2000	Silver	BluePreferred PPO HSA/HRA Silver 2000	1,678	2.4%	0.696	$366.36	$371.84	$377.59	$383.35	0.709	$361.88	-1.2%	$371.85	0.0%	$381.26	1.0%	$391.71	2.2%	-5.6%
49	Silver	HealthyBlue PPO HSA/HRA Silver 2000	Silver	HealthyBlue PPO HSA/HRA Silver 2000	336	0.5%	0.719	$380.36	$386.05	$392.02	$398.00	0.720	$371.96	-2.2%	$382.22	-1.0%	$391.88	0.0%	$402.63	1.2%	-6.5%
	SILVER SUBTOTAL				**13,652**	**19.9%**	**0.711**	**$323.71**	**$328.38**	**$333.34**	**$338.30**	**0.715**	**$332.00**	**2.9%**	**$340.63**	**4.1%**	**$348.79**	**5.0%**	**$357.98**	**6.1%**	**-1.5%**
50	Bronze	BlueChoice HMO HSA/HRA Bronze 5000	Bronze	BlueChoice HMO HSA/HRA Bronze 6500	286	0.4%	0.619	$201.25	$204.07	$207.10	$210.12	0.614	$228.01	13.3%	$233.68	14.5%	$239.04	15.4%	$245.16	16.7%	8.5%
51	Bronze	BlueChoice HMO Referral Bronze 5500	Bronze	BlueChoice HMO Referral Bronze 5500	16	0.0%	0.620	$217.51	$220.55	$223.83	$227.09	0.616	$257.34	18.3%	$263.75	19.6%	$269.80	20.5%	$276.70	21.8%	13.3%
52	Bronze	BlueChoice Plus HSA/HRA Bronze 5000	Bronze	BlueChoice Plus HSA/HRA Bronze 6500	72	0.1%	0.619	$206.71	$209.60	$212.71	$215.81	0.614	$234.19	13.3%	$240.01	14.5%	$245.52	15.4%	$251.80	16.7%	8.5%
53	Bronze	BlueChoice Advantage HSA/HRA Bronze 5000	Bronze	BlueChoice Advantage HSA/HRA Bronze 6500	10	0.0%	0.619	$215.58	$218.59	$221.84	$225.07	0.614	$244.23	13.3%	$250.31	14.5%	$256.05	15.4%	$262.60	16.7%	8.5%
	BRONZE SUBTOTAL				**384**	**0.6%**	**0.619**	**$203.32**	**$206.17**	**$209.23**	**$212.28**	**0.614**	**$230.81**	**13.5%**	**$236.55**	**14.7%**	**$241.98**	**15.6%**	**$248.17**	**16.9%**	**8.7%**
	BlueChoice Total				35,871	52%	0.827	$405.32	$411.00	$417.10	$423.17	0.830	$422.04	4.4%	$432.55	5.5%	$442.47	6.3%	$453.79	7.5%	0.0%
	GHMSI Total				32,745	48%	0.841	$514.81	$522.51	$530.59	$538.69	0.846	$514.54	0.0%	$528.72	1.3%	$542.09	2.2%	$556.96	3.5%	-4.4%
	Grand Total				**68,616**	**100%**	**0.834**	**$457.57**	**$464.21**	**$471.26**	**$478.30**	**0.838**	**$466.19**	**2.3%**	**$478.45**	**3.5%**	**$490.01**	**4.4%**	**$503.02**	**5.6%**	**-2.1%**

LOW RENEWAL (Minimum):														**-7.4%**		**-6.2%**		**-5.3%**		**-4.2%**	
HIGH RENEWAL (Maximum):														**18.3%**		**19.6%**		**20.5%**		**21.8%**	
PPO/HMO:								**1.27**	**1.27**	**1.27**	**1.27**		**1.22**		**1.22**		**1.23**		**1.23**		

Note: The previous SERFF tracking number for GHMSI DC Small Group (effective 1/1/2016) is CFAP-130056354 (On Exchange).
The previous SERFF tracking number for BlueChoice DC Small Group (effective 1/1/2016) is CFAP-130051604 (On Exchange).

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017
DC GHMSI Rate Change History

	Renewals	
	PPO	**HealthyBlue PPO**
1Q15	10.5%	10.5%
2Q15	10.6%	10.6%
3Q15	10.8%	10.8%
4Q15	10.9%	10.9%
1Q16	4.4%	4.6%
2Q16	4.5%	4.8%
3Q16	4.7%	4.9%
4Q16	4.8%	5.1%
1Q17	**0.1%**	**0.0%**
2Q17	**1.4%**	**1.3%**
3Q17	**2.4%**	**2.2%**
4Q17	**3.6%**	**3.5%**

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017
DC GHMSI Average Renewal Rate Increase over 2017

HIOS Product ID	HIOS Product Name	Average 2017 Renewal
78079DC022	BluePreferred PPO	2.3%

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017
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 - 1/1/2017

	Begin	End	Mid-point		Months of Trend		
Experience Period	1/1/2015	12/31/2015	7/2/2015			pd through	2/29/2016
Rating Period	1/1/2017	12/31/2017	7/2/2017		24.0		

Experience Period Summary	**Total**
Experience Period Premiums	**$ 215,112,455**
MLR Rebates	**$ -**
Net Experience Period Premiums	$ 215,112,455
Experience Period Paid Claims (Non-Capitated)	$ 190,859,339
Completion Factor	0.98
Experience Period Incurred Claims (Non-Capitated)	$ 194,074,820
Capitations	**$ 473,767**
Rx Rebates	**$ (12,581,018)**
Other Manual Claims	**$ -**
Total Experience Period Claims	$ 181,967,569
Experience Period Loss Ratio (Before MLR Rebates)	84.6%
Experience Period Loss Ratio (After MLR Rebates)	84.6%
Experience Period Loss Ratio (System Claims Only)	90.2%
Experience Period Member Months	446,566
Average Members	37,214
End of Experience Period Contracts	21,076
End of Experience Period Members	36,508
Experience Period Allowed Claims (Non-Capitated)	$ 221,423,295
Adjustments	$ (12,107,251)
Total Adjusted EP Allowed Claims	$ 209,316,044
EP Paid / Allowed Ratio	86.9%

Service Category Level Projection

Service Category Experience Period Allowed	**Utilization Measure**	**EP Units**	**EP Allowed $**	**Other**	**Rx Rebates**	**Net Allowed**
Inpatient	Admits	2,204	$ 35,895,163	$ -	$ -	$ 35,895,163
Outpatient	Visits	34,045	$ 45,751,169	$ -	$ -	$ 45,751,169
Professional	Visits	409,761	$ 69,515,507	$ -	$ -	$ 69,515,507
Other	Services	45,261	$ 13,604,090	$ -	$ -	$ 13,604,090
Rx	Scripts	360,984	$ 56,657,366	$ -	$ (12,581,018)	$ 44,076,349
Capitation	Member Months	**446,566**	$ 473,767	$ -	$ -	$ 473,767
Total			**$ 221,897,062**	**$ -**	**$ (12,581,018)**	**$ 209,316,045**
PMPM			**$ 496.90**	**$ -**	**$ (28.17)**	**$ 468.72**
					Non-EHB Claims In Experience PMPM ***	**$ 2.09**
					EP Index Rate for EHB (Rounded to Nearest Whole Dollar)	**$ 467.00**

Annual Trend Inputs	
Cost Trend	**Utilization Trend**
0.0%	**1.0%**
9.0%	**3.5%**
2.0%	**3.0%**
0.0%	**10.0%**
9.5%	**3.0%**
0.0%	**0.0%**

		Experience Period			**Projection Factors**					**Projected**			**Effective Allowed PMPM**
Service Category Experience Period Allowed	**Utilization Measure**	**Util / 1000**	**Unit Cost**	**PMPM**	**Population Risk / Morbidity ***	**Other**	**Cost Factor**	**Utilization Factor**	**Total Factor**	**Util / 1000**	**Unit Cost**	**PMPM**	**Annual Trend**
Inpatient	Admits	59.23	$ 16,283.93	**$ 80.38**	**1.013**	**1.013**	1.000	1.020	1.05	61.21	$ 16,494.95	**$ 84.14**	**1.0%**
Outpatient	Visits	914.86	$ 1,343.83	**$ 102.45**	**1.013**	**1.013**	1.188	1.071	1.31	992.76	$ 1,617.30	**$ 133.80**	**12.8%**
Professional	Visits	11,010.99	$ 169.65	**$ 155.67**	**1.013**	**1.013**	1.040	1.061	1.13	11,833.42	$ 178.79	**$ 176.31**	**5.1%**
Other	Services	1,216.23	$ 300.57	**$ 30.46**	**1.013**	**1.013**	1.000	1.210	1.24	1,490.77	$ 304.47	**$ 37.82**	**10.0%**
Rx	Scripts	9,700.26	$ 122.10	**$ 98.70**	**1.013**	**0.947**	1.199	1.061	1.22	10,424.79	$ 138.64	**$ 120.44**	**12.8%**
Capitation	Member Months	12,000.00	$ 1.06	**$ 1.06**	**1.000**	**0.830**	1.000	1.000	0.83	12,000.00	$ 0.88	**$ 0.88**	**0.0%**
Total				**$ 468.72**							**Projected Allowed Claims PMPM (EHB + Non-EHB)**	**$ 553.39**	**8.0%**
											Non-EHB Claims In Projected PMPM **	**$ 2.43**	
											Index Rate for EHB	**$ 550.96**	

*** Please refer to page 50 for more information.**
**** Includes abortion claims and capitation for embedded adult vision benefit.**
***** Includes abortion claims and capitations for embedded adult vision benefit.**

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017
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 - 4/1/2017

	Begin	End	Mid-point		Months of Trend		
Experience Period	1/1/2015	12/31/2015	7/2/2015			pd through	2/29/2016
Rating Period	4/1/2017	3/31/2018	9/30/2017		27.0		

Experience Period Summary	Total
Experience Period Premiums	**$ 215,112,455**
MLR Rebates (enter as negative)	**$ -**
Net Experience Period Premiums	$ 215,112,455
Experience Period Paid Claims (Non-Capitated)	$ 190,859,339
Completion Factor	0.98
Experience Period Incurred Claims (Non-Capitated)	$ 194,074,820
Capitations	**$ 473,767**
Rx Rebates	**$ (12,581,018)**
Other Manual Claims	**$ -**
Total Experience Period Claims	$ 181,967,569
Experience Period Loss Ratio (Before MLR Rebates)	84.6%
Experience Period Loss Ratio (After MLR Rebates)	84.6%
Experience Period Loss Ratio (System Claims Only)	90.2%
Experience Period Member Months	446,566
Average Members	37,214
End of Experience Period Contracts	21,076
End of Experience Period Members	36,508
Experience Period Allowed Claims (Non-Capitated)	$ 221,423,295
Adjustments	$ (12,107,251)
Total Adjusted EP Allowed Claims	$ 209,316,044
EP Paid / Allowed Ratio	86.9%

Service Category Level Projection

Service Category Experience Period Allowed	**Utilization Measure**	**EP Units**	**EP Allowed $**	**Other**	**Rx Rebates**	**Net Allowed**	**Annual Trend Inputs** Cost Trend	Utilization Trend
Inpatient	Admits	2,204	$ 35,895,163	$ -	$ -	$ 35,895,163	**0.0%**	**1.0%**
Outpatient	Visits	34,045	$ 45,751,169	$ -	$ -	$ 45,751,169	**9.0%**	**3.5%**
Professional	Visits	409,761	$ 69,515,507	$ -	$ -	$ 69,515,507	**2.0%**	**3.0%**
Other	Services	45,261	$ 13,604,090	$ -	$ -	$ 13,604,090	**0.0%**	**10.0%**
Rx	Scripts	360,984	$ 56,657,366	$ -	$ (12,581,018)	$ 44,076,349	**9.5%**	**3.0%**
Capitation	Member Months	**446,566**	$ 473,767	$ -	$ -	$ 473,767	**0.0%**	**0.0%**
Total			**$ 221,897,062**	**$ -**	**$ (12,581,018)**	**$ 209,316,045**		
PMPM			**$ 496.90**	**$ -**	**$ (28.17)**	**$ 468.72**		

		Experience Period			**Projection Factors**					**Projected**			**Effective Allowed PMPM**
Service Category Experience Period Allowed	**Utilization Measure**	**Util / 1000**	**Unit Cost**	**PMPM**	**Population Risk / Morbidity ***	**Other**	**Cost Factor**	**Utilization Factor**	**Total Factor**	**Util / 1000**	**Unit Cost**	**PMPM**	**Annual Trend**
Inpatient	Admits	59.23	$ 16,283.93	**$ 80.38**	**1.013**	**1.013**	1.000	1.023	1.05	61.36	$ 16,494.95	**$ 84.35**	**1.0%**
Outpatient	Visits	914.86	$ 1,343.83	**$ 102.45**	**1.013**	**1.013**	1.214	1.080	1.35	1,001.33	$ 1,652.52	**$ 137.89**	**12.8%**
Professional	Visits	11,010.99	$ 169.65	**$ 155.67**	**1.013**	**1.013**	1.046	1.069	1.15	11,921.19	$ 179.68	**$ 178.50**	**5.1%**
Other	Services	1,216.23	$ 300.57	**$ 30.46**	**1.013**	**1.013**	1.000	1.239	1.27	1,526.72	$ 304.47	**$ 38.74**	**10.0%**
Rx	Scripts	9,700.26	$ 122.10	**$ 98.70**	**1.013**	**0.947**	1.227	1.069	1.26	10,502.11	$ 141.82	**$ 124.12**	**12.8%**
Capitation	Member Months	12,000.00	$ 1.06	**$ 1.06**	**1.000**	**0.830**	1.000	1.000	0.83	12,000.00	$ 0.88	**$ 0.88**	**0.0%**
Total				**$ 468.72**							**Projected Allowed Claims PMPM (EHB + Non-EHB)**	**$ 564.47**	**8.1%**
											Non-EHB Claims In Projected PMPM **	**$ 2.48**	
											Index Rate for EHB	**$ 561.99**	

*** Please refer to page 50 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 1/1/2017
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 - 7/1/2017

	Begin	End	Mid-point		Months of Trend		
Experience Period	**1/1/2015**	**12/31/2015**	**7/2/2015**			**pd through**	**2/29/2016**
Rating Period	**7/1/2017**	**6/30/2018**	**12/30/2017**		30.0		

Experience Period Summary	**Total**
Experience Period Premiums	**$ 215,112,455**
MLR Rebates (enter as negative)	**$ -**
Net Experience Period Premiums	$ 215,112,455
Experience Period Paid Claims (Non-Capitated)	$ 190,859,339
Completion Factor	0.98
Experience Period Incurred Claims (Non-Capitated)	$ 194,074,820
Capitations	**$ 473,767**
Rx Rebates	**$ (12,581,018)**
Other Manual Claims	**$ -**
Total Experience Period Claims	$ 181,967,569
Experience Period Loss Ratio (Before MLR Rebates)	84.6%
Experience Period Loss Ratio (After MLR Rebates)	84.6%
Experience Period Loss Ratio (System Claims Only)	90.2%
Experience Period Member Months	446,566
Average Members	37,214
End of Experience Period Contracts	21,076
End of Experience Period Members	36,508
Experience Period Allowed Claims (Non-Capitated)	$ 221,423,295
Adjustments	$ (12,107,251)
Total Adjusted EP Allowed Claims	$ 209,316,044
EP Paid / Allowed Ratio	86.9%

Service Category Level Projection

Service Category Experience Period Allowed	**Utilization Measure**	**EP Units**	**EP Allowed $**	**Other**	**Rx Rebates**	**Net Allowed**	**Annual Trend Inputs Cost Trend**	**Utilization Trend**
Inpatient	Admits	2,204	$ 35,895,163	$ -	$ -	$ 35,895,163	**0.0%**	**1.0%**
Outpatient	Visits	34,045	$ 45,751,169	$ -	$ -	$ 45,751,169	**9.0%**	**3.5%**
Professional	Visits	409,761	$ 69,515,507	$ -	$ -	$ 69,515,507	**2.0%**	**3.0%**
Other	Services	45,261	$ 13,604,090	$ -	$ -	$ 13,604,090	**0.0%**	**10.0%**
Rx	Scripts	360,984	$ 56,657,366	$ -	$ (12,581,018)	$ 44,076,349	**9.5%**	**3.0%**
Capitation	Member Months	**446,566**	$ 473,767	$ -	$ -	$ 473,767	**0.0%**	**0.0%**
Total			**$ 221,897,062**	**$ -**	**$ (12,581,018)**	**$ 209,316,045**		
PMPM			**$ 496.90**	**$ -**	**$ (28.17)**	**$ 468.72**		

		Experience Period			**Projection Factors**					**Projected**			**Effective Allowed PMPM**
Service Category Experience Period Allowed	**Utilization Measure**	**Util / 1000**	**Unit Cost**	**PMPM**	**Population Risk / Morbidity ***	**Other**	**Cost Factor**	**Utilization Factor**	**Total Factor**	**Util / 1000**	**Unit Cost**	**PMPM**	**Annual Trend**
Inpatient	Admits	59.23	$ 16,283.93	**$ 80.38**	**1.013**	**1.013**	1.000	1.025	1.05	61.52	$ 16,494.95	**$ 84.56**	**1.0%**
Outpatient	Visits	914.86	$ 1,343.83	**$ 102.45**	**1.013**	**1.013**	1.240	1.090	1.39	1,009.98	$ 1,688.51	**$ 142.11**	**12.8%**
Professional	Visits	11,010.99	$ 169.65	**$ 155.67**	**1.013**	**1.013**	1.051	1.077	1.16	12,009.61	$ 180.57	**$ 180.71**	**5.1%**
Other	Services	1,216.23	$ 300.57	**$ 30.46**	**1.013**	**1.013**	1.000	1.269	1.30	1,563.53	$ 304.47	**$ 39.67**	**10.0%**
Rx	Scripts	9,700.26	$ 122.10	**$ 98.70**	**1.013**	**0.947**	1.255	1.077	1.30	10,580.01	$ 145.07	**$ 127.91**	**12.8%**
Capitation	Member Months	12,000.00	$ 1.06	**$ 1.06**	**1.000**	**0.830**	1.000	1.000	0.83	12,000.00	$ 0.88	**$ 0.88**	**0.0%**
Total				**$ 468.72**							**Projected Allowed Claims PMPM (EHB + Non-EHB)**	**$ 575.84**	**8.1%**
											Non-EHB Claims In Projected PMPM **	**$ 2.53**	
											Index Rate for EHB	**$ 573.31**	

*** Please refer to page 50 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 1/1/2017
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 - 10/1/2017

	Begin	End	Mid-point		Months of Trend		
Experience Period	**1/1/2015**	**12/31/2015**	**7/2/2015**			**pd through**	**2/29/2016**
Rating Period	**10/1/2017**	**9/30/2018**	**4/1/2018**		33.0		

Experience Period Summary	**Total**
Experience Period Premiums	**$ 215,112,455**
MLR Rebates (enter as negative)	**$ -**
Net Experience Period Premiums	$ 215,112,455
Experience Period Paid Claims (Non-Capitated)	$ 190,859,339
Completion Factor	0.98
Experience Period Incurred Claims (Non-Capitated)	$ 194,074,820
Capitations	**$ 473,767**
Rx Rebates	**$ (12,581,018)**
Other Manual Claims	**$ -**
Total Experience Period Claims	$ 181,967,569
Experience Period Loss Ratio (Before MLR Rebates)	84.6%
Experience Period Loss Ratio (After MLR Rebates)	84.6%
Experience Period Loss Ratio (System Claims Only)	90.2%
Experience Period Member Months	446,566
Average Members	37,214
End of Experience Period Contracts	21,076
End of Experience Period Members	36,508
Experience Period Allowed Claims (Non-Capitated)	$ 221,423,295
Adjustments	$ (12,107,251)
Total Adjusted EP Allowed Claims	$ 209,316,044
EP Paid / Allowed Ratio	86.9%

Service Category Level Projection

Service Category Experience Period Allowed	**Utilization Measure**	**EP Units**	**EP Allowed $**	**Other**	**Rx Rebates**	**Net Allowed**	**Annual Trend Inputs Cost Trend**	**Utilization Trend**
Inpatient	Admits	2,204	$ 35,895,163	$ -	$ -	$ 35,895,163	**0.0%**	**1.0%**
Outpatient	Visits	34,045	$ 45,751,169	$ -	$ -	$ 45,751,169	**9.0%**	**3.5%**
Professional	Visits	409,761	$ 69,515,507	$ -	$ -	$ 69,515,507	**2.0%**	**3.0%**
Other	Services	45,261	$ 13,604,090	$ -	$ -	$ 13,604,090	**0.0%**	**10.0%**
Rx	Scripts	360,984	$ 56,657,366	$ -	$ (12,581,018)	$ 44,076,349	**9.5%**	**3.0%**
Capitation	Member Months	**446,566**	$ 473,767	$ -	$ -	$ 473,767	**0.0%**	**0.0%**
Total			**$ 221,897,062**	**$ -**	**$ (12,581,018)**	**$ 209,316,045**		
PMPM			**$ 496.90**	**$ -**	**$ (28.17)**	**$ 468.72**		

Service Category Experience Period Allowed	**Utilization Measure**	**Experience Period Util / 1000**	**Unit Cost**	**PMPM**	**Projection Factors Population Risk / Morbidity ***	**Other**	**Cost Factor**	**Utilization Factor**	**Total Factor**	**Projected Util / 1000**	**Unit Cost**	**PMPM**	**Effective Allowed PMPM Annual Trend**
Inpatient	Admits	59.23	$ 16,283.93	**$ 80.38**	**1.013**	**1.013**	1.000	1.028	1.05	61.67	$ 16,494.95	**$ 84.77**	**1.0%**
Outpatient	Visits	914.86	$ 1,343.83	**$ 102.45**	**1.013**	**1.013**	1.267	1.099	1.43	1,018.70	$ 1,725.28	**$ 146.46**	**12.8%**
Professional	Visits	11,010.99	$ 169.65	**$ 155.67**	**1.013**	**1.013**	1.056	1.085	1.18	12,098.69	$ 181.47	**$ 182.96**	**5.1%**
Other	Services	1,216.23	$ 300.57	**$ 30.46**	**1.013**	**1.013**	1.000	1.300	1.33	1,601.24	$ 304.47	**$ 40.63**	**10.0%**
Rx	Scripts	9,700.26	$ 122.10	**$ 98.70**	**1.013**	**0.947**	1.283	1.085	1.34	10,658.48	$ 148.40	**$ 131.81**	**12.8%**
Capitation	Member Months	12,000.00	$ 1.06	**$ 1.06**	**1.000**	**0.830**	1.000	1.000	0.83	12,000.00	$ 0.88	**$ 0.88**	**0.0%**
Total				**$ 468.72**							**Projected Allowed Claims PMPM (EHB + Non-EHB)**	**$ 587.51**	**8.1%**
											Non-EHB Claims In Projected PMPM **	**$ 2.57**	
											Index Rate for EHB	**$ 584.94**	

*** Please refer to page 50 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 1/1/2017
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	2015 Member Months	Exp Period PMPM
GHMSI	$1,099,726	550,798	**$2.00**

	Projected PMPM
1Q17	$2.34
2Q17	$2.39
3Q17	$2.44
4Q17	$2.48

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

Individual, non-Medigap Embedded PMPM (Vision Capitation)	% of D.C. Individual, non-Medigap Market Over Age 19	Projected PMPM Spread Over Individual Market	Blended with Small Group
$1.16	90%	$1.04	**$0.09**

	Projected PMPM
1Q17	$0.09
2Q17	$0.09
3Q17	$0.09
4Q17	$0.09

	Projected Non-EHB PMPM
1Q17	**$2.43**
2Q17	**$2.48**
3Q17	**$2.53**
4Q17	**$2.57**

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

Adjustments for Small Group Benefits in Excess of EHB

1Q17	**Med**	**Rx**	**Total**
Index Rate for EHB	$ 430.52	$ 120.44	$ 550.96
Benefits to be Covered in Excess of EHB On Exchange (PMPM)			
Abortion *	$ 2.30	$ -	$ 2.30
Total Adjustment to Index Rate	**0.53%**	**0.00%**	**0.42%**

2Q17	**Med**	**Rx**	**Total**
Index Rate for EHB	$ 437.88	$ 124.12	$ 561.99
Benefits to be Covered in Excess of EHB On Exchange (PMPM)			
Abortion *	$ 2.34	$ -	$ 2.34
Total Adjustment to Index Rate	**0.53%**	**0.00%**	**0.42%**

3Q17	**Med**	**Rx**	**Total**
Index Rate for EHB	$ 445.41	$ 127.91	$ 573.31
Benefits to be Covered in Excess of EHB On Exchange (PMPM)			
Abortion *	$ 2.38	$ -	$ 2.38
Total Adjustment to Index Rate	**0.53%**	**0.00%**	**0.42%**

4Q17	**Med**	**Rx**	**Total**
Index Rate for EHB	$ 453.13	$ 131.81	$ 584.94
Benefits to be Covered in Excess of EHB On Exchange (PMPM)			
Abortion *	$ 2.42	$ -	$ 2.42
Total Adjustment to Index Rate	**0.53%**	**0.00%**	**0.42%**

* Based on calendar year 2015 experience for DC GHMSI Small Group business, trended to 2017.
Note: Abortion coverage applies to all DC Small Group plans, excluding BluePreferred PPO 1000 90%/70% and BluePreferred PPO HSA/HRA 2000 80%/60%.

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017
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	$ 459.94	-1.21%	2.54%
201504	$ 467.90	1.73%	3.03%
201507	$ 476.02	1.74%	3.53%
201510	$ 484.31	1.74%	4.02%
201601	$ 518.35	7.03%	12.70%
201604	$ 528.56	1.97%	12.96%
201607	$ 538.95	1.97%	13.22%
201610	$ 549.57	1.97%	13.48%
201701	**$ 550.96**	**0.25%**	**6.29%**
201704	**$ 561.99**	**2.00%**	**6.33%**
201707	**$ 573.31**	**2.01%**	**6.38%**
201710	**$ 584.94**	**2.03%**	**6.44%**

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

2017 ACA - TREND ANALYSIS SUMMARY - DC GHMSI

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
				2016 FILING							**2017 FILING**					
					PROJECTED					**EXPERIENCE PERIOD**			**PROJECTED**			
	GHMSI-DC		Allowed		Cost	Utilization	Claims	Allowed		Cost	Utilization	Claims	Cost	Utilization	Claims	vs 2016
			Claims *	%	Trend	Trend	Trend	Claims	%	Trend	Trend	Trend	Trend	Trend	Trend **	Δ
1	Inpatient	Hospital	$40,005,763	17%	8.0%	1.0%	9.1%	$35,895,163	16%	-1.6%	2.2%	0.6%	0.0%	1.0%	1.0%	-8.1%
2	Outpatient	Hospital	$47,122,116	21%	3.5%	3.5%	7.1%	$45,751,169	21%	7.5%	4.1%	11.9%	9.0%	3.5%	12.8%	5.7%
3	Professional		$74,124,676	32%	3.5%	1.5%	5.1%	$69,515,507	31%	-0.1%	4.2%	4.2%	2.0%	3.0%	5.1%	0.0%
4	Other Medical	Non-Capitated Ambulance	$13,002,211	6%	4.0%	2.0%	6.1%	$13,604,090	6%	12.7%	5.5%	19.0%	0.0%	10.0%	10.0%	3.9%
5		Home Health														
6		DME														
7		Prosthetics														
8		Supplies														
9		Vision Exams														
10		Dental Services														
11		Other Services														
12	**Medical**	**Subtotal (Clms-Wgtd):**	**$174,254,765**	**76%**	**4.6%**	**2.0%**	**6.6%**	**$164,765,929**	**74%**	**2.7%**	**3.9%**	**6.7%**	**3.3%**	**3.3%**	**6.7%**	**0.1%**
13																
14	**Capitation**	**Total**	**$ 647,160**	**0%**	**0.0%**	**0.0%**	**0.0%**	**$ 473,767**	**0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**
15																
16	**RX**	**Claims-Weighted**	$54,658,099	**24%**	13.0%	0.0%	**13.0%**	$56,657,366	**26%**	14.8%	3.6%	**18.9%**	9.5%	3.0%	**12.8%**	**-0.2%**
17	**TOTAL**	**Claims-Weighted**	**$229,560,024**	**100%**	**6.6%**	**1.5%**	**8.2%**	**$221,897,062**	**100%**	**5.8%**	**3.8%**	**9.8%**	**4.9%**	**3.2%**	**8.3%**	**0.1%**
18																
19	**Weighted Total DC (BlueChoice & GHMSI Combined)**														**8.3%**	

* Includes grandfathered Small Group business.

** Note: The total trend shown is claims-weighted. The actual pricing trend utilized is 8.0%, calculated on a PMPM basis.

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

2017 ACA - PLAN LEVEL DERIVATIONS 1Q17
SG DC GHMSI

			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
				Actual 2/29/2016	ON-Exchange 1Q17 Cohort Projected		**INDEX RATE**	**Market-Level Adjustments (MLA)**			**INDEX RATE**	**Plan-Level Adjustments**			**(PLA) = (10)x(11)x(12)**				**INDEX RATE**		**Calibration Allowable Rating Factors (ARFs) ***	**BASE PREMIUM**	Average Cost Share	**INDEX RATE**	
Benefit Plan				Mapped Mems	EMMs	%	(Ave ALW EHB)	Reins.	Risk Adj	Exch User Fees	(Post-MLA)	CF Pricing Value	CDH Factor	Induced Demand	Cost Share	Network & UM	Non-EHB	Distrib & Admin	(Plan-Level)	2017 HHS AV	Age	(Consumer-Level) 1Q17	1Q17	(Plan-Level) 1Q16	Δ
Silver Plans	Ded.	OOP Max																							
BluePreferred PPO Silver 1000	$1,000 Med / $100 Rx	$7,150		431	1,200	1.3%	$550.96	1.0000	0.9196	1.0000	$506.65	0.7135	1.0060	0.9348	0.6711	1.0000	1.0042	1.2592	$429.91	0.7199	0.9350	$401.96	0.6501	$413.78	3.9%
BluePreferred PPO HSA/HRA Silver 1500	$1,500 (Integrated)	$6,550		2,643	7,356	8.0%	$550.96	1.0000	0.9196	1.0000	$506.65	0.6978	0.9600	0.9348	0.6262	1.0000	1.0042	1.2592	$401.17	0.7172	0.9350	$375.10	0.6233	$396.70	1.1%
BluePreferred PPO Silver 1500 BlueFund HSA	$1,500 (Integrated)	$6,350		0	276	0.3%	$550.96	1.0000	0.9196	1.0000	$506.65	0.6985	0.9600	0.9348	0.6269	1.0000	1.0042	1.2592	$401.63	0.7190	0.9350	$375.52	NA	NA	NA
BluePreferred PPO HSA/HRA 2000 80%/60%	$2,000 (Integrated)	$6,550		47	276	0.3%	$550.96	1.0000	0.9196	1.0000	$506.65	0.6506	0.9600	0.9348	0.5839	1.0000	1.0000	1.2592	$372.51	0.7113	0.9350	$348.30	0.6257	$395.99	-5.9%
BluePreferred PPO HSA/HRA Silver 2000	$2,000 (Integrated)	$6,000		1,678	4,668	5.1%	$550.96	1.0000	0.9196	1.0000	$506.65	0.6732	0.9600	0.9348	0.6041	1.0000	1.0042	1.2592	$387.04	0.7090	0.9350	$361.88	0.6061	$385.77	0.3%
HealthyBlue PPO HSA/HRA Silver 2000	$2,000 (Integrated)	$6,550		336	936	1.0%	$550.96	1.0000	0.9196	1.0000	$506.65	0.6919	0.9600	0.9348	0.6210	1.0000	1.0042	1.2592	$397.82	0.7198	0.9350	$371.96	0.6293	$400.52	-0.7%
Gold Plans																									
BluePreferred PPO 1000 90%/70%	$1,000 (Integrated)	$6,550		276	768	0.8%	$550.96	1.0000	0.9196	1.0000	$506.65	0.7636	1.0060	0.9802	0.7530	1.0000	1.0000	1.2592	$480.41	0.8061	0.9350	$449.18	0.7710	$487.90	-1.5%
BluePreferred PPO Gold 500	$500 Med / $250 Rx	$7,150		1,299	3,612	3.9%	$550.96	1.0000	0.9196	1.0000	$506.65	0.8246	1.0060	0.9802	0.8131	1.0000	1.0042	1.2592	$520.93	0.8182	0.9350	$487.07	0.7843	$499.17	4.4%
BluePreferred PPO Gold 1000	$1,000 Med / $250 Rx	$4,000		3,610	10,044	11.0%	$550.96	1.0000	0.9196	1.0000	$506.65	0.8035	1.0060	0.9802	0.7924	1.0000	1.0042	1.2592	$507.63	0.8006	0.9350	$474.64	0.7641	$486.31	4.4%
BluePreferred PPO Gold 1500	$1,500 Med / $250 Rx	$3,500		2,396	6,672	7.3%	$550.96	1.0000	0.9196	1.0000	$506.65	0.7909	1.0060	0.9802	0.7799	1.0000	1.0042	1.2592	$499.64	0.7900	0.9350	$467.16	0.7605	$484.07	3.2%
HealthyBlue PPO Gold 1500	$1,500 Med / $0 Rx	$7,150		2,121	5,904	6.4%	$550.96	1.0000	0.9196	1.0000	$506.65	0.8261	1.0060	0.9802	0.8146	1.0000	1.0042	1.2592	$521.88	0.8131	0.9350	$487.96	0.8050	$512.35	1.9%
Platinum Plans																									
BluePreferred PPO Platinum 0	$0 Med / $0 Rx	$1,500		11,986	33,372	36.4%	$550.96	1.0000	0.9196	1.0000	$506.65	0.9306	1.0060	1.0438	0.9772	1.0000	1.0042	1.2592	$626.04	0.9158	0.9350	$585.35	0.9722	$618.77	1.2%
BluePreferred PPO Platinum 500	$500 Med / $0 Rx	$1,500		5,266	14,664	16.0%	$550.96	1.0000	0.9196	1.0000	$506.65	0.8831	1.0060	1.0438	0.9273	1.0000	1.0042	1.2592	$594.07	0.8901	0.9350	$555.46	0.9328	$593.71	0.1%
HealthyBlue PPO Platinum 500	$500 Med / $0 Rx	$1,500		449	1,248	1.4%	$550.96	1.0000	0.9196	1.0000	$506.65	0.9080	1.0060	1.0438	0.9534	1.0000	1.0042	1.2592	$610.79	0.8949	0.9350	$571.09	0.9502	$604.76	1.0%
HealthyBlue PPO Platinum 1000	$1,000 Med / $0 Rx	$1,500		207	576	0.6%	$550.96	1.0000	0.9196	1.0000	$506.65	0.8728	1.0060	1.0438	0.9165	1.0000	1.0042	1.2592	$587.14	0.8868	0.9350	$548.97	0.9398	$598.15	-1.8%
		SILVER SUBTOTAL:		5,135	14,712	16.1%	$550.96	1.0000	0.9196	1.0000	$506.65	0.6900	0.9638	0.9348	0.6217	1.0000	1.0041	1.2592	$398.29	0.7149	0.9350	$372.40	0.6203	$394.81	0.9%
		GOLD SUBTOTAL:		9,702	27,000	29.5%	$550.96	1.0000	0.9196	1.0000	$506.65	0.8070	1.0060	0.9802	0.7958	1.0000	1.0041	1.2592	$509.78	0.8032	0.9350	$476.64	0.7750	$493.22	3.4%
		PLATINUM SUBTOTAL:		17,908	49,860	54.4%	$550.96	1.0000	0.9196	1.0000	$506.65	0.9154	1.0060	1.0438	0.9612	1.0000	1.0042	1.2592	$615.81	0.9074	0.9350	$575.78	0.9597	$610.81	0.8%
		GRAND TOTAL:		**32,745**	**91,572**	**100.0%**	**$550.96**	**1.0000**	**0.9196**	**1.0000**	**$506.65**	**0.8473**	**0.9992**	**1.0075**	**0.8579**	**1.0000**	**1.0041**	**1.2592**	**$549.60**	**0.8458**	**0.9350**	**$513.88**	**0.8517**	**$542.09**	**1.6%**

*** Geographic and Tobacco calibration factors both = 1.000.**

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

2017 ACA - PLAN LEVEL DERIVATIONS 2Q17
SG DC GHMSI

			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
				Actual 2/29/2016	ON-Exchange 2Q17 Cohort		**INDEX RATE**	**Market-Level Adjustments (MLA)**			**INDEX RATE**	**Plan-Level Adjustments (PLA)**			**= (10)x(11)x(12)**				**INDEX RATE**		**Calibration Allowable Rating Factors (ARFs) ***	**BASE PREMIUM**	Average Cost Share	**INDEX RATE**	
Benefit Plan				Mapped Mems	Projected EMMs	%	(Ave ALW EHB)	Reins.	Risk Adj	Exch User Fees	(Post-MLA)	CF Pricing Value	CDH Factor	Induced Demand	Cost Share	Network & UM	Non-EHB	Distrib & Admin	(Plan-Level)	2017 HHS AV	Age	(Consumer-Level) 2Q17	2Q17	(Plan-Level) 2Q16	Δ
Silver Plans	Ded.	OOP Max																							
BluePreferred PPO Silver 1000	$1,000 Med / $100 Rx	$7,150		431	396	1.3%	$561.99	1.0000	0.9212	1.0000	$517.69	0.7135	1.0060	0.9348	0.6711	1.0000	1.0042	1.2663	$441.76	0.7199	0.9350	$413.04	0.6501	$419.97	5.2%
BluePreferred PPO HSA/HRA Silver 1500	$1,500 (Integrated)	$6,550		2,643	2,412	8.0%	$561.99	1.0000	0.9212	1.0000	$517.69	0.6978	0.9600	0.9348	0.6262	1.0000	1.0042	1.2663	$412.23	0.7172	0.9350	$385.44	0.6233	$402.64	2.4%
BluePreferred PPO Silver 1500 BlueFund HSA	$1,500 (Integrated)	$6,350		0	96	0.3%	$561.99	1.0000	0.9212	1.0000	$517.69	0.6985	0.9600	0.9348	0.6269	1.0000	1.0042	1.2663	$412.70	0.7190	0.9350	$385.87	NA	NA	NA
BluePreferred PPO HSA/HRA 2000 80%/60%	$2,000 (Integrated)	$6,550		47	96	0.3%	$561.99	1.0000	0.9212	1.0000	$517.69	0.6506	0.9600	0.9348	0.5839	1.0000	1.0000	1.2663	$382.78	0.7113	0.9350	$357.90	0.6257	$401.92	-4.8%
BluePreferred PPO HSA/HRA Silver 2000	$2,000 (Integrated)	$6,000		1,678	1,536	5.1%	$561.99	1.0000	0.9212	1.0000	$517.69	0.6732	0.9600	0.9348	0.6041	1.0000	1.0042	1.2663	$397.70	0.7090	0.9350	$371.85	0.6061	$391.55	1.6%
HealthyBlue PPO HSA/HRA Silver 2000	$2,000 (Integrated)	$6,550		336	300	1.0%	$561.99	1.0000	0.9212	1.0000	$517.69	0.6919	0.9600	0.9348	0.6210	1.0000	1.0042	1.2663	$408.79	0.7198	0.9350	$382.22	0.6293	$406.51	0.6%
Gold Plans																									
BluePreferred PPO 1000 90%/70%	$1,000 (Integrated)	$6,550		276	252	0.8%	$561.99	1.0000	0.9212	1.0000	$517.69	0.7636	1.0060	0.9802	0.7530	1.0000	1.0000	1.2663	$493.65	0.8061	0.9350	$461.56	0.7710	$495.21	-0.3%
BluePreferred PPO Gold 500	$500 Med / $250 Rx	$7,150		1,299	1,188	4.0%	$561.99	1.0000	0.9212	1.0000	$517.69	0.8246	1.0060	0.9802	0.8131	1.0000	1.0042	1.2663	$535.29	0.8182	0.9350	$500.50	0.7843	$506.64	5.7%
BluePreferred PPO Gold 1000	$1,000 Med / $250 Rx	$4,000		3,610	3,288	11.0%	$561.99	1.0000	0.9212	1.0000	$517.69	0.8035	1.0060	0.9802	0.7924	1.0000	1.0042	1.2663	$521.62	0.8006	0.9350	$487.72	0.7641	$493.59	5.7%
BluePreferred PPO Gold 1500	$1,500 Med / $250 Rx	$3,500		2,396	2,184	7.3%	$561.99	1.0000	0.9212	1.0000	$517.69	0.7909	1.0060	0.9802	0.7799	1.0000	1.0042	1.2663	$513.41	0.7900	0.9350	$480.04	0.7605	$491.31	4.5%
HealthyBlue PPO Gold 1500	$1,500 Med / $0 Rx	$7,150		2,121	1,932	6.4%	$561.99	1.0000	0.9212	1.0000	$517.69	0.8261	1.0060	0.9802	0.8146	1.0000	1.0042	1.2663	$536.27	0.8131	0.9350	$501.41	0.8050	$520.02	3.1%
Platinum Plans																									
BluePreferred PPO Platinum 0	$0 Med / $0 Rx	$1,500		11,986	10,908	36.4%	$561.99	1.0000	0.9212	1.0000	$517.69	0.9306	1.0060	1.0438	0.9772	1.0000	1.0042	1.2663	$643.29	0.9158	0.9350	$601.48	0.9722	$628.03	2.4%
BluePreferred PPO Platinum 500	$500 Med / $0 Rx	$1,500		5,266	4,788	16.0%	$561.99	1.0000	0.9212	1.0000	$517.69	0.8831	1.0060	1.0438	0.9273	1.0000	1.0042	1.2663	$610.44	0.8901	0.9350	$570.77	0.9328	$602.59	1.3%
HealthyBlue PPO Platinum 500	$500 Med / $0 Rx	$1,500		449	408	1.4%	$561.99	1.0000	0.9212	1.0000	$517.69	0.9080	1.0060	1.0438	0.9534	1.0000	1.0042	1.2663	$627.62	0.8949	0.9350	$586.83	0.9502	$613.81	2.2%
HealthyBlue PPO Platinum 1000	$1,000 Med / $0 Rx	$1,500		207	192	0.6%	$561.99	1.0000	0.9212	1.0000	$517.69	0.8728	1.0060	1.0438	0.9165	1.0000	1.0042	1.2663	$603.32	0.8868	0.9350	$564.10	0.9398	$607.10	-0.6%
		SILVER SUBTOTAL:		5,135	4,836	16.1%	$561.99	1.0000	0.9212	1.0000	$517.69	0.6900	0.9638	0.9348	0.6217	1.0000	1.0041	1.2663	$409.25	0.7149	0.9350	$382.65	0.6203	$400.72	2.2%
		GOLD SUBTOTAL:		9,702	8,844	29.5%	$561.99	1.0000	0.9212	1.0000	$517.69	0.8070	1.0060	0.9802	0.7958	1.0000	1.0041	1.2663	$523.83	0.8033	0.9350	$489.79	0.7750	$500.60	4.7%
		PLATINUM SUBTOTAL:		17,908	16,296	54.4%	$561.99	1.0000	0.9212	1.0000	$517.69	0.9154	1.0060	1.0438	0.9612	1.0000	1.0042	1.2663	$632.78	0.9074	0.9350	$591.65	0.9597	$619.95	2.1%
		GRAND TOTAL:		**32,745**	**29,976**	**100.0%**	**$561.99**	**1.0000**	**0.9212**	**1.0000**	**$517.69**	**0.8471**	**0.9992**	**1.0074**	**0.8577**	**1.0000**	**1.0041**	**1.2663**	**$564.57**	**0.8456**	**0.9350**	**$527.88**	**0.8517**	**$550.21**	**2.8%**

*** Geographic and Tobacco calibration factors both = 1.000.**

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

2017 ACA - PLAN LEVEL DERIVATIONS 3Q17
SG DC GHMSI

			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
				Actual 2/29/2016	ON-Exchange 3Q17 Cohort Projected		**INDEX RATE**	**Market-Level Adjustments (MLA)**			**INDEX RATE**	**Plan-Level Adjustments (PLA)**							**INDEX RATE**		**Calibration Allowable Rating Factors (ARFs) ***	**BASE PREMIUM**	Average Cost Share	**INDEX RATE**	
				Mapped			(Ave ALW		Risk	Exch User	(Post-	CF Pricing	CDH	Induced	= (10)x(11)x(12) Cost	Network	Non-	Distrib	(Plan-	2017 HHS		(Consumer- Level)		(Plan- Level)	
Benefit Plan				Mems	EMMs	%	EHB)	Reins.	Adj	Fees	MLA)	Value	Factor	Demand	Share	& UM	EHB	& Admin	Level)	AV	Age	3Q17	3Q17	3Q16	Δ
Silver Plans	Ded.	OOP Max																							
BluePreferred PPO Silver 1000	$1,000 Med / $100 Rx	$7,150		431	984	1.3%	$573.31	1.0000	0.9227	1.0000	$529.01	0.7135	1.0060	0.9348	0.6711	1.0000	1.0042	1.2706	$452.93	0.7199	0.9350	$423.49	0.6501	$426.47	6.2%
BluePreferred PPO HSA/HRA Silver 1500	$1,500 (Integrated)	$6,550		2,643	6,060	8.0%	$573.31	1.0000	0.9227	1.0000	$529.01	0.6978	0.9600	0.9348	0.6262	1.0000	1.0042	1.2706	$422.65	0.7172	0.9350	$395.18	0.6233	$408.87	3.4%
BluePreferred PPO Silver 1500 BlueFund HSA	$1,500 (Integrated)	$6,350		0	228	0.3%	$573.31	1.0000	0.9227	1.0000	$529.01	0.6985	0.9600	0.9348	0.6269	1.0000	1.0042	1.2706	$423.13	0.7190	0.9350	$395.63	NA	NA	NA
BluePreferred PPO HSA/HRA 2000 80%/60%	$2,000 (Integrated)	$6,550		47	228	0.3%	$573.31	1.0000	0.9227	1.0000	$529.01	0.6506	0.9600	0.9348	0.5839	1.0000	1.0000	1.2706	$392.46	0.7113	0.9350	$366.95	0.6257	$408.13	-3.8%
BluePreferred PPO HSA/HRA Silver 2000	$2,000 (Integrated)	$6,000		1,678	3,852	5.1%	$573.31	1.0000	0.9227	1.0000	$529.01	0.6732	0.9600	0.9348	0.6041	1.0000	1.0042	1.2706	$407.76	0.7090	0.9350	$381.26	0.6061	$397.60	2.6%
HealthyBlue PPO HSA/HRA Silver 2000	$2,000 (Integrated)	$6,550		336	780	1.0%	$573.31	1.0000	0.9227	1.0000	$529.01	0.6919	0.9600	0.9348	0.6210	1.0000	1.0042	1.2706	$419.12	0.7198	0.9350	$391.88	0.6293	$412.80	1.5%
Gold Plans																									
BluePreferred PPO 1000 90%/70%	$1,000 (Integrated)	$6,550		276	636	0.8%	$573.31	1.0000	0.9227	1.0000	$529.01	0.7636	1.0060	0.9802	0.7530	1.0000	1.0000	1.2706	$506.13	0.8061	0.9350	$473.23	0.7710	$502.86	0.7%
BluePreferred PPO Gold 500	$500 Med / $250 Rx	$7,150		1,299	2,976	3.9%	$573.31	1.0000	0.9227	1.0000	$529.01	0.8246	1.0060	0.9802	0.8131	1.0000	1.0042	1.2706	$548.82	0.8182	0.9350	$513.15	0.7843	$514.48	6.7%
BluePreferred PPO Gold 1000	$1,000 Med / $250 Rx	$4,000		3,610	8,292	11.0%	$573.31	1.0000	0.9227	1.0000	$529.01	0.8035	1.0060	0.9802	0.7924	1.0000	1.0042	1.2706	$534.81	0.8006	0.9350	$500.05	0.7641	$501.22	6.7%
BluePreferred PPO Gold 1500	$1,500 Med / $250 Rx	$3,500		2,396	5,496	7.3%	$573.31	1.0000	0.9227	1.0000	$529.01	0.7909	1.0060	0.9802	0.7799	1.0000	1.0042	1.2706	$526.39	0.7900	0.9350	$492.17	0.7605	$498.91	5.5%
HealthyBlue PPO Gold 1500	$1,500 Med / $0 Rx	$7,150		2,121	4,872	6.5%	$573.31	1.0000	0.9227	1.0000	$529.01	0.8261	1.0060	0.9802	0.8146	1.0000	1.0042	1.2706	$549.83	0.8131	0.9350	$514.09	0.8050	$528.06	4.1%
Platinum Plans																									
BluePreferred PPO Platinum 0	$0 Med / $0 Rx	$1,500		11,986	27,516	36.4%	$573.31	1.0000	0.9227	1.0000	$529.01	0.9306	1.0060	1.0438	0.9772	1.0000	1.0042	1.2706	$659.56	0.9158	0.9350	$616.69	0.9722	$637.74	3.4%
BluePreferred PPO Platinum 500	$500 Med / $0 Rx	$1,500		5,266	12,084	16.0%	$573.31	1.0000	0.9227	1.0000	$529.01	0.8831	1.0060	1.0438	0.9273	1.0000	1.0042	1.2706	$625.88	0.8901	0.9350	$585.20	0.9328	$611.91	2.3%
HealthyBlue PPO Platinum 500	$500 Med / $0 Rx	$1,500		449	1,032	1.4%	$573.31	1.0000	0.9227	1.0000	$529.01	0.9080	1.0060	1.0438	0.9534	1.0000	1.0042	1.2706	$643.49	0.8949	0.9350	$601.66	0.9502	$623.30	3.2%
HealthyBlue PPO Platinum 1000	$1,000 Med / $0 Rx	$1,500		207	468	0.6%	$573.31	1.0000	0.9227	1.0000	$529.01	0.8728	1.0060	1.0438	0.9165	1.0000	1.0042	1.2706	$618.57	0.8868	0.9350	$578.36	0.9398	$616.48	0.3%
	SILVER SUBTOTAL:			5,135	12,132	16.1%	$573.31	1.0000	0.9227	1.0000	$529.01	0.6900	0.9637	0.9348	0.6217	1.0000	1.0041	1.2706	$419.59	0.7149	0.9350	$392.32	0.6203	$406.91	3.2%
	GOLD SUBTOTAL:			9,702	22,272	29.5%	$573.31	1.0000	0.9227	1.0000	$529.01	0.8070	1.0060	0.9802	0.7958	1.0000	1.0041	1.2706	$537.07	0.8032	0.9350	$502.16	0.7750	$508.34	5.7%
	PLATINUM SUBTOTAL:			17,908	41,100	54.4%	$573.31	1.0000	0.9227	1.0000	$529.01	0.9154	1.0060	1.0438	0.9612	1.0000	1.0042	1.2706	$648.79	0.9074	0.9350	$606.62	0.9597	$629.53	3.0%
	GRAND TOTAL:			**32,745**	**75,504**	**100.0%**	**$573.31**	**1.0000**	**0.9227**	**1.0000**	**$529.01**	**0.8472**	**0.9992**	**1.0075**	**0.8579**	**1.0000**	**1.0041**	**1.2706**	**$579.01**	**0.8458**	**0.9350**	**$541.37**	**0.8517**	**$558.71**	**3.8%**

*** Geographic and Tobacco calibration factors both = 1.000.**

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

2017 ACA - PLAN LEVEL DERIVATIONS 4Q17
SG DC GHMSI

			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
				Actual 2/29/2016	ON-Exchange 4Q17 Cohort Projected		**INDEX RATE**	**Market-Level Adjustments (MLA)**			**INDEX RATE**			**Plan-Level Adjustments**	**(PLA) = (10)x(11)x(12)**				**INDEX RATE**		**Calibration Allowable Rating Factors (ARFs) ***	**BASE PREMIUM**	Average Cost Share	**INDEX RATE**
Benefit Plan				Mapped Mems	EMMs	%	(Ave ALW EHB)	Reins.	Risk Adj	Exch User Fees	(Post-MLA)	CF Pricing Value	CDH Factor	Induced Demand	Cost Share	Network & UM	Non-EHB	Distrib & Admin	(Plan-Level)	2017 HHS AV	Age	(Consumer-Level) 4Q17	4Q17	(Plan-Level) 4Q16	Δ
Silver Plans	Ded.	OOP Max																							
BluePreferred PPO Silver 1000	$1,000 Med / $100 Rx	$7,150		431	2,592	1.3%	$584.94	1.0000	0.9243	1.0000	$540.63	0.7135	1.0060	0.9348	0.6711	1.0000	1.0042	1.2774	$465.35	0.7199	0.9350	$435.10	0.6501	$432.98	7.5%
BluePreferred PPO HSA/HRA Silver 1500	$1,500 (Integrated)	$6,550		2,643	15,888	8.0%	$584.94	1.0000	0.9243	1.0000	$540.63	0.6978	0.9600	0.9348	0.6262	1.0000	1.0042	1.2774	$434.25	0.7172	0.9350	$406.02	0.6233	$415.11	4.6%
BluePreferred PPO Silver 1500 BlueFund HSA	$1,500 (Integrated)	$6,350		0	600	0.3%	$584.94	1.0000	0.9243	1.0000	$540.63	0.6985	0.9600	0.9348	0.6269	1.0000	1.0042	1.2774	$434.74	0.7190	0.9350	$406.48	NA	NA	NA
BluePreferred PPO HSA/HRA 2000 80%/60%	$2,000 (Integrated)	$6,550		47	600	0.3%	$584.94	1.0000	0.9243	1.0000	$540.63	0.6506	0.9600	0.9348	0.5839	1.0000	1.0000	1.2774	$403.22	0.7113	0.9350	$377.02	0.6257	$414.36	-2.7%
BluePreferred PPO HSA/HRA Silver 2000	$2,000 (Integrated)	$6,000		1,678	10,080	5.1%	$584.94	1.0000	0.9243	1.0000	$540.63	0.6732	0.9600	0.9348	0.6041	1.0000	1.0042	1.2774	$418.95	0.7090	0.9350	$391.71	0.6061	$403.67	3.8%
HealthyBlue PPO HSA/HRA Silver 2000	$2,000 (Integrated)	$6,550		336	2,016	1.0%	$584.94	1.0000	0.9243	1.0000	$540.63	0.6919	0.9600	0.9348	0.6210	1.0000	1.0042	1.2774	$430.62	0.7198	0.9350	$402.63	0.6293	$419.10	2.7%
Gold Plans																									
BluePreferred PPO 1000 90%/70%	$1,000 (Integrated)	$6,550		276	1,656	0.8%	$584.94	1.0000	0.9243	1.0000	$540.63	0.7636	1.0060	0.9802	0.7530	1.0000	1.0000	1.2774	$520.02	0.8061	0.9350	$486.22	0.7710	$510.54	1.9%
BluePreferred PPO Gold 500	$500 Med / $250 Rx	$7,150		1,299	7,812	4.0%	$584.94	1.0000	0.9243	1.0000	$540.63	0.8246	1.0060	0.9802	0.8131	1.0000	1.0042	1.2774	$563.88	0.8182	0.9350	$527.23	0.7843	$522.33	8.0%
BluePreferred PPO Gold 1000	$1,000 Med / $250 Rx	$4,000		3,610	21,696	11.0%	$584.94	1.0000	0.9243	1.0000	$540.63	0.8035	1.0060	0.9802	0.7924	1.0000	1.0042	1.2774	$549.48	0.8006	0.9350	$513.77	0.7641	$508.87	8.0%
BluePreferred PPO Gold 1500	$1,500 Med / $250 Rx	$3,500		2,396	14,400	7.3%	$584.94	1.0000	0.9243	1.0000	$540.63	0.7909	1.0060	0.9802	0.7799	1.0000	1.0042	1.2774	$540.83	0.7900	0.9350	$505.68	0.7605	$506.52	6.8%
HealthyBlue PPO Gold 1500	$1,500 Med / $0 Rx	$7,150		2,121	12,744	6.4%	$584.94	1.0000	0.9243	1.0000	$540.63	0.8261	1.0060	0.9802	0.8146	1.0000	1.0042	1.2774	$564.91	0.8131	0.9350	$528.19	0.8050	$536.12	5.4%
Platinum Plans																									
BluePreferred PPO Platinum 0	$0 Med / $0 Rx	$1,500		11,986	72,036	36.4%	$584.94	1.0000	0.9243	1.0000	$540.63	0.9306	1.0060	1.0438	0.9772	1.0000	1.0042	1.2774	$677.65	0.9158	0.9350	$633.60	0.9722	$647.47	4.7%
BluePreferred PPO Platinum 500	$500 Med / $0 Rx	$1,500		5,266	31,656	16.0%	$584.94	1.0000	0.9243	1.0000	$540.63	0.8831	1.0060	1.0438	0.9273	1.0000	1.0042	1.2774	$643.05	0.8901	0.9350	$601.25	0.9328	$621.25	3.5%
HealthyBlue PPO Platinum 500	$500 Med / $0 Rx	$1,500		449	2,700	1.4%	$584.94	1.0000	0.9243	1.0000	$540.63	0.9080	1.0060	1.0438	0.9534	1.0000	1.0042	1.2774	$661.14	0.8949	0.9350	$618.17	0.9502	$632.82	4.5%
HealthyBlue PPO Platinum 1000	$1,000 Med / $0 Rx	$1,500		207	1,248	0.6%	$584.94	1.0000	0.9243	1.0000	$540.63	0.8728	1.0060	1.0438	0.9165	1.0000	1.0042	1.2774	$635.54	0.8868	0.9350	$594.23	0.9398	$625.89	1.5%
	SILVER SUBTOTAL:			5,135	31,776	16.1%	$584.94	1.0000	0.9243	1.0000	$540.63	0.6900	0.9638	0.9348	0.6217	1.0000	1.0041	1.2774	$431.12	0.7149	0.9350	$403.10	0.6203	$413.12	4.4%
	GOLD SUBTOTAL:			9,702	58,308	29.5%	$584.94	1.0000	0.9243	1.0000	$540.63	0.8070	1.0060	0.9802	0.7958	1.0000	1.0041	1.2774	$551.81	0.8032	0.9350	$515.94	0.7750	$516.09	6.9%
	PLATINUM SUBTOTAL:			17,908	107,640	54.4%	$584.94	1.0000	0.9243	1.0000	$540.63	0.9154	1.0060	1.0438	0.9612	1.0000	1.0042	1.2774	$666.57	0.9074	0.9350	$623.24	0.9597	$639.14	4.3%
	GRAND TOTAL:			**32,745**	**197,724**	**100.0%**	**$584.94**	**1.0000**	**0.9243**	**1.0000**	**$540.63**	**0.8472**	**0.9992**	**1.0075**	**0.8579**	**1.0000**	**1.0041**	**1.2774**	**$594.89**	**0.8458**	**0.9350**	**$556.22**	**0.8517**	**$567.24**	**5.1%**

*** Geographic and Tobacco calibration factors both = 1.000.**

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017
DICR & MLR

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
		SG DC GHMSI Projected 1Q17			**SG DC GHMSI** Projected 2Q17			**SG DC GHMSI** Projected 3Q17			**SG DC GHMSI** Projected 4Q17			**SG DC GHMSI** Projected 2017			**SG DC GHMSI** Filed 4Q16	
TRADITIONAL LOSS RATIO		PMPM	%	$s	PMPM	%	$s	PMPM	%	$s	PMPM	%	$s	PMPM	%	$s	PMPM	%
1 Allowed Claims & Captns (EHB Only)	Medical	$ 430.52			$ 437.88			$ 445.41			$ 453.13			$ 445.25			$ 417.01	
2	RX	$ 120.44			$ 124.12			$ 127.91			$ 131.81			$ 127.84			$ 132.56	
3	**TOTAL**	**$ 550.96**			**$ 561.99**			**$ 573.31**			**$ 584.94**			**$ 573.09**			**$ 549.57**	
4																		
5 Allowed Claims & Captns (EHB & Non-EHB)	Medical	$ 432.82			$ 440.21			$ 447.79			$ 455.55			$ 447.63			$ 420.12	
6	RX	$ 120.44			$ 124.12			$ 127.91			$ 131.81			$ 127.84			$ 132.56	
7	**TOTAL**	**$ 553.26**			**$ 564.33**			**$ 575.69**			**$ 587.36**			**$ 575.47**			**$ 552.69**	
8																		
9 Projected EMMs		91,572			29,976			75,504			197,724			394,776			218,568	
10 Average Members		7,631			2,498			6,292			16,477			32,898			18,214	
11 %		23%			8%			19%			50%			100%			52%	
12 Paid/Allowed Ratio		85.8%			85.8%			85.8%			85.8%			85.8%			84.8%	
13 Paid Claims & Captns		$ 474.65			$ 484.00			$ 493.88			$ 503.89			$ 493.68			$ 468.71	
14																		
15 **"3Rs"**																		
16 Risk Corridor		n/a			n/a			n/a			n/a			n/a			n/a	
17 Risk Adjustment/Transfer (Paid Claims Basis)		$ (38.14)		($3,492,590)	$ (38.14)		($1,143,296)	$ (38.14)		($2,879,751)	$ (38.14)		($7,541,267)	$ (38.14)		($15,056,904)	$ (37.81)	
18 Reinsurance Recoveries (State & Federal) (Individual Only, Paid Claims Basis)		$ -		$0	$ -		$0	$ -		$0	$ -		$0	$ -		$0	$ -	
19 **Subtotal:**		**$ (38.14)**		($3,492,590)	**$ (38.14)**		($3,492,590)	**$ (38.14)**		($3,492,590)	**$ (38.14)**		($3,492,590)	**$ (35.39)**		($13,970,361)	**$ (37.81)**	
20																		
21 Paid Claims & Captns (Post-3Rs)		**$ 436.51**	**79.4%**	**$ 39,971,936**	**$445.86**	**78.9%**	**$ 13,365,116**	**$455.74**	**78.7%**	**$ 34,410,111**	**$ 465.75**	**78.3%**	**$ 92,089,769**	**$ 455.54**	**78.6%**	**$ 179,836,932**	**$ 430.91**	**76.3%**
22 Administrative Expense		**$ 49.46**	9.0%	$ 4,529,369	**$ 49.46**	8.8%	$ 1,482,684	**$ 49.46**	8.5%	$ 3,734,607	**$ 49.46**	8.3%	$ 9,779,899	**$ 49.46**	8.5%	$ 19,526,560	**$ 46.24**	8.2%
23 Broker Commissions & Fee		**$ 23.21**	4.2%	$ 2,124,949	**$ 23.21**	4.1%	$ 695,600	**$ 23.21**	4.0%	$ 1,752,088	**$ 23.21**	3.9%	$ 4,588,231	**$ 23.21**	4.0%	$ 9,160,868	**$ 30.50**	5.4%
24 Contribution to Reserve (CtR) - Post-FIT		$ 12.10	**2.2%**	$ 1,107,639	$ 12.42	**2.2%**	$ 372,449	$ 12.74	**2.2%**	$ 962,111	$ 13.09	**2.2%**	$ 2,588,565	$ 12.74	**2.2%**	$ 5,030,764	$ 9.04	**1.6%**
25 Investment Income Credit		$ (0.00)	**0.0%**	$ (49)	$ (0.00)	**0.0%**	$ (16)	$ (0.00)	**0.0%**	$ (43)	$ (0.00)	**0.0%**	$ (115)	$ (0.00)	**0.0%**	$ (223)	$ (0.00)	**0.0%**
26																		
27 **Non-ACA Taxes & Fees**																		
28 State Premium Tax		$ 11.00	**2.0%**	$ 1,006,944	$ 11.30	**2.0%**	$ 338,590	$ 11.58	**2.0%**	$ 874,646	$ 11.90	**2.0%**	$ 2,353,241	$ 11.58	**2.0%**	$ 4,573,422	$ 11.30	**2.0%**
29 State Assessment Fees		$ 0.63	**0.1%**	$ 57,886	$ 0.65	**0.1%**	$ 19,464	$ 0.67	**0.1%**	$ 50,280	$ 0.68	**0.1%**	$ 135,280	$ 0.67	**0.1%**	$ 262,911	$ 0.65	**0.1%**
30 State Income Tax (SIT)		$ -	**0.0%**	$ -	$ -	**0.0%**	$ -	$ -	**0.0%**	$ -	$ -	**0.0%**	$ -	$ -	**0.0%**	$ -	$ -	**0.0%**
31 Federal Income Tax (FIT)		$ 3.30	**0.6%**	$ 302,083	$ 3.39	**0.6%**	$ 101,577	$ 3.48	**0.6%**	$ 262,394	$ 3.57	**0.6%**	$ 705,972	$ 3.48	**0.6%**	$ 1,372,026	$ 2.26	**0.4%**
32																		
33 **ACA Taxes & Fees**																		
34 Health Insurer Fee		$ 0.37	**0.1%**	$ 33,706	$ 5.09	**0.9%**	$ 152,553	$ 8.79	**1.5%**	$ 663,982	$ 13.71	**2.3%**	$ 2,711,716	$ 9.02	**1.6%**	$ 3,561,956	$ 14.69	**2.6%**
35 ***Reinsurance Contribution***		**$ -**	0.0%	$ -	**$ -**	0.0%	$ -	**$ -**	0.0%	$ -	**$ -**	0.0%	$ -	**$ -**	0.0%	$ -	***$ 0.25***	0.0%
36 Risk Adjustment User Fee		**$ 0.13**	0.0%	$ 11,904	**$ 0.13**	0.0%	$ 3,897	**$ 0.13**	0.0%	$ 9,816	**$ 0.13**	0.0%	$ 25,704	**$ 0.13**	0.0%	$ 51,321	**$ 0.15**	0.0%
37 ***Exchange Assessment Fee***		$ 5.50	**1.0%**	$ 503,472	$ 5.65	**1.0%**	$ 169,295	$ 5.79	**1.0%**	$ 437,323	$ 5.95	**1.0%**	$ 1,176,620	$ 5.79	**1.0%**	$ 2,286,711	$ 5.65	**1.0%**
38 ***Exchange User Fees (FFEs Only)***		***$ -***	0.0%	$ -	***$ -***	0.0%	$ -	***$ -***	0.0%	$ -	***$ -***	0.0%	$ -	***$ -***	0.0%	$ -	***$ -***	0.0%
39 Patient-Centered Outcomes Research Institute (PCORI) Tax		**$ 0.20**	0.0%	$ 17,911	**$ 0.20**	0.0%	$ 5,863	**$ 0.20**	0.0%	$ 14,768	**$ 0.20**	0.0%	$ 40,052	**$ 0.20**	0.0%	$ 78,593	**$ 0.19**	0.0%
40																		
41 BlueRewards/Incentive Program-Medical Debit Cards		**$ 7.42**	1.3%	$ 679,464	**$ 7.42**	1.3%	$ 222,422	**$ 7.42**	1.3%	$ 560,240	**$ 7.42**	1.2%	$ 1,467,112	**$ 7.42**	1.3%	$ 2,929,238	**$ 13.19**	2.3%
42																		
43 Other		**$ -**	0.0%	$ -	**$ -**	0.0%	$ -	**$ -**	0.0%	$ -	**$ -**	0.0%	$ -	**$ -**	0.0%	$ -	**$ -**	0.0%
44 **TOTAL**		**$ 549.81**	**100.0%**	**$ 50,347,214**	**$ 564.77**	**100.0%**	**$ 16,929,494**	**$ 579.21**	**100.0%**	**$ 43,732,323**	**$ 595.08**	**100.0%**	**$ 117,662,047**	**$ 579.24**	**100.0%**	**$ 228,671,078**	**$ 565.03**	**100.0%**
45																		
46 Contribution to Reserve (CtR) - Pre-FIT			**2.8%**			**2.8%**			**2.8%**			**2.8%**			**2.8%**			**2.0%**	
47																		
48 **FHCR MEDICAL LOSS RATIO**																		
49 Risk Adjustment		$ (38.14)		$ (3,492,590)	$ (38.14)		$ (1,143,296)	$ (38.14)		$ (2,879,751)	$ (38.14)		$ (7,541,267)	$ (38.14)		$ (15,056,904)	$ (40.97)	
50 Reinsurance Receipts (Individual Only)		$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	
51 BlueRewards/Incentive Program-Medical Debit Cards		$ 7.42		$ 679,464	$ 7.42		$ 222,422	$ 7.42		$ 560,240	$ 7.42		$ 1,467,112	$ 7.42		$ 2,929,238	$ 13.19	
52 Quality Improvement Expenses		$ 4.82		$ 441,769	$ 4.82		$ 144,612	$ 4.82		$ 364,252	$ 4.82		$ 953,875	$ 4.82		$ 1,904,508	$ 7.01	
53 Removal of costs which we book as care, but are not considered care under MLR guidelines (including ITS fees)		$ 7.29		$ 667,537	$ 7.29		$ 218,517	$ 7.29		$ 550,405	$ 7.29		$ 1,441,358	$ 7.29		$ 2,877,817	$ (8.93)	
54 **Numerator (Claims) Adjustment**		**$ (18.61)**		**$ (1,703,821)**	**$ (18.61)**		**$ (557,744)**	**$ (18.61)**		**$ (1,404,854)**	**$ (18.61)**		**$ (3,678,922)**	**$ (18.61)**		**$ (7,345,340)**	**$ (29.69)**	
55																		
56 Non-ACA: Taxes & Regulatory Fees	State Premium Tax	$ 11.00		$ 1,006,944	$ 11.30		$ 338,590	$ 11.58		$ 874,646	$ 11.90		$ 2,353,241	$ 11.58		$ 4,573,422	$ 11.30	
57	State Assmt Fee	$ 0.63		$ 57,886	$ 0.65		$ 19,464	$ 0.67		$ 50,280	$ 0.68		$ 135,280	$ 0.67		$ 262,911	$ 0.65	
58	State Income Tax	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	
59	Federal Income Tax	$ 3.30		$ 302,083	$ 3.39		$ 101,577	$ 3.48		$ 262,394	$ 3.57		$ 705,972	$ 3.48		$ 1,372,026	$ 2.26	
60																		
61 ACA: Taxes & Regulatory Fees	Health Insurer Fee	$ 0.37		$ 33,706	$ 5.09		$ 152,553	$ 8.79		$ 663,982	$ 13.71		$ 2,711,716	$ 9.02		$ 3,561,956	$ 14.69	
62	Reinsurance Contribution	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ 0.25	
64	Risk Adj User Fees	$ 0.13		$ 11,904	$ 0.13		$ 3,897	$ 0.13		$ 9,816	$ 0.13		$ 25,704	$ 0.13		$ 51,321	$ 0.15	
65	Exchange Assessment Fee	$ 5.50		$ 503,472	$ 5.65		$ 169,295	$ 5.79		$ 437,323	$ 5.95		$ 1,176,620	$ 5.79		$ 2,286,711	$ 5.65	
66	Exchange User Fee	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	
67	PCORI	$ 0.20		$ 17,911	$ 0.20		$ 5,863	$ 0.20		$ 14,768	$ 0.20		$ 40,052	$ 0.20		$ 78,593	$ 0.19	
68 **Denominator (Premium) Adjustment**		**$ 21.12**		**$ 1,933,906**	**$ 26.40**		**$ 791,239**	**$ 30.64**		**$ 2,313,209**	**$ 36.15**		**$ 7,148,585**	**$ 30.87**		**$ 12,186,940**	**$ 35.15**	
69																		
70 FHCR Claims		$ 456.04		$ 41,760,705	$ 465.39		$ 13,950,668	$ 475.27		$ 35,885,008	$ 485.28		$ 95,952,114	$ 475.08		$ 187,548,495	$ 439.02	
71 FHCR MLR Premium		$ 528.69		$ 48,413,308	$ 538.37		$ 16,138,255	$ 548.57		$ 41,419,114	$ 558.93		$ 110,513,461	$ 548.37		$ 216,484,138	$ 529.88	
72 **FHCR Loss Ratio**		**86.3%**			**86.4%**			**86.6%**			**86.8%**			**86.6%**			**82.9%**	

