

**State:** District of Columbia **Filing Company:** CareFirst BlueChoice, Inc.  
**TOI/Sub-TOI:** HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO  
**Product Name:** 2254 - DC ACA Individual BlueChoice  
**Project Name/Number:** 2254 - DC BC IND64- ACA ON-EXCHANGE/2254

## Filing at a Glance

Company: CareFirst BlueChoice, Inc.  
Product Name: 2254 - DC ACA Individual BlueChoice  
State: District of Columbia  
TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)  
Sub-TOI: HOrg02I.005D Individual - HMO  
Filing Type: Rate  
Date Submitted: 06/01/2018  
SERFF Tr Num: CFAP-131468242  
SERFF Status: Submitted to State  
State Tr Num:  
State Status:  
Co Tr Num: 2254  
Implementation: 01/01/2019  
Date Requested:  
Author(s): Dwayne Lucado, Anna Guloy, Shane Kontir, Cory Bream, Patrick Getts, Britney Tyler, Scott Cremens, Joshua Phelps, Hassan Zaheer  
Reviewer(s):  
Disposition Date:  
Disposition Status:  
Implementation Date:  
State Filing Description:

**State:** District of Columbia **Filing Company:** CareFirst BlueChoice, Inc.  
**TOI/Sub-TOI:** HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005D Individual - HMO  
**Product Name:** 2254 - DC ACA Individual BlueChoice  
**Project Name/Number:** 2254 - DC BC IND64- ACA ON-EXCHANGE/2254

## General Information

Project Name: 2254 - DC BC IND64- ACA ON-EXCHANGE	Status of Filing in Domicile:
Project Number: 2254	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type: Individual
Overall Rate Impact: 9.5%	Filing Status Changed: 06/01/2018
	State Status Changed:
Deemer Date:	Created By: Shane Kontir
Submitted By: Shane Kontir	Corresponding Filing Tracking Number:
	PPACA: Non-Grandfathered Immed Mkt Reforms
PPACA Notes: null	
Include Exchange Intentions:	No

### Filing Description:

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

## Company and Contact

### Filing Contact Information

Shane Kontir, Senior Actuarial Analyst	shane.kontir@carefirst.com
10455 Mill Run Circle	410-998-4440 [Phone]
Owings Mills, MD 21117	410-998-7704 [FAX]

### Filing Company Information

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

## Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	

SERFF Tracking #:

CFAP-131468242

State Tracking #:

Company Tracking #:

2254

**State:** District of Columbia **Filing Company:** CareFirst BlueChoice, Inc.  
**TOI/Sub-TOI:** HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005D Individual - HMO  
**Product Name:** 2254 - DC ACA Individual BlueChoice  
**Project Name/Number:** 2254 - DC BC IND64- ACA ON-EXCHANGE/2254

### Rate Information

Rate data applies to filing.

**Filing Method:** SERFF  
**Rate Change Type:** Increase  
**Overall Percentage of Last Rate Revision:** 19.600%  
**Effective Date of Last Rate Revision:** 01/01/2018  
**Filing Method of Last Filing:** SERFF  
**SERFF Tracking Number of Last Filing:**

### Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
CareFirst BlueChoice, Inc.	Increase	9.500%	9.500%	\$1,341,900	3,185	\$14,117,705	15.500%	7.200%

State: District of Columbia Filing Company: CareFirst BlueChoice, Inc.  
 TOI/Sub-TOI: HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005D Individual - HMO  
 Product Name: 2254 - DC ACA Individual BlueChoice  
 Project Name/Number: 2254 - DC BC IND64- ACA ON-EXCHANGE/2254

## Rate Review Detail

### COMPANY:

Company Name: CareFirst BlueChoice, Inc.  
 HHS Issuer Id: 86052

### PRODUCTS:

Product Name	HIOS Product ID	HIOS Submission ID	Number of Covered Lives
BlueChoice HMO	86052DC040		3845

Trend Factors:

### FORMS:

New Policy Forms: DC/CFBC/EXC/2019 AMEND (1/19), DC/CFBC/EXC/HMO HSA STD/BRZ 6200 (1/19), DC/CFBC/EXC/HMO HSA/GOLD 1500 (1/19), DC/CFBC/EXC/HMO STD/BRZ 6650 (1/19), DC/CFBC/EXC/HMO STD/GOLD 500 (1/19), DC/CFBC/EXC/HMO STD/NATAMER 0 (1/19), DC/CFBC/EXC/HMO STD/PLAT 0 (1/19), DC/CFBC/EXC/HMO STD/SIL 3500 (1/19), DC/CFBC/EXC/HMO STD/SIL 3500 A (1/19), DC/CFBC/EXC/HMO STD/SIL 3500 B (1/19), DC/CFBC/EXC/HMO STD/SIL 3500 C (1/19), DC/CFBC/EXC/HMO/ YA 7900 SOB (1/19), DC/CFBC/EXC/HMO/NATAMER SOB (1/19), DC/CFBC/EXC/NATAMER (1/19), DC/CFBC/MEM/BLCRD (R. 6/18)

Affected Forms:

Other Affected Forms: DC CFBC EXC HMO DOCS (1/17), DC CFBC EXC HMO IEA (R 1/17), DC/CFBC/DOL APPEAL (R. 1/17), DC/CFBC/EXC/NATAMER (1/14), DC/CFBC/PT PROTECT (9/10)

### REQUESTED RATE CHANGE INFORMATION:

Change Period: Annual  
 Member Months: 45,251  
 Benefit Change: Increase  
 Percent Change Requested: Min: 7.2 Max: 15.5 Avg: 9.5

### PRIOR RATE:

Total Earned Premium: 14,117,705.00  
 Total Incurred Claims: 11,951,027.00  
 Annual \$: Min: 146.70 Max: 551.43 Avg: 329.11

### REQUESTED RATE:

Projected Earned Premium: 15,793,899.00  
 Projected Incurred Claims: 12,367,881.00  
 Annual \$: Min: 159.59 Max: 605.22 Avg: 359.80

State: District of Columbia

Filing Company: CareFirst BlueChoice, Inc.

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

Product Name: 2254 - DC ACA Individual BlueChoice

Project Name/Number: 2254 - DC BC IND64- ACA ON-EXCHANGE/2254

### Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		2254 DC BlueChoice - Exchange (2019) - Rate Sheets - Individual - 6-1	DC CFBC EXC HMO DOCS (1/17), DC CFBC EXC HMO IEA (R. 1/17), DC/CFBC/DOL APPEAL (R. 1/17), DC/CFBC/EXC/NATAMER (1/14), DC/CFBC/PT PROTECT (9/10), DC/CFBC/EXC/2019 AMEND (1/19), DC/CFBC/EXC/HMO HSA STD/BRZ 6200 (1/19), DC/CFBC/EXC/HMO HSA/GOLD 1500 (1/19), DC/CFBC/EXC/HMO STD/BRZ 6650 (1/19), DC/CFBC/EXC/HMO STD/GOLD 500 (1/19), DC/CFBC/EXC/HMO STD/NATAMER 0 (1/19), DC/CFBC/EXC/HMO STD/PLAT 0 (1/19), DC/CFBC/EXC/HMO STD/SIL 3500 (1/19), DC/CFBC/EXC/HMO STD/SIL 3500 A (1/19), DC/CFBC/EXC/HMO STD/SIL 3500 B (1/19), DC/CFBC/EXC/HMO STD/SIL 3500 C (1/19), DC/CFBC/EXC/HMO/ YA 7900 SOB (1/19), DC/CFBC/EXC/HMO/NATAMER SOB (1/19), DC/CFBC/EXC/NATAMER (1/19), DC/CFBC/MEM/BLCRD (R. 6/18)	Revised	Previous State Filing Number: CFAP-131010729 Percent Rate Change Request: 9.5	2254 DC BlueChoice - Exchange (2019) - Rate Sheets - Individual - 6-1.pdf,

**BlueChoice Inc.  
d.b.a. CareFirst BlueCross BlueShield  
(NAIC # 96202)  
Rate Filing # 2254**

**D.C. Individual Products  
Rates Effective 1/1/2019**

**Rates & Factors**

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

**Rates & Factors**  
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BlueChoice HMO Standard Bronze \$6,650	6
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BlueChoice HMO Standard Silver \$3,500	8
BlueChoice HMO Standard Gold \$500	9
BlueChoice HMO HSA Gold \$1,500	10
BlueChoice HMO Standard Platinum \$0	11