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017
DICR & MLR

		1	2	3	4
			Ind 64-DC GHMSI Projected 2017		
	TRADITIONAL LOSS RATIO		PMPM	%	$s
1	Allowed Claims & Captns (EHB Only)	Medical	$ 430.52		
2		RX	$ 120.44		
3		**TOTAL**	**$ 550.96**		
4					
5	Allowed Claims & Captns (EHB & Non-EHB)	Medical	$ 433.09		
6		RX	$ 120.44		
7		**TOTAL**	**$ 553.53**		
8					
9	Projected EMMs		62,048		
10	Average Members		5,171		
11					
12	Paid/Allowed Ratio		71.7%		
13	Paid Claims & Captns		$ 396.61		
14					
15	**"3Rs"**				
16	Risk Corridor		n/a		
17	Risk Adjustment/Transfer (Paid Claims Basis)		$ (55.39)		
18	Reinsurance Recoveries (State & Federal) (Individual Only, Paid Claims Basis)		$ -		
19	**Subtotal:**		**$ (55.39)**		
20					
21	Paid Claims & Captns (Post-3Rs)		**$ 341.22**	**81.1%**	**$ 21,172,205**
22	Administrative Expense		**$ 57.78**	13.7%	$ 3,585,198
23	Broker Commissions & Fee		**$ 3.62**	0.9%	$ 224,363
24	Contribution to Reserve (CtR) - Post-FIT		$ -	**0.0%**	$ -
25	Investment Income Credit		$ (0.00)	**0.0%**	$ (25)
26					
27	**Non-ACA Taxes & Fees**				
28	State Premium Tax		$ 8.42	**2.0%**	$ 522,134
29	State Assessment Fees		$ 0.18	**0.0%**	$ 11,321
30	State Income Tax (SIT)		$ -	**0.0%**	$ -
31	Federal Income Tax (FIT)		$ -	**0.0%**	$ -
32					
33	**ACA Taxes & Fees**				
34	Health Insurer Fee		$ -	**0.0%**	$ -
35	Risk Adjustment User Fee		**$ 0.13**	0.0%	$ 8,066
36	***Exchange Assessment Fee***		$ 4.21	**1.0%**	$ 261,067
37	***Exchange User Fees (FFEs Only)***		**$ -**	0.0%	$ -
38	Patient-Centered Outcomes Research Institute (PCORI) Tax		**$ 0.20**	0.0%	$ 12,136
39					
40	BlueRewards/Incentive Program-Medical Debit Cards		**$ 5.00**	1.2%	$ 310,240
41					
42	Other		**$ -**	0.0%	$ -
43	**TOTAL**		**$ 420.75**	**100.0%**	**$ 26,106,705**
44					
45	Contribution to Reserve (CtR) - Pre-FIT			**0.0%**	
46					
47	**FHCR MEDICAL LOSS RATIO**				
48	Risk Adjustment		$ (55.39)		$ (3,436,862)
49	Reinsurance Receipts		$ -		$ -
50	BlueRewards/Incentive Program-Medical Debit Cards		$ 5.00		$ 310,240
51	Quality Improvement Expenses (net after MLR reclass from care)		$ 4.95		$ 307,037
52	Removal of costs which we book as care, but are not considered care under MLR guidelines (including ITS fees)		$ (3.78)		$ (234,675)
53	**Numerator (Claims) Adjustment**		**$ (49.22)**		**$ (3,054,260)**
54					
55	Non-ACA: Taxes & Regulatory Fees	State Premium Tax	$ 8.42		$ 522,134
56		State Assmt Fee	$ 0.18		$ 11,321
57		State Income Tax	$ -		$ -
58		Federal Income Tax	$ -		$ -
59					
60	ACA: Taxes & Regulatory Fees	Health Insurer Fee	$ -		$ -
61		Reinsurance Contribution	$ -		$ -
62		Risk Adj User Fees	$ 0.13		$ 8,066
63		Exchange Assessment Fee	$ 4.21		$ 261,067
64		Exchange User Fee	$ -		$ -
65		PCORI	$ 0.20		$ 12,136
66	**Denominator (Premium) Adjustment**		**$ 13.13**		**$ 814,725**
67					
68	FHCR Claims		$ 347.39		$ 21,554,807
69	FHCR MLR Premium		$ 407.62		$ 25,291,981
70	**FHCR Loss Ratio**		**85.2%**		

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017
DICR & MLR

		1	2	3	4
			SG & Ind DC GHMSI Projected 2017		
	TRADITIONAL LOSS RATIO		PMPM	%	$s
1	Allowed Claims & Captns (EHB Only)	Medical $	443.25		
2		RX $	126.84		
3		**TOTAL $**	**570.08**		
4					
5	Allowed Claims & Captns (EHB & Non-EHB)	Medical $	445.65		
6		RX $	126.84		
7		**TOTAL $**	**572.49**		
8					
9	Projected EMMs		456,824		
10	Average Members		38,069		
11					
12	Paid/Allowed Ratio		83.9%		
13	Paid Claims & Captns	$	480.50		
14					
15	**"3Rs"**				
16	Risk Corridor		n/a		
17	Risk Adjustment/Transfer (Paid Claims Basis)	$	(40.48)		
18	Reinsurance Recoveries (State & Federal) (Individual Only, Paid Claims Basis)	$	-		
19	**Subtotal:**	**$**	**(40.48)**		
20					
21	Paid Claims & Captns (Post-3Rs)	**$**	**440.01**	**78.9%**	**$ 201,009,137**
22	Administrative Expense	**$**	**50.59**	9.1%	$ 23,111,758
23	Broker Commissions & Fee	**$**	**20.54**	3.7%	$ 9,385,231
24	Contribution to Reserve (CtR) - Post-FIT	$	11.01	**2.0%**	$ 5,030,764
25	Investment Income Credit	$	(0.00)	**0.0%**	$ (248)
26					
27	**Non-ACA Taxes & Fees**				
28	State Premium Tax	$	11.15	**2.0%**	$ 5,095,556
29	State Assessment Fees	$	0.60	**0.1%**	$ 274,232
30	State Income Tax (SIT)	$	-	**0.0%**	$ -
31	Federal Income Tax (FIT)	$	3.00	**0.5%**	$ 1,372,026
32					
33	**ACA Taxes & Fees**				
34	Health Insurer Fee	$	7.80	**1.4%**	$ 3,561,956
35	***Reinsurance Contribution***	**$**	**-**	0.0%	$ -
36	Risk Adjustment User Fee	**$**	**0.13**	0.0%	$ 59,387
37	***Exchange Assessment Fee***	$	5.58	**1.0%**	$ 2,547,778
38	***Exchange User Fees (FFEs Only)***	**$**	**-**	0.0%	$ -
39	Patient-Centered Outcomes Research Institute (PCORI) Tax	**$**	**0.20**	0.0%	$ 90,729
40					
41	BlueRewards/Incentive Program-Medical Debit Cards	**$**	**7.09**	1.3%	$ 3,239,478
42					
43	Other	**$**	**-**	0.0%	$ -
44	**TOTAL**	**$**	**557.72**	**100.0%**	**$ 254,777,783**
45					
46	Contribution to Reserve (CtR) - Pre-FIT			2.8%	
47					
48	**FHCR MEDICAL LOSS RATIO**				
49	Risk Adjustment	$	(40.48)		$ (18,493,766)
50	Reinsurance Receipts (Individual Only)	$	-		$ -
51	BlueRewards/Incentive Program-Medical Debit Cards	$	7.09		$ 3,239,478
52	Quality Improvement Expenses	$	4.84		$ 2,211,545
53	Removal of costs which we book as care, but are not considered care under MLR guidelines (including ITS fees)	$	5.79		$ 2,643,142
54	**Numerator (Claims) Adjustment**	**$**	**(22.77)**		**$ (10,399,601)**
55					
56	Non-ACA: Taxes & Regulatory Fees	State Premium Tax $	11.15		$ 5,095,556
57		State Assmt Fee $	0.60		$ 274,232
58		State Income Tax $	-		$ -
59		Federal Income Tax $	3.00		$ 1,372,026
60					$ -
61	ACA: Taxes & Regulatory Fees	Health Insurer Fee $	7.80		$ 3,561,956
62		Reinsurance Contribution $	-		$ -
64		Risk Adj User Fees $	0.13		$ 59,387
65		Exchange Assessment Fee $	5.58		$ 2,547,778
66		Exchange User Fee $	-		$ -
67		PCORI $	0.20		$ 90,729
68	**Denominator (Premium) Adjustment**	**$**	**28.46**		**$ 13,001,664**
69					
70	FHCR Claims	$	457.73		$ 209,103,302
71	FHCR MLR Premium	$	529.25		$ 241,776,119
72	**FHCR Loss Ratio**		**86.5%**		

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

2017 DC Small Group GHMSI
Exhibit 8 - Risk Adjustment

2015

Metallic Tier	Member Months	Distribution	PLRS	ARF	Transfer $	PMPM
Bronze	4,212	1%	1.147	1.173	$30,504	$7.24
Silver	22,447	6%	1.398	1.078	$1,314,239	$58.55
Gold	161,077	40%	1.409	1.054	$3,308,852	$20.54
Platinum	218,146	54%	1.665	1.057	$10,869,908	$49.83
Total	405,883	100%	1.543	1.058	$15,523,503	$38.25

Statewide		1.389	1.042
State Average Premium	$448.83		

2016

Metallic Tier	Member Months	Distribution	PLRS	ARF	Transfer $	PMPM
Bronze	0	0%	1.097	1.185	$0	
Silver	59,308	15%	1.316	1.089	$1,912,032	$32.24
Gold	122,664	31%	1.429	1.065	$2,991,182	$24.39
Platinum	209,742	54%	1.661	1.068	$9,647,614	$46.00
Total	391,714	100%	1.536	1.070	$14,362,493	$36.67

Statewide		1.388	1.049
State Average Premium	$463.64		

2017

Metallic Tier	Member Months	Distribution	PLRS	ARF	Transfer $	PMPM
Bronze	0	0%	1.097	1.185	$0	
Silver	62,624	16%	1.316	1.089	$2,085,550	$33.30
Gold	115,738	30%	1.429	1.065	$2,915,430	$25.19
Platinum	213,493	54%	1.661	1.068	$10,144,193	$47.52
Total	391,855	100%	1.53727	1.0703	$14,945,485	$38.14

Statewide		1.375	1.050
State Average Premium	$478.94		

Assumptions:
1. Statewide risk adjustment factors are assumed to move proportionately with movement in the estimated CareFirst risk fac
2. Statewide Average Premiums increase at the 2015 / 2014 rate.
3. 2016 and 2017 estimates account for mapped changes in metal levels that occur at renewal

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

Summary of Wakely Small Group Modeling

		(1)	(2)	(3)	(4) = (2) x 1.00	(5)	(6)	(7) = ((4) + (5))/(6)	(8) = (1)	(9) = 1 + (7)/(8)
		Projected Index Rate	Estimated Risk Adjustment PMPM (Applied to Projected Index Rate)	Calculated Risk Adjustment Factor	Proposed Risk Adjustment PMPM Applied to Projected Index Rate	Risk Adjustment User Fee PMPM**	Avg Paid/Allowed Ratio	Net Risk Transfer Allowed Basis	Projected Index Rate After Reinsurance Adjustment	Proposed Value for Rate Filing
GHMSI	1Q17	$ 550.96	$ (38.14)	0.9308	$ (38.14)	$ 0.13	85.8%	$ (44.31)	$ 550.96	0.9196
	2Q17	$ 561.99	$ (38.14)	0.9321	$ (38.14)	$ 0.13	85.8%	$ (44.31)	$ 561.99	0.9212
	3Q17	$ 573.31	$ (38.14)	0.9335	$ (38.14)	$ 0.13	85.8%	$ (44.31)	$ 573.31	0.9227
	4Q17	$ 584.94	$ (38.14)	0.9348	$ (38.14)	$ 0.13	85.8%	$ (44.31)	$ 584.94	0.9243

* The proposed risk adjustment was developed based on a multi-carrier study conducted by Wakely Consulting Group.

** Risk Adjustment User Fee = $1.56 PMPY / 12 = $0.13 PMPM.

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

Support for DICR Components

Estimated Breakdown of Admin Costs

	% of Revenue
Salaries/Wages/Benefits	3.9%
Quality Improvement Activities	0.9%
Other General Admin	4.3%
Total Admin Costs	**9.0%**

ACA Fees

Policy years ending 10/31/2017 - 9/30/2018			$2.35	PMPY
	Divide by 12:	**$**	**0.20**	PMPM
Policy years ending 10/31/2018 forward			$2.44	PMPY
	Divide by 12:	**$**	**0.20**	PMPM
Reinsurance Contribution 2017		**$**	**-**	PMPM
Risk Adjustment User Fees		$	1.56	PMPY
	Divide by 12:	**$**	**0.13**	PMPM
Health Insurer Fee 2017			**0.0%**	of premium
Health Insurer Fee 2018			**2.6%**	of premium
Exchange Fees			**0.0%**	of premium
Exchange Assessment Fee 2017			**1.0%**	of premium

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017
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 page 30 for support of these factors.

Service Category	Other Factor	Description of Adjustment
Inpatient	1.013	Factor of 1.013 for the impact of the increased age of the pool.
Outpatient	1.013	Factor of 1.013 for the impact of the increased age of the pool.
Professional	1.013	Factor of 1.013 for the impact of the increased age of the pool.
Other	1.013	Factor of 1.013 for the impact of the increased age of the pool.
Rx	0.947	Multiplicative factors of 1.013 for the impact of the increased age of the pool and 0.935 to reflect a projected increase in pharmacy rebates.
Capitation	0.830	Factor of 0.830 to adjust for changes to the capitation fee schedule to occur in the rating period.

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

Support for "Other" Adjustment Factors

1. Factors to Adjust for Capitation Schedule Changes

		Allowed Claims	Item	Calculation
Experience Period Capitation PMPM	$	1.06	(1)	
Projected Difference in Capitations PMPM due to lower negotiated rates		($0.18)	(2)	
Adjustment Factor - Impact to Capitations only (Blended Across Single Risk Pool)		**-17.0%**	(3)	= (2) / (1)

2. Pharmacy Rebates Adjustment

CareFirst changed its Pharmacy Benefits Manager (PBM) in 2014 and has received increased pharmacy rebates as a result of this change. The adjustment below is the ratio of the rebate PMPM for the last 3 months of 2015, which better represents current and future higher rebates, over the average rebate PMPM for all of 2015.

Ind64-				
Experience Period Allowed Rx PMPM (Pre-Rebate)		$ 173.15	(1)	
Experience Period Pharmacy Rebates PMPM		($13.81)	(2)	
Projection Period Pharmacy Rebates PMPM		($23.32)	(3)	
Rebate adjustment factor - Impact to Rx only (Ind64- Only)	-6.0%	**-6.0%**	(4)	= [(3)-(2)] / [(1)+(2)]
Small Group				
Experience Period Allowed Rx PMPM (Pre-Rebate)		$ 122.60	(1)	
Experience Period Pharmacy Rebates PMPM		($29.28)	(2)	
Projection Period Pharmacy Rebates PMPM		($35.43)	(3)	
Rebate adjustment factor - Impact to Rx only (Small Group Only)	-6.6%	**-6.6%**	(4)	= [(3)-(2)] / [(1)+(2)]
Rebate Adjustment Factor - Impact to Rx only (Blended Across Single Risk Pool)		**-6.5%**		

3. Demographic Factor Derivation (see page 32 for details)

Average Relative Risk using 6/30/15 Age Distribution	1.695	(1)	
Average Relative Risk using 2/29/16 Age Distribution	1.717	(2)	
Demographic Impact (Blended Across Single Risk Pool)	**1.3%**	(3)	= (2) / (1) -1

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 1/1/2017
Support for Induced Demand Adjustment - Small Group/Individual Combined

		Item	Calculation
2015 AV	83.34%	(1)	
2015 Induced Demand Factor	1.103	(2)	
2017 AV	83.29%	(3)	
2017 Induced Demand Factor	1.103	(4)	
Buydown Impact Implied by Base Period and Projected Average AVs	0.0%	(5)	=(4)/(2) - 1

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

Demographic Factor Derivation

The factor below represents the change in age factors from our 2015 ACA enrollment vs. actual results from ACA open enrollment through 2/29/16.

The factor is applied as change to all service categories, except capitations, on the Index Rate Derivation page. The factor is specifically applied to the Other Projection Factors section.

The age factors used to calculate the increase in demographic factor are based on our internal data that has a slope of approximately 4.5:1 for adults. We think this better approximates actual claims experience than the Federal curve which is constrained to a 3:1 slope.

	Members	Total Age Factor		Members	Total Age Factor	
Totals	42,781	72,534.40		43,323	74,405.20	**Change**
Average Age Factor		1.695			1.717	**1.3%**
Average Age		42.4			42.6	**0.2**
	6/30/2015	CF		2/29/2016	CF	
Age	Members	Factor	Mem x Age Factor	Members	Factor	Mem x Age Factor
0-20	9858	0.750	7,393.50	9531	0.750	7,148.25
21	326	1.000	325.83	305	1.000	305.33
22	491	1.016	498.75	420	1.016	427.11
23	650	1.048	681.28	607	1.048	636.72
24	792	1.065	842.92	706	1.065	751.90
25	948	1.081	1,024.27	869	1.081	939.44
26	1210	1.113	1,346.43	1182	1.113	1,315.82
27	1078	1.129	1,217.10	1076	1.129	1,214.84
28	1063	1.145	1,217.31	1112	1.145	1,273.42
29	1083	1.177	1,275.15	1134	1.177	1,335.19
30	1004	1.194	1,198.32	1126	1.194	1,343.94
31	1024	1.226	1,255.23	1065	1.226	1,305.48
32	1013	1.242	1,258.08	1053	1.242	1,307.76
33	910	1.274	1,159.52	1035	1.274	1,318.79
34	862	1.290	1,112.26	941	1.290	1,214.19
35	901	1.323	1,191.65	889	1.323	1,175.77
36	824	1.339	1,103.10	911	1.339	1,219.56
37	802	1.371	1,099.52	851	1.371	1,166.69
38	753	1.403	1,056.63	826	1.403	1,159.06
39	741	1.419	1,051.74	783	1.419	1,111.35
40	716	1.452	1,039.35	757	1.452	1,098.87
41	671	1.548	1,038.97	678	1.548	1,049.81
42	702	1.629	1,143.58	690	1.629	1,124.03
43	676	1.694	1,144.84	715	1.694	1,210.89
44	706	1.774	1,252.58	707	1.774	1,254.35
45	724	1.855	1,342.90	711	1.855	1,318.79
46	734	1.952	1,432.48	718	1.952	1,401.26
47	660	2.032	1,341.29	727	2.032	1,477.45
48	637	2.129	1,356.19	653	2.129	1,390.26
49	654	2.226	1,455.68	633	2.226	1,408.94
50	587	2.323	1,363.35	622	2.323	1,444.65
51	630	2.468	1,554.68	592	2.468	1,460.90
52	618	2.597	1,604.81	652	2.597	1,693.10
53	660	2.710	1,788.39	593	2.710	1,606.84
54	621	2.823	1,752.82	630	2.823	1,778.23
55	561	2.968	1,664.90	612	2.968	1,816.26
56	535	3.097	1,656.77	564	3.097	1,746.58
57	541	3.258	1,762.61	546	3.258	1,778.90
58	497	3.387	1,683.39	545	3.387	1,845.97
59	503	3.565	1,792.95	512	3.565	1,825.03
60	502	3.710	1,862.26	532	3.710	1,973.55
61	456	3.871	1,765.16	495	3.871	1,916.13
62	454	4.065	1,845.29	484	4.065	1,967.23
63	464	4.258	1,975.74	449	4.258	1,911.87
64 and Over	1940	4.435	8,604.84	2082	4.435	9,234.68
	42,781		**72,534.40**	**43,323**		**74,405.20**

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

Derivation of Age Calibration Factor
Based on Approved DC Age Factors from 1/1/2015

Projected Pool Allowed PMPM	**$**	**553.26**
Total Estimated Allowed $ Per Month, Based on Age Factors	$	22,362,593
Total Experience Members		37,812
PMPM Based On Age Factors	$	591.42
Calibration Adjustment		**0.935**
Average Age Factor		**1.069**

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

Small Group 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 GHMSI Small Group

	Midpoint AV	Projected 2017 Member Months	Utilization Impact Relative to Bronze	Impact Relative to Average *
Platinum	90%	214,896	**1.150**	1.044
Gold	80%	116,424	**1.080**	0.980
Silver	70%	63,456	**1.030**	0.935
Subtotal:		394,776		
Average	83.8%		1.110	

	Impact of Health Savings/Reimbursement Account	Projected 2017 Member Months
HSA/HRA	0.960	58,284
All Other *	1.006	336,492
Total	0.999	394,776

* Please refer to page 35 for normalization.

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

Support for Normalization Across Individual (Ind) and Small Group (SG) Markets

Metal Level	Market	Initial Factor	Projected MMs	Normalized Factors
Platinum	SG & Ind	1.150	214,896	1.044
Gold	SG & Ind	1.080	145,505	0.980
Silver	SG & Ind	1.030	86,796	0.935
Silver 200	Ind	1.030	631	0.935
Bronze	SG & Ind	1.000	8,996	0.908
Subtotal:		1.102	456,824	1.000

	Market	Initial Factor	Projected MMs	Normalized Factors
HSA/HRA	SG	0.960	58,284	0.960
Other	SG & Ind		398,540	1.006
Subtotal:			456,824	1.000

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

Rating Methdology & Sample Calculation

Methodology

	Group ABC	
	Selects BluePreferred Gold Plan	
1. For each subscriber in a group, identify:	**Employee 1**	**Employee 2**
All dependents associated with the subscriber including the following categories:	A spouse, and 1 child	5 children
Spouse/Domestic Partner	1	0
# of children ages 21 or older	0	1
# of children ages under 21 (if more than 3, select 3 oldest children)	1	4

	Subscriber	**Spouse**	**Child 1**	**Subscriber**	**Child 1 ***	**Child 2**	**Child 3**	**Child 4**	**Child 5**
2. For each subscriber and dependent, identify their age.	46	34	15	52	6	10	13	18	22
3. Determine appropriate age factor.	1.227	0.856	0.654	1.545		0.654	0.654	0.654	0.727
4. Idenfity the appropriate consumer level base rate.	$474.64	$474.64	$474.64	$474.64		$474.64	$474.64	$474.64	$474.64
5. Multiply the (base rate x age factor) and round to the nearest whole cent to determine the member's individual rate.	$582.38	$406.29	$310.41	$733.32		$310.41	$310.41	$310.41	$345.06
6. The group's total rate is the sum of individual rates for all members combined.	**$3,308.69**								

* 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 1/1/2017

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-129567873, effective 1/1/2015.

APPENDIX

CareFirst BlueCross BlueShield (GHMSI)
(NAIC # 53007)
D.C. Small Group Products - On Exchange
Rates Effective 1/1/2017
Non-Grandfathered Experience for Pre-ACA Plans

Existing Closed Pre-ACA Products Included in Experience Period

HIOS Product ID	HIOS Product Name	On/Off Exchange	Member Months	Total Premium	Total Allowed Claims *	Incurred Claims *
78079DC008	BluePreferred	N/A	44	$ 65,049	$ 189,668	$ 177,878
78079DC010	BluePreferred HRA	N/A	-	$ -	$ 3,767	$ 3,282
78079DC009	BluePreferred HSA	N/A	-	$ -	$ -	$ -
78079DC015	BluePreferred HDHP	N/A	-	$ 1,872	$ 5,840	$ 5,056
78079DC011	Indemnity	N/A	60	$ 47,436	$ 29,950	$ 29,011
	Subtotal Termed Non-ACA for URRT		**104**	**$ 114,357**	**$ 229,225**	**$ 215,228**

*** These amounts do not include pharmacy rebates or capitations.**

CareFirst BlueCross BlueShield (GHMSI)
(NAIC # 53007)
D.C. Small Group Products - On Exchange
Rates Effective 1/1/2017
Non-Grandfathered Experience for ACA Plans

Existing ACA Products Included in Experience Period

2015 HIOS Plan ID	2015 HIOS Plan Name	2017 HIOS Plan ID *	2017 HIOS Plan Name	On/Off Exchange	Contracts a/o Dec 2015	Member Months	Total Premium	Total Allowed Claims **	Incurred Claims **
78079DC0190001	BlueCross BlueShield Preferred 2000, A Multi-State Plan	78079DC0220033	BluePreferred PPO HSA/HRA 2000 80%/60%	On	26	150	$ 60,428	$ 34,616	$ 19,031
78079DC0230003	BluePreferred PPO HSA/HRA $4,000	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	On	17	189	$ 38,898	$ 12,230	$ 4,324
78079DC0170001	BlueCross BlueShield Preferred 1000, A Multi-State Plan	78079DC0220032	BluePreferred PPO 1000 90%/70%	On	192	3,848	$ 1,537,893	$ 1,170,837	$ 926,072
78079DC0220016	BluePreferred PPO 100%/80%, Rx: $10/20%/40%/50%	78079DC0220024	BluePreferred PPO Platinum 0	On	61	928	$ 495,999	$ 412,965	$ 383,258
78079DC0220018	BluePreferred PPO $1000 $30/$40	78079DC0220026	BluePreferred PPO Silver 1000	On	116	574	$ 168,351	$ 308,119	$ 235,754
78079DC0220019	BluePreferred PPO $500 $20/$30	78079DC0220021	BluePreferred PPO Gold 500	On	544	6,607	$ 2,522,036	$ 2,820,750	$ 2,373,976
78079DC0230008	BluePreferred PPO HSA/HRA $1,400	78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500	On	1,574	34,904	$ 14,772,906	$ 15,617,168	$ 12,430,585
78079DC0230009	BluePreferred PPO HSA/HRA $4,500	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	On	86	2,313	$ 686,408	$ 1,351,051	$ 1,039,473
78079DC0230010	BluePreferred PPO HSA/HRA $2000, 100%/80%	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	On	674	16,794	$ 6,060,223	$ 7,585,772	$ 5,788,949
78079DC0230011	BluePreferred PPO HSA/HRA $1,800	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	On	75	1,956	$ 699,188	$ 1,160,187	$ 983,203
78079DC0220012	BluePreferred PPO $1,000 100%/80%	78079DC0220020	BluePreferred PPO Gold 1000	On	1,916	46,854	$ 20,584,283	$ 25,848,993	$ 22,608,185
78079DC0220006	BluePreferred PPO $500	78079DC0220025	BluePreferred PPO Platinum 500	On	3,020	63,617	$ 34,697,952	$ 31,897,541	$ 28,945,475
78079DC0220007	BluePreferred PPO $1,200	78079DC0220031	BluePreferred PPO Gold 1500	On	791	22,288	$ 10,208,060	$ 11,275,119	$ 9,507,141
78079DC0220015	BluePreferred PPO $2,000	78079DC0220031	BluePreferred PPO Gold 1500	On	500	12,132	$ 4,739,838	$ 5,171,749	$ 4,390,781
78079DC0220011	BluePreferred PPO $4,500	78079DC0220026	BluePreferred PPO Silver 1000	On	83	1,994	$ 711,769	$ 1,077,895	$ 837,292
78079DC0220014	BluePreferred PPO $1,000 80%/60%	78079DC0220020	BluePreferred PPO Gold 1000	On	433	9,631	$ 3,688,560	$ 4,048,232	$ 3,465,872
78079DC0220013	BluePreferred PPO 100%/80%, Rx:$10/$45/$65/50%	78079DC0220024	BluePreferred PPO Platinum 0	On	6,489	147,058	$ 83,604,033	$ 71,562,879	$ 66,536,313
78079DC0300005	HealthyBlue PPO $300	78079DC0220030	HealthyBlue PPO Platinum 500	On	263	4,538	$ 2,317,435	$ 2,167,669	$ 1,992,362
78079DC0300006	HealthyBlue PPO $600	78079DC0220029	HealthyBlue PPO Platinum 1000	On	113	2,546	$ 1,196,599	$ 805,928	$ 720,226
78079DC0300004	HealthyBlue PPO $1,500	78079DC0220027	HealthyBlue PPO Gold 1500	On	1,396	26,453	$ 9,868,715	$ 10,429,877	$ 9,286,270
78079DC0310002	HealthyBlue PPO HSA/HRA $2,000	78079DC0220028	HealthyBlue PPO HSA/HRA Silver 2000	On	178	3,376	$ 1,287,424	$ 1,192,438	$ 790,001
				Total	**18,547**	**408,750**	**$ 199,946,998**	**$ 195,952,014**	**$173,264,543**

*** Experience for mapped plans will be listed in the URRT under these 2017 HIOS Plan IDs.**

**** These amounts do not include pharmacy rebates or capitations.**

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017
Blended Index Rate

Effective Date	Index Rate	Total Member Months	%	Average Members
1/1/2017	$ 550.96	91,572	23%	7,631
4/1/2017	$ 561.99	29,976	8%	2,498
7/1/2017	$ 573.31	75,504	19%	6,292
10/1/2017	$ 584.94	197,724	50%	16,477
Blended	**$ 573.09**	**394,776**	**100%**	**32,898**

CareFirst BlueCross BlueShield (GHMSI)

D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

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

Experience Period: Incurred 201501 - 201512, Paid through 201602

						Completed		Rolling 12 PMPM			Rolling 12 Trend		
Month	**Contracts**	**Members**	**Allowed**	**Admits**	**Completion Factor**	**Allowed**	**Admits**	**Allowed**	**Admits/1000**	**Unit Cost**	**Allowed**	**Admits/1000**	**Unit Cost**
201304	21,193	38,080	$2,706,146	158	1.00	$2,706,146	158						
201305	21,193	37,963	$2,328,360	182	1.00	$2,328,360	182						
201306	21,060	37,755	$2,621,955	183	1.00	$2,621,955	183						
201307	21,055	37,782	$2,467,150	183	1.00	$2,467,151	183						
201308	21,353	38,228	$2,531,449	182	1.00	$2,531,450	182						
201309	21,182	37,860	$4,240,017	166	1.00	$4,240,034	166						
201310	21,207	37,864	$2,806,086	163	1.00	$2,806,131	163						
201311	21,254	38,041	$2,919,765	182	1.00	$2,919,843	182						
201312	21,331	38,279	$2,854,604	183	1.00	$2,854,683	183						
201401	24,902	44,057	$5,284,759	242	1.00	$5,284,972	242						
201402	25,080	44,387	$3,061,450	223	1.00	$3,061,667	223						
201403	24,931	44,090	$3,129,745	234	1.00	$3,129,990	234	$77.90	57.70	$16,199.64			
201404	24,785	43,924	$3,482,980	224	1.00	$3,483,296	224	$78.57	58.65	$16,075.08			
201405	24,805	43,935	$2,515,112	204	1.00	$2,515,966	204	$77.99	58.47	$16,004.50			
201406	24,716	43,873	$3,541,957	214	1.00	$3,543,615	214	$78.89	58.50	$16,181.12			
201407	24,316	43,152	$3,125,059	199	1.00	$3,126,897	199	$79.36	58.26	$16,346.26			
201408	24,062	42,822	$5,181,493	198	1.00	$5,185,635	198	$83.92	58.11	$17,328.84			
201409	23,690	42,199	$2,518,516	180	1.00	$2,520,958	180	$79.81	57.95	$16,525.84			
201410	23,274	41,506	$3,974,070	200	1.00	$3,978,486	200	$81.54	58.41	$16,750.17			
201411	22,980	40,925	$2,746,742	170	1.00	$2,750,780	170	$80.75	57.81	$16,761.38			
201412	21,579	38,192	$2,412,514	188	1.00	$2,417,050	188	$79.91	57.95	$16,548.57			
201501	21,542	37,787	$3,051,955	165	1.00	$3,058,941	165	$76.51	56.85	$16,149.90			
201502	21,542	37,690	$2,169,380	170	1.00	$2,175,110	170	$75.76	56.35	$16,133.93			
201503	21,607	37,674	$3,286,825	226	1.00	$3,298,592	227	$77.09	56.90	$16,255.76	-1.0%	-1.4%	0.3%
201504	21,614	37,643	$2,871,128	184	0.99	$2,887,588	185	$76.86	56.68	$16,272.15	-2.2%	-3.4%	1.2%
201505	21,454	37,323	$3,169,873	189	0.99	$3,194,026	190	$79.32	57.12	$16,665.36	1.7%	-2.3%	4.1%
201506	21,398	37,220	$3,518,275	176	0.99	$3,553,332	178	$80.46	57.00	$16,938.61	2.0%	-2.6%	4.7%
201507	21,342	37,169	$3,425,587	201	0.99	$3,470,365	204	$82.22	57.84	$17,056.91	3.6%	-0.7%	4.3%
201508	21,210	36,937	$3,058,978	185	0.98	$3,119,754	189	$78.80	58.33	$16,209.44	-6.1%	0.4%	-6.5%
201509	21,229	36,930	$2,982,819	169	0.97	$3,064,581	174	$80.89	58.83	$16,499.42	1.4%	1.5%	-0.2%
201510	21,162	36,764	$3,055,234	186	0.96	$3,172,910	193	$79.96	59.26	$16,190.92	-1.9%	1.5%	-3.3%
201511	21,237	36,921	$1,986,932	139	0.94	$2,108,233	147	$79.24	59.18	$16,067.03	-1.9%	2.4%	-4.1%
201512	21,076	36,508	$2,577,822	168	0.92	$2,791,730	182	$80.38	59.23	$16,283.93	0.6%	2.2%	-1.6%
201601	21,871	37,311	$2,092,577	154	0.78	$2,692,072	198	$79.64	60.19	$15,879.60	4.1%	5.9%	-1.7%
201602	22,711	38,298	$384,657	32	0.28	$1,393,274	116	$77.79	58.63	$15,920.89	2.7%	4.0%	-1.3%
Experience Period	256,413	446,566	$35,154,806	2,158	0.98	$35,895,163	2,204						
201503	21,607	37,674									-1.0%	-1.4%	0.3%
201509	21,229	36,930									1.4%	1.5%	-0.2%
201512	21,076	36,508									0.6%	2.2%	-1.6%
Avg last 6 months	21,209	36,872									-0.7%	1.2%	-1.9%
Selected Pricing Trend												**1.0%**	**0.0%**

CareFirst BlueCross BlueShield (GHMSI)

D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

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

Experience Period: Incurred 201501 - 201512, Paid through 201602

						Completed		Rolling 12 PMPM			Rolling 12 Trend		
Month	**Contracts**	**Members**	**Allowed**	**Visits**	**Completion Factor**	**Allowed**	**Visits**	**Allowed**	**Visits/1000**	**Unit Cost**	**Allowed**	**Visits/1000**	**Unit Cost**
201304	21,193	38,080	$3,124,547	2,675	1.00	$3,124,547	2,675						
201305	21,193	37,963	$3,196,739	2,705	1.00	$3,196,739	2,705						
201306	21,060	37,755	$2,952,037	2,541	1.00	$2,952,037	2,541						
201307	21,055	37,782	$3,352,561	2,681	1.00	$3,352,562	2,681						
201308	21,353	38,228	$3,087,963	2,707	1.00	$3,087,965	2,707						
201309	21,182	37,860	$2,918,120	2,561	1.00	$2,918,132	2,561						
201310	21,207	37,864	$3,368,061	2,803	1.00	$3,368,114	2,803						
201311	21,254	38,041	$2,980,658	2,499	1.00	$2,980,738	2,499						
201312	21,331	38,279	$3,066,125	2,745	1.00	$3,066,211	2,745						
201401	24,902	44,057	$3,631,473	3,220	1.00	$3,631,611	3,220						
201402	25,080	44,387	$3,541,154	2,970	1.00	$3,541,389	2,970						
201403	24,931	44,090	$4,133,029	3,156	1.00	$4,133,319	3,156	$82.96	841.43	$1,183.07			
201404	24,785	43,924	$3,761,331	3,258	1.00	$3,761,719	3,258	$83.27	845.77	$1,181.51			
201405	24,805	43,935	$3,664,390	3,160	1.00	$3,665,771	3,161	$83.22	846.64	$1,179.47			
201406	24,716	43,873	$3,782,931	3,151	1.00	$3,784,718	3,152	$83.87	851.03	$1,182.66			
201407	24,316	43,152	$4,131,300	3,204	1.00	$4,133,627	3,206	$84.54	854.50	$1,187.18			
201408	24,062	42,822	$4,019,387	3,027	1.00	$4,022,413	3,029	$85.62	854.38	$1,202.62			
201409	23,690	42,199	$3,677,139	3,204	1.00	$3,680,697	3,207	$86.40	862.37	$1,202.22			
201410	23,274	41,506	$4,504,989	3,368	1.00	$4,510,129	3,372	$88.02	869.59	$1,214.61			
201411	22,980	40,925	$3,909,356	2,895	1.00	$3,915,330	2,899	$89.34	874.07	$1,226.60			
201412	21,579	38,192	$4,201,120	2,950	1.00	$4,209,143	2,956	$91.59	879.14	$1,250.14			
201501	21,542	37,787	$4,014,544	2,855	1.00	$4,022,647	2,861	$93.49	881.50	$1,272.71			
201502	21,542	37,690	$3,258,294	2,473	1.00	$3,267,034	2,480	$94.20	881.54	$1,282.24			
201503	21,607	37,674	$3,871,159	2,909	1.00	$3,884,583	2,919	$94.92	887.23	$1,283.76	14.4%	5.4%	8.5%
201504	21,614	37,643	$3,844,032	2,738	0.99	$3,866,070	2,754	$96.35	886.24	$1,304.65	15.7%	4.8%	10.4%
201505	21,454	37,323	$3,659,514	2,685	0.99	$3,687,453	2,705	$97.72	887.05	$1,321.99	17.4%	4.8%	12.1%
201506	21,398	37,220	$3,707,901	2,796	0.99	$3,745,006	2,824	$99.01	891.19	$1,333.20	18.0%	4.7%	12.7%
201507	21,342	37,169	$3,589,807	2,848	0.99	$3,636,810	2,885	$99.21	894.36	$1,331.21	17.4%	4.7%	12.1%
201508	21,210	36,937	$3,571,519	2,797	0.98	$3,642,212	2,852	$99.66	901.15	$1,327.03	16.4%	5.5%	10.3%
201509	21,229	36,930	$3,441,562	2,725	0.97	$3,535,624	2,799	$100.49	900.84	$1,338.58	16.3%	4.5%	11.3%
201510	21,162	36,764	$3,903,134	2,770	0.96	$4,053,445	2,877	$100.53	897.14	$1,344.68	14.2%	3.2%	10.7%
201511	21,237	36,921	$3,831,600	2,802	0.94	$4,065,368	2,973	$101.76	907.13	$1,346.18	13.9%	3.8%	9.7%
201512	21,076	36,508	$4,013,620	2,877	0.92	$4,344,916	3,116	$102.45	914.86	$1,343.83	11.9%	4.1%	7.5%
201601	21,871	37,311	$3,561,668	2,563	0.78	$4,577,771	3,295	$103.80	927.50	$1,343.02	11.0%	5.2%	5.5%
201602	22,711	38,298	$878,827	938	0.28	$3,119,677	3,323	$103.33	948.91	$1,306.77	9.7%	7.6%	1.9%
Experience Period	256,413	446,566	$44,706,687	33,275	0.98	$45,751,169	34,045						
201503	21,607	37,674									14.4%	5.4%	8.5%
201509	21,229	36,930									16.3%	4.5%	11.3%
201512	21,076	36,508									11.9%	4.1%	7.5%
Avg last 6 months	21,209	36,872									15.0%	4.3%	10.3%
Selected Pricing Trend												**3.5%**	**9.0%**

CareFirst BlueCross BlueShield (GHMSI)

D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

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

Experience Period: Incurred 201501 - 201512, Paid through 201602

						Completed		Rolling 12 PMPM			Rolling 12 Trend		
Month	**Contracts**	**Members**	**Allowed**	**Visits**	**Completion Factor**	**Allowed**	**Visits**	**Allowed**	**Visits/1000**	**Unit Cost**	**Allowed**	**Visits/1000**	**Unit Cost**
201304	21,193	38,080	$5,520,794	34,554	1.00	$5,520,794	34,554						
201305	21,193	37,963	$5,388,719	33,999	1.00	$5,388,719	33,999						
201306	21,060	37,755	$4,958,844	30,922	1.00	$4,958,844	30,922						
201307	21,055	37,782	$5,262,810	32,865	1.00	$5,262,812	32,865						
201308	21,353	38,228	$5,215,064	32,386	1.00	$5,215,067	32,386						
201309	21,182	37,860	$5,243,720	31,924	1.00	$5,243,741	31,924						
201310	21,207	37,864	$5,875,607	37,231	1.00	$5,875,701	37,232						
201311	21,254	38,041	$5,155,049	32,676	1.00	$5,155,187	32,677						
201312	21,331	38,279	$5,182,613	31,902	1.00	$5,182,758	31,903						
201401	24,902	44,057	$6,850,811	39,547	1.00	$6,851,089	39,549						
201402	25,080	44,387	$5,907,566	35,171	1.00	$5,907,976	35,173						
201403	24,931	44,090	$6,161,660	37,366	1.00	$6,162,090	37,369	$140.66	10,385.27	$162.52			
201404	24,785	43,924	$6,409,920	39,255	1.00	$6,410,566	39,259	$140.80	10,376.45	$162.83			
201405	24,805	43,935	$6,341,589	38,630	1.00	$6,344,006	38,645	$141.03	10,363.66	$163.30			
201406	24,716	43,873	$6,194,808	37,835	1.00	$6,197,750	37,853	$141.80	10,403.81	$163.55			
201407	24,316	43,152	$6,273,528	37,905	1.00	$6,277,088	37,927	$142.30	10,413.60	$163.98			
201408	24,062	42,822	$5,938,489	35,377	1.00	$5,943,066	35,404	$142.45	10,390.46	$164.52			
201409	23,690	42,199	$6,158,931	38,179	1.00	$6,164,972	38,217	$143.05	10,450.52	$164.26			
201410	23,274	41,506	$9,245,787	42,905	1.00	$9,256,505	42,954	$148.65	10,510.50	$169.72			
201411	22,980	40,925	$5,442,429	34,095	1.00	$5,450,749	34,147	$148.39	10,485.81	$169.82			
201412	21,579	38,192	$5,703,942	35,042	1.00	$5,714,559	35,107	$149.46	10,562.53	$169.80			
201501	21,542	37,787	$5,816,350	33,890	1.00	$5,828,167	33,959	$149.29	10,560.86	$169.63			
201502	21,542	37,690	$5,003,704	29,892	1.00	$5,017,078	29,972	$149.50	10,577.47	$169.61			
201503	21,607	37,674	$5,804,754	33,806	1.00	$5,824,901	33,923	$150.76	10,631.18	$170.18	7.2%	2.4%	4.7%
201504	21,614	37,643	$5,920,628	34,624	0.99	$5,954,574	34,823	$151.77	10,658.96	$170.87	7.8%	2.7%	4.9%
201505	21,454	37,323	$5,523,819	32,612	0.99	$5,565,982	32,861	$152.24	10,661.18	$171.36	7.9%	2.9%	4.9%
201506	21,398	37,220	$5,842,164	34,404	0.99	$5,900,640	34,749	$153.75	10,732.21	$171.91	8.4%	3.2%	5.1%
201507	21,342	37,169	$6,023,146	34,064	0.99	$6,102,047	34,510	$155.34	10,781.80	$172.89	9.2%	3.5%	5.4%
201508	21,210	36,937	$5,437,893	31,996	0.98	$5,545,871	32,632	$156.46	10,847.10	$173.09	9.8%	4.4%	5.2%
201509	21,229	36,930	$5,509,353	33,202	0.97	$5,659,962	34,110	$157.16	10,864.33	$173.59	9.9%	4.0%	5.7%
201510	21,162	36,764	$6,126,912	36,545	0.96	$6,362,858	37,953	$152.41	10,845.55	$168.63	2.5%	3.2%	-0.6%
201511	21,237	36,921	$5,523,964	32,747	0.94	$5,861,125	34,746	$154.69	10,958.45	$169.39	4.2%	4.5%	-0.3%
201512	21,076	36,508	$5,439,185	32,788	0.92	$5,892,301	35,525	$155.67	11,010.99	$169.65	4.2%	4.2%	-0.1%
201601	21,871	37,311	$4,797,164	28,526	0.78	$6,169,608	36,689	$156.60	11,096.19	$169.35	4.9%	5.1%	-0.2%
201602	22,711	38,298	$2,278,478	14,509	0.28	$8,094,090	51,552	$163.27	11,660.82	$168.02	9.2%	10.2%	-0.9%
Experience Period	256,413	446,566	$67,971,872	400,570	0.98	$69,515,507	409,761						
201503	21,607	37,674									7.2%	2.4%	4.7%
201509	21,229	36,930									9.9%	4.0%	5.7%
201512	21,076	36,508									4.2%	4.2%	-0.1%
Avg last 6 months	21,209	36,872									6.6%	4.0%	2.6%
Selected Pricing Trend												**3.0%**	**2.0%**

CareFirst BlueCross BlueShield (GHMSI)

D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

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

Experience Period: Incurred 201501 - 201512, Paid through 201602

						Completed		Rolling 12 PMPM			Rolling 12 Trend		
Month	**Contracts**	**Members**	**Allowed**	**Services**	**Completion Factor**	**Allowed**	**Services**	**Allowed**	**Services/1000**	**Unit Cost**	**Allowed**	**Services/1000**	**Unit Cost**
201304	21,193	38,080	$782,265	3,001	1.00	$782,265	3,001						
201305	21,193	37,963	$723,683	3,019	1.00	$723,683	3,019						
201306	21,060	37,755	$670,837	2,591	1.00	$670,837	2,591						
201307	21,055	37,782	$859,527	2,774	1.00	$859,527	2,774						
201308	21,353	38,228	$968,478	2,955	1.00	$968,478	2,955						
201309	21,182	37,860	$865,426	2,895	1.00	$865,430	2,895						
201310	21,207	37,864	$940,619	3,310	1.00	$940,634	3,310						
201311	21,254	38,041	$848,856	2,872	1.00	$848,879	2,872						
201312	21,331	38,279	$966,975	2,935	1.00	$967,002	2,935						
201401	24,902	44,057	$933,103	3,301	1.00	$933,141	3,301						
201402	25,080	44,387	$916,056	3,459	1.00	$916,123	3,459						
201403	24,931	44,090	$1,204,239	3,932	1.00	$1,204,331	3,932	$22.51	937.08	$288.31			
201404	24,785	43,924	$1,062,098	4,220	1.00	$1,062,232	4,220	$22.82	956.14	$286.44			
201405	24,805	43,935	$1,185,918	3,709	1.00	$1,186,351	3,710	$23.49	961.46	$293.23			
201406	24,716	43,873	$1,135,003	4,128	1.00	$1,135,533	4,130	$24.15	987.02	$293.57			
201407	24,316	43,152	$1,095,541	4,303	1.00	$1,096,152	4,305	$24.36	1,013.28	$288.50			
201408	24,062	42,822	$1,129,619	3,874	1.00	$1,130,461	3,877	$24.46	1,026.04	$286.08			
201409	23,690	42,199	$1,113,150	4,360	1.00	$1,114,217	4,364	$24.74	1,052.05	$282.22			
201410	23,274	41,506	$1,122,162	4,542	1.00	$1,123,435	4,547	$24.92	1,073.63	$278.58			
201411	22,980	40,925	$1,035,816	4,212	1.00	$1,037,439	4,218	$25.15	1,099.08	$274.61			
201412	21,579	38,192	$1,194,954	5,204	1.00	$1,197,212	5,213	$25.60	1,152.55	$266.58			
201501	21,542	37,787	$1,092,006	4,580	1.00	$1,094,234	4,589	$26.24	1,197.31	$262.98			
201502	21,542	37,690	$1,149,190	4,263	1.00	$1,152,275	4,274	$27.06	1,232.89	$263.41			
201503	21,607	37,674	$1,126,623	4,931	1.00	$1,130,523	4,947	$27.26	1,273.59	$256.89	21.1%	35.9%	-10.9%
201504	21,614	37,643	$1,317,532	5,045	0.99	$1,325,085	5,074	$28.16	1,311.02	$257.71	23.4%	37.1%	-10.0%
201505	21,454	37,323	$1,062,918	4,036	0.99	$1,071,031	4,067	$28.30	1,337.95	$253.85	20.5%	39.2%	-13.4%
201506	21,398	37,220	$1,164,775	4,842	0.99	$1,176,407	4,891	$28.79	1,375.98	$251.05	19.2%	39.4%	-14.5%
201507	21,342	37,169	$1,137,421	4,488	0.99	$1,152,306	4,547	$29.27	1,399.77	$250.96	20.2%	38.1%	-13.0%
201508	21,210	36,937	$1,169,252	4,799	0.98	$1,192,538	4,895	$29.78	1,444.03	$247.48	21.7%	40.7%	-13.5%
201509	21,229	36,930	$1,077,367	2,800	0.97	$1,106,778	2,877	$30.11	1,421.63	$254.14	21.7%	35.1%	-9.9%
201510	21,162	36,764	$1,167,887	1,783	0.96	$1,212,901	1,852	$30.62	1,365.03	$269.20	22.9%	27.1%	-3.4%
201511	21,237	36,921	$890,052	1,365	0.94	$944,353	1,448	$30.69	1,303.06	$282.60	22.0%	18.6%	2.9%
201512	21,076	36,508	$964,784	1,660	0.92	$1,045,658	1,799	$30.46	1,216.23	$300.57	19.0%	5.5%	12.7%
201601	21,871	37,311	$740,474	1,108	0.78	$950,919	1,425	$30.18	1,132.41	$319.76	15.0%	-5.4%	21.6%
201602	22,711	38,298	$264,555	648	0.28	$944,735	2,308	$29.67	1,078.07	$330.25	9.6%	-12.6%	25.4%
Experience Period	256,413	446,566	$13,319,807	44,592	0.98	$13,604,090	45,261						
201503	21,607	37,674									21.1%	35.9%	-10.9%
201509	21,229	36,930									21.7%	35.1%	-9.9%
201512	21,076	36,508									19.0%	5.5%	12.7%
Avg last 6 months	21,209	36,872									21.2%	27.5%	-4.0%
Selected Pricing Trend												**10.0%**	**0.0%**

CareFirst BlueCross BlueShield (GHMSI)

D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

D.C. GHMSI Non-Grandfathered Small Group & Individual Base Experience Rx

Experience Period: Incurred 201501 - 201512, Paid through 201602

						Completed		Rolling 12 PMPM			Rolling 12 Trend		
Month	**Contracts**	**Members**	**Allowed**	**Scripts**	**Completion Factor**	**Allowed**	**Scripts**	**Allowed**	**Scripts/1000**	**Unit Cost**	**Allowed**	**Scripts/1000**	**Unit Cost**
201304	21,193	38,080	$3,899,240	30,309	1.00	$3,899,240	30,309						
201305	21,193	37,963	$3,930,227	30,653	1.00	$3,930,227	30,653						
201306	21,060	37,755	$3,725,243	28,297	1.00	$3,725,243	28,297						
201307	21,055	37,782	$4,132,836	29,811	1.00	$4,132,836	29,811						
201308	21,353	38,228	$4,070,732	28,952	1.00	$4,070,732	28,952						
201309	21,182	37,860	$4,028,614	28,139	1.00	$4,028,614	28,139						
201310	21,207	37,864	$4,347,031	29,816	1.00	$4,347,031	29,816						
201311	21,254	38,041	$4,016,316	27,900	1.00	$4,016,316	27,900						
201312	21,331	38,279	$4,509,982	30,520	1.00	$4,509,982	30,520						
201401	24,902	44,057	$4,033,791	32,300	1.00	$4,033,791	32,300						
201402	25,080	44,387	$3,915,004	30,909	1.00	$3,915,004	30,909						
201403	24,931	44,090	$4,502,629	34,367	1.00	$4,502,629	34,367	$103.53	9,156.42	$135.68			
201404	24,785	43,924	$4,603,148	34,763	1.00	$4,603,148	34,763	$103.73	9,156.29	$135.95			
201405	24,805	43,935	$4,797,938	35,221	1.00	$4,797,938	35,221	$104.24	9,156.56	$136.61			
201406	24,716	43,873	$4,903,870	33,944	1.00	$4,903,870	33,944	$105.34	9,180.42	$137.70			
201407	24,316	43,152	$5,058,992	34,256	1.00	$5,058,992	34,256	$106.07	9,188.54	$138.52			
201408	24,062	42,822	$4,539,088	32,694	1.00	$4,539,088	32,694	$106.03	9,193.90	$138.39			
201409	23,690	42,199	$4,496,990	33,052	1.00	$4,496,990	33,052	$106.04	9,231.53	$137.85			
201410	23,274	41,506	$4,921,062	33,942	1.00	$4,921,062	33,942	$106.41	9,262.67	$137.86			
201411	22,980	40,925	$4,402,919	31,509	1.00	$4,402,919	31,509	$106.57	9,295.01	$137.58			
201412	21,579	38,192	$4,593,670	33,505	1.00	$4,593,670	33,505	$106.75	9,366.40	$136.76			
201501	21,542	37,787	$4,440,385	31,152	1.00	$4,440,385	31,152	$108.87	9,455.10	$138.18			
201502	21,542	37,690	$4,050,318	28,027	1.00	$4,050,318	28,027	$110.60	9,512.56	$139.52			
201503	21,607	37,674	$4,596,098	30,972	1.00	$4,596,098	30,972	$112.23	9,553.67	$140.97	8.4%	4.3%	3.9%
201504	21,614	37,643	$4,751,362	30,180	1.00	$4,751,362	30,180	$113.98	9,563.95	$143.01	9.9%	4.5%	5.2%
201505	21,454	37,323	$4,453,032	29,914	1.00	$4,453,032	29,914	$114.83	9,563.02	$144.09	10.2%	4.4%	5.5%
201506	21,398	37,220	$4,727,913	30,233	1.00	$4,727,913	30,233	$116.07	9,603.28	$145.04	10.2%	4.6%	5.3%
201507	21,342	37,169	$4,830,843	30,117	1.00	$4,830,843	30,117	$117.06	9,619.92	$146.03	10.4%	4.7%	5.4%
201508	21,210	36,937	$4,711,308	29,366	1.00	$4,711,308	29,366	$118.93	9,655.99	$147.80	12.2%	5.0%	6.8%
201509	21,229	36,930	$4,659,286	29,168	1.00	$4,659,286	29,168	$120.65	9,665.34	$149.80	13.8%	4.7%	8.7%
201510	21,162	36,764	$5,238,522	30,487	1.00	$5,238,522	30,487	$122.62	9,675.01	$152.09	15.2%	4.5%	10.3%
201511	21,237	36,921	$4,680,899	29,626	1.00	$4,680,899	29,626	$124.34	9,711.02	$153.64	16.7%	4.5%	11.7%
201512	21,076	36,508	$5,517,401	31,742	1.00	$5,517,401	31,742	$126.87	9,700.26	$156.95	18.9%	3.6%	14.8%
201601	21,871	37,311	$4,809,351	30,183	1.00	$4,809,351	30,183	$127.84	9,684.55	$158.40	17.4%	2.4%	14.6%
201602	22,711	38,298	$5,171,481	31,458	1.00	$5,171,481	31,458	$130.17	9,763.54	$159.99	17.7%	2.6%	14.7%
Experience Period	256,413	446,566	$56,657,366	360,984	1.00	$56,657,366	360,984						
201503	21,607	37,674									8.4%	4.3%	3.9%
201509	21,229	36,930									13.8%	4.7%	8.7%
201512	21,076	36,508									18.9%	3.6%	14.8%
Avg last 6 months	21,209	36,872									14.5%	4.5%	9.6%
Selected Pricing Trend												**3.0%**	**9.5%**

CareFirst BlueCross BlueShield (GHMSI)

D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

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

Experience Period: Incurred 201501 - 201512, Paid through 201602

Month	Contracts	Members	Allowed	Completion Factor	Completed Allowed	Rolling 12 PMPM Allowed	Rolling 12 Trend Allowed	Rolling 3 Trend Allowed	Paid	Rolling 12 Trend Paid	Premium
201304	21,193	38,080	$16,032,992	1.00	$16,032,992				$13,578,392		$15,873,030
201305	21,193	37,963	$15,567,728	1.00	$15,567,728				$13,233,221		$15,838,587
201306	21,060	37,755	$14,928,917	1.00	$14,928,917				$12,755,704		$15,867,963
201307	21,055	37,782	$16,074,884	1.00	$16,074,888				$13,771,980		$15,980,595
201308	21,353	38,228	$15,873,687	1.00	$15,873,691				$13,571,141		$16,237,039
201309	21,182	37,860	$17,295,896	1.00	$17,295,950				$15,008,937		$16,221,250
201310	21,207	37,864	$17,337,403	1.00	$17,337,610				$14,845,844		$16,552,831
201311	21,254	38,041	$15,920,644	1.00	$15,920,963				$13,726,378		$16,801,474
201312	21,331	38,279	$16,580,299	1.00	$16,580,635				$14,009,258		$17,343,652
201401	24,902	44,057	$20,733,936	1.00	$20,734,604				$16,972,919		$19,761,209
201402	25,080	44,387	$17,341,230	1.00	$17,342,160				$14,291,142		$19,776,336
201403	24,931	44,090	$19,131,303	1.00	$19,132,358	$427.55			$15,861,486		$19,750,677
201404	24,785	43,924	$19,319,477	1.00	$19,320,961	$429.19			$16,104,058		$20,054,348
201405	24,805	43,935	$18,504,948	1.00	$18,510,032	$429.97			$15,422,038		$20,118,525
201406	24,716	43,873	$19,558,569	1.00	$19,565,486	$434.05		6.6%	$16,522,444		$19,753,531
201407	24,316	43,152	$19,684,421	1.00	$19,692,757	$436.63		7.5%	$16,603,881		$19,492,789
201408	24,062	42,822	$20,808,077	1.00	$20,820,663	$442.49		12.3%	$17,830,955		$19,374,189
201409	23,690	42,199	$17,964,726	1.00	$17,977,834	$440.04		5.5%	$14,890,541		$19,303,690
201410	23,274	41,506	$23,768,069	1.00	$23,789,617	$449.55		11.6%	$20,417,348		$19,140,869
201411	22,980	40,925	$17,537,261	1.00	$17,557,217	$450.21		7.1%	$14,821,768		$18,845,246
201412	21,579	38,192	$18,106,201	1.00	$18,131,634	$453.31		13.0%	$14,294,729		$18,568,105
201501	21,542	37,787	$18,415,239	1.00	$18,444,375	$454.40		4.7%	$14,375,269		$18,273,819
201502	21,542	37,690	$15,630,886	1.00	$15,661,816	$457.12		6.5%	$12,271,506		$18,099,724
201503	21,607	37,674	$18,685,458	1.00	$18,734,698	$462.26	8.1%	8.2%	$14,827,523	-6.5%	$15,339,833
201504	21,614	37,643	$18,704,681	1.00	$18,784,679	$467.11	8.8%	11.7%	$15,097,481	-6.3%	$18,180,589
201505	21,454	37,323	$17,869,156	0.99	$17,971,524	$472.42	9.9%	14.1%	$14,570,717	-5.5%	$18,205,113
201506	21,398	37,220	$18,961,029	0.99	$19,103,298	$478.07	10.1%	14.3%	$15,571,458	-5.8%	$18,166,233
201507	21,342	37,169	$19,006,805	0.99	$19,192,371	$483.11	10.6%	14.2%	$15,797,825	-4.9%	$18,177,062
201508	21,210	36,937	$17,948,951	0.99	$18,211,683	$483.62	9.3%	9.7%	$14,820,299	-16.9%	$18,197,841
201509	21,229	36,930	$17,670,386	0.98	$18,026,230	$489.30	11.2%	9.4%	$14,758,054	-0.9%	$18,309,030
201510	21,162	36,764	$19,491,688	0.97	$20,040,637	$486.14	8.1%	2.8%	$16,463,462	-19.4%	$18,321,499
201511	21,237	36,921	$16,913,447	0.96	$17,659,979	$490.71	9.0%	5.8%	$14,264,690	-3.8%	$18,543,668
201512	21,076	36,508	$18,512,812	0.94	$19,592,005	$495.84	**9.4%**	**5.4%**	$15,579,548	**9.0%**	$19,090,380
201601	21,871	37,311	$16,001,234	0.83	$19,199,722	$498.06	9.6%	10.1%	$14,022,376	-2.5%	$19,400,207
201602	22,711	38,298	$8,977,999	0.48	$18,723,257	$504.23	10.3%	11.6%	$13,149,011	7.2%	$19,715,499
Experience Period	256,413	446,566	$217,810,539	0.98	$221,423,295						$216,904,792
201503	21,607	37,674					8.1%				
201509	21,229	36,930					11.2%				
201512	21,076	36,508					9.4%				
Avg last 6 months	21,209	36,872					9.6%				

CareFirst BlueCross BlueShield (GHMSI)

D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

2017 ACA - TREND ANALYSIS SUMMARY - SMALL GROUP & INDIVIDUAL - DC GHMSI

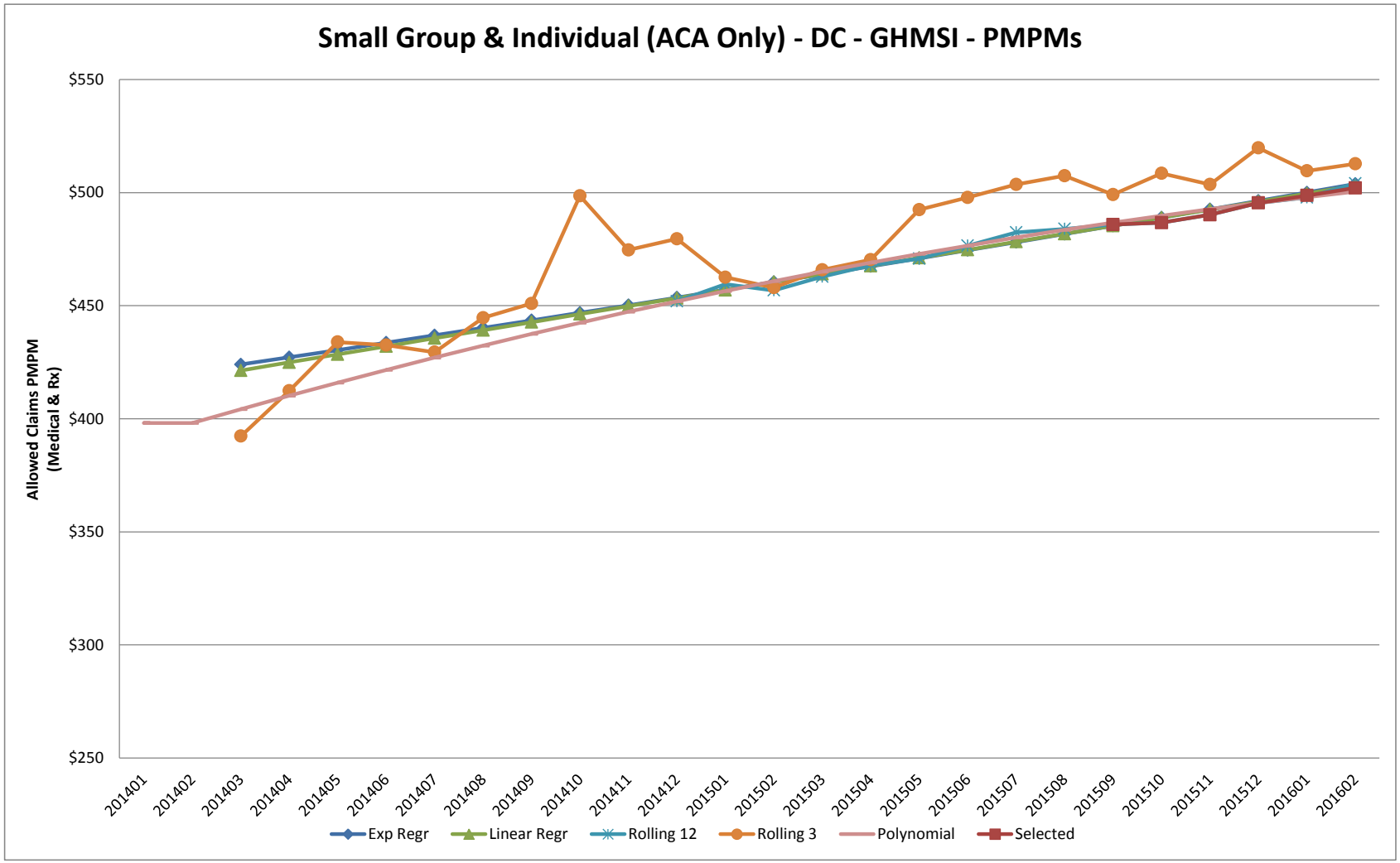
ACA Total Med & Rx Experience

Regressions based on R12 allowed claims PMPMs (Period: 201412 - 201512)

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	24	25	26	27	28	29
										TOTAL (Medical & RX)												**Linear Regression**		**Exponential Regression**			
												ROLLING 3						**ROLLING 12**				Y = MX + B		Y = BM^X			
															Δ						Δ						
																						M 3.554		M 1.008			
																						B 417.811		B 420.803			
																						R2 = 0.974		**R2 = 0.973**			
			Allowed	Paid	Utilization	Allowed Claims	Paid Claims	Allowed Cost/	Annualized Util/	Allowed Cost/	Annual **Cost**	Util/	Annual **Utilization**	Allowed Claims	Annual **Claims**	Allowed Cost/	Annual **Cost**	Util/	Annual **Utilization**	Allowed Claims	Annual **Claims**	PMPM - Linear Reg	R12 Trend Projected PMPMs	PMPM -Exp Reg	R12 Trend Projected PMPMs	Selected	Selected
	Date	Members	Claims	Claims	Units	PMPM	PMPM	Case	1000	Case	Trend	1000	Trend	PMPM	Trend	Case	Trend	1000	Trend	PMPM	Trend					Trends %	Trends $s
10	201401	7,418	$2,818,441	$378,757	10,101	$380		$279	16,340																	8.2%	
11	201402	9,025	$3,210,699	$209,740	13,444	$356		$239	17,875																	8.2%	
12	201403	10,320	$4,470,383	$277,454	18,552	$433		$241	21,572	$249		18,875		$392								$421		$424		8.2%	
13	201404	11,168	$4,900,290	$145,598	20,620	$439		$238	22,156	$239		20,692		$412								$425		$427		8.2%	
14	201405	12,443	$5,351,825	$90,858	22,172	$430		$241	21,382	$240		21,695		$434								$428		$430		8.2%	
15	201406	13,795	$5,929,345	$257,386	24,484	$430		$242	21,298	$241		21,582		$433								$432		$434		8.2%	
16	201407	16,249	$6,963,902	$222,582	29,642	$429		$235	21,891	$239		21,549		$429								$436		$437		8.2%	
17	201408	18,508	$8,696,582	$272,964	32,889	$470		$264	21,324	$248		21,506		$445								$439		$440		8.2%	
18	201409	20,772	$9,380,558	$361,806	39,612	$452		$237	22,884	$245		22,073		$451								$443		$443		8.2%	
19	201410	22,698	$12,824,269	$362,539	47,184	$565		$272	24,945	$258		23,173		$499								$446		$447		8.2%	
20	201411	25,273	$10,421,139	$88,390	44,666	$412		$233	21,208	$248		22,948		$475								$450		$450		8.2%	
21	201412	38,022	$17,994,331	$263,415	76,531	$473		$235	24,154	$245		23,497		$480		$245		22,163		$452		$453		$454		8.2%	
22	201501	37,787	$18,342,466	$974,367	72,632	$485		$253	23,066	$241		23,010		$463		$245		22,490		$460		$457		$457		8.3%	
23	201502	37,690	$15,641,170	$147,781	64,894	$415		$241	20,661	$243		22,632		$458		$245		22,387		$457		$460		$460		8.3%	
24	201503	37,674	$18,722,503	$571,571	72,960	$497		$257	23,239	$250	0.4%	22,323	18.3%	$466	18.7%	$247		22,526		$463		$464	10.1%	$464	9.4%	8.3%	
25	201504	37,643	$18,782,613	$199,813	72,983	$499		$257	23,266	$252	5.4%	22,388	8.2%	$470	14.1%	$248		22,627		$468		$468	10.0%	$467	9.4%	8.3%	
26	201505	37,323	$17,967,150	$755,140	69,700	$481		$258	22,410	$257	7.2%	22,973	5.9%	$492	13.5%	$249		22,648		$471		$471	10.0%	$471	9.4%	8.3%	
27	201506	37,220	$19,100,073	$529,416	72,787	$513		$262	23,467	$259	7.8%	23,048	6.8%	$498	15.1%	$251		22,782		$477		$475	9.9%	$474	9.4%	8.3%	
28	201507	37,169	$19,186,652	$421,023	72,195	$516		$266	23,308	$262	9.6%	23,061	7.0%	$504	17.3%	$253		22,870		$482		$478	9.8%	$478	9.4%	8.3%	
29	201508	36,937	$18,206,659	$317,299	69,856	$493		$261	22,695	$263	6.0%	23,158	7.7%	$507	14.1%	$253		22,924		$484		$482	9.7%	$482	9.4%	8.3%	
30	201509	36,915	$18,020,181	$233,382	69,065	$488		$261	22,451	$262	7.1%	22,819	3.4%	$499	10.7%	$255		22,885		$486		$485	9.6%	$485	9.4%	8.3%	$486
31	201510	36,736	$20,009,712	$295,794	73,255	$545		$273	23,929	$265	2.7%	23,023	-0.6%	$509	2.0%	$255		22,866		$487		$489	9.6%	$489	9.4%	8.3%	$487
32	201511	36,893	$17,639,923	$155,521	68,849	$478		$256	22,394	$264	6.2%	22,923	-0.1%	$504	6.1%	$257		22,920		$490		$492	9.5%	$493	9.4%	8.3%	$490
33	201512	36,475	$19,574,865	$313,470	72,169	$537		$271	23,743	$267	9.0%	23,353	-0.6%	$520	8.4%	$260	6.2%	22,882	3.2%	$495	**9.6%**	$496	9.4%	$496	9.4%	8.3%	$495
34	201601	37,275	$19,172,264	$296,559	71,638	$514		$268	23,062	$265	9.9%	23,064	0.2%	$510	10.2%	$261	6.5%	22,882	1.7%	$498	8.3%	$500	9.3%	$500	9.4%	8.3%	$499
35	201602	38,265	$18,690,676	$3,961	88,591	$488		$211	27,782	$247	1.8%	24,896	10.0%	$513	12.0%	$258	5.2%	23,489	4.9%	$504	10.4%	$503	9.3%	$504	9.4%	8.3%	$502
36	201603																					$507	9.2%	$508	9.4%	8.3%	$505
37	201604																					$510	9.1%	$511	9.4%	8.3%	$509
38	201605																					$514	9.1%	$515	9.4%	8.3%	$512
39	201606																					$517	9.0%	$519	9.4%	8.3%	$516
40	201607																					$521	8.9%	$523	9.4%	8.3%	$519
41	201608																					$524	8.9%	$527	9.4%	8.3%	$522
42	201609																					$528	8.8%	$531	9.4%	8.3%	$526
43	201610																					$532	8.7%	$535	9.4%	8.3%	$529
44	201611																					$535	8.7%	$539	9.4%	8.3%	$533
45	201612																					$539	8.6%	$543	9.4%	8.3%	$536
46	201701																					$542	8.5%	$547	9.4%	8.3%	$540
47	201702																					$546	8.5%	$551	9.4%	8.3%	$544
48	201703																					$549	8.4%	$555	9.4%	8.3%	$547
49	201704																					$553	8.4%	$560	9.4%	8.3%	$551
50	201705																					$556	8.3%	$564	9.4%	8.3%	$554
51	201706																					$560	**8.2%**	$568	**9.4%**	**8.3%**	$558
52	201707																					$564	8.2%	$572	9.4%	8.3%	$562
53	201708																					$567	8.1%	$577	9.4%	8.3%	$566
54	201709																					$571	8.1%	$581	9.4%	8.3%	$569
55	201710																					$574	8.0%	$585	9.4%	8.3%	$573
56	201711																					$578	8.0%	$590	9.4%	8.3%	$577
57	201712																					$581	7.9%	$594	9.4%	8.3%	$581

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

2017 ACA - TREND ANALYSIS SUMMARY - SMALL GROUP & INDIVIDUAL - DC GHMSI



CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017
BluePreferred Projected Morbidity

2017 Change in Morbidity Projection					
	2015 Actual		2017 Projected		
Metal	**Age & Induced Demand Normalized Allowed PMPM**	**Single Risk Pool Members 12/31/2015**	**Projected Age & Induced Demand Normalized Allowed PMPM**	**6/30/17 Projected Members**	**PMPM Δ**
Bronze	$288	707	$299	855	
Silver	$469	965	$441	2,585	
Gold	$668	701	$866	2,560	
Platinum	$1,079	927			
Ind Under 65 Single Risk Pool	$666	3,300	$602	6,000	0.904
Small Group Single Risk Pool	$484	33,175	$484	33,679	1.000
Combined Single Risk Pool	**$496**	**36,475**	**$502**	**39,679**	**1.013**

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

DC ACA Combined - Small Group & Individual Capitations

GHMSI	Description	1/1/15 PMPM	1/1/16 PMPM	1/1/17 PMPM
	Mental Health UR	$0.45	$0.36	$0.27
	Nurse Hotline	$0.04	$0.04	$0.04
	Wellness *	$0.21	$0.21	$0.21
	Embedded Pediatric Vision **	$0.27	$0.27	$0.27
	Embedded Adult Vision ***	$0.09	$0.09	$0.09
	AVERAGE PMPM:	$1.06	$0.97	$0.88

* The total capitation for Wellness is $0.26, but only applies to members age 18+.
** Only applies to members age 19 and under.
*** Ind64- only and only apples to members over the age of 19.