**BlueChoice Inc.**  
**d.b.a. CareFirst BlueCross BlueShield**  
**(NAIC # 96202)**  
**D.C. Individual Products**  
**Rates Effective 1/1/2019**  
**Form Numbers**

**Form Numbers Associated With This ACA Filing:**

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**BlueChoice HMO Standard Plans**

DC CFBC EXC HMO IEA (R 1/17)  
DC CFBC EXC HMO DOCS (1/17)  
DC/CFBC/EXC/HMO HSA STD/BRZ 6200 (1/19)  
DC/CFBC/EXC/HMO HSA/GOLD 1500 (1/19)  
DC/CFBC/EXC/HMO STD/BRZ 6650 (1/19)  
DC/CFBC/EXC/HMO STD/GOLD 500 (1/19)  
DC/CFBC/EXC/HMO STD/PLAT 0 (1/19)  
DC/CFBC/EXC/HMO STD/SIL 3500 (1/19)  
DC/CFBC/EXC/HMO STD/SIL 3500 A (1/19)  
DC/CFBC/EXC/HMO STD/SIL 3500 B (1/19)  
DC/CFBC/EXC/HMO STD/SIL 3500 C (1/19)  
DC/CFBC/EXC/HMO STD/NATAMER 0 (1/19)  
DC/CFBC/EXC/NATAMER (1/14)  
DC/CFBC/DOL APPEAL (R. 1/17)  
DC/CFBC/MEM/BLCRD (R. 6/18)  
DC/CFBC/EXC/2019 AMEND (1/19)  
DC/CFBC/PT PROTECT (9/10)

**BlueChoice HMO Young Adult**

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DC CFBC EXC HMO IEA (R 1/17)  
DC CFBC EXC HMO DOCS (1/17)  
DC/CFBC/EXC/HMO/NATAMER SOB (1/19)  
DC/CFBC/EXC/HMO/ YA 7900 SOB (1/19)  
DC/CFBC/EXC/NATAMER (1/19)  
DC/CFBC/EXC/NATAMER (1/14)  
DC/CFBC/DOL APPEAL (R. 1/17)  
DC/CFBC/MEM/BLCRD (R. 6/18)  
DC/CFBC/EXC/2019 AMEND (1/19)  
DC/CFBC/PT PROTECT (9/10)



**BlueChoice Inc.**  
**D.C. Individual Products, Rates Effective 1/1/2019**

**Age Factors**

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

**BlueChoice Inc.**

Individual On Exchange  
DISTRICT OF COLUMBIA

**BlueChoice HMO Young Adult \$7,900**

Proposed Monthly Premium Rates Effective 1/1/2019

Consumer Adjusted Rate **\$159.59**

Age	Monthly Premium
0-20	\$104.37
21	\$116.02
22	\$116.02
23	\$116.02
24	\$116.02
25	\$116.02
26	\$116.02
27	\$116.02
28	\$118.73
29	\$121.29
30	\$124.32
31	\$127.51
32	\$130.39
33	\$133.42
34	\$136.61
35	\$139.80
36	\$142.99
37	\$146.18
38	\$147.94
39	\$149.70
40	\$155.60
41	\$161.66
42	\$168.05
43	\$174.59
44	\$181.45
45	\$188.48
46	\$195.82
47	\$203.48
48	\$211.46
49	\$219.76
50	\$228.37
51	\$237.31
52	\$246.57
53	\$256.14
54	\$266.20
55	\$276.57
56	\$287.42
57	\$298.59
58	\$310.24
59	\$322.37
60	\$334.98
61	\$348.07
62	\$348.07
63	\$348.07
64+	\$348.07

Summary of Member Cost-Shares

	In Network
DEDUCTIBLE	\$7,900
COINSURANCE	0%
OUT-OF-POCKET MAXIMUM	\$7,900
Office Copays	\$0 PCP /\$0 Specialist
Drug:	\$0 Generic, \$0 Preferred Brand
after deductible	\$0 Non-Preferred Brand Coinsurance
Drug and Medical Combined for OOP Max	

**BlueChoice Inc.**

Individual On Exchange  
DISTRICT OF COLUMBIA

**BlueChoice HMO Standard Bronze \$6,650**  
Proposed Monthly Premium Rates Effective 1/1/2019

Consumer Adjusted Rate **\$340.09**

Age	Monthly Premium
0-20	\$222.42
21	\$247.25
22	\$247.25
23	\$247.25
24	\$247.25
25	\$247.25
26	\$247.25
27	\$247.25
28	\$253.03
29	\$258.47
30	\$264.93
31	\$271.73
32	\$277.85
33	\$284.32
34	\$291.12
35	\$297.92
36	\$304.72
37	\$311.52
38	\$315.26
39	\$319.00
40	\$331.59
41	\$344.51
42	\$358.11
43	\$372.06
44	\$386.68
45	\$401.65
46	\$417.29
47	\$433.61
48	\$450.62
49	\$468.30
50	\$486.67
51	\$505.71
52	\$525.44
53	\$545.84
54	\$567.27
55	\$589.38
56	\$612.50
57	\$636.31
58	\$661.13
59	\$686.98
60	\$713.85
61	\$741.74
62	\$741.74
63	\$741.74
64+	\$741.74

**Summary of Member Cost-Shares**

	In Network
DEDUCTIBLE	\$6,650
COINSURANCE	25%
OUT-OF-POCKET MAXIMUM	\$7,900
Office Copays	\$50 PCP /\$80 Specialist
Drug:	\$25 Generic, \$75 Preferred Brand \$100 Non-Preferred Brand Coinsurance
Drug and Medical Combined for OOP Max	

**BlueChoice Inc.**

Individual On Exchange  
DISTRICT OF COLUMBIA

BlueChoice HMO HSA Standard Bronze \$6,200  
Proposed Monthly Premium Rates Effective 1/1/2019

Consumer Adjusted Rate **\$320.77**

Age	Monthly Premium
0-20	\$209.78
21	\$233.20
22	\$233.20
23	\$233.20
24	\$233.20
25	\$233.20
26	\$233.20
27	\$233.20
28	\$238.65
29	\$243.79
30	\$249.88
31	\$256.30
32	\$262.07
33	\$268.16
34	\$274.58
35	\$280.99
36	\$287.41
37	\$293.83
38	\$297.35
39	\$300.88
40	\$312.75
41	\$324.94
42	\$337.77
43	\$350.92
44	\$364.72
45	\$378.83
46	\$393.58
47	\$408.98
48	\$425.02
49	\$441.70
50	\$459.02
51	\$476.98
52	\$495.59
53	\$514.84
54	\$535.04
55	\$555.89
56	\$577.71
57	\$600.16
58	\$623.58
59	\$647.96
60	\$673.30
61	\$699.60
62	\$699.60
63	\$699.60
64+	\$699.60

**Summary of Member Cost-Shares**

	In Network
DEDUCTIBLE	\$6,200
COINSURANCE	20%
OUT-OF-POCKET MAXIMUM	\$6,550
Office Copays	20% Coinsurance, after deductible
Drug:	20% Generic, 20% Preferred Brand 20% Non-Preferred Brand Coinsurance
Drug and Medical Combined for OOP Max	

**BlueChoice Inc.**

Individual On Exchange  
DISTRICT OF COLUMBIA

**BlueChoice HMO Standard Silver \$3,500**

Proposed Monthly Premium Rates Effective 1/1/2019

Consumer Adjusted Rate **\$385.86**

Age	Monthly Premium
0-20	\$252.35
21	\$280.52
22	\$280.52
23	\$280.52
24	\$280.52
25	\$280.52
26	\$280.52
27	\$280.52
28	\$287.08
29	\$293.25
30	\$300.58
31	\$308.30
32	\$315.25
33	\$322.58
34	\$330.30
35	\$338.01
36	\$345.73
37	\$353.45
38	\$357.69
39	\$361.94
40	\$376.21
41	\$390.88
42	\$406.31
43	\$422.13
44	\$438.72
45	\$455.70
46	\$473.45
47	\$491.97
48	\$511.26
49	\$531.33
50	\$552.17
51	\$573.77
52	\$596.15
53	\$619.31
54	\$643.61
55	\$668.70
56	\$694.93
57	\$721.94
58	\$750.11
59	\$779.44
60	\$809.92
61	\$841.56
62	\$841.56
63	\$841.56
64+	\$841.56

Summary of Member Cost-Shares

	In Network
DEDUCTIBLE	\$3,500
COINSURANCE	20%
OUT-OF-POCKET MAXIMUM	\$7,600
Office Copays	\$40 PCP /\$80 Specialist
Drug:	\$15 Generic, \$50 Preferred Brand \$70 Non-Preferred Brand Coinsurance
Drug and Medical Combined for OOP Max	

**BlueChoice Inc.**  
 Individual On Exchange  
**DISTRICT OF COLUMBIA**  
**BlueChoice HMO Standard Gold \$500**  
 Proposed Monthly Premium Rates Effective 1/1/2019

Consumer Adjusted Rate **\$514.44**

Age	Monthly Premium
0-20	\$336.44
21	\$374.00
22	\$374.00
23	\$374.00
24	\$374.00
25	\$374.00
26	\$374.00
27	\$374.00
28	\$382.74
29	\$390.97
30	\$400.75
31	\$411.04
32	\$420.30
33	\$430.07
34	\$440.36
35	\$450.65
36	\$460.94
37	\$471.23
38	\$476.89
39	\$482.54
40	\$501.58
41	\$521.13
42	\$541.71
43	\$562.80
44	\$584.92
45	\$607.55
46	\$631.22
47	\$655.91
48	\$681.63
49	\$708.38
50	\$736.16
51	\$764.97
52	\$794.81
53	\$825.68
54	\$858.09
55	\$891.52
56	\$926.51
57	\$962.52
58	\$1,000.07
59	\$1,039.17
60	\$1,079.81
61	\$1,121.99
62	\$1,121.99
63	\$1,121.99
64+	\$1,121.99

**Summary of Member Cost-Shares**

	<u>In Network</u>
DEDUCTIBLE	\$500
COINSURANCE	0%
OUT-OF-POCKET MAXIMUM	\$4,000
Office Copays	\$25 PCP /\$50 Specialist
Drug:	\$15 Generic, \$50 Preferred Brand \$70 Non-Preferred Brand Coinsurance
Drug and Medical Combined for OOP Max	

**BlueChoice Inc.**

Individual On Exchange  
DISTRICT OF COLUMBIA

**BlueChoice HMO HSA Gold \$1,500**

Proposed Monthly Premium Rates Effective 1/1/2019

Consumer Adjusted Rate **\$460.75**

Age	Monthly Premium
0-20	\$301.33
21	\$334.97
22	\$334.97
23	\$334.97
24	\$334.97
25	\$334.97
26	\$334.97
27	\$334.97
28	\$342.80
29	\$350.17
30	\$358.92
31	\$368.14
32	\$376.43
33	\$385.19
34	\$394.40
35	\$403.62
36	\$412.83
37	\$422.05
38	\$427.12
39	\$432.18
40	\$449.23
41	\$466.74
42	\$485.17
43	\$504.06
44	\$523.87
45	\$544.15
46	\$565.34
47	\$587.46
48	\$610.49
49	\$634.45
50	\$659.33
51	\$685.14
52	\$711.86
53	\$739.50
54	\$768.53
55	\$798.48
56	\$829.81
57	\$862.06
58	\$895.70
59	\$930.72
60	\$967.11
61	\$1,004.90
62	\$1,004.90
63	\$1,004.90
64+	\$1,004.90

Summary of Member Cost-Shares

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

**BlueChoice Inc.**  
 Individual On Exchange  
**DISTRICT OF COLUMBIA**  
**BlueChoice HMO Standard Platinum \$0**  
 Proposed Monthly Premium Rates Effective 1/1/2019

Consumer Adjusted Rate **\$605.22**

Age	Monthly Premium
0-20	\$395.81
21	\$439.99
22	\$439.99
23	\$439.99
24	\$439.99
25	\$439.99
26	\$439.99
27	\$439.99
28	\$450.28
29	\$459.97
30	\$471.47
31	\$483.57
32	\$494.46
33	\$505.96
34	\$518.07
35	\$530.17
36	\$542.28
37	\$554.38
38	\$561.04
39	\$567.70
40	\$590.09
41	\$613.09
42	\$637.30
43	\$662.11
44	\$688.14
45	\$714.76
46	\$742.60
47	\$771.66
48	\$801.92
49	\$833.39
50	\$866.07
51	\$899.96
52	\$935.06
53	\$971.38
54	\$1,009.51
55	\$1,048.85
56	\$1,090.00
57	\$1,132.37
58	\$1,176.55
59	\$1,222.54
60	\$1,270.36
61	\$1,319.98
62	\$1,319.98
63	\$1,319.98
64+	\$1,319.98

**Summary of Member Cost-Shares**

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



**State:** District of Columbia **Filing Company:** CareFirst BlueChoice, Inc.  
**TOI/Sub-TOI:** HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005D Individual - HMO  
**Product Name:** 2254 - DC ACA Individual BlueChoice  
**Project Name/Number:** 2254 - DC BC IND64- ACA ON-EXCHANGE/2254

## Supporting Document Schedules

<b>Satisfied - Item:</b>	Actuarial Justification
<b>Comments:</b>	See Actuarial Certification in the Actuarial Memorandum.
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Actuarial Memorandum
<b>Comments:</b>	
<b>Attachment(s):</b>	2019 AV Screenshots - DC BC.pdf 2254_DC_Individual_BlueChoice_1.1.19_ActuarialMemorandum_6-1.pdf Individual - DISB rate filing checklist.pdf 2254_IND_DC_BlueChoice - Part3 - Actuarial Memorandum - 6-1.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Actuarial Memorandum and Certifications
<b>Comments:</b>	
<b>Attachment(s):</b>	2254_DC_Individual_BlueChoice_1.1.19_ActuarialMemorandum_6-1.pdf DC Ind - BlueChoice - Index & Plan Comparison - 6-1.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	Certificate of Authority to File
<b>Bypass Reason:</b>	NA
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	Consumer Disclosure Form
<b>Bypass Reason:</b>	NA
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Cover Letter All Filings
<b>Comments:</b>	

**State:** District of Columbia **Filing Company:** CareFirst BlueChoice, Inc.  
**TOI/Sub-TOI:** HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005D Individual - HMO  
**Product Name:** 2254 - DC ACA Individual BlueChoice  
**Project Name/Number:** 2254 - DC BC IND64- ACA ON-EXCHANGE/2254

<b>Attachment(s):</b>	2019 ACA_Cover Letter_CD_DC_BlueChoice - 6-1.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	DISB Actuarial Memorandum Dataset
<b>Comments:</b>	
<b>Attachment(s):</b>	2254 - DC BlueChoice Individual (2019) - Dataset - 6-1 Sent.xlsx
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	District of Columbia and Countrywide Experience for the Last 5 Years (P&C)
<b>Bypass Reason:</b>	NA
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

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

<b>Satisfied - Item:</b>	Unified Rate Review Template
<b>Comments:</b>	
<b>Attachment(s):</b>	2254 DC BlueChoice Individual URRT - 6-1.pdf 2254 DC BlueChoice Individual URRT - 6-1.xlsm
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	District of Columbia Plain Language Summary
<b>Comments:</b>	
<b>Attachment(s):</b>	2254 - DC Ind - BlueChoice - PartII Rate Justification - 6-1.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	RateE file
<b>Comments:</b>	
<b>Attachment(s):</b>	BC.DC.RATEE.2017Q4.20180410 - Individual BlueChoice.xlsx

SERFF Tracking #:

CFAP-131468242

State Tracking #:

Company Tracking #:

2254

**State:** District of Columbia **Filing Company:** CareFirst BlueChoice, Inc.  
**TOI/Sub-TOI:** HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005D Individual - HMO  
**Product Name:** 2254 - DC ACA Individual BlueChoice  
**Project Name/Number:** 2254 - DC BC IND64- ACA ON-EXCHANGE/2254

<b>Item Status:</b>	
<b>Status Date:</b>	
<b>Satisfied - Item:</b>	objection Response Documentation
<b>Comments:</b>	Will add files as necessary.
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

SERFF Tracking #:

CFAP-131468242

State Tracking #:

Company Tracking #:

2254

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State:

District of Columbia

Filing Company:

CareFirst BlueChoice, Inc.