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

Absolute Maximum Premium Effective 1/1/2017

2016 Plan Name	2016 Metal	2017 Plan Name	2017 Metal	Base Rate Renewal Increase	Absolute Max Max Increase due to Aging	Total Renewal Increase
BluePreferred PPO Gold 1000	Gold	BluePreferred PPO Gold 1000	Gold	2.8%	11.2%	14.2%

Maximum Age Increase:	Aging from	To
	Age 20	Age 21

Memorandum

To: Katie Barron

Cc: Dwayne Lucado, Anna Guloy, Scott Cremens, Paula Holt

From: David Markowitz, Kevin Chan

Date: 4/28/2015

Subject: Completion Factor Methodology

This memorandum describes the data and the method used in the derivation of the completion factors for small group medical and drug segments. Please see the attached Excel file for an example completion factor derivation.

Data

Claims data, by paid date and incurred date, for Medical and Drug products are organized into claims triangles separately for ACA and Non-ACA and by segment (e.g. Small Group (SG)) and legal entity (CFMI, GHMSI, and BlueChoice).

IT provides claims data files which are used in the calculation of monthly Incurred but Not Reported (IBNR) liability, of which the development of the completion factor (CF) is one step. This data has been reviewed for reasonableness and consistency.

Please see Appendix A for a sample paid claims triangle organized by incurred date and lag month.

Method

We use a "chain and ladder" model based on the most recent 36 months to derive the completion factor and IBNR for each incurral month. The chain and ladder model uses the most recent 6 completion ratios for a given lag month (0 to 34) and ignores the highest and the lowest to smooth the completion ratios. We calculate a simple arithmetic average of the remaining four completion ratios to determine the average completion ratio for a given lag month (completion ratio for a given lag t is defined as the ratio of the cumulative paid in lag $t-1$ to the cumulative paid in lag t).

Assuming a completion factor of 1.0 for lags 35 and greater, the completion factor for lag 34 is calculated by taking the product of the completion ratio and completion factor for lag 35. Completion factors for lags 33 to 0 are calculated in a similar recursive fashion. We divide the paid claims for a particular incurral month by the resulting completion factor to develop an estimated total incurred amount.

Please see Appendices B through D to see the step by step process used in estimating completion factors for lags months 0 through 34.

While we use the chain and ladder model to derive the completion factors for lags 3 and greater (December 2014 and earlier), we incorporate several methods to estimate the completion factors for lags 0 through 2. We primarily use a claims trend assumption to determine the completion factors for these lag months.

To calculate the completion factor for a 12 month experience period, we first estimate Incurred care for each incurral month using the above methodology. We then sum up the paid claims incurred in the 12 month period and divide that by the total estimated incurred care for the period to get the completion factor.

APPENDIX-A

BlueChoice SG ACA Medical

Sample Paid Claims Data (in thousands)

(Incurral dates and Paid dates)

	201204	201205	.	.	.	201406	201407	201408	201409	201410	201411	201412	201501	201502	201503
Lag month 0	-	-	.	.	.	3,527	4,816	6,033	8,568	9,483	7,427	9,673	15,383	11,927	18,248
Lag month 1	-	-	.	.	.	5,181	7,980	8,175	10,116	12,070	13,011	25,033	19,871	22,109	
Lag month 2	-	-	.	.	.	772	777	1,069	1,770	2,247	2,781	2,766	6,252		
Lag month 3	-	-	.	.	.	186	346	879	700	1,214	709	1,114			
Lag month 4	-	-	.	.	.	184	95	116	988	306	481				
Lag month 5	-	-	.	.	.	81	59	130	91	189					
Lag month 6	-	-	.	.	.	48	207	90	135						
Lag month 7	-	-	.	.	.	54	28	33							
Lag month 8	-	-	.	.	.	32	26								
Lag month 9	-	-	.	.	.	11									
.	.	.	.	.	.										
.	.	.	.	.											
.	.	.	.												
Lag month 30	-	-													
Lag month 31	-	-													
Lag month 32	-	-													
Lag month 33	-	-													
Lag month 34	-	-													
Lag month 35	-														

Note: The highlighted number 709 represents the claims incurred in November 2014 but paid in February 2015 (lag 3)

APPENDIX-B

BlueChoice SG ACA Medical

Cumulative Paid Triangle (in thousands)

(Incurral dates and Paid dates)

	201204	201205	.	.	.	201406	201407	201408	201409	201410	201411	201412	201501	201502	201503
Lag month 0	-	-	.	.	.	3,527	4,816	6,033	8,568	9,483	7,427	9,673	15,383	11,927	18,248
Lag month 1	-	-	.	.	.	8,708	12,796	14,207	18,683	21,553	20,438	34,706	35,254	34,036	
Lag month 2	-	-	.	.	.	9,480	13,573	15,276	20,453	23,800	23,219	37,472	41,507		
Lag month 3	-	-	.	.	.	9,666	13,919	16,155	21,153	25,014	23,928	38,586			
Lag month 4	-	-	.	.	.	9,850	14,013	16,271	22,142	25,320	24,409				
Lag month 5	-	-	.	.	.	9,931	14,073	16,402	22,233	25,510					
Lag month 6	-	-	.	.	.	9,979	14,279	16,492	22,368						
Lag month 7	-	-	.	.	.	10,034	14,308	16,525							
Lag month 8	-	-	.	.	.	10,066	14,334								
Lag month 9	-	-	.	.	.	10,076									
.	.	.	.	.	.										
.	.	.	.	.											
.	.	.	.												
Lag month 30	-	-													
Lag month 31	-	-													
Lag month 32	-	-													
Lag month 33	-	-													
Lag month 34	-	-													
Lag month 35	-														

Note: The highlighted number 23,928 represents the cumulative claims paid as of February 2015 for claims incurred in November 2014. 23,928 is the sum of 7247, 13011, 2781, and 709 all of which can be seen in Appendix A.

APPENDIX-C

BlueChoice SG ACA Medical

Completion Ratios

(Incurral dates and Paid dates)

	201204	201205	.	.	.	201406	201407	201408	201409	201410	201411	201412	201501	201502	201503
Lag month 0	-	-	.	.	.	-	-	-	-	-	-	-	-	-	-
Lag month 1	-	-	.	.	.	0.405080	0.376388	0.424615	0.458566	0.440002	0.363392	0.278723	0.436344	0.350419	
Lag month 2	-	-	.	.	.	0.918527	0.942782	0.930037	0.913463	0.905603	0.880208	0.926184	0.849366		
Lag month 3	-	-	.	.	.	0.980796	0.975159	0.945615	0.966912	0.951470	0.970350	0.971127			
Lag month 4	-	-	.	.	.	0.981294	0.993249	0.992850	0.955357	0.987896	0.980314				
Lag month 5	-	-	.	.	.	0.991865	0.995780	0.992046	0.995889	0.992576					
Lag month 6	-	-	.	.	.	0.995189	0.985516	0.994523	0.993963						
Lag month 7	-	-	.	.	.	0.994570	0.998011	0.997982							
Lag month 8	-	-	.	.	.	0.996819	0.998154								
Lag month 9	-	-	.	.	.	0.998926									
.	.	.	.	.	.										
.	.	.	.	.	.										
.	.	.	.	.	.										
Lag month 30	-	-	.	.	.										
Lag month 31	-	-	.	.	.										
Lag month 32	-	-	.	.	.										
Lag month 33	-	-													
Lag month 34	-	-													
Lag month 35	-														

Max
Min

Note: The yellow highlighted number, 0.970350, is the completion ratio for lag 3 for the incurral month of November 2014. This is the ratio of cumulative paid in lag 2 (23,219) to cumulative paid in lag 3 (23,928) (see Appendix B for cumulative paid). Because we rounded paid claims in Appendix B, the ratio shown in Appendix C is not exact.

<u>Example</u>

To determine the completion ratio for lag 4 (which we need in the calculation of completion factor for lag 3):

- Select the 6 most recent completion ratios for lag 4 (numbers in the box above)
- Eliminate the highest completion ratio (0.993249--highlighted orange)
- Eliminate the lowest completion ratio (0.955357--highlighted blue)
- Average the four remaining ratios (unweighted arithmetic average)
  - $\frac{.981294 + .992850 + .987896 + .980314}{4}$ =0.9856 (rounded to the nearest four decimal places)

APPENDIX-D

BlueChoice SG ACA Medical

Completion Ratios, Completion Factors, and Incurred Care

Lag Month	(mos 1 - 6) 4 of 6	(mos 1 - 6) 4 of 6		
	Completion Ratios	Completion Factors	Paid to Date	Incurred Care
0	0	0.3345	18,248,455	54,551,423
1	0.3975	0.8415	34,035,670	40,447,732
2	0.9064	0.9284	41,506,801	44,707,665
3	0.9650	0.9621	38,586,321	40,105,842
4	0.9856	0.9762	24,408,981	25,004,578
5	0.9931	0.9830	25,509,534	25,950,812
6	0.9951	0.9878	22,368,189	22,643,712
7	0.9962	0.9916	16,525,210	16,665,902
8	0.9982	0.9933	14,334,273	14,430,584
9	0.9986	0.9947	10,076,458	10,129,806
10	0.9955	0.9992	9,522,470	9,529,937
11	0.9996	0.9996	7,742,681	7,745,418
12	0.9998	0.9998	4,964,052	4,964,928
13	0.9999	0.9999	3,783,808	3,784,278
14	0.9999	1.0000	2,207,690	2,207,690
15	1.0000	1.0000	-	-
16	1.0000	1.0000	-	-
17	1.0000	1.0000	-	-
18	1.0000	1.0000	-	-
19	1.0000	1.0000	-	-
20	1.0000	1.0000	-	-
21	1.0000	1.0000	-	-
22	1.0000	1.0000	-	-
23	1.0000	1.0000	-	-
24	1.0000	1.0000	-	-
25	1.0000	1.0000	-	-
26	1.0000	1.0000	-	-
27	1.0000	1.0000	-	-
28	1.0000	1.0000	-	-
29	1.0000	1.0000	-	-
30	1.0000	1.0000	-	-
31	1.0000	1.0000	-	-
32	1.0000	1.0000	-	-
33	1.0000	1.0000	-	-
34	1.0000	1.0000	-	-
35	1.0000	1.0000	-	-

2014		
Paid to Date	Incurred Care	CF
180,029,668	183,163,487	0.9829

2014 Incurral Months

There are no claims in lag month 15 and prior because ACA started in 2014.

Example

To derive the completion factor for lag 3, we will need the completion ratio and the completion factor for lag 4.

For the calculation of completion ratio for lag 4, please see the example in Appendix C. The completion ratio for lag 4 is 0.9856.

The completion factor for lag 4 is calculated in a recursive fashion. Assuming a completion factor of 1.0 for lags 35 and greater, the completion factor for lag *t* is calculated by taking the product of the completion ratio and completion factor for lag *t+1*. This iterative process results in a completion factor of 0.9762 for lag 4.

The completion factor of 0.9621 (0.9856*0.9762 = 0.9621) for lag 3 is calculated by taking the product of completion ratio and the completion factor for lag 4. To calculate incurred care for a given incurral month, we divide that month's paid to date claims (i.e. claims incurred in that month and paid through the valuation month) by the derived completion factor. Given the volatility of completion factors for lags 0-2, we instead project incurred care for these months using a trend assumption based on recent experience.

To determine the 2014 12-month CF, we sum up the claims paid and incurred in 2014 and divide by the estimated total incurred care in 2014, as indicated by the table on the top right of the preceding page.

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

May 5, 2016

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

Re: Group Hospitalization and Medical Services, Inc. Small Group Rate Filing Cover Letter

Mr. Tanhehco,

In accordance with DISB requirements this letter has been submitted as cover for our 2017 ACA plan rate filing submitted 5/2/2016. Please note the required information below:

a. **Company Name:** Group Hospitalization and Medical Services, Inc**.**
b. **NAIC Company Code:** 53007
c. **Unique Company Filing Number:** 2099
d. **Date Submitted:** 5/2/2016
e. **Proposed Effective Date:** 1/1/2017, with "trend" increases 4/1/2017, 7/1/2017 and 10/1/2017
f. **Type of Product:** This filing includes On Exchange PPO products.
g. **Individual or Group:** Small groups of 2-50 contracts
h. **Scope and Purpose of Filing:** This filing has been submitted to propose the rate actions listed below in section k for all non-grandfathered ACA compliant plans offered by GHMSI.
i. **Indication Whether Initial Filing or Change:** This filing proposes a change to existing rates (from our previous filing SERFF # CFAP-130056354), plus the introduction of one new plan.
j. **Indication if no DC Policyholders:** This filing proposes rate actions to our plans sold in DC. DC policyholders of GHMSI ACA plans will be impacted.
k. **Overall Premium Impact of Filing on DC Policyholders:** Proposed average rate increases for 1Q, 2Q, 3Q and 4Q 2017 are 0%, 1.3%, 2.2% and 3.5% respectively.
l. **Contact Information:**
    a. Name: Dwayne Lucado, F.S.A., M.A.A.A.
    b. Telephone Number: 410-998-7519
    c. Email: Dwayne.Lucado@Carefirst.com
    d. Fax: 410-505-2192

CareFirst BlueCross BlueShield is the shared business name of CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services, Inc. which are independent licensees of the Blue Cross and Blue Shield Association.
® Registered trademark of the Blue Cross and Blue Shield Association.®' Registered trademark of CareFirst of Maryland, Inc.

For further detail and support for the rate actions proposed above please reference the Actuarial Memorandum submitted on 5/2/2016.

Sincerely,

Dwayne Lucado

Digitally signed by Dwayne Lucado
Date: 2016.05.05 16:34:41 -04'00'

Dwayne Lucado, F.S.A., M.A.A.A.
Director, Actuarial Pricing

Rate Filing Justification Part II (Plain Language Summary)

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

Name of Company	Group Hospitalization and Medical Services, Inc
SERFF tracking number	CFAP-130548294
Submission Date	4/29/2016
Product Name	BluePreferred PPO
Market Type	○ Individual ◉ Small Group
Rate Filing Type	◉ Rate Increase ○ New Filing

Scope and Range of the Increase:

The 0.0 % increase is requested because:

The % increase is requested primarily because of projected increases in medical and pharmacy claims due to cost and utilization trend impacts as well as change in projected pool morbidity and the impact of the merged index rate with the Individual market.

This filing will impact:

# of policyholder's 18,439 # of covered lives 32,778

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 0.0 %
- Minimum Rate Change: The smallest premium increase (or largest decrease), by percentage, that any one policy holder would experience if the filing is approved -7.4 %
- Maximum Rate Change: The largest premium increase, by percentage, that any one policy holder would experience if the filing is approved 2.8 %

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

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:

The overall financial experience of the products include claims of approximately $182M incurred in 2015 and roughly 446,000 member months (approximately 37.2K average members per month).

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

The rate increase will affect the projected financial experience of the product by moving it toward the expected desired incurred claims ratio.

Components of Increase

The request is made up of the following components:

Trend Increases – 8.0 % of the 0.0 % 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 3.1 % of the 0.0 % 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 4.9 % of the 0.0 % total filed increase.

Other Increases – -8.0 % of the 0.0 % 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 % of the 0.0 % 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 0.0 % 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 -5.9 % of the 0.0 % 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 0.6 % of the 0.0 % total filed increase.

5. Other – Defined as:

   expected pool morbidity changes, change in assumed risk adjustment, impact of actual experience compared to prior assumptions, impact of merged index rate

   This component is 3.6 % of the 0.0 % total filed increase.

Unified Rate Review v3.3

Company Legal Name: **Group Hospitalization & Medic** State: **DC**
HIOS Issuer ID: **78079** Market: **Small Group**
Effective Date of Rate Change(s): **1/1/2017**

Market Level Calculations (Same for all Plans)

Section I: Experience period data

Experience Period: 1/1/2015 to 12/31/2015

	Experience Period Aggregate Amount	PMPM	% of Prem
Premiums (net of MLR Rebate) in Experience Period:	$215,112,455	$481.70	100.00%
Incurred Claims in Experience Period	$181,967,569	407.48	84.59%
Allowed Claims:	$209,316,044	468.72	97.31%
Index Rate of Experience Period		$ 467.00	
Experience Period Member Months	446,566		

Section II: Allowed Claims, PMPM basis

Projection Period: 1/1/2017 to 12/31/2017 Mid-point to Mid-point, Experience to Projection: 24 months

	Experience Period on Actual Experience Allowed				Adj't. from Experience to Projection Period		Annualized Trend Factors		Projections, before credibility Adjustment			Credibility Manual		
Benefit Category	**Utilization Description**	**Utilization per 1,000**	**Average Cost/Service**	**PMPM**	**Pop'l risk Morbidity**	**Other**	**Cost**	**Util**	**Utilization per 1,000**	**Average Cost/Service**	**PMPM**	**Utilization per 1,000**	**Average Cost/Service**	**PMPM**
Inpatient Hospital	Admits	59.23	$ 16,283.93	$80.38	1.013	1.013	1.000	1.020	62.44	$16,494.95	$85.83	61.21	$ 16,494.95	$84.14
Outpatient Hospital	Visits	914.86	$ 1,343.83	102.45	1.013	1.013	1.188	1.071	1,063.47	1,921.51	170.29	992.76	$ 1,617.30	133.80
Professional	Visits	11,010.99	$ 169.65	155.67	1.013	1.013	1.040	1.061	12,554.08	186.01	194.60	11833.42	$ 178.79	176.31
Other Medical	Services	1,216.23	$ 300.57	30.46	1.013	1.013	1.000	1.210	1,803.83	304.47	45.77	1490.77	$ 304.47	37.82
Capitation	Benefit Period	12,000.00	$ 1.06	1.06	1.000	0.830	1.000	1.000	12,000.00	0.88	0.88	12000.00	$ 0.88	0.88
Prescription Drug	Prescriptions	9,700.26	$ 122.10	98.70	1.013	0.947	1.199	1.199	14,126.98	166.23	195.69	10424.79	$ 138.64	120.44
Total				$468.72							$693.06			$553.39

Section III: Projected Experience:

			After Credibility	Projected Period Totals
Projected Allowed Experience Claims PMPM (w/applied credibility if applicable)	0.00%	100.00%	$553.39	$218,464,373
Paid to Allowed Average Factor in Projection Period			0.858	
Projected Incurred Claims, before ACA rein & Risk Adj't, PMPM			$474.76	$187,423,923
Projected Risk Adjustments PMPM			38.01	15,005,583
Projected Incurred Claims, before reinsurance recoveries, net of rein prem, PMPM			$436.75	$172,418,340
Projected ACA reinsurance recoveries, net of rein prem, PMPM			0.00	0
Projected Incurred Claims			$436.75	$172,418,340
Administrative Expense Load		14.56%	80.08	31,615,117
Profit & Risk Load		2.20%	12.10	4,776,140
Taxes & Fees		3.82%	20.99	8,287,655
Single Risk Pool Gross Premium Avg. Rate, PMPM			$549.93	$217,097,252
Index Rate for Projection Period			$ 573.09	
% increase over Experience Period			14.16%	
% Increase, annualized:			6.85%	
Projected Member Months				394,776

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.

Product-Plan Data Collection

Company Legal Name: **Group Hospitalization & Medical Services, Inc.**
HIOS Issuer ID: **78079**
Effective Date of Rate Change(s): **1/1/2017**

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

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product		Terminated Plans	BluePreferred PPO														
Product ID:		78079DC011	78079DC022														
Metal:		Catastrophic	Gold	Gold	Silver	Silver	Platinum	Platinum	Silver	Gold	Silver	Platinum	Platinum	Gold	Gold	Silver	Silver
AV Metal Value		0.000	0.801	0.818	0.717	0.709	0.916	0.890	0.720	0.813	0.720	0.887	0.895	0.790	0.806	0.711	0.719
AV Pricing Value		0.000	1.002	1.028	0.792	0.764	1.236	1.173	0.849	1.030	0.785	1.159	1.206	0.986	0.948	0.735	0.793
Plan Category		Terminated	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	New
Plan Type:		PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO
Plan Name		Terminated Plans	BluePreferred PPO Gold 1000	BluePreferred PPO Gold 500	BluePreferred PPO HSA/HRA Silver 1500	BluePreferred PPO HSA/HRA Silver 2000	BluePreferred PPO Platinum 0	BluePreferred PPO Platinum 500	BluePreferred PPO Silver 1000	HealthyBlue PPO Gold 1500	HealthyBlue PPO HSA/HRA Silver 2000	HealthyBlue PPO Platinum 1000	HealthyBlue PPO Platinum 500	BluePreferred PPO Gold 1500	BluePreferred PPO 1000 90%/70%	BluePreferred PPO HSA/HRA 2000 80%/60%	BluePreferred PPO Silver 1500 BlueFund HSA
Plan ID (Standard Component ID):		78079DC0110001	78079DC0220020	78079DC0220021	78079DC0220022	78079DC0220023	78079DC0220024	78079DC0220025	78079DC0220026	78079DC0220027	78079DC0220028	78079DC0220029	78079DC0220030	78079DC0220031	78079DC0220032	78079DC0220033	78079DC0220034
Exchange Plan?		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Historical Rate Increase - Calendar Year - 2		0.00%	0.00%														
Historical Rate Increase - Calendar Year - 1		0.00%	10.69%														
Historical Rate Increase - Calendar Year 0		0.00%	5.23%														
Effective Date of Proposed Rates		1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017
Rate Change % (over prior filing)		0.00%	-1.78%	-1.81%	-4.85%	-5.60%	-4.80%	-5.85%	-2.24%	-4.16%	-6.54%	-7.64%	-4.97%	-2.88%	-7.36%	-11.49%	0.00%
Cum'tive Rate Change % (over 12 mos prior)		0.00%	5.08%	5.05%	1.80%	0.99%	1.85%	0.73%	4.59%	2.54%	-0.01%	-1.19%	1.67%	3.90%	-0.88%	-5.30%	0.00%
Proj'd Per Rate Change % (over Exper. Period)		#DIV/0!	11.37%	11.42%	-5.16%	6.95%	8.51%	10.93%	25.69%	12.20%	7.93%	8.82%	10.23%	14.25%	8.97%	5.65%	#DIV/0!
Product Rate Increase %		0.00%	2.18%														

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

Plan ID (Standard Component ID):	Total	78079DC0110001	78079DC0220020	78079DC0220021	78079DC0220022	78079DC0220023	78079DC0220024	78079DC0220025	78079DC0220026	78079DC0220027	78079DC0220028	78079DC0220029	78079DC0220030	78079DC0220031	78079DC0220032	78079DC0220033	78079DC0220034
Inpatient	-$12.49	$0.00	-$9.60	-$9.86	-$9.36	-$9.47	-$14.57	-$14.76	-$8.40	-$11.65	-$10.31	-$16.23	-$14.37	-$10.22	-$13.06	-$12.67	$0.00
Outpatient	$16.64	$0.00	$17.58	$18.02	$11.90	$10.99	$18.61	$16.61	$14.57	$16.07	$10.65	$14.58	$17.99	$16.43	$12.17	$6.59	$0.00
Professional	$3.93	$0.00	$6.97	$7.12	$2.47	$1.63	$3.93	$2.12	$5.43	$4.12	$0.70	-$0.70	$3.57	$5.53	-$0.20	-$4.50	$0.00
Prescription Drug	-$8.74	$0.00	-$5.51	-$5.68	-$6.69	-$7.03	-$10.39	-$11.10	-$5.03	-$8.01	-$7.99	-$13.11	-$10.34	-$6.45	-$10.44	-$11.44	$0.00
Other	$3.96	$0.00	$4.30	$4.41	$2.82	$2.58	$4.42	$3.88	$3.55	$3.84	$2.46	$3.30	$4.26	$3.98	$2.78	$1.32	$0.00
Capitation	-$0.09	$0.00	-$0.07	-$0.07	-$0.07	-$0.07	-$0.11	-$0.11	-$0.06	-$0.09	-$0.08	-$0.13	-$0.11	-$0.07	-$0.10	-$0.11	$0.00
Administration	$0.16	$0.00	$1.36	$1.39	-$0.03	-$0.31	-$0.03	-$0.61	$0.98	$0.29	-$0.67	-$1.62	-$0.12	$0.85	-$1.19	-$2.51	$0.00
Taxes & Fees	-$31.14	$0.00	-$26.88	-$27.60	-$23.00	-$22.62	-$35.84	-$34.94	-$23.04	-$29.39	-$23.82	-$36.14	-$35.12	-$27.22	-$29.36	-$25.27	$0.00
Risk & Profit Charge	$2.59	$0.00	$2.76	$2.83	$1.85	$1.70	$2.89	$2.56	$2.29	$2.50	$1.64	$2.22	$2.79	$2.57	$1.86	$0.96	$0.00
Total Rate Increase	-$25.19	$0.00	-$9.08	-$9.45	-$20.12	-$22.61	-$31.10	-$36.35	-$9.71	-$22.29	-$27.42	-$47.83	-$31.46	-$14.60	-$37.55	-$47.61	$0.00
Member Cost Share Increase	$75.33	$0.00	$97.60	$87.03	$137.12	$148.34	$35.98	$61.37	$136.13	$86.28	$139.78	$66.88	$48.09	$103.94	$117.13	$157.98	$0.00
Average Current Rate PMPM	$565.27	$0.00	$508.87	$522.33	$415.11	$403.67	$647.47	$621.25	$432.98	$536.12	$419.10	$625.89	$632.82	$506.52	$510.54	$414.36	$0.00
Projected Member Months	394,776	0	43,320	15,588	31,716	20,136	143,832	63,192	5,172	25,452	4,032	2,484	5,388	28,752	3,312	1,200	1,200

:tion III: Experience Period Information

Plan ID (Standard Component ID):	Total	78079DC0110001	78079DC0220020	78079DC0220021	78079DC0220022	78079DC0220023	78079DC0220024	78079DC0220025	78079DC0220026	78079DC0220027	78079DC0220028	78079DC0220029	78079DC0220030	78079DC0220031	78079DC0220032	78079DC0220033	78079DC0220034
Plan Adjusted Index Rate	$530.49	$0.00	$480.25	$492.62	$445.69	$381.28	$607.88	$564.23	$360.37	$490.06	$388.37	$568.51	$583.85	$460.77	$464.48	$371.48	$0.00
Member Months	408,854	104	56,485	6,607	34,904	21,252	147,986	63,617	2,568	26,453	3,376	2,546	4,538	34,420	3,848	150	0
Total Premium (TP)	$216,892,857	$0	$27,126,856	$3,254,763	$15,556,351	$8,102,955	$89,957,219	$35,894,911	$925,433	$12,963,608	$1,311,141	$1,447,421	$2,649,528	$15,859,628	$1,787,323	$55,722	$0
EHB Percent of TP, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.00%
state mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TP	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%
Total Allowed Claims (TAC)	$184,608,849	$226,406	$28,298,430	$2,633,740	$14,629,218	$9,507,708	$67,787,135	$30,096,877	$1,313,327	$9,681,131	$1,096,881	$733,864	$2,039,222	$15,472,618	$1,061,920	$30,371	$0
EHB Percent of TAC, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.00%
state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TAC	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%
Allowed Claims which are not the issuer's obligation:	$38,311,239	$13,997	$4,983,483	$582,495	$3,903,581	$3,409,197	$12,430,191	$6,122,004	$361,014	$1,687,005	$600,097	$212,565	$401,429	$3,256,002	$323,811	$24,368	$0
Portion of above payable by HHS's funds on behalf of insured person, in dollars	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Portion of above payable by HHS on behalf of insured person, as %	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	#DIV/0!
Total Incurred claims, payable with issuer funds	$146,297,610	$212,409	$23,314,947	$2,051,245	$10,725,637	$6,098,511	$55,356,945	$23,974,872	$952,313	$7,994,126	$496,784	$521,298	$1,637,793	$12,216,616	$738,110	$6,003	$0
Net Amt of Rein	-$997,603.76	-$253.76	-$137,823.40	-$16,121.08	-$85,165.76	-$51,854.88	-$361,085.84	-$155,225.48	-$6,265.92	-$64,545.32	-$8,237.44	-$6,212.24	-$11,072.72	-$83,984.80	-$9,389.12	-$366.00	$0.00
Net Amt of Risk Adj	$15,577,062.71	-$8.32	$1,155,797.04	$135,192.55	$714,206.25	$1,114,204.50	$7,362,079.02	$3,164,849.25	$47,841.82	$541,281.74	$197,389.84	$126,659.64	$225,758.62	$704,302.63	$78,737.84	$8,770.28	$0.00
Incurred Claims PMPM	$357.82	$2,042.39	$412.76	$310.47	$307.29	$286.96	$374.07	$376.86	$370.84	$302.20	$147.15	$204.75	$360.91	$354.93	$191.82	$40.02	#DIV/0!
Allowed Claims PMPM	$451.53	$2,176.98	$500.99	$398.63	$419.13	$447.38	$458.06	$473.09	$511.42	$365.97	$324.91	$288.24	$449.37	$449.52	$275.97	$202.47	#DIV/0!
EHB portion of Allowed Claims, PMPM	$451.53	$2,176.98	$500.99	$398.63	$419.13	$447.38	$458.06	$473.09	$511.42	$365.97	$324.91	$288.24	$449.37	$449.52	$275.97	$202.47	#DIV/0!

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

Plan ID (Standard Component ID):	Total	78079DC0110001	78079DC0220020	78079DC0220021	78079DC0220022	78079DC0220023	78079DC0220024	78079DC0220025	78079DC0220026	78079DC0220027	78079DC0220028	78079DC0220029	78079DC0220030	78079DC0220031	78079DC0220032	78079DC0220033	78079DC0220034
Plan Adjusted Index Rate	$579.04	$0.00	$534.86	$548.87	$422.69	$407.79	$659.61	$625.93	$452.96	$549.87	$419.16	$618.63	$643.56	$526.43	$506.16	$392.48	$423.15
Member Months	394,776	-	43,320	15,588	31,716	20,136	143,832	63,192	5,172	25,452	4,032	2,484	5,388	28,752	3,312	1,200	1,200
Total Premium (TP)	$228,592,712	$0	$23,169,969	$8,555,862	$13,405,908	$8,211,224	$94,872,897	$39,553,701	$2,342,687	$13,995,233	$1,690,045	$1,536,672	$3,467,498	$15,135,849	$1,676,404	$470,977	$507,786
EHB Percent of TP, [see instructions]	99.59%	0.00%	99.58%	99.58%	99.58%	99.58%	99.58%	99.58%	99.58%	99.58%	99.58%	99.58%	99.58%	99.58%	100.00%	100.00%	99.58%
state mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TP	0.41%	100.00%	0.42%	0.42%	0.42%	0.42%	0.42%	0.42%	0.42%	0.42%	0.42%	0.42%	0.42%	0.42%	0.00%	0.00%	0.42%
Total Allowed Claims (TAC)	$219,978,695	$0	$23,634,225	$8,504,393	$15,747,733	$9,997,993	$83,556,939	$36,710,399	$2,691,069	$13,885,925	$2,001,982	$1,443,041	$3,130,074	$15,686,317	$1,799,426	$593,351	$595,828
EHB Percent of TAC, [see instructions]	99.59%	0.00%	99.58%	99.58%	99.58%	99.58%	99.58%	99.58%	99.58%	99.58%	99.58%	99.58%	99.58%	99.58%	100.00%	100.00%	99.58%
state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TAC	0.41%	100.00%	0.42%	0.42%	0.42%	0.42%	0.42%	0.42%	0.42%	0.42%	0.42%	0.42%	0.42%	0.42%	0.00%	0.00%	0.42%
Allowed Claims which are not the issuer's obligation	$47,671,157	$0	$6,295,461	$2,086,267	$5,969,342	$4,035,655	$11,280,715	$6,700,701	$968,144	$3,385,533	$770,537	$278,275	$493,546	$4,376,858	$551,662	$253,077	$225,383
Portion of above payable by HHS's funds on behalf of insured person, in dollars	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Portion of above payable by HHS on behalf of insured person, as %	0.00%	#DIV/0!	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Incurred claims, payable with issuer funds	$172,307,538	$0	$17,338,764	$6,418,126	$9,778,391	$5,962,338	$72,276,224	$30,009,697	$1,722,925	$10,500,392	$1,231,445	$1,164,766	$2,636,528	$11,309,458	$1,247,764	$340,274	$370,445
Net Amt of Rein	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Net Amt of Risk Adj	$15,005,583	$0	$1,646,609	$592,506	$1,205,537	$765,377	$5,467,108	$2,401,951	$196,590	$967,440	$153,258	$94,418	$204,800	$1,092,874	$125,890	$45,612	$45,612
Incurred Claims PMPM	$436.47	#DIV/0!	$400.25	$411.74	$308.31	$296.10	$502.50	$474.90	$333.13	$412.56	$305.42	$468.91	$489.33	$393.35	$376.74	$283.56	$308.70
Allowed Claims PMPM	$557.22	#DIV/0!	$545.57	$545.57	$496.52	$496.52	$580.93	$580.93	$520.32	$545.57	$496.52	$580.93	$580.93	$545.57	$543.31	$494.46	$496.52
EHB portion of Allowed Claims, PMPM	$554.93	#DIV/0!	$543.31	$543.31	$494.46	$494.46	$578.52	$578.52	$518.15	$543.31	$494.46	$578.52	$578.52	$543.31	$543.31	$494.46	$494.46

Rate Filing Justification Part II (Plain Language Summary)

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

Name of Company	Group Hospitalization and Medical Services, Inc
SERFF tracking number	CFAP-130548294
Submission Date	4/29/2016
Product Name	BluePreferred PPO
Market Type	○ Individual ◉ Small Group
Rate Filing Type	◉ Rate Increase ○ New Filing

Scope and Range of the Increase:

The 0.0 % increase is requested because:

The % increase is requested primarily because of projected increases in medical and pharmacy claims due to cost and utilization trend impacts as well as change in projected pool morbidity and the impact of the merged index rate with the Individual market.

This filing will impact:

# of policyholder's 18,439 # of covered lives 32,778

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 0.0 %
- Minimum Rate Change: The smallest premium increase (or largest decrease), by percentage, that any one policy holder would experience if the filing is approved -7.4 %
- Maximum Rate Change: The largest premium increase, by percentage, that any one policy holder would experience if the filing is approved 2.8 %

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

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:

The overall financial experience of the products include claims of approximately $182M incurred in 2015 and roughly 446,000 member months (approximately 37.2K average members per month).

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

The rate increase will affect the projected financial experience of the product by moving it toward the expected desired incurred claims ratio.

Components of Increase

The request is made up of the following components:

Trend Increases – 8.0 % of the 0.0 % 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 3.1 % of the 0.0 % 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 4.9 % of the 0.0 % total filed increase.

Other Increases – -8.0 % of the 0.0 % 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 % of the 0.0 % 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 0.0 % 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 -5.9 % of the 0.0 % 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 0.6 % of the 0.0 % total filed increase.

5. Other – Defined as:

   expected pool morbidity changes, change in assumed risk adjustment, impact of actual experience compared to prior assumptions, impact of merged index rate

   This component is 3.6 % of the 0.0 % total filed increase.

RATE FILING REQUIREMENTS INDIVIDUAL AND SMALL GROUP PLANS SOLD ON DC HEALTH LINK
CHECK-LIST

INSTRUCTIONS: Include all required elements in the table below with the filed rates. The data elements listed in the Actuarial Memorandum should be consistent with the cover letter, if applicable.

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been	Location of the Data Element
1	Purpose of Filing	State the purpose of the filing. Identify the applicable law. List the proposed changes to the base rates and rating factors, and provide a general summary.	Yes	Included in Actuarial Memorandum Summary Verbiage
2	Form Numbers	Form numbers should be listed in the actuarial memorandum.	Yes	Page 3
3	HIOS Product ID	The HIOS product ID should be listed in the actuarial memorandum.	Yes	Page 6
4	Effective Date	The requested effective date of the rate change. For filings effective 1/1/2017 and later, follow filing due date requirements.	Yes	Page 1
5	Market	Indicate whether the products are sold in the individual or small employer group market.	Yes	Page 1
6	Status of Forms	Indicate whether the forms are open to new sales, closed, or a mixture of both, and whether the forms are grandfathered, non- grandfathered, or a mixture of both.	Yes	Page 3
7	Benefits/Metal level(s)	Include a basic description of the benefits of the forms referenced in the filing and the metal level of each plan design.	Yes	Pages 19 - 22
7.1	AV Value	Provide the actuarial value of each plan design using the AV calculator developed and made available by HHS.	Yes	Pages 19 - 22
8	Average Rate Increase Requested	The weighted average rate increase being requested, incremental and year-over-year renewal. The weights should be based on premium volume. **In the small group market, please also provide weighted average rate increase requested for 2016Q1 over 2015Q1; etc.**	Yes	Page 7
9	Maximum Rate Increase Requested	The maximum rate increase that could be applied to a policyholder based on changes to the base rate and rating factors, incremental and year-over-year renewal. (Does not include changes in the demographics of the covered members.)	Yes	Page 7
10	Minimum Rate Increase Requested	The minimum rate increase that could be applied to a policyholder based on changes to the base rate and rating factors, incremental and year-over-year renewal. (Does not include changes in the demographics of the covered members.)	Yes	Page 7
11	Absolute Maximum Premium Increase	The absolute maximum year-over-year renewal rate increase that could be applied to a policyholder, including demographic changes such as aging.	Yes	Page 52
12	Average Renewal Rate Increase for a Year	Calculate the average renewal rate increase, weighted by written premium, for renewals in the year ending with the effective period of the rate filing. The calculation must be performed for each HIOS product ID.	Yes	Page 10
13	Rate Change History	Rate change history of the forms referenced in the filing. If nationwide experience is used in developing the rates, provide separately the rate history for Maryland and the nationwide average rate history.	Yes	Page 9
14	Exposure	Current number of policies, certificates and covered lives.	Yes	Pages 42 - 47
15	Member Months	Number of members in force during each month of the base experience period used in the rate development and in each of the two preceding twelve-month periods.	Yes	Pages 42 - 47
16	Past Experience	Provide monthly earned premium and incurred claims for the base experience period used in the rate development and each of the two preceding twelve-month periods.	Yes	Pages 42 - 47
17	Index Rate	Provide the index rate.	Yes	Pages 19 - 22
17.1	Rate Development	Show base experience used to develop rates and all adjustments and assumptions applied to arrive at the requested rates. For less than fully credible blocks, disclose the source of the base experience data used in the rate development and discuss the appropriateness of the data for pricing the policies in the filing.	Yes	Pages 19 - 22
18	Credibility Assumption	If the experience of the policies included in the filing is not fully credible, state and provide support for the credibility formula used in the rate development.	Yes	Pages 23 - 25
19	Trend Assumption	Show trend assumptions by major types of service as defined by HHS in the Part I Preliminary Justification template, separately by unit cost, utilization, and in total. Provide the development of the trend assumptions.	Yes	Pages 42 - 47
20	Cost-Sharing Changes	Disclose any changes in cost sharing for the plans between the base experience period for rating and the requested effective date. Show how the experience has been adjusted for cost- sharing changes in the rate development. Provide support for the estimated cost impact of the cost-sharing changes.	Yes	Page 31
21	Benefit Changes	Disclose any changes in covered benefits for the plans between the base experience period for rating and the requested effective date. Show how the experience has been adjusted for changes in covered benefits in the rate development. Provide support for the estimated cost impact of the benefit changes.	Yes	Pages 11-22 and 34
22	Plan Relativities	For rate change filings, if the rate change is not uniform for all plan designs, provide support for all requested rate changes by plan design. Disclose the minimum, maximum, and average impact of the changes on policyholders. For initial filings, provide the derivation of any new plan factors.	Yes	Pages 19 - 22
23	Rating Factors	Provide the age and other rating factors used. Disclose any changes to rating factors, and the minimum, maximum, and average impact on policyholders. Provide support for any changes.	Yes	Page 32
23.1	Wellness Programs	Describe any wellness programs (as defined in section 2705(j) of the PHS Act) included in this filing.	No	Not Applicable
24	Distribution of Rate Increases	Anticipated distribution of rate increases due to changes in base rates, plan relativities, and rating factors. This need not include changes in demographics of the individual or group.	No	DISB Dataset Attached Separately
25	Claim Reserve Needs	Provide the claims for the base experience period separately for paid claims, and estimated incurred claims (including claim reserve). Indicate the incurred period used for the base period. Indicate the paid-through date of the paid claims, and provide a basic description of the reserving methodology for claims reserves and contract reserves, if any. Provide margins used, if any.	Yes	Pages 53 - 58
26	Administrative Costs of Programs that Improve Health Care Quality	Show the amount of administrative costs included with claims in the numerator of the MLR calculation . Show that the amount is consistent with the most recently filed Supplemental Health Care Exhibit or provide support for the difference.	Yes	Pages 23 - 25
27	Taxes and Licensing or Regulatory Fees	Show the amount of taxes, licenses, and fees subtracted from premium in the denominator of your medical loss ratio calculation(c). Show that the amount is consistent with the most recently filed Supplemental Health Care Exhibit or provide support for the difference.	Yes	Pages 23 - 25
28	Medical Loss Ratio (MLR)	Demonstrate that the projected loss ratio, including the requested rate change, meets the minimum MLR. Show the premium, claims, and adjustments separately with the development of the projected premium and projected claims (if not provided in the rate development section). If the loss ratio falls below the minimum for the subset of policy forms in the filing, show that when combined with all other policy forms in the market segment in Maryland, the loss ratio meets the minimum.	Yes	Pages 23 - 25
29	Risk Adjustment	Provide rate information relating to the Risk Adjustment program. Information should include assumed Risk Adjustment user fees, Risk Adjustment PMPM excluding user fees and assumed distribution of enrollment by risk score, plan, and geographical area. Provide support for the assumptions, including any demographic changes. Provide information/study on the development of risk scores and Risk Adjustment PMPM. Provide previous year-end estimated risk adjustment payable or receivable amount and quantitative support for the amount.	Yes	Pages 23 - 28

29.1	Reinsurance	Provide information on the Reinsurance contribution assumption, consistent with the national contribution rate for the projection period. In individual filings, provide information on the Reinsurance recovery assumption, consistent with the company's continuation table used in pricing. Provide previous year-end estimated reinsurance payable amount and quantitative support for the amount.	Yes	NA
29.2	Risk Corridor	Does the company assume Risk Corridor charges or payments? If so, provide support. Provide previous year-end estimated risk corridor payable or receivable amount and quantitative support for the amount.	Yes	NA
30	Past and Prospective Loss Experience Within and Outside the State	Indicate whether loss experience within or outside the state was used in the development of proposed rates. Provide an explanation for using loss experience within or outside the state.	Yes	Included in Actuarial Memorandum Summary Verbiage
31	A Reasonable Margin for Reserve Needs	Show the assumed Margin for Reserve Needs used in the development of proposed rates. Margin for Reserve Needs includes factors that reflect assumed contributions to the company's surplus or the assumed profit margin. Demonstrate how this assumption was derived, how the assumption has changed from prior filings, and provide support for changes. If the assumption for Qualified Health Plans exceeds 3% as assumed in the risk corridor formula, justify the excess in light of the company's surplus position.	Yes	Pages 23 - 25 and 28
32	Past and Prospective Expenses	Indicate the expense assumptions used in the development of proposed rates. Demonstrate how this assumption was derived. Show how this assumption has changed from prior filings, and provide support for any change. Provide the assumed administrative costs in the following categories: • Salaries, wages, employment taxes, and other employee benefits • Commissions • Taxes, licenses, and other regulatory fees • Cost containment programs / quality improvement activities • All other administrative expenses • Total	Yes	Pages 23 - 25 and 28
33	Any Other Relevant Factors Within and Outside the State	Show any other relevant factors that have been considered in the development of the proposed rates. Demonstrate how any related assumptions were derived. Show how these assumptions have changed from prior filings, and provide support for any change.	No	Not Applicable
34	Other	Any other information needed to support the requested rates or to comply with Actuarial Standard of Practice No. 8.	No	Not Applicable
35	Actuarial Certification	Signed and dated certification by a qualified actuary that the anticipated loss ratio meets the minimum requirement, the rates are reasonable in relation to benefits, the filing complies with the laws and regulations of the District of Columbia and all applicable Actuarial Standards of Practice, including ASOP No. 8, and that the rates are not unfairly discriminatory.	Yes	Page 5
36	Part I Preliminary Justification (Grandfathered Plan Filings)	Rate Summary Worksheet --- Provide this document with all Grandfathered plan filings. **Provide in Excel and PDF format.**	No	Not Applicable
36.1	Unified Rate Review Template (Non- Grandfathered Filings)	Unified Rate Review Template as specified in the proposed Federal Rate Review regulation. Provide this document with all Non-Grandfathered plan filings. **Provide in Excel and PDF format.**	Yes	Attached Separately
37	Part II Preliminary Justification	Written description justifying the rate increase as specified by 45 CFR § 154.215(f). Provide for *all* individual and small employer group filings (whether or not they are "subject to review" as defined by HHS).	Yes	Attached Separately
38	DISB Actuarial Memorandum Dataset	Summarizes data elements contained in Actuarial Memorandum. Provide this document with all Non-Grandfathered plan filings. **Provide in Excel format only**.	Yes	DISB Dataset Attached Separately
39	District of Columbia Plain Language Summary	Similar to the Part II Preliminary Justification, this is a written description of the rate increase as specified by 45 CFR § 154.215, but as a simple and brief narrative describing the data and assumptions that were used to develop the proposed rates. Provide this document for all individual and small employer group filings.	Yes	Attached Separately
40	Additional Requirements for Stand-Alone Dental Plan Filings	Provide the following for stand-alone dental plan filings: • Identification of the level of coverage (i.e. low or high), including the actuarial value of the plan determined in accordance with the proposed rule; • Certification of the level of coverage by a member of the American Academy of Actuaries using generally accepted actuarial principles; and • Demonstration that the plan has a reasonable annual limitation on cost-	Yes	NA

CERTIFYING SIGNATURE

The undersigned representative of the organization submitting this rate filing attests that all items contained in the above checklist have been included in the filing to the best of the company's ability.

Dwayne Lucado

Digitally signed by Dwayne Lucado
Date: 2016.05.05 16:19:02 -04'00'

Dwayne Lucado, FSA, MAAA

(Print Name) **(Signature)**

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
04/27/2016		Supporting Document	Actuarial Memorandum	05/05/2016	File_2099_DC_GHMSI 1.1.17_AV Calculator Screenshots.pdf File_2099_DC_GHMSI 1.1.17_Actuarial Letter_Memo.pdf (Superceded)
04/27/2016		Supporting Document	Actuarial Memorandum and Certifications	05/05/2016	File_2099_DC_GHMSI 1.1.17_Actuarial Letter_Memo.pdf (Superceded)
04/27/2016		Supporting Document	Cover Letter All Filings	05/05/2016	

CAREFIRST BLUECROSS BLUESHIELD
PART III ACTUARIAL MEMORANDUM

1. REDACTED ACTUARIAL MEMORANDUM (AM): CareFirst (CF) is making no redactions so both AM submissions are the same.

2. GENERAL INFORMATION:

Company Legal Name: Group Hospitalization and Medical Services, Inc. (NAIC # 53007) (GHMSI).
State: District of Columbia.
HIOS Issuer ID: 78079.
Market: Small Group (SG) – On Exchange.
Effective Date: 1/1/17 and quarterly incremental "trend" increases effective 4/1/17, 7/1/17 and 10/1/17.

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

3. PROPOSED RATE INCREASE(S): In compliance with the "Patient Protection and Affordable Care Act" (ACA, H.R. 3590) and toward the company's objectives of maximizing access and affordability, long-term financial viability and customer rate stability, GHMSI is proposing to change premiums by 0.0% on average for 1Q17, prior to age band changes. For CF overall (including SG HMO business) the proposed average renewal is 2.3%. The range for GHMSI is -7.4% to 2.8% for 1Q17. 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. The estimated average renewals for 2Q17, 3Q17, and 4Q17 will be 1.3%, 2.2% and 3.5%, respectively. Consistent with 45 CFR Part § 155.705(b)(6) and Market Standards Proposed Rules 78 FR 13406 and 37032, we understand that we may subsequently file for changes to the post-1Q17 quarterly rate changes proposed herein if deemed necessary. This filing applies to all new and renewing, in-force business in the guaranteed renewable, non-grandfathered, ACA, metaled benefit plans.

Reason for Rate Increase(s): The main drivers supporting the rate actions are the assumed increases in allowed costs (8% assumed annual trend), the re-estimation of projected risk transfers for 2017, and the reduction in the Health Insurer Fee for 2017. The expected rate changes vary from -7.4% to 2.8% for 1Q17 renewals in this filing (prior to any impact of age band changes). This range is impacted by the compression of our induced demand factors by adopting the HHS factors.

4. MARKET EXPERIENCE:

4.1 - EXPERIENCE PERIOD PREMIUM AND CLAIMS: The incurred period is 1/1/15 through 12/31/15, as required.

Paid Through Date: 2/29/16.
Premiums (Net of MLR Rebate) in Experience Period: $215,112,455 (Merged).
Allowed and Incurred Claims From Experience Period: $209,316,044 (Merged Index Rate).

4.2 - BENEFIT CATEGORIES:
Inpatient (hospital).
Outpatient (hospital) (OP).
Professional.
Other Medical (non-capitated ambulance, home health care, durable medical equipment, prosthetics, supplies, vision exams, dental services and other).
Prescription drug (Rx).
Capitations.

4.3 - PROJECTION FACTORS:

Changes in the Morbidity of the Population Insured: Examination of the 2015 experience of the cohort as of 02/29/16 shows an increase of 1.3%. From this 02/29/16 cohort we had prior claims experience for 75% of them.

Changes in Benefits: For 2017 we have minimally redesigned our small group portfolio. Some plans, requiring adjustments in order to comply with AV thresholds, received minor changes to member cost sharing. We intend to exit our Multi-State Plan options and map these plans to a similar plan with the same metal level. The changes to our plan designs have been accounted for in each specific plan level cost-share factor.

Changes in Demographics: We do anticipate a material change in the average age of this population between the experience and projection periods. As such, a 1.3% adjustment factor has been included.

Other Adjustments: CF is proposing to continue the incentive program whereby members can earn medical expense debit cards. The cards must be utilized for qualified medical expenses such as deductibles, copays and out-of-pocket maximums. The scope includes all benefit plans within CF's portfolio, On and Off the exchange. The impact of this program is now implicit in our base experience therefore no explicit adjustment has been made. Our aim is that this incentive program will improve our member' health.

This calculation also includes the following:

1. A decrease to prescription drug claims costs due to a projected increase in rebates realized by the move to a new "Pharmacy Benefits Manager" (PBM) in 2014.
2. A decrease in the PMPM capitations.

Trend Factors (Cost/Utilization): The proposed trend of 8.0% remains the same over 2016's 8.0%. In accordance with URRT instructions, we chose our proposed trend of 8.0% incorporating no change to utilization solely attributable to induced demand from experience period to projection period. An attached exhibit outlines the calculation.

4.4 - CREDIBILITY MANUAL RATE DEVELOPMENT: Not applicable.

4.5 - CREDIBILITY OF EXPERIENCE: The calendar 2015 base data includes 446,566 members months (average monthly of 37,214) and is therefore considered 100% credible.

4.6 - PAID TO ALLOWED RATIO: Projected at 85.8%, on average, for all quarters.

4.7 - RISK ADJUSTMENT AND REINSURANCE:

Experience Period Risk Adjustment and Reinsurance Adjustments PMPM: The estimates of the experience period Risk Adjustment transfers in the URRT are based on a multi-carrier analysis by Wakely Consulting Group. Since this is a SG filing Reinsurance Claims Adjustments do not apply.

Projected Risk Adjustments PMPM: -$38.14 PMPM for 1Q17. This is based on an analysis of the market by Wakely Consulting Group. Wakely provided CF's normalized risk scores, which were used to develop projected transfer receipts from 2015 to 2017. We referenced the CMS report released on 03/18/16 and used their 2015 state average premium of $448.83 and billable members of 975,427. However, we used our own state average PLRS (1.3891 versus CMS' 1.340) estimates since Wakely's PLRS includes an estimate of "incurred but not reported" claims. Since CF represents 83% of the market according to Wakely, our calculations assume that the state average scores will change in step with CF's changes from 2015 to 2016 to 2017. We have anchored on 2015 data including IBNR since we believe this best estimates final transfers. We itemize the variables such as "plan liability risk score" (PLRS), "allowable rating factor" (ARF) and state averages assumed to calculate PMPM transfers.

Per the DISB's request, CF has agreed to change its risk adjustment calculation from merged to unmerged starting in 2017. The impact was estimated to increase the renewal by 40 basis points from -0.4% to 0.0%. **Projected ACA Reinsurance Recoveries Net of Reinsurance Premium (Individual Market and Combined Markets Only)**: Reinsurance does not apply for 2017.

4.8 - NON-BENEFIT EXPENSES AND CONTRIBUTION TO RESERVE (CtR) & RISK: The "desired incurred claims ratio" (DICR) has changed from 76.3% (4Q 2016) to 79.4% (1Q 2017).

Administrative Expense Load: PMPMs decreased by 5% versus 2016. This includes broker expenses. CF has had some cost increases attributable to 1) ACA and operational complexity, 2) cybersecurity and 3) audit and compliance exposure and demands.

Contribution to Reserve & Risk Margin: 2.8% prior to income taxes (2016 was 2.0%).

Taxes and Fees:

1) Premium Tax of 2.0%.
2) Federal Income Tax (FIT) of 0.6% (20% tax rate).
3) Health Insurer Fee does not apply for 2017. A fee of 2.6% is assumed for 2018 and is phased in to the proposed rates for 2Q, 3Q, 4Q.
4) PCORI increased from $2.33 PMPY to $2.35 PMPY for 1Q – 3Q 2017 and $2.44 for 4Q 2017.
5) Reinsurance does not apply for 2017.
6) Risk Adjustment User Fees are included as $0.13 PMPM.
7) Exchange User Fees remained at $0.
8) Exchange Assessment Fee of 1.0% for 2017 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 also a state assessment fee of 0.1%.

5. PROJECTED LOSS RATIO: Our projected loss ratio for ACA MLR rebate purposes is 86.5%, meeting the 80.0% minimum of the "Public Health Service Act" (PHSA) 218. Please note that this is based on the combined experience of INM and SG.

6. APPLICATION OF MARKET REFORM RATING RULES:

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

6.2 - INDEX RATE: Last year's implicit 2015 index rate was $469.20 (($437.36 EP allowed claims PMPM - $2.92 Non-EHB) x trend of 8.0%). As shown on Worksheet 1 of the URRT, the actual index rate for 2015 is $467 for a favorable variance of 0%.

After applying projection factors, the allowed claims PMPM for 1Q17 is $553.39. This includes projected claims for non-EHBs, estimated at $2.43 PMPM. The proposed 1Q17 index rate is $550.96.

Because the index rate merges Individual non-Medigap (IND64-) and Small Group (SG), the starting point experience period index rate for SG is higher by 4%.

6.2.1 - Small Group Quarterly Rate Filings: This filing includes quarterly incremental "trend" increases. Index rates are $561.99, $573.31 and $584.94 for 2Q, 3Q and 4Q17, respectively. As required, the index rate entered in the URRT reflects a member weighted blend of the quarterly index rates.

6.3 - MARKET ADJUSTED INDEX RATE:

Federal Reinsurance Program Adjustment: 1.00 for 1Q17
Risk Adjustment: 0.9196 for 1Q17. A summary exhibit is provided.
Marketplace User Fee Adjustment: 1.00. A summary exhibit is provided.

6.4 - PLAN ADJUSTED INDEX RATES: The Cost-Share factor includes 1) internally-developed pricing AVs, 2) CDH/Non-CDH factors and 3) metal-level induced demand factors. Regarding the second item, as discussed in the past, we maintain that this factor is allowable under 45 C.F.R. § 156.80 for the same reason that the third item is allowed. There is only 1 type of network in this filing, Regional Preferred Network (RPN), which is assigned a network factor of 1.00. Cost-Share factors and Non-EHBs vary by plan. All other factors applying to the Index Rate are the same across all plans.

6.5 - CALIBRATION: Done for age, but we have elected not to rate for tobacco usage. Geographic rating does not apply, as D.C. has only one rating area.

Age Curve Calibration – We have calibrated to the average age factor produced by our projected distribution and the required age curve.

6.6 - CONSUMER ADJUSTED PREMIUM RATE DEVELOPMENT: A sample group rate development is included in this filing.

SG Plan Premium Rates – Our rates are developed from base experience for quarterly trend increases as shown on the allowed PMPM projection exhibits in the filing. We also include the derivation of quarterly Plan Adjusted Index and Consumer Level Base rates**.**

7. PLAN PRODUCT INFORMATION:

7.1 - HHS ACTUARIAL METAL VALUES (AV): The majority of our 2017 plans include varying cost-share levels for some services that depend on the setting in which care is delivered. The Federal AV calculator was used to compute two separate AVs for each impacted plan – one which applied the higher level of cost-share, and one which applied the lower. The results were blended assuming 2/3 of the designated services are rendered in higher cost-share setting and the remaining 1/3 at the lower, consistent with 2014 experience for our SG and INM markets. Plans without these features used the AV calculator without modification.

Printouts for each plan are provided in the "Actuarial Memorandum" section of the Supporting Documentation tab of the SERFF filing, and also as part of the QHP binder submission under separate cover.

7.2 - AV PRICING VALUES: The breakdown of the AV Pricing values is shown on the Plan Level derivation pages.

7.3 - MEMBERSHIP PROJECTIONS: The distribution of projected enrollment is based on actual enrollment by plan as of 2/29/16. Total projected enrollment is consistent with our corporate plan.

7.4 - TERMINATED PLANS AND PRODUCTS: None

7.5 - PLAN TYPE: PPO.

7.6 - WARNING ALERTS:

1. **Worksheet 2**

   a. **General:** Per the District's instructions, the index rate was developed with combined SG/INM 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 SG market's plan data, and most of the warnings have been triggered because the SG totals on Worksheet 2 are less than the combined SG/INM totals on Worksheet 1.

b. **Section IV: Plan Adjusted Index Rate, Total Premium (TP)** – Per URRT guidelines, the Plan Adjusted Index Rate must reflect the member weighted average of the Plan Adjusted Index Rates for all effective dates in the submission (1Q – 4Q16). As such, the average rate shown on Worksheet 2 will not match the SRP Gross Premium Avg. Rate on Worksheet 1, which reflects only the effective date of the change in Index Rate (January 1). Similarly, since the Total Premium on Worksheet 2 is calculated as Plan Adjusted Index Rate x Member Months, it will not match the Projected Period Total Premium from Worksheet 1.

8**. MISCELLANEOUS INSTRUCTIONS:**

8.1 – Effective Rate Review Information: We have nothing additional to provide.

8.2 - Reliance: None.

8.3 – Actuarial Certification: Included in the AM.

Group Hospitalization & Medical Services, Inc. (GHMSI)

d.b.a. CareFirst BlueCross BlueShield

(NAIC # 53007)

Rate Filing # 2099

D.C. Small Group Products - On Exchange

Rate Filing Effective 1/1/2017

Actuarial Memorandum

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

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Group Hospitalization & Medical Services, Inc. (GHMSI)
(NAIC # 53007)
D.C. Small Group Products - On Exchange
Rates Effective 1/1/2017

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-130551823

ON Exchange

Forms Used for ALL ON-Exchange GHMSI Group Products	Product: BluePreferred Network: Regional Preferred (RPN)
DC-CF-SHOP-GC (R 1-17)	DC CF BP PPO 1000 90-70 (1-17)
DC-CF-SHOP-PPO-EOC (1-17)	DC CF BP PPO BF HSA SIL 1500 (1-17)
DC/GHMSI/DOL APPEAL (R. 1/15)	DC CF BP PPO CDH 2000 80-60 (1-17)
DC-CF-SHOP-PPO-DOCS (1-17)	DC CF BP PPO CDH SIL 1500 (1-17)
DC/CF/SHOP/ELIG (1/14)	DC CF BP PPO CDH SIL 2000 (1-17)
DC/GHMSI/FAM PLAN (8/12)	DC CF BP PPO GOLD 500 (1-17)
DC/CF/PARTNER (R. 7/09)	DC CF BP PPO GOLD 1000 (1-17)
DC/CF/BLCRD (1/12)	DC CF BP PPO GOLD 1500 (1-17)
DC/CF/MEM/BLCRD (1/12)	DC CF BP PPO PLAT 0 (1-17)
DC/CF/ANCILLARY AMEND (10/12)	DC CF BP PPO PLAT 500 (1-17)
DC/CF/PT PROTECT (9/10)	DC CF BP PPO SIL 1000 (1-17)
DC/GHMSI-HEALTH GUARANTEE 1/15	
DC/CF/SG/INCENT (1/16)	
DC CF SHOP ELIG AMEND (1-17)	**Product: HealthyBlue PPO** **Network: Regional Preferred (RPN)**
	DC CF HB PPO CDH SIL 2000 (1-17)
	DC CF HB PPO GOLD 1500 (1-17)
	DC CF HB PPO PLAT 500 (1-17)
	DC CF HB PPO PLAT 1000 (1-17)

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

Acronym	Definition
SHOP	Small Business Health Options Program
CF, CFI	CareFirst, Incorporated
BC, CFBC	CareFirst BlueChoice, Inc.
GHMSI	Group Hospitalization and Medical Services, Inc.
SG	Small Group
IND64-, INM	Individual, Non-Medigap
CD	Consumer Direct (Individual, Non-Medigap)
PPACA	Patient Protection and Affordable Care Act
AV	Actuarial Value
EHB	Essential Health Benefits
FPL	Federal Poverty Level
FIT	Federal Income Tax
SIT	State Income Tax
GF	Grandfathered
FTE	Full-time Equivalent
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
MSP	Multi-State Plan
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
IN	In Network
OON	Out of Network
IP, In Pat	Inpatient
OP	Outpatient
Prof	Professional
OOP	Out of Pocket
Co-ins	Coinsurance
MHSA	Mental Health & Substance Abuse
DXL	Diagnostic X-ray and Lab
RPN	Regional Preferred Network
ABA	Applied Behavioral Analysis

Group Hospitalization & Medical Services, Inc. (GHMSI)
(NAIC # 53007)
H.R. 3950 - Public Law 111-148 - Patient Protection and Affordable Care Act (ACA)
D.C. Small Group Products - On Exchange
Rate Filing Effective 1/1/2017
Actuarial Certification

I, Dwayne Lucado, am a Director of Actuarial Pricing with Group Hospitalization and Medical Services, Inc. doing business as CareFirst BlueCross BlueShield. I am a member of the American Academy of Actuaries (AAA) in good standing and have the education and experience necessary to perform the work. Rates were developed in accordance with the appropriate Actuarial Standards of Practice (ASOPs) and the AAA's Code of Professional Conduct. While other ASOPs apply, a sample listing is below.

i. ASOP No. 5, Incurred Health and Disability Claims
ii. ASOP No. 8, Regulatory Filings for Health Plan Entities
iii. ASOP No. 12, Risk Classification
iv. ASOP No. 23, Data Quality
v. ASOP No. 25, Credibility Procedures Applicable to Accident and Health, Group Term Life, and Property/Casualty Coverages
vi. ASOP No. 26, Compliance with Statutory and Regulatory Requirements for the Actuarial Certification of Small Employer Health and Benefit Plans
vii. ASOP No. 41, Actuarial Communications

I have been involved in the development of these rates, and to the best of my knowledge and understanding, the rates in this filing have been developed in accordance with the available regulations and guidance. Should new guidance be released, this filing may be revised. I certify that this filing has been prepared based on sound and commonly accepted actuarial principles, practices and assumptions in the aggregate for the legal entity.

I further certify the following:

1. The projected Index Rate is:

    a. In compliance with all applicable state and Federal statutes and regulations (45 CFR § 156.80(d)(1))
    b. Reasonable in relation to the benefits provided and the population anticipated to be covered.
    c. Neither excessive nor deficient.

2. The Index Rate and only the allowable modifiers as described in 45 CFR § 156.80(d)(1) and 45 CFR § 156.80(d)(2) were used to generate plan level rates. These rates have been calibrated to account for age (geography and tobacco are not applicable).

3. The percentage of total premium that represents essential health benefits (EHBs) included in Worksheet 2, Sections III and IV, was calculated in accordance with ASOPs.

4. Consistent with 45 CFR § 156.135, the 2016 HHS Actuarial Values (AV) Calculator was used to determine the AV metal values shown in Worksheet 2 of Part I of the Unified Rate Review Template (URRT) for all plans except those specified. Where necessary, the AVs of the benefits proposed have been calculated with minimal modifications to the AV calculator as described in the Actuarial Memorandum.

As a qualifier to the opinion, the URRT does not demonstrate the process used by the issuer to develop the rates. Rather it represents information required by Federal regulation to be provided in support of the review of rate increases, for certification of Qualified Health Plans for Federally-facilitated Marketplaces, and for certification that the Index Rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.