TOI/Sub-TOI:

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

Product Name:

2254 - DC ACA Individual BlueChoice

Project Name/Number:

2254 - DC BC IND64- ACA ON-EXCHANGE/2254

***Attachment 2254 - DC BlueChoice Individual (2019) - Dataset - 6-1 Sent.xlsx is not a PDF document and cannot be reproduced here.***

***Attachment 2254 DC BlueChoice Individual URRT - 6-1.xlsm is not a PDF document and cannot be reproduced here.***

***Attachment BC.DC.RATEE.2017Q4.20180410 - Individual BlueChoice.xlsx is not a PDF document and cannot be reproduced here.***

**BlueChoice, Inc.**  
**d.b.a. CareFirst BlueCross BlueShield**  
**(NAIC # 96202)**  
**Rate Filing #2254**

**DC Individual On Exchange Products**  
**Rates Effective 1/1/2019**

**Actuarial Value Calculations**

**User Inputs for Plan Parameters**

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier Bronze

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$7,900.00
Coinsurance (% Insurer's Cost Share)		100.00%
MOOP (\$)		\$7,900.00
MOOP if Separate (\$)		

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

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

**Options for Additional Benefit Design Limits:**

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

**Plan Description:**

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

**Output**

Calculate

Status/Error Messages: Calculation Successful.  
 Actuarial Value: 61.13%  
 Metal Tier: Bronze

**Additional Notes:**

Calculation Time: 0.1016 seconds

Final 2019 AV Calculator

61.13%

**Plan Description:**

**Name:** BlueChoice HMO Young Adult \$7,900  
**Plan HIOS ID:** 86052DC0400004  
**Issuer HIOS ID:** 86052

**User Inputs for Plan Parameters**

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier Bronze

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$6,200.00
		80.00%
		\$6,550.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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

**Options for Additional Benefit Design Limits:**

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

**Plan Description:**

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

**Output**

Calculate

Status/Error Messages: Calculation Successful.  
 Actuarial Value: 61.82%  
 Metal Tier: Bronze

**Additional Notes:**

Calculation Time: 0.0898 seconds

**Final 2019 AV Calculator**

61.82%

**Plan Description:**

**Name:** BlueChoice HMO HSA Standard Bronze \$6,200  
**Plan HIOS ID:** 86052DC0400010  
**Issuer HIOS ID:** 86052

**User Inputs for Plan Parameters**

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier Bronze

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

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$6,650.00	\$600.00	
Coinsurance (% Insurer's Cost Share)	75.00%	100.00%	
MOOP (\$)	\$7,900.00		
MOOP if Separate (\$)			

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

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

**Options for Additional Benefit Design Limits:**

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

**Plan Description:**

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

**Output**

Calculate

Status/Error Messages: Expanded Bronze Standard (56% to 65%), Calculation Successful.  
 Actuarial Value: 64.84%  
 Metal Tier: Bronze

**Additional Notes:**

Calculation Time: 0.1094 seconds

**Final 2019 AV Calculator**

64.84%

**Plan Description:**

**Name:** BlueChoice HMO Standard Bronze \$6,650  
**Plan HIOS ID:** 86052DC0400007  
**Issuer HIOS ID:** 86052



User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier Silver

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$3,500.00	\$250.00
Coinsurance (% Insurer's Cost Share)	80.00%	100.00%
MOOP (\$)	\$7,600.00	
MOOP if Separate (\$)		

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

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$350.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

Plan Description:

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

Output

Calculate

Status/Error Messages: Calculation Successful.  
 Actuarial Value: 71.85%  
 Metal Tier: Silver

Additional Notes:

Calculation Time: 0.125 seconds

Final 2019 AV Calculator

71.85%

Plan Description:

Name: BlueChoice HMO Standard Silver \$3,500  
 Plan HIOS ID: 86052DC0400001  
 Issuer HIOS ID: 86052

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
- Desired Metal Tier: Gold

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

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

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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

Options for Additional Benefit Design Limits:

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

Plan Description:

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

Output

Calculate

Status/Error Messages:  
 Actuarial Value:  
 Metal Tier:

Calculation Successful.  
 78.01%  
 Gold

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

Additional Notes:

Calculation Time: 0.1094 seconds

Final 2019 AV Calculator

78.01%

Plan Description:

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

**User Inputs for Plan Parameters**

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
- Desired Metal Tier: Gold

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$500.00	\$0.00
Coinsurance (% Insurer's Cost Share)	100.00%	100.00%
MOOP (\$)	\$4,000.00	
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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

**Options for Additional Benefit Design Limits:**

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

**Plan Description:**

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

**Output**

Calculate

Status/Error Messages:  
 Actuarial Value:  
 Metal Tier:

Calculation Successful.  
 81.94%  
 Gold

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

Additional Notes:

Calculation Time: 0.125 seconds

Final 2019 AV Calculator

81.94%

**Plan Description:**

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

**User Inputs for Plan Parameters**

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier Platinum

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

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

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

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

**Options for Additional Benefit Design Limits:**

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

**Plan Description:**

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

**Output**

Calculate

Status/Error Messages:  
 Actuarial Value:  
 Metal Tier:

Calculation Successful.  
 88.92%  
 Platinum

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

Additional Notes:

Calculation Time:

0.0938 seconds

Final 2019 AV Calculator

88.92%

**Plan Description:**

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

**User Inputs for Plan Parameters**

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier Silver

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$2,800.00	\$250.00
Coinsurance (% Insurer's Cost Share)	80.00%	100.00%
MOOP (\$)	\$6,300.00	
MOOP if Separate (\$)		

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

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$350.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Options for Additional Benefit Design Limits:**

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

**Plan Description:**

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

**Output**

Calculate

Status/Error Messages: CSR Level of 73% (200-250% FPL), Calculation Successful.  
 Actuarial Value: 73.90%  
 Metal Tier: Silver

**Additional Notes:**

Calculation Time: 0.1055 seconds

**Final 2019 AV Calculator**

73.90%

**Plan Description:**

**Name:** BlueChoice HMO Standard Silver \$3,500 - 73% CSR (200-250% FPL)  
**Plan HIOS ID:** 86052DC0400001  
**Issuer HIOS ID:** 86052

**User Inputs for Plan Parameters**

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier: Gold

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$0.00	\$0.00
Coinsurance (% Insurer's Cost Share)	85.00%	100.00%
MOOP (\$)	\$2,450.00	
MOOP if Separate (\$)		

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

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Options for Additional Benefit Design Limits:**

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

**Plan Description:**

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

**Output**

Calculate

Status/Error Messages: CSR Level of 87% (150-200% FPL), Calculation Successful.  
 Actuarial Value: 86.97%  
 Metal Tier: Gold

**Additional Notes:**

Calculation Time: 0.1094 seconds

Final 2019 AV Calculator

86.97%

**Plan Description:**

**Name:** BlueChoice HMO Standard Silver \$3,500 - 87% CSR (150-200% FPL)  
**Plan HIOS ID:** 86052DC0400001  
**Issuer HIOS ID:** 86052

**User Inputs for Plan Parameters**

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier Platinum

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$0.00	\$0.00
Coinsurance (% Insurer's Cost Share)	95.00%	100.00%
MOOP (\$)	\$2,450.00	
MOOP if Separate (\$)		

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

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

**Options for Additional Benefit Design Limits:**

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

**Plan Description:**

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

**Output**

Calculate

Status/Error Messages: CSR Level of 94% (100-150% FPL), Calculation Successful.  
 Actuarial Value: 93.56%  
 Metal Tier: Platinum

**Additional Notes:**

Calculation Time: 0.1094 seconds

Final 2019 AV Calculator

93.56%

**Plan Description:**

**Name:** BlueChoice HMO Standard Silver \$3,500 - 94% CSR (100-150% FPL)  
**Plan HIOS ID:** 86052DC0400001  
**Issuer HIOS ID:** 86052

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

**Rate Filing # 2254  
D.C. Individual Products  
Rate Filing Effective 1/1/2019**

**Actuarial Memorandum**



**BlueChoice Inc.**  
**(NAIC # 96202)**  
**H.R. 3950 - Public Law 111-148 - Patient Protection and Affordable Care Act (ACA)**  
**D.C. Individual Products**  
**Rate Filing Effective 1/1/2019**  
**Actuarial Certification**

I, Joshua R. Phelps, am a(n) Assistant Actuary with CareFirst BlueChoice doing business as CareFirst BlueCross BlueShield. I am a member of the American Academy of Actuaries (AAA) in good standing and have the education and experience necessary to perform the work. Rates were developed in accordance with the appropriate Actuarial Standards of Practice (ASOPs) and the AAA's Code of Professional Conduct. While other ASOPs apply, a sample listing is below.

- i. ASOP No. 5, Incurred Health and Disability Claims
- ii. ASOP No. 8, Regulatory Filings for Health Plan Entities
- iii. ASOP No. 12, Risk Classification
- iv. ASOP No. 23, Data Quality
- v. ASOP No. 25, Credibility Procedures Applicable to Accident and Health, Group Term Life, and Property/Casualty Coverages
- vi. ASOP No. 26, Compliance with Statutory and Regulatory Requirements for the Actuarial Certification of Small Employer Health and Benefit Plans
- vii. ASOP No. 41, Actuarial Communications
- viii. ASOP No. 50, Determining Minimum Value and Actuarial Value under the Affordable Care Act

I have been involved in the development of these rates, and to the best of my knowledge and understanding, the rates in this filing I further certify the following:

1. The projected Index Rate is:
  - a. In compliance with all applicable state and Federal statutes and regulations (45 CFR 156.80 and 147.102)
  - b. Developed in compliance with the applicable Actuarial Standards of Practice
  - c. Reasonable in relation to the benefits provided and the population anticipated to be covered.
  - d. Neither excessive nor deficient.
  
2. The Index Rate and only the allowable modifiers as described in 45 CFR § 156.80(d)(1) and 45 CFR § 156.80(d)(2) were used to generate plan level rates. These rates have been calibrated to account for age (geography and tobacco are not applicable).
  
3. 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 2019 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.

**Joshua R.  
Phelps**

Digitally signed by Joshua R.  
Phelps  
Date: 2018.06.01 10:42:36  
-04'00'

Joshua R. Phelps, ASA, MAAA, CERA  
Assistant Actuary  
CareFirst BlueCross BlueShield  
Mail Drop-Point 01-720  
10455 Mill Run Circle  
Owings Mills, MD 21117

### Exhibit 1 - Market Adjusted Index Rate Summary

		2019	Exhibit
(1)	Base Period Total Allowed	\$ 358.84	2
(2)	Base Period Non-EHB PMPM	\$ 2.07	2
(3)	Experience Period Index Rate	\$ 356.77	
(4)	Change in Morbidity	0.9875	4
(5)	Additional Population Adjustment	1.0000	
(6)	Induced Demand	1.0038	5
(7)	Projection Period Utilization and Network Adjustment	1.0000	
(8)	Demographic Adjustment	0.9888	6
(9)	Area Adjustment	1.0000	
(10)	Additional "Other" Adjustments	1.0004	7
(11)	Annualized Trend	8.1%	8
(12)	Months of Trend	24.0	
(13)	Unit cost & Utilization/1,000 Trend Factor	1.1678	
(14)	Projection Period Index Rate	\$ 408.55	
(15)	Risk Adjustment Program	1.2854	9
(16)	Federal Exchange User Fee	1.0000	
(17)	Market Adjusted Index Rate	\$ 525.13	
	Without Risk Adjustment	\$ 408.55	

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

## Exhibit 2 - Base Period Experience

Service Category	Incurred	Allowed	Allowed PMPM	Utilization Description	Utilization per 1,000	Average Cost/Service
Inpatient Hospital	\$ 29,779,135		\$ 61.77	Admits	48.68	\$ 15,224.51
Outpatient Hospital	\$ 31,328,775		\$ 64.98	Visits	563.90	\$ 1,382.80
Professional	\$ 58,606,131		\$ 121.56	Visits	9,348.15	\$ 156.04
Other Medical	\$ 9,151,574		\$ 18.98	Services	1,124.02	\$ 202.65
Capitation	\$ 517,867		\$ 1.07	Benefit Period	1,000	\$ 12.89
Prescription Drug	\$ 43,623,641		\$ 90.48	Prescriptions	7,680.12	\$ 141.38
<b>Total (EHB &amp; Non-EHB)</b>	<b>\$ 173,007,122</b>		<b>\$ 358.84</b>			
<b>EHB Allowed</b>	<b>\$ 172,008,748</b>		<b>\$ 356.77</b>			
<b>Non-EHB Allowed</b>	<b>\$ 998,374</b>		<b>\$ 2.07</b>			
<b>Incurred Net</b>	<b>\$ 147,321,917</b>		<b>\$ 305.57</b>			
<b>Net/Allowed</b>			<b>85.15%</b>			
<b>Experience Period Member Months</b>			<b>482,127</b>			

**Exhibit 3 - Non-EHB Adjustment**

<b>HIOS Plan ID</b>	<b>Plan Name</b>	<b>Exchange</b>	<b>2019 Index Rate</b>	<b>2019 Non-EHB PMPM</b>	<b>2019 Non-EHB Adjustment</b>
86052DC0400001	BlueChoice HMO Standard Silver \$3,500	On	\$408.55	\$2.68	1.007
86052DC0400002	BlueChoice HMO Standard Gold \$500	On	\$408.55	\$2.27	1.006
86052DC0400004	BlueChoice HMO Young Adult \$7,900	On	\$408.55	\$5.02	1.012
86052DC0400007	BlueChoice HMO Standard Bronze \$6,650	On	\$408.55	\$2.90	1.007
86052DC0400008	BlueChoice HMO Standard Platinum \$0	On	\$408.55	\$2.09	1.005
86052DC0400010	BlueChoice HMO HSA Standard Bronze \$6,200	On	\$408.55	\$3.01	1.007
86052DC0400011	BlueChoice HMO HSA Gold \$1,500	On	\$408.55	\$2.41	1.006

Exhibit 4 - Morbidity Adjustment Factor

Base Year (2017)

2017 SRP Allowed PMPM	ACA Member Months	2017 Allowed PMPM	Normalized Allowed PMPM
Subtotal	482,120	\$ 373.13	\$ 211.84

Current Year YTD (2018)

Existing	2018 Existing from 2017	ACA Member Count	Trend Factor	Normalized Allowed PMPM
Catastrophic		468	1.00	\$ 78.76
Bronze		2,597	1.00	\$ 102.09
Silver		8,261	1.00	\$ 195.00
Gold		12,459	1.00	\$ 220.94
Platinum		11,910	1.00	\$ 236.68

New	New to 2018	ACA Member Count	Trend Factor	Normalized Allowed PMPM
Catastrophic		200	1.00	\$ 78.76
Bronze		502	1.00	\$ 102.09
Silver		538	1.00	\$ 195.00
Gold		831	1.00	\$ 220.94
Platinum		539	1.00	\$ 236.68

Transfer	2016 Transfer from Other SBU	ACA Member Count	Trend Factor	Normalized Allowed PMPM
Catastrophic		67	1.00	\$ 88.44
Bronze		370	1.00	\$ 118.48
Silver		303	1.00	\$ 279.73
Gold		557	1.00	\$ 250.75
Platinum		198	1.00	\$ 225.10

2018 YTD SRP Total	ACA Member Count	Trend Factor	Normalized Allowed PMPM
Catastrophic	735	1.00	\$ 79.64
Bronze	3,469	1.00	\$ 103.84
Silver	9,102	1.00	\$ 197.82
Gold	13,847	1.00	\$ 222.14
Platinum	12,647	1.00	\$ 236.50

Current Year (2018)\*

2018 Existing	ACA Member Months	Normalized Allowed PMPM
Catastrophic	5,587	\$ 79.64
Bronze	29,061	\$ 104.38
Silver	84,436	\$ 197.58
Gold	130,604	\$ 220.44
Platinum	119,687	\$ 235.55

New to 2018	ACA Member Months	Normalized Allowed PMPM
Catastrophic	863	\$ 78.76
Bronze	3,235	\$ 99.15
Silver	5,896	\$ 195.37
Gold	8,126	\$ 229.09
Platinum	7,268	\$ 241.45

2018 SRP Total	ACA Member Months	Normalized Allowed PMPM
Catastrophic	6,450	\$ 79.52
Bronze	32,296	\$ 103.86
Silver	90,331	\$ 197.44
Gold	138,730	\$ 220.95
Platinum	126,956	\$ 235.89