Dwayne Lucado Digitally signed by Dwayne Lucado
Date: 2016.05.02 16:11:52 -04'00'

Dwayne Lucado, FSA, MAAA
Director, Actuarial Pricing
CareFirst BlueCross BlueShield
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Owings Mills, MD 21117

CareFirst BlueCross BlueShield (GHMSI)
(NAIC # 53007)
D.C. Small Group Products - On Exchange
Rates Effective 1/1/2017

2017 HIOS IDs

HIOS Product ID	HIOS Product Name	HIOS Plan ID	HIOS Plan Name	On/Off Exchange	Product Type	Abortion Coverage	Actuarial Value	Metal Level	Unique Plan	Projected Members 12/31/17
78079DC022	BluePreferred PPO	78079DC0220024	BluePreferred PPO Platinum 0	On	PPO	Yes	91.58%	Platinum	Yes	11,986
78079DC022	BluePreferred PPO	78079DC0220025	BluePreferred PPO Platinum 500	On	PPO	Yes	89.01%	Platinum	Yes	5,266
78079DC022	BluePreferred PPO	78079DC0220021	BluePreferred PPO Gold 500	On	PPO	Yes	81.82%	Gold	Yes	1,299
78079DC022	BluePreferred PPO	78079DC0220026	BluePreferred PPO Silver 1000	On	PPO	Yes	71.99%	Silver	Yes	431
78079DC022	BluePreferred PPO	78079DC0220020	BluePreferred PPO Gold 1000	On	PPO	Yes	80.06%	Gold	Yes	3,610
78079DC022	BluePreferred PPO	78079DC0220032	BluePreferred PPO 1000 90%/70%	On	PPO	No	80.61%	Gold	No	276
78079DC022	BluePreferred PPO	78079DC0220031	BluePreferred PPO Gold 1500	On	PPO	Yes	79.00%	Gold	Yes	2,396
78079DC022	BluePreferred PPO	78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500	On	PPO	Yes	71.72%	Silver	Yes	2,643
78079DC022	BluePreferred PPO	78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	On	PPO	Yes	71.90%	Silver	Yes	100
78079DC022	BluePreferred PPO	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	On	PPO	Yes	70.90%	Silver	Yes	1,678
78079DC022	BluePreferred PPO	78079DC0220033	BluePreferred PPO HSA/HRA 2000 80%/60%	On	PPO	No	71.13%	Silver	No	100
78079DC022	BluePreferred PPO	78079DC0220030	HealthyBlue PPO Platinum 500	On	PPO	Yes	89.49%	Platinum	Yes	449
78079DC022	BluePreferred PPO	78079DC0220029	HealthyBlue PPO Platinum 1000	On	PPO	Yes	88.68%	Platinum	Yes	207
78079DC022	BluePreferred PPO	78079DC0220027	HealthyBlue PPO Gold 1500	On	PPO	Yes	81.31%	Gold	Yes	2,121
78079DC022	BluePreferred PPO	78079DC0220028	HealthyBlue PPO HSA/HRA Silver 2000	On	PPO	Yes	71.98%	Silver	Yes	336
TOTAL										**32,898**

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

2017 ACA – RATE CHANGES AT METAL/PLAN LEVEL
SMALL GROUP - DC GHMSI

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
	2016 Plans		2017 Plans		Members		HHS	Consumer Level Base Rates				HHS	Consumer Level Base Rates								
	Metal	Plan	Metal	Plan	Actual 2/29/2016	% of Actual Total	2016 AV	1Q16	2Q16	3Q16	4Q16	2017 AV	1Q17	RNL	2Q17	RNL	3Q17	RNL	4Q17	RNL	1Q INC
1	Platinum	BluePreferred PPO Platinum 0	Platinum	BluePreferred PPO Platinum 0	11,986	36.6%	0.911	$587.62	$596.42	$605.64	$614.88	0.916	$585.35	-0.4%	$601.48	0.8%	$616.69	1.8%	$633.60	3.0%	-4.8%
2	Platinum	BluePreferred PPO Platinum 500	Platinum	BluePreferred PPO Platinum 500	5,266	16.1%	0.884	$563.82	$572.26	$581.11	$589.98	0.890	$555.46	-1.5%	$570.77	-0.3%	$585.20	0.7%	$601.25	1.9%	-5.9%
3	Platinum	HealthyBlue PPO Platinum 500	Platinum	HealthyBlue PPO Platinum 500	449	1.4%	0.889	$574.32	$582.92	$591.93	$600.97	0.895	$571.09	-0.6%	$586.83	0.7%	$601.66	1.6%	$618.17	2.9%	-5.0%
4	Platinum	HealthyBlue PPO Platinum 1000	Platinum	HealthyBlue PPO Platinum 1000	207	0.6%	0.880	$568.04	$576.54	$585.45	$594.39	0.887	$548.97	-3.4%	$564.10	-2.2%	$578.36	-1.2%	$594.23	0.0%	-7.6%
	PLATINUM SUBTOTAL				**17,908**	**54.7%**	**0.902**	**$580.06**	**$588.75**	**$597.85**	**$606.97**	**0.907**	**$575.78**	**-0.7%**	**$591.65**	**0.5%**	**$606.61**	**1.5%**	**$623.25**	**2.7%**	**-5.1%**
5	Gold	BlueCross BlueShield Preferred 1000, a Multi-State Plan	Gold	BluePreferred PPO 1000 90%/70%	276	0.8%	0.816	$463.35	$470.28	$477.55	$484.84	0.806	$449.18	-3.1%	$461.56	-1.9%	$473.23	-0.9%	$486.22	0.3%	-7.4%
6	Gold	BluePreferred PPO Gold 500	Gold	BluePreferred PPO Gold 500	1,299	4.0%	0.815	$474.05	$481.14	$488.58	$496.04	0.818	$487.07	2.7%	$500.50	4.0%	$513.15	5.0%	$527.23	6.3%	-1.8%
7	Gold	BluePreferred PPO Gold 1000	Gold	BluePreferred PPO Gold 1000	3,610	11.0%	0.791	$461.83	$468.75	$475.99	$483.26	0.801	$474.64	2.8%	$487.72	4.0%	$500.05	5.1%	$513.77	6.3%	-1.8%
8	Gold	BluePreferred PPO Gold 1500	Gold	BluePreferred PPO Gold 1500	2,396	7.3%	0.780	$459.70	$466.58	$473.79	$481.03	0.790	$467.16	1.6%	$480.04	2.9%	$492.17	3.9%	$505.68	5.1%	-2.9%
9	Gold	HealthyBlue PPO Gold 1500	Gold	HealthyBlue PPO Gold 1500	2,121	6.5%	0.818	$486.56	$493.84	$501.48	$509.13	0.813	$487.96	0.3%	$501.41	1.5%	$514.09	2.5%	$528.19	3.7%	-4.2%
	GOLD SUBTOTAL				**9,702**	**29.6%**	**0.798**	**$468.39**	**$475.40**	**$482.75**	**$490.12**	**0.803**	**$476.64**	**1.8%**	**$489.78**	**3.0%**	**$502.16**	**4.0%**	**$515.94**	**5.3%**	**-2.7%**
10	Silver	BlueCross BlueShield Preferred 2000, a Multi-State Plan	Silver	BluePreferred PPO HSA/HRA 2000 80%/60%	47	0.1%	0.720	$376.06	$381.69	$387.59	$393.51	0.711	$348.30	-7.4%	$357.90	-6.2%	$366.95	-5.3%	$377.02	-4.2%	-11.5%
11	Silver	BluePreferred PPO Silver 1000	Silver	BluePreferred PPO Silver 1000	431	1.3%	0.714	$392.96	$398.84	$405.00	$411.18	0.720	$401.96	2.3%	$413.04	3.6%	$423.49	4.6%	$435.10	5.8%	-2.2%
12	Silver	BluePreferred PPO HSA/HRA Silver 1500	Silver	BluePreferred PPO HSA/HRA Silver 1500	2,643	8.1%	0.716	$376.74	$382.37	$388.29	$394.21	0.717	$375.10	-0.4%	$385.44	0.8%	$395.18	1.8%	$406.02	3.0%	-4.8%
13	Silver	BluePreferred PPO HSA/HRA Silver 2000	Silver	BluePreferred PPO HSA/HRA Silver 2000	1,678	5.1%	0.696	$366.36	$371.84	$377.59	$383.35	0.709	$361.88	-1.2%	$371.85	0.0%	$381.26	1.0%	$391.71	2.2%	-5.6%
14	Silver	HealthyBlue PPO HSA/HRA Silver 2000	Silver	HealthyBlue PPO HSA/HRA Silver 2000	336	1.0%	0.719	$380.36	$386.05	$392.02	$398.00	0.720	$371.96	-2.2%	$382.22	-1.0%	$391.88	0.0%	$402.63	1.2%	-6.5%
	SILVER SUBTOTAL				**5,135**	**15.7%**	**0.709**	**$374.94**	**$380.55**	**$386.43**	**$392.33**	**0.715**	**$372.58**	**-0.6%**	**$382.85**	**0.6%**	**$392.53**	**1.6%**	**$403.30**	**2.8%**	**-5.0%**
		GHMSI Total			**32,745**	**100%**	**0.841084554**	**514.8076851**	**$522.51**	**$530.59**	**$538.69**	**0.846**	**$514.54**	**0.0%**	**$528.72**	**1.3%**	**$542.09**	**2.2%**	**$556.96**	**3.5%**	**-4.4%**

LOW RENEWAL (Minimum):	**-7.4%**	**-6.2%**	**-5.3%**	**-4.2%**
HIGH RENEWAL (Maximum):	**2.8%**	**4.0%**	**5.1%**	**6.3%**

Note: The previous SERFF tracking number for GHMSI DC Small Group (effective 1/1/2016) is CFAP-130056354 (On Exchange).

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

2017 ACA – RATE CHANGES AT METAL/PLAN LEVEL
SMALL GROUP - DC

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
	2016 Plans		2017 Plans		Members		HHS	Consumer Level Base Rates				HHS	Consumer Level Base Rates								
	Metal	Plan	Metal	Plan	Actual	% of Actual	2016					2017									
					2/29/2016	Total	AV	1Q16	2Q16	3Q16	4Q16	AV	1Q17	RNL	2Q17	RNL	3Q17	RNL	4Q17	RNL	1Q INC
1	Platinum	BlueChoice HMO Platinum 0	Platinum	BlueChoice HMO Platinum 0	1,825	2.7%	0.911	$477.60	$484.28	$491.48	$498.64	0.916	$490.96	2.8%	$503.18	3.9%	$514.72	4.7%	$527.89	5.9%	-1.5%
2	Platinum	BlueChoice HMO Referral Platinum 0	Platinum	BlueChoice HMO Referral Platinum 0	2,734	4.0%	0.911	$454.86	$461.22	$468.07	$474.89	0.916	$467.58	2.8%	$479.22	3.9%	$490.21	4.7%	$502.75	5.9%	-1.5%
3	Platinum	BlueChoice HMO Referral Platinum 1000	Platinum	BlueChoice HMO Referral Platinum 1000	1	0.0%	0.881	$429.41	$435.42	$441.89	$448.32	0.886	$436.53	1.7%	$447.39	2.7%	$457.65	3.6%	$469.36	4.7%	-2.6%
4	Platinum	BlueChoice Plus Opt-Out Platinum 0	Platinum	BlueChoice Plus Opt-Out Platinum 0	5,880	8.6%	0.911	$484.07	$490.85	$498.14	$505.39	0.916	$497.61	2.8%	$510.00	3.9%	$521.70	4.7%	$535.04	5.9%	-1.5%
5	Platinum	BlueChoice Advantage Platinum 0	Platinum	BlueChoice Advantage Platinum 0	1,384	2.0%	0.911	$511.59	$518.75	$526.45	$534.12	0.916	$525.90	2.8%	$538.99	3.9%	$551.35	4.7%	$565.45	5.9%	-1.5%
6	Platinum	HealthyBlue HMO Platinum 500	Platinum	HealthyBlue HMO Platinum 500	298	0.4%	0.889	$464.53	$471.03	$478.03	$484.99	0.895	$481.65	3.7%	$493.64	4.8%	$504.96	5.6%	$517.88	6.8%	-0.7%
7	Platinum	HealthyBlue HMO Platinum 1000	Platinum	HealthyBlue HMO Platinum 1000	86	0.1%	0.880	$459.08	$465.51	$472.42	$479.30	0.887	$462.41	0.7%	$473.92	1.8%	$484.79	2.6%	$497.19	3.7%	-3.5%
8	Platinum	HealthyBlue Plus Platinum 500	Platinum	HealthyBlue Plus Platinum 500	1,265	1.8%	0.889	$477.12	$483.80	$490.98	$498.13	0.895	$494.70	3.7%	$507.01	4.8%	$518.65	5.6%	$531.91	6.8%	-0.7%
9	Platinum	HealthyBlue Plus Platinum 1000	Platinum	HealthyBlue Plus Platinum 1000	505	0.7%	0.880	$471.52	$478.12	$485.22	$492.29	0.887	$474.94	0.7%	$486.76	1.8%	$497.92	2.6%	$510.66	3.7%	-3.5%
10	Platinum	HealthyBlue Advantage Platinum 500	Platinum	HealthyBlue Advantage Platinum 500	747	1.1%	0.889	$497.59	$504.55	$512.05	$519.50	0.895	$515.93	3.7%	$528.77	4.8%	$540.89	5.6%	$554.73	6.8%	-0.7%
11	Platinum	HealthyBlue Advantage Platinum 1000	Platinum	HealthyBlue Advantage Platinum 1000	684	1.0%	0.880	$491.75	$498.63	$506.04	$513.41	0.887	$495.31	0.7%	$507.64	1.8%	$519.28	2.6%	$532.57	3.7%	-3.5%
12	Platinum	BluePreferred PPO Platinum 0	Platinum	BluePreferred PPO Platinum 0	11,986	17.5%	0.911	$587.62	$596.42	$605.64	$614.88	0.916	$585.35	-0.4%	$601.48	0.8%	$616.69	1.8%	$633.60	3.0%	-4.8%
13	Platinum	BluePreferred PPO Platinum 500	Platinum	BluePreferred PPO Platinum 500	5,266	7.7%	0.884	$563.82	$572.26	$581.11	$589.98	0.890	$555.46	-1.5%	$570.77	-0.3%	$585.20	0.7%	$601.25	1.9%	-5.9%
14	Platinum	HealthyBlue PPO Platinum 500	Platinum	HealthyBlue PPO Platinum 500	449	0.7%	0.889	$574.32	$582.92	$591.93	$600.97	0.895	$571.09	-0.6%	$586.83	0.7%	$601.66	1.6%	$618.17	2.9%	-5.0%
15	Platinum	HealthyBlue PPO Platinum 1000	Platinum	HealthyBlue PPO Platinum 1000	207	0.3%	0.880	$568.04	$576.54	$585.45	$594.39	0.887	$548.97	-3.4%	$564.10	-2.2%	$578.36	-1.2%	$594.23	0.0%	-7.6%
	PLATINUM SUBTOTAL				**33,317**	**48.6%**	**0.904**	**$533.82**	**$541.60**	**$549.84**	**$558.07**	**0.909**	**$537.65**	**0.9%**	**$551.86**	**2.0%**	**$565.26**	**3.0%**	**$580.32**	**4.1%**	**-3.5%**
16	Gold	BlueChoice HMO Gold 500	Gold	BlueChoice HMO Gold 500	1,660	2.4%	0.815	$374.61	$379.85	$385.49	$391.11	0.818	$401.28	7.1%	$411.26	8.3%	$420.70	9.1%	$431.46	10.3%	2.6%
17	Gold	BlueChoice HMO Gold 1500	Gold	BlueChoice HMO Gold 1500	239	0.3%	0.780	$360.06	$365.10	$370.52	$375.92	0.790	$385.84	7.2%	$395.44	8.3%	$404.51	9.2%	$414.86	10.4%	2.6%
18	Gold	BlueChoice HMO Referral Gold 0	Gold	BlueChoice HMO Referral Gold 0	122	0.2%	0.818	$374.39	$379.63	$385.27	$390.88	0.818	$402.05	7.4%	$412.05	8.5%	$421.51	9.4%	$432.29	10.6%	2.9%
19	Gold	BlueChoice HMO Referral Gold 500	Gold	BlueChoice HMO Referral Gold 500	1,079	1.6%	0.815	$356.77	$361.76	$367.14	$372.48	0.818	$382.17	7.1%	$391.68	8.3%	$400.67	9.1%	$410.91	10.3%	2.6%
20	Gold	BlueChoice HMO Referral Gold 80	Gold	BlueChoice HMO Referral Gold 80	57	0.1%	0.780	$336.40	$341.11	$346.17	$351.21	0.790	$366.21	8.9%	$375.33	10.0%	$383.94	10.9%	$393.76	12.1%	4.3%
21	Gold	BlueChoice Plus Gold 500	Gold	BlueChoice Plus Gold 500	139	0.2%	0.815	$384.76	$390.15	$395.94	$401.71	0.818	$412.15	7.1%	$422.41	8.3%	$432.10	9.1%	$443.15	10.3%	2.6%
22	Gold	BlueChoice Plus Gold 1000	Gold	BlueChoice Plus Gold 1000	67	0.1%	0.791	$372.74	$377.95	$383.57	$389.15	0.801	$402.16	7.9%	$412.17	9.1%	$421.62	9.9%	$432.41	11.1%	3.3%
23	Gold	BlueChoice Advantage Gold 500	Gold	BlueChoice Advantage Gold 500	909	1.3%	0.815	$401.27	$406.88	$412.93	$418.94	0.818	$429.83	7.1%	$440.53	8.3%	$450.64	9.1%	$462.16	10.3%	2.6%
24	Gold	BlueChoice Advantage Gold 1000	Gold	BlueChoice Advantage Gold 1000	1,060	1.5%	0.791	$388.73	$394.17	$400.02	$405.85	0.801	$419.41	7.9%	$429.85	9.1%	$439.71	9.9%	$450.96	11.1%	3.3%
25	Gold	HealthyBlue HMO Gold 1500	Gold	HealthyBlue HMO Gold 1500	1,080	1.6%	0.818	$391.31	$396.78	$402.68	$408.54	0.813	$408.57	4.4%	$418.73	5.5%	$428.34	6.4%	$439.30	7.5%	0.0%
26	Gold	HealthyBlue Plus Gold 1500	Gold	HealthyBlue Plus Gold 1500	1,404	2.0%	0.818	$401.91	$407.54	$413.59	$419.61	0.813	$419.64	4.4%	$430.08	5.5%	$439.95	6.4%	$451.20	7.5%	0.0%
27	Gold	HealthyBlue Advantage Gold 1500	Gold	HealthyBlue Advantage Gold 1500	3,745	5.5%	0.818	$419.15	$425.02	$431.33	$437.61	0.813	$437.64	4.4%	$448.53	5.5%	$458.82	6.4%	$470.56	7.5%	0.0%
28	Gold	BlueCross BlueShield Preferred 1000, a Multi-State Plan	Gold	BluePreferred PPO 1000 90%/70%	276	0.4%	0.816	$463.35	$470.28	$477.55	$484.84	0.806	$449.18	-3.1%	$461.56	-1.9%	$473.23	-0.9%	$486.22	0.3%	-7.4%
29	Gold	BluePreferred PPO Gold 500	Gold	BluePreferred PPO Gold 500	1,299	1.9%	0.815	$474.05	$481.14	$488.58	$496.04	0.818	$487.07	2.7%	$500.50	4.0%	$513.15	5.0%	$527.23	6.3%	-1.8%
30	Gold	BluePreferred PPO Gold 1000	Gold	BluePreferred PPO Gold 1000	3,610	5.3%	0.791	$461.83	$468.75	$475.99	$483.26	0.801	$474.64	2.8%	$487.72	4.0%	$500.05	5.1%	$513.77	6.3%	-1.8%
31	Gold	BluePreferred PPO Gold 1500	Gold	BluePreferred PPO Gold 1500	2,396	3.5%	0.780	$459.70	$466.58	$473.79	$481.03	0.790	$467.16	1.6%	$480.04	2.9%	$492.17	3.9%	$505.68	5.1%	-2.9%
32	Gold	HealthyBlue PPO Gold 1500	Gold	HealthyBlue PPO Gold 1500	2,121	3.1%	0.818	$486.56	$493.84	$501.48	$509.13	0.813	$487.96	0.3%	$501.41	1.5%	$514.09	2.5%	$528.19	3.7%	-4.2%
	GOLD SUBTOTAL				**21,263**	**31.0%**	**0.806**	**$428.63**	**$434.83**	**$441.42**	**$448.01**	**0.809**	**$444.62**	**3.9%**	**$456.27**	**5.1%**	**$467.26**	**6.0%**	**$479.63**	**7.3%**	**-0.5%**
33	Silver	BlueChoice HMO Silver 1000	Silver	BlueChoice HMO Silver 1000	40	0.1%	0.714	$303.96	$308.21	$312.79	$317.35	0.720	$327.59	7.8%	$335.74	8.9%	$343.44	9.8%	$352.23	11.0%	3.2%
34	Silver	BlueChoice HMO HSA/HRA Silver 1500	Silver	BlueChoice HMO HSA/HRA Silver 1500	817	1.2%	0.716	$284.61	$288.60	$292.88	$297.15	0.717	$300.49	5.6%	$307.97	6.7%	$315.03	7.6%	$323.09	8.7%	1.1%
35	Silver	BlueChoice HMO HSA/HRA Silver 2000	Silver	BlueChoice HMO HSA/HRA Silver 2000	937	1.4%	0.696	$274.44	$278.28	$282.41	$286.52	0.709	$289.99	5.7%	$297.21	6.8%	$304.02	7.7%	$311.80	8.8%	1.2%
36	Silver	BlueChoice HMO HSA/HRA Silver 3000	Silver	BlueChoice HMO HSA/HRA Silver 3000	6	0.0%	0.682	$265.34	$269.06	$273.05	$277.03	0.694	$276.08	4.0%	$282.95	5.2%	$289.45	6.0%	$296.85	7.2%	-0.3%
37	Silver	BlueChoice HMO Referral Silver 70	Silver	BlueChoice HMO Referral Silver 70	16	0.0%	0.701	$274.05	$277.88	$282.01	$286.12	0.712	$297.67	8.6%	$305.08	9.8%	$312.08	10.7%	$320.06	11.9%	4.0%
38	Silver	BlueChoice Plus HSA/HRA Silver 1500	Silver	BlueChoice Plus HSA/HRA Silver 1500	1,280	1.9%	0.716	$292.32	$296.42	$300.82	$305.20	0.717	$308.63	5.6%	$316.31	6.7%	$323.57	7.6%	$331.85	8.7%	1.1%
39	Silver	BlueChoice Plus HSA/HRA Silver 3000	Silver	BlueChoice Plus HSA/HRA Silver 3000	597	0.9%	0.682	$272.54	$276.35	$280.45	$284.54	0.694	$283.57	4.0%	$290.62	5.2%	$297.29	6.0%	$304.89	7.2%	-0.3%
40	Silver	BlueChoice Advantage HSA/HRA Silver 1500	Silver	BlueChoice Advantage HSA/HRA Silver 1500	1,873	2.7%	0.716	$304.86	$309.13	$313.72	$318.29	0.717	$321.87	5.6%	$329.88	6.7%	$337.45	7.6%	$346.08	8.7%	1.1%
41	Silver	BlueChoice Advantage HSA/HRA Silver 3000	Silver	BlueChoice Advantage HSA/HRA Silver 3000	9	0.0%	0.682	$284.23	$288.20	$292.49	$296.74	0.694	$295.73	4.0%	$303.09	5.2%	$310.04	6.0%	$317.97	7.2%	-0.3%
42	Silver	HealthyBlue HMO HSA/HRA Silver 2000	Silver	HealthyBlue HMO HSA/HRA Silver 2000	980	1.4%	0.719	$286.80	$290.81	$295.13	$299.43	0.720	$298.87	4.2%	$306.31	5.3%	$313.34	6.2%	$321.35	7.3%	-0.2%
43	Silver	HealthyBlue Plus HSA/HRA Silver 2000	Silver	HealthyBlue Plus HSA/HRA Silver 2000	639	0.9%	0.719	$294.57	$298.69	$303.13	$307.55	0.720	$306.97	4.2%	$314.61	5.3%	$321.83	6.2%	$330.06	7.3%	-0.2%
44	Silver	HealthyBlue Advantage HSA/HRA Silver 2000	Silver	HealthyBlue Advantage HSA/HRA Silver 2000	1,323	1.9%	0.719	$307.21	$311.51	$316.14	$320.74	0.720	$320.14	4.2%	$328.11	5.3%	$335.63	6.2%	$344.22	7.3%	-0.2%
45	Silver	BlueCross BlueShield Preferred 2000, a Multi-State Plan	Silver	BluePreferred PPO HSA/HRA 2000 80%/60%	47	0.1%	0.720	$376.06	$381.69	$387.59	$393.51	0.711	$348.30	-7.4%	$357.90	-6.2%	$366.95	-5.3%	$377.02	-4.2%	-11.5%
46	Silver	BluePreferred PPO Silver 1000	Silver	BluePreferred PPO Silver 1000	431	0.6%	0.714	$392.96	$398.84	$405.00	$411.18	0.720	$401.96	2.3%	$413.04	3.6%	$423.49	4.6%	$435.10	5.8%	-2.2%
47	Silver	BluePreferred PPO HSA/HRA Silver 1500	Silver	BluePreferred PPO HSA/HRA Silver 1500	2,643	3.9%	0.716	$376.74	$382.37	$388.29	$394.21	0.717	$375.10	-0.4%	$385.44	0.8%	$395.18	1.8%	$406.02	3.0%	-4.8%
48	Silver	BluePreferred PPO HSA/HRA Silver 2000	Silver	BluePreferred PPO HSA/HRA Silver 2000	1,678	2.4%	0.696	$366.36	$371.84	$377.59	$383.35	0.709	$361.88	-1.2%	$371.85	0.0%	$381.26	1.0%	$391.71	2.2%	-5.6%
49	Silver	HealthyBlue PPO HSA/HRA Silver 2000	Silver	HealthyBlue PPO HSA/HRA Silver 2000	336	0.5%	0.719	$380.36	$386.05	$392.02	$398.00	0.720	$371.96	-2.2%	$382.22	-1.0%	$391.88	0.0%	$402.63	1.2%	-6.5%
	SILVER SUBTOTAL				**13,652**	**19.9%**	**0.711**	**$323.71**	**$328.38**	**$333.34**	**$338.30**	**0.715**	**$332.00**	**2.9%**	**$340.63**	**4.1%**	**$348.79**	**5.0%**	**$357.98**	**6.1%**	**-1.5%**
50	Bronze	BlueChoice HMO HSA/HRA Bronze 5000	Bronze	BlueChoice HMO HSA/HRA Bronze 6500	286	0.4%	0.619	$201.25	$204.07	$207.10	$210.12	0.614	$228.01	13.3%	$233.68	14.5%	$239.04	15.4%	$245.16	16.7%	8.5%
51	Bronze	BlueChoice HMO Referral Bronze 5500	Bronze	BlueChoice HMO Referral Bronze 5500	16	0.0%	0.620	$217.51	$220.55	$223.83	$227.09	0.616	$257.34	18.3%	$263.75	19.6%	$269.80	20.5%	$276.70	21.8%	13.3%
52	Bronze	BlueChoice Plus HSA/HRA Bronze 5000	Bronze	BlueChoice Plus HSA/HRA Bronze 6500	72	0.1%	0.619	$206.71	$209.60	$212.71	$215.81	0.614	$234.19	13.3%	$240.01	14.5%	$245.52	15.4%	$251.80	16.7%	8.5%
53	Bronze	BlueChoice Advantage HSA/HRA Bronze 5000	Bronze	BlueChoice Advantage HSA/HRA Bronze 6500	10	0.0%	0.619	$215.58	$218.59	$221.84	$225.07	0.614	$244.23	13.3%	$250.31	14.5%	$256.05	15.4%	$262.60	16.7%	8.5%
	BRONZE SUBTOTAL				**384**	**0.6%**	**0.619**	**$203.32**	**$206.17**	**$209.23**	**$212.28**	**0.614**	**$230.81**	**13.5%**	**$236.55**	**14.7%**	**$241.98**	**15.6%**	**$248.17**	**16.9%**	**8.7%**
	BlueChoice Total				35,871	52%	0.827	$405.32	$411.00	$417.10	$423.17	0.830	$422.04	4.4%	$432.55	5.5%	$442.47	6.3%	$453.79	7.5%	0.0%
	GHMSI Total				32,745	48%	0.841	$514.81	$522.51	$530.59	$538.69	0.846	$514.54	0.0%	$528.72	1.3%	$542.09	2.2%	$556.96	3.5%	-4.4%
	Grand Total				**68,616**	**100%**	**0.834**	**$457.57**	**$464.21**	**$471.26**	**$478.30**	**0.838**	**$466.19**	**2.3%**	**$478.45**	**3.5%**	**$490.01**	**4.4%**	**$503.02**	**5.6%**	**-2.1%**

LOW RENEWAL (Minimum):														**-7.4%**		**-6.2%**		**-5.3%**		**-4.2%**	
HIGH RENEWAL (Maximum):														**18.3%**		**19.6%**		**20.5%**		**21.8%**	
PPO/HMO:								**1.27**	**1.27**	**1.27**	**1.27**		**1.22**		**1.22**		**1.23**		**1.23**		

Note: The previous SERFF tracking number for GHMSI DC Small Group (effective 1/1/2016) is CFAP-130056354 (On Exchange).
The previous SERFF tracking number for BlueChoice DC Small Group (effective 1/1/2016) is CFAP-130051604 (On Exchange).

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017
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 - 1/1/2017

	Begin	End	Mid-point		Months of Trend		
Experience Period	1/1/2015	12/31/2015	7/2/2015			pd through	2/29/2016
Rating Period	1/1/2017	12/31/2017	7/2/2017		24.0		

Experience Period Summary	**Total**
Experience Period Premiums	**$ 215,112,455**
MLR Rebates	**$ -**
Net Experience Period Premiums	$ 215,112,455
Experience Period Paid Claims (Non-Capitated)	$ 190,859,339
Completion Factor	0.98
Experience Period Incurred Claims (Non-Capitated)	$ 194,074,820
Capitations	**$ 473,767**
Rx Rebates	**$ (12,581,018)**
Other Manual Claims	**$ -**
Total Experience Period Claims	$ 181,967,569
Experience Period Loss Ratio (Before MLR Rebates)	84.6%
Experience Period Loss Ratio (After MLR Rebates)	84.6%
Experience Period Loss Ratio (System Claims Only)	90.2%
Experience Period Member Months	446,566
Average Members	37,214
End of Experience Period Contracts	21,076
End of Experience Period Members	36,508
Experience Period Allowed Claims (Non-Capitated)	$ 221,423,295
Adjustments	$ (12,107,251)
Total Adjusted EP Allowed Claims	$ 209,316,044
EP Paid / Allowed Ratio	86.9%

Service Category Level Projection

Service Category Experience Period Allowed	**Utilization Measure**	**EP Units**	**EP Allowed $**	**Other**	**Rx Rebates**	**Net Allowed**
Inpatient	Admits	2,204	$ 35,895,163	$ -	$ -	$ 35,895,163
Outpatient	Visits	34,045	$ 45,751,169	$ -	$ -	$ 45,751,169
Professional	Visits	409,761	$ 69,515,507	$ -	$ -	$ 69,515,507
Other	Services	45,261	$ 13,604,090	$ -	$ -	$ 13,604,090
Rx	Scripts	360,984	$ 56,657,366	$ -	$ (12,581,018)	$ 44,076,349
Capitation	Member Months	**446,566**	$ 473,767	$ -	$ -	$ 473,767
Total			**$ 221,897,062**	**$ -**	**$ (12,581,018)**	**$ 209,316,045**
PMPM			**$ 496.90**	**$ -**	**$ (28.17)**	**$ 468.72**
					Non-EHB Claims In Experience PMPM ***	**$ 2.09**
					EP Index Rate for EHB (Rounded to Nearest Whole Dollar)	**$ 467.00**

Annual Trend Inputs	
Cost Trend	**Utilization Trend**
0.0%	**1.0%**
9.0%	**3.5%**
2.0%	**3.0%**
0.0%	**10.0%**
9.5%	**3.0%**
0.0%	**0.0%**

		Experience Period			**Projection Factors**					**Projected**			**Effective Allowed PMPM**
Service Category Experience Period Allowed	**Utilization Measure**	**Util / 1000**	**Unit Cost**	**PMPM**	**Population Risk / Morbidity ***	**Other**	**Cost Factor**	**Utilization Factor**	**Total Factor**	**Util / 1000**	**Unit Cost**	**PMPM**	**Annual Trend**
Inpatient	Admits	59.23	$ 16,283.93	**$ 80.38**	**1.013**	**1.013**	1.000	1.020	1.05	61.21	$ 16,494.95	**$ 84.14**	**1.0%**
Outpatient	Visits	914.86	$ 1,343.83	**$ 102.45**	**1.013**	**1.013**	1.188	1.071	1.31	992.76	$ 1,617.30	**$ 133.80**	**12.8%**
Professional	Visits	11,010.99	$ 169.65	**$ 155.67**	**1.013**	**1.013**	1.040	1.061	1.13	11,833.42	$ 178.79	**$ 176.31**	**5.1%**
Other	Services	1,216.23	$ 300.57	**$ 30.46**	**1.013**	**1.013**	1.000	1.210	1.24	1,490.77	$ 304.47	**$ 37.82**	**10.0%**
Rx	Scripts	9,700.26	$ 122.10	**$ 98.70**	**1.013**	**0.947**	1.199	1.061	1.22	10,424.79	$ 138.64	**$ 120.44**	**12.8%**
Capitation	Member Months	12,000.00	$ 1.06	**$ 1.06**	**1.000**	**0.830**	1.000	1.000	0.83	12,000.00	$ 0.88	**$ 0.88**	**0.0%**
Total				**$ 468.72**							**Projected Allowed Claims PMPM (EHB + Non-EHB)**	**$ 553.39**	**8.0%**
											Non-EHB Claims In Projected PMPM **	**$ 2.43**	
											Index Rate for EHB	**$ 550.96**	

*** Please refer to page 48 for more information.**
**** Includes abortion claims and capitation for embedded adult vision benefit.**
***** Includes abortion claims and capitations for embedded adult vision benefit.**

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017
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 - 4/1/2017

	Begin	End	Mid-point		Months of Trend		
Experience Period	1/1/2015	12/31/2015	7/2/2015			pd through	2/29/2016
Rating Period	4/1/2017	3/31/2018	9/30/2017		27.0		

Experience Period Summary	Total
Experience Period Premiums	**$ 215,112,455**
MLR Rebates (enter as negative)	**$ -**
Net Experience Period Premiums	$ 215,112,455
Experience Period Paid Claims (Non-Capitated)	$ 190,859,339
Completion Factor	0.98
Experience Period Incurred Claims (Non-Capitated)	$ 194,074,820
Capitations	**$ 473,767**
Rx Rebates	**$ (12,581,018)**
Other Manual Claims	**$ -**
Total Experience Period Claims	$ 181,967,569
Experience Period Loss Ratio (Before MLR Rebates)	84.6%
Experience Period Loss Ratio (After MLR Rebates)	84.6%
Experience Period Loss Ratio (System Claims Only)	90.2%
Experience Period Member Months	446,566
Average Members	37,214
End of Experience Period Contracts	21,076
End of Experience Period Members	36,508
Experience Period Allowed Claims (Non-Capitated)	$ 221,423,295
Adjustments	$ (12,107,251)
Total Adjusted EP Allowed Claims	$ 209,316,044
EP Paid / Allowed Ratio	86.9%

Service Category Level Projection

Service Category Experience Period Allowed	**Utilization Measure**	**EP Units**	**EP Allowed $**	**Other**	**Rx Rebates**	**Net Allowed**	**Annual Trend Inputs** Cost Trend	Utilization Trend
Inpatient	Admits	2,204	$ 35,895,163	$ -	$ -	$ 35,895,163	**0.0%**	**1.0%**
Outpatient	Visits	34,045	$ 45,751,169	$ -	$ -	$ 45,751,169	**9.0%**	**3.5%**
Professional	Visits	409,761	$ 69,515,507	$ -	$ -	$ 69,515,507	**2.0%**	**3.0%**
Other	Services	45,261	$ 13,604,090	$ -	$ -	$ 13,604,090	**0.0%**	**10.0%**
Rx	Scripts	360,984	$ 56,657,366	$ -	$ (12,581,018)	$ 44,076,349	**9.5%**	**3.0%**
Capitation	Member Months	**446,566**	$ 473,767	$ -	$ -	$ 473,767	**0.0%**	**0.0%**
Total			**$ 221,897,062**	**$ -**	**$ (12,581,018)**	**$ 209,316,045**		
PMPM			**$ 496.90**	**$ -**	**$ (28.17)**	**$ 468.72**		

		Experience Period			**Projection Factors**					**Projected**			**Effective Allowed PMPM**
Service Category Experience Period Allowed	**Utilization Measure**	**Util / 1000**	**Unit Cost**	**PMPM**	**Population Risk / Morbidity ***	**Other**	**Cost Factor**	**Utilization Factor**	**Total Factor**	**Util / 1000**	**Unit Cost**	**PMPM**	**Annual Trend**
Inpatient	Admits	59.23	$ 16,283.93	**$ 80.38**	**1.013**	**1.013**	1.000	1.023	1.05	61.36	$ 16,494.95	**$ 84.35**	**1.0%**
Outpatient	Visits	914.86	$ 1,343.83	**$ 102.45**	**1.013**	**1.013**	1.214	1.080	1.35	1,001.33	$ 1,652.52	**$ 137.89**	**12.8%**
Professional	Visits	11,010.99	$ 169.65	**$ 155.67**	**1.013**	**1.013**	1.046	1.069	1.15	11,921.19	$ 179.68	**$ 178.50**	**5.1%**
Other	Services	1,216.23	$ 300.57	**$ 30.46**	**1.013**	**1.013**	1.000	1.239	1.27	1,526.72	$ 304.47	**$ 38.74**	**10.0%**
Rx	Scripts	9,700.26	$ 122.10	**$ 98.70**	**1.013**	**0.947**	1.227	1.069	1.26	10,502.11	$ 141.82	**$ 124.12**	**12.8%**
Capitation	Member Months	12,000.00	$ 1.06	**$ 1.06**	**1.000**	**0.830**	1.000	1.000	0.83	12,000.00	$ 0.88	**$ 0.88**	**0.0%**
Total				**$ 468.72**							**Projected Allowed Claims PMPM (EHB + Non-EHB)**	**$ 564.47**	**8.1%**
											Non-EHB Claims In Projected PMPM **	**$ 2.48**	
											Index Rate for EHB	**$ 561.99**	

*** Please refer to page 48 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 1/1/2017
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 - 7/1/2017

	Begin	End	Mid-point		Months of Trend		
Experience Period	1/1/2015	12/31/2015	7/2/2015			pd through	2/29/2016
Rating Period	7/1/2017	6/30/2018	12/30/2017		30.0		

Experience Period Summary	Total
Experience Period Premiums	**$ 215,112,455**
MLR Rebates (enter as negative)	**$ -**
Net Experience Period Premiums	$ 215,112,455
Experience Period Paid Claims (Non-Capitated)	$ 190,859,339
Completion Factor	0.98
Experience Period Incurred Claims (Non-Capitated)	$ 194,074,820
Capitations	**$ 473,767**
Rx Rebates	**$ (12,581,018)**
Other Manual Claims	**$ -**
Total Experience Period Claims	$ 181,967,569
Experience Period Loss Ratio (Before MLR Rebates)	84.6%
Experience Period Loss Ratio (After MLR Rebates)	84.6%
Experience Period Loss Ratio (System Claims Only)	90.2%
Experience Period Member Months	446,566
Average Members	37,214
End of Experience Period Contracts	21,076
End of Experience Period Members	36,508
Experience Period Allowed Claims (Non-Capitated)	$ 221,423,295
Adjustments	$ (12,107,251)
Total Adjusted EP Allowed Claims	$ 209,316,044
EP Paid / Allowed Ratio	86.9%

Service Category Level Projection

Service Category Experience Period Allowed	**Utilization Measure**	**EP Units**	**EP Allowed $**	**Other**	**Rx Rebates**	**Net Allowed**	**Annual Trend Inputs Cost Trend**	**Utilization Trend**
Inpatient	Admits	2,204	$ 35,895,163	$ -	$ -	$ 35,895,163	**0.0%**	**1.0%**
Outpatient	Visits	34,045	$ 45,751,169	$ -	$ -	$ 45,751,169	**9.0%**	**3.5%**
Professional	Visits	409,761	$ 69,515,507	$ -	$ -	$ 69,515,507	**2.0%**	**3.0%**
Other	Services	45,261	$ 13,604,090	$ -	$ -	$ 13,604,090	**0.0%**	**10.0%**
Rx	Scripts	360,984	$ 56,657,366	$ -	$ (12,581,018)	$ 44,076,349	**9.5%**	**3.0%**
Capitation	Member Months	**446,566**	$ 473,767	$ -	$ -	$ 473,767	**0.0%**	**0.0%**
Total			**$ 221,897,062**	**$ -**	**$ (12,581,018)**	**$ 209,316,045**		
PMPM			**$ 496.90**	**$ -**	**$ (28.17)**	**$ 468.72**		

		Experience Period			**Projection Factors**					**Projected**			**Effective Allowed PMPM**
Service Category Experience Period Allowed	**Utilization Measure**	**Util / 1000**	**Unit Cost**	**PMPM**	**Population Risk / Morbidity ***	**Other**	**Cost Factor**	**Utilization Factor**	**Total Factor**	**Util / 1000**	**Unit Cost**	**PMPM**	**Annual Trend**
Inpatient	Admits	59.23	$ 16,283.93	**$ 80.38**	**1.013**	**1.013**	1.000	1.025	1.05	61.52	$ 16,494.95	**$ 84.56**	**1.0%**
Outpatient	Visits	914.86	$ 1,343.83	**$ 102.45**	**1.013**	**1.013**	1.240	1.090	1.39	1,009.98	$ 1,688.51	**$ 142.11**	**12.8%**
Professional	Visits	11,010.99	$ 169.65	**$ 155.67**	**1.013**	**1.013**	1.051	1.077	1.16	12,009.61	$ 180.57	**$ 180.71**	**5.1%**
Other	Services	1,216.23	$ 300.57	**$ 30.46**	**1.013**	**1.013**	1.000	1.269	1.30	1,563.53	$ 304.47	**$ 39.67**	**10.0%**
Rx	Scripts	9,700.26	$ 122.10	**$ 98.70**	**1.013**	**0.947**	1.255	1.077	1.30	10,580.01	$ 145.07	**$ 127.91**	**12.8%**
Capitation	Member Months	12,000.00	$ 1.06	**$ 1.06**	**1.000**	**0.830**	1.000	1.000	0.83	12,000.00	$ 0.88	**$ 0.88**	**0.0%**
Total				**$ 468.72**							**Projected Allowed Claims PMPM (EHB + Non-EHB)**	**$ 575.84**	**8.1%**
											Non-EHB Claims In Projected PMPM **	**$ 2.53**	
											Index Rate for EHB	**$ 573.31**	

*** Please refer to page 48 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 1/1/2017
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 - 10/1/2017

	Begin	End	Mid-point		Months of Trend		
Experience Period	**1/1/2015**	**12/31/2015**	**7/2/2015**			**pd through**	**2/29/2016**
Rating Period	**10/1/2017**	**9/30/2018**	**4/1/2018**		33.0		

Experience Period Summary	**Total**
Experience Period Premiums	**$ 215,112,455**
MLR Rebates (enter as negative)	**$ -**
Net Experience Period Premiums	$ 215,112,455
Experience Period Paid Claims (Non-Capitated)	$ 190,859,339
Completion Factor	0.98
Experience Period Incurred Claims (Non-Capitated)	$ 194,074,820
Capitations	**$ 473,767**
Rx Rebates	**$ (12,581,018)**
Other Manual Claims	**$ -**
Total Experience Period Claims	$ 181,967,569
Experience Period Loss Ratio (Before MLR Rebates)	84.6%
Experience Period Loss Ratio (After MLR Rebates)	84.6%
Experience Period Loss Ratio (System Claims Only)	90.2%
Experience Period Member Months	446,566
Average Members	37,214
End of Experience Period Contracts	21,076
End of Experience Period Members	36,508
Experience Period Allowed Claims (Non-Capitated)	$ 221,423,295
Adjustments	$ (12,107,251)
Total Adjusted EP Allowed Claims	$ 209,316,044
EP Paid / Allowed Ratio	86.9%

Service Category Level Projection

Service Category Experience Period Allowed	**Utilization Measure**	**EP Units**	**EP Allowed $**	**Other**	**Rx Rebates**	**Net Allowed**	**Annual Trend Inputs Cost Trend**	**Utilization Trend**
Inpatient	Admits	2,204	$ 35,895,163	$ -	$ -	$ 35,895,163	**0.0%**	**1.0%**
Outpatient	Visits	34,045	$ 45,751,169	$ -	$ -	$ 45,751,169	**9.0%**	**3.5%**
Professional	Visits	409,761	$ 69,515,507	$ -	$ -	$ 69,515,507	**2.0%**	**3.0%**
Other	Services	45,261	$ 13,604,090	$ -	$ -	$ 13,604,090	**0.0%**	**10.0%**
Rx	Scripts	360,984	$ 56,657,366	$ -	$ (12,581,018)	$ 44,076,349	**9.5%**	**3.0%**
Capitation	Member Months	**446,566**	$ 473,767	$ -	$ -	$ 473,767	**0.0%**	**0.0%**
Total			**$ 221,897,062**	**$ -**	**$ (12,581,018)**	**$ 209,316,045**		
PMPM			**$ 496.90**	**$ -**	**$ (28.17)**	**$ 468.72**		

		Experience Period			**Projection Factors**					**Projected**			**Effective Allowed PMPM**
Service Category Experience Period Allowed	**Utilization Measure**	**Util / 1000**	**Unit Cost**	**PMPM**	**Population Risk / Morbidity ***	**Other**	**Cost Factor**	**Utilization Factor**	**Total Factor**	**Util / 1000**	**Unit Cost**	**PMPM**	**Annual Trend**
Inpatient	Admits	59.23	$ 16,283.93	**$ 80.38**	**1.013**	**1.013**	1.000	1.028	1.05	61.67	$ 16,494.95	**$ 84.77**	**1.0%**
Outpatient	Visits	914.86	$ 1,343.83	**$ 102.45**	**1.013**	**1.013**	1.267	1.099	1.43	1,018.70	$ 1,725.28	**$ 146.46**	**12.8%**
Professional	Visits	11,010.99	$ 169.65	**$ 155.67**	**1.013**	**1.013**	1.056	1.085	1.18	12,098.69	$ 181.47	**$ 182.96**	**5.1%**
Other	Services	1,216.23	$ 300.57	**$ 30.46**	**1.013**	**1.013**	1.000	1.300	1.33	1,601.24	$ 304.47	**$ 40.63**	**10.0%**
Rx	Scripts	9,700.26	$ 122.10	**$ 98.70**	**1.013**	**0.947**	1.283	1.085	1.34	10,658.48	$ 148.40	**$ 131.81**	**12.8%**
Capitation	Member Months	12,000.00	$ 1.06	**$ 1.06**	**1.000**	**0.830**	1.000	1.000	0.83	12,000.00	$ 0.88	**$ 0.88**	**0.0%**
Total				**$ 468.72**							**Projected Allowed Claims PMPM (EHB + Non-EHB)**	**$ 587.51**	**8.1%**
											Non-EHB Claims In Projected PMPM **	**$ 2.57**	
											Index Rate for EHB	**$ 584.94**	

*** Please refer to page 48 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 1/1/2017
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	2015 Member Months	Exp Period PMPM
GHMSI	$1,099,726	550,798	**$2.00**

	Projected PMPM
1Q17	$2.34
2Q17	$2.39
3Q17	$2.44
4Q17	$2.48

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

Individual, non-Medigap Embedded PMPM (Vision Capitation)	% of D.C. Individual, non-Medigap Market Over Age 19	Projected PMPM Spread Over Individual Market	Blended with Small Group
$1.16	90%	$1.04	**$0.09**

	Projected PMPM
1Q17	$0.09
2Q17	$0.09
3Q17	$0.09
4Q17	$0.09

	Projected Non-EHB PMPM
1Q17	**$2.43**
2Q17	**$2.48**
3Q17	**$2.53**
4Q17	**$2.57**

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

Adjustments for Small Group Benefits in Excess of EHB

1Q17	**Med**	**Rx**	**Total**
Index Rate for EHB	$ 430.52	$ 120.44	$ 550.96
Benefits to be Covered in Excess of EHB On Exchange (PMPM)			
Abortion *	$ 2.30	$ -	$ 2.30
Total Adjustment to Index Rate	**0.53%**	**0.00%**	**0.42%**

2Q17	**Med**	**Rx**	**Total**
Index Rate for EHB	$ 437.88	$ 124.12	$ 561.99
Benefits to be Covered in Excess of EHB On Exchange (PMPM)			
Abortion *	$ 2.34	$ -	$ 2.34
Total Adjustment to Index Rate	**0.53%**	**0.00%**	**0.42%**

3Q17	**Med**	**Rx**	**Total**
Index Rate for EHB	$ 445.41	$ 127.91	$ 573.31
Benefits to be Covered in Excess of EHB On Exchange (PMPM)			
Abortion *	$ 2.38	$ -	$ 2.38
Total Adjustment to Index Rate	**0.53%**	**0.00%**	**0.42%**

4Q17	**Med**	**Rx**	**Total**
Index Rate for EHB	$ 453.13	$ 131.81	$ 584.94
Benefits to be Covered in Excess of EHB On Exchange (PMPM)			
Abortion *	$ 2.42	$ -	$ 2.42
Total Adjustment to Index Rate	**0.53%**	**0.00%**	**0.42%**

* Based on calendar year 2015 experience for DC GHMSI Small Group business, trended to 2017.
Note: Abortion coverage applies to all DC Small Group plans, excluding BluePreferred PPO 1000 90%/70% and BluePreferred PPO HSA/HRA 2000 80%/60%.

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017
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	$ 459.94	-1.21%	2.54%
201504	$ 467.90	1.73%	3.03%
201507	$ 476.02	1.74%	3.53%
201510	$ 484.31	1.74%	4.02%
201601	$ 518.35	7.03%	12.70%
201604	$ 528.56	1.97%	12.96%
201607	$ 538.95	1.97%	13.22%
201610	$ 549.57	1.97%	13.48%
201701	**$ 550.96**	**0.25%**	**6.29%**
201704	**$ 561.99**	**2.00%**	**6.33%**
201707	**$ 573.31**	**2.01%**	**6.38%**
201710	**$ 584.94**	**2.03%**	**6.44%**

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

2017 ACA - TREND ANALYSIS SUMMARY - DC GHMSI

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
				2016 FILING							**2017 FILING**					
					PROJECTED					**EXPERIENCE PERIOD**			**PROJECTED**			
	GHMSI-DC		Allowed		Cost	Utilization	Claims	Allowed		Cost	Utilization	Claims	Cost	Utilization	Claims	vs 2016
			Claims *	%	Trend	Trend	Trend	Claims	%	Trend	Trend	Trend	Trend	Trend	Trend **	Δ
1	Inpatient	Hospital	$40,005,763	17%	8.0%	1.0%	9.1%	$35,895,163	16%	-1.6%	2.2%	0.6%	0.0%	1.0%	1.0%	-8.1%
2	Outpatient	Hospital	$47,122,116	21%	3.5%	3.5%	7.1%	$45,751,169	21%	7.5%	4.1%	11.9%	9.0%	3.5%	12.8%	5.7%
3	Professional		$74,124,676	32%	3.5%	1.5%	5.1%	$69,515,507	31%	-0.1%	4.2%	4.2%	2.0%	3.0%	5.1%	0.0%
4	Other Medical	Non-Capitated Ambulance	$13,002,211	6%	4.0%	2.0%	6.1%	$13,604,090	6%	12.7%	5.5%	19.0%	0.0%	10.0%	10.0%	3.9%
5		Home Health														
6		DME														
7		Prosthetics														
8		Supplies														
9		Vision Exams														
10		Dental Services														
11		Other Services														
12	**Medical**	**Subtotal (Clms-Wgtd):**	**$174,254,765**	**76%**	**4.6%**	**2.0%**	**6.6%**	**$164,765,929**	**74%**	**2.7%**	**3.9%**	**6.7%**	**3.3%**	**3.3%**	**6.7%**	**0.1%**
13																
14	**Capitation**	**Total**	**$ 647,160**	**0%**	**0.0%**	**0.0%**	**0.0%**	**$ 473,767**	**0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**
15																
16	**RX**	**Claims-Weighted**	$54,658,099	**24%**	13.0%	0.0%	**13.0%**	$56,657,366	**26%**	14.8%	3.6%	**18.9%**	9.5%	3.0%	**12.8%**	**-0.2%**
17	**TOTAL**	**Claims-Weighted**	**$229,560,024**	**100%**	**6.6%**	**1.5%**	**8.2%**	**$221,897,062**	**100%**	**5.8%**	**3.8%**	**9.8%**	**4.9%**	**3.2%**	**8.3%**	**0.1%**
18																
19	**Weighted Total DC (BlueChoice & GHMSI Combined)**														**8.3%**	

* Includes grandfathered Small Group business.

** Note: The total trend shown is claims-weighted. The actual pricing trend utilized is 8.0%, calculated on a PMPM basis.

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

2017 ACA - PLAN LEVEL DERIVATIONS 1Q17
SG DC GHMSI

			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
				Actual 2/29/2016	ON-Exchange 1Q17 Cohort Projected		**INDEX RATE**	**Market-Level Adjustments (MLA)**			**INDEX RATE**	**Plan-Level Adjustments (PLA) = (10)x(11)x(12)**							**INDEX RATE**		**Calibration Allowable Rating Factors (ARFs) ***	**BASE PREMIUM**	Average Cost Share	**INDEX RATE**	
Benefit Plan				Mapped Mems	EMMs	%	(Ave ALW EHB)	Reins.	Risk Adj	Exch User Fees	(Post-MLA)	CF Pricing Value	CDH Factor	Induced Demand	Cost Share	Network & UM	Non-EHB	Distrib & Admin	(Plan-Level)	2017 HHS AV	Age	(Consumer-Level) 1Q17	1Q17	(Plan-Level) 1Q16	Δ
Silver Plans	Ded.	OOP Max																							
BluePreferred PPO Silver 1000	$1,000 Med / $100 Rx	$7,150		431	1,200	1.3%	$550.96	1.0000	0.9196	1.0000	$506.65	0.7135	1.0060	0.9348	0.6711	1.0000	1.0042	1.2592	$429.91	0.7199	0.9350	$401.96	0.6501	$413.78	3.9%
BluePreferred PPO HSA/HRA Silver 1500	$1,500 (Integrated)	$6,550		2,643	7,356	8.0%	$550.96	1.0000	0.9196	1.0000	$506.65	0.6978	0.9600	0.9348	0.6262	1.0000	1.0042	1.2592	$401.17	0.7172	0.9350	$375.10	0.6233	$396.70	1.1%
BluePreferred PPO Silver 1500 BlueFund HSA	$1,500 (Integrated)	$6,350		0	276	0.3%	$550.96	1.0000	0.9196	1.0000	$506.65	0.6985	0.9600	0.9348	0.6269	1.0000	1.0042	1.2592	$401.63	0.7190	0.9350	$375.52	NA	NA	NA
BluePreferred PPO HSA/HRA 2000 80%/60%	$2,000 (Integrated)	$6,550		47	276	0.3%	$550.96	1.0000	0.9196	1.0000	$506.65	0.6506	0.9600	0.9348	0.5839	1.0000	1.0000	1.2592	$372.51	0.7113	0.9350	$348.30	0.6257	$395.99	-5.9%
BluePreferred PPO HSA/HRA Silver 2000	$2,000 (Integrated)	$6,000		1,678	4,668	5.1%	$550.96	1.0000	0.9196	1.0000	$506.65	0.6732	0.9600	0.9348	0.6041	1.0000	1.0042	1.2592	$387.04	0.7090	0.9350	$361.88	0.6061	$385.77	0.3%
HealthyBlue PPO HSA/HRA Silver 2000	$2,000 (Integrated)	$6,550		336	936	1.0%	$550.96	1.0000	0.9196	1.0000	$506.65	0.6919	0.9600	0.9348	0.6210	1.0000	1.0042	1.2592	$397.82	0.7198	0.9350	$371.96	0.6293	$400.52	-0.7%
Gold Plans																									
BluePreferred PPO 1000 90%/70%	$1,000 (Integrated)	$6,550		276	768	0.8%	$550.96	1.0000	0.9196	1.0000	$506.65	0.7636	1.0060	0.9802	0.7530	1.0000	1.0000	1.2592	$480.41	0.8061	0.9350	$449.18	0.7710	$487.90	-1.5%
BluePreferred PPO Gold 500	$500 Med / $250 Rx	$7,150		1,299	3,612	3.9%	$550.96	1.0000	0.9196	1.0000	$506.65	0.8246	1.0060	0.9802	0.8131	1.0000	1.0042	1.2592	$520.93	0.8182	0.9350	$487.07	0.7843	$499.17	4.4%
BluePreferred PPO Gold 1000	$1,000 Med / $250 Rx	$4,000		3,610	10,044	11.0%	$550.96	1.0000	0.9196	1.0000	$506.65	0.8035	1.0060	0.9802	0.7924	1.0000	1.0042	1.2592	$507.63	0.8006	0.9350	$474.64	0.7641	$486.31	4.4%
BluePreferred PPO Gold 1500	$1,500 Med / $250 Rx	$3,500		2,396	6,672	7.3%	$550.96	1.0000	0.9196	1.0000	$506.65	0.7909	1.0060	0.9802	0.7799	1.0000	1.0042	1.2592	$499.64	0.7900	0.9350	$467.16	0.7605	$484.07	3.2%
HealthyBlue PPO Gold 1500	$1,500 Med / $0 Rx	$7,150		2,121	5,904	6.4%	$550.96	1.0000	0.9196	1.0000	$506.65	0.8261	1.0060	0.9802	0.8146	1.0000	1.0042	1.2592	$521.88	0.8131	0.9350	$487.96	0.8050	$512.35	1.9%
Platinum Plans																									
BluePreferred PPO Platinum 0	$0 Med / $0 Rx	$1,500		11,986	33,372	36.4%	$550.96	1.0000	0.9196	1.0000	$506.65	0.9306	1.0060	1.0438	0.9772	1.0000	1.0042	1.2592	$626.04	0.9158	0.9350	$585.35	0.9722	$618.77	1.2%
BluePreferred PPO Platinum 500	$500 Med / $0 Rx	$1,500		5,266	14,664	16.0%	$550.96	1.0000	0.9196	1.0000	$506.65	0.8831	1.0060	1.0438	0.9273	1.0000	1.0042	1.2592	$594.07	0.8901	0.9350	$555.46	0.9328	$593.71	0.1%
HealthyBlue PPO Platinum 500	$500 Med / $0 Rx	$1,500		449	1,248	1.4%	$550.96	1.0000	0.9196	1.0000	$506.65	0.9080	1.0060	1.0438	0.9534	1.0000	1.0042	1.2592	$610.79	0.8949	0.9350	$571.09	0.9502	$604.76	1.0%
HealthyBlue PPO Platinum 1000	$1,000 Med / $0 Rx	$1,500		207	576	0.6%	$550.96	1.0000	0.9196	1.0000	$506.65	0.8728	1.0060	1.0438	0.9165	1.0000	1.0042	1.2592	$587.14	0.8868	0.9350	$548.97	0.9398	$598.15	-1.8%
	SILVER SUBTOTAL:			5,135	14,712	16.1%	$550.96	1.0000	0.9196	1.0000	$506.65	0.6900	0.9638	0.9348	0.6217	1.0000	1.0041	1.2592	$398.29	0.7149	0.9350	$372.40	0.6203	$394.81	0.9%
	GOLD SUBTOTAL:			9,702	27,000	29.5%	$550.96	1.0000	0.9196	1.0000	$506.65	0.8070	1.0060	0.9802	0.7958	1.0000	1.0041	1.2592	$509.78	0.8032	0.9350	$476.64	0.7750	$493.22	3.4%
	PLATINUM SUBTOTAL:			17,908	49,860	54.4%	$550.96	1.0000	0.9196	1.0000	$506.65	0.9154	1.0060	1.0438	0.9612	1.0000	1.0042	1.2592	$615.81	0.9074	0.9350	$575.78	0.9597	$610.81	0.8%
	GRAND TOTAL:			**32,745**	**91,572**	**100.0%**	**$550.96**	**1.0000**	**0.9196**	**1.0000**	**$506.65**	**0.8473**	**0.9992**	**1.0075**	**0.8579**	**1.0000**	**1.0041**	**1.2592**	**$549.60**	**0.8458**	**0.9350**	**$513.88**	**0.8517**	**$542.09**	**1.6%**

*** Geographic and Tobacco calibration factors both = 1.000.**

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

2017 ACA - PLAN LEVEL DERIVATIONS 2Q17
SG DC GHMSI

			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
				Actual 2/29/2016	ON-Exchange 2Q17 Cohort Projected		**INDEX RATE**	**Market-Level Adjustments (MLA)**			**INDEX RATE**	**Plan-Level Adjustments (PLA)**			**= (10)x(11)x(12)**				**INDEX RATE**		**Calibration Allowable Rating Factors (ARFs) ***	**BASE PREMIUM**	Average Cost Share	**INDEX RATE**	
Benefit Plan				Mapped Mems	EMMs	%	(Ave ALW EHB)	Reins.	Risk Adj	Exch User Fees	(Post-MLA)	CF Pricing Value	CDH Factor	Induced Demand	Cost Share	Network & UM	Non-EHB	Distrib & Admin	(Plan-Level)	2017 HHS AV	Age	(Consumer-Level) 2Q17	2Q17	(Plan-Level) 2Q16	Δ
Silver Plans	Ded.	OOP Max																							
BluePreferred PPO Silver 1000	$1,000 Med / $100 Rx	$7,150		431	396	1.3%	$561.99	1.0000	0.9212	1.0000	$517.69	0.7135	1.0060	0.9348	0.6711	1.0000	1.0042	1.2663	$441.76	0.7199	0.9350	$413.04	0.6501	$419.97	5.2%
BluePreferred PPO HSA/HRA Silver 1500	$1,500 (Integrated)	$6,550		2,643	2,412	8.0%	$561.99	1.0000	0.9212	1.0000	$517.69	0.6978	0.9600	0.9348	0.6262	1.0000	1.0042	1.2663	$412.23	0.7172	0.9350	$385.44	0.6233	$402.64	2.4%
BluePreferred PPO Silver 1500 BlueFund HSA	$1,500 (Integrated)	$6,350		0	96	0.3%	$561.99	1.0000	0.9212	1.0000	$517.69	0.6985	0.9600	0.9348	0.6269	1.0000	1.0042	1.2663	$412.70	0.7190	0.9350	$385.87	NA	NA	NA
BluePreferred PPO HSA/HRA 2000 80%/60%	$2,000 (Integrated)	$6,550		47	96	0.3%	$561.99	1.0000	0.9212	1.0000	$517.69	0.6506	0.9600	0.9348	0.5839	1.0000	1.0000	1.2663	$382.78	0.7113	0.9350	$357.90	0.6257	$401.92	-4.8%
BluePreferred PPO HSA/HRA Silver 2000	$2,000 (Integrated)	$6,000		1,678	1,536	5.1%	$561.99	1.0000	0.9212	1.0000	$517.69	0.6732	0.9600	0.9348	0.6041	1.0000	1.0042	1.2663	$397.70	0.7090	0.9350	$371.85	0.6061	$391.55	1.6%
HealthyBlue PPO HSA/HRA Silver 2000	$2,000 (Integrated)	$6,550		336	300	1.0%	$561.99	1.0000	0.9212	1.0000	$517.69	0.6919	0.9600	0.9348	0.6210	1.0000	1.0042	1.2663	$408.79	0.7198	0.9350	$382.22	0.6293	$406.51	0.6%
Gold Plans																									
BluePreferred PPO 1000 90%/70%	$1,000 (Integrated)	$6,550		276	252	0.8%	$561.99	1.0000	0.9212	1.0000	$517.69	0.7636	1.0060	0.9802	0.7530	1.0000	1.0000	1.2663	$493.65	0.8061	0.9350	$461.56	0.7710	$495.21	-0.3%
BluePreferred PPO Gold 500	$500 Med / $250 Rx	$7,150		1,299	1,188	4.0%	$561.99	1.0000	0.9212	1.0000	$517.69	0.8246	1.0060	0.9802	0.8131	1.0000	1.0042	1.2663	$535.29	0.8182	0.9350	$500.50	0.7843	$506.64	5.7%
BluePreferred PPO Gold 1000	$1,000 Med / $250 Rx	$4,000		3,610	3,288	11.0%	$561.99	1.0000	0.9212	1.0000	$517.69	0.8035	1.0060	0.9802	0.7924	1.0000	1.0042	1.2663	$521.62	0.8006	0.9350	$487.72	0.7641	$493.59	5.7%
BluePreferred PPO Gold 1500	$1,500 Med / $250 Rx	$3,500		2,396	2,184	7.3%	$561.99	1.0000	0.9212	1.0000	$517.69	0.7909	1.0060	0.9802	0.7799	1.0000	1.0042	1.2663	$513.41	0.7900	0.9350	$480.04	0.7605	$491.31	4.5%
HealthyBlue PPO Gold 1500	$1,500 Med / $0 Rx	$7,150		2,121	1,932	6.4%	$561.99	1.0000	0.9212	1.0000	$517.69	0.8261	1.0060	0.9802	0.8146	1.0000	1.0042	1.2663	$536.27	0.8131	0.9350	$501.41	0.8050	$520.02	3.1%
Platinum Plans																									
BluePreferred PPO Platinum 0	$0 Med / $0 Rx	$1,500		11,986	10,908	36.4%	$561.99	1.0000	0.9212	1.0000	$517.69	0.9306	1.0060	1.0438	0.9772	1.0000	1.0042	1.2663	$643.29	0.9158	0.9350	$601.48	0.9722	$628.03	2.4%
BluePreferred PPO Platinum 500	$500 Med / $0 Rx	$1,500		5,266	4,788	16.0%	$561.99	1.0000	0.9212	1.0000	$517.69	0.8831	1.0060	1.0438	0.9273	1.0000	1.0042	1.2663	$610.44	0.8901	0.9350	$570.77	0.9328	$602.59	1.3%
HealthyBlue PPO Platinum 500	$500 Med / $0 Rx	$1,500		449	408	1.4%	$561.99	1.0000	0.9212	1.0000	$517.69	0.9080	1.0060	1.0438	0.9534	1.0000	1.0042	1.2663	$627.62	0.8949	0.9350	$586.83	0.9502	$613.81	2.2%
HealthyBlue PPO Platinum 1000	$1,000 Med / $0 Rx	$1,500		207	192	0.6%	$561.99	1.0000	0.9212	1.0000	$517.69	0.8728	1.0060	1.0438	0.9165	1.0000	1.0042	1.2663	$603.32	0.8868	0.9350	$564.10	0.9398	$607.10	-0.6%
		SILVER SUBTOTAL:		5,135	4,836	16.1%	$561.99	1.0000	0.9212	1.0000	$517.69	0.6900	0.9638	0.9348	0.6217	1.0000	1.0041	1.2663	$409.25	0.7149	0.9350	$382.65	0.6203	$400.72	2.2%
		GOLD SUBTOTAL:		9,702	8,844	29.5%	$561.99	1.0000	0.9212	1.0000	$517.69	0.8070	1.0060	0.9802	0.7958	1.0000	1.0041	1.2663	$523.83	0.8033	0.9350	$489.79	0.7750	$500.60	4.7%
		PLATINUM SUBTOTAL:		17,908	16,296	54.4%	$561.99	1.0000	0.9212	1.0000	$517.69	0.9154	1.0060	1.0438	0.9612	1.0000	1.0042	1.2663	$632.78	0.9074	0.9350	$591.65	0.9597	$619.95	2.1%
		GRAND TOTAL:		**32,745**	**29,976**	**100.0%**	**$561.99**	**1.0000**	**0.9212**	**1.0000**	**$517.69**	**0.8471**	**0.9992**	**1.0074**	**0.8577**	**1.0000**	**1.0041**	**1.2663**	**$564.57**	**0.8456**	**0.9350**	**$527.88**	**0.8517**	**$550.21**	**2.8%**

*** Geographic and Tobacco calibration factors both = 1.000.**

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

2017 ACA - PLAN LEVEL DERIVATIONS 3Q17
SG DC GHMSI

			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
				Actual 2/29/2016	ON-Exchange 3Q17 Cohort Projected		**INDEX RATE**	**Market-Level Adjustments (MLA)**			**INDEX RATE**	**Plan-Level Adjustments (PLA)**							**INDEX RATE**		**Calibration Allowable Rating Factors (ARFs) ***	**BASE PREMIUM**	Average Cost Share	**INDEX RATE**	
				Mapped			(Ave ALW		Risk	Exch User	(Post-	CF Pricing	CDH	Induced	**= (10)x(11)x(12)** Cost	Network	Non-	Distrib	(Plan-	2017 HHS		(Consumer-Level)		(Plan-Level)	
Benefit Plan				Mems	EMMs	%	EHB)	Reins.	Adj	Fees	MLA)	Value	Factor	Demand	Share	& UM	EHB	& Admin	Level)	AV	Age	3Q17	3Q17	3Q16	Δ
Silver Plans	Ded.	OOP Max																							
BluePreferred PPO Silver 1000	$1,000 Med / $100 Rx	$7,150		431	984	1.3%	$573.31	1.0000	0.9227	1.0000	$529.01	0.7135	1.0060	0.9348	0.6711	1.0000	1.0042	1.2706	$452.93	0.7199	0.9350	$423.49	0.6501	$426.47	6.2%
BluePreferred PPO HSA/HRA Silver 1500	$1,500 (Integrated)	$6,550		2,643	6,060	8.0%	$573.31	1.0000	0.9227	1.0000	$529.01	0.6978	0.9600	0.9348	0.6262	1.0000	1.0042	1.2706	$422.65	0.7172	0.9350	$395.18	0.6233	$408.87	3.4%
BluePreferred PPO Silver 1500 BlueFund HSA	$1,500 (Integrated)	$6,350		0	228	0.3%	$573.31	1.0000	0.9227	1.0000	$529.01	0.6985	0.9600	0.9348	0.6269	1.0000	1.0042	1.2706	$423.13	0.7190	0.9350	$395.63	NA	NA	NA
BluePreferred PPO HSA/HRA 2000 80%/60%	$2,000 (Integrated)	$6,550		47	228	0.3%	$573.31	1.0000	0.9227	1.0000	$529.01	0.6506	0.9600	0.9348	0.5839	1.0000	1.0000	1.2706	$392.46	0.7113	0.9350	$366.95	0.6257	$408.13	-3.8%
BluePreferred PPO HSA/HRA Silver 2000	$2,000 (Integrated)	$6,000		1,678	3,852	5.1%	$573.31	1.0000	0.9227	1.0000	$529.01	0.6732	0.9600	0.9348	0.6041	1.0000	1.0042	1.2706	$407.76	0.7090	0.9350	$381.26	0.6061	$397.60	2.6%
HealthyBlue PPO HSA/HRA Silver 2000	$2,000 (Integrated)	$6,550		336	780	1.0%	$573.31	1.0000	0.9227	1.0000	$529.01	0.6919	0.9600	0.9348	0.6210	1.0000	1.0042	1.2706	$419.12	0.7198	0.9350	$391.88	0.6293	$412.80	1.5%
Gold Plans																									
BluePreferred PPO 1000 90%/70%	$1,000 (Integrated)	$6,550		276	636	0.8%	$573.31	1.0000	0.9227	1.0000	$529.01	0.7636	1.0060	0.9802	0.7530	1.0000	1.0000	1.2706	$506.13	0.8061	0.9350	$473.23	0.7710	$502.86	0.7%
BluePreferred PPO Gold 500	$500 Med / $250 Rx	$7,150		1,299	2,976	3.9%	$573.31	1.0000	0.9227	1.0000	$529.01	0.8246	1.0060	0.9802	0.8131	1.0000	1.0042	1.2706	$548.82	0.8182	0.9350	$513.15	0.7843	$514.48	6.7%
BluePreferred PPO Gold 1000	$1,000 Med / $250 Rx	$4,000		3,610	8,292	11.0%	$573.31	1.0000	0.9227	1.0000	$529.01	0.8035	1.0060	0.9802	0.7924	1.0000	1.0042	1.2706	$534.81	0.8006	0.9350	$500.05	0.7641	$501.22	6.7%
BluePreferred PPO Gold 1500	$1,500 Med / $250 Rx	$3,500		2,396	5,496	7.3%	$573.31	1.0000	0.9227	1.0000	$529.01	0.7909	1.0060	0.9802	0.7799	1.0000	1.0042	1.2706	$526.39	0.7900	0.9350	$492.17	0.7605	$498.91	5.5%
HealthyBlue PPO Gold 1500	$1,500 Med / $0 Rx	$7,150		2,121	4,872	6.5%	$573.31	1.0000	0.9227	1.0000	$529.01	0.8261	1.0060	0.9802	0.8146	1.0000	1.0042	1.2706	$549.83	0.8131	0.9350	$514.09	0.8050	$528.06	4.1%
Platinum Plans																									
BluePreferred PPO Platinum 0	$0 Med / $0 Rx	$1,500		11,986	27,516	36.4%	$573.31	1.0000	0.9227	1.0000	$529.01	0.9306	1.0060	1.0438	0.9772	1.0000	1.0042	1.2706	$659.56	0.9158	0.9350	$616.69	0.9722	$637.74	3.4%
BluePreferred PPO Platinum 500	$500 Med / $0 Rx	$1,500		5,266	12,084	16.0%	$573.31	1.0000	0.9227	1.0000	$529.01	0.8831	1.0060	1.0438	0.9273	1.0000	1.0042	1.2706	$625.88	0.8901	0.9350	$585.20	0.9328	$611.91	2.3%
HealthyBlue PPO Platinum 500	$500 Med / $0 Rx	$1,500		449	1,032	1.4%	$573.31	1.0000	0.9227	1.0000	$529.01	0.9080	1.0060	1.0438	0.9534	1.0000	1.0042	1.2706	$643.49	0.8949	0.9350	$601.66	0.9502	$623.30	3.2%
HealthyBlue PPO Platinum 1000	$1,000 Med / $0 Rx	$1,500		207	468	0.6%	$573.31	1.0000	0.9227	1.0000	$529.01	0.8728	1.0060	1.0438	0.9165	1.0000	1.0042	1.2706	$618.57	0.8868	0.9350	$578.36	0.9398	$616.48	0.3%
	SILVER SUBTOTAL:			5,135	12,132	16.1%	$573.31	1.0000	0.9227	1.0000	$529.01	0.6900	0.9637	0.9348	0.6217	1.0000	1.0041	1.2706	$419.59	0.7149	0.9350	$392.32	0.6203	$406.91	3.2%
	GOLD SUBTOTAL:			9,702	22,272	29.5%	$573.31	1.0000	0.9227	1.0000	$529.01	0.8070	1.0060	0.9802	0.7958	1.0000	1.0041	1.2706	$537.07	0.8032	0.9350	$502.16	0.7750	$508.34	5.7%
	PLATINUM SUBTOTAL:			17,908	41,100	54.4%	$573.31	1.0000	0.9227	1.0000	$529.01	0.9154	1.0060	1.0438	0.9612	1.0000	1.0042	1.2706	$648.79	0.9074	0.9350	$606.62	0.9597	$629.53	3.0%
	GRAND TOTAL:			**32,745**	**75,504**	**100.0%**	**$573.31**	**1.0000**	**0.9227**	**1.0000**	**$529.01**	**0.8472**	**0.9992**	**1.0075**	**0.8579**	**1.0000**	**1.0041**	**1.2706**	**$579.01**	**0.8458**	**0.9350**	**$541.37**	**0.8517**	**$558.71**	**3.8%**

*** Geographic and Tobacco calibration factors both = 1.000.**

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

2017 ACA - PLAN LEVEL DERIVATIONS 4Q17
SG DC GHMSI

			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
				Actual 2/29/2016	ON-Exchange 4Q17 Cohort Projected		**INDEX RATE**	**Market-Level Adjustments (MLA)**			**INDEX RATE**			**Plan-Level Adjustments**	**(PLA) = (10)x(11)x(12)**				**INDEX RATE**		**Calibration Allowable Rating Factors (ARFs) ***	**BASE PREMIUM**	Average Cost Share	**INDEX RATE**
Benefit Plan				Mapped Mems	EMMs	%	(Ave ALW EHB)	Reins.	Risk Adj	Exch User Fees	(Post-MLA)	CF Pricing Value	CDH Factor	Induced Demand	Cost Share	Network & UM	Non-EHB	Distrib & Admin	(Plan-Level)	2017 HHS AV	Age	(Consumer-Level) 4Q17	4Q17	(Plan-Level) 4Q16	Δ
Silver Plans	Ded.	OOP Max																							
BluePreferred PPO Silver 1000	$1,000 Med / $100 Rx	$7,150		431	2,592	1.3%	$584.94	1.0000	0.9243	1.0000	$540.63	0.7135	1.0060	0.9348	0.6711	1.0000	1.0042	1.2774	$465.35	0.7199	0.9350	$435.10	0.6501	$432.98	7.5%
BluePreferred PPO HSA/HRA Silver 1500	$1,500 (Integrated)	$6,550		2,643	15,888	8.0%	$584.94	1.0000	0.9243	1.0000	$540.63	0.6978	0.9600	0.9348	0.6262	1.0000	1.0042	1.2774	$434.25	0.7172	0.9350	$406.02	0.6233	$415.11	4.6%
BluePreferred PPO Silver 1500 BlueFund HSA	$1,500 (Integrated)	$6,350		0	600	0.3%	$584.94	1.0000	0.9243	1.0000	$540.63	0.6985	0.9600	0.9348	0.6269	1.0000	1.0042	1.2774	$434.74	0.7190	0.9350	$406.48	NA	NA	NA
BluePreferred PPO HSA/HRA 2000 80%/60%	$2,000 (Integrated)	$6,550		47	600	0.3%	$584.94	1.0000	0.9243	1.0000	$540.63	0.6506	0.9600	0.9348	0.5839	1.0000	1.0000	1.2774	$403.22	0.7113	0.9350	$377.02	0.6257	$414.36	-2.7%
BluePreferred PPO HSA/HRA Silver 2000	$2,000 (Integrated)	$6,000		1,678	10,080	5.1%	$584.94	1.0000	0.9243	1.0000	$540.63	0.6732	0.9600	0.9348	0.6041	1.0000	1.0042	1.2774	$418.95	0.7090	0.9350	$391.71	0.6061	$403.67	3.8%
HealthyBlue PPO HSA/HRA Silver 2000	$2,000 (Integrated)	$6,550		336	2,016	1.0%	$584.94	1.0000	0.9243	1.0000	$540.63	0.6919	0.9600	0.9348	0.6210	1.0000	1.0042	1.2774	$430.62	0.7198	0.9350	$402.63	0.6293	$419.10	2.7%
Gold Plans																									
BluePreferred PPO 1000 90%/70%	$1,000 (Integrated)	$6,550		276	1,656	0.8%	$584.94	1.0000	0.9243	1.0000	$540.63	0.7636	1.0060	0.9802	0.7530	1.0000	1.0000	1.2774	$520.02	0.8061	0.9350	$486.22	0.7710	$510.54	1.9%
BluePreferred PPO Gold 500	$500 Med / $250 Rx	$7,150		1,299	7,812	4.0%	$584.94	1.0000	0.9243	1.0000	$540.63	0.8246	1.0060	0.9802	0.8131	1.0000	1.0042	1.2774	$563.88	0.8182	0.9350	$527.23	0.7843	$522.33	8.0%
BluePreferred PPO Gold 1000	$1,000 Med / $250 Rx	$4,000		3,610	21,696	11.0%	$584.94	1.0000	0.9243	1.0000	$540.63	0.8035	1.0060	0.9802	0.7924	1.0000	1.0042	1.2774	$549.48	0.8006	0.9350	$513.77	0.7641	$508.87	8.0%
BluePreferred PPO Gold 1500	$1,500 Med / $250 Rx	$3,500		2,396	14,400	7.3%	$584.94	1.0000	0.9243	1.0000	$540.63	0.7909	1.0060	0.9802	0.7799	1.0000	1.0042	1.2774	$540.83	0.7900	0.9350	$505.68	0.7605	$506.52	6.8%
HealthyBlue PPO Gold 1500	$1,500 Med / $0 Rx	$7,150		2,121	12,744	6.4%	$584.94	1.0000	0.9243	1.0000	$540.63	0.8261	1.0060	0.9802	0.8146	1.0000	1.0042	1.2774	$564.91	0.8131	0.9350	$528.19	0.8050	$536.12	5.4%
Platinum Plans																									
BluePreferred PPO Platinum 0	$0 Med / $0 Rx	$1,500		11,986	72,036	36.4%	$584.94	1.0000	0.9243	1.0000	$540.63	0.9306	1.0060	1.0438	0.9772	1.0000	1.0042	1.2774	$677.65	0.9158	0.9350	$633.60	0.9722	$647.47	4.7%
BluePreferred PPO Platinum 500	$500 Med / $0 Rx	$1,500		5,266	31,656	16.0%	$584.94	1.0000	0.9243	1.0000	$540.63	0.8831	1.0060	1.0438	0.9273	1.0000	1.0042	1.2774	$643.05	0.8901	0.9350	$601.25	0.9328	$621.25	3.5%
HealthyBlue PPO Platinum 500	$500 Med / $0 Rx	$1,500		449	2,700	1.4%	$584.94	1.0000	0.9243	1.0000	$540.63	0.9080	1.0060	1.0438	0.9534	1.0000	1.0042	1.2774	$661.14	0.8949	0.9350	$618.17	0.9502	$632.82	4.5%
HealthyBlue PPO Platinum 1000	$1,000 Med / $0 Rx	$1,500		207	1,248	0.6%	$584.94	1.0000	0.9243	1.0000	$540.63	0.8728	1.0060	1.0438	0.9165	1.0000	1.0042	1.2774	$635.54	0.8868	0.9350	$594.23	0.9398	$625.89	1.5%
	SILVER SUBTOTAL:			5,135	31,776	16.1%	$584.94	1.0000	0.9243	1.0000	$540.63	0.6900	0.9638	0.9348	0.6217	1.0000	1.0041	1.2774	$431.12	0.7149	0.9350	$403.10	0.6203	$413.12	4.4%
	GOLD SUBTOTAL:			9,702	58,308	29.5%	$584.94	1.0000	0.9243	1.0000	$540.63	0.8070	1.0060	0.9802	0.7958	1.0000	1.0041	1.2774	$551.81	0.8032	0.9350	$515.94	0.7750	$516.09	6.9%
	PLATINUM SUBTOTAL:			17,908	107,640	54.4%	$584.94	1.0000	0.9243	1.0000	$540.63	0.9154	1.0060	1.0438	0.9612	1.0000	1.0042	1.2774	$666.57	0.9074	0.9350	$623.24	0.9597	$639.14	4.3%
	GRAND TOTAL:			**32,745**	**197,724**	**100.0%**	**$584.94**	**1.0000**	**0.9243**	**1.0000**	**$540.63**	**0.8472**	**0.9992**	**1.0075**	**0.8579**	**1.0000**	**1.0041**	**1.2774**	**$594.89**	**0.8458**	**0.9350**	**$556.22**	**0.8517**	**$567.24**	**5.1%**

*** Geographic and Tobacco calibration factors both = 1.000.**

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017
DICR & MLR

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
		SG DC GHMSI Projected 1Q17			**SG DC GHMSI** Projected 2Q17			**SG DC GHMSI** Projected 3Q17			**SG DC GHMSI** Projected 4Q17			**SG DC GHMSI** Projected 2017			**SG DC GHMSI** Filed 4Q16	
TRADITIONAL LOSS RATIO		PMPM	%	$s	PMPM	%	$s	PMPM	%	$s	PMPM	%	$s	PMPM	%	$s	PMPM	%
1 Allowed Claims & Captns (EHB Only)	Medical	$ 430.52			$ 437.88			$ 445.41			$ 453.13			$ 445.25			$ 417.01	
2	RX	$ 120.44			$ 124.12			$ 127.91			$ 131.81			$ 127.84			$ 132.56	
3	**TOTAL**	**$ 550.96**			**$ 561.99**			**$ 573.31**			**$ 584.94**			**$ 573.09**			**$ 549.57**	
4																		
5 Allowed Claims & Captns (EHB & Non-EHB)	Medical	$ 432.82			$ 440.21			$ 447.79			$ 455.55			$ 447.63			$ 420.12	
6	RX	$ 120.44			$ 124.12			$ 127.91			$ 131.81			$ 127.84			$ 132.56	
7	**TOTAL**	**$ 553.26**			**$ 564.33**			**$ 575.69**			**$ 587.36**			**$ 575.47**			**$ 552.69**	
8																		
9 Projected EMMs		91,572			29,976			75,504			197,724			394,776			218,568	
10 Average Members		7,631			2,498			6,292			16,477			32,898			18,214	
11 %		23%			8%			19%			50%			100%			52%	
12 Paid/Allowed Ratio		85.8%			85.8%			85.8%			85.8%			85.8%			84.8%	
13 Paid Claims & Captns		$ 474.65			$ 484.00			$ 493.88			$ 503.89			$ 493.68			$ 468.71	
14																		
15 **"3Rs"**																		
16 Risk Corridor		n/a			n/a			n/a			n/a			n/a			n/a	
17 Risk Adjustment/Transfer (Paid Claims Basis)		$ (38.14)		($3,492,590)	$ (38.14)		($1,143,296)	$ (38.14)		($2,879,751)	$ (38.14)		($7,541,267)	$ (38.14)		($15,056,904)	$ (37.81)	
18 Reinsurance Recoveries (State & Federal) (Individual Only, Paid Claims Basis)		$ -		$0	$ -		$0	$ -		$0	$ -		$0	$ -		$0	$ -	
19 **Subtotal:**		**$ (38.14)**		($3,492,590)	**$ (38.14)**		($3,492,590)	**$ (38.14)**		($3,492,590)	**$ (38.14)**		($3,492,590)	**$ (35.39)**		($13,970,361)	**$ (37.81)**	
20																		
21 Paid Claims & Captns (Post-3Rs)		**$ 436.51**	**79.4%**	**$ 39,971,936**	**$445.86**	**78.9%**	**$ 13,365,116**	**$455.74**	**78.7%**	**$ 34,410,111**	**$ 465.75**	**78.3%**	**$ 92,089,769**	**$ 455.54**	**78.6%**	**$ 179,836,932**	**$ 430.91**	**76.3%**
22 Administrative Expense		**$ 49.46**	9.0%	$ 4,529,369	**$ 49.46**	8.8%	$ 1,482,684	**$ 49.46**	8.5%	$ 3,734,607	**$ 49.46**	8.3%	$ 9,779,899	**$ 49.46**	8.5%	$ 19,526,560	**$ 46.24**	8.2%
23 Broker Commissions & Fee		**$ 23.21**	4.2%	$ 2,124,949	**$ 23.21**	4.1%	$ 695,600	**$ 23.21**	4.0%	$ 1,752,088	**$ 23.21**	3.9%	$ 4,588,231	**$ 23.21**	4.0%	$ 9,160,868	**$ 30.50**	5.4%
24 Contribution to Reserve (CtR) - Post-FIT		$ 12.10	**2.2%**	$ 1,107,639	$ 12.42	**2.2%**	$ 372,449	$ 12.74	**2.2%**	$ 962,111	$ 13.09	**2.2%**	$ 2,588,565	$ 12.74	**2.2%**	$ 5,030,764	$ 9.04	**1.6%**
25 Investment Income Credit		$ (0.00)	**0.0%**	$ (49)	$ (0.00)	**0.0%**	$ (16)	$ (0.00)	**0.0%**	$ (43)	$ (0.00)	**0.0%**	$ (115)	$ (0.00)	**0.0%**	$ (223)	$ (0.00)	**0.0%**
26																		
27 **Non-ACA Taxes & Fees**																		
28 State Premium Tax		$ 11.00	**2.0%**	$ 1,006,944	$ 11.30	**2.0%**	$ 338,590	$ 11.58	**2.0%**	$ 874,646	$ 11.90	**2.0%**	$ 2,353,241	$ 11.58	**2.0%**	$ 4,573,422	$ 11.30	**2.0%**
29 State Assessment Fees		$ 0.63	**0.1%**	$ 57,886	$ 0.65	**0.1%**	$ 19,464	$ 0.67	**0.1%**	$ 50,280	$ 0.68	**0.1%**	$ 135,280	$ 0.67	**0.1%**	$ 262,911	$ 0.65	**0.1%**
30 State Income Tax (SIT)		$ -	**0.0%**	$ -	$ -	**0.0%**	$ -	$ -	**0.0%**	$ -	$ -	**0.0%**	$ -	$ -	**0.0%**	$ -	$ -	**0.0%**
31 Federal Income Tax (FIT)		$ 3.30	**0.6%**	$ 302,083	$ 3.39	**0.6%**	$ 101,577	$ 3.48	**0.6%**	$ 262,394	$ 3.57	**0.6%**	$ 705,972	$ 3.48	**0.6%**	$ 1,372,026	$ 2.26	**0.4%**
32																		
33 **ACA Taxes & Fees**																		
34 Health Insurer Fee		$ 0.37	**0.1%**	$ 33,706	$ 5.09	**0.9%**	$ 152,553	$ 8.79	**1.5%**	$ 663,982	$ 13.71	**2.3%**	$ 2,711,716	$ 9.02	**1.6%**	$ 3,561,956	$ 14.69	**2.6%**
35 ***Reinsurance Contribution***		**$ -**	0.0%	$ -	**$ -**	0.0%	$ -	**$ -**	0.0%	$ -	**$ -**	0.0%	$ -	**$ -**	0.0%	$ -	***$ 0.25***	0.0%
36 Risk Adjustment User Fee		**$ 0.13**	0.0%	$ 11,904	**$ 0.13**	0.0%	$ 3,897	**$ 0.13**	0.0%	$ 9,816	**$ 0.13**	0.0%	$ 25,704	**$ 0.13**	0.0%	$ 51,321	**$ 0.15**	0.0%
37 ***Exchange Assessment Fee***		$ 5.50	**1.0%**	$ 503,472	$ 5.65	**1.0%**	$ 169,295	$ 5.79	**1.0%**	$ 437,323	$ 5.95	**1.0%**	$ 1,176,620	$ 5.79	**1.0%**	$ 2,286,711	$ 5.65	**1.0%**
38 ***Exchange User Fees (FFEs Only)***		**$ -**	0.0%	$ -	**$ -**	0.0%	$ -	**$ -**	0.0%	$ -	**$ -**	0.0%	$ -	**$ -**	0.0%	$ -	**$ -**	0.0%
39 Patient-Centered Outcomes Research Institute (PCORI) Tax		**$ 0.20**	0.0%	$ 17,911	**$ 0.20**	0.0%	$ 5,863	**$ 0.20**	0.0%	$ 14,768	**$ 0.20**	0.0%	$ 40,052	**$ 0.20**	0.0%	$ 78,593	**$ 0.19**	0.0%
40																		
41 BlueRewards/Incentive Program-Medical Debit Cards		**$ 7.42**	1.3%	$ 679,464	**$ 7.42**	1.3%	$ 222,422	**$ 7.42**	1.3%	$ 560,240	**$ 7.42**	1.2%	$ 1,467,112	**$ 7.42**	1.3%	$ 2,929,238	**$ 13.19**	2.3%
42																		
43 Other		**$ -**	0.0%	$ -	**$ -**	0.0%	$ -	**$ -**	0.0%	$ -	**$ -**	0.0%	$ -	**$ -**	0.0%	$ -	**$ -**	0.0%
44 **TOTAL**		**$ 549.81**	**100.0%**	**$ 50,347,214**	**$ 564.77**	**100.0%**	**$ 16,929,494**	**$ 579.21**	**100.0%**	**$ 43,732,323**	**$ 595.08**	**100.0%**	**$ 117,662,047**	**$ 579.24**	**100.0%**	**$ 228,671,078**	**$ 565.03**	**100.0%**
45																		
46 Contribution to Reserve (CtR) - Pre-FIT			**2.8%**			**2.8%**			**2.8%**			**2.8%**			**2.8%**			**2.0%**	
47																		
48 **FHCR MEDICAL LOSS RATIO**																		
49 Risk Adjustment		$ (38.14)		$ (3,492,590)	$ (38.14)		$ (1,143,296)	$ (38.14)		$ (2,879,751)	$ (38.14)		$ (7,541,267)	$ (38.14)		$ (15,056,904)	$ (40.97)	
50 Reinsurance Receipts (Individual Only)		$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	
51 BlueRewards/Incentive Program-Medical Debit Cards		$ 7.42		$ 679,464	$ 7.42		$ 222,422	$ 7.42		$ 560,240	$ 7.42		$ 1,467,112	$ 7.42		$ 2,929,238	$ 13.19	
52 Quality Improvement Expenses		$ 4.82		$ 441,769	$ 4.82		$ 144,612	$ 4.82		$ 364,252	$ 4.82		$ 953,875	$ 4.82		$ 1,904,508	$ 7.01	
53 Removal of costs which we book as care, but are not considered care under MLR guidelines (including ITS fees)		$ 7.29		$ 667,537	$ 7.29		$ 218,517	$ 7.29		$ 550,405	$ 7.29		$ 1,441,358	$ 7.29		$ 2,877,817	$ (8.93)	
54 **Numerator (Claims) Adjustment**		**$ (18.61)**		**$ (1,703,821)**	**$ (18.61)**		**$ (557,744)**	**$ (18.61)**		**$ (1,404,854)**	**$ (18.61)**		**$ (3,678,922)**	**$ (18.61)**		**$ (7,345,340)**	**$ (29.69)**	
55																		
56 Non-ACA: Taxes & Regulatory Fees	State Premium Tax	$ 11.00		$ 1,006,944	$ 11.30		$ 338,590	$ 11.58		$ 874,646	$ 11.90		$ 2,353,241	$ 11.58		$ 4,573,422	$ 11.30	
57	State Assmt Fee	$ 0.63		$ 57,886	$ 0.65		$ 19,464	$ 0.67		$ 50,280	$ 0.68		$ 135,280	$ 0.67		$ 262,911	$ 0.65	
58	State Income Tax	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	
59	Federal Income Tax	$ 3.30		$ 302,083	$ 3.39		$ 101,577	$ 3.48		$ 262,394	$ 3.57		$ 705,972	$ 3.48		$ 1,372,026	$ 2.26	
60																		
61 ACA: Taxes & Regulatory Fees	Health Insurer Fee	$ 0.37		$ 33,706	$ 5.09		$ 152,553	$ 8.79		$ 663,982	$ 13.71		$ 2,711,716	$ 9.02		$ 3,561,956	$ 14.69	
62	Reinsurance Contribution	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ 0.25	
64	Risk Adj User Fees	$ 0.13		$ 11,904	$ 0.13		$ 3,897	$ 0.13		$ 9,816	$ 0.13		$ 25,704	$ 0.13		$ 51,321	$ 0.15	
65	Exchange Assessment Fee	$ 5.50		$ 503,472	$ 5.65		$ 169,295	$ 5.79		$ 437,323	$ 5.95		$ 1,176,620	$ 5.79		$ 2,286,711	$ 5.65	
66	Exchange User Fee	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	
67	PCORI	$ 0.20		$ 17,911	$ 0.20		$ 5,863	$ 0.20		$ 14,768	$ 0.20		$ 40,052	$ 0.20		$ 78,593	$ 0.19	
68 **Denominator (Premium) Adjustment**		**$ 21.12**		**$ 1,933,906**	**$ 26.40**		**$ 791,239**	**$ 30.64**		**$ 2,313,209**	**$ 36.15**		**$ 7,148,585**	**$ 30.87**		**$ 12,186,940**	**$ 35.15**	
69																		
70 FHCR Claims		$ 456.04		$ 41,760,705	$ 465.39		$ 13,950,668	$ 475.27		$ 35,885,008	$ 485.28		$ 95,952,114	$ 475.08		$ 187,548,495	$ 439.02	
71 FHCR MLR Premium		$ 528.69		$ 48,413,308	$ 538.37		$ 16,138,255	$ 548.57		$ 41,419,114	$ 558.93		$ 110,513,461	$ 548.37		$ 216,484,138	$ 529.88	
72 **FHCR Loss Ratio**		**86.3%**			**86.4%**			**86.6%**			**86.8%**			**86.6%**			**82.9%**	

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017
DICR & MLR

		1	2	3	4
			Ind 64-DC GHMSI Projected 2017		
	TRADITIONAL LOSS RATIO		PMPM	%	$s
1	Allowed Claims & Captns (EHB Only)	Medical	$ 430.52		
2		RX	$ 120.44		
3		**TOTAL**	**$ 550.96**		
4					
5	Allowed Claims & Captns (EHB & Non-EHB)	Medical	$ 433.09		
6		RX	$ 120.44		
7		**TOTAL**	**$ 553.53**		
8					
9	Projected EMMs		62,048		
10	Average Members		5,171		
11					
12	Paid/Allowed Ratio		71.7%		
13	Paid Claims & Captns		$ 396.61		
14					
15	**"3Rs"**				
16	Risk Corridor		n/a		
17	Risk Adjustment/Transfer (Paid Claims Basis)		$ (55.39)		
18	Reinsurance Recoveries (State & Federal) (Individual Only, Paid Claims Basis)		$ -		
19	**Subtotal:**		**$ (55.39)**		
20					
21	Paid Claims & Captns (Post-3Rs)		**$ 341.22**	**81.1%**	**$ 21,172,205**
22	Administrative Expense		**$ 57.78**	13.7%	$ 3,585,198
23	Broker Commissions & Fee		**$ 3.62**	0.9%	$ 224,363
24	Contribution to Reserve (CtR) - Post-FIT		$ -	**0.0%**	$ -
25	Investment Income Credit		$ (0.00)	**0.0%**	$ (25)
26					
27	**Non-ACA Taxes & Fees**				
28	State Premium Tax		$ 8.42	**2.0%**	$ 522,134
29	State Assessment Fees		$ 0.18	**0.0%**	$ 11,321
30	State Income Tax (SIT)		$ -	**0.0%**	$ -
31	Federal Income Tax (FIT)		$ -	**0.0%**	$ -
32					
33	**ACA Taxes & Fees**				
34	Health Insurer Fee		$ -	**0.0%**	$ -
35	Risk Adjustment User Fee		**$ 0.13**	0.0%	$ 8,066
36	***Exchange Assessment Fee***		$ 4.21	**1.0%**	$ 261,067
37	***Exchange User Fees (FFEs Only)***		**$ -**	0.0%	$ -
38	Patient-Centered Outcomes Research Institute (PCORI) Tax		**$ 0.20**	0.0%	$ 12,136
39					
40	BlueRewards/Incentive Program-Medical Debit Cards		**$ 5.00**	1.2%	$ 310,240
41					
42	Other		**$ -**	0.0%	$ -
43	**TOTAL**		**$ 420.75**	**100.0%**	**$ 26,106,705**
44					
45	Contribution to Reserve (CtR) - Pre-FIT			**0.0%**	
46					
47	**FHCR MEDICAL LOSS RATIO**				
48	Risk Adjustment		$ (55.39)		$ (3,436,862)
49	Reinsurance Receipts		$ -		$ -
50	BlueRewards/Incentive Program-Medical Debit Cards		$ 5.00		$ 310,240
51	Quality Improvement Expenses (net after MLR reclass from care)		$ 4.95		$ 307,037
52	Removal of costs which we book as care, but are not considered care under MLR guidelines (including ITS fees)		$ (3.78)		$ (234,675)
53	**Numerator (Claims) Adjustment**		**$ (49.22)**		**$ (3,054,260)**
54					
55	Non-ACA: Taxes & Regulatory Fees	State Premium Tax	$ 8.42		$ 522,134
56		State Assmt Fee	$ 0.18		$ 11,321
57		State Income Tax	$ -		$ -
58		Federal Income Tax	$ -		$ -
59					
60	ACA: Taxes & Regulatory Fees	Health Insurer Fee	$ -		$ -
61		Reinsurance Contribution	$ -		$ -
62		Risk Adj User Fees	$ 0.13		$ 8,066
63		Exchange Assessment Fee	$ 4.21		$ 261,067
64		Exchange User Fee	$ -		$ -
65		PCORI	$ 0.20		$ 12,136
66	**Denominator (Premium) Adjustment**		**$ 13.13**		**$ 814,725**
67					
68	FHCR Claims		$ 347.39		$ 21,554,807
69	FHCR MLR Premium		$ 407.62		$ 25,291,981
70	**FHCR Loss Ratio**		**85.2%**		

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017
DICR & MLR

		1	2	3	4
			SG & Ind DC GHMSI Projected 2017		
	TRADITIONAL LOSS RATIO		PMPM	%	$s
1	Allowed Claims & Captns (EHB Only)	Medical $	443.25		
2		RX $	126.84		
3		**TOTAL $**	**570.08**		
4					
5	Allowed Claims & Captns (EHB & Non-EHB)	Medical $	445.65		
6		RX $	126.84		
7		**TOTAL $**	**572.49**		
8					
9	Projected EMMs		456,824		
10	Average Members		38,069		
11					
12	Paid/Allowed Ratio		83.9%		
13	Paid Claims & Captns	$	480.50		
14					
15	**"3Rs"**				
16	Risk Corridor		n/a		
17	Risk Adjustment/Transfer (Paid Claims Basis)	$	(40.48)		
18	Reinsurance Recoveries (State & Federal) (Individual Only, Paid Claims Basis)	$	-		
19	**Subtotal:**	**$**	**(40.48)**		
20					
21	Paid Claims & Captns (Post-3Rs)	**$**	**440.01**	**78.9%**	**$ 201,009,137**
22	Administrative Expense	**$**	**50.59**	9.1%	$ 23,111,758
23	Broker Commissions & Fee	**$**	**20.54**	3.7%	$ 9,385,231
24	Contribution to Reserve (CtR) - Post-FIT	$	11.01	**2.0%**	$ 5,030,764
25	Investment Income Credit	$	(0.00)	**0.0%**	$ (248)
26					
27	**Non-ACA Taxes & Fees**				
28	State Premium Tax	$	11.15	**2.0%**	$ 5,095,556
29	State Assessment Fees	$	0.60	**0.1%**	$ 274,232
30	State Income Tax (SIT)	$	-	**0.0%**	$ -
31	Federal Income Tax (FIT)	$	3.00	**0.5%**	$ 1,372,026
32					
33	**ACA Taxes & Fees**				
34	Health Insurer Fee	$	7.80	**1.4%**	$ 3,561,956
35	***Reinsurance Contribution***	**$**	**-**	0.0%	$ -
36	Risk Adjustment User Fee	**$**	**0.13**	0.0%	$ 59,387
37	***Exchange Assessment Fee***	$	5.58	**1.0%**	$ 2,547,778
38	***Exchange User Fees (FFEs Only)***	**$**	**-**	0.0%	$ -
39	Patient-Centered Outcomes Research Institute (PCORI) Tax	**$**	**0.20**	0.0%	$ 90,729
40					
41	BlueRewards/Incentive Program-Medical Debit Cards	**$**	**7.09**	1.3%	$ 3,239,478
42					
43	Other	**$**	**-**	0.0%	$ -
44	**TOTAL**	**$**	**557.72**	**100.0%**	**$ 254,777,783**
45					
46	Contribution to Reserve (CtR) - Pre-FIT			2.8%	
47					
48	**FHCR MEDICAL LOSS RATIO**				
49	Risk Adjustment	$	(40.48)		$ (18,493,766)
50	Reinsurance Receipts (Individual Only)	$	-		$ -
51	BlueRewards/Incentive Program-Medical Debit Cards	$	7.09		$ 3,239,478
52	Quality Improvement Expenses	$	4.84		$ 2,211,545
53	Removal of costs which we book as care, but are not considered care under MLR guidelines (including ITS fees)	$	5.79		$ 2,643,142
54	**Numerator (Claims) Adjustment**	**$**	**(22.77)**		**$ (10,399,601)**
55					
56	Non-ACA: Taxes & Regulatory Fees	State Premium Tax $	11.15		$ 5,095,556
57		State Assmt Fee $	0.60		$ 274,232
58		State Income Tax $	-		$ -
59		Federal Income Tax $	3.00		$ 1,372,026
60					$ -
61	ACA: Taxes & Regulatory Fees	Health Insurer Fee $	7.80		$ 3,561,956
62		Reinsurance Contribution $	-		$ -
64		Risk Adj User Fees $	0.13		$ 59,387
65		Exchange Assessment Fee $	5.58		$ 2,547,778
66		Exchange User Fee $	-		$ -
67		PCORI $	0.20		$ 90,729
68	**Denominator (Premium) Adjustment**	**$**	**28.46**		**$ 13,001,664**
69					
70	FHCR Claims	$	457.73		$ 209,103,302
71	FHCR MLR Premium	$	529.25		$ 241,776,119
72	**FHCR Loss Ratio**		**86.5%**		

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

2017 DC Small Group GHMSI
Exhibit 8 - Risk Adjustment

2015

Metallic Tier	Member Months	Distribution	PLRS	ARF	Transfer $	PMPM
Bronze	4,212	1%	1.147	1.173	$30,504	$7.24
Silver	22,447	6%	1.398	1.078	$1,314,239	$58.55
Gold	161,077	40%	1.409	1.054	$3,308,852	$20.54
Platinum	218,146	54%	1.665	1.057	$10,869,908	$49.83
Total	405,883	100%	1.543	1.058	$15,523,503	$38.25

Statewide		1.389	1.042
State Average Premium	$448.83		

2016

Metallic Tier	Member Months	Distribution	PLRS	ARF	Transfer $	PMPM
Bronze	0	0%	1.097	1.185	$0	
Silver	59,308	15%	1.316	1.089	$1,912,032	$32.24
Gold	122,664	31%	1.429	1.065	$2,991,182	$24.39
Platinum	209,742	54%	1.661	1.068	$9,647,614	$46.00
Total	391,714	100%	1.536	1.070	$14,362,493	$36.67

Statewide		1.388	1.049
State Average Premium	$463.64		

2017

Metallic Tier	Member Months	Distribution	PLRS	ARF	Transfer $	PMPM
Bronze	0	0%	1.097	1.185	$0	
Silver	62,624	16%	1.316	1.089	$2,085,550	$33.30
Gold	115,738	30%	1.429	1.065	$2,915,430	$25.19
Platinum	213,493	54%	1.661	1.068	$10,144,193	$47.52
Total	391,855	100%	1.53727	1.0703	$14,945,485	$38.14

Statewide		1.375	1.050
State Average Premium	$478.94		

Assumptions:
1. Statewide risk adjustment factors are assumed to move proportionately with movement in the estimated CareFirst risk fac
2. Statewide Average Premiums increase at the 2015 / 2014 rate.
3. 2016 and 2017 estimates account for mapped changes in metal levels that occur at renewal

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

Summary of Wakely Small Group Modeling

		(1)	(2)	(3)	(4) = (2) x 1.00	(5)	(6)	(7) = ((4) + (5))/(6)	(8) = (1)	(9) = 1 + (7)/(8)
		Projected Index Rate	Estimated Risk Adjustment PMPM (Applied to Projected Index Rate)	Calculated Risk Adjustment Factor	Proposed Risk Adjustment PMPM Applied to Projected Index Rate	Risk Adjustment User Fee PMPM**	Avg Paid/Allowed Ratio	Net Risk Transfer Allowed Basis	Projected Index Rate After Reinsurance Adjustment	Proposed Value for Rate Filing
GHMSI	1Q17	$ 550.96	$ (38.14)	0.9308	$ (38.14)	$ 0.13	85.8%	$ (44.31)	$ 550.96	0.9196
	2Q17	$ 561.99	$ (38.14)	0.9321	$ (38.14)	$ 0.13	85.8%	$ (44.31)	$ 561.99	0.9212
	3Q17	$ 573.31	$ (38.14)	0.9335	$ (38.14)	$ 0.13	85.8%	$ (44.31)	$ 573.31	0.9227
	4Q17	$ 584.94	$ (38.14)	0.9348	$ (38.14)	$ 0.13	85.8%	$ (44.31)	$ 584.94	0.9243

* The proposed risk adjustment was developed based on a multi-carrier study conducted by Wakely Consulting Group.

** Risk Adjustment User Fee = $1.56 PMPY / 12 = $0.13 PMPM.

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

Support for DICR Components

Estimated Breakdown of Admin Costs

	% of Revenue
Salaries/Wages/Benefits	3.9%
Quality Improvement Activities	0.9%
Other General Admin	4.3%
Total Admin Costs	**9.0%**

ACA Fees

Policy years ending 10/31/2017 - 9/30/2018			$2.35	PMPY
	Divide by 12:	**$**	**0.20**	PMPM
Policy years ending 10/31/2018 forward			$2.44	PMPY
	Divide by 12:	**$**	**0.20**	PMPM
Reinsurance Contribution 2017		**$**	**-**	PMPM
Risk Adjustment User Fees		$	1.56	PMPY
	Divide by 12:	**$**	**0.13**	PMPM
Health Insurer Fee 2017			**0.0%**	of premium
Health Insurer Fee 2018			**2.6%**	of premium
Exchange Fees			**0.0%**	of premium
Exchange Assessment Fee 2017			**1.0%**	of premium

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017
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 page 28 for support of these factors.

Service Category	Other Factor	Description of Adjustment
Inpatient	1.013	Factor of 1.013 for the impact of the increased age of the pool.
Outpatient	1.013	Factor of 1.013 for the impact of the increased age of the pool.
Professional	1.013	Factor of 1.013 for the impact of the increased age of the pool.
Other	1.013	Factor of 1.013 for the impact of the increased age of the pool.
Rx	0.947	Multiplicative factors of 1.013 for the impact of the increased age of the pool and 0.935 to reflect a projected increase in pharmacy rebates.
Capitation	0.830	Factor of 0.830 to adjust for changes to the capitation fee schedule to occur in the rating period.

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

Support for "Other" Adjustment Factors

1. Factors to Adjust for Capitation Schedule Changes

		Allowed Claims	Item	Calculation
Experience Period Capitation PMPM		$ 1.06	(1)	
Projected Difference in Capitations PMPM due to lower negotiated rates		($0.18)	(2)	
Adjustment Factor - Impact to Capitations only (Blended Across Single Risk Pool)		**-17.0%**	(3)	= (2) / (1)

2. Pharmacy Rebates Adjustment

CareFirst changed its Pharmacy Benefits Manager (PBM) in 2014 and has received increased pharmacy rebates as a result of this change. The adjustment below is the ratio of the rebate PMPM for the last 3 months of 2015, which better represents current and future higher rebates, over the average rebate PMPM for all of 2015.

Ind64-				
Experience Period Allowed Rx PMPM (Pre-Rebate)		$ 173.15	(1)	
Experience Period Pharmacy Rebates PMPM		($13.81)	(2)	
Projection Period Pharmacy Rebates PMPM		($23.32)	(3)	
Rebate adjustment factor - Impact to Rx only (Ind64- Only)	-6.0%	**-6.0%**	(4)	= [(3)-(2)] / [(1)+(2)]
Small Group				
Experience Period Allowed Rx PMPM (Pre-Rebate)		$ 122.60	(1)	
Experience Period Pharmacy Rebates PMPM		($29.28)	(2)	
Projection Period Pharmacy Rebates PMPM		($35.43)	(3)	
Rebate adjustment factor - Impact to Rx only (Small Group Only)	-6.6%	**-6.6%**	(4)	= [(3)-(2)] / [(1)+(2)]
Rebate Adjustment Factor - Impact to Rx only (Blended Across Single Risk Pool)		**-6.5%**		

3. Demographic Factor Derivation (see page 30 for details)

Average Relative Risk using 6/30/15 Age Distribution	1.695	(1)	
Average Relative Risk using 2/29/16 Age Distribution	1.717	(2)	
Demographic Impact (Blended Across Single Risk Pool)	**1.3%**	(3)	= (2) / (1) -1

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 1/1/2017
Support for Induced Demand Adjustment - Small Group/Individual Combined

		Item	Calculation
2015 AV	83.34%	(1)	
2015 Induced Demand Factor	1.103	(2)	
2017 AV	83.29%	(3)	
2017 Induced Demand Factor	1.103	(4)	
Buydown Impact Implied by Base Period and Projected Average AVs	0.0%	(5)	=(4)/(2) - 1

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

Demographic Factor Derivation

The factor below represents the change in age factors from our 2015 ACA enrollment vs. actual results from ACA open enrollment through 2/29/16.

The factor is applied as change to all service categories, except capitations, on the Index Rate Derivation page. The factor is specifically applied to the Other Projection Factors section.

The age factors used to calculate the increase in demographic factor are based on our internal data that has a slope of approximately 4.5:1 for adults. We think this better approximates actual claims experience than the Federal curve which is constrained to a 3:1 slope.

	Members	Total Age Factor		Members	Total Age Factor	
Totals	42,781	72,534.40		43,323	74,405.20	**Change**
Average Age Factor		1.695			1.717	**1.3%**
Average Age		42.4			42.6	**0.2**
	6/30/2015	CF		2/29/2016	CF	
Age	Members	Factor	Mem x Age Factor	Members	Factor	Mem x Age Factor
0-20	9858	0.750	7,393.50	9531	0.750	7,148.25
21	326	1.000	325.83	305	1.000	305.33
22	491	1.016	498.75	420	1.016	427.11
23	650	1.048	681.28	607	1.048	636.72
24	792	1.065	842.92	706	1.065	751.90
25	948	1.081	1,024.27	869	1.081	939.44
26	1210	1.113	1,346.43	1182	1.113	1,315.82
27	1078	1.129	1,217.10	1076	1.129	1,214.84
28	1063	1.145	1,217.31	1112	1.145	1,273.42
29	1083	1.177	1,275.15	1134	1.177	1,335.19
30	1004	1.194	1,198.32	1126	1.194	1,343.94
31	1024	1.226	1,255.23	1065	1.226	1,305.48
32	1013	1.242	1,258.08	1053	1.242	1,307.76
33	910	1.274	1,159.52	1035	1.274	1,318.79
34	862	1.290	1,112.26	941	1.290	1,214.19
35	901	1.323	1,191.65	889	1.323	1,175.77
36	824	1.339	1,103.10	911	1.339	1,219.56
37	802	1.371	1,099.52	851	1.371	1,166.69
38	753	1.403	1,056.63	826	1.403	1,159.06
39	741	1.419	1,051.74	783	1.419	1,111.35
40	716	1.452	1,039.35	757	1.452	1,098.87
41	671	1.548	1,038.97	678	1.548	1,049.81
42	702	1.629	1,143.58	690	1.629	1,124.03
43	676	1.694	1,144.84	715	1.694	1,210.89
44	706	1.774	1,252.58	707	1.774	1,254.35
45	724	1.855	1,342.90	711	1.855	1,318.79
46	734	1.952	1,432.48	718	1.952	1,401.26
47	660	2.032	1,341.29	727	2.032	1,477.45
48	637	2.129	1,356.19	653	2.129	1,390.26
49	654	2.226	1,455.68	633	2.226	1,408.94
50	587	2.323	1,363.35	622	2.323	1,444.65
51	630	2.468	1,554.68	592	2.468	1,460.90
52	618	2.597	1,604.81	652	2.597	1,693.10
53	660	2.710	1,788.39	593	2.710	1,606.84
54	621	2.823	1,752.82	630	2.823	1,778.23
55	561	2.968	1,664.90	612	2.968	1,816.26
56	535	3.097	1,656.77	564	3.097	1,746.58
57	541	3.258	1,762.61	546	3.258	1,778.90
58	497	3.387	1,683.39	545	3.387	1,845.97
59	503	3.565	1,792.95	512	3.565	1,825.03
60	502	3.710	1,862.26	532	3.710	1,973.55
61	456	3.871	1,765.16	495	3.871	1,916.13
62	454	4.065	1,845.29	484	4.065	1,967.23
63	464	4.258	1,975.74	449	4.258	1,911.87
64 and Over	1940	4.435	8,604.84	2082	4.435	9,234.68
	42,781		**72,534.40**	**43,323**		**74,405.20**

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

Derivation of Age Calibration Factor
Based on Approved DC Age Factors from 1/1/2015

Projected Pool Allowed PMPM	**$**	**553.26**
Total Estimated Allowed $ Per Month, Based on Age Factors	$	22,362,593
Total Experience Members		37,812
PMPM Based On Age Factors	$	591.42
Calibration Adjustment		**0.935**
Average Age Factor		**1.069**

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

Small Group 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 GHMSI Small Group

	Midpoint AV	Projected 2017 Member Months	Utilization Impact Relative to Bronze	Impact Relative to Average *
Platinum	90%	214,896	**1.150**	1.044
Gold	80%	116,424	**1.080**	0.980
Silver	70%	63,456	**1.030**	0.935
Subtotal:		394,776		
Average	83.8%		1.110	

	Impact of Health Savings/Reimbursement Account	Projected 2017 Member Months
HSA/HRA	0.960	58,284
All Other *	1.006	336,492
Total	0.999	394,776

* Please refer to page 33 for normalization.

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

Support for Normalization Across Individual (Ind) and Small Group (SG) Markets

Metal Level	Market	Initial Factor	Projected MMs	Normalized Factors
Platinum	SG & Ind	1.150	214,896	1.044
Gold	SG & Ind	1.080	145,505	0.980
Silver	SG & Ind	1.030	86,796	0.935
Silver 200	Ind	1.030	631	0.935
Bronze	SG & Ind	1.000	8,996	0.908
Subtotal:		1.102	456,824	1.000

	Market	Initial Factor	Projected MMs	Normalized Factors
HSA/HRA	SG	0.960	58,284	0.960
Other	SG & Ind		398,540	1.006
Subtotal:			456,824	1.000

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

Rating Methdology & Sample Calculation

Methodology

Group ABC
Selects BluePreferred Gold Plan

	Employee 1	**Employee 2**
1. For each subscriber in a group, identify:		
All dependents associated with the subscriber including the following categories:	A spouse, and 1 child	5 children
Spouse/Domestic Partner	1	0
# of children ages 21 or older	0	1
# of children ages under 21 (if more than 3, select 3 oldest children)	1	4

	Subscriber	**Spouse**	**Child 1**	**Subscriber**	**Child 1 ***	**Child 2**	**Child 3**	**Child 4**	**Child 5**
2. For each subscriber and dependent, identify their age.	46	34	15	52	6	10	13	18	22
3. Determine appropriate age factor.	1.227	0.856	0.654	1.545		0.654	0.654	0.654	0.727
4. Idenfity the appropriate consumer level base rate.	$474.64	$474.64	$474.64	$474.64		$474.64	$474.64	$474.64	$474.64
5. Multiply the (base rate x age factor) and round to the nearest whole cent to determine the member's individual rate.	$582.38	$406.29	$310.41	$733.32		$310.41	$310.41	$310.41	$345.06

6. The group's total rate is the sum of individual rates for all members combined. **$3,308.69**

* 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 1/1/2017

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-129567873, effective 1/1/2015.

APPENDIX

CareFirst BlueCross BlueShield (GHMSI)
(NAIC # 53007)
D.C. Small Group Products - On Exchange
Rates Effective 1/1/2017
Non-Grandfathered Experience for Pre-ACA Plans

Existing Closed Pre-ACA Products Included in Experience Period

HIOS Product ID	HIOS Product Name	On/Off Exchange	Member Months	Total Premium	Total Allowed Claims *	Incurred Claims *
78079DC008	BluePreferred	N/A	44	$ 65,049	$ 189,668	$ 177,878
78079DC010	BluePreferred HRA	N/A	-	$ -	$ 3,767	$ 3,282
78079DC009	BluePreferred HSA	N/A	-	$ -	$ -	$ -
78079DC015	BluePreferred HDHP	N/A	-	$ 1,872	$ 5,840	$ 5,056
78079DC011	Indemnity	N/A	60	$ 47,436	$ 29,950	$ 29,011
	Subtotal Termed Non-ACA for URRT		**104**	**$ 114,357**	**$ 229,225**	**$ 215,228**

*** These amounts do not include pharmacy rebates or capitations.**

CareFirst BlueCross BlueShield (GHMSI)
(NAIC # 53007)
D.C. Small Group Products - On Exchange
Rates Effective 1/1/2017
Non-Grandfathered Experience for ACA Plans

Existing ACA Products Included in Experience Period

2015 HIOS Plan ID	2015 HIOS Plan Name	2017 HIOS Plan ID *	2017 HIOS Plan Name	On/Off Exchange	Contracts a/o Dec 2015	Member Months	Total Premium	Total Allowed Claims **	Incurred Claims **
78079DC0190001	BlueCross BlueShield Preferred 2000, A Multi-State Plan	78079DC0220033	BluePreferred PPO HSA/HRA 2000 80%/60%	On	26	150	$ 60,428	$ 34,616	$ 19,031
78079DC0230003	BluePreferred PPO HSA/HRA $4,000	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	On	17	189	$ 38,898	$ 12,230	$ 4,324
78079DC0170001	BlueCross BlueShield Preferred 1000, A Multi-State Plan	78079DC0220032	BluePreferred PPO 1000 90%/70%	On	192	3,848	$ 1,537,893	$ 1,170,837	$ 926,072
78079DC0220016	BluePreferred PPO 100%/80%, Rx: $10/20%/40%/50%	78079DC0220024	BluePreferred PPO Platinum 0	On	61	928	$ 495,999	$ 412,965	$ 383,258
78079DC0220018	BluePreferred PPO $1000 $30/$40	78079DC0220026	BluePreferred PPO Silver 1000	On	116	574	$ 168,351	$ 308,119	$ 235,754
78079DC0220019	BluePreferred PPO $500 $20/$30	78079DC0220021	BluePreferred PPO Gold 500	On	544	6,607	$ 2,522,036	$ 2,820,750	$ 2,373,976
78079DC0230008	BluePreferred PPO HSA/HRA $1,400	78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500	On	1,574	34,904	$ 14,772,906	$ 15,617,168	$ 12,430,585
78079DC0230009	BluePreferred PPO HSA/HRA $4,500	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	On	86	2,313	$ 686,408	$ 1,351,051	$ 1,039,473
78079DC0230010	BluePreferred PPO HSA/HRA $2000, 100%/80%	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	On	674	16,794	$ 6,060,223	$ 7,585,772	$ 5,788,949
78079DC0230011	BluePreferred PPO HSA/HRA $1,800	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	On	75	1,956	$ 699,188	$ 1,160,187	$ 983,203
78079DC0220012	BluePreferred PPO $1,000 100%/80%	78079DC0220020	BluePreferred PPO Gold 1000	On	1,916	46,854	$ 20,584,283	$ 25,848,993	$ 22,608,185
78079DC0220006	BluePreferred PPO $500	78079DC0220025	BluePreferred PPO Platinum 500	On	3,020	63,617	$ 34,697,952	$ 31,897,541	$ 28,945,475
78079DC0220007	BluePreferred PPO $1,200	78079DC0220031	BluePreferred PPO Gold 1500	On	791	22,288	$ 10,208,060	$ 11,275,119	$ 9,507,141
78079DC0220015	BluePreferred PPO $2,000	78079DC0220031	BluePreferred PPO Gold 1500	On	500	12,132	$ 4,739,838	$ 5,171,749	$ 4,390,781
78079DC0220011	BluePreferred PPO $4,500	78079DC0220026	BluePreferred PPO Silver 1000	On	83	1,994	$ 711,769	$ 1,077,895	$ 837,292
78079DC0220014	BluePreferred PPO $1,000 80%/60%	78079DC0220020	BluePreferred PPO Gold 1000	On	433	9,631	$ 3,688,560	$ 4,048,232	$ 3,465,872
78079DC0220013	BluePreferred PPO 100%/80%, Rx:$10/$45/$65/50%	78079DC0220024	BluePreferred PPO Platinum 0	On	6,489	147,058	$ 83,604,033	$ 71,562,879	$ 66,536,313
78079DC0300005	HealthyBlue PPO $300	78079DC0220030	HealthyBlue PPO Platinum 500	On	263	4,538	$ 2,317,435	$ 2,167,669	$ 1,992,362
78079DC0300006	HealthyBlue PPO $600	78079DC0220029	HealthyBlue PPO Platinum 1000	On	113	2,546	$ 1,196,599	$ 805,928	$ 720,226
78079DC0300004	HealthyBlue PPO $1,500	78079DC0220027	HealthyBlue PPO Gold 1500	On	1,396	26,453	$ 9,868,715	$ 10,429,877	$ 9,286,270
78079DC0310002	HealthyBlue PPO HSA/HRA $2,000	78079DC0220028	HealthyBlue PPO HSA/HRA Silver 2000	On	178	3,376	$ 1,287,424	$ 1,192,438	$ 790,001
				Total	**18,547**	**408,750**	**$ 199,946,998**	**$ 195,952,014**	**$ 173,264,543**

*** Experience for mapped plans will be listed in the URRT under these 2017 HIOS Plan IDs.**

**** These amounts do not include pharmacy rebates or capitations.**

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017
Blended Index Rate

Effective Date	Index Rate	Total Member Months	%	Average Members
1/1/2017	$ 550.96	91,572	23%	7,631
4/1/2017	$ 561.99	29,976	8%	2,498
7/1/2017	$ 573.31	75,504	19%	6,292
10/1/2017	$ 584.94	197,724	50%	16,477
Blended	**$ 573.09**	**394,776**	**100%**	**32,898**

CareFirst BlueCross BlueShield (GHMSI)

D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

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

Experience Period: Incurred 201501 - 201512, Paid through 201602

						Completed		Rolling 12 PMPM			Rolling 12 Trend		
Month	**Contracts**	**Members**	**Allowed**	**Admits**	**Completion Factor**	**Allowed**	**Admits**	**Allowed**	**Admits/1000**	**Unit Cost**	**Allowed**	**Admits/1000**	**Unit Cost**
201304	21,193	38,080	$2,706,146	158	1.00	$2,706,146	158						
201305	21,193	37,963	$2,328,360	182	1.00	$2,328,360	182						
201306	21,060	37,755	$2,621,955	183	1.00	$2,621,955	183						
201307	21,055	37,782	$2,467,150	183	1.00	$2,467,151	183						
201308	21,353	38,228	$2,531,449	182	1.00	$2,531,450	182						
201309	21,182	37,860	$4,240,017	166	1.00	$4,240,034	166						
201310	21,207	37,864	$2,806,086	163	1.00	$2,806,131	163						
201311	21,254	38,041	$2,919,765	182	1.00	$2,919,843	182						
201312	21,331	38,279	$2,854,604	183	1.00	$2,854,683	183						
201401	24,902	44,057	$5,284,759	242	1.00	$5,284,972	242						
201402	25,080	44,387	$3,061,450	223	1.00	$3,061,667	223						
201403	24,931	44,090	$3,129,745	234	1.00	$3,129,990	234	$77.90	57.70	$16,199.64			
201404	24,785	43,924	$3,482,980	224	1.00	$3,483,296	224	$78.57	58.65	$16,075.08			
201405	24,805	43,935	$2,515,112	204	1.00	$2,515,966	204	$77.99	58.47	$16,004.50			
201406	24,716	43,873	$3,541,957	214	1.00	$3,543,615	214	$78.89	58.50	$16,181.12			
201407	24,316	43,152	$3,125,059	199	1.00	$3,126,897	199	$79.36	58.26	$16,346.26			
201408	24,062	42,822	$5,181,493	198	1.00	$5,185,635	198	$83.92	58.11	$17,328.84			
201409	23,690	42,199	$2,518,516	180	1.00	$2,520,958	180	$79.81	57.95	$16,525.84			
201410	23,274	41,506	$3,974,070	200	1.00	$3,978,486	200	$81.54	58.41	$16,750.17			
201411	22,980	40,925	$2,746,742	170	1.00	$2,750,780	170	$80.75	57.81	$16,761.38			
201412	21,579	38,192	$2,412,514	188	1.00	$2,417,050	188	$79.91	57.95	$16,548.57			
201501	21,542	37,787	$3,051,955	165	1.00	$3,058,941	165	$76.51	56.85	$16,149.90			
201502	21,542	37,690	$2,169,380	170	1.00	$2,175,110	170	$75.76	56.35	$16,133.93			
201503	21,607	37,674	$3,286,825	226	1.00	$3,298,592	227	$77.09	56.90	$16,255.76	-1.0%	-1.4%	0.3%
201504	21,614	37,643	$2,871,128	184	0.99	$2,887,588	185	$76.86	56.68	$16,272.15	-2.2%	-3.4%	1.2%
201505	21,454	37,323	$3,169,873	189	0.99	$3,194,026	190	$79.32	57.12	$16,665.36	1.7%	-2.3%	4.1%
201506	21,398	37,220	$3,518,275	176	0.99	$3,553,332	178	$80.46	57.00	$16,938.61	2.0%	-2.6%	4.7%
201507	21,342	37,169	$3,425,587	201	0.99	$3,470,365	204	$82.22	57.84	$17,056.91	3.6%	-0.7%	4.3%
201508	21,210	36,937	$3,058,978	185	0.98	$3,119,754	189	$78.80	58.33	$16,209.44	-6.1%	0.4%	-6.5%
201509	21,229	36,930	$2,982,819	169	0.97	$3,064,581	174	$80.89	58.83	$16,499.42	1.4%	1.5%	-0.2%
201510	21,162	36,764	$3,055,234	186	0.96	$3,172,910	193	$79.96	59.26	$16,190.92	-1.9%	1.5%	-3.3%
201511	21,237	36,921	$1,986,932	139	0.94	$2,108,233	147	$79.24	59.18	$16,067.03	-1.9%	2.4%	-4.1%
201512	21,076	36,508	$2,577,822	168	0.92	$2,791,730	182	$80.38	59.23	$16,283.93	0.6%	2.2%	-1.6%
201601	21,871	37,311	$2,092,577	154	0.78	$2,692,072	198	$79.64	60.19	$15,879.60	4.1%	5.9%	-1.7%
201602	22,711	38,298	$384,657	32	0.28	$1,393,274	116	$77.79	58.63	$15,920.89	2.7%	4.0%	-1.3%
Experience Period	256,413	446,566	$35,154,806	2,158	0.98	$35,895,163	2,204						
201503	21,607	37,674									-1.0%	-1.4%	0.3%
201509	21,229	36,930									1.4%	1.5%	-0.2%
201512	21,076	36,508									0.6%	2.2%	-1.6%
Avg last 6 months	21,209	36,872									-0.7%	1.2%	-1.9%
Selected Pricing Trend												**1.0%**	**0.0%**

CareFirst BlueCross BlueShield (GHMSI)

D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

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

Experience Period: Incurred 201501 - 201512, Paid through 201602

						Completed		Rolling 12 PMPM			Rolling 12 Trend		
Month	**Contracts**	**Members**	**Allowed**	**Visits**	**Completion Factor**	**Allowed**	**Visits**	**Allowed**	**Visits/1000**	**Unit Cost**	**Allowed**	**Visits/1000**	**Unit Cost**
201304	21,193	38,080	$3,124,547	2,675	1.00	$3,124,547	2,675						
201305	21,193	37,963	$3,196,739	2,705	1.00	$3,196,739	2,705						
201306	21,060	37,755	$2,952,037	2,541	1.00	$2,952,037	2,541						
201307	21,055	37,782	$3,352,561	2,681	1.00	$3,352,562	2,681						
201308	21,353	38,228	$3,087,963	2,707	1.00	$3,087,965	2,707						
201309	21,182	37,860	$2,918,120	2,561	1.00	$2,918,132	2,561						
201310	21,207	37,864	$3,368,061	2,803	1.00	$3,368,114	2,803						
201311	21,254	38,041	$2,980,658	2,499	1.00	$2,980,738	2,499						
201312	21,331	38,279	$3,066,125	2,745	1.00	$3,066,211	2,745						
201401	24,902	44,057	$3,631,473	3,220	1.00	$3,631,611	3,220						
201402	25,080	44,387	$3,541,154	2,970	1.00	$3,541,389	2,970						
201403	24,931	44,090	$4,133,029	3,156	1.00	$4,133,319	3,156	$82.96	841.43	$1,183.07			
201404	24,785	43,924	$3,761,331	3,258	1.00	$3,761,719	3,258	$83.27	845.77	$1,181.51			
201405	24,805	43,935	$3,664,390	3,160	1.00	$3,665,771	3,161	$83.22	846.64	$1,179.47			
201406	24,716	43,873	$3,782,931	3,151	1.00	$3,784,718	3,152	$83.87	851.03	$1,182.66			
201407	24,316	43,152	$4,131,300	3,204	1.00	$4,133,627	3,206	$84.54	854.50	$1,187.18			
201408	24,062	42,822	$4,019,387	3,027	1.00	$4,022,413	3,029	$85.62	854.38	$1,202.62			
201409	23,690	42,199	$3,677,139	3,204	1.00	$3,680,697	3,207	$86.40	862.37	$1,202.22			
201410	23,274	41,506	$4,504,989	3,368	1.00	$4,510,129	3,372	$88.02	869.59	$1,214.61			
201411	22,980	40,925	$3,909,356	2,895	1.00	$3,915,330	2,899	$89.34	874.07	$1,226.60			
201412	21,579	38,192	$4,201,120	2,950	1.00	$4,209,143	2,956	$91.59	879.14	$1,250.14			
201501	21,542	37,787	$4,014,544	2,855	1.00	$4,022,647	2,861	$93.49	881.50	$1,272.71			
201502	21,542	37,690	$3,258,294	2,473	1.00	$3,267,034	2,480	$94.20	881.54	$1,282.24			
201503	21,607	37,674	$3,871,159	2,909	1.00	$3,884,583	2,919	$94.92	887.23	$1,283.76	14.4%	5.4%	8.5%
201504	21,614	37,643	$3,844,032	2,738	0.99	$3,866,070	2,754	$96.35	886.24	$1,304.65	15.7%	4.8%	10.4%
201505	21,454	37,323	$3,659,514	2,685	0.99	$3,687,453	2,705	$97.72	887.05	$1,321.99	17.4%	4.8%	12.1%
201506	21,398	37,220	$3,707,901	2,796	0.99	$3,745,006	2,824	$99.01	891.19	$1,333.20	18.0%	4.7%	12.7%
201507	21,342	37,169	$3,589,807	2,848	0.99	$3,636,810	2,885	$99.21	894.36	$1,331.21	17.4%	4.7%	12.1%
201508	21,210	36,937	$3,571,519	2,797	0.98	$3,642,212	2,852	$99.66	901.15	$1,327.03	16.4%	5.5%	10.3%
201509	21,229	36,930	$3,441,562	2,725	0.97	$3,535,624	2,799	$100.49	900.84	$1,338.58	16.3%	4.5%	11.3%
201510	21,162	36,764	$3,903,134	2,770	0.96	$4,053,445	2,877	$100.53	897.14	$1,344.68	14.2%	3.2%	10.7%
201511	21,237	36,921	$3,831,600	2,802	0.94	$4,065,368	2,973	$101.76	907.13	$1,346.18	13.9%	3.8%	9.7%
201512	21,076	36,508	$4,013,620	2,877	0.92	$4,344,916	3,116	$102.45	914.86	$1,343.83	11.9%	4.1%	7.5%
201601	21,871	37,311	$3,561,668	2,563	0.78	$4,577,771	3,295	$103.80	927.50	$1,343.02	11.0%	5.2%	5.5%
201602	22,711	38,298	$878,827	938	0.28	$3,119,677	3,323	$103.33	948.91	$1,306.77	9.7%	7.6%	1.9%
Experience Period	256,413	446,566	$44,706,687	33,275	0.98	$45,751,169	34,045						
201503	21,607	37,674									14.4%	5.4%	8.5%
201509	21,229	36,930									16.3%	4.5%	11.3%
201512	21,076	36,508									11.9%	4.1%	7.5%
Avg last 6 months	21,209	36,872									15.0%	4.3%	10.3%
Selected Pricing Trend												**3.5%**	**9.0%**

CareFirst BlueCross BlueShield (GHMSI)

D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

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

Experience Period: Incurred 201501 - 201512, Paid through 201602

						Completed		Rolling 12 PMPM			Rolling 12 Trend		
Month	**Contracts**	**Members**	**Allowed**	**Visits**	**Completion Factor**	**Allowed**	**Visits**	**Allowed**	**Visits/1000**	**Unit Cost**	**Allowed**	**Visits/1000**	**Unit Cost**
201304	21,193	38,080	$5,520,794	34,554	1.00	$5,520,794	34,554						
201305	21,193	37,963	$5,388,719	33,999	1.00	$5,388,719	33,999						
201306	21,060	37,755	$4,958,844	30,922	1.00	$4,958,844	30,922						
201307	21,055	37,782	$5,262,810	32,865	1.00	$5,262,812	32,865						
201308	21,353	38,228	$5,215,064	32,386	1.00	$5,215,067	32,386						
201309	21,182	37,860	$5,243,720	31,924	1.00	$5,243,741	31,924						
201310	21,207	37,864	$5,875,607	37,231	1.00	$5,875,701	37,232						
201311	21,254	38,041	$5,155,049	32,676	1.00	$5,155,187	32,677						
201312	21,331	38,279	$5,182,613	31,902	1.00	$5,182,758	31,903						
201401	24,902	44,057	$6,850,811	39,547	1.00	$6,851,089	39,549						
201402	25,080	44,387	$5,907,566	35,171	1.00	$5,907,976	35,173						
201403	24,931	44,090	$6,161,660	37,366	1.00	$6,162,090	37,369	$140.66	10,385.27	$162.52			
201404	24,785	43,924	$6,409,920	39,255	1.00	$6,410,566	39,259	$140.80	10,376.45	$162.83			
201405	24,805	43,935	$6,341,589	38,630	1.00	$6,344,006	38,645	$141.03	10,363.66	$163.30			
201406	24,716	43,873	$6,194,808	37,835	1.00	$6,197,750	37,853	$141.80	10,403.81	$163.55			
201407	24,316	43,152	$6,273,528	37,905	1.00	$6,277,088	37,927	$142.30	10,413.60	$163.98			
201408	24,062	42,822	$5,938,489	35,377	1.00	$5,943,066	35,404	$142.45	10,390.46	$164.52			
201409	23,690	42,199	$6,158,931	38,179	1.00	$6,164,972	38,217	$143.05	10,450.52	$164.26			
201410	23,274	41,506	$9,245,787	42,905	1.00	$9,256,505	42,954	$148.65	10,510.50	$169.72			
201411	22,980	40,925	$5,442,429	34,095	1.00	$5,450,749	34,147	$148.39	10,485.81	$169.82			
201412	21,579	38,192	$5,703,942	35,042	1.00	$5,714,559	35,107	$149.46	10,562.53	$169.80			
201501	21,542	37,787	$5,816,350	33,890	1.00	$5,828,167	33,959	$149.29	10,560.86	$169.63			
201502	21,542	37,690	$5,003,704	29,892	1.00	$5,017,078	29,972	$149.50	10,577.47	$169.61			
201503	21,607	37,674	$5,804,754	33,806	1.00	$5,824,901	33,923	$150.76	10,631.18	$170.18	7.2%	2.4%	4.7%
201504	21,614	37,643	$5,920,628	34,624	0.99	$5,954,574	34,823	$151.77	10,658.96	$170.87	7.8%	2.7%	4.9%
201505	21,454	37,323	$5,523,819	32,612	0.99	$5,565,982	32,861	$152.24	10,661.18	$171.36	7.9%	2.9%	4.9%
201506	21,398	37,220	$5,842,164	34,404	0.99	$5,900,640	34,749	$153.75	10,732.21	$171.91	8.4%	3.2%	5.1%
201507	21,342	37,169	$6,023,146	34,064	0.99	$6,102,047	34,510	$155.34	10,781.80	$172.89	9.2%	3.5%	5.4%
201508	21,210	36,937	$5,437,893	31,996	0.98	$5,545,871	32,632	$156.46	10,847.10	$173.09	9.8%	4.4%	5.2%
201509	21,229	36,930	$5,509,353	33,202	0.97	$5,659,962	34,110	$157.16	10,864.33	$173.59	9.9%	4.0%	5.7%
201510	21,162	36,764	$6,126,912	36,545	0.96	$6,362,858	37,953	$152.41	10,845.55	$168.63	2.5%	3.2%	-0.6%
201511	21,237	36,921	$5,523,964	32,747	0.94	$5,861,125	34,746	$154.69	10,958.45	$169.39	4.2%	4.5%	-0.3%
201512	21,076	36,508	$5,439,185	32,788	0.92	$5,892,301	35,525	$155.67	11,010.99	$169.65	4.2%	4.2%	-0.1%
201601	21,871	37,311	$4,797,164	28,526	0.78	$6,169,608	36,689	$156.60	11,096.19	$169.35	4.9%	5.1%	-0.2%
201602	22,711	38,298	$2,278,478	14,509	0.28	$8,094,090	51,552	$163.27	11,660.82	$168.02	9.2%	10.2%	-0.9%
Experience Period	256,413	446,566	$67,971,872	400,570	0.98	$69,515,507	409,761						
201503	21,607	37,674									7.2%	2.4%	4.7%
201509	21,229	36,930									9.9%	4.0%	5.7%
201512	21,076	36,508									4.2%	4.2%	-0.1%
Avg last 6 months	21,209	36,872									6.6%	4.0%	2.6%
Selected Pricing Trend												**3.0%**	**2.0%**

CareFirst BlueCross BlueShield (GHMSI)

D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

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

Experience Period: Incurred 201501 - 201512, Paid through 201602

						Completed		Rolling 12 PMPM			Rolling 12 Trend		
Month	**Contracts**	**Members**	**Allowed**	**Services**	**Completion Factor**	**Allowed**	**Services**	**Allowed**	**Services/1000**	**Unit Cost**	**Allowed**	**Services/1000**	**Unit Cost**
201304	21,193	38,080	$782,265	3,001	1.00	$782,265	3,001						
201305	21,193	37,963	$723,683	3,019	1.00	$723,683	3,019						
201306	21,060	37,755	$670,837	2,591	1.00	$670,837	2,591						
201307	21,055	37,782	$859,527	2,774	1.00	$859,527	2,774						
201308	21,353	38,228	$968,478	2,955	1.00	$968,478	2,955						
201309	21,182	37,860	$865,426	2,895	1.00	$865,430	2,895						
201310	21,207	37,864	$940,619	3,310	1.00	$940,634	3,310						
201311	21,254	38,041	$848,856	2,872	1.00	$848,879	2,872						
201312	21,331	38,279	$966,975	2,935	1.00	$967,002	2,935						
201401	24,902	44,057	$933,103	3,301	1.00	$933,141	3,301						
201402	25,080	44,387	$916,056	3,459	1.00	$916,123	3,459						
201403	24,931	44,090	$1,204,239	3,932	1.00	$1,204,331	3,932	$22.51	937.08	$288.31			
201404	24,785	43,924	$1,062,098	4,220	1.00	$1,062,232	4,220	$22.82	956.14	$286.44			
201405	24,805	43,935	$1,185,918	3,709	1.00	$1,186,351	3,710	$23.49	961.46	$293.23			
201406	24,716	43,873	$1,135,003	4,128	1.00	$1,135,533	4,130	$24.15	987.02	$293.57			
201407	24,316	43,152	$1,095,541	4,303	1.00	$1,096,152	4,305	$24.36	1,013.28	$288.50			
201408	24,062	42,822	$1,129,619	3,874	1.00	$1,130,461	3,877	$24.46	1,026.04	$286.08			
201409	23,690	42,199	$1,113,150	4,360	1.00	$1,114,217	4,364	$24.74	1,052.05	$282.22			
201410	23,274	41,506	$1,122,162	4,542	1.00	$1,123,435	4,547	$24.92	1,073.63	$278.58			
201411	22,980	40,925	$1,035,816	4,212	1.00	$1,037,439	4,218	$25.15	1,099.08	$274.61			
201412	21,579	38,192	$1,194,954	5,204	1.00	$1,197,212	5,213	$25.60	1,152.55	$266.58			
201501	21,542	37,787	$1,092,006	4,580	1.00	$1,094,234	4,589	$26.24	1,197.31	$262.98			
201502	21,542	37,690	$1,149,190	4,263	1.00	$1,152,275	4,274	$27.06	1,232.89	$263.41			
201503	21,607	37,674	$1,126,623	4,931	1.00	$1,130,523	4,947	$27.26	1,273.59	$256.89	21.1%	35.9%	-10.9%
201504	21,614	37,643	$1,317,532	5,045	0.99	$1,325,085	5,074	$28.16	1,311.02	$257.71	23.4%	37.1%	-10.0%
201505	21,454	37,323	$1,062,918	4,036	0.99	$1,071,031	4,067	$28.30	1,337.95	$253.85	20.5%	39.2%	-13.4%
201506	21,398	37,220	$1,164,775	4,842	0.99	$1,176,407	4,891	$28.79	1,375.98	$251.05	19.2%	39.4%	-14.5%
201507	21,342	37,169	$1,137,421	4,488	0.99	$1,152,306	4,547	$29.27	1,399.77	$250.96	20.2%	38.1%	-13.0%
201508	21,210	36,937	$1,169,252	4,799	0.98	$1,192,538	4,895	$29.78	1,444.03	$247.48	21.7%	40.7%	-13.5%
201509	21,229	36,930	$1,077,367	2,800	0.97	$1,106,778	2,877	$30.11	1,421.63	$254.14	21.7%	35.1%	-9.9%
201510	21,162	36,764	$1,167,887	1,783	0.96	$1,212,901	1,852	$30.62	1,365.03	$269.20	22.9%	27.1%	-3.4%
201511	21,237	36,921	$890,052	1,365	0.94	$944,353	1,448	$30.69	1,303.06	$282.60	22.0%	18.6%	2.9%
201512	21,076	36,508	$964,784	1,660	0.92	$1,045,658	1,799	$30.46	1,216.23	$300.57	19.0%	5.5%	12.7%
201601	21,871	37,311	$740,474	1,108	0.78	$950,919	1,425	$30.18	1,132.41	$319.76	15.0%	-5.4%	21.6%
201602	22,711	38,298	$264,555	648	0.28	$944,735	2,308	$29.67	1,078.07	$330.25	9.6%	-12.6%	25.4%
Experience Period	256,413	446,566	$13,319,807	44,592	0.98	$13,604,090	45,261						
201503	21,607	37,674									21.1%	35.9%	-10.9%
201509	21,229	36,930									21.7%	35.1%	-9.9%
201512	21,076	36,508									19.0%	5.5%	12.7%
Avg last 6 months	21,209	36,872									21.2%	27.5%	-4.0%
Selected Pricing Trend												**10.0%**	**0.0%**