Projected Year (2019)

2019 Existing	ACA Member Months	Normalized Allowed PMPM
Catastrophic	5,336	\$ 79.52
Bronze	31,259	\$ 104.93
Silver	100,831	\$ 197.18
Gold	158,899	\$ 219.04
Platinum	146,022	\$ 234.76

New to 2019	ACA Member Months	Normalized Allowed PMPM
Catastrophic	825	\$ 78.76
Bronze	3,295	\$ 99.88
Silver	6,821	\$ 195.24
Gold	9,769	\$ 225.83
Platinum	8,806	\$ 239.48

2019 SRP Total	ACA Member Months	Normalized Allowed PMPM
Catastrophic	6,161	\$ 79.42
Bronze	34,553	\$ 104.45
Silver	107,651	\$ 197.05
Gold	168,668	\$ 219.43
Platinum	154,828	\$ 235.03

	Total Normalized PMPM	Trends
2017	\$ 211.84	
2018	\$ 208.48	-1.59%
2019	\$ 209.20	-1.25%

Adjustment for Change in Morbidity\*\* 0.9875

\*Amounts in this column represent the remainder of the current year (i.e. following 201802)

\*\*Applied to all service categories except capitations

### Exhibit 5 - Induced Utilization Adjustment Factor

Year	Actuarial Value	Induced Demand Factor	
(1) 2017	80.22%	1.0815	
(2) Projected 2019	80.81%	1.0857	
(3) <b>Adjustment*</b>		<b>1.0038</b>	(2)/(1)

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

### Exhibit 6 - Demographic Adjustment

	Period	Cohort	Demo Factor*	Weight	Average Age**
(1)	Base Period	All	1.643	100.0%	34.0
(2)	Rating Period	Existing	1.638	90.0%	
		New	1.424	6.3%	
		Transfer	1.638	3.7%	
(3)	Rating Period	All	1.624	100.0%	33.6
(4)	<b>Demographic Adjustment***</b>	<b>All</b>	<b>0.989</b>		

(3) / (1)

**\*Demo factors by cohort for the rating period are determined using the average factor for each cohort (and metal level) from the current month and projecting forward for the remainder of the current and projection years using enrollment projections for those time periods separately (i.e. the prior year's total factor becomes the existing factor in the next year and factors for new are assumed unchanged from the current month, transfers are assumed equal to existing). Weights are based on expected distribution of member months.**

**\*\*Average ages are member weighted**

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

**Exhibit 7 - Factors for Additional "Other" Adjustments**

<b>Capitation adjustment</b>			
(1)	EP Capitation PMPM	\$	0.92
(2)	Projected Capitations PMPM	\$	0.46
(3)	<b>Adjustment to Capitation Category</b>		<b>0.4984</b> (2)/(1)
<b>Drug Rebates adjustment</b>			
(4)	Experience Period Allowed Rx PMPM (Pre-Rebate)	\$	105.93
(5)	Experience Pharmacy Rebates PMPM	\$	(15.44)
(6)	Projected Pharmacy Rebates PMPM	\$	(10.79)
(7)	Post-Rebate Rx PMPM (using Experience Rebates)	\$	90.48
(8)	Post-Rebate Rx PMPM (using Projected Rebates)	\$	95.14
(9)	<b>Adjustment to Drug Category</b>		<b>1.0515</b> (8)/(7)
<b>Formulary Adjustments</b>			
(10)	Experience Period Allowed Rx PMPM (Pre-Rebate, existing formulary)	\$	105.93
(11)	Ingredient cost adjustment factor		0.961
(12)	Experience Period Allowed Rx PMPM (Pre-Rebate, new formulary)	\$	101.79 (10)*(11)
(13)	Projection Period Pharmacy Rebates PMPM	\$	(10.79)
(14)	<b>Adjustment to Drug Category</b>		<b>0.9566</b> [(12) + (13)]/[(10) + (13)]

	<b>PMPM</b>	<b>Adjustment</b>
Inpatient Hospital	\$ 71.84	1.000
Outpatient Hospital	\$ 72.54	1.000
Professional	\$ 132.51	1.000
Other Medical	\$ 21.09	1.000
Capitation	\$ 0.92	0.498
Prescription Drug	\$ 109.47	1.006
<b>Total</b>	<b>\$ 408.37</b>	<b>1.000</b>

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



### Exhibit 8 - Annual Trend Assumptions

	2017 PMPM	Weight	Utilization/1,000	Unit Cost	Composite
<b>Inpatient Hospital</b>	\$ 61.77	17%	1.0000	1.0900	1.090
<b>Outpatient Hospital</b>	\$ 64.98	18%	1.0600	1.0100	1.071
<b>Professional</b>	\$ 121.56	34%	1.0400	1.0200	1.061
<b>Other Medical</b>	\$ 18.98	5%	1.0000	1.0650	1.065
<b>Capitation</b>	\$ 1.07	0%	1.0000	1.0000	1.000
<b>Prescription Drug</b>	\$ 90.48	25%	1.0100	1.1000	1.111
<b>Total</b>	\$ 358.84	100%			1.080
 <b>Proposed Trend</b>					 <b>1.081</b>

**Exhibit 9 - Risk Adjustment**

**2017**

Metallic Tier	Member Months	Distribution	PLRS	ARF	Transfer \$	PMPM
Catastrophic	8,942	12.5%	0.292	0.735	-\$1	\$0.00
Bronze	23,856	33.5%	0.641	1.148	-\$3,297,478	-\$138.23
Silver	21,657	30.4%	1.047	1.124	-\$1,687,005	-\$77.90
Gold	10,186	14.3%	1.440	1.068	-\$33,358	-\$3.27
Platinum	6,637	9.3%	2.224	1.007	\$1,364,606	\$205.60
Total	71,279	100%	0.982	1.064	-\$3,653,235	-\$51.25

**Statewide 2017**

**Statewide PMPM 2017**

Catastrophic	9,298		0.292	0.735	\$ -	\$ -	\$ 96.28
Individual Non-Catastrophic	204,156		1.296	1.084	\$ -	\$ 365.63	\$ 365.63

**2019**

Metallic Tier	Member Months	Distribution	PLRS	ARF	Transfer \$	PMPM
Catastrophic	6,161	14%	0.292	0.722	\$0	\$0.00
Bronze	17,577	41%	0.654	1.099	-\$2,336,150	-\$132.91
Silver	10,812	25%	1.082	1.057	-\$735,037	-\$67.98
Gold	5,230	12%	1.494	0.960	\$111,463	\$21.31
Platinum	2,741	6%	2.221	1.155	\$234,578	\$85.59
Total	42,521	100%	0.915	1.020	-\$2,725,147	-\$64.09

**Statewide 2019**

**Statewide PMPM 2019**

Catastrophic	6,405		0.292	0.722	\$ -	\$ -	\$ 91.09
Individual Non-Catastrophic	165,830		1.340	1.032	\$ -	\$ -	\$ 345.89

**Adjustment Factor applied to Market Adjusted Index Rate**

Projected Index Rate	Projected Transfer PMPM (Allowed basis)	Risk Adjustment User Fee	Adjustment Factor*
\$408.55	-\$116.44	\$0.14	1.285

\*Adjustment Factor = (\$408.55 - \$-116.44+ \$0.14) / \$408.55

**Exhibit 10A - Desired Incurred Claims Ratio**

	<b>2019</b>	
	<b>PMPM</b>	<b>% of Revenue</b>
<b>Allowed Claims</b>	\$ 347.61	
<b>Paid/Allowed Ratio</b>	65.1%	
<b>Paid Claims &amp; Capitations</b>	\$ 226.39	
<b>Risk Adjustment Transfer (Paid Basis)</b>	\$ (64.09)	
<b>Paid Claims &amp; Capitations (Post-Risk Adj)</b>	\$ 290.48	78.3%
<b>Administrative Expense</b>	\$ 58.75	15.8%
<b>Broker Commissions &amp; Fee</b>	\$ 2.40	0.6%
<b>Contribution to Reserve (Post-Tax)</b>	\$ 5.94	1.6%
<b>Investment Income Credit</b>	\$ (0.00)	-0.0001%
<b><u>Non-ACA Taxes &amp; Fees</u></b>		
<b>State Premium Tax</b>	\$ 7.42	2.0%
<b>State Assessment Fee</b>	\$ 0.43	0.1%
<b>State Income Tax</b>	\$ -	0.0%
<b>Federal Income Tax</b>	\$ 1.48	0.4%
<b><u>ACA Taxes &amp; Fees</u></b>		
<b>Health Insurer Tax</b>	\$ -	0.0%
<b>Risk Adjustment User Fee</b>	\$ 0.14	0.0%
<b>Exchange Assessment Fee</b>	\$ 3.71	1.0%
<b>Federal Exchange User Fee</b>	\$ -	0.0%
<b>PCORI Tax</b>	\$ 0.21	0.1%
<b>BlueRewards/Incentive Program</b>	\$ -	0.0%
<b>Total Revenue</b>	\$ 370.94	100.0%
<b>Plan Level Admin Load Adjustment</b>	1.2764	
<b>Projected Member Months</b>	42,521	
<b>Average Members</b>	3,543	
<b>% Total 2019</b>	100.0%	