CareFirst BlueCross BlueShield (GHMSI)

D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

D.C. GHMSI Non-Grandfathered Small Group & Individual Base Experience Rx

Experience Period: Incurred 201501 - 201512, Paid through 201602

						Completed		Rolling 12 PMPM			Rolling 12 Trend		
Month	**Contracts**	**Members**	**Allowed**	**Scripts**	**Completion Factor**	**Allowed**	**Scripts**	**Allowed**	**Scripts/1000**	**Unit Cost**	**Allowed**	**Scripts/1000**	**Unit Cost**
201304	21,193	38,080	$3,899,240	30,309	1.00	$3,899,240	30,309						
201305	21,193	37,963	$3,930,227	30,653	1.00	$3,930,227	30,653						
201306	21,060	37,755	$3,725,243	28,297	1.00	$3,725,243	28,297						
201307	21,055	37,782	$4,132,836	29,811	1.00	$4,132,836	29,811						
201308	21,353	38,228	$4,070,732	28,952	1.00	$4,070,732	28,952						
201309	21,182	37,860	$4,028,614	28,139	1.00	$4,028,614	28,139						
201310	21,207	37,864	$4,347,031	29,816	1.00	$4,347,031	29,816						
201311	21,254	38,041	$4,016,316	27,900	1.00	$4,016,316	27,900						
201312	21,331	38,279	$4,509,982	30,520	1.00	$4,509,982	30,520						
201401	24,902	44,057	$4,033,791	32,300	1.00	$4,033,791	32,300						
201402	25,080	44,387	$3,915,004	30,909	1.00	$3,915,004	30,909						
201403	24,931	44,090	$4,502,629	34,367	1.00	$4,502,629	34,367	$103.53	9,156.42	$135.68			
201404	24,785	43,924	$4,603,148	34,763	1.00	$4,603,148	34,763	$103.73	9,156.29	$135.95			
201405	24,805	43,935	$4,797,938	35,221	1.00	$4,797,938	35,221	$104.24	9,156.56	$136.61			
201406	24,716	43,873	$4,903,870	33,944	1.00	$4,903,870	33,944	$105.34	9,180.42	$137.70			
201407	24,316	43,152	$5,058,992	34,256	1.00	$5,058,992	34,256	$106.07	9,188.54	$138.52			
201408	24,062	42,822	$4,539,088	32,694	1.00	$4,539,088	32,694	$106.03	9,193.90	$138.39			
201409	23,690	42,199	$4,496,990	33,052	1.00	$4,496,990	33,052	$106.04	9,231.53	$137.85			
201410	23,274	41,506	$4,921,062	33,942	1.00	$4,921,062	33,942	$106.41	9,262.67	$137.86			
201411	22,980	40,925	$4,402,919	31,509	1.00	$4,402,919	31,509	$106.57	9,295.01	$137.58			
201412	21,579	38,192	$4,593,670	33,505	1.00	$4,593,670	33,505	$106.75	9,366.40	$136.76			
201501	21,542	37,787	$4,440,385	31,152	1.00	$4,440,385	31,152	$108.87	9,455.10	$138.18			
201502	21,542	37,690	$4,050,318	28,027	1.00	$4,050,318	28,027	$110.60	9,512.56	$139.52			
201503	21,607	37,674	$4,596,098	30,972	1.00	$4,596,098	30,972	$112.23	9,553.67	$140.97	8.4%	4.3%	3.9%
201504	21,614	37,643	$4,751,362	30,180	1.00	$4,751,362	30,180	$113.98	9,563.95	$143.01	9.9%	4.5%	5.2%
201505	21,454	37,323	$4,453,032	29,914	1.00	$4,453,032	29,914	$114.83	9,563.02	$144.09	10.2%	4.4%	5.5%
201506	21,398	37,220	$4,727,913	30,233	1.00	$4,727,913	30,233	$116.07	9,603.28	$145.04	10.2%	4.6%	5.3%
201507	21,342	37,169	$4,830,843	30,117	1.00	$4,830,843	30,117	$117.06	9,619.92	$146.03	10.4%	4.7%	5.4%
201508	21,210	36,937	$4,711,308	29,366	1.00	$4,711,308	29,366	$118.93	9,655.99	$147.80	12.2%	5.0%	6.8%
201509	21,229	36,930	$4,659,286	29,168	1.00	$4,659,286	29,168	$120.65	9,665.34	$149.80	13.8%	4.7%	8.7%
201510	21,162	36,764	$5,238,522	30,487	1.00	$5,238,522	30,487	$122.62	9,675.01	$152.09	15.2%	4.5%	10.3%
201511	21,237	36,921	$4,680,899	29,626	1.00	$4,680,899	29,626	$124.34	9,711.02	$153.64	16.7%	4.5%	11.7%
201512	21,076	36,508	$5,517,401	31,742	1.00	$5,517,401	31,742	$126.87	9,700.26	$156.95	18.9%	3.6%	14.8%
201601	21,871	37,311	$4,809,351	30,183	1.00	$4,809,351	30,183	$127.84	9,684.55	$158.40	17.4%	2.4%	14.6%
201602	22,711	38,298	$5,171,481	31,458	1.00	$5,171,481	31,458	$130.17	9,763.54	$159.99	17.7%	2.6%	14.7%
Experience Period	256,413	446,566	$56,657,366	360,984	1.00	$56,657,366	360,984						
201503	21,607	37,674									8.4%	4.3%	3.9%
201509	21,229	36,930									13.8%	4.7%	8.7%
201512	21,076	36,508									18.9%	3.6%	14.8%
Avg last 6 months	21,209	36,872									14.5%	4.5%	9.6%
Selected Pricing Trend												**3.0%**	**9.5%**

CareFirst BlueCross BlueShield (GHMSI)

D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

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

Experience Period: Incurred 201501 - 201512, Paid through 201602

Month	Contracts	Members	Allowed	Completion Factor	Completed Allowed	Rolling 12 PMPM Allowed	Rolling 12 Trend Allowed	Rolling 3 Trend Allowed	Paid	Rolling 12 Trend Paid
201304	21,193	38,080	$16,032,992	1.00	$16,032,992				$13,578,392	
201305	21,193	37,963	$15,567,728	1.00	$15,567,728				$13,233,221	
201306	21,060	37,755	$14,928,917	1.00	$14,928,917				$12,755,704	
201307	21,055	37,782	$16,074,884	1.00	$16,074,888				$13,771,980	
201308	21,353	38,228	$15,873,687	1.00	$15,873,691				$13,571,141	
201309	21,182	37,860	$17,295,896	1.00	$17,295,950				$15,008,937	
201310	21,207	37,864	$17,337,403	1.00	$17,337,610				$14,845,844	
201311	21,254	38,041	$15,920,644	1.00	$15,920,963				$13,726,378	
201312	21,331	38,279	$16,580,299	1.00	$16,580,635				$14,009,258	
201401	24,902	44,057	$20,733,936	1.00	$20,734,604				$16,972,919	
201402	25,080	44,387	$17,341,230	1.00	$17,342,160				$14,291,142	
201403	24,931	44,090	$19,131,303	1.00	$19,132,358	$427.55			$15,861,486	
201404	24,785	43,924	$19,319,477	1.00	$19,320,961	$429.19			$16,104,058	
201405	24,805	43,935	$18,504,948	1.00	$18,510,032	$429.97			$15,422,038	
201406	24,716	43,873	$19,558,569	1.00	$19,565,486	$434.05		6.6%	$16,522,444	
201407	24,316	43,152	$19,684,421	1.00	$19,692,757	$436.63		7.5%	$16,603,881	
201408	24,062	42,822	$20,808,077	1.00	$20,820,663	$442.49		12.3%	$17,830,955	
201409	23,690	42,199	$17,964,726	1.00	$17,977,834	$440.04		5.5%	$14,890,541	
201410	23,274	41,506	$23,768,069	1.00	$23,789,617	$449.55		11.6%	$20,417,348	
201411	22,980	40,925	$17,537,261	1.00	$17,557,217	$450.21		7.1%	$14,821,768	
201412	21,579	38,192	$18,106,201	1.00	$18,131,634	$453.31		13.0%	$14,294,729	
201501	21,542	37,787	$18,415,239	1.00	$18,444,375	$454.40		4.7%	$14,375,269	
201502	21,542	37,690	$15,630,886	1.00	$15,661,816	$457.12		6.5%	$12,271,506	
201503	21,607	37,674	$18,685,458	1.00	$18,734,698	$462.26	8.1%	8.2%	$14,827,523	-6.5%
201504	21,614	37,643	$18,704,681	1.00	$18,784,679	$467.11	8.8%	11.7%	$15,097,481	-6.3%
201505	21,454	37,323	$17,869,156	0.99	$17,971,524	$472.42	9.9%	14.1%	$14,570,717	-5.5%
201506	21,398	37,220	$18,961,029	0.99	$19,103,298	$478.07	10.1%	14.3%	$15,571,458	-5.8%
201507	21,342	37,169	$19,006,805	0.99	$19,192,371	$483.11	10.6%	14.2%	$15,797,825	-4.9%
201508	21,210	36,937	$17,948,951	0.99	$18,211,683	$483.62	9.3%	9.7%	$14,820,299	-16.9%
201509	21,229	36,930	$17,670,386	0.98	$18,026,230	$489.30	11.2%	9.4%	$14,758,054	-0.9%
201510	21,162	36,764	$19,491,688	0.97	$20,040,637	$486.14	8.1%	2.8%	$16,463,462	-19.4%
201511	21,237	36,921	$16,913,447	0.96	$17,659,979	$490.71	9.0%	5.8%	$14,264,690	-3.8%
201512	21,076	36,508	$18,512,812	0.94	$19,592,005	$495.84	**9.4%**	**5.4%**	$15,579,548	**9.0%**
201601	21,871	37,311	$16,001,234	0.83	$19,199,722	$498.06	9.6%	10.1%	$14,022,376	-2.5%
201602	22,711	38,298	$8,977,999	0.48	$18,723,257	$504.23	10.3%	11.6%	$13,149,011	7.2%
Experience Period	256,413	446,566	$217,810,539	0.98	$221,423,295					
201503	21,607	37,674					8.1%			
201509	21,229	36,930					11.2%			
201512	21,076	36,508					9.4%			
Avg last 6 months	21,209	36,872					9.6%			

CareFirst BlueCross BlueShield (GHMSI)

D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

2017 ACA - TREND ANALYSIS SUMMARY - SMALL GROUP & INDIVIDUAL - DC GHMSI

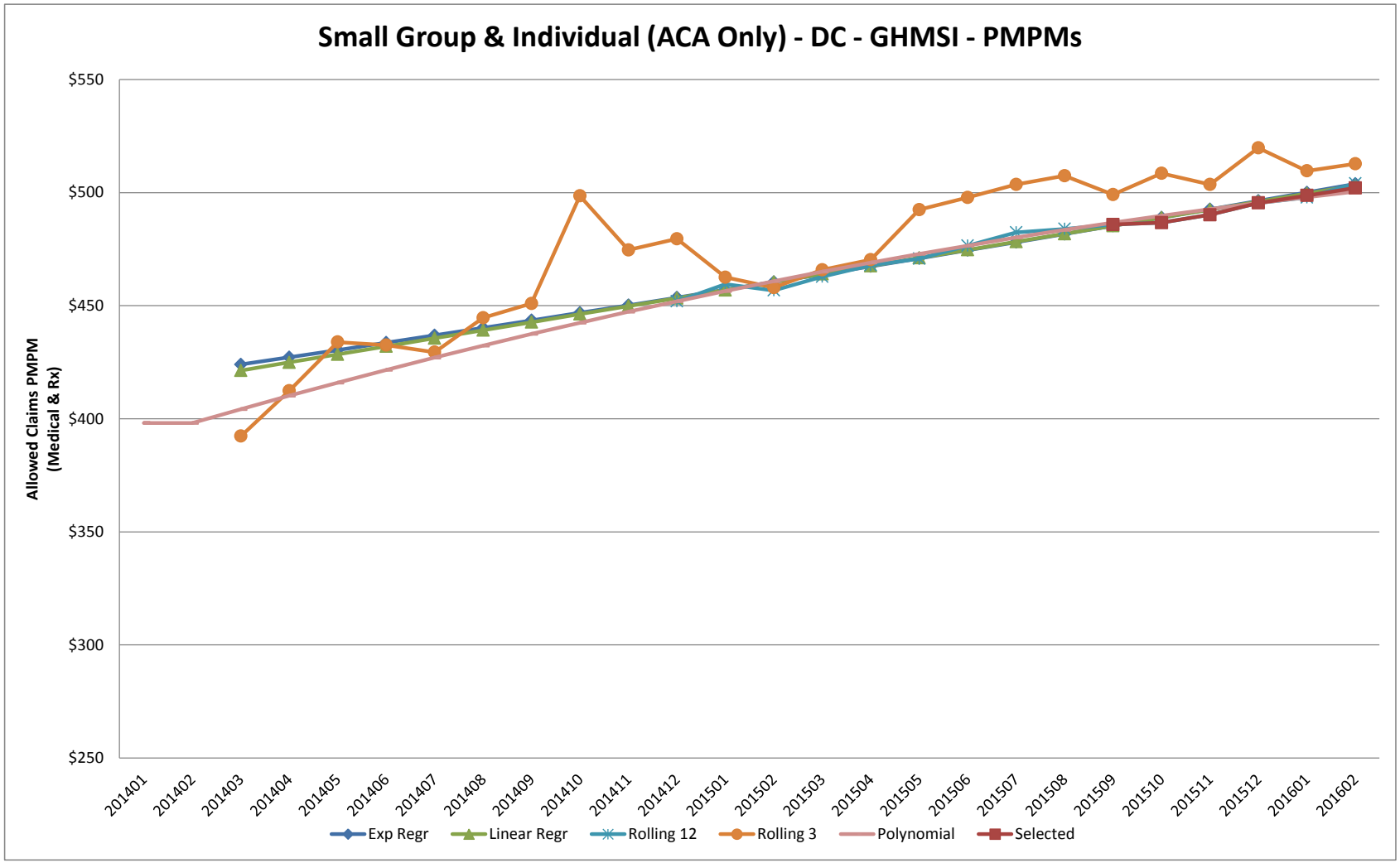
ACA Total Med & Rx Experience

Regressions based on R12 allowed claims PMPMs (Period: 201412 - 201512)

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	24	25	26	27	28	29
										TOTAL (Medical & RX)												**Linear Regression**		**Exponential Regression**			
												ROLLING 3						**ROLLING 12**				Y = MX + B		Y = BM^X			
															Δ						Δ						
			Allowed	Paid	Utilization	Allowed Claims	Paid Claims	Allowed Cost/	Annualized Util/	Allowed Cost/	Annual **Cost**	Util/	Annual **Utilization**	Allowed Claims	Annual **Claims**	Allowed Cost/	Annual **Cost**	Util/	Annual **Utilization**	Allowed Claims	Annual **Claims**	M 3.554 B 417.811 **R2 = 0.974**		M 1.008 B 420.803 **R2 = 0.973**		Selected	Selected
	Date	Members	Claims	Claims	Units	PMPM	PMPM	Case	1000	Case	Trend	1000	Trend	PMPM	Trend	Case	Trend	1000	Trend	PMPM	Trend	PMPM - Linear Reg	R12 Trend Projected PMPMs	PMPM -Exp Reg	R12 Trend Projected PMPMs	Trends %	Trends $s
10	201401	7,418	$2,818,441	$378,757	10,101	$380		$279	16,340																	8.2%	
11	201402	9,025	$3,210,699	$209,740	13,444	$356		$239	17,875																	8.2%	
12	201403	10,320	$4,470,383	$277,454	18,552	$433		$241	21,572	$249		18,875		$392								$421		$424		8.2%	
13	201404	11,168	$4,900,290	$145,598	20,620	$439		$238	22,156	$239		20,692		$412								$425		$427		8.2%	
14	201405	12,443	$5,351,825	$90,858	22,172	$430		$241	21,382	$240		21,695		$434								$428		$430		8.2%	
15	201406	13,795	$5,929,345	$257,386	24,484	$430		$242	21,298	$241		21,582		$433								$432		$434		8.2%	
16	201407	16,249	$6,963,902	$222,582	29,642	$429		$235	21,891	$239		21,549		$429								$436		$437		8.2%	
17	201408	18,508	$8,696,582	$272,964	32,889	$470		$264	21,324	$248		21,506		$445								$439		$440		8.2%	
18	201409	20,772	$9,380,558	$361,806	39,612	$452		$237	22,884	$245		22,073		$451								$443		$443		8.2%	
19	201410	22,698	$12,824,269	$362,539	47,184	$565		$272	24,945	$258		23,173		$499								$446		$447		8.2%	
20	201411	25,273	$10,421,139	$88,390	44,666	$412		$233	21,208	$248		22,948		$475								$450		$450		8.2%	
21	201412	38,022	$17,994,331	$263,415	76,531	$473		$235	24,154	$245		23,497		$480		$245		22,163		$452		$453		$454		8.2%	
22	201501	37,787	$18,342,466	$974,367	72,632	$485		$253	23,066	$241		23,010		$463		$245		22,490		$460		$457		$457		8.3%	
23	201502	37,690	$15,641,170	$147,781	64,894	$415		$241	20,661	$243		22,632		$458		$245		22,387		$457		$460		$460		8.3%	
24	201503	37,674	$18,722,503	$571,571	72,960	$497		$257	23,239	$250	0.4%	22,323	18.3%	$466	18.7%	$247		22,526		$463		$464	10.1%	$464	9.4%	8.3%	
25	201504	37,643	$18,782,613	$199,813	72,983	$499		$257	23,266	$252	5.4%	22,388	8.2%	$470	14.1%	$248		22,627		$468		$468	10.0%	$467	9.4%	8.3%	
26	201505	37,323	$17,967,150	$755,140	69,700	$481		$258	22,410	$257	7.2%	22,973	5.9%	$492	13.5%	$249		22,648		$471		$471	10.0%	$471	9.4%	8.3%	
27	201506	37,220	$19,100,073	$529,416	72,787	$513		$262	23,467	$259	7.8%	23,048	6.8%	$498	15.1%	$251		22,782		$477		$475	9.9%	$474	9.4%	8.3%	
28	201507	37,169	$19,186,652	$421,023	72,195	$516		$266	23,308	$262	9.6%	23,061	7.0%	$504	17.3%	$253		22,870		$482		$478	9.8%	$478	9.4%	8.3%	
29	201508	36,937	$18,206,659	$317,299	69,856	$493		$261	22,695	$263	6.0%	23,158	7.7%	$507	14.1%	$253		22,924		$484		$482	9.7%	$482	9.4%	8.3%	
30	201509	36,915	$18,020,181	$233,382	69,065	$488		$261	22,451	$262	7.1%	22,819	3.4%	$499	10.7%	$255		22,885		$486		$485	9.6%	$485	9.4%	8.3%	$486
31	201510	36,736	$20,009,712	$295,794	73,255	$545		$273	23,929	$265	2.7%	23,023	-0.6%	$509	2.0%	$255		22,866		$487		$489	9.6%	$489	9.4%	8.3%	$487
32	201511	36,893	$17,639,923	$155,521	68,849	$478		$256	22,394	$264	6.2%	22,923	-0.1%	$504	6.1%	$257		22,920		$490		$492	9.5%	$493	9.4%	8.3%	$490
33	201512	36,475	$19,574,865	$313,470	72,169	$537		$271	23,743	$267	9.0%	23,353	-0.6%	$520	8.4%	$260	6.2%	22,882	3.2%	$495	**9.6%**	$496	9.4%	$496	9.4%	8.3%	$495
34	201601	37,275	$19,172,264	$296,559	71,638	$514		$268	23,062	$265	9.9%	23,064	0.2%	$510	10.2%	$261	6.5%	22,882	1.7%	$498	8.3%	$500	9.3%	$500	9.4%	8.3%	$499
35	201602	38,265	$18,690,676	$3,961	88,591	$488		$211	27,782	$247	1.8%	24,896	10.0%	$513	12.0%	$258	5.2%	23,489	4.9%	$504	10.4%	$503	9.3%	$504	9.4%	8.3%	$502
36	201603																					$507	9.2%	$508	9.4%	8.3%	$505
37	201604																					$510	9.1%	$511	9.4%	8.3%	$509
38	201605																					$514	9.1%	$515	9.4%	8.3%	$512
39	201606																					$517	9.0%	$519	9.4%	8.3%	$516
40	201607																					$521	8.9%	$523	9.4%	8.3%	$519
41	201608																					$524	8.9%	$527	9.4%	8.3%	$522
42	201609																					$528	8.8%	$531	9.4%	8.3%	$526
43	201610																					$532	8.7%	$535	9.4%	8.3%	$529
44	201611																					$535	8.7%	$539	9.4%	8.3%	$533
45	201612																					$539	8.6%	$543	9.4%	8.3%	$536
46	201701																					$542	8.5%	$547	9.4%	8.3%	$540
47	201702																					$546	8.5%	$551	9.4%	8.3%	$544
48	201703																					$549	8.4%	$555	9.4%	8.3%	$547
49	201704																					$553	8.4%	$560	9.4%	8.3%	$551
50	201705																					$556	8.3%	$564	9.4%	8.3%	$554
51	201706																					$560	**8.2%**	$568	**9.4%**	**8.3%**	$558
52	201707																					$564	8.2%	$572	9.4%	8.3%	$562
53	201708																					$567	8.1%	$577	9.4%	8.3%	$566
54	201709																					$571	8.1%	$581	9.4%	8.3%	$569
55	201710																					$574	8.0%	$585	9.4%	8.3%	$573
56	201711																					$578	8.0%	$590	9.4%	8.3%	$577
57	201712																					$581	7.9%	$594	9.4%	8.3%	$581

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

2017 ACA - TREND ANALYSIS SUMMARY - SMALL GROUP & INDIVIDUAL - DC GHMSI



CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017
BluePreferred Projected Morbidity

2017 Change in Morbidity Projection					
	2015 Actual		2017 Projected		
Metal	**Age & Induced Demand Normalized Allowed PMPM**	**Single Risk Pool Members 12/31/2015**	**Projected Age & Induced Demand Normalized Allowed PMPM**	**6/30/17 Projected Members**	**PMPM Δ**
Bronze	$288	707	$299	855	
Silver	$469	965	$441	2,585	
Gold	$668	701	$866	2,560	
Platinum	$1,079	927			
Ind Under 65 Single Risk Pool	$666	3,300	$602	6,000	0.904
Small Group Single Risk Pool	$484	33,175	$484	33,679	1.000
Combined Single Risk Pool	**$496**	**36,475**	**$502**	**39,679**	**1.013**

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

DC ACA Combined - Small Group & Individual Capitations

GHMSI	Description	1/1/15 PMPM	1/1/16 PMPM	1/1/17 PMPM
	Mental Health UR	$0.45	$0.36	$0.27
	Nurse Hotline	$0.04	$0.04	$0.04
	Wellness *	$0.21	$0.21	$0.21
	Embedded Pediatric Vision **	$0.27	$0.27	$0.27
	Embedded Adult Vision ***	$0.09	$0.09	$0.09
	AVERAGE PMPM:	$1.06	$0.97	$0.88

* The total capitation for Wellness is $0.26, but only applies to members age 18+.
** Only applies to members age 19 and under.
*** Ind64- only and only apples to members over the age of 19.

CAREFIRST BLUECROSS BLUESHIELD
PART III ACTUARIAL MEMORANDUM

1. REDACTED ACTUARIAL MEMORANDUM (AM): CareFirst (CF) is making no redactions so both AM submissions are the same.

2. GENERAL INFORMATION:

Company Legal Name: Group Hospitalization and Medical Services, Inc. (NAIC # 53007) (GHMSI).
State: District of Columbia.
HIOS Issuer ID: 78079.
Market: Small Group (SG) – On Exchange.
Effective Date: 1/1/17 and quarterly incremental "trend" increases effective 4/1/17, 7/1/17 and 10/1/17.

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

3. PROPOSED RATE INCREASE(S): In compliance with the "Patient Protection and Affordable Care Act" (ACA, H.R. 3590) and toward the company's objectives of maximizing access and affordability, long-term financial viability and customer rate stability, GHMSI is proposing to change premiums by 0.0% on average for 1Q17, prior to age band changes. For CF overall (including SG HMO business) the proposed average renewal is 2.3%. The range for GHMSI is -7.4% to 2.8% for 1Q17. 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. The estimated average renewals for 2Q17, 3Q17, and 4Q17 will be 1.3%, 2.2% and 3.5%, respectively. Consistent with 45 CFR Part § 155.705(b)(6) and Market Standards Proposed Rules 78 FR 13406 and 37032, we understand that we may subsequently file for changes to the post-1Q17 quarterly rate changes proposed herein if deemed necessary. This filing applies to all new and renewing, in-force business in the guaranteed renewable, non-grandfathered, ACA, metaled benefit plans.

Reason for Rate Increase(s): The main drivers supporting the rate actions are the assumed increases in allowed costs (8% assumed annual trend), the re-estimation of projected risk transfers for 2017, and the reduction in the Health Insurer Fee for 2017. The expected rate changes vary from -7.4% to 2.8% for 1Q17 renewals in this filing (prior to any impact of age band changes). This range is impacted by the compression of our induced demand factors by adopting the HHS factors.

4. MARKET EXPERIENCE:

4.1 - EXPERIENCE PERIOD PREMIUM AND CLAIMS: The incurred period is 1/1/15 through 12/31/15, as required.

Paid Through Date: 2/29/16.
Premiums (Net of MLR Rebate) in Experience Period: $215,112,455 (Merged).
Allowed and Incurred Claims From Experience Period: $209,316,044 (Merged Index Rate).

4.2 - BENEFIT CATEGORIES:
Inpatient (hospital).
Outpatient (hospital) (OP).
Professional.
Other Medical (non-capitated ambulance, home health care, durable medical equipment, prosthetics, supplies, vision exams, dental services and other).
Prescription drug (Rx).
Capitations.

4.3 - PROJECTION FACTORS:

Changes in the Morbidity of the Population Insured: Examination of the 2015 experience of the cohort as of 02/29/16 shows an increase of 1.3%. From this 02/29/16 cohort we had prior claims experience for 75% of them.

Changes in Benefits: For 2017 we have minimally redesigned our small group portfolio. Some plans, requiring adjustments in order to comply with AV thresholds, received minor changes to member cost sharing. We intend to exit our Multi-State Plan options and map these plans to a similar plan with the same metal level. The changes to our plan designs have been accounted for in each specific plan level cost-share factor.

Changes in Demographics: We do anticipate a material change in the average age of this population between the experience and projection periods. As such, a 1.3% adjustment factor has been included.

Other Adjustments: CF is proposing to continue the incentive program whereby members can earn medical expense debit cards. The cards must be utilized for qualified medical expenses such as deductibles, copays and out-of-pocket maximums. The scope includes all benefit plans within CF's portfolio, On and Off the exchange. The impact of this program is now implicit in our base experience therefore no explicit adjustment has been made. Our aim is that this incentive program will improve our member' health.

This calculation also includes the following:

1. A decrease to prescription drug claims costs due to a projected increase in rebates realized by the move to a new "Pharmacy Benefits Manager" (PBM) in 2014.
2. A decrease in the PMPM capitations.

Trend Factors (Cost/Utilization): The proposed trend of 8.0% remains the same over 2016's 8.0%. In accordance with URRT instructions, we chose our proposed trend of 8.0% incorporating no change to utilization solely attributable to induced demand from experience period to projection period. An attached exhibit outlines the calculation.

4.4 - CREDIBILITY MANUAL RATE DEVELOPMENT: Not applicable.

4.5 - CREDIBILITY OF EXPERIENCE: The calendar 2015 base data includes 446,566 members months (average monthly of 37,214) and is therefore considered 100% credible.

4.6 - PAID TO ALLOWED RATIO: Projected at 85.8%, on average, for all quarters.

4.7 - RISK ADJUSTMENT AND REINSURANCE:

Experience Period Risk Adjustment and Reinsurance Adjustments PMPM: The estimates of the experience period Risk Adjustment transfers in the URRT are based on a multi-carrier analysis by Wakely Consulting Group. Since this is a SG filing Reinsurance Claims Adjustments do not apply.

Projected Risk Adjustments PMPM: -$38.14 PMPM for 1Q17. This is based on an analysis of the market by Wakely Consulting Group. Wakely provided CF's normalized risk scores, which were used to develop projected transfer receipts from 2015 to 2017. We referenced the CMS report released on 03/18/16 and used their 2015 state average premium of $448.83 and billable members of 975,427. However, we used our own state average PLRS (1.3891 versus CMS' 1.340) estimates since Wakely's PLRS includes an estimate of "incurred but not reported" claims. Since CF represents 83% of the market according to Wakely, our calculations assume that the state average scores will change in step with CF's changes from 2015 to 2016 to 2017. We have anchored on 2015 data including IBNR since we believe this best estimates final transfers. We itemize the variables such as "plan liability risk score" (PLRS), "allowable rating factor" (ARF) and state averages assumed to calculate PMPM transfers.

Per the DISB's request, CF has agreed to change its risk adjustment calculation from merged to unmerged starting in 2017. The impact was estimated to increase the renewal by 40 basis points from -0.4% to 0.0%. **Projected ACA Reinsurance Recoveries Net of Reinsurance Premium (Individual Market and Combined Markets Only)**: Reinsurance does not apply for 2017.

4.8 - NON-BENEFIT EXPENSES AND CONTRIBUTION TO RESERVE (CtR) & RISK: The "desired incurred claims ratio" (DICR) has changed from 76.3% (4Q 2016) to 79.4% (1Q 2017).

Administrative Expense Load: PMPMs decreased by 5% versus 2016. This includes broker expenses. CF has had some cost increases attributable to 1) ACA and operational complexity, 2) cybersecurity and 3) audit and compliance exposure and demands.

Contribution to Reserve & Risk Margin: 2.8% prior to income taxes (2016 was 2.0%).

Taxes and Fees:

1) Premium Tax of 2.0%.
2) Federal Income Tax (FIT) of 0.6% (20% tax rate).
3) Health Insurer Fee does not apply for 2017. A fee of 2.6% is assumed for 2018 and is phased in to the proposed rates for 2Q, 3Q, 4Q.
4) PCORI increased from $2.33 PMPY to $2.35 PMPY for 1Q – 3Q 2017 and $2.44 for 4Q 2017.
5) Reinsurance does not apply for 2017.
6) Risk Adjustment User Fees are included as $0.13 PMPM.
7) Exchange User Fees remained at $0.
8) Exchange Assessment Fee of 1.0% for 2017 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 also a state assessment fee of 0.1%.

5. PROJECTED LOSS RATIO: Our projected loss ratio for ACA MLR rebate purposes is 86.5%, meeting the 80.0% minimum of the "Public Health Service Act" (PHSA) 218. Please note that this is based on the combined experience of INM and SG.

6. APPLICATION OF MARKET REFORM RATING RULES:

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

6.2 - INDEX RATE: Last year's implicit 2015 index rate was $469.20 (($437.36 EP allowed claims PMPM - $2.92 Non-EHB) x trend of 8.0%). As shown on Worksheet 1 of the URRT, the actual index rate for 2015 is $467 for a favorable variance of 0%.

After applying projection factors, the allowed claims PMPM for 1Q17 is $553.39. This includes projected claims for non-EHBs, estimated at $2.43 PMPM. The proposed 1Q17 index rate is $550.96.

Because the index rate merges Individual non-Medigap (IND64-) and Small Group (SG), the starting point experience period index rate for SG is higher by 4%.

6.2.1 - Small Group Quarterly Rate Filings: This filing includes quarterly incremental "trend" increases. Index rates are $561.99, $573.31 and $584.94 for 2Q, 3Q and 4Q17, respectively. As required, the index rate entered in the URRT reflects a member weighted blend of the quarterly index rates.

6.3 - MARKET ADJUSTED INDEX RATE:

Federal Reinsurance Program Adjustment: 1.00 for 1Q17
Risk Adjustment: 0.9196 for 1Q17. A summary exhibit is provided.
Marketplace User Fee Adjustment: 1.00. A summary exhibit is provided.

6.4 - PLAN ADJUSTED INDEX RATES: The Cost-Share factor includes 1) internally-developed pricing AVs, 2) CDH/Non-CDH factors and 3) metal-level induced demand factors. Regarding the second item, as discussed in the past, we maintain that this factor is allowable under 45 C.F.R. § 156.80 for the same reason that the third item is allowed. There is only 1 type of network in this filing, Regional Preferred Network (RPN), which is assigned a network factor of 1.00. Cost-Share factors and Non-EHBs vary by plan. All other factors applying to the Index Rate are the same across all plans.

6.5 - CALIBRATION: Done for age, but we have elected not to rate for tobacco usage. Geographic rating does not apply, as D.C. has only one rating area.

Age Curve Calibration – We have calibrated to the average age factor produced by our projected distribution and the required age curve.

6.6 - CONSUMER ADJUSTED PREMIUM RATE DEVELOPMENT: A sample group rate development is included in this filing.

SG Plan Premium Rates – Our rates are developed from base experience for quarterly trend increases as shown on the allowed PMPM projection exhibits in the filing. We also include the derivation of quarterly Plan Adjusted Index and Consumer Level Base rates**.**

7. PLAN PRODUCT INFORMATION:

7.1 - HHS ACTUARIAL METAL VALUES (AV): The majority of our 2017 plans include varying cost-share levels for some services that depend on the setting in which care is delivered. The Federal AV calculator was used to compute two separate AVs for each impacted plan – one which applied the higher level of cost-share, and one which applied the lower. The results were blended assuming 2/3 of the designated services are rendered in higher cost-share setting and the remaining 1/3 at the lower, consistent with 2014 experience for our SG and INM markets. Plans without these features used the AV calculator without modification.

Printouts for each plan are provided in the "Actuarial Memorandum" section of the Supporting Documentation tab of the SERFF filing, and also as part of the QHP binder submission under separate cover.

7.2 - AV PRICING VALUES: The breakdown of the AV Pricing values is shown on the Plan Level derivation pages.

7.3 - MEMBERSHIP PROJECTIONS: The distribution of projected enrollment is based on actual enrollment by plan as of 2/29/16. Total projected enrollment is consistent with our corporate plan.

7.4 - TERMINATED PLANS AND PRODUCTS: None

7.5 - PLAN TYPE: PPO.

7.6 - WARNING ALERTS:

1. **Worksheet 2**

   a. **General:** Per the District's instructions, the index rate was developed with combined SG/INM 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 SG market's plan data, and most of the warnings have been triggered because the SG totals on Worksheet 2 are less than the combined SG/INM totals on Worksheet 1.

b. **Section IV: Plan Adjusted Index Rate, Total Premium (TP)** – Per URRT guidelines, the Plan Adjusted Index Rate must reflect the member weighted average of the Plan Adjusted Index Rates for all effective dates in the submission (1Q – 4Q16). As such, the average rate shown on Worksheet 2 will not match the SRP Gross Premium Avg. Rate on Worksheet 1, which reflects only the effective date of the change in Index Rate (January 1). Similarly, since the Total Premium on Worksheet 2 is calculated as Plan Adjusted Index Rate x Member Months, it will not match the Projected Period Total Premium from Worksheet 1.

8**. MISCELLANEOUS INSTRUCTIONS:**

8.1 – Effective Rate Review Information: We have nothing additional to provide.

8.2 - Reliance: None.

8.3 – Actuarial Certification: Included in the AM.

Group Hospitalization & Medical Services, Inc. (GHMSI)

d.b.a. CareFirst BlueCross BlueShield

(NAIC # 53007)

Rate Filing # 2099

D.C. Small Group Products - On Exchange

Rate Filing Effective 1/1/2017

Actuarial Memorandum

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

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Group Hospitalization & Medical Services, Inc. (GHMSI)
(NAIC # 53007)
D.C. Small Group Products - On Exchange
Rates Effective 1/1/2017

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-130551823

ON Exchange

Forms Used for ALL ON-Exchange GHMSI Group Products	Product: BluePreferred Network: Regional Preferred (RPN)
DC-CF-SHOP-GC (R 1-17)	DC CF BP PPO 1000 90-70 (1-17)
DC-CF-SHOP-PPO-EOC (1-17)	DC CF BP PPO BF HSA SIL 1500 (1-17)
DC/GHMSI/DOL APPEAL (R. 1/15)	DC CF BP PPO CDH 2000 80-60 (1-17)
DC-CF-SHOP-PPO-DOCS (1-17)	DC CF BP PPO CDH SIL 1500 (1-17)
DC/CF/SHOP/ELIG (1/14)	DC CF BP PPO CDH SIL 2000 (1-17)
DC/GHMSI/FAM PLAN (8/12)	DC CF BP PPO GOLD 500 (1-17)
DC/CF/PARTNER (R. 7/09)	DC CF BP PPO GOLD 1000 (1-17)
DC/CF/BLCRD (1/12)	DC CF BP PPO GOLD 1500 (1-17)
DC/CF/MEM/BLCRD (1/12)	DC CF BP PPO PLAT 0 (1-17)
DC/CF/ANCILLARY AMEND (10/12)	DC CF BP PPO PLAT 500 (1-17)
DC/CF/PT PROTECT (9/10)	DC CF BP PPO SIL 1000 (1-17)
DC/GHMSI-HEALTH GUARANTEE 1/15	
DC/CF/SG/INCENT (1/16)	
DC CF SHOP ELIG AMEND (1-17)	**Product: HealthyBlue PPO** **Network: Regional Preferred (RPN)**
	DC CF HB PPO CDH SIL 2000 (1-17)
	DC CF HB PPO GOLD 1500 (1-17)
	DC CF HB PPO PLAT 500 (1-17)
	DC CF HB PPO PLAT 1000 (1-17)

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

Acronym	Definition
SHOP	Small Business Health Options Program
CF, CFI	CareFirst, Incorporated
BC, CFBC	CareFirst BlueChoice, Inc.
GHMSI	Group Hospitalization and Medical Services, Inc.
SG	Small Group
IND64-, INM	Individual, Non-Medigap
CD	Consumer Direct (Individual, Non-Medigap)
PPACA	Patient Protection and Affordable Care Act
AV	Actuarial Value
EHB	Essential Health Benefits
FPL	Federal Poverty Level
FIT	Federal Income Tax
SIT	State Income Tax
GF	Grandfathered
FTE	Full-time Equivalent
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
MSP	Multi-State Plan
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
IN	In Network
OON	Out of Network
IP, In Pat	Inpatient
OP	Outpatient
Prof	Professional
OOP	Out of Pocket
Co-ins	Coinsurance
MHSA	Mental Health & Substance Abuse
DXL	Diagnostic X-ray and Lab
RPN	Regional Preferred Network
ABA	Applied Behavioral Analysis

Group Hospitalization & Medical Services, Inc. (GHMSI)
(NAIC # 53007)
H.R. 3950 - Public Law 111-148 - Patient Protection and Affordable Care Act (ACA)
D.C. Small Group Products - On Exchange
Rate Filing Effective 1/1/2017
Actuarial Certification

I, Dwayne Lucado, am a Director of Actuarial Pricing with Group Hospitalization and Medical Services, Inc. doing business as CareFirst BlueCross BlueShield. I am a member of the American Academy of Actuaries (AAA) in good standing and have the education and experience necessary to perform the work. Rates were developed in accordance with the appropriate Actuarial Standards of Practice (ASOPs) and the AAA's Code of Professional Conduct. While other ASOPs apply, a sample listing is below.

i. ASOP No. 5, Incurred Health and Disability Claims
ii. ASOP No. 8, Regulatory Filings for Health Plan Entities
iii. ASOP No. 12, Risk Classification
iv. ASOP No. 23, Data Quality
v. ASOP No. 25, Credibility Procedures Applicable to Accident and Health, Group Term Life, and Property/Casualty Coverages
vi. ASOP No. 26, Compliance with Statutory and Regulatory Requirements for the Actuarial Certification of Small Employer Health and Benefit Plans
vii. ASOP No. 41, Actuarial Communications

I have been involved in the development of these rates, and to the best of my knowledge and understanding, the rates in this filing have been developed in accordance with the available regulations and guidance. Should new guidance be released, this filing may be revised. I certify that this filing has been prepared based on sound and commonly accepted actuarial principles, practices and assumptions in the aggregate for the legal entity.

I further certify the following:

1. The projected Index Rate is:

    a. In compliance with all applicable state and Federal statutes and regulations (45 CFR § 156.80(d)(1))
    b. Reasonable in relation to the benefits provided and the population anticipated to be covered.
    c. Neither excessive nor deficient.

2. The Index Rate and only the allowable modifiers as described in 45 CFR § 156.80(d)(1) and 45 CFR § 156.80(d)(2) were used to generate plan level rates. These rates have been calibrated to account for age (geography and tobacco are not applicable).

3. The percentage of total premium that represents essential health benefits (EHBs) included in Worksheet 2, Sections III and IV, was calculated in accordance with ASOPs.

4. Consistent with 45 CFR § 156.135, the 2016 HHS Actuarial Values (AV) Calculator was used to determine the AV metal values shown in Worksheet 2 of Part I of the Unified Rate Review Template (URRT) for all plans except those specified. Where necessary, the AVs of the benefits proposed have been calculated with minimal modifications to the AV calculator as described in the Actuarial Memorandum.

As a qualifier to the opinion, the URRT does not demonstrate the process used by the issuer to develop the rates. Rather it represents information required by Federal regulation to be provided in support of the review of rate increases, for certification of Qualified Health Plans for Federally-facilitated Marketplaces, and for certification that the Index Rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.

Dwayne Lucado Digitally signed by Dwayne Lucado
Date: 2016.05.02 16:11:52 -04'00'

Dwayne Lucado, FSA, MAAA
Director, Actuarial Pricing
CareFirst BlueCross BlueShield
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10455 Mill Run Circle
Owings Mills, MD 21117

CareFirst BlueCross BlueShield (GHMSI)
(NAIC # 53007)
D.C. Small Group Products - On Exchange
Rates Effective 1/1/2017

2017 HIOS IDs

HIOS Product ID	HIOS Product Name	HIOS Plan ID	HIOS Plan Name	On/Off Exchange	Product Type	Abortion Coverage	Actuarial Value	Metal Level	Unique Plan	Projected Members 12/31/17
78079DC022	BluePreferred PPO	78079DC0220024	BluePreferred PPO Platinum 0	On	PPO	Yes	91.58%	Platinum	Yes	11,986
78079DC022	BluePreferred PPO	78079DC0220025	BluePreferred PPO Platinum 500	On	PPO	Yes	89.01%	Platinum	Yes	5,266
78079DC022	BluePreferred PPO	78079DC0220021	BluePreferred PPO Gold 500	On	PPO	Yes	81.82%	Gold	Yes	1,299
78079DC022	BluePreferred PPO	78079DC0220026	BluePreferred PPO Silver 1000	On	PPO	Yes	71.99%	Silver	Yes	431
78079DC022	BluePreferred PPO	78079DC0220020	BluePreferred PPO Gold 1000	On	PPO	Yes	80.06%	Gold	Yes	3,610
78079DC022	BluePreferred PPO	78079DC0220032	BluePreferred PPO 1000 90%/70%	On	PPO	No	80.61%	Gold	No	276
78079DC022	BluePreferred PPO	78079DC0220031	BluePreferred PPO Gold 1500	On	PPO	Yes	79.00%	Gold	Yes	2,396
78079DC022	BluePreferred PPO	78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500	On	PPO	Yes	71.72%	Silver	Yes	2,643
78079DC022	BluePreferred PPO	78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	On	PPO	Yes	71.90%	Silver	Yes	100
78079DC022	BluePreferred PPO	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	On	PPO	Yes	70.90%	Silver	Yes	1,678
78079DC022	BluePreferred PPO	78079DC0220033	BluePreferred PPO HSA/HRA 2000 80%/60%	On	PPO	No	71.13%	Silver	No	100
78079DC022	BluePreferred PPO	78079DC0220030	HealthyBlue PPO Platinum 500	On	PPO	Yes	89.49%	Platinum	Yes	449
78079DC022	BluePreferred PPO	78079DC0220029	HealthyBlue PPO Platinum 1000	On	PPO	Yes	88.68%	Platinum	Yes	207
78079DC022	BluePreferred PPO	78079DC0220027	HealthyBlue PPO Gold 1500	On	PPO	Yes	81.31%	Gold	Yes	2,121
78079DC022	BluePreferred PPO	78079DC0220028	HealthyBlue PPO HSA/HRA Silver 2000	On	PPO	Yes	71.98%	Silver	Yes	336
TOTAL										**32,898**

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

2017 ACA – RATE CHANGES AT METAL/PLAN LEVEL
SMALL GROUP - DC GHMSI

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
	2016 Plans		2017 Plans		Members		HHS	Consumer Level Base Rates				HHS	Consumer Level Base Rates								
	Metal	Plan	Metal	Plan	Actual 2/29/2016	% of Actual Total	2016 AV	1Q16	2Q16	3Q16	4Q16	2017 AV	1Q17	RNL	2Q17	RNL	3Q17	RNL	4Q17	RNL	1Q INC
1	Platinum	BluePreferred PPO Platinum 0	Platinum	BluePreferred PPO Platinum 0	11,986	36.6%	0.911	$587.62	$596.42	$605.64	$614.88	0.916	$585.35	-0.4%	$601.48	0.8%	$616.69	1.8%	$633.60	3.0%	-4.8%
2	Platinum	BluePreferred PPO Platinum 500	Platinum	BluePreferred PPO Platinum 500	5,266	16.1%	0.884	$563.82	$572.26	$581.11	$589.98	0.890	$555.46	-1.5%	$570.77	-0.3%	$585.20	0.7%	$601.25	1.9%	-5.9%
3	Platinum	HealthyBlue PPO Platinum 500	Platinum	HealthyBlue PPO Platinum 500	449	1.4%	0.889	$574.32	$582.92	$591.93	$600.97	0.895	$571.09	-0.6%	$586.83	0.7%	$601.66	1.6%	$618.17	2.9%	-5.0%
4	Platinum	HealthyBlue PPO Platinum 1000	Platinum	HealthyBlue PPO Platinum 1000	207	0.6%	0.880	$568.04	$576.54	$585.45	$594.39	0.887	$548.97	-3.4%	$564.10	-2.2%	$578.36	-1.2%	$594.23	0.0%	-7.6%
	PLATINUM SUBTOTAL				**17,908**	**54.7%**	**0.902**	**$580.06**	**$588.75**	**$597.85**	**$606.97**	**0.907**	**$575.78**	**-0.7%**	**$591.65**	**0.5%**	**$606.61**	**1.5%**	**$623.25**	**2.7%**	**-5.1%**
5	Gold	BlueCross BlueShield Preferred 1000, a Multi-State Plan	Gold	BluePreferred PPO 1000 90%/70%	276	0.8%	0.816	$463.35	$470.28	$477.55	$484.84	0.806	$449.18	-3.1%	$461.56	-1.9%	$473.23	-0.9%	$486.22	0.3%	-7.4%
6	Gold	BluePreferred PPO Gold 500	Gold	BluePreferred PPO Gold 500	1,299	4.0%	0.815	$474.05	$481.14	$488.58	$496.04	0.818	$487.07	2.7%	$500.50	4.0%	$513.15	5.0%	$527.23	6.3%	-1.8%
7	Gold	BluePreferred PPO Gold 1000	Gold	BluePreferred PPO Gold 1000	3,610	11.0%	0.791	$461.83	$468.75	$475.99	$483.26	0.801	$474.64	2.8%	$487.72	4.0%	$500.05	5.1%	$513.77	6.3%	-1.8%
8	Gold	BluePreferred PPO Gold 1500	Gold	BluePreferred PPO Gold 1500	2,396	7.3%	0.780	$459.70	$466.58	$473.79	$481.03	0.790	$467.16	1.6%	$480.04	2.9%	$492.17	3.9%	$505.68	5.1%	-2.9%
9	Gold	HealthyBlue PPO Gold 1500	Gold	HealthyBlue PPO Gold 1500	2,121	6.5%	0.818	$486.56	$493.84	$501.48	$509.13	0.813	$487.96	0.3%	$501.41	1.5%	$514.09	2.5%	$528.19	3.7%	-4.2%
	GOLD SUBTOTAL				**9,702**	**29.6%**	**0.798**	**$468.39**	**$475.40**	**$482.75**	**$490.12**	**0.803**	**$476.64**	**1.8%**	**$489.78**	**3.0%**	**$502.16**	**4.0%**	**$515.94**	**5.3%**	**-2.7%**
10	Silver	BlueCross BlueShield Preferred 2000, a Multi-State Plan	Silver	BluePreferred PPO HSA/HRA 2000 80%/60%	47	0.1%	0.720	$376.06	$381.69	$387.59	$393.51	0.711	$348.30	-7.4%	$357.90	-6.2%	$366.95	-5.3%	$377.02	-4.2%	-11.5%
11	Silver	BluePreferred PPO Silver 1000	Silver	BluePreferred PPO Silver 1000	431	1.3%	0.714	$392.96	$398.84	$405.00	$411.18	0.720	$401.96	2.3%	$413.04	3.6%	$423.49	4.6%	$435.10	5.8%	-2.2%
12	Silver	BluePreferred PPO HSA/HRA Silver 1500	Silver	BluePreferred PPO HSA/HRA Silver 1500	2,643	8.1%	0.716	$376.74	$382.37	$388.29	$394.21	0.717	$375.10	-0.4%	$385.44	0.8%	$395.18	1.8%	$406.02	3.0%	-4.8%
13	Silver	BluePreferred PPO HSA/HRA Silver 2000	Silver	BluePreferred PPO HSA/HRA Silver 2000	1,678	5.1%	0.696	$366.36	$371.84	$377.59	$383.35	0.709	$361.88	-1.2%	$371.85	0.0%	$381.26	1.0%	$391.71	2.2%	-5.6%
14	Silver	HealthyBlue PPO HSA/HRA Silver 2000	Silver	HealthyBlue PPO HSA/HRA Silver 2000	336	1.0%	0.719	$380.36	$386.05	$392.02	$398.00	0.720	$371.96	-2.2%	$382.22	-1.0%	$391.88	0.0%	$402.63	1.2%	-6.5%
	SILVER SUBTOTAL				**5,135**	**15.7%**	**0.709**	**$374.94**	**$380.55**	**$386.43**	**$392.33**	**0.715**	**$372.58**	**-0.6%**	**$382.85**	**0.6%**	**$392.53**	**1.6%**	**$403.30**	**2.8%**	**-5.0%**
		GHMSI Total			**32,745**	**100%**	**0.841084554**	**514.8076851**	**$522.51**	**$530.59**	**$538.69**	**0.846**	**$514.54**	**0.0%**	**$528.72**	**1.3%**	**$542.09**	**2.2%**	**$556.96**	**3.5%**	**-4.4%**

LOW RENEWAL (Minimum):	**-7.4%**	**-6.2%**	**-5.3%**	**-4.2%**
HIGH RENEWAL (Maximum):	**2.8%**	**4.0%**	**5.1%**	**6.3%**

Note: The previous SERFF tracking number for GHMSI DC Small Group (effective 1/1/2016) is CFAP-130056354 (On Exchange).

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

2017 ACA – RATE CHANGES AT METAL/PLAN LEVEL
SMALL GROUP - DC

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
	2016 Plans		2017 Plans		Members		HHS	Consumer Level Base Rates				HHS	Consumer Level Base Rates								
	Metal	Plan	Metal	Plan	Actual	% of Actual	2016					2017									
					2/29/2016	Total	AV	1Q16	2Q16	3Q16	4Q16	AV	1Q17	RNL	2Q17	RNL	3Q17	RNL	4Q17	RNL	1Q INC
1	Platinum	BlueChoice HMO Platinum 0	Platinum	BlueChoice HMO Platinum 0	1,825	2.7%	0.911	$477.60	$484.28	$491.48	$498.64	0.916	$490.96	2.8%	$503.18	3.9%	$514.72	4.7%	$527.89	5.9%	-1.5%
2	Platinum	BlueChoice HMO Referral Platinum 0	Platinum	BlueChoice HMO Referral Platinum 0	2,734	4.0%	0.911	$454.86	$461.22	$468.07	$474.89	0.916	$467.58	2.8%	$479.22	3.9%	$490.21	4.7%	$502.75	5.9%	-1.5%
3	Platinum	BlueChoice HMO Referral Platinum 1000	Platinum	BlueChoice HMO Referral Platinum 1000	1	0.0%	0.881	$429.41	$435.42	$441.89	$448.32	0.886	$436.53	1.7%	$447.39	2.7%	$457.65	3.6%	$469.36	4.7%	-2.6%
4	Platinum	BlueChoice Plus Opt-Out Platinum 0	Platinum	BlueChoice Plus Opt-Out Platinum 0	5,880	8.6%	0.911	$484.07	$490.85	$498.14	$505.39	0.916	$497.61	2.8%	$510.00	3.9%	$521.70	4.7%	$535.04	5.9%	-1.5%
5	Platinum	BlueChoice Advantage Platinum 0	Platinum	BlueChoice Advantage Platinum 0	1,384	2.0%	0.911	$511.59	$518.75	$526.45	$534.12	0.916	$525.90	2.8%	$538.99	3.9%	$551.35	4.7%	$565.45	5.9%	-1.5%
6	Platinum	HealthyBlue HMO Platinum 500	Platinum	HealthyBlue HMO Platinum 500	298	0.4%	0.889	$464.53	$471.03	$478.03	$484.99	0.895	$481.65	3.7%	$493.64	4.8%	$504.96	5.6%	$517.88	6.8%	-0.7%
7	Platinum	HealthyBlue HMO Platinum 1000	Platinum	HealthyBlue HMO Platinum 1000	86	0.1%	0.880	$459.08	$465.51	$472.42	$479.30	0.887	$462.41	0.7%	$473.92	1.8%	$484.79	2.6%	$497.19	3.7%	-3.5%
8	Platinum	HealthyBlue Plus Platinum 500	Platinum	HealthyBlue Plus Platinum 500	1,265	1.8%	0.889	$477.12	$483.80	$490.98	$498.13	0.895	$494.70	3.7%	$507.01	4.8%	$518.65	5.6%	$531.91	6.8%	-0.7%
9	Platinum	HealthyBlue Plus Platinum 1000	Platinum	HealthyBlue Plus Platinum 1000	505	0.7%	0.880	$471.52	$478.12	$485.22	$492.29	0.887	$474.94	0.7%	$486.76	1.8%	$497.92	2.6%	$510.66	3.7%	-3.5%
10	Platinum	HealthyBlue Advantage Platinum 500	Platinum	HealthyBlue Advantage Platinum 500	747	1.1%	0.889	$497.59	$504.55	$512.05	$519.50	0.895	$515.93	3.7%	$528.77	4.8%	$540.89	5.6%	$554.73	6.8%	-0.7%
11	Platinum	HealthyBlue Advantage Platinum 1000	Platinum	HealthyBlue Advantage Platinum 1000	684	1.0%	0.880	$491.75	$498.63	$506.04	$513.41	0.887	$495.31	0.7%	$507.64	1.8%	$519.28	2.6%	$532.57	3.7%	-3.5%
12	Platinum	BluePreferred PPO Platinum 0	Platinum	BluePreferred PPO Platinum 0	11,986	17.5%	0.911	$587.62	$596.42	$605.64	$614.88	0.916	$585.35	-0.4%	$601.48	0.8%	$616.69	1.8%	$633.60	3.0%	-4.8%
13	Platinum	BluePreferred PPO Platinum 500	Platinum	BluePreferred PPO Platinum 500	5,266	7.7%	0.884	$563.82	$572.26	$581.11	$589.98	0.890	$555.46	-1.5%	$570.77	-0.3%	$585.20	0.7%	$601.25	1.9%	-5.9%
14	Platinum	HealthyBlue PPO Platinum 500	Platinum	HealthyBlue PPO Platinum 500	449	0.7%	0.889	$574.32	$582.92	$591.93	$600.97	0.895	$571.09	-0.6%	$586.83	0.7%	$601.66	1.6%	$618.17	2.9%	-5.0%
15	Platinum	HealthyBlue PPO Platinum 1000	Platinum	HealthyBlue PPO Platinum 1000	207	0.3%	0.880	$568.04	$576.54	$585.45	$594.39	0.887	$548.97	-3.4%	$564.10	-2.2%	$578.36	-1.2%	$594.23	0.0%	-7.6%
	PLATINUM SUBTOTAL				**33,317**	**48.6%**	**0.904**	**$533.82**	**$541.60**	**$549.84**	**$558.07**	**0.909**	**$537.65**	**0.9%**	**$551.86**	**2.0%**	**$565.26**	**3.0%**	**$580.32**	**4.1%**	**-3.5%**
16	Gold	BlueChoice HMO Gold 500	Gold	BlueChoice HMO Gold 500	1,660	2.4%	0.815	$374.61	$379.85	$385.49	$391.11	0.818	$401.28	7.1%	$411.26	8.3%	$420.70	9.1%	$431.46	10.3%	2.6%
17	Gold	BlueChoice HMO Gold 1500	Gold	BlueChoice HMO Gold 1500	239	0.3%	0.780	$360.06	$365.10	$370.52	$375.92	0.790	$385.84	7.2%	$395.44	8.3%	$404.51	9.2%	$414.86	10.4%	2.6%
18	Gold	BlueChoice HMO Referral Gold 0	Gold	BlueChoice HMO Referral Gold 0	122	0.2%	0.818	$374.39	$379.63	$385.27	$390.88	0.818	$402.05	7.4%	$412.05	8.5%	$421.51	9.4%	$432.29	10.6%	2.9%
19	Gold	BlueChoice HMO Referral Gold 500	Gold	BlueChoice HMO Referral Gold 500	1,079	1.6%	0.815	$356.77	$361.76	$367.14	$372.48	0.818	$382.17	7.1%	$391.68	8.3%	$400.67	9.1%	$410.91	10.3%	2.6%
20	Gold	BlueChoice HMO Referral Gold 80	Gold	BlueChoice HMO Referral Gold 80	57	0.1%	0.780	$336.40	$341.11	$346.17	$351.21	0.790	$366.21	8.9%	$375.33	10.0%	$383.94	10.9%	$393.76	12.1%	4.3%
21	Gold	BlueChoice Plus Gold 500	Gold	BlueChoice Plus Gold 500	139	0.2%	0.815	$384.76	$390.15	$395.94	$401.71	0.818	$412.15	7.1%	$422.41	8.3%	$432.10	9.1%	$443.15	10.3%	2.6%
22	Gold	BlueChoice Plus Gold 1000	Gold	BlueChoice Plus Gold 1000	67	0.1%	0.791	$372.74	$377.95	$383.57	$389.15	0.801	$402.16	7.9%	$412.17	9.1%	$421.62	9.9%	$432.41	11.1%	3.3%
23	Gold	BlueChoice Advantage Gold 500	Gold	BlueChoice Advantage Gold 500	909	1.3%	0.815	$401.27	$406.88	$412.93	$418.94	0.818	$429.83	7.1%	$440.53	8.3%	$450.64	9.1%	$462.16	10.3%	2.6%
24	Gold	BlueChoice Advantage Gold 1000	Gold	BlueChoice Advantage Gold 1000	1,060	1.5%	0.791	$388.73	$394.17	$400.02	$405.85	0.801	$419.41	7.9%	$429.85	9.1%	$439.71	9.9%	$450.96	11.1%	3.3%
25	Gold	HealthyBlue HMO Gold 1500	Gold	HealthyBlue HMO Gold 1500	1,080	1.6%	0.818	$391.31	$396.78	$402.68	$408.54	0.813	$408.57	4.4%	$418.73	5.5%	$428.34	6.4%	$439.30	7.5%	0.0%
26	Gold	HealthyBlue Plus Gold 1500	Gold	HealthyBlue Plus Gold 1500	1,404	2.0%	0.818	$401.91	$407.54	$413.59	$419.61	0.813	$419.64	4.4%	$430.08	5.5%	$439.95	6.4%	$451.20	7.5%	0.0%
27	Gold	HealthyBlue Advantage Gold 1500	Gold	HealthyBlue Advantage Gold 1500	3,745	5.5%	0.818	$419.15	$425.02	$431.33	$437.61	0.813	$437.64	4.4%	$448.53	5.5%	$458.82	6.4%	$470.56	7.5%	0.0%
28	Gold	BlueCross BlueShield Preferred 1000, a Multi-State Plan	Gold	BluePreferred PPO 1000 90%/70%	276	0.4%	0.816	$463.35	$470.28	$477.55	$484.84	0.806	$449.18	-3.1%	$461.56	-1.9%	$473.23	-0.9%	$486.22	0.3%	-7.4%
29	Gold	BluePreferred PPO Gold 500	Gold	BluePreferred PPO Gold 500	1,299	1.9%	0.815	$474.05	$481.14	$488.58	$496.04	0.818	$487.07	2.7%	$500.50	4.0%	$513.15	5.0%	$527.23	6.3%	-1.8%
30	Gold	BluePreferred PPO Gold 1000	Gold	BluePreferred PPO Gold 1000	3,610	5.3%	0.791	$461.83	$468.75	$475.99	$483.26	0.801	$474.64	2.8%	$487.72	4.0%	$500.05	5.1%	$513.77	6.3%	-1.8%
31	Gold	BluePreferred PPO Gold 1500	Gold	BluePreferred PPO Gold 1500	2,396	3.5%	0.780	$459.70	$466.58	$473.79	$481.03	0.790	$467.16	1.6%	$480.04	2.9%	$492.17	3.9%	$505.68	5.1%	-2.9%
32	Gold	HealthyBlue PPO Gold 1500	Gold	HealthyBlue PPO Gold 1500	2,121	3.1%	0.818	$486.56	$493.84	$501.48	$509.13	0.813	$487.96	0.3%	$501.41	1.5%	$514.09	2.5%	$528.19	3.7%	-4.2%
	GOLD SUBTOTAL				**21,263**	**31.0%**	**0.806**	**$428.63**	**$434.83**	**$441.42**	**$448.01**	**0.809**	**$444.62**	**3.9%**	**$456.27**	**5.1%**	**$467.26**	**6.0%**	**$479.63**	**7.3%**	**-0.5%**
33	Silver	BlueChoice HMO Silver 1000	Silver	BlueChoice HMO Silver 1000	40	0.1%	0.714	$303.96	$308.21	$312.79	$317.35	0.720	$327.59	7.8%	$335.74	8.9%	$343.44	9.8%	$352.23	11.0%	3.2%
34	Silver	BlueChoice HMO HSA/HRA Silver 1500	Silver	BlueChoice HMO HSA/HRA Silver 1500	817	1.2%	0.716	$284.61	$288.60	$292.88	$297.15	0.717	$300.49	5.6%	$307.97	6.7%	$315.03	7.6%	$323.09	8.7%	1.1%
35	Silver	BlueChoice HMO HSA/HRA Silver 2000	Silver	BlueChoice HMO HSA/HRA Silver 2000	937	1.4%	0.696	$274.44	$278.28	$282.41	$286.52	0.709	$289.99	5.7%	$297.21	6.8%	$304.02	7.7%	$311.80	8.8%	1.2%
36	Silver	BlueChoice HMO HSA/HRA Silver 3000	Silver	BlueChoice HMO HSA/HRA Silver 3000	6	0.0%	0.682	$265.34	$269.06	$273.05	$277.03	0.694	$276.08	4.0%	$282.95	5.2%	$289.45	6.0%	$296.85	7.2%	-0.3%
37	Silver	BlueChoice HMO Referral Silver 70	Silver	BlueChoice HMO Referral Silver 70	16	0.0%	0.701	$274.05	$277.88	$282.01	$286.12	0.712	$297.67	8.6%	$305.08	9.8%	$312.08	10.7%	$320.06	11.9%	4.0%
38	Silver	BlueChoice Plus HSA/HRA Silver 1500	Silver	BlueChoice Plus HSA/HRA Silver 1500	1,280	1.9%	0.716	$292.32	$296.42	$300.82	$305.20	0.717	$308.63	5.6%	$316.31	6.7%	$323.57	7.6%	$331.85	8.7%	1.1%
39	Silver	BlueChoice Plus HSA/HRA Silver 3000	Silver	BlueChoice Plus HSA/HRA Silver 3000	597	0.9%	0.682	$272.54	$276.35	$280.45	$284.54	0.694	$283.57	4.0%	$290.62	5.2%	$297.29	6.0%	$304.89	7.2%	-0.3%
40	Silver	BlueChoice Advantage HSA/HRA Silver 1500	Silver	BlueChoice Advantage HSA/HRA Silver 1500	1,873	2.7%	0.716	$304.86	$309.13	$313.72	$318.29	0.717	$321.87	5.6%	$329.88	6.7%	$337.45	7.6%	$346.08	8.7%	1.1%
41	Silver	BlueChoice Advantage HSA/HRA Silver 3000	Silver	BlueChoice Advantage HSA/HRA Silver 3000	9	0.0%	0.682	$284.23	$288.20	$292.49	$296.74	0.694	$295.73	4.0%	$303.09	5.2%	$310.04	6.0%	$317.97	7.2%	-0.3%
42	Silver	HealthyBlue HMO HSA/HRA Silver 2000	Silver	HealthyBlue HMO HSA/HRA Silver 2000	980	1.4%	0.719	$286.80	$290.81	$295.13	$299.43	0.720	$298.87	4.2%	$306.31	5.3%	$313.34	6.2%	$321.35	7.3%	-0.2%
43	Silver	HealthyBlue Plus HSA/HRA Silver 2000	Silver	HealthyBlue Plus HSA/HRA Silver 2000	639	0.9%	0.719	$294.57	$298.69	$303.13	$307.55	0.720	$306.97	4.2%	$314.61	5.3%	$321.83	6.2%	$330.06	7.3%	-0.2%
44	Silver	HealthyBlue Advantage HSA/HRA Silver 2000	Silver	HealthyBlue Advantage HSA/HRA Silver 2000	1,323	1.9%	0.719	$307.21	$311.51	$316.14	$320.74	0.720	$320.14	4.2%	$328.11	5.3%	$335.63	6.2%	$344.22	7.3%	-0.2%
45	Silver	BlueCross BlueShield Preferred 2000, a Multi-State Plan	Silver	BluePreferred PPO HSA/HRA 2000 80%/60%	47	0.1%	0.720	$376.06	$381.69	$387.59	$393.51	0.711	$348.30	-7.4%	$357.90	-6.2%	$366.95	-5.3%	$377.02	-4.2%	-11.5%
46	Silver	BluePreferred PPO Silver 1000	Silver	BluePreferred PPO Silver 1000	431	0.6%	0.714	$392.96	$398.84	$405.00	$411.18	0.720	$401.96	2.3%	$413.04	3.6%	$423.49	4.6%	$435.10	5.8%	-2.2%
47	Silver	BluePreferred PPO HSA/HRA Silver 1500	Silver	BluePreferred PPO HSA/HRA Silver 1500	2,643	3.9%	0.716	$376.74	$382.37	$388.29	$394.21	0.717	$375.10	-0.4%	$385.44	0.8%	$395.18	1.8%	$406.02	3.0%	-4.8%
48	Silver	BluePreferred PPO HSA/HRA Silver 2000	Silver	BluePreferred PPO HSA/HRA Silver 2000	1,678	2.4%	0.696	$366.36	$371.84	$377.59	$383.35	0.709	$361.88	-1.2%	$371.85	0.0%	$381.26	1.0%	$391.71	2.2%	-5.6%
49	Silver	HealthyBlue PPO HSA/HRA Silver 2000	Silver	HealthyBlue PPO HSA/HRA Silver 2000	336	0.5%	0.719	$380.36	$386.05	$392.02	$398.00	0.720	$371.96	-2.2%	$382.22	-1.0%	$391.88	0.0%	$402.63	1.2%	-6.5%
	SILVER SUBTOTAL				**13,652**	**19.9%**	**0.711**	**$323.71**	**$328.38**	**$333.34**	**$338.30**	**0.715**	**$332.00**	**2.9%**	**$340.63**	**4.1%**	**$348.79**	**5.0%**	**$357.98**	**6.1%**	**-1.5%**
50	Bronze	BlueChoice HMO HSA/HRA Bronze 5000	Bronze	BlueChoice HMO HSA/HRA Bronze 6500	286	0.4%	0.619	$201.25	$204.07	$207.10	$210.12	0.614	$228.01	13.3%	$233.68	14.5%	$239.04	15.4%	$245.16	16.7%	8.5%
51	Bronze	BlueChoice HMO Referral Bronze 5500	Bronze	BlueChoice HMO Referral Bronze 5500	16	0.0%	0.620	$217.51	$220.55	$223.83	$227.09	0.616	$257.34	18.3%	$263.75	19.6%	$269.80	20.5%	$276.70	21.8%	13.3%
52	Bronze	BlueChoice Plus HSA/HRA Bronze 5000	Bronze	BlueChoice Plus HSA/HRA Bronze 6500	72	0.1%	0.619	$206.71	$209.60	$212.71	$215.81	0.614	$234.19	13.3%	$240.01	14.5%	$245.52	15.4%	$251.80	16.7%	8.5%
53	Bronze	BlueChoice Advantage HSA/HRA Bronze 5000	Bronze	BlueChoice Advantage HSA/HRA Bronze 6500	10	0.0%	0.619	$215.58	$218.59	$221.84	$225.07	0.614	$244.23	13.3%	$250.31	14.5%	$256.05	15.4%	$262.60	16.7%	8.5%
	BRONZE SUBTOTAL				**384**	**0.6%**	**0.619**	**$203.32**	**$206.17**	**$209.23**	**$212.28**	**0.614**	**$230.81**	**13.5%**	**$236.55**	**14.7%**	**$241.98**	**15.6%**	**$248.17**	**16.9%**	**8.7%**
	BlueChoice Total				35,871	52%	0.827	$405.32	$411.00	$417.10	$423.17	0.830	$422.04	4.4%	$432.55	5.5%	$442.47	6.3%	$453.79	7.5%	0.0%
	GHMSI Total				32,745	48%	0.841	$514.81	$522.51	$530.59	$538.69	0.846	$514.54	0.0%	$528.72	1.3%	$542.09	2.2%	$556.96	3.5%	-4.4%
	Grand Total				**68,616**	**100%**	**0.834**	**$457.57**	**$464.21**	**$471.26**	**$478.30**	**0.838**	**$466.19**	**2.3%**	**$478.45**	**3.5%**	**$490.01**	**4.4%**	**$503.02**	**5.6%**	**-2.1%**

LOW RENEWAL (Minimum):														**-7.4%**		**-6.2%**		**-5.3%**		**-4.2%**	
HIGH RENEWAL (Maximum):														**18.3%**		**19.6%**		**20.5%**		**21.8%**	
PPO/HMO:								**1.27**	**1.27**	**1.27**	**1.27**		**1.22**		**1.22**		**1.23**		**1.23**		

Note: The previous SERFF tracking number for GHMSI DC Small Group (effective 1/1/2016) is CFAP-130056354 (On Exchange).
The previous SERFF tracking number for BlueChoice DC Small Group (effective 1/1/2016) is CFAP-130051604 (On Exchange).

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017
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 - 1/1/2017

	Begin	End	Mid-point		Months of Trend		
Experience Period	1/1/2015	12/31/2015	7/2/2015			pd through	2/29/2016
Rating Period	1/1/2017	12/31/2017	7/2/2017		24.0		

Experience Period Summary	**Total**
Experience Period Premiums	**$ 215,112,455**
MLR Rebates	**$ -**
Net Experience Period Premiums	$ 215,112,455
Experience Period Paid Claims (Non-Capitated)	$ 190,859,339
Completion Factor	0.98
Experience Period Incurred Claims (Non-Capitated)	$ 194,074,820
Capitations	**$ 473,767**
Rx Rebates	**$ (12,581,018)**
Other Manual Claims	**$ -**
Total Experience Period Claims	$ 181,967,569
Experience Period Loss Ratio (Before MLR Rebates)	84.6%
Experience Period Loss Ratio (After MLR Rebates)	84.6%
Experience Period Loss Ratio (System Claims Only)	90.2%
Experience Period Member Months	446,566
Average Members	37,214
End of Experience Period Contracts	21,076
End of Experience Period Members	36,508
Experience Period Allowed Claims (Non-Capitated)	$ 221,423,295
Adjustments	$ (12,107,251)
Total Adjusted EP Allowed Claims	$ 209,316,044
EP Paid / Allowed Ratio	86.9%

Service Category Level Projection

Service Category Experience Period Allowed	**Utilization Measure**	**EP Units**	**EP Allowed $**	**Other**	**Rx Rebates**	**Net Allowed**
Inpatient	Admits	2,204	$ 35,895,163	$ -	$ -	$ 35,895,163
Outpatient	Visits	34,045	$ 45,751,169	$ -	$ -	$ 45,751,169
Professional	Visits	409,761	$ 69,515,507	$ -	$ -	$ 69,515,507
Other	Services	45,261	$ 13,604,090	$ -	$ -	$ 13,604,090
Rx	Scripts	360,984	$ 56,657,366	$ -	$ (12,581,018)	$ 44,076,349
Capitation	Member Months	**446,566**	$ 473,767	$ -	$ -	$ 473,767
Total			**$ 221,897,062**	**$ -**	**$ (12,581,018)**	**$ 209,316,045**
PMPM			**$ 496.90**	**$ -**	**$ (28.17)**	**$ 468.72**
					Non-EHB Claims In Experience PMPM ***	**$ 2.09**
					EP Index Rate for EHB (Rounded to Nearest Whole Dollar)	**$ 467.00**

Annual Trend Inputs	
Cost Trend	**Utilization Trend**
0.0%	**1.0%**
9.0%	**3.5%**
2.0%	**3.0%**
0.0%	**10.0%**
9.5%	**3.0%**
0.0%	**0.0%**

		Experience Period			**Projection Factors**					**Projected**			**Effective Allowed PMPM**
Service Category Experience Period Allowed	**Utilization Measure**	**Util / 1000**	**Unit Cost**	**PMPM**	**Population Risk / Morbidity ***	**Other**	**Cost Factor**	**Utilization Factor**	**Total Factor**	**Util / 1000**	**Unit Cost**	**PMPM**	**Annual Trend**
Inpatient	Admits	59.23	$ 16,283.93	**$ 80.38**	**1.013**	**1.013**	1.000	1.020	1.05	61.21	$ 16,494.95	**$ 84.14**	**1.0%**
Outpatient	Visits	914.86	$ 1,343.83	**$ 102.45**	**1.013**	**1.013**	1.188	1.071	1.31	992.76	$ 1,617.30	**$ 133.80**	**12.8%**
Professional	Visits	11,010.99	$ 169.65	**$ 155.67**	**1.013**	**1.013**	1.040	1.061	1.13	11,833.42	$ 178.79	**$ 176.31**	**5.1%**
Other	Services	1,216.23	$ 300.57	**$ 30.46**	**1.013**	**1.013**	1.000	1.210	1.24	1,490.77	$ 304.47	**$ 37.82**	**10.0%**
Rx	Scripts	9,700.26	$ 122.10	**$ 98.70**	**1.013**	**0.947**	1.199	1.061	1.22	10,424.79	$ 138.64	**$ 120.44**	**12.8%**
Capitation	Member Months	12,000.00	$ 1.06	**$ 1.06**	**1.000**	**0.830**	1.000	1.000	0.83	12,000.00	$ 0.88	**$ 0.88**	**0.0%**
Total				**$ 468.72**							**Projected Allowed Claims PMPM (EHB + Non-EHB)**	**$ 553.39**	**8.0%**
											Non-EHB Claims In Projected PMPM **	**$ 2.43**	
											Index Rate for EHB	**$ 550.96**	

*** Please refer to page 48 for more information.**
**** Includes abortion claims and capitation for embedded adult vision benefit.**
***** Includes abortion claims and capitations for embedded adult vision benefit.**

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017
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 - 4/1/2017

	Begin	End	Mid-point		Months of Trend		
Experience Period	1/1/2015	12/31/2015	7/2/2015			pd through	2/29/2016
Rating Period	4/1/2017	3/31/2018	9/30/2017		27.0		

Experience Period Summary	Total
Experience Period Premiums	**$ 215,112,455**
MLR Rebates (enter as negative)	**$ -**
Net Experience Period Premiums	$ 215,112,455
Experience Period Paid Claims (Non-Capitated)	$ 190,859,339
Completion Factor	0.98
Experience Period Incurred Claims (Non-Capitated)	$ 194,074,820
Capitations	**$ 473,767**
Rx Rebates	**$ (12,581,018)**
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Total Experience Period Claims	$ 181,967,569
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Experience Period Loss Ratio (System Claims Only)	90.2%
Experience Period Member Months	446,566
Average Members	37,214
End of Experience Period Contracts	21,076
End of Experience Period Members	36,508
Experience Period Allowed Claims (Non-Capitated)	$ 221,423,295
Adjustments	$ (12,107,251)
Total Adjusted EP Allowed Claims	$ 209,316,044
EP Paid / Allowed Ratio	86.9%

Service Category Level Projection

Service Category Experience Period Allowed	**Utilization Measure**	**EP Units**	**EP Allowed $**	**Other**	**Rx Rebates**	**Net Allowed**	**Annual Trend Inputs** Cost Trend	Utilization Trend
Inpatient	Admits	2,204	$ 35,895,163	$ -	$ -	$ 35,895,163	**0.0%**	**1.0%**
Outpatient	Visits	34,045	$ 45,751,169	$ -	$ -	$ 45,751,169	**9.0%**	**3.5%**
Professional	Visits	409,761	$ 69,515,507	$ -	$ -	$ 69,515,507	**2.0%**	**3.0%**
Other	Services	45,261	$ 13,604,090	$ -	$ -	$ 13,604,090	**0.0%**	**10.0%**
Rx	Scripts	360,984	$ 56,657,366	$ -	$ (12,581,018)	$ 44,076,349	**9.5%**	**3.0%**
Capitation	Member Months	**446,566**	$ 473,767	$ -	$ -	$ 473,767	**0.0%**	**0.0%**
Total			**$ 221,897,062**	**$ -**	**$ (12,581,018)**	**$ 209,316,045**		
PMPM			**$ 496.90**	**$ -**	**$ (28.17)**	**$ 468.72**		

		Experience Period			**Projection Factors**					**Projected**			**Effective Allowed PMPM**
Service Category Experience Period Allowed	**Utilization Measure**	**Util / 1000**	**Unit Cost**	**PMPM**	**Population Risk / Morbidity ***	**Other**	**Cost Factor**	**Utilization Factor**	**Total Factor**	**Util / 1000**	**Unit Cost**	**PMPM**	**Annual Trend**
Inpatient	Admits	59.23	$ 16,283.93	**$ 80.38**	**1.013**	**1.013**	1.000	1.023	1.05	61.36	$ 16,494.95	**$ 84.35**	**1.0%**
Outpatient	Visits	914.86	$ 1,343.83	**$ 102.45**	**1.013**	**1.013**	1.214	1.080	1.35	1,001.33	$ 1,652.52	**$ 137.89**	**12.8%**
Professional	Visits	11,010.99	$ 169.65	**$ 155.67**	**1.013**	**1.013**	1.046	1.069	1.15	11,921.19	$ 179.68	**$ 178.50**	**5.1%**
Other	Services	1,216.23	$ 300.57	**$ 30.46**	**1.013**	**1.013**	1.000	1.239	1.27	1,526.72	$ 304.47	**$ 38.74**	**10.0%**
Rx	Scripts	9,700.26	$ 122.10	**$ 98.70**	**1.013**	**0.947**	1.227	1.069	1.26	10,502.11	$ 141.82	**$ 124.12**	**12.8%**
Capitation	Member Months	12,000.00	$ 1.06	**$ 1.06**	**1.000**	**0.830**	1.000	1.000	0.83	12,000.00	$ 0.88	**$ 0.88**	**0.0%**
Total				**$ 468.72**							**Projected Allowed Claims PMPM (EHB + Non-EHB)**	**$ 564.47**	**8.1%**
											Non-EHB Claims In Projected PMPM **	**$ 2.48**	
											Index Rate for EHB	**$ 561.99**	

*** Please refer to page 48 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 1/1/2017
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 - 7/1/2017

	Begin	End	Mid-point		Months of Trend		
Experience Period	1/1/2015	12/31/2015	7/2/2015			pd through	2/29/2016
Rating Period	7/1/2017	6/30/2018	12/30/2017		30.0		

Experience Period Summary	Total
Experience Period Premiums	**$ 215,112,455**
MLR Rebates (enter as negative)	**$ -**
Net Experience Period Premiums	$ 215,112,455
Experience Period Paid Claims (Non-Capitated)	$ 190,859,339
Completion Factor	0.98
Experience Period Incurred Claims (Non-Capitated)	$ 194,074,820
Capitations	**$ 473,767**
Rx Rebates	**$ (12,581,018)**
Other Manual Claims	**$ -**
Total Experience Period Claims	$ 181,967,569
Experience Period Loss Ratio (Before MLR Rebates)	84.6%
Experience Period Loss Ratio (After MLR Rebates)	84.6%
Experience Period Loss Ratio (System Claims Only)	90.2%
Experience Period Member Months	446,566
Average Members	37,214
End of Experience Period Contracts	21,076
End of Experience Period Members	36,508
Experience Period Allowed Claims (Non-Capitated)	$ 221,423,295
Adjustments	$ (12,107,251)
Total Adjusted EP Allowed Claims	$ 209,316,044
EP Paid / Allowed Ratio	86.9%

Service Category Level Projection

Service Category Experience Period Allowed	**Utilization Measure**	**EP Units**	**EP Allowed $**	**Other**	**Rx Rebates**	**Net Allowed**	**Annual Trend Inputs Cost Trend**	**Utilization Trend**
Inpatient	Admits	2,204	$ 35,895,163	$ -	$ -	$ 35,895,163	**0.0%**	**1.0%**
Outpatient	Visits	34,045	$ 45,751,169	$ -	$ -	$ 45,751,169	**9.0%**	**3.5%**
Professional	Visits	409,761	$ 69,515,507	$ -	$ -	$ 69,515,507	**2.0%**	**3.0%**
Other	Services	45,261	$ 13,604,090	$ -	$ -	$ 13,604,090	**0.0%**	**10.0%**
Rx	Scripts	360,984	$ 56,657,366	$ -	$ (12,581,018)	$ 44,076,349	**9.5%**	**3.0%**
Capitation	Member Months	**446,566**	$ 473,767	$ -	$ -	$ 473,767	**0.0%**	**0.0%**
Total			**$ 221,897,062**	**$ -**	**$ (12,581,018)**	**$ 209,316,045**		
PMPM			**$ 496.90**	**$ -**	**$ (28.17)**	**$ 468.72**		

		Experience Period			**Projection Factors**					**Projected**			**Effective Allowed PMPM**
Service Category Experience Period Allowed	**Utilization Measure**	**Util / 1000**	**Unit Cost**	**PMPM**	**Population Risk / Morbidity ***	**Other**	**Cost Factor**	**Utilization Factor**	**Total Factor**	**Util / 1000**	**Unit Cost**	**PMPM**	**Annual Trend**
Inpatient	Admits	59.23	$ 16,283.93	**$ 80.38**	**1.013**	**1.013**	1.000	1.025	1.05	61.52	$ 16,494.95	**$ 84.56**	**1.0%**
Outpatient	Visits	914.86	$ 1,343.83	**$ 102.45**	**1.013**	**1.013**	1.240	1.090	1.39	1,009.98	$ 1,688.51	**$ 142.11**	**12.8%**
Professional	Visits	11,010.99	$ 169.65	**$ 155.67**	**1.013**	**1.013**	1.051	1.077	1.16	12,009.61	$ 180.57	**$ 180.71**	**5.1%**
Other	Services	1,216.23	$ 300.57	**$ 30.46**	**1.013**	**1.013**	1.000	1.269	1.30	1,563.53	$ 304.47	**$ 39.67**	**10.0%**
Rx	Scripts	9,700.26	$ 122.10	**$ 98.70**	**1.013**	**0.947**	1.255	1.077	1.30	10,580.01	$ 145.07	**$ 127.91**	**12.8%**
Capitation	Member Months	12,000.00	$ 1.06	**$ 1.06**	**1.000**	**0.830**	1.000	1.000	0.83	12,000.00	$ 0.88	**$ 0.88**	**0.0%**
Total				**$ 468.72**							**Projected Allowed Claims PMPM (EHB + Non-EHB)**	**$ 575.84**	**8.1%**
											Non-EHB Claims In Projected PMPM **	**$ 2.53**	
											Index Rate for EHB	**$ 573.31**	

*** Please refer to page 48 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 1/1/2017
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 - 10/1/2017

	Begin	End	Mid-point		Months of Trend		
Experience Period	**1/1/2015**	**12/31/2015**	**7/2/2015**			**pd through**	**2/29/2016**
Rating Period	**10/1/2017**	**9/30/2018**	**4/1/2018**		33.0		

Experience Period Summary	**Total**
Experience Period Premiums	**$ 215,112,455**
MLR Rebates (enter as negative)	**$ -**
Net Experience Period Premiums	$ 215,112,455
Experience Period Paid Claims (Non-Capitated)	$ 190,859,339
Completion Factor	0.98
Experience Period Incurred Claims (Non-Capitated)	$ 194,074,820
Capitations	**$ 473,767**
Rx Rebates	**$ (12,581,018)**
Other Manual Claims	**$ -**
Total Experience Period Claims	$ 181,967,569
Experience Period Loss Ratio (Before MLR Rebates)	84.6%
Experience Period Loss Ratio (After MLR Rebates)	84.6%
Experience Period Loss Ratio (System Claims Only)	90.2%
Experience Period Member Months	446,566
Average Members	37,214
End of Experience Period Contracts	21,076
End of Experience Period Members	36,508
Experience Period Allowed Claims (Non-Capitated)	$ 221,423,295
Adjustments	$ (12,107,251)
Total Adjusted EP Allowed Claims	$ 209,316,044
EP Paid / Allowed Ratio	86.9%

Service Category Level Projection

Service Category Experience Period Allowed	**Utilization Measure**	**EP Units**	**EP Allowed $**	**Other**	**Rx Rebates**	**Net Allowed**	**Annual Trend Inputs Cost Trend**	**Utilization Trend**
Inpatient	Admits	2,204	$ 35,895,163	$ -	$ -	$ 35,895,163	**0.0%**	**1.0%**
Outpatient	Visits	34,045	$ 45,751,169	$ -	$ -	$ 45,751,169	**9.0%**	**3.5%**
Professional	Visits	409,761	$ 69,515,507	$ -	$ -	$ 69,515,507	**2.0%**	**3.0%**
Other	Services	45,261	$ 13,604,090	$ -	$ -	$ 13,604,090	**0.0%**	**10.0%**
Rx	Scripts	360,984	$ 56,657,366	$ -	$ (12,581,018)	$ 44,076,349	**9.5%**	**3.0%**
Capitation	Member Months	**446,566**	$ 473,767	$ -	$ -	$ 473,767	**0.0%**	**0.0%**
Total			**$ 221,897,062**	**$ -**	**$ (12,581,018)**	**$ 209,316,045**		
PMPM			**$ 496.90**	**$ -**	**$ (28.17)**	**$ 468.72**		

		Experience Period			**Projection Factors**					**Projected**			**Effective Allowed PMPM**
Service Category Experience Period Allowed	**Utilization Measure**	**Util / 1000**	**Unit Cost**	**PMPM**	**Population Risk / Morbidity ***	**Other**	**Cost Factor**	**Utilization Factor**	**Total Factor**	**Util / 1000**	**Unit Cost**	**PMPM**	**Annual Trend**
Inpatient	Admits	59.23	$ 16,283.93	**$ 80.38**	**1.013**	**1.013**	1.000	1.028	1.05	61.67	$ 16,494.95	**$ 84.77**	**1.0%**
Outpatient	Visits	914.86	$ 1,343.83	**$ 102.45**	**1.013**	**1.013**	1.267	1.099	1.43	1,018.70	$ 1,725.28	**$ 146.46**	**12.8%**
Professional	Visits	11,010.99	$ 169.65	**$ 155.67**	**1.013**	**1.013**	1.056	1.085	1.18	12,098.69	$ 181.47	**$ 182.96**	**5.1%**
Other	Services	1,216.23	$ 300.57	**$ 30.46**	**1.013**	**1.013**	1.000	1.300	1.33	1,601.24	$ 304.47	**$ 40.63**	**10.0%**
Rx	Scripts	9,700.26	$ 122.10	**$ 98.70**	**1.013**	**0.947**	1.283	1.085	1.34	10,658.48	$ 148.40	**$ 131.81**	**12.8%**
Capitation	Member Months	12,000.00	$ 1.06	**$ 1.06**	**1.000**	**0.830**	1.000	1.000	0.83	12,000.00	$ 0.88	**$ 0.88**	**0.0%**
Total				**$ 468.72**							**Projected Allowed Claims PMPM (EHB + Non-EHB)**	**$ 587.51**	**8.1%**
											Non-EHB Claims In Projected PMPM **	**$ 2.57**	
											Index Rate for EHB	**$ 584.94**	

*** Please refer to page 48 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 1/1/2017
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	2015 Member Months	Exp Period PMPM
GHMSI	$1,099,726	550,798	**$2.00**

	Projected PMPM
1Q17	$2.34
2Q17	$2.39
3Q17	$2.44
4Q17	$2.48

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

Individual, non-Medigap Embedded PMPM (Vision Capitation)	% of D.C. Individual, non-Medigap Market Over Age 19	Projected PMPM Spread Over Individual Market	Blended with Small Group
$1.16	90%	$1.04	**$0.09**

	Projected PMPM
1Q17	$0.09
2Q17	$0.09
3Q17	$0.09
4Q17	$0.09

	Projected Non-EHB PMPM
1Q17	**$2.43**
2Q17	**$2.48**
3Q17	**$2.53**
4Q17	**$2.57**

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

Adjustments for Small Group Benefits in Excess of EHB

1Q17	**Med**	**Rx**	**Total**
Index Rate for EHB	$ 430.52	$ 120.44	$ 550.96
Benefits to be Covered in Excess of EHB On Exchange (PMPM)			
Abortion *	$ 2.30	$ -	$ 2.30
Total Adjustment to Index Rate	**0.53%**	**0.00%**	**0.42%**

2Q17	**Med**	**Rx**	**Total**
Index Rate for EHB	$ 437.88	$ 124.12	$ 561.99
Benefits to be Covered in Excess of EHB On Exchange (PMPM)			
Abortion *	$ 2.34	$ -	$ 2.34
Total Adjustment to Index Rate	**0.53%**	**0.00%**	**0.42%**

3Q17	**Med**	**Rx**	**Total**
Index Rate for EHB	$ 445.41	$ 127.91	$ 573.31
Benefits to be Covered in Excess of EHB On Exchange (PMPM)			
Abortion *	$ 2.38	$ -	$ 2.38
Total Adjustment to Index Rate	**0.53%**	**0.00%**	**0.42%**

4Q17	**Med**	**Rx**	**Total**
Index Rate for EHB	$ 453.13	$ 131.81	$ 584.94
Benefits to be Covered in Excess of EHB On Exchange (PMPM)			
Abortion *	$ 2.42	$ -	$ 2.42
Total Adjustment to Index Rate	**0.53%**	**0.00%**	**0.42%**

* Based on calendar year 2015 experience for DC GHMSI Small Group business, trended to 2017.
Note: Abortion coverage applies to all DC Small Group plans, excluding BluePreferred PPO 1000 90%/70% and BluePreferred PPO HSA/HRA 2000 80%/60%.

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017
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	$ 459.94	-1.21%	2.54%
201504	$ 467.90	1.73%	3.03%
201507	$ 476.02	1.74%	3.53%
201510	$ 484.31	1.74%	4.02%
201601	$ 518.35	7.03%	12.70%
201604	$ 528.56	1.97%	12.96%
201607	$ 538.95	1.97%	13.22%
201610	$ 549.57	1.97%	13.48%
201701	**$ 550.96**	**0.25%**	**6.29%**
201704	**$ 561.99**	**2.00%**	**6.33%**
201707	**$ 573.31**	**2.01%**	**6.38%**
201710	**$ 584.94**	**2.03%**	**6.44%**

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

2017 ACA - TREND ANALYSIS SUMMARY - DC GHMSI

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
				2016 FILING							**2017 FILING**					
					PROJECTED					**EXPERIENCE PERIOD**			**PROJECTED**			
	GHMSI-DC		Allowed		Cost	Utilization	Claims	Allowed		Cost	Utilization	Claims	Cost	Utilization	Claims	vs 2016
			Claims *	%	Trend	Trend	Trend	Claims	%	Trend	Trend	Trend	Trend	Trend	Trend **	Δ
1	Inpatient	Hospital	$40,005,763	17%	8.0%	1.0%	9.1%	$35,895,163	16%	-1.6%	2.2%	0.6%	0.0%	1.0%	1.0%	-8.1%
2	Outpatient	Hospital	$47,122,116	21%	3.5%	3.5%	7.1%	$45,751,169	21%	7.5%	4.1%	11.9%	9.0%	3.5%	12.8%	5.7%
3	Professional		$74,124,676	32%	3.5%	1.5%	5.1%	$69,515,507	31%	-0.1%	4.2%	4.2%	2.0%	3.0%	5.1%	0.0%
4	Other Medical	Non-Capitated Ambulance	$13,002,211	6%	4.0%	2.0%	6.1%	$13,604,090	6%	12.7%	5.5%	19.0%	0.0%	10.0%	10.0%	3.9%
5		Home Health														
6		DME														
7		Prosthetics														
8		Supplies														
9		Vision Exams														
10		Dental Services														
11		Other Services														
12	**Medical**	**Subtotal (Clms-Wgtd):**	**$174,254,765**	**76%**	**4.6%**	**2.0%**	**6.6%**	**$164,765,929**	**74%**	**2.7%**	**3.9%**	**6.7%**	**3.3%**	**3.3%**	**6.7%**	**0.1%**
13																
14	**Capitation**	**Total**	**$ 647,160**	**0%**	**0.0%**	**0.0%**	**0.0%**	**$ 473,767**	**0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**
15																
16	**RX**	**Claims-Weighted**	$54,658,099	**24%**	13.0%	0.0%	**13.0%**	$56,657,366	**26%**	14.8%	3.6%	**18.9%**	9.5%	3.0%	**12.8%**	**-0.2%**
17	**TOTAL**	**Claims-Weighted**	**$229,560,024**	**100%**	**6.6%**	**1.5%**	**8.2%**	**$221,897,062**	**100%**	**5.8%**	**3.8%**	**9.8%**	**4.9%**	**3.2%**	**8.3%**	**0.1%**
18																
19	**Weighted Total DC (BlueChoice & GHMSI Combined)**														**8.3%**	

* Includes grandfathered Small Group business.

** Note: The total trend shown is claims-weighted. The actual pricing trend utilized is 8.0%, calculated on a PMPM basis.

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

2017 ACA - PLAN LEVEL DERIVATIONS 1Q17
SG DC GHMSI

			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
				Actual 2/29/2016	ON-Exchange 1Q17 Cohort Projected		**INDEX RATE**	**Market-Level Adjustments (MLA)**			**INDEX RATE**	**Plan-Level Adjustments (PLA) = (10)x(11)x(12)**							**INDEX RATE**		**Calibration Allowable Rating Factors (ARFs) ***	**BASE PREMIUM**	Average Cost Share	**INDEX RATE**	
Benefit Plan				Mapped Mems	EMMs	%	(Ave ALW EHB)	Reins.	Risk Adj	Exch User Fees	(Post-MLA)	CF Pricing Value	CDH Factor	Induced Demand	Cost Share	Network & UM	Non-EHB	Distrib & Admin	(Plan-Level)	2017 HHS AV	Age	(Consumer-Level) 1Q17	1Q17	(Plan-Level) 1Q16	Δ
Silver Plans	Ded.	OOP Max																							
BluePreferred PPO Silver 1000	$1,000 Med / $100 Rx	$7,150		431	1,200	1.3%	$550.96	1.0000	0.9196	1.0000	$506.65	0.7135	1.0060	0.9348	0.6711	1.0000	1.0042	1.2592	$429.91	0.7199	0.9350	$401.96	0.6501	$413.78	3.9%
BluePreferred PPO HSA/HRA Silver 1500	$1,500 (Integrated)	$6,550		2,643	7,356	8.0%	$550.96	1.0000	0.9196	1.0000	$506.65	0.6978	0.9600	0.9348	0.6262	1.0000	1.0042	1.2592	$401.17	0.7172	0.9350	$375.10	0.6233	$396.70	1.1%
BluePreferred PPO Silver 1500 BlueFund HSA	$1,500 (Integrated)	$6,350		0	276	0.3%	$550.96	1.0000	0.9196	1.0000	$506.65	0.6985	0.9600	0.9348	0.6269	1.0000	1.0042	1.2592	$401.63	0.7190	0.9350	$375.52	NA	NA	NA
BluePreferred PPO HSA/HRA 2000 80%/60%	$2,000 (Integrated)	$6,550		47	276	0.3%	$550.96	1.0000	0.9196	1.0000	$506.65	0.6506	0.9600	0.9348	0.5839	1.0000	1.0000	1.2592	$372.51	0.7113	0.9350	$348.30	0.6257	$395.99	-5.9%
BluePreferred PPO HSA/HRA Silver 2000	$2,000 (Integrated)	$6,000		1,678	4,668	5.1%	$550.96	1.0000	0.9196	1.0000	$506.65	0.6732	0.9600	0.9348	0.6041	1.0000	1.0042	1.2592	$387.04	0.7090	0.9350	$361.88	0.6061	$385.77	0.3%
HealthyBlue PPO HSA/HRA Silver 2000	$2,000 (Integrated)	$6,550		336	936	1.0%	$550.96	1.0000	0.9196	1.0000	$506.65	0.6919	0.9600	0.9348	0.6210	1.0000	1.0042	1.2592	$397.82	0.7198	0.9350	$371.96	0.6293	$400.52	-0.7%
Gold Plans																									
BluePreferred PPO 1000 90%/70%	$1,000 (Integrated)	$6,550		276	768	0.8%	$550.96	1.0000	0.9196	1.0000	$506.65	0.7636	1.0060	0.9802	0.7530	1.0000	1.0000	1.2592	$480.41	0.8061	0.9350	$449.18	0.7710	$487.90	-1.5%
BluePreferred PPO Gold 500	$500 Med / $250 Rx	$7,150		1,299	3,612	3.9%	$550.96	1.0000	0.9196	1.0000	$506.65	0.8246	1.0060	0.9802	0.8131	1.0000	1.0042	1.2592	$520.93	0.8182	0.9350	$487.07	0.7843	$499.17	4.4%
BluePreferred PPO Gold 1000	$1,000 Med / $250 Rx	$4,000		3,610	10,044	11.0%	$550.96	1.0000	0.9196	1.0000	$506.65	0.8035	1.0060	0.9802	0.7924	1.0000	1.0042	1.2592	$507.63	0.8006	0.9350	$474.64	0.7641	$486.31	4.4%
BluePreferred PPO Gold 1500	$1,500 Med / $250 Rx	$3,500		2,396	6,672	7.3%	$550.96	1.0000	0.9196	1.0000	$506.65	0.7909	1.0060	0.9802	0.7799	1.0000	1.0042	1.2592	$499.64	0.7900	0.9350	$467.16	0.7605	$484.07	3.2%
HealthyBlue PPO Gold 1500	$1,500 Med / $0 Rx	$7,150		2,121	5,904	6.4%	$550.96	1.0000	0.9196	1.0000	$506.65	0.8261	1.0060	0.9802	0.8146	1.0000	1.0042	1.2592	$521.88	0.8131	0.9350	$487.96	0.8050	$512.35	1.9%
Platinum Plans																									
BluePreferred PPO Platinum 0	$0 Med / $0 Rx	$1,500		11,986	33,372	36.4%	$550.96	1.0000	0.9196	1.0000	$506.65	0.9306	1.0060	1.0438	0.9772	1.0000	1.0042	1.2592	$626.04	0.9158	0.9350	$585.35	0.9722	$618.77	1.2%
BluePreferred PPO Platinum 500	$500 Med / $0 Rx	$1,500		5,266	14,664	16.0%	$550.96	1.0000	0.9196	1.0000	$506.65	0.8831	1.0060	1.0438	0.9273	1.0000	1.0042	1.2592	$594.07	0.8901	0.9350	$555.46	0.9328	$593.71	0.1%
HealthyBlue PPO Platinum 500	$500 Med / $0 Rx	$1,500		449	1,248	1.4%	$550.96	1.0000	0.9196	1.0000	$506.65	0.9080	1.0060	1.0438	0.9534	1.0000	1.0042	1.2592	$610.79	0.8949	0.9350	$571.09	0.9502	$604.76	1.0%
HealthyBlue PPO Platinum 1000	$1,000 Med / $0 Rx	$1,500		207	576	0.6%	$550.96	1.0000	0.9196	1.0000	$506.65	0.8728	1.0060	1.0438	0.9165	1.0000	1.0042	1.2592	$587.14	0.8868	0.9350	$548.97	0.9398	$598.15	-1.8%
	SILVER SUBTOTAL:			5,135	14,712	16.1%	$550.96	1.0000	0.9196	1.0000	$506.65	0.6900	0.9638	0.9348	0.6217	1.0000	1.0041	1.2592	$398.29	0.7149	0.9350	$372.40	0.6203	$394.81	0.9%
	GOLD SUBTOTAL:			9,702	27,000	29.5%	$550.96	1.0000	0.9196	1.0000	$506.65	0.8070	1.0060	0.9802	0.7958	1.0000	1.0041	1.2592	$509.78	0.8032	0.9350	$476.64	0.7750	$493.22	3.4%
	PLATINUM SUBTOTAL:			17,908	49,860	54.4%	$550.96	1.0000	0.9196	1.0000	$506.65	0.9154	1.0060	1.0438	0.9612	1.0000	1.0042	1.2592	$615.81	0.9074	0.9350	$575.78	0.9597	$610.81	0.8%
	GRAND TOTAL:			**32,745**	**91,572**	**100.0%**	**$550.96**	**1.0000**	**0.9196**	**1.0000**	**$506.65**	**0.8473**	**0.9992**	**1.0075**	**0.8579**	**1.0000**	**1.0041**	**1.2592**	**$549.60**	**0.8458**	**0.9350**	**$513.88**	**0.8517**	**$542.09**	**1.6%**

*** Geographic and Tobacco calibration factors both = 1.000.**

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

2017 ACA - PLAN LEVEL DERIVATIONS 2Q17
SG DC GHMSI

			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
				Actual 2/29/2016	ON-Exchange 2Q17 Cohort Projected		**INDEX RATE**	**Market-Level Adjustments (MLA)**			**INDEX RATE**	**Plan-Level Adjustments (PLA)**			**= (10)x(11)x(12)**				**INDEX RATE**		**Calibration Allowable Rating Factors (ARFs) ***	**BASE PREMIUM**	Average Cost Share	**INDEX RATE**	
Benefit Plan				Mapped Mems	EMMs	%	(Ave ALW EHB)	Reins.	Risk Adj	Exch User Fees	(Post-MLA)	CF Pricing Value	CDH Factor	Induced Demand	Cost Share	Network & UM	Non-EHB	Distrib & Admin	(Plan-Level)	2017 HHS AV	Age	(Consumer-Level) 2Q17	2Q17	(Plan-Level) 2Q16	Δ
Silver Plans	Ded.	OOP Max																							
BluePreferred PPO Silver 1000	$1,000 Med / $100 Rx	$7,150		431	396	1.3%	$561.99	1.0000	0.9212	1.0000	$517.69	0.7135	1.0060	0.9348	0.6711	1.0000	1.0042	1.2663	$441.76	0.7199	0.9350	$413.04	0.6501	$419.97	5.2%
BluePreferred PPO HSA/HRA Silver 1500	$1,500 (Integrated)	$6,550		2,643	2,412	8.0%	$561.99	1.0000	0.9212	1.0000	$517.69	0.6978	0.9600	0.9348	0.6262	1.0000	1.0042	1.2663	$412.23	0.7172	0.9350	$385.44	0.6233	$402.64	2.4%
BluePreferred PPO Silver 1500 BlueFund HSA	$1,500 (Integrated)	$6,350		0	96	0.3%	$561.99	1.0000	0.9212	1.0000	$517.69	0.6985	0.9600	0.9348	0.6269	1.0000	1.0042	1.2663	$412.70	0.7190	0.9350	$385.87	NA	NA	NA
BluePreferred PPO HSA/HRA 2000 80%/60%	$2,000 (Integrated)	$6,550		47	96	0.3%	$561.99	1.0000	0.9212	1.0000	$517.69	0.6506	0.9600	0.9348	0.5839	1.0000	1.0000	1.2663	$382.78	0.7113	0.9350	$357.90	0.6257	$401.92	-4.8%
BluePreferred PPO HSA/HRA Silver 2000	$2,000 (Integrated)	$6,000		1,678	1,536	5.1%	$561.99	1.0000	0.9212	1.0000	$517.69	0.6732	0.9600	0.9348	0.6041	1.0000	1.0042	1.2663	$397.70	0.7090	0.9350	$371.85	0.6061	$391.55	1.6%
HealthyBlue PPO HSA/HRA Silver 2000	$2,000 (Integrated)	$6,550		336	300	1.0%	$561.99	1.0000	0.9212	1.0000	$517.69	0.6919	0.9600	0.9348	0.6210	1.0000	1.0042	1.2663	$408.79	0.7198	0.9350	$382.22	0.6293	$406.51	0.6%
Gold Plans																									
BluePreferred PPO 1000 90%/70%	$1,000 (Integrated)	$6,550		276	252	0.8%	$561.99	1.0000	0.9212	1.0000	$517.69	0.7636	1.0060	0.9802	0.7530	1.0000	1.0000	1.2663	$493.65	0.8061	0.9350	$461.56	0.7710	$495.21	-0.3%
BluePreferred PPO Gold 500	$500 Med / $250 Rx	$7,150		1,299	1,188	4.0%	$561.99	1.0000	0.9212	1.0000	$517.69	0.8246	1.0060	0.9802	0.8131	1.0000	1.0042	1.2663	$535.29	0.8182	0.9350	$500.50	0.7843	$506.64	5.7%
BluePreferred PPO Gold 1000	$1,000 Med / $250 Rx	$4,000		3,610	3,288	11.0%	$561.99	1.0000	0.9212	1.0000	$517.69	0.8035	1.0060	0.9802	0.7924	1.0000	1.0042	1.2663	$521.62	0.8006	0.9350	$487.72	0.7641	$493.59	5.7%
BluePreferred PPO Gold 1500	$1,500 Med / $250 Rx	$3,500		2,396	2,184	7.3%	$561.99	1.0000	0.9212	1.0000	$517.69	0.7909	1.0060	0.9802	0.7799	1.0000	1.0042	1.2663	$513.41	0.7900	0.9350	$480.04	0.7605	$491.31	4.5%
HealthyBlue PPO Gold 1500	$1,500 Med / $0 Rx	$7,150		2,121	1,932	6.4%	$561.99	1.0000	0.9212	1.0000	$517.69	0.8261	1.0060	0.9802	0.8146	1.0000	1.0042	1.2663	$536.27	0.8131	0.9350	$501.41	0.8050	$520.02	3.1%
Platinum Plans																									
BluePreferred PPO Platinum 0	$0 Med / $0 Rx	$1,500		11,986	10,908	36.4%	$561.99	1.0000	0.9212	1.0000	$517.69	0.9306	1.0060	1.0438	0.9772	1.0000	1.0042	1.2663	$643.29	0.9158	0.9350	$601.48	0.9722	$628.03	2.4%
BluePreferred PPO Platinum 500	$500 Med / $0 Rx	$1,500		5,266	4,788	16.0%	$561.99	1.0000	0.9212	1.0000	$517.69	0.8831	1.0060	1.0438	0.9273	1.0000	1.0042	1.2663	$610.44	0.8901	0.9350	$570.77	0.9328	$602.59	1.3%
HealthyBlue PPO Platinum 500	$500 Med / $0 Rx	$1,500		449	408	1.4%	$561.99	1.0000	0.9212	1.0000	$517.69	0.9080	1.0060	1.0438	0.9534	1.0000	1.0042	1.2663	$627.62	0.8949	0.9350	$586.83	0.9502	$613.81	2.2%
HealthyBlue PPO Platinum 1000	$1,000 Med / $0 Rx	$1,500		207	192	0.6%	$561.99	1.0000	0.9212	1.0000	$517.69	0.8728	1.0060	1.0438	0.9165	1.0000	1.0042	1.2663	$603.32	0.8868	0.9350	$564.10	0.9398	$607.10	-0.6%
		SILVER SUBTOTAL:		5,135	4,836	16.1%	$561.99	1.0000	0.9212	1.0000	$517.69	0.6900	0.9638	0.9348	0.6217	1.0000	1.0041	1.2663	$409.25	0.7149	0.9350	$382.65	0.6203	$400.72	2.2%
		GOLD SUBTOTAL:		9,702	8,844	29.5%	$561.99	1.0000	0.9212	1.0000	$517.69	0.8070	1.0060	0.9802	0.7958	1.0000	1.0041	1.2663	$523.83	0.8033	0.9350	$489.79	0.7750	$500.60	4.7%
		PLATINUM SUBTOTAL:		17,908	16,296	54.4%	$561.99	1.0000	0.9212	1.0000	$517.69	0.9154	1.0060	1.0438	0.9612	1.0000	1.0042	1.2663	$632.78	0.9074	0.9350	$591.65	0.9597	$619.95	2.1%
		GRAND TOTAL:		**32,745**	**29,976**	**100.0%**	**$561.99**	**1.0000**	**0.9212**	**1.0000**	**$517.69**	**0.8471**	**0.9992**	**1.0074**	**0.8577**	**1.0000**	**1.0041**	**1.2663**	**$564.57**	**0.8456**	**0.9350**	**$527.88**	**0.8517**	**$550.21**	**2.8%**

*** Geographic and Tobacco calibration factors both = 1.000.**

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

2017 ACA - PLAN LEVEL DERIVATIONS 3Q17
SG DC GHMSI

			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
				Actual 2/29/2016	ON-Exchange 3Q17 Cohort Projected		**INDEX RATE**	**Market-Level Adjustments (MLA)**			**INDEX RATE**	**Plan-Level Adjustments (PLA)**							**INDEX RATE**		**Calibration Allowable Rating Factors (ARFs) ***	**BASE PREMIUM**	Average Cost Share	**INDEX RATE**	
				Mapped			(Ave ALW		Risk	Exch User	(Post-	CF Pricing	CDH	Induced	**= (10)x(11)x(12)** Cost	Network	Non-	Distrib	(Plan-	2017 HHS		(Consumer-Level)		(Plan-Level)	
Benefit Plan				Mems	EMMs	%	EHB)	Reins.	Adj	Fees	MLA)	Value	Factor	Demand	Share	& UM	EHB	& Admin	Level)	AV	Age	3Q17	3Q17	3Q16	Δ
Silver Plans	Ded.	OOP Max																							
BluePreferred PPO Silver 1000	$1,000 Med / $100 Rx	$7,150		431	984	1.3%	$573.31	1.0000	0.9227	1.0000	$529.01	0.7135	1.0060	0.9348	0.6711	1.0000	1.0042	1.2706	$452.93	0.7199	0.9350	$423.49	0.6501	$426.47	6.2%
BluePreferred PPO HSA/HRA Silver 1500	$1,500 (Integrated)	$6,550		2,643	6,060	8.0%	$573.31	1.0000	0.9227	1.0000	$529.01	0.6978	0.9600	0.9348	0.6262	1.0000	1.0042	1.2706	$422.65	0.7172	0.9350	$395.18	0.6233	$408.87	3.4%
BluePreferred PPO Silver 1500 BlueFund HSA	$1,500 (Integrated)	$6,350		0	228	0.3%	$573.31	1.0000	0.9227	1.0000	$529.01	0.6985	0.9600	0.9348	0.6269	1.0000	1.0042	1.2706	$423.13	0.7190	0.9350	$395.63	NA	NA	NA
BluePreferred PPO HSA/HRA 2000 80%/60%	$2,000 (Integrated)	$6,550		47	228	0.3%	$573.31	1.0000	0.9227	1.0000	$529.01	0.6506	0.9600	0.9348	0.5839	1.0000	1.0000	1.2706	$392.46	0.7113	0.9350	$366.95	0.6257	$408.13	-3.8%
BluePreferred PPO HSA/HRA Silver 2000	$2,000 (Integrated)	$6,000		1,678	3,852	5.1%	$573.31	1.0000	0.9227	1.0000	$529.01	0.6732	0.9600	0.9348	0.6041	1.0000	1.0042	1.2706	$407.76	0.7090	0.9350	$381.26	0.6061	$397.60	2.6%
HealthyBlue PPO HSA/HRA Silver 2000	$2,000 (Integrated)	$6,550		336	780	1.0%	$573.31	1.0000	0.9227	1.0000	$529.01	0.6919	0.9600	0.9348	0.6210	1.0000	1.0042	1.2706	$419.12	0.7198	0.9350	$391.88	0.6293	$412.80	1.5%
Gold Plans																									
BluePreferred PPO 1000 90%/70%	$1,000 (Integrated)	$6,550		276	636	0.8%	$573.31	1.0000	0.9227	1.0000	$529.01	0.7636	1.0060	0.9802	0.7530	1.0000	1.0000	1.2706	$506.13	0.8061	0.9350	$473.23	0.7710	$502.86	0.7%
BluePreferred PPO Gold 500	$500 Med / $250 Rx	$7,150		1,299	2,976	3.9%	$573.31	1.0000	0.9227	1.0000	$529.01	0.8246	1.0060	0.9802	0.8131	1.0000	1.0042	1.2706	$548.82	0.8182	0.9350	$513.15	0.7843	$514.48	6.7%
BluePreferred PPO Gold 1000	$1,000 Med / $250 Rx	$4,000		3,610	8,292	11.0%	$573.31	1.0000	0.9227	1.0000	$529.01	0.8035	1.0060	0.9802	0.7924	1.0000	1.0042	1.2706	$534.81	0.8006	0.9350	$500.05	0.7641	$501.22	6.7%
BluePreferred PPO Gold 1500	$1,500 Med / $250 Rx	$3,500		2,396	5,496	7.3%	$573.31	1.0000	0.9227	1.0000	$529.01	0.7909	1.0060	0.9802	0.7799	1.0000	1.0042	1.2706	$526.39	0.7900	0.9350	$492.17	0.7605	$498.91	5.5%
HealthyBlue PPO Gold 1500	$1,500 Med / $0 Rx	$7,150		2,121	4,872	6.5%	$573.31	1.0000	0.9227	1.0000	$529.01	0.8261	1.0060	0.9802	0.8146	1.0000	1.0042	1.2706	$549.83	0.8131	0.9350	$514.09	0.8050	$528.06	4.1%
Platinum Plans																									
BluePreferred PPO Platinum 0	$0 Med / $0 Rx	$1,500		11,986	27,516	36.4%	$573.31	1.0000	0.9227	1.0000	$529.01	0.9306	1.0060	1.0438	0.9772	1.0000	1.0042	1.2706	$659.56	0.9158	0.9350	$616.69	0.9722	$637.74	3.4%
BluePreferred PPO Platinum 500	$500 Med / $0 Rx	$1,500		5,266	12,084	16.0%	$573.31	1.0000	0.9227	1.0000	$529.01	0.8831	1.0060	1.0438	0.9273	1.0000	1.0042	1.2706	$625.88	0.8901	0.9350	$585.20	0.9328	$611.91	2.3%
HealthyBlue PPO Platinum 500	$500 Med / $0 Rx	$1,500		449	1,032	1.4%	$573.31	1.0000	0.9227	1.0000	$529.01	0.9080	1.0060	1.0438	0.9534	1.0000	1.0042	1.2706	$643.49	0.8949	0.9350	$601.66	0.9502	$623.30	3.2%
HealthyBlue PPO Platinum 1000	$1,000 Med / $0 Rx	$1,500		207	468	0.6%	$573.31	1.0000	0.9227	1.0000	$529.01	0.8728	1.0060	1.0438	0.9165	1.0000	1.0042	1.2706	$618.57	0.8868	0.9350	$578.36	0.9398	$616.48	0.3%
	SILVER SUBTOTAL:			5,135	12,132	16.1%	$573.31	1.0000	0.9227	1.0000	$529.01	0.6900	0.9637	0.9348	0.6217	1.0000	1.0041	1.2706	$419.59	0.7149	0.9350	$392.32	0.6203	$406.91	3.2%
	GOLD SUBTOTAL:			9,702	22,272	29.5%	$573.31	1.0000	0.9227	1.0000	$529.01	0.8070	1.0060	0.9802	0.7958	1.0000	1.0041	1.2706	$537.07	0.8032	0.9350	$502.16	0.7750	$508.34	5.7%
	PLATINUM SUBTOTAL:			17,908	41,100	54.4%	$573.31	1.0000	0.9227	1.0000	$529.01	0.9154	1.0060	1.0438	0.9612	1.0000	1.0042	1.2706	$648.79	0.9074	0.9350	$606.62	0.9597	$629.53	3.0%
	GRAND TOTAL:			**32,745**	**75,504**	**100.0%**	**$573.31**	**1.0000**	**0.9227**	**1.0000**	**$529.01**	**0.8472**	**0.9992**	**1.0075**	**0.8579**	**1.0000**	**1.0041**	**1.2706**	**$579.01**	**0.8458**	**0.9350**	**$541.37**	**0.8517**	**$558.71**	**3.8%**

*** Geographic and Tobacco calibration factors both = 1.000.**

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

2017 ACA - PLAN LEVEL DERIVATIONS 4Q17
SG DC GHMSI

			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
				Actual 2/29/2016	ON-Exchange 4Q17 Cohort Projected		**INDEX RATE**	**Market-Level Adjustments (MLA)**			**INDEX RATE**			**Plan-Level Adjustments**	**(PLA) = (10)x(11)x(12)**				**INDEX RATE**		**Calibration Allowable Rating Factors (ARFs) ***	**BASE PREMIUM**	Average Cost Share	**INDEX RATE**
Benefit Plan				Mapped Mems	EMMs	%	(Ave ALW EHB)	Reins.	Risk Adj	Exch User Fees	(Post-MLA)	CF Pricing Value	CDH Factor	Induced Demand	Cost Share	Network & UM	Non-EHB	Distrib & Admin	(Plan-Level)	2017 HHS AV	Age	(Consumer-Level) 4Q17	4Q17	(Plan-Level) 4Q16	Δ
Silver Plans	Ded.	OOP Max																							
BluePreferred PPO Silver 1000	$1,000 Med / $100 Rx	$7,150		431	2,592	1.3%	$584.94	1.0000	0.9243	1.0000	$540.63	0.7135	1.0060	0.9348	0.6711	1.0000	1.0042	1.2774	$465.35	0.7199	0.9350	$435.10	0.6501	$432.98	7.5%
BluePreferred PPO HSA/HRA Silver 1500	$1,500 (Integrated)	$6,550		2,643	15,888	8.0%	$584.94	1.0000	0.9243	1.0000	$540.63	0.6978	0.9600	0.9348	0.6262	1.0000	1.0042	1.2774	$434.25	0.7172	0.9350	$406.02	0.6233	$415.11	4.6%
BluePreferred PPO Silver 1500 BlueFund HSA	$1,500 (Integrated)	$6,350		0	600	0.3%	$584.94	1.0000	0.9243	1.0000	$540.63	0.6985	0.9600	0.9348	0.6269	1.0000	1.0042	1.2774	$434.74	0.7190	0.9350	$406.48	NA	NA	NA
BluePreferred PPO HSA/HRA 2000 80%/60%	$2,000 (Integrated)	$6,550		47	600	0.3%	$584.94	1.0000	0.9243	1.0000	$540.63	0.6506	0.9600	0.9348	0.5839	1.0000	1.0000	1.2774	$403.22	0.7113	0.9350	$377.02	0.6257	$414.36	-2.7%
BluePreferred PPO HSA/HRA Silver 2000	$2,000 (Integrated)	$6,000		1,678	10,080	5.1%	$584.94	1.0000	0.9243	1.0000	$540.63	0.6732	0.9600	0.9348	0.6041	1.0000	1.0042	1.2774	$418.95	0.7090	0.9350	$391.71	0.6061	$403.67	3.8%
HealthyBlue PPO HSA/HRA Silver 2000	$2,000 (Integrated)	$6,550		336	2,016	1.0%	$584.94	1.0000	0.9243	1.0000	$540.63	0.6919	0.9600	0.9348	0.6210	1.0000	1.0042	1.2774	$430.62	0.7198	0.9350	$402.63	0.6293	$419.10	2.7%
Gold Plans																									
BluePreferred PPO 1000 90%/70%	$1,000 (Integrated)	$6,550		276	1,656	0.8%	$584.94	1.0000	0.9243	1.0000	$540.63	0.7636	1.0060	0.9802	0.7530	1.0000	1.0000	1.2774	$520.02	0.8061	0.9350	$486.22	0.7710	$510.54	1.9%
BluePreferred PPO Gold 500	$500 Med / $250 Rx	$7,150		1,299	7,812	4.0%	$584.94	1.0000	0.9243	1.0000	$540.63	0.8246	1.0060	0.9802	0.8131	1.0000	1.0042	1.2774	$563.88	0.8182	0.9350	$527.23	0.7843	$522.33	8.0%
BluePreferred PPO Gold 1000	$1,000 Med / $250 Rx	$4,000		3,610	21,696	11.0%	$584.94	1.0000	0.9243	1.0000	$540.63	0.8035	1.0060	0.9802	0.7924	1.0000	1.0042	1.2774	$549.48	0.8006	0.9350	$513.77	0.7641	$508.87	8.0%
BluePreferred PPO Gold 1500	$1,500 Med / $250 Rx	$3,500		2,396	14,400	7.3%	$584.94	1.0000	0.9243	1.0000	$540.63	0.7909	1.0060	0.9802	0.7799	1.0000	1.0042	1.2774	$540.83	0.7900	0.9350	$505.68	0.7605	$506.52	6.8%
HealthyBlue PPO Gold 1500	$1,500 Med / $0 Rx	$7,150		2,121	12,744	6.4%	$584.94	1.0000	0.9243	1.0000	$540.63	0.8261	1.0060	0.9802	0.8146	1.0000	1.0042	1.2774	$564.91	0.8131	0.9350	$528.19	0.8050	$536.12	5.4%
Platinum Plans																									
BluePreferred PPO Platinum 0	$0 Med / $0 Rx	$1,500		11,986	72,036	36.4%	$584.94	1.0000	0.9243	1.0000	$540.63	0.9306	1.0060	1.0438	0.9772	1.0000	1.0042	1.2774	$677.65	0.9158	0.9350	$633.60	0.9722	$647.47	4.7%
BluePreferred PPO Platinum 500	$500 Med / $0 Rx	$1,500		5,266	31,656	16.0%	$584.94	1.0000	0.9243	1.0000	$540.63	0.8831	1.0060	1.0438	0.9273	1.0000	1.0042	1.2774	$643.05	0.8901	0.9350	$601.25	0.9328	$621.25	3.5%
HealthyBlue PPO Platinum 500	$500 Med / $0 Rx	$1,500		449	2,700	1.4%	$584.94	1.0000	0.9243	1.0000	$540.63	0.9080	1.0060	1.0438	0.9534	1.0000	1.0042	1.2774	$661.14	0.8949	0.9350	$618.17	0.9502	$632.82	4.5%
HealthyBlue PPO Platinum 1000	$1,000 Med / $0 Rx	$1,500		207	1,248	0.6%	$584.94	1.0000	0.9243	1.0000	$540.63	0.8728	1.0060	1.0438	0.9165	1.0000	1.0042	1.2774	$635.54	0.8868	0.9350	$594.23	0.9398	$625.89	1.5%
	SILVER SUBTOTAL:			5,135	31,776	16.1%	$584.94	1.0000	0.9243	1.0000	$540.63	0.6900	0.9638	0.9348	0.6217	1.0000	1.0041	1.2774	$431.12	0.7149	0.9350	$403.10	0.6203	$413.12	4.4%
	GOLD SUBTOTAL:			9,702	58,308	29.5%	$584.94	1.0000	0.9243	1.0000	$540.63	0.8070	1.0060	0.9802	0.7958	1.0000	1.0041	1.2774	$551.81	0.8032	0.9350	$515.94	0.7750	$516.09	6.9%
	PLATINUM SUBTOTAL:			17,908	107,640	54.4%	$584.94	1.0000	0.9243	1.0000	$540.63	0.9154	1.0060	1.0438	0.9612	1.0000	1.0042	1.2774	$666.57	0.9074	0.9350	$623.24	0.9597	$639.14	4.3%
	GRAND TOTAL:			**32,745**	**197,724**	**100.0%**	**$584.94**	**1.0000**	**0.9243**	**1.0000**	**$540.63**	**0.8472**	**0.9992**	**1.0075**	**0.8579**	**1.0000**	**1.0041**	**1.2774**	**$594.89**	**0.8458**	**0.9350**	**$556.22**	**0.8517**	**$567.24**	**5.1%**

*** Geographic and Tobacco calibration factors both = 1.000.**

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017
DICR & MLR

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
		SG DC GHMSI Projected 1Q17			**SG DC GHMSI** Projected 2Q17			**SG DC GHMSI** Projected 3Q17			**SG DC GHMSI** Projected 4Q17			**SG DC GHMSI** Projected 2017			**SG DC GHMSI** Filed 4Q16	
TRADITIONAL LOSS RATIO		PMPM	%	$s	PMPM	%	$s	PMPM	%	$s	PMPM	%	$s	PMPM	%	$s	PMPM	%
1 Allowed Claims & Captns (EHB Only)	Medical	$ 430.52			$ 437.88			$ 445.41			$ 453.13			$ 445.25			$ 417.01	
2	RX	$ 120.44			$ 124.12			$ 127.91			$ 131.81			$ 127.84			$ 132.56	
3	**TOTAL**	**$ 550.96**			**$ 561.99**			**$ 573.31**			**$ 584.94**			**$ 573.09**			**$ 549.57**	
4																		
5 Allowed Claims & Captns (EHB & Non-EHB)	Medical	$ 432.82			$ 440.21			$ 447.79			$ 455.55			$ 447.63			$ 420.12	
6	RX	$ 120.44			$ 124.12			$ 127.91			$ 131.81			$ 127.84			$ 132.56	
7	**TOTAL**	**$ 553.26**			**$ 564.33**			**$ 575.69**			**$ 587.36**			**$ 575.47**			**$ 552.69**	
8																		
9 Projected EMMs		91,572			29,976			75,504			197,724			394,776			218,568	
10 Average Members		7,631			2,498			6,292			16,477			32,898			18,214	
11 %		23%			8%			19%			50%			100%			52%	
12 Paid/Allowed Ratio		85.8%			85.8%			85.8%			85.8%			85.8%			84.8%	
13 Paid Claims & Captns		$ 474.65			$ 484.00			$ 493.88			$ 503.89			$ 493.68			$ 468.71	
14																		
15 **"3Rs"**																		
16 Risk Corridor		n/a			n/a			n/a			n/a			n/a			n/a	
17 Risk Adjustment/Transfer (Paid Claims Basis)		$ (38.14)		($3,492,590)	$ (38.14)		($1,143,296)	$ (38.14)		($2,879,751)	$ (38.14)		($7,541,267)	$ (38.14)		($15,056,904)	$ (37.81)	
18 Reinsurance Recoveries (State & Federal) (Individual Only, Paid Claims Basis)		$ -		$0	$ -		$0	$ -		$0	$ -		$0	$ -		$0	$ -	
19 **Subtotal:**		**$ (38.14)**		($3,492,590)	**$ (38.14)**		($3,492,590)	**$ (38.14)**		($3,492,590)	**$ (38.14)**		($3,492,590)	**$ (35.39)**		($13,970,361)	**$ (37.81)**	
20																		
21 Paid Claims & Captns (Post-3Rs)		**$ 436.51**	**79.4%**	**$ 39,971,936**	**$445.86**	**78.9%**	**$ 13,365,116**	**$455.74**	**78.7%**	**$ 34,410,111**	**$ 465.75**	**78.3%**	**$ 92,089,769**	**$ 455.54**	**78.6%**	**$ 179,836,932**	**$ 430.91**	**76.3%**
22 Administrative Expense		**$ 49.46**	9.0%	$ 4,529,369	**$ 49.46**	8.8%	$ 1,482,684	**$ 49.46**	8.5%	$ 3,734,607	**$ 49.46**	8.3%	$ 9,779,899	**$ 49.46**	8.5%	$ 19,526,560	**$ 46.24**	8.2%
23 Broker Commissions & Fee		**$ 23.21**	4.2%	$ 2,124,949	**$ 23.21**	4.1%	$ 695,600	**$ 23.21**	4.0%	$ 1,752,088	**$ 23.21**	3.9%	$ 4,588,231	**$ 23.21**	4.0%	$ 9,160,868	**$ 30.50**	5.4%
24 Contribution to Reserve (CtR) - Post-FIT		$ 12.10	**2.2%**	$ 1,107,639	$ 12.42	**2.2%**	$ 372,449	$ 12.74	**2.2%**	$ 962,111	$ 13.09	**2.2%**	$ 2,588,565	$ 12.74	**2.2%**	$ 5,030,764	$ 9.04	**1.6%**
25 Investment Income Credit		$ (0.00)	**0.0%**	$ (49)	$ (0.00)	**0.0%**	$ (16)	$ (0.00)	**0.0%**	$ (43)	$ (0.00)	**0.0%**	$ (115)	$ (0.00)	**0.0%**	$ (223)	$ (0.00)	**0.0%**
26																		
27 **Non-ACA Taxes & Fees**																		
28 State Premium Tax		$ 11.00	**2.0%**	$ 1,006,944	$ 11.30	**2.0%**	$ 338,590	$ 11.58	**2.0%**	$ 874,646	$ 11.90	**2.0%**	$ 2,353,241	$ 11.58	**2.0%**	$ 4,573,422	$ 11.30	**2.0%**
29 State Assessment Fees		$ 0.63	**0.1%**	$ 57,886	$ 0.65	**0.1%**	$ 19,464	$ 0.67	**0.1%**	$ 50,280	$ 0.68	**0.1%**	$ 135,280	$ 0.67	**0.1%**	$ 262,911	$ 0.65	**0.1%**
30 State Income Tax (SIT)		$ -	**0.0%**	$ -	$ -	**0.0%**	$ -	$ -	**0.0%**	$ -	$ -	**0.0%**	$ -	$ -	**0.0%**	$ -	$ -	**0.0%**
31 Federal Income Tax (FIT)		$ 3.30	**0.6%**	$ 302,083	$ 3.39	**0.6%**	$ 101,577	$ 3.48	**0.6%**	$ 262,394	$ 3.57	**0.6%**	$ 705,972	$ 3.48	**0.6%**	$ 1,372,026	$ 2.26	**0.4%**
32																		
33 **ACA Taxes & Fees**																		
34 Health Insurer Fee		$ 0.37	**0.1%**	$ 33,706	$ 5.09	**0.9%**	$ 152,553	$ 8.79	**1.5%**	$ 663,982	$ 13.71	**2.3%**	$ 2,711,716	$ 9.02	**1.6%**	$ 3,561,956	$ 14.69	**2.6%**
35 ***Reinsurance Contribution***		**$ -**	0.0%	$ -	**$ -**	0.0%	$ -	**$ -**	0.0%	$ -	**$ -**	0.0%	$ -	**$ -**	0.0%	$ -	***$ 0.25***	0.0%
36 Risk Adjustment User Fee		**$ 0.13**	0.0%	$ 11,904	**$ 0.13**	0.0%	$ 3,897	**$ 0.13**	0.0%	$ 9,816	**$ 0.13**	0.0%	$ 25,704	**$ 0.13**	0.0%	$ 51,321	**$ 0.15**	0.0%
37 ***Exchange Assessment Fee***		$ 5.50	**1.0%**	$ 503,472	$ 5.65	**1.0%**	$ 169,295	$ 5.79	**1.0%**	$ 437,323	$ 5.95	**1.0%**	$ 1,176,620	$ 5.79	**1.0%**	$ 2,286,711	$ 5.65	**1.0%**
38 ***Exchange User Fees (FFEs Only)***		**$ -**	0.0%	$ -	**$ -**	0.0%	$ -	**$ -**	0.0%	$ -	**$ -**	0.0%	$ -	**$ -**	0.0%	$ -	**$ -**	0.0%
39 Patient-Centered Outcomes Research Institute (PCORI) Tax		**$ 0.20**	0.0%	$ 17,911	**$ 0.20**	0.0%	$ 5,863	**$ 0.20**	0.0%	$ 14,768	**$ 0.20**	0.0%	$ 40,052	**$ 0.20**	0.0%	$ 78,593	**$ 0.19**	0.0%
40																		
41 BlueRewards/Incentive Program-Medical Debit Cards		**$ 7.42**	1.3%	$ 679,464	**$ 7.42**	1.3%	$ 222,422	**$ 7.42**	1.3%	$ 560,240	**$ 7.42**	1.2%	$ 1,467,112	**$ 7.42**	1.3%	$ 2,929,238	**$ 13.19**	2.3%
42																		
43 Other		**$ -**	0.0%	$ -	**$ -**	0.0%	$ -	**$ -**	0.0%	$ -	**$ -**	0.0%	$ -	**$ -**	0.0%	$ -	**$ -**	0.0%
44 **TOTAL**		**$ 549.81**	**100.0%**	**$ 50,347,214**	**$ 564.77**	**100.0%**	**$ 16,929,494**	**$ 579.21**	**100.0%**	**$ 43,732,323**	**$ 595.08**	**100.0%**	**$ 117,662,047**	**$ 579.24**	**100.0%**	**$ 228,671,078**	**$ 565.03**	**100.0%**
45																		
46 Contribution to Reserve (CtR) - Pre-FIT			**2.8%**			**2.8%**			**2.8%**			**2.8%**			**2.8%**			**2.0%**	
47																		
48 **FHCR MEDICAL LOSS RATIO**																		
49 Risk Adjustment		$ (38.14)		$ (3,492,590)	$ (38.14)		$ (1,143,296)	$ (38.14)		$ (2,879,751)	$ (38.14)		$ (7,541,267)	$ (38.14)		$ (15,056,904)	$ (40.97)	
50 Reinsurance Receipts (Individual Only)		$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	
51 BlueRewards/Incentive Program-Medical Debit Cards		$ 7.42		$ 679,464	$ 7.42		$ 222,422	$ 7.42		$ 560,240	$ 7.42		$ 1,467,112	$ 7.42		$ 2,929,238	$ 13.19	
52 Quality Improvement Expenses		$ 4.82		$ 441,769	$ 4.82		$ 144,612	$ 4.82		$ 364,252	$ 4.82		$ 953,875	$ 4.82		$ 1,904,508	$ 7.01	
53 Removal of costs which we book as care, but are not considered care under MLR guidelines (including ITS fees)		$ 7.29		$ 667,537	$ 7.29		$ 218,517	$ 7.29		$ 550,405	$ 7.29		$ 1,441,358	$ 7.29		$ 2,877,817	$ (8.93)	
54 **Numerator (Claims) Adjustment**		**$ (18.61)**		**$ (1,703,821)**	**$ (18.61)**		**$ (557,744)**	**$ (18.61)**		**$ (1,404,854)**	**$ (18.61)**		**$ (3,678,922)**	**$ (18.61)**		**$ (7,345,340)**	**$ (29.69)**	
55																		
56 Non-ACA: Taxes & Regulatory Fees	State Premium Tax	$ 11.00		$ 1,006,944	$ 11.30		$ 338,590	$ 11.58		$ 874,646	$ 11.90		$ 2,353,241	$ 11.58		$ 4,573,422	$ 11.30	
57	State Assmt Fee	$ 0.63		$ 57,886	$ 0.65		$ 19,464	$ 0.67		$ 50,280	$ 0.68		$ 135,280	$ 0.67		$ 262,911	$ 0.65	
58	State Income Tax	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	
59	Federal Income Tax	$ 3.30		$ 302,083	$ 3.39		$ 101,577	$ 3.48		$ 262,394	$ 3.57		$ 705,972	$ 3.48		$ 1,372,026	$ 2.26	
60																		
61 ACA: Taxes & Regulatory Fees	Health Insurer Fee	$ 0.37		$ 33,706	$ 5.09		$ 152,553	$ 8.79		$ 663,982	$ 13.71		$ 2,711,716	$ 9.02		$ 3,561,956	$ 14.69	
62	Reinsurance Contribution	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ 0.25	
64	Risk Adj User Fees	$ 0.13		$ 11,904	$ 0.13		$ 3,897	$ 0.13		$ 9,816	$ 0.13		$ 25,704	$ 0.13		$ 51,321	$ 0.15	
65	Exchange Assessment Fee	$ 5.50		$ 503,472	$ 5.65		$ 169,295	$ 5.79		$ 437,323	$ 5.95		$ 1,176,620	$ 5.79		$ 2,286,711	$ 5.65	
66	Exchange User Fee	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	
67	PCORI	$ 0.20		$ 17,911	$ 0.20		$ 5,863	$ 0.20		$ 14,768	$ 0.20		$ 40,052	$ 0.20		$ 78,593	$ 0.19	
68 **Denominator (Premium) Adjustment**		**$ 21.12**		**$ 1,933,906**	**$ 26.40**		**$ 791,239**	**$ 30.64**		**$ 2,313,209**	**$ 36.15**		**$ 7,148,585**	**$ 30.87**		**$ 12,186,940**	**$ 35.15**	
69																		
70 FHCR Claims		$ 456.04		$ 41,760,705	$ 465.39		$ 13,950,668	$ 475.27		$ 35,885,008	$ 485.28		$ 95,952,114	$ 475.08		$ 187,548,495	$ 439.02	
71 FHCR MLR Premium		$ 528.69		$ 48,413,308	$ 538.37		$ 16,138,255	$ 548.57		$ 41,419,114	$ 558.93		$ 110,513,461	$ 548.37		$ 216,484,138	$ 529.88	
72 **FHCR Loss Ratio**		**86.3%**			**86.4%**			**86.6%**			**86.8%**			**86.6%**			**82.9%**	

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017
DICR & MLR

		1	2	3	4
			Ind 64-DC GHMSI Projected 2017		
	TRADITIONAL LOSS RATIO		PMPM	%	$s
1	Allowed Claims & Captns (EHB Only)	Medical	$ 430.52		
2		RX	$ 120.44		
3		**TOTAL**	**$ 550.96**		
4					
5	Allowed Claims & Captns (EHB & Non-EHB)	Medical	$ 433.09		
6		RX	$ 120.44		
7		**TOTAL**	**$ 553.53**		
8					
9	Projected EMMs		62,048		
10	Average Members		5,171		
11					
12	Paid/Allowed Ratio		71.7%		
13	Paid Claims & Captns		$ 396.61		
14					
15	**"3Rs"**				
16	Risk Corridor		n/a		
17	Risk Adjustment/Transfer (Paid Claims Basis)		$ (55.39)		
18	Reinsurance Recoveries (State & Federal) (Individual Only, Paid Claims Basis)		$ -		
19	**Subtotal:**		**$ (55.39)**		
20					
21	Paid Claims & Captns (Post-3Rs)		**$ 341.22**	**81.1%**	**$ 21,172,205**
22	Administrative Expense		**$ 57.78**	13.7%	$ 3,585,198
23	Broker Commissions & Fee		**$ 3.62**	0.9%	$ 224,363
24	Contribution to Reserve (CtR) - Post-FIT		$ -	**0.0%**	$ -
25	Investment Income Credit		$ (0.00)	**0.0%**	$ (25)
26					
27	**Non-ACA Taxes & Fees**				
28	State Premium Tax		$ 8.42	**2.0%**	$ 522,134
29	State Assessment Fees		$ 0.18	**0.0%**	$ 11,321
30	State Income Tax (SIT)		$ -	**0.0%**	$ -
31	Federal Income Tax (FIT)		$ -	**0.0%**	$ -
32					
33	**ACA Taxes & Fees**				
34	Health Insurer Fee		$ -	**0.0%**	$ -
35	Risk Adjustment User Fee		**$ 0.13**	0.0%	$ 8,066
36	***Exchange Assessment Fee***		$ 4.21	**1.0%**	$ 261,067
37	***Exchange User Fees (FFEs Only)***		**$ -**	0.0%	$ -
38	Patient-Centered Outcomes Research Institute (PCORI) Tax		**$ 0.20**	0.0%	$ 12,136
39					
40	BlueRewards/Incentive Program-Medical Debit Cards		**$ 5.00**	1.2%	$ 310,240
41					
42	Other		**$ -**	0.0%	$ -
43	**TOTAL**		**$ 420.75**	**100.0%**	**$ 26,106,705**
44					
45	Contribution to Reserve (CtR) - Pre-FIT			**0.0%**	
46					
47	**FHCR MEDICAL LOSS RATIO**				
48	Risk Adjustment		$ (55.39)		$ (3,436,862)
49	Reinsurance Receipts		$ -		$ -
50	BlueRewards/Incentive Program-Medical Debit Cards		$ 5.00		$ 310,240
51	Quality Improvement Expenses (net after MLR reclass from care)		$ 4.95		$ 307,037
52	Removal of costs which we book as care, but are not considered care under MLR guidelines (including ITS fees)		$ (3.78)		$ (234,675)
53	**Numerator (Claims) Adjustment**		**$ (49.22)**		**$ (3,054,260)**
54					
55	Non-ACA: Taxes & Regulatory Fees	State Premium Tax	$ 8.42		$ 522,134
56		State Assmt Fee	$ 0.18		$ 11,321
57		State Income Tax	$ -		$ -
58		Federal Income Tax	$ -		$ -
59					
60	ACA: Taxes & Regulatory Fees	Health Insurer Fee	$ -		$ -
61		Reinsurance Contribution	$ -		$ -
62		Risk Adj User Fees	$ 0.13		$ 8,066
63		Exchange Assessment Fee	$ 4.21		$ 261,067
64		Exchange User Fee	$ -		$ -
65		PCORI	$ 0.20		$ 12,136
66	**Denominator (Premium) Adjustment**		**$ 13.13**		**$ 814,725**
67					
68	FHCR Claims		$ 347.39		$ 21,554,807
69	FHCR MLR Premium		$ 407.62		$ 25,291,981
70	**FHCR Loss Ratio**		**85.2%**		

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017
DICR & MLR

		1	2	3	4
			SG & Ind DC GHMSI Projected 2017		
	TRADITIONAL LOSS RATIO		PMPM	%	$s
1	Allowed Claims & Captns (EHB Only)	Medical $	443.25		
2		RX $	126.84		
3		**TOTAL $**	**570.08**		
4					
5	Allowed Claims & Captns (EHB & Non-EHB)	Medical $	445.65		
6		RX $	126.84		
7		**TOTAL $**	**572.49**		
8					
9	Projected EMMs		456,824		
10	Average Members		38,069		
11					
12	Paid/Allowed Ratio		83.9%		
13	Paid Claims & Captns	$	480.50		
14					
15	**"3Rs"**				
16	Risk Corridor		n/a		
17	Risk Adjustment/Transfer (Paid Claims Basis)	$	(40.48)		
18	Reinsurance Recoveries (State & Federal) (Individual Only, Paid Claims Basis)	$	-		
19	**Subtotal:**	**$**	**(40.48)**		
20					
21	Paid Claims & Captns (Post-3Rs)	**$**	**440.01**	**78.9%**	**$ 201,009,137**
22	Administrative Expense	**$**	**50.59**	9.1%	$ 23,111,758
23	Broker Commissions & Fee	**$**	**20.54**	3.7%	$ 9,385,231
24	Contribution to Reserve (CtR) - Post-FIT	$	11.01	**2.0%**	$ 5,030,764
25	Investment Income Credit	$	(0.00)	**0.0%**	$ (248)
26					
27	**Non-ACA Taxes & Fees**				
28	State Premium Tax	$	11.15	**2.0%**	$ 5,095,556
29	State Assessment Fees	$	0.60	**0.1%**	$ 274,232
30	State Income Tax (SIT)	$	-	**0.0%**	$ -
31	Federal Income Tax (FIT)	$	3.00	**0.5%**	$ 1,372,026
32					
33	**ACA Taxes & Fees**				
34	Health Insurer Fee	$	7.80	**1.4%**	$ 3,561,956
35	***Reinsurance Contribution***	**$**	**-**	0.0%	$ -
36	Risk Adjustment User Fee	**$**	**0.13**	0.0%	$ 59,387
37	***Exchange Assessment Fee***	$	5.58	**1.0%**	$ 2,547,778
38	***Exchange User Fees (FFEs Only)***	**$**	**-**	0.0%	$ -
39	Patient-Centered Outcomes Research Institute (PCORI) Tax	**$**	**0.20**	0.0%	$ 90,729
40					
41	BlueRewards/Incentive Program-Medical Debit Cards	**$**	**7.09**	1.3%	$ 3,239,478
42					
43	Other	**$**	**-**	0.0%	$ -
44	**TOTAL**	**$**	**557.72**	**100.0%**	**$ 254,777,783**
45					
46	Contribution to Reserve (CtR) - Pre-FIT			2.8%	
47					
48	**FHCR MEDICAL LOSS RATIO**				
49	Risk Adjustment	$	(40.48)		$ (18,493,766)
50	Reinsurance Receipts (Individual Only)	$	-		$ -
51	BlueRewards/Incentive Program-Medical Debit Cards	$	7.09		$ 3,239,478
52	Quality Improvement Expenses	$	4.84		$ 2,211,545
53	Removal of costs which we book as care, but are not considered care under MLR guidelines (including ITS fees)	$	5.79		$ 2,643,142
54	**Numerator (Claims) Adjustment**	**$**	**(22.77)**		**$ (10,399,601)**
55					
56	Non-ACA: Taxes & Regulatory Fees	State Premium Tax $	11.15		$ 5,095,556
57		State Assmt Fee $	0.60		$ 274,232
58		State Income Tax $	-		$ -
59		Federal Income Tax $	3.00		$ 1,372,026
60					$ -
61	ACA: Taxes & Regulatory Fees	Health Insurer Fee $	7.80		$ 3,561,956
62		Reinsurance Contribution $	-		$ -
64		Risk Adj User Fees $	0.13		$ 59,387
65		Exchange Assessment Fee $	5.58		$ 2,547,778
66		Exchange User Fee $	-		$ -
67		PCORI $	0.20		$ 90,729
68	**Denominator (Premium) Adjustment**	**$**	**28.46**		**$ 13,001,664**
69					
70	FHCR Claims	$	457.73		$ 209,103,302
71	FHCR MLR Premium	$	529.25		$ 241,776,119
72	**FHCR Loss Ratio**		**86.5%**		

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

2017 DC Small Group GHMSI
Exhibit 8 - Risk Adjustment

2015

Metallic Tier	Member Months	Distribution	PLRS	ARF	Transfer $	PMPM
Bronze	4,212	1%	1.147	1.173	$30,504	$7.24
Silver	22,447	6%	1.398	1.078	$1,314,239	$58.55
Gold	161,077	40%	1.409	1.054	$3,308,852	$20.54
Platinum	218,146	54%	1.665	1.057	$10,869,908	$49.83
Total	405,883	100%	1.543	1.058	$15,523,503	$38.25

Statewide		1.389	1.042
State Average Premium	$448.83		

2016

Metallic Tier	Member Months	Distribution	PLRS	ARF	Transfer $	PMPM
Bronze	0	0%	1.097	1.185	$0	
Silver	59,308	15%	1.316	1.089	$1,912,032	$32.24
Gold	122,664	31%	1.429	1.065	$2,991,182	$24.39
Platinum	209,742	54%	1.661	1.068	$9,647,614	$46.00
Total	391,714	100%	1.536	1.070	$14,362,493	$36.67

Statewide		1.388	1.049
State Average Premium	$463.64		

2017

Metallic Tier	Member Months	Distribution	PLRS	ARF	Transfer $	PMPM
Bronze	0	0%	1.097	1.185	$0	
Silver	62,624	16%	1.316	1.089	$2,085,550	$33.30
Gold	115,738	30%	1.429	1.065	$2,915,430	$25.19
Platinum	213,493	54%	1.661	1.068	$10,144,193	$47.52
Total	391,855	100%	1.53727	1.0703	$14,945,485	$38.14

Statewide		1.375	1.050
State Average Premium	$478.94		

Assumptions:
1. Statewide risk adjustment factors are assumed to move proportionately with movement in the estimated CareFirst risk fac
2. Statewide Average Premiums increase at the 2015 / 2014 rate.
3. 2016 and 2017 estimates account for mapped changes in metal levels that occur at renewal

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

Summary of Wakely Small Group Modeling

		(1)	(2)	(3)	(4) = (2) x 1.00	(5)	(6)	(7) = ((4) + (5))/(6)	(8) = (1)	(9) = 1 + (7)/(8)
		Projected Index Rate	Estimated Risk Adjustment PMPM (Applied to Projected Index Rate)	Calculated Risk Adjustment Factor	Proposed Risk Adjustment PMPM Applied to Projected Index Rate	Risk Adjustment User Fee PMPM**	Avg Paid/Allowed Ratio	Net Risk Transfer Allowed Basis	Projected Index Rate After Reinsurance Adjustment	Proposed Value for Rate Filing
GHMSI	1Q17	$ 550.96	$ (38.14)	0.9308	$ (38.14)	$ 0.13	85.8%	$ (44.31)	$ 550.96	0.9196
	2Q17	$ 561.99	$ (38.14)	0.9321	$ (38.14)	$ 0.13	85.8%	$ (44.31)	$ 561.99	0.9212
	3Q17	$ 573.31	$ (38.14)	0.9335	$ (38.14)	$ 0.13	85.8%	$ (44.31)	$ 573.31	0.9227
	4Q17	$ 584.94	$ (38.14)	0.9348	$ (38.14)	$ 0.13	85.8%	$ (44.31)	$ 584.94	0.9243

* The proposed risk adjustment was developed based on a multi-carrier study conducted by Wakely Consulting Group.