## Exhibit 10B - Federal MLR

	Total 2019 PMPM / %
<b><u>Traditional MLR Development</u></b>	
Paid Claims & Capitations (Post-Risk Adj) \$	290.48
Total Revenue \$	370.94
<hr/>	
Traditional MLR (i.e. DICR)	78.3%
<b><u>Federal MLR Development</u></b>	
<b>Numerator Adjustments</b>	
BlueRewards/Incentive Program \$	-
Quality Improvement Expenses \$	3.85
Removal of non-care costs under MLR guidelines \$	(8.25)
<b>Denominator Adjustments</b>	
Non-ACA Taxes & Fees \$	9.33
ACA Taxes & Fees \$	4.06
Federal MLR Numerator \$	286.08
Federal MLR Denominator \$	357.56
<hr/>	
Federal MLR	80.0%
Projected Member Months	42,521

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

	<b>Total 2019 PMPM / %</b>
<b><u>Traditional MLR Development</u></b>	
Paid Claims & Capitations (Post-Risk Adj) \$	361.41
<b>Total Revenue</b> \$	<b>474.66</b>
<b>Traditional MLR (i.e. DICR)</b>	<b>76.1%</b>
<b><u>Federal MLR Development</u></b>	
<b>Numerator Adjustments</b>	
BlueRewards/Incentive Program \$	0.31
Quality Improvement Expenses \$	3.48
Removal of non-care costs under MLR guidelines \$	(5.45)
<b>Denominator Adjustments</b>	
Non-ACA Taxes & Fees \$	11.94
ACA Taxes & Fees \$	13.01
<b>Federal MLR Numerator</b> \$	<b>359.75</b>
<b>Federal MLR Denominator</b> \$	<b>449.71</b>
<b>Federal MLR</b>	<b>80.0%</b>
<b>Projected Member Months</b>	<b>471,861</b>

**Exhibit 11 - Plan Adjusted Index Rates**

HIOS Plan ID	Plan Name	Plan Type	Metallic Tier	Exchange	Network	Market Adjusted Index Rate	Internal Pricing AV	Network Factor	Induced Utilization	Non-EHB	Catastrophic Adjustment	Admin	Plan Adjusted Index Rate
86052DC0400001	BlueChoice HMO Standard Silver \$3,500	HMO	Silver	On	Open Access	525.13	0.647	0.958	0.9527	1.007	1.000	1.276	398.34
86052DC0400002	BlueChoice HMO Standard Gold \$500	HMO	Gold	On	Open Access	525.13	0.826	0.958	0.9960	1.006	1.000	1.276	531.09
86052DC0400004	BlueChoice HMO Young Adult \$7,900	HMO	Catastrophic	On	Open Access	525.13	0.541	0.958	0.9220	1.012	0.508	1.276	164.75
86052DC0400007	BlueChoice HMO Standard Bronze \$6,650	HMO	Bronze	On	Open Access	525.13	0.589	0.958	0.9220	1.007	1.000	1.276	351.10
86052DC0400008	BlueChoice HMO Standard Platinum \$0	HMO	Platinum	On	Open Access	525.13	0.913	0.958	1.0600	1.005	1.000	1.276	624.81
86052DC0400010	BlueChoice HMO HSA Standard Bronze \$6,200	HMO	Bronze	On	Open Access	525.13	0.555	0.958	0.9220	1.007	1.000	1.276	331.15
86052DC0400011	BlueChoice HMO HSA Gold \$1,500	HMO	Gold	On	Open Access	525.13	0.739	0.958	0.9960	1.006	1.000	1.276	475.66

### Exhibit 12 - AV Values

<b>HIOS Plan ID</b>	<b>Suffix</b>	<b>HIOS Plan Name</b>	<b>HHS AV</b>
86052DC0400001	01	BlueChoice HMO Standard Silver \$3,500	0.719
86052DC0400001	02	BlueChoice HMO Standard Silver \$3,500 Zero	1.000
86052DC0400001	03	BlueChoice HMO Standard Silver \$3,500 Limited	0.719
86052DC0400001	04	BlueChoice HMO Standard Silver \$3,500 73% CSR	0.739
86052DC0400001	05	BlueChoice HMO Standard Silver \$3,500 87% CSR	0.870
86052DC0400001	06	BlueChoice HMO Standard Silver \$3,500 94% CSR	0.936
86052DC0400002	01	BlueChoice HMO Standard Gold \$500	0.819
86052DC0400002	02	BlueChoice HMO Standard Gold \$500 Zero	1.000
86052DC0400002	03	BlueChoice HMO Standard Gold \$500 Limited	0.819
86052DC0400004	01	BlueChoice HMO Young Adult \$7,900	0.611
86052DC0400007	01	BlueChoice HMO Standard Bronze \$6,650	0.648
86052DC0400007	02	BlueChoice HMO Standard Bronze \$6,650 Zero	1.000
86052DC0400007	03	BlueChoice HMO Standard Bronze \$6,650 Limited	0.648
86052DC0400008	01	BlueChoice HMO Standard Platinum \$0	0.889
86052DC0400008	02	BlueChoice HMO Standard Platinum \$0 Zero	1.000
86052DC0400008	03	BlueChoice HMO Standard Platinum \$0 Limited	0.889
86052DC0400010	01	BlueChoice HMO HSA Standard Bronze \$6,200	0.618
86052DC0400010	02	BlueChoice HMO HSA Standard Bronze \$6,200 Zero	1.000
86052DC0400010	03	BlueChoice HMO HSA Standard Bronze \$6,200 Limited	0.618
86052DC0400011	01	BlueChoice HMO HSA Gold \$1,500	0.780
86052DC0400011	02	BlueChoice HMO HSA Gold \$1,500 Zero	1.000
86052DC0400011	03	BlueChoice HMO HSA Gold \$1,500 Limited	0.780

### Exhibit 13 - Age Calibration

Age Curve Calibration					
	Period	Cohort	Rating Factor*	Weight	Average Age**
(1)	Rating Period	Existing	1.039	90.0%	
		New	0.930	6.3%	
		Transfer	1.039	3.7%	
(2)	<b>Rating Period</b>	<b>All</b>	<b>1.032</b>	<b>100.0%</b>	<b>41.5</b>
(3)	<b>Nearest Rounded</b>	<b>All</b>	<b>1.013</b>		<b>41.0</b>
(4)	<b>Calibration***</b>	<b>All</b>	<b>0.981</b>		

(3)/(2)

Premium Rate Demonstration	
	HIOS Plan Name <span style="float: right;">BlueChoice HMO Standard Silver \$3,500</span>
(5)	Plan Adjusted Index Rate <span style="float: right;">\$398.34</span>
(6)	Calibration <span style="float: right;">0.981</span>
(7)	Calibrated Rate <span style="float: right;">\$390.87</span>
(8)	Age 40 Factor/Rounded Avg Age Factor = (0.975/1.013) <span style="float: right;">0.962</span>
(9)	<b>Age 40 Premium Rate</b> <span style="float: right;"><b>\$376.21</b></span>

(4)

(5)\*(6)

(7)\*(8)

**\*Rating factors by cohort for the rating period are determined using the average factor for each cohort (and metal level) from the current month and projecting forward for the remainder of the current and projection years using enrollment projections for those time periods separately (i.e. the prior year's total factor becomes the existing factor in the next year and factors for new are assumed unchanged from the current month, transfers are assumed equal to existing). Weights are based on expected distribution of member months.**

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

**\*\*\*Applied uniformly to all plans**



## Exhibit 14 - Age Factors

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

**Exhibit 15 - Induced Utilization Factors**

CDH/Non-CDH	Projected Member		Relative to Average
	Months	Relative to HSA/HRA	
HSA/HRA	118,350	1.000	1.000
Non-CDH	353,511	1.000	1.000
	<b>471,861</b>	<b>1.000</b>	

Full HIOS Plan ID	Base HIOS Plan ID	Plan Name	Metal Level	Relative to Bronze	Projected Member Months	Relative to Average (Pool)	Relative to Average (CSR)
86052DC040000101	86052DC0400001	BlueChoice HMO Standard Silver \$3,500	Silver	1.030	10,159	0.950	0.9527
86052DC040000102	86052DC0400001	BlueChoice HMO Standard Silver \$3,500 Zero	Silver	1.030	-	0.950	0.9527
86052DC040000103	86052DC0400001	BlueChoice HMO Standard Silver \$3,500 Limited	Silver	1.030	-	0.950	0.9527
86052DC040000104	86052DC0400001	BlueChoice HMO Standard Silver \$3,500 73% CSR	Silver	1.030	386	0.950	0.9527
86052DC040000105	86052DC0400001	BlueChoice HMO Standard Silver \$3,500 87% CSR	Silver	1.150	126	1.060	0.9527
86052DC040000106	86052DC0400001	BlueChoice HMO Standard Silver \$3,500 94% CSR	Silver	1.150	142	1.060	0.9527
86052DC040000201	86052DC0400002	BlueChoice HMO Standard Gold \$500	Gold	1.080	4,518	0.996	0.9960
86052DC040000202	86052DC0400002	BlueChoice HMO Standard Gold \$500 Zero	Gold	1.080	-	0.996	0.9960
86052DC040000203	86052DC0400002	BlueChoice HMO Standard Gold \$500 Limited	Gold	1.080	-	0.996	0.9960
86052DC040000401	86052DC0400004	BlueChoice HMO Young Adult \$7,900	Catastrophic	1.000	6,161	0.922	0.9220
86052DC040000701	86052DC0400007	BlueChoice HMO Standard Bronze \$6,650	Bronze	1.000	10,058	0.922	0.9220
86052DC040000702	86052DC0400007	BlueChoice HMO Standard Bronze \$6,650 Zero	Bronze	1.000	-	0.922	0.9220
86052DC040000703	86052DC0400007	BlueChoice HMO Standard Bronze \$6,650 Limited	Bronze	1.000	-	0.922	0.9220
86052DC040000801	86052DC0400008	BlueChoice HMO Standard Platinum \$0	Platinum	1.150	2,741	1.060	1.0600
86052DC040000802	86052DC0400008	BlueChoice HMO Standard Platinum \$0 Zero	Platinum	1.150	-	1.060	1.0600
86052DC040000803	86052DC0400008	BlueChoice HMO Standard Platinum \$0 Limited	Platinum	1.150	-	1.060	1.0600
86052DC040001001	86052DC0400010	BlueChoice HMO HSA Standard Bronze \$6,200	Bronze	1.000	7,518	0.922	0.9220
86052DC040001002	86052DC0400010	BlueChoice HMO HSA Standard Bronze \$6,200 Zero	Bronze	1.000	-	0.922	0.9220
86052DC040001003	86052DC0400010	BlueChoice HMO HSA Standard Bronze \$6,200 Limited	Bronze	1.000	-	0.922	0.9220
86052DC040001101	86052DC0400011	BlueChoice HMO HSA Gold \$1,500	Gold	1.080	712	0.996	0.9960
86052DC040001102	86052DC0400011	BlueChoice HMO HSA Gold \$1,500 Zero	Gold	1.080	-	0.996	0.9960
86052DC040001103	86052DC0400011	BlueChoice HMO HSA Gold \$1,500 Limited	Gold	1.080	-	0.996	0.9960

### Appendix - Network Factors

Network Type	Proposed Products Using This Network	Description
Lock In / Referral	BlueChoice HMO Referral	Referrals needed for Specialist Care, No Out of Network Coverage.
Open Access	BlueChoice HMO	No Referrals needed for Specialist, No Out of Network Coverage.
Open Access Opt-Out	BlueChoice Plus Opt-Out	No Referrals needed for Specialist, Out of Network Benefits pay up to In Network allowance, Member may be balance billed.
Open Access Plus	BlueChoice Plus	No Referrals needed, Out of Network allowances pay up to Regional Preferred Network (RPN) allowance.
Open Access Advantage	BlueChoice Advantage	No Referrals needed, Out of Network allowance pay up to RPN allowance, Out of Area BlueCard considered In Network for cost-sharing.

Network Type	Projected Member Months	Relative to Lock In / Referral	Relative to Average
Lock In / Referral	49,430	1.000	0.912
Open Access	131,000	1.050	0.958
Open Access Opt-Out	45,724	1.064	0.970
Open Access Plus	71,501	1.078	0.983
Open Access Advantage	174,207	1.175	1.071
<b>Total</b>	<b>471,861</b>	<b>1.097</b>	

Factors are applied as plan level adjustments

**Appendix - Catastrophic Plans Adjustment**

**Step 1: Normalize Catastrophic PMPM - using Age, Induced Demand and AV**

	<b>Catastrophic</b>	<b>Non-Catastrophic</b>	<b>Total (single risk pool)</b>
Member Months	8,873	62,557	71,430
Distribution	12.4%	87.6%	
Completed Allowed	\$823,344	\$22,704,131	\$23,527,475
Allowed PMPM	\$92.79	\$362.94	\$329.38
ARF	0.739	1.126	1.078
IDF	1.000	1.041	1.036
AV	1.000	1.000	1.000
<b>Net Factor</b>	<b>0.739</b>	<b>1.172</b>	<b>1.118</b>
<b>Normalized Factor</b>	<b>1.513</b>	<b>0.954</b>	<b>1.000</b>
<b>Normalized PMPM</b>	<b>\$140.37</b>	<b>\$346.29</b>	<b>\$329.38</b>
<b>Method 1 Cat Factor</b>	<b>0.426</b>		

**Step 2: Apply Credibility to Normalized Catastrophic PMPM**

Age Normalized Cat PMPM	\$141.38
Member Months	8,873
Full Credibility (Member Months)	24,000
% Credible	60.8%
Cred-Adjusted Cat PMPM	\$221.69
<b>Method 2 Cat Factor</b>	<b>0.673</b>

**Step 3: Combine Methods 1 & 2 (weighting method 1 by 2/3, method 2 by 1/3)**

Cat Factor	<b>0.508</b>
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**Appendix - Experience Period to Rating Period Plan Mappings**

Exp. Period		Current Period		Rating Period	
2017 Base HIOS Plan ID	2017 HIOS Plan Name	2018 Base HIOS Plan ID	2018 HIOS Plan Name	2019 Base HIOS Plan ID	2019 HIOS Plan Name
86052DC0400001	BlueChoice HMO Standard Silver \$2,000	86052DC0400001	BlueChoice HMO Standard Silver \$3,500	86052DC0400001	BlueChoice HMO Standard Silver \$3,500
86052DC0400002	BlueChoice HMO Standard Gold \$500	86052DC0400002	BlueChoice HMO Standard Gold \$500	86052DC0400002	BlueChoice HMO Standard Gold \$500
86052DC0400004	BlueChoice HMO Young Adult \$7,150	86052DC0400004	BlueChoice HMO Young Adult \$7,350	86052DC0400004	BlueChoice HMO Young Adult \$7,900
86052DC0400007	BlueChoice HMO Standard Bronze \$5,000	86052DC0400007	BlueChoice HMO Standard Bronze \$6,000	86052DC0400007	BlueChoice HMO Standard Bronze \$6,650
86052DC0400008	BlueChoice HMO Standard Platinum \$0	86052DC0400008	BlueChoice HMO Standard Platinum \$0	86052DC0400008	BlueChoice HMO Standard Platinum \$0
		86052DC0400010	BlueChoice HMO HSA Standard Bronze \$6,200	86052DC0400010	BlueChoice HMO HSA Standard Bronze \$6,200
		86052DC0400011	BlueChoice HMO HSA Gold \$1,500	86052DC0400011	BlueChoice HMO HSA Gold \$1,500

Appendix - Annual Rate