** Risk Adjustment User Fee = $1.56 PMPY / 12 = $0.13 PMPM.

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

Support for DICR Components

Estimated Breakdown of Admin Costs

	% of Revenue
Salaries/Wages/Benefits	3.9%
Quality Improvement Activities	0.9%
Other General Admin	4.3%
Total Admin Costs	**9.0%**

ACA Fees

Policy years ending 10/31/2017 - 9/30/2018			$2.35	PMPY
	Divide by 12:	**$**	**0.20**	PMPM
Policy years ending 10/31/2018 forward			$2.44	PMPY
	Divide by 12:	**$**	**0.20**	PMPM
Reinsurance Contribution 2017		**$**	**-**	PMPM
Risk Adjustment User Fees		$	1.56	PMPY
	Divide by 12:	**$**	**0.13**	PMPM
Health Insurer Fee 2017			**0.0%**	of premium
Health Insurer Fee 2018			**2.6%**	of premium
Exchange Fees			**0.0%**	of premium
Exchange Assessment Fee 2017			**1.0%**	of premium

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017
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 page 28 for support of these factors.

Service Category	Other Factor	Description of Adjustment
Inpatient	1.013	Factor of 1.013 for the impact of the increased age of the pool.
Outpatient	1.013	Factor of 1.013 for the impact of the increased age of the pool.
Professional	1.013	Factor of 1.013 for the impact of the increased age of the pool.
Other	1.013	Factor of 1.013 for the impact of the increased age of the pool.
Rx	0.947	Multiplicative factors of 1.013 for the impact of the increased age of the pool and 0.935 to reflect a projected increase in pharmacy rebates.
Capitation	0.830	Factor of 0.830 to adjust for changes to the capitation fee schedule to occur in the rating period.

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

Support for "Other" Adjustment Factors

1. Factors to Adjust for Capitation Schedule Changes

		Allowed Claims	Item	Calculation
Experience Period Capitation PMPM		$ 1.06	(1)	
Projected Difference in Capitations PMPM due to lower negotiated rates		($0.18)	(2)	
Adjustment Factor - Impact to Capitations only (Blended Across Single Risk Pool)		**-17.0%**	(3)	= (2) / (1)

2. Pharmacy Rebates Adjustment

CareFirst changed its Pharmacy Benefits Manager (PBM) in 2014 and has received increased pharmacy rebates as a result of this change. The adjustment below is the ratio of the rebate PMPM for the last 3 months of 2015, which better represents current and future higher rebates, over the average rebate PMPM for all of 2015.

Ind64-				
Experience Period Allowed Rx PMPM (Pre-Rebate)		$ 173.15	(1)	
Experience Period Pharmacy Rebates PMPM		($13.81)	(2)	
Projection Period Pharmacy Rebates PMPM		($23.32)	(3)	
Rebate adjustment factor - Impact to Rx only (Ind64- Only)	-6.0%	**-6.0%**	(4)	= [(3)-(2)] / [(1)+(2)]
Small Group				
Experience Period Allowed Rx PMPM (Pre-Rebate)		$ 122.60	(1)	
Experience Period Pharmacy Rebates PMPM		($29.28)	(2)	
Projection Period Pharmacy Rebates PMPM		($35.43)	(3)	
Rebate adjustment factor - Impact to Rx only (Small Group Only)	-6.6%	**-6.6%**	(4)	= [(3)-(2)] / [(1)+(2)]
Rebate Adjustment Factor - Impact to Rx only (Blended Across Single Risk Pool)		**-6.5%**		

3. Demographic Factor Derivation (see page 30 for details)

Average Relative Risk using 6/30/15 Age Distribution	1.695	(1)	
Average Relative Risk using 2/29/16 Age Distribution	1.717	(2)	
Demographic Impact (Blended Across Single Risk Pool)	**1.3%**	(3)	= (2) / (1) -1

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 1/1/2017
Support for Induced Demand Adjustment - Small Group/Individual Combined

		Item	Calculation
2015 AV	83.34%	(1)	
2015 Induced Demand Factor	1.103	(2)	
2017 AV	83.29%	(3)	
2017 Induced Demand Factor	1.103	(4)	
Buydown Impact Implied by Base Period and Projected Average AVs	0.0%	(5)	=(4)/(2) - 1

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

Demographic Factor Derivation

The factor below represents the change in age factors from our 2015 ACA enrollment vs. actual results from ACA open enrollment through 2/29/16.

The factor is applied as change to all service categories, except capitations, on the Index Rate Derivation page. The factor is specifically applied to the Other Projection Factors section.

The age factors used to calculate the increase in demographic factor are based on our internal data that has a slope of approximately 4.5:1 for adults. We think this better approximates actual claims experience than the Federal curve which is constrained to a 3:1 slope.

	Members	Total Age Factor		Members	Total Age Factor	
Totals	42,781	72,534.40		43,323	74,405.20	**Change**
Average Age Factor		1.695			1.717	**1.3%**
Average Age		42.4			42.6	**0.2**
	6/30/2015	CF		2/29/2016	CF	
Age	Members	Factor	Mem x Age Factor	Members	Factor	Mem x Age Factor
0-20	9858	0.750	7,393.50	9531	0.750	7,148.25
21	326	1.000	325.83	305	1.000	305.33
22	491	1.016	498.75	420	1.016	427.11
23	650	1.048	681.28	607	1.048	636.72
24	792	1.065	842.92	706	1.065	751.90
25	948	1.081	1,024.27	869	1.081	939.44
26	1210	1.113	1,346.43	1182	1.113	1,315.82
27	1078	1.129	1,217.10	1076	1.129	1,214.84
28	1063	1.145	1,217.31	1112	1.145	1,273.42
29	1083	1.177	1,275.15	1134	1.177	1,335.19
30	1004	1.194	1,198.32	1126	1.194	1,343.94
31	1024	1.226	1,255.23	1065	1.226	1,305.48
32	1013	1.242	1,258.08	1053	1.242	1,307.76
33	910	1.274	1,159.52	1035	1.274	1,318.79
34	862	1.290	1,112.26	941	1.290	1,214.19
35	901	1.323	1,191.65	889	1.323	1,175.77
36	824	1.339	1,103.10	911	1.339	1,219.56
37	802	1.371	1,099.52	851	1.371	1,166.69
38	753	1.403	1,056.63	826	1.403	1,159.06
39	741	1.419	1,051.74	783	1.419	1,111.35
40	716	1.452	1,039.35	757	1.452	1,098.87
41	671	1.548	1,038.97	678	1.548	1,049.81
42	702	1.629	1,143.58	690	1.629	1,124.03
43	676	1.694	1,144.84	715	1.694	1,210.89
44	706	1.774	1,252.58	707	1.774	1,254.35
45	724	1.855	1,342.90	711	1.855	1,318.79
46	734	1.952	1,432.48	718	1.952	1,401.26
47	660	2.032	1,341.29	727	2.032	1,477.45
48	637	2.129	1,356.19	653	2.129	1,390.26
49	654	2.226	1,455.68	633	2.226	1,408.94
50	587	2.323	1,363.35	622	2.323	1,444.65
51	630	2.468	1,554.68	592	2.468	1,460.90
52	618	2.597	1,604.81	652	2.597	1,693.10
53	660	2.710	1,788.39	593	2.710	1,606.84
54	621	2.823	1,752.82	630	2.823	1,778.23
55	561	2.968	1,664.90	612	2.968	1,816.26
56	535	3.097	1,656.77	564	3.097	1,746.58
57	541	3.258	1,762.61	546	3.258	1,778.90
58	497	3.387	1,683.39	545	3.387	1,845.97
59	503	3.565	1,792.95	512	3.565	1,825.03
60	502	3.710	1,862.26	532	3.710	1,973.55
61	456	3.871	1,765.16	495	3.871	1,916.13
62	454	4.065	1,845.29	484	4.065	1,967.23
63	464	4.258	1,975.74	449	4.258	1,911.87
64 and Over	1940	4.435	8,604.84	2082	4.435	9,234.68
	42,781		**72,534.40**	**43,323**		**74,405.20**

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

Derivation of Age Calibration Factor
Based on Approved DC Age Factors from 1/1/2015

Projected Pool Allowed PMPM	**$**	**553.26**
Total Estimated Allowed $ Per Month, Based on Age Factors	$	22,362,593
Total Experience Members		37,812
PMPM Based On Age Factors	$	591.42
Calibration Adjustment		**0.935**
Average Age Factor		**1.069**

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

Small Group 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 GHMSI Small Group

	Midpoint AV	Projected 2017 Member Months	Utilization Impact Relative to Bronze	Impact Relative to Average *
Platinum	90%	214,896	**1.150**	1.044
Gold	80%	116,424	**1.080**	0.980
Silver	70%	63,456	**1.030**	0.935
Subtotal:		394,776		
Average	83.8%		1.110	

	Impact of Health Savings/Reimbursement Account	Projected 2017 Member Months
HSA/HRA	0.960	58,284
All Other *	1.006	336,492
Total	0.999	394,776

* Please refer to page 33 for normalization.

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

Support for Normalization Across Individual (Ind) and Small Group (SG) Markets

Metal Level	Market	Initial Factor	Projected MMs	Normalized Factors
Platinum	SG & Ind	1.150	214,896	1.044
Gold	SG & Ind	1.080	145,505	0.980
Silver	SG & Ind	1.030	86,796	0.935
Silver 200	Ind	1.030	631	0.935
Bronze	SG & Ind	1.000	8,996	0.908
Subtotal:		1.102	456,824	1.000

	Market	Initial Factor	Projected MMs	Normalized Factors
HSA/HRA	SG	0.960	58,284	0.960
Other	SG & Ind		398,540	1.006
Subtotal:			456,824	1.000

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

Rating Methdology & Sample Calculation

Methodology

Group ABC
Selects BluePreferred Gold Plan

	Employee 1	**Employee 2**
1. For each subscriber in a group, identify:		
All dependents associated with the subscriber including the following categories:	A spouse, and 1 child	5 children
Spouse/Domestic Partner	1	0
# of children ages 21 or older	0	1
# of children ages under 21 (if more than 3, select 3 oldest children)	1	4

	Subscriber	**Spouse**	**Child 1**	**Subscriber**	**Child 1 ***	**Child 2**	**Child 3**	**Child 4**	**Child 5**
2. For each subscriber and dependent, identify their age.	46	34	15	52	6	10	13	18	22
3. Determine appropriate age factor.	1.227	0.856	0.654	1.545		0.654	0.654	0.654	0.727
4. Idenfity the appropriate consumer level base rate.	$474.64	$474.64	$474.64	$474.64		$474.64	$474.64	$474.64	$474.64
5. Multiply the (base rate x age factor) and round to the nearest whole cent to determine the member's individual rate.	$582.38	$406.29	$310.41	$733.32		$310.41	$310.41	$310.41	$345.06

6. The group's total rate is the sum of individual rates for all members combined. **$3,308.69**

* 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 1/1/2017

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-129567873, effective 1/1/2015.

APPENDIX

CareFirst BlueCross BlueShield (GHMSI)
(NAIC # 53007)
D.C. Small Group Products - On Exchange
Rates Effective 1/1/2017
Non-Grandfathered Experience for Pre-ACA Plans

Existing Closed Pre-ACA Products Included in Experience Period

HIOS Product ID	HIOS Product Name	On/Off Exchange	Member Months	Total Premium	Total Allowed Claims *	Incurred Claims *
78079DC008	BluePreferred	N/A	44	$ 65,049	$ 189,668	$ 177,878
78079DC010	BluePreferred HRA	N/A	-	$ -	$ 3,767	$ 3,282
78079DC009	BluePreferred HSA	N/A	-	$ -	$ -	$ -
78079DC015	BluePreferred HDHP	N/A	-	$ 1,872	$ 5,840	$ 5,056
78079DC011	Indemnity	N/A	60	$ 47,436	$ 29,950	$ 29,011
	Subtotal Termed Non-ACA for URRT		**104**	**$ 114,357**	**$ 229,225**	**$ 215,228**

*** These amounts do not include pharmacy rebates or capitations.**

CareFirst BlueCross BlueShield (GHMSI)
(NAIC # 53007)
D.C. Small Group Products - On Exchange
Rates Effective 1/1/2017
Non-Grandfathered Experience for ACA Plans

Existing ACA Products Included in Experience Period

2015 HIOS Plan ID	2015 HIOS Plan Name	2017 HIOS Plan ID *	2017 HIOS Plan Name	On/Off Exchange	Contracts a/o Dec 2015	Member Months	Total Premium	Total Allowed Claims **	Incurred Claims **
78079DC0190001	BlueCross BlueShield Preferred 2000, A Multi-State Plan	78079DC0220033	BluePreferred PPO HSA/HRA 2000 80%/60%	On	26	150	$ 60,428	$ 34,616	$ 19,031
78079DC0230003	BluePreferred PPO HSA/HRA $4,000	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	On	17	189	$ 38,898	$ 12,230	$ 4,324
78079DC0170001	BlueCross BlueShield Preferred 1000, A Multi-State Plan	78079DC0220032	BluePreferred PPO 1000 90%/70%	On	192	3,848	$ 1,537,893	$ 1,170,837	$ 926,072
78079DC0220016	BluePreferred PPO 100%/80%, Rx: $10/20%/40%/50%	78079DC0220024	BluePreferred PPO Platinum 0	On	61	928	$ 495,999	$ 412,965	$ 383,258
78079DC0220018	BluePreferred PPO $1000 $30/$40	78079DC0220026	BluePreferred PPO Silver 1000	On	116	574	$ 168,351	$ 308,119	$ 235,754
78079DC0220019	BluePreferred PPO $500 $20/$30	78079DC0220021	BluePreferred PPO Gold 500	On	544	6,607	$ 2,522,036	$ 2,820,750	$ 2,373,976
78079DC0230008	BluePreferred PPO HSA/HRA $1,400	78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500	On	1,574	34,904	$ 14,772,906	$ 15,617,168	$ 12,430,585
78079DC0230009	BluePreferred PPO HSA/HRA $4,500	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	On	86	2,313	$ 686,408	$ 1,351,051	$ 1,039,473
78079DC0230010	BluePreferred PPO HSA/HRA $2000, 100%/80%	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	On	674	16,794	$ 6,060,223	$ 7,585,772	$ 5,788,949
78079DC0230011	BluePreferred PPO HSA/HRA $1,800	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	On	75	1,956	$ 699,188	$ 1,160,187	$ 983,203
78079DC0220012	BluePreferred PPO $1,000 100%/80%	78079DC0220020	BluePreferred PPO Gold 1000	On	1,916	46,854	$ 20,584,283	$ 25,848,993	$ 22,608,185
78079DC0220006	BluePreferred PPO $500	78079DC0220025	BluePreferred PPO Platinum 500	On	3,020	63,617	$ 34,697,952	$ 31,897,541	$ 28,945,475
78079DC0220007	BluePreferred PPO $1,200	78079DC0220031	BluePreferred PPO Gold 1500	On	791	22,288	$ 10,208,060	$ 11,275,119	$ 9,507,141
78079DC0220015	BluePreferred PPO $2,000	78079DC0220031	BluePreferred PPO Gold 1500	On	500	12,132	$ 4,739,838	$ 5,171,749	$ 4,390,781
78079DC0220011	BluePreferred PPO $4,500	78079DC0220026	BluePreferred PPO Silver 1000	On	83	1,994	$ 711,769	$ 1,077,895	$ 837,292
78079DC0220014	BluePreferred PPO $1,000 80%/60%	78079DC0220020	BluePreferred PPO Gold 1000	On	433	9,631	$ 3,688,560	$ 4,048,232	$ 3,465,872
78079DC0220013	BluePreferred PPO 100%/80%, Rx:$10/$45/$65/50%	78079DC0220024	BluePreferred PPO Platinum 0	On	6,489	147,058	$ 83,604,033	$ 71,562,879	$ 66,536,313
78079DC0300005	HealthyBlue PPO $300	78079DC0220030	HealthyBlue PPO Platinum 500	On	263	4,538	$ 2,317,435	$ 2,167,669	$ 1,992,362
78079DC0300006	HealthyBlue PPO $600	78079DC0220029	HealthyBlue PPO Platinum 1000	On	113	2,546	$ 1,196,599	$ 805,928	$ 720,226
78079DC0300004	HealthyBlue PPO $1,500	78079DC0220027	HealthyBlue PPO Gold 1500	On	1,396	26,453	$ 9,868,715	$ 10,429,877	$ 9,286,270
78079DC0310002	HealthyBlue PPO HSA/HRA $2,000	78079DC0220028	HealthyBlue PPO HSA/HRA Silver 2000	On	178	3,376	$ 1,287,424	$ 1,192,438	$ 790,001
				Total	**18,547**	**408,750**	**$ 199,946,998**	**$ 195,952,014**	**$ 173,264,543**

*** Experience for mapped plans will be listed in the URRT under these 2017 HIOS Plan IDs.**

**** These amounts do not include pharmacy rebates or capitations.**

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017
Blended Index Rate

Effective Date	Index Rate	Total Member Months	%	Average Members
1/1/2017	$ 550.96	91,572	23%	7,631
4/1/2017	$ 561.99	29,976	8%	2,498
7/1/2017	$ 573.31	75,504	19%	6,292
10/1/2017	$ 584.94	197,724	50%	16,477
Blended	**$ 573.09**	**394,776**	**100%**	**32,898**

CareFirst BlueCross BlueShield (GHMSI)

D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

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

Experience Period: Incurred 201501 - 201512, Paid through 201602

						Completed		Rolling 12 PMPM			Rolling 12 Trend		
Month	**Contracts**	**Members**	**Allowed**	**Admits**	**Completion Factor**	**Allowed**	**Admits**	**Allowed**	**Admits/1000**	**Unit Cost**	**Allowed**	**Admits/1000**	**Unit Cost**
201304	21,193	38,080	$2,706,146	158	1.00	$2,706,146	158						
201305	21,193	37,963	$2,328,360	182	1.00	$2,328,360	182						
201306	21,060	37,755	$2,621,955	183	1.00	$2,621,955	183						
201307	21,055	37,782	$2,467,150	183	1.00	$2,467,151	183						
201308	21,353	38,228	$2,531,449	182	1.00	$2,531,450	182						
201309	21,182	37,860	$4,240,017	166	1.00	$4,240,034	166						
201310	21,207	37,864	$2,806,086	163	1.00	$2,806,131	163						
201311	21,254	38,041	$2,919,765	182	1.00	$2,919,843	182						
201312	21,331	38,279	$2,854,604	183	1.00	$2,854,683	183						
201401	24,902	44,057	$5,284,759	242	1.00	$5,284,972	242						
201402	25,080	44,387	$3,061,450	223	1.00	$3,061,667	223						
201403	24,931	44,090	$3,129,745	234	1.00	$3,129,990	234	$77.90	57.70	$16,199.64			
201404	24,785	43,924	$3,482,980	224	1.00	$3,483,296	224	$78.57	58.65	$16,075.08			
201405	24,805	43,935	$2,515,112	204	1.00	$2,515,966	204	$77.99	58.47	$16,004.50			
201406	24,716	43,873	$3,541,957	214	1.00	$3,543,615	214	$78.89	58.50	$16,181.12			
201407	24,316	43,152	$3,125,059	199	1.00	$3,126,897	199	$79.36	58.26	$16,346.26			
201408	24,062	42,822	$5,181,493	198	1.00	$5,185,635	198	$83.92	58.11	$17,328.84			
201409	23,690	42,199	$2,518,516	180	1.00	$2,520,958	180	$79.81	57.95	$16,525.84			
201410	23,274	41,506	$3,974,070	200	1.00	$3,978,486	200	$81.54	58.41	$16,750.17			
201411	22,980	40,925	$2,746,742	170	1.00	$2,750,780	170	$80.75	57.81	$16,761.38			
201412	21,579	38,192	$2,412,514	188	1.00	$2,417,050	188	$79.91	57.95	$16,548.57			
201501	21,542	37,787	$3,051,955	165	1.00	$3,058,941	165	$76.51	56.85	$16,149.90			
201502	21,542	37,690	$2,169,380	170	1.00	$2,175,110	170	$75.76	56.35	$16,133.93			
201503	21,607	37,674	$3,286,825	226	1.00	$3,298,592	227	$77.09	56.90	$16,255.76	-1.0%	-1.4%	0.3%
201504	21,614	37,643	$2,871,128	184	0.99	$2,887,588	185	$76.86	56.68	$16,272.15	-2.2%	-3.4%	1.2%
201505	21,454	37,323	$3,169,873	189	0.99	$3,194,026	190	$79.32	57.12	$16,665.36	1.7%	-2.3%	4.1%
201506	21,398	37,220	$3,518,275	176	0.99	$3,553,332	178	$80.46	57.00	$16,938.61	2.0%	-2.6%	4.7%
201507	21,342	37,169	$3,425,587	201	0.99	$3,470,365	204	$82.22	57.84	$17,056.91	3.6%	-0.7%	4.3%
201508	21,210	36,937	$3,058,978	185	0.98	$3,119,754	189	$78.80	58.33	$16,209.44	-6.1%	0.4%	-6.5%
201509	21,229	36,930	$2,982,819	169	0.97	$3,064,581	174	$80.89	58.83	$16,499.42	1.4%	1.5%	-0.2%
201510	21,162	36,764	$3,055,234	186	0.96	$3,172,910	193	$79.96	59.26	$16,190.92	-1.9%	1.5%	-3.3%
201511	21,237	36,921	$1,986,932	139	0.94	$2,108,233	147	$79.24	59.18	$16,067.03	-1.9%	2.4%	-4.1%
201512	21,076	36,508	$2,577,822	168	0.92	$2,791,730	182	$80.38	59.23	$16,283.93	0.6%	2.2%	-1.6%
201601	21,871	37,311	$2,092,577	154	0.78	$2,692,072	198	$79.64	60.19	$15,879.60	4.1%	5.9%	-1.7%
201602	22,711	38,298	$384,657	32	0.28	$1,393,274	116	$77.79	58.63	$15,920.89	2.7%	4.0%	-1.3%
Experience Period	256,413	446,566	$35,154,806	2,158	0.98	$35,895,163	2,204						
201503	21,607	37,674									-1.0%	-1.4%	0.3%
201509	21,229	36,930									1.4%	1.5%	-0.2%
201512	21,076	36,508									0.6%	2.2%	-1.6%
Avg last 6 months	21,209	36,872									-0.7%	1.2%	-1.9%
Selected Pricing Trend												**1.0%**	**0.0%**

CareFirst BlueCross BlueShield (GHMSI)

D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

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

Experience Period: Incurred 201501 - 201512, Paid through 201602

						Completed		Rolling 12 PMPM			Rolling 12 Trend		
Month	**Contracts**	**Members**	**Allowed**	**Visits**	**Completion Factor**	**Allowed**	**Visits**	**Allowed**	**Visits/1000**	**Unit Cost**	**Allowed**	**Visits/1000**	**Unit Cost**
201304	21,193	38,080	$3,124,547	2,675	1.00	$3,124,547	2,675						
201305	21,193	37,963	$3,196,739	2,705	1.00	$3,196,739	2,705						
201306	21,060	37,755	$2,952,037	2,541	1.00	$2,952,037	2,541						
201307	21,055	37,782	$3,352,561	2,681	1.00	$3,352,562	2,681						
201308	21,353	38,228	$3,087,963	2,707	1.00	$3,087,965	2,707						
201309	21,182	37,860	$2,918,120	2,561	1.00	$2,918,132	2,561						
201310	21,207	37,864	$3,368,061	2,803	1.00	$3,368,114	2,803						
201311	21,254	38,041	$2,980,658	2,499	1.00	$2,980,738	2,499						
201312	21,331	38,279	$3,066,125	2,745	1.00	$3,066,211	2,745						
201401	24,902	44,057	$3,631,473	3,220	1.00	$3,631,611	3,220						
201402	25,080	44,387	$3,541,154	2,970	1.00	$3,541,389	2,970						
201403	24,931	44,090	$4,133,029	3,156	1.00	$4,133,319	3,156	$82.96	841.43	$1,183.07			
201404	24,785	43,924	$3,761,331	3,258	1.00	$3,761,719	3,258	$83.27	845.77	$1,181.51			
201405	24,805	43,935	$3,664,390	3,160	1.00	$3,665,771	3,161	$83.22	846.64	$1,179.47			
201406	24,716	43,873	$3,782,931	3,151	1.00	$3,784,718	3,152	$83.87	851.03	$1,182.66			
201407	24,316	43,152	$4,131,300	3,204	1.00	$4,133,627	3,206	$84.54	854.50	$1,187.18			
201408	24,062	42,822	$4,019,387	3,027	1.00	$4,022,413	3,029	$85.62	854.38	$1,202.62			
201409	23,690	42,199	$3,677,139	3,204	1.00	$3,680,697	3,207	$86.40	862.37	$1,202.22			
201410	23,274	41,506	$4,504,989	3,368	1.00	$4,510,129	3,372	$88.02	869.59	$1,214.61			
201411	22,980	40,925	$3,909,356	2,895	1.00	$3,915,330	2,899	$89.34	874.07	$1,226.60			
201412	21,579	38,192	$4,201,120	2,950	1.00	$4,209,143	2,956	$91.59	879.14	$1,250.14			
201501	21,542	37,787	$4,014,544	2,855	1.00	$4,022,647	2,861	$93.49	881.50	$1,272.71			
201502	21,542	37,690	$3,258,294	2,473	1.00	$3,267,034	2,480	$94.20	881.54	$1,282.24			
201503	21,607	37,674	$3,871,159	2,909	1.00	$3,884,583	2,919	$94.92	887.23	$1,283.76	14.4%	5.4%	8.5%
201504	21,614	37,643	$3,844,032	2,738	0.99	$3,866,070	2,754	$96.35	886.24	$1,304.65	15.7%	4.8%	10.4%
201505	21,454	37,323	$3,659,514	2,685	0.99	$3,687,453	2,705	$97.72	887.05	$1,321.99	17.4%	4.8%	12.1%
201506	21,398	37,220	$3,707,901	2,796	0.99	$3,745,006	2,824	$99.01	891.19	$1,333.20	18.0%	4.7%	12.7%
201507	21,342	37,169	$3,589,807	2,848	0.99	$3,636,810	2,885	$99.21	894.36	$1,331.21	17.4%	4.7%	12.1%
201508	21,210	36,937	$3,571,519	2,797	0.98	$3,642,212	2,852	$99.66	901.15	$1,327.03	16.4%	5.5%	10.3%
201509	21,229	36,930	$3,441,562	2,725	0.97	$3,535,624	2,799	$100.49	900.84	$1,338.58	16.3%	4.5%	11.3%
201510	21,162	36,764	$3,903,134	2,770	0.96	$4,053,445	2,877	$100.53	897.14	$1,344.68	14.2%	3.2%	10.7%
201511	21,237	36,921	$3,831,600	2,802	0.94	$4,065,368	2,973	$101.76	907.13	$1,346.18	13.9%	3.8%	9.7%
201512	21,076	36,508	$4,013,620	2,877	0.92	$4,344,916	3,116	$102.45	914.86	$1,343.83	11.9%	4.1%	7.5%
201601	21,871	37,311	$3,561,668	2,563	0.78	$4,577,771	3,295	$103.80	927.50	$1,343.02	11.0%	5.2%	5.5%
201602	22,711	38,298	$878,827	938	0.28	$3,119,677	3,323	$103.33	948.91	$1,306.77	9.7%	7.6%	1.9%
Experience Period	256,413	446,566	$44,706,687	33,275	0.98	$45,751,169	34,045						
201503	21,607	37,674									14.4%	5.4%	8.5%
201509	21,229	36,930									16.3%	4.5%	11.3%
201512	21,076	36,508									11.9%	4.1%	7.5%
Avg last 6 months	21,209	36,872									15.0%	4.3%	10.3%
Selected Pricing Trend												**3.5%**	**9.0%**

CareFirst BlueCross BlueShield (GHMSI)

D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

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

Experience Period: Incurred 201501 - 201512, Paid through 201602

						Completed		Rolling 12 PMPM			Rolling 12 Trend		
Month	**Contracts**	**Members**	**Allowed**	**Visits**	**Completion Factor**	**Allowed**	**Visits**	**Allowed**	**Visits/1000**	**Unit Cost**	**Allowed**	**Visits/1000**	**Unit Cost**
201304	21,193	38,080	$5,520,794	34,554	1.00	$5,520,794	34,554						
201305	21,193	37,963	$5,388,719	33,999	1.00	$5,388,719	33,999						
201306	21,060	37,755	$4,958,844	30,922	1.00	$4,958,844	30,922						
201307	21,055	37,782	$5,262,810	32,865	1.00	$5,262,812	32,865						
201308	21,353	38,228	$5,215,064	32,386	1.00	$5,215,067	32,386						
201309	21,182	37,860	$5,243,720	31,924	1.00	$5,243,741	31,924						
201310	21,207	37,864	$5,875,607	37,231	1.00	$5,875,701	37,232						
201311	21,254	38,041	$5,155,049	32,676	1.00	$5,155,187	32,677						
201312	21,331	38,279	$5,182,613	31,902	1.00	$5,182,758	31,903						
201401	24,902	44,057	$6,850,811	39,547	1.00	$6,851,089	39,549						
201402	25,080	44,387	$5,907,566	35,171	1.00	$5,907,976	35,173						
201403	24,931	44,090	$6,161,660	37,366	1.00	$6,162,090	37,369	$140.66	10,385.27	$162.52			
201404	24,785	43,924	$6,409,920	39,255	1.00	$6,410,566	39,259	$140.80	10,376.45	$162.83			
201405	24,805	43,935	$6,341,589	38,630	1.00	$6,344,006	38,645	$141.03	10,363.66	$163.30			
201406	24,716	43,873	$6,194,808	37,835	1.00	$6,197,750	37,853	$141.80	10,403.81	$163.55			
201407	24,316	43,152	$6,273,528	37,905	1.00	$6,277,088	37,927	$142.30	10,413.60	$163.98			
201408	24,062	42,822	$5,938,489	35,377	1.00	$5,943,066	35,404	$142.45	10,390.46	$164.52			
201409	23,690	42,199	$6,158,931	38,179	1.00	$6,164,972	38,217	$143.05	10,450.52	$164.26			
201410	23,274	41,506	$9,245,787	42,905	1.00	$9,256,505	42,954	$148.65	10,510.50	$169.72			
201411	22,980	40,925	$5,442,429	34,095	1.00	$5,450,749	34,147	$148.39	10,485.81	$169.82			
201412	21,579	38,192	$5,703,942	35,042	1.00	$5,714,559	35,107	$149.46	10,562.53	$169.80			
201501	21,542	37,787	$5,816,350	33,890	1.00	$5,828,167	33,959	$149.29	10,560.86	$169.63			
201502	21,542	37,690	$5,003,704	29,892	1.00	$5,017,078	29,972	$149.50	10,577.47	$169.61			
201503	21,607	37,674	$5,804,754	33,806	1.00	$5,824,901	33,923	$150.76	10,631.18	$170.18	7.2%	2.4%	4.7%
201504	21,614	37,643	$5,920,628	34,624	0.99	$5,954,574	34,823	$151.77	10,658.96	$170.87	7.8%	2.7%	4.9%
201505	21,454	37,323	$5,523,819	32,612	0.99	$5,565,982	32,861	$152.24	10,661.18	$171.36	7.9%	2.9%	4.9%
201506	21,398	37,220	$5,842,164	34,404	0.99	$5,900,640	34,749	$153.75	10,732.21	$171.91	8.4%	3.2%	5.1%
201507	21,342	37,169	$6,023,146	34,064	0.99	$6,102,047	34,510	$155.34	10,781.80	$172.89	9.2%	3.5%	5.4%
201508	21,210	36,937	$5,437,893	31,996	0.98	$5,545,871	32,632	$156.46	10,847.10	$173.09	9.8%	4.4%	5.2%
201509	21,229	36,930	$5,509,353	33,202	0.97	$5,659,962	34,110	$157.16	10,864.33	$173.59	9.9%	4.0%	5.7%
201510	21,162	36,764	$6,126,912	36,545	0.96	$6,362,858	37,953	$152.41	10,845.55	$168.63	2.5%	3.2%	-0.6%
201511	21,237	36,921	$5,523,964	32,747	0.94	$5,861,125	34,746	$154.69	10,958.45	$169.39	4.2%	4.5%	-0.3%
201512	21,076	36,508	$5,439,185	32,788	0.92	$5,892,301	35,525	$155.67	11,010.99	$169.65	4.2%	4.2%	-0.1%
201601	21,871	37,311	$4,797,164	28,526	0.78	$6,169,608	36,689	$156.60	11,096.19	$169.35	4.9%	5.1%	-0.2%
201602	22,711	38,298	$2,278,478	14,509	0.28	$8,094,090	51,552	$163.27	11,660.82	$168.02	9.2%	10.2%	-0.9%
Experience Period	256,413	446,566	$67,971,872	400,570	0.98	$69,515,507	409,761						
201503	21,607	37,674									7.2%	2.4%	4.7%
201509	21,229	36,930									9.9%	4.0%	5.7%
201512	21,076	36,508									4.2%	4.2%	-0.1%
Avg last 6 months	21,209	36,872									6.6%	4.0%	2.6%
Selected Pricing Trend												**3.0%**	**2.0%**

CareFirst BlueCross BlueShield (GHMSI)

D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

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

Experience Period: Incurred 201501 - 201512, Paid through 201602

						Completed		Rolling 12 PMPM			Rolling 12 Trend		
Month	**Contracts**	**Members**	**Allowed**	**Services**	**Completion Factor**	**Allowed**	**Services**	**Allowed**	**Services/1000**	**Unit Cost**	**Allowed**	**Services/1000**	**Unit Cost**
201304	21,193	38,080	$782,265	3,001	1.00	$782,265	3,001						
201305	21,193	37,963	$723,683	3,019	1.00	$723,683	3,019						
201306	21,060	37,755	$670,837	2,591	1.00	$670,837	2,591						
201307	21,055	37,782	$859,527	2,774	1.00	$859,527	2,774						
201308	21,353	38,228	$968,478	2,955	1.00	$968,478	2,955						
201309	21,182	37,860	$865,426	2,895	1.00	$865,430	2,895						
201310	21,207	37,864	$940,619	3,310	1.00	$940,634	3,310						
201311	21,254	38,041	$848,856	2,872	1.00	$848,879	2,872						
201312	21,331	38,279	$966,975	2,935	1.00	$967,002	2,935						
201401	24,902	44,057	$933,103	3,301	1.00	$933,141	3,301						
201402	25,080	44,387	$916,056	3,459	1.00	$916,123	3,459						
201403	24,931	44,090	$1,204,239	3,932	1.00	$1,204,331	3,932	$22.51	937.08	$288.31			
201404	24,785	43,924	$1,062,098	4,220	1.00	$1,062,232	4,220	$22.82	956.14	$286.44			
201405	24,805	43,935	$1,185,918	3,709	1.00	$1,186,351	3,710	$23.49	961.46	$293.23			
201406	24,716	43,873	$1,135,003	4,128	1.00	$1,135,533	4,130	$24.15	987.02	$293.57			
201407	24,316	43,152	$1,095,541	4,303	1.00	$1,096,152	4,305	$24.36	1,013.28	$288.50			
201408	24,062	42,822	$1,129,619	3,874	1.00	$1,130,461	3,877	$24.46	1,026.04	$286.08			
201409	23,690	42,199	$1,113,150	4,360	1.00	$1,114,217	4,364	$24.74	1,052.05	$282.22			
201410	23,274	41,506	$1,122,162	4,542	1.00	$1,123,435	4,547	$24.92	1,073.63	$278.58			
201411	22,980	40,925	$1,035,816	4,212	1.00	$1,037,439	4,218	$25.15	1,099.08	$274.61			
201412	21,579	38,192	$1,194,954	5,204	1.00	$1,197,212	5,213	$25.60	1,152.55	$266.58			
201501	21,542	37,787	$1,092,006	4,580	1.00	$1,094,234	4,589	$26.24	1,197.31	$262.98			
201502	21,542	37,690	$1,149,190	4,263	1.00	$1,152,275	4,274	$27.06	1,232.89	$263.41			
201503	21,607	37,674	$1,126,623	4,931	1.00	$1,130,523	4,947	$27.26	1,273.59	$256.89	21.1%	35.9%	-10.9%
201504	21,614	37,643	$1,317,532	5,045	0.99	$1,325,085	5,074	$28.16	1,311.02	$257.71	23.4%	37.1%	-10.0%
201505	21,454	37,323	$1,062,918	4,036	0.99	$1,071,031	4,067	$28.30	1,337.95	$253.85	20.5%	39.2%	-13.4%
201506	21,398	37,220	$1,164,775	4,842	0.99	$1,176,407	4,891	$28.79	1,375.98	$251.05	19.2%	39.4%	-14.5%
201507	21,342	37,169	$1,137,421	4,488	0.99	$1,152,306	4,547	$29.27	1,399.77	$250.96	20.2%	38.1%	-13.0%
201508	21,210	36,937	$1,169,252	4,799	0.98	$1,192,538	4,895	$29.78	1,444.03	$247.48	21.7%	40.7%	-13.5%
201509	21,229	36,930	$1,077,367	2,800	0.97	$1,106,778	2,877	$30.11	1,421.63	$254.14	21.7%	35.1%	-9.9%
201510	21,162	36,764	$1,167,887	1,783	0.96	$1,212,901	1,852	$30.62	1,365.03	$269.20	22.9%	27.1%	-3.4%
201511	21,237	36,921	$890,052	1,365	0.94	$944,353	1,448	$30.69	1,303.06	$282.60	22.0%	18.6%	2.9%
201512	21,076	36,508	$964,784	1,660	0.92	$1,045,658	1,799	$30.46	1,216.23	$300.57	19.0%	5.5%	12.7%
201601	21,871	37,311	$740,474	1,108	0.78	$950,919	1,425	$30.18	1,132.41	$319.76	15.0%	-5.4%	21.6%
201602	22,711	38,298	$264,555	648	0.28	$944,735	2,308	$29.67	1,078.07	$330.25	9.6%	-12.6%	25.4%
Experience Period	256,413	446,566	$13,319,807	44,592	0.98	$13,604,090	45,261						
201503	21,607	37,674									21.1%	35.9%	-10.9%
201509	21,229	36,930									21.7%	35.1%	-9.9%
201512	21,076	36,508									19.0%	5.5%	12.7%
Avg last 6 months	21,209	36,872									21.2%	27.5%	-4.0%
Selected Pricing Trend												**10.0%**	**0.0%**

CareFirst BlueCross BlueShield (GHMSI)

D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

D.C. GHMSI Non-Grandfathered Small Group & Individual Base Experience Rx

Experience Period: Incurred 201501 - 201512, Paid through 201602

						Completed		Rolling 12 PMPM			Rolling 12 Trend		
Month	**Contracts**	**Members**	**Allowed**	**Scripts**	**Completion Factor**	**Allowed**	**Scripts**	**Allowed**	**Scripts/1000**	**Unit Cost**	**Allowed**	**Scripts/1000**	**Unit Cost**
201304	21,193	38,080	$3,899,240	30,309	1.00	$3,899,240	30,309						
201305	21,193	37,963	$3,930,227	30,653	1.00	$3,930,227	30,653						
201306	21,060	37,755	$3,725,243	28,297	1.00	$3,725,243	28,297						
201307	21,055	37,782	$4,132,836	29,811	1.00	$4,132,836	29,811						
201308	21,353	38,228	$4,070,732	28,952	1.00	$4,070,732	28,952						
201309	21,182	37,860	$4,028,614	28,139	1.00	$4,028,614	28,139						
201310	21,207	37,864	$4,347,031	29,816	1.00	$4,347,031	29,816						
201311	21,254	38,041	$4,016,316	27,900	1.00	$4,016,316	27,900						
201312	21,331	38,279	$4,509,982	30,520	1.00	$4,509,982	30,520						
201401	24,902	44,057	$4,033,791	32,300	1.00	$4,033,791	32,300						
201402	25,080	44,387	$3,915,004	30,909	1.00	$3,915,004	30,909						
201403	24,931	44,090	$4,502,629	34,367	1.00	$4,502,629	34,367	$103.53	9,156.42	$135.68			
201404	24,785	43,924	$4,603,148	34,763	1.00	$4,603,148	34,763	$103.73	9,156.29	$135.95			
201405	24,805	43,935	$4,797,938	35,221	1.00	$4,797,938	35,221	$104.24	9,156.56	$136.61			
201406	24,716	43,873	$4,903,870	33,944	1.00	$4,903,870	33,944	$105.34	9,180.42	$137.70			
201407	24,316	43,152	$5,058,992	34,256	1.00	$5,058,992	34,256	$106.07	9,188.54	$138.52			
201408	24,062	42,822	$4,539,088	32,694	1.00	$4,539,088	32,694	$106.03	9,193.90	$138.39			
201409	23,690	42,199	$4,496,990	33,052	1.00	$4,496,990	33,052	$106.04	9,231.53	$137.85			
201410	23,274	41,506	$4,921,062	33,942	1.00	$4,921,062	33,942	$106.41	9,262.67	$137.86			
201411	22,980	40,925	$4,402,919	31,509	1.00	$4,402,919	31,509	$106.57	9,295.01	$137.58			
201412	21,579	38,192	$4,593,670	33,505	1.00	$4,593,670	33,505	$106.75	9,366.40	$136.76			
201501	21,542	37,787	$4,440,385	31,152	1.00	$4,440,385	31,152	$108.87	9,455.10	$138.18			
201502	21,542	37,690	$4,050,318	28,027	1.00	$4,050,318	28,027	$110.60	9,512.56	$139.52			
201503	21,607	37,674	$4,596,098	30,972	1.00	$4,596,098	30,972	$112.23	9,553.67	$140.97	8.4%	4.3%	3.9%
201504	21,614	37,643	$4,751,362	30,180	1.00	$4,751,362	30,180	$113.98	9,563.95	$143.01	9.9%	4.5%	5.2%
201505	21,454	37,323	$4,453,032	29,914	1.00	$4,453,032	29,914	$114.83	9,563.02	$144.09	10.2%	4.4%	5.5%
201506	21,398	37,220	$4,727,913	30,233	1.00	$4,727,913	30,233	$116.07	9,603.28	$145.04	10.2%	4.6%	5.3%
201507	21,342	37,169	$4,830,843	30,117	1.00	$4,830,843	30,117	$117.06	9,619.92	$146.03	10.4%	4.7%	5.4%
201508	21,210	36,937	$4,711,308	29,366	1.00	$4,711,308	29,366	$118.93	9,655.99	$147.80	12.2%	5.0%	6.8%
201509	21,229	36,930	$4,659,286	29,168	1.00	$4,659,286	29,168	$120.65	9,665.34	$149.80	13.8%	4.7%	8.7%
201510	21,162	36,764	$5,238,522	30,487	1.00	$5,238,522	30,487	$122.62	9,675.01	$152.09	15.2%	4.5%	10.3%
201511	21,237	36,921	$4,680,899	29,626	1.00	$4,680,899	29,626	$124.34	9,711.02	$153.64	16.7%	4.5%	11.7%
201512	21,076	36,508	$5,517,401	31,742	1.00	$5,517,401	31,742	$126.87	9,700.26	$156.95	18.9%	3.6%	14.8%
201601	21,871	37,311	$4,809,351	30,183	1.00	$4,809,351	30,183	$127.84	9,684.55	$158.40	17.4%	2.4%	14.6%
201602	22,711	38,298	$5,171,481	31,458	1.00	$5,171,481	31,458	$130.17	9,763.54	$159.99	17.7%	2.6%	14.7%
Experience Period	256,413	446,566	$56,657,366	360,984	1.00	$56,657,366	360,984						
201503	21,607	37,674									8.4%	4.3%	3.9%
201509	21,229	36,930									13.8%	4.7%	8.7%
201512	21,076	36,508									18.9%	3.6%	14.8%
Avg last 6 months	21,209	36,872									14.5%	4.5%	9.6%
Selected Pricing Trend												**3.0%**	**9.5%**

CareFirst BlueCross BlueShield (GHMSI)

D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

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

Experience Period: Incurred 201501 - 201512, Paid through 201602

Month	Contracts	Members	Allowed	Completion Factor	Completed Allowed	Rolling 12 PMPM Allowed	Rolling 12 Trend Allowed	Rolling 3 Trend Allowed	Paid	Rolling 12 Trend Paid
201304	21,193	38,080	$16,032,992	1.00	$16,032,992				$13,578,392	
201305	21,193	37,963	$15,567,728	1.00	$15,567,728				$13,233,221	
201306	21,060	37,755	$14,928,917	1.00	$14,928,917				$12,755,704	
201307	21,055	37,782	$16,074,884	1.00	$16,074,888				$13,771,980	
201308	21,353	38,228	$15,873,687	1.00	$15,873,691				$13,571,141	
201309	21,182	37,860	$17,295,896	1.00	$17,295,950				$15,008,937	
201310	21,207	37,864	$17,337,403	1.00	$17,337,610				$14,845,844	
201311	21,254	38,041	$15,920,644	1.00	$15,920,963				$13,726,378	
201312	21,331	38,279	$16,580,299	1.00	$16,580,635				$14,009,258	
201401	24,902	44,057	$20,733,936	1.00	$20,734,604				$16,972,919	
201402	25,080	44,387	$17,341,230	1.00	$17,342,160				$14,291,142	
201403	24,931	44,090	$19,131,303	1.00	$19,132,358	$427.55			$15,861,486	
201404	24,785	43,924	$19,319,477	1.00	$19,320,961	$429.19			$16,104,058	
201405	24,805	43,935	$18,504,948	1.00	$18,510,032	$429.97			$15,422,038	
201406	24,716	43,873	$19,558,569	1.00	$19,565,486	$434.05		6.6%	$16,522,444	
201407	24,316	43,152	$19,684,421	1.00	$19,692,757	$436.63		7.5%	$16,603,881	
201408	24,062	42,822	$20,808,077	1.00	$20,820,663	$442.49		12.3%	$17,830,955	
201409	23,690	42,199	$17,964,726	1.00	$17,977,834	$440.04		5.5%	$14,890,541	
201410	23,274	41,506	$23,768,069	1.00	$23,789,617	$449.55		11.6%	$20,417,348	
201411	22,980	40,925	$17,537,261	1.00	$17,557,217	$450.21		7.1%	$14,821,768	
201412	21,579	38,192	$18,106,201	1.00	$18,131,634	$453.31		13.0%	$14,294,729	
201501	21,542	37,787	$18,415,239	1.00	$18,444,375	$454.40		4.7%	$14,375,269	
201502	21,542	37,690	$15,630,886	1.00	$15,661,816	$457.12		6.5%	$12,271,506	
201503	21,607	37,674	$18,685,458	1.00	$18,734,698	$462.26	8.1%	8.2%	$14,827,523	-6.5%
201504	21,614	37,643	$18,704,681	1.00	$18,784,679	$467.11	8.8%	11.7%	$15,097,481	-6.3%
201505	21,454	37,323	$17,869,156	0.99	$17,971,524	$472.42	9.9%	14.1%	$14,570,717	-5.5%
201506	21,398	37,220	$18,961,029	0.99	$19,103,298	$478.07	10.1%	14.3%	$15,571,458	-5.8%
201507	21,342	37,169	$19,006,805	0.99	$19,192,371	$483.11	10.6%	14.2%	$15,797,825	-4.9%
201508	21,210	36,937	$17,948,951	0.99	$18,211,683	$483.62	9.3%	9.7%	$14,820,299	-16.9%
201509	21,229	36,930	$17,670,386	0.98	$18,026,230	$489.30	11.2%	9.4%	$14,758,054	-0.9%
201510	21,162	36,764	$19,491,688	0.97	$20,040,637	$486.14	8.1%	2.8%	$16,463,462	-19.4%
201511	21,237	36,921	$16,913,447	0.96	$17,659,979	$490.71	9.0%	5.8%	$14,264,690	-3.8%
201512	21,076	36,508	$18,512,812	0.94	$19,592,005	$495.84	**9.4%**	**5.4%**	$15,579,548	**9.0%**
201601	21,871	37,311	$16,001,234	0.83	$19,199,722	$498.06	9.6%	10.1%	$14,022,376	-2.5%
201602	22,711	38,298	$8,977,999	0.48	$18,723,257	$504.23	10.3%	11.6%	$13,149,011	7.2%
Experience Period	256,413	446,566	$217,810,539	0.98	$221,423,295					
201503	21,607	37,674					8.1%			
201509	21,229	36,930					11.2%			
201512	21,076	36,508					9.4%			
Avg last 6 months	21,209	36,872					9.6%			

CareFirst BlueCross BlueShield (GHMSI)

D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

2017 ACA - TREND ANALYSIS SUMMARY - SMALL GROUP & INDIVIDUAL - DC GHMSI

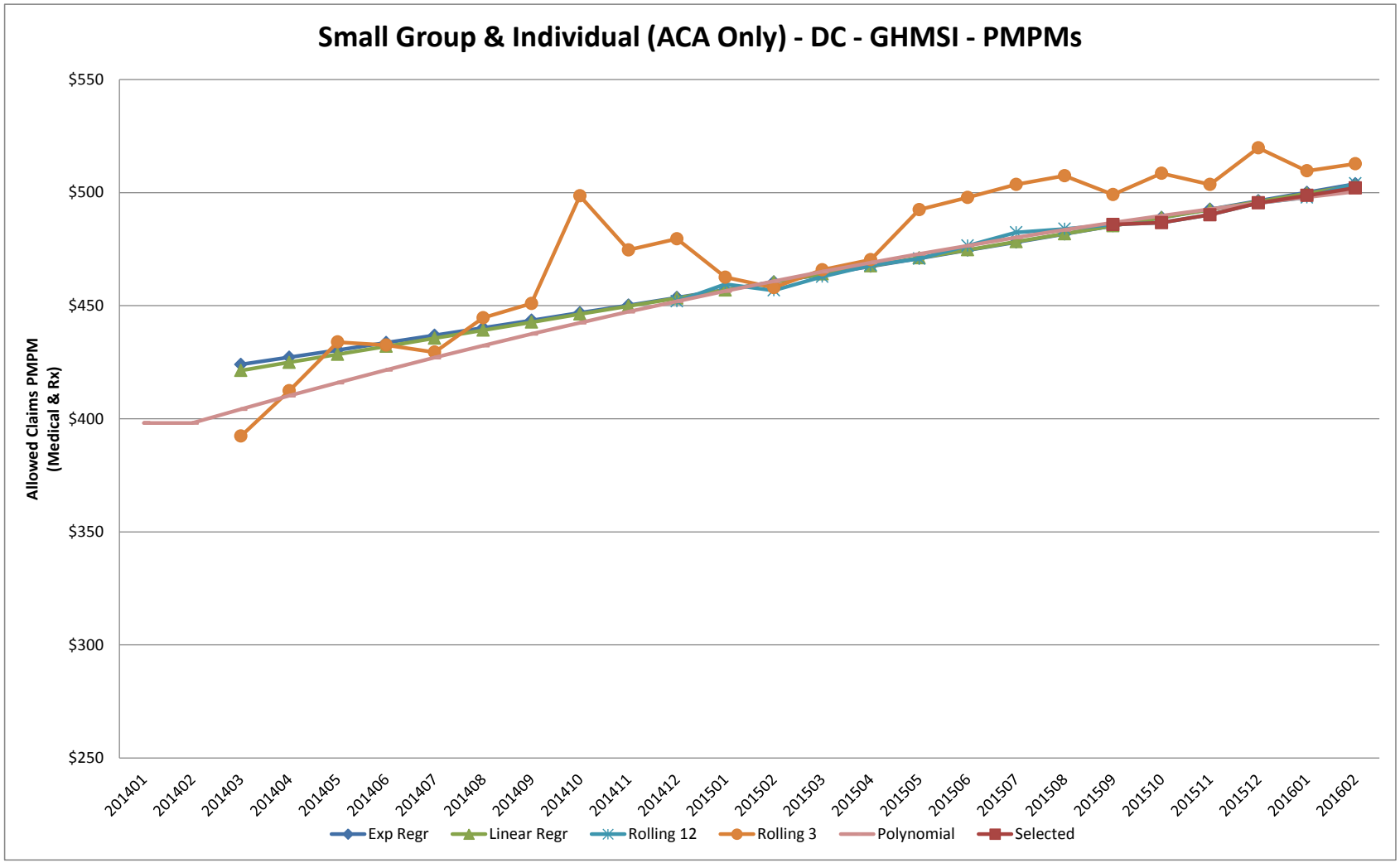
ACA Total Med & Rx Experience

Regressions based on R12 allowed claims PMPMs (Period: 201412 - 201512)

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	24	25	26	27	28	29
										TOTAL (Medical & RX)												**Linear Regression**		**Exponential Regression**			
												ROLLING 3						**ROLLING 12**				Y = MX + B		Y = BM^X			
															Δ						Δ						
			Allowed	Paid	Utilization	Allowed Claims	Paid Claims	Allowed Cost/	Annualized Util/	Allowed Cost/	Annual **Cost**	Util/	Annual **Utilization**	Allowed Claims	Annual **Claims**	Allowed Cost/	Annual **Cost**	Util/	Annual **Utilization**	Allowed Claims	Annual **Claims**	M 3.554 B 417.811 **R2 = 0.974**		M 1.008 B 420.803 **R2 = 0.973**		Selected	Selected
	Date	Members	Claims	Claims	Units	PMPM	PMPM	Case	1000	Case	Trend	1000	Trend	PMPM	Trend	Case	Trend	1000	Trend	PMPM	Trend	PMPM - Linear Reg	R12 Trend Projected PMPMs	PMPM -Exp Reg	R12 Trend Projected PMPMs	Trends %	Trends $s
10	201401	7,418	$2,818,441	$378,757	10,101	$380		$279	16,340																	8.2%	
11	201402	9,025	$3,210,699	$209,740	13,444	$356		$239	17,875																	8.2%	
12	201403	10,320	$4,470,383	$277,454	18,552	$433		$241	21,572	$249		18,875		$392								$421		$424		8.2%	
13	201404	11,168	$4,900,290	$145,598	20,620	$439		$238	22,156	$239		20,692		$412								$425		$427		8.2%	
14	201405	12,443	$5,351,825	$90,858	22,172	$430		$241	21,382	$240		21,695		$434								$428		$430		8.2%	
15	201406	13,795	$5,929,345	$257,386	24,484	$430		$242	21,298	$241		21,582		$433								$432		$434		8.2%	
16	201407	16,249	$6,963,902	$222,582	29,642	$429		$235	21,891	$239		21,549		$429								$436		$437		8.2%	
17	201408	18,508	$8,696,582	$272,964	32,889	$470		$264	21,324	$248		21,506		$445								$439		$440		8.2%	
18	201409	20,772	$9,380,558	$361,806	39,612	$452		$237	22,884	$245		22,073		$451								$443		$443		8.2%	
19	201410	22,698	$12,824,269	$362,539	47,184	$565		$272	24,945	$258		23,173		$499								$446		$447		8.2%	
20	201411	25,273	$10,421,139	$88,390	44,666	$412		$233	21,208	$248		22,948		$475								$450		$450		8.2%	
21	201412	38,022	$17,994,331	$263,415	76,531	$473		$235	24,154	$245		23,497		$480		$245		22,163		$452		$453		$454		8.2%	
22	201501	37,787	$18,342,466	$974,367	72,632	$485		$253	23,066	$241		23,010		$463		$245		22,490		$460		$457		$457		8.3%	
23	201502	37,690	$15,641,170	$147,781	64,894	$415		$241	20,661	$243		22,632		$458		$245		22,387		$457		$460		$460		8.3%	
24	201503	37,674	$18,722,503	$571,571	72,960	$497		$257	23,239	$250	0.4%	22,323	18.3%	$466	18.7%	$247		22,526		$463		$464	10.1%	$464	9.4%	8.3%	
25	201504	37,643	$18,782,613	$199,813	72,983	$499		$257	23,266	$252	5.4%	22,388	8.2%	$470	14.1%	$248		22,627		$468		$468	10.0%	$467	9.4%	8.3%	
26	201505	37,323	$17,967,150	$755,140	69,700	$481		$258	22,410	$257	7.2%	22,973	5.9%	$492	13.5%	$249		22,648		$471		$471	10.0%	$471	9.4%	8.3%	
27	201506	37,220	$19,100,073	$529,416	72,787	$513		$262	23,467	$259	7.8%	23,048	6.8%	$498	15.1%	$251		22,782		$477		$475	9.9%	$474	9.4%	8.3%	
28	201507	37,169	$19,186,652	$421,023	72,195	$516		$266	23,308	$262	9.6%	23,061	7.0%	$504	17.3%	$253		22,870		$482		$478	9.8%	$478	9.4%	8.3%	
29	201508	36,937	$18,206,659	$317,299	69,856	$493		$261	22,695	$263	6.0%	23,158	7.7%	$507	14.1%	$253		22,924		$484		$482	9.7%	$482	9.4%	8.3%	
30	201509	36,915	$18,020,181	$233,382	69,065	$488		$261	22,451	$262	7.1%	22,819	3.4%	$499	10.7%	$255		22,885		$486		$485	9.6%	$485	9.4%	8.3%	$486
31	201510	36,736	$20,009,712	$295,794	73,255	$545		$273	23,929	$265	2.7%	23,023	-0.6%	$509	2.0%	$255		22,866		$487		$489	9.6%	$489	9.4%	8.3%	$487
32	201511	36,893	$17,639,923	$155,521	68,849	$478		$256	22,394	$264	6.2%	22,923	-0.1%	$504	6.1%	$257		22,920		$490		$492	9.5%	$493	9.4%	8.3%	$490
33	201512	36,475	$19,574,865	$313,470	72,169	$537		$271	23,743	$267	9.0%	23,353	-0.6%	$520	8.4%	$260	6.2%	22,882	3.2%	$495	**9.6%**	$496	9.4%	$496	9.4%	8.3%	$495
34	201601	37,275	$19,172,264	$296,559	71,638	$514		$268	23,062	$265	9.9%	23,064	0.2%	$510	10.2%	$261	6.5%	22,882	1.7%	$498	8.3%	$500	9.3%	$500	9.4%	8.3%	$499
35	201602	38,265	$18,690,676	$3,961	88,591	$488		$211	27,782	$247	1.8%	24,896	10.0%	$513	12.0%	$258	5.2%	23,489	4.9%	$504	10.4%	$503	9.3%	$504	9.4%	8.3%	$502
36	201603																					$507	9.2%	$508	9.4%	8.3%	$505
37	201604																					$510	9.1%	$511	9.4%	8.3%	$509
38	201605																					$514	9.1%	$515	9.4%	8.3%	$512
39	201606																					$517	9.0%	$519	9.4%	8.3%	$516
40	201607																					$521	8.9%	$523	9.4%	8.3%	$519
41	201608																					$524	8.9%	$527	9.4%	8.3%	$522
42	201609																					$528	8.8%	$531	9.4%	8.3%	$526
43	201610																					$532	8.7%	$535	9.4%	8.3%	$529
44	201611																					$535	8.7%	$539	9.4%	8.3%	$533
45	201612																					$539	8.6%	$543	9.4%	8.3%	$536
46	201701																					$542	8.5%	$547	9.4%	8.3%	$540
47	201702																					$546	8.5%	$551	9.4%	8.3%	$544
48	201703																					$549	8.4%	$555	9.4%	8.3%	$547
49	201704																					$553	8.4%	$560	9.4%	8.3%	$551
50	201705																					$556	8.3%	$564	9.4%	8.3%	$554
51	201706																					$560	**8.2%**	$568	**9.4%**	**8.3%**	$558
52	201707																					$564	8.2%	$572	9.4%	8.3%	$562
53	201708																					$567	8.1%	$577	9.4%	8.3%	$566
54	201709																					$571	8.1%	$581	9.4%	8.3%	$569
55	201710																					$574	8.0%	$585	9.4%	8.3%	$573
56	201711																					$578	8.0%	$590	9.4%	8.3%	$577
57	201712																					$581	7.9%	$594	9.4%	8.3%	$581

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

2017 ACA - TREND ANALYSIS SUMMARY - SMALL GROUP & INDIVIDUAL - DC GHMSI



CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017
BluePreferred Projected Morbidity

2017 Change in Morbidity Projection					
	2015 Actual		2017 Projected		
Metal	**Age & Induced Demand Normalized Allowed PMPM**	**Single Risk Pool Members 12/31/2015**	**Projected Age & Induced Demand Normalized Allowed PMPM**	**6/30/17 Projected Members**	**PMPM Δ**
Bronze	$288	707	$299	855	
Silver	$469	965	$441	2,585	
Gold	$668	701	$866	2,560	
Platinum	$1,079	927			
Ind Under 65 Single Risk Pool	$666	3,300	$602	6,000	0.904
Small Group Single Risk Pool	$484	33,175	$484	33,679	1.000
Combined Single Risk Pool	**$496**	**36,475**	**$502**	**39,679**	**1.013**

CareFirst BlueCross BlueShield (GHMSI)
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2017

DC ACA Combined - Small Group & Individual Capitations

GHMSI	Description	1/1/15 PMPM	1/1/16 PMPM	1/1/17 PMPM
	Mental Health UR	$0.45	$0.36	$0.27
	Nurse Hotline	$0.04	$0.04	$0.04
	Wellness *	$0.21	$0.21	$0.21
	Embedded Pediatric Vision **	$0.27	$0.27	$0.27
	Embedded Adult Vision ***	$0.09	$0.09	$0.09
	AVERAGE PMPM:	$1.06	$0.97	$0.88

* The total capitation for Wellness is $0.26, but only applies to members age 18+.
** Only applies to members age 19 and under.
*** Ind64- only and only apples to members over the age of 19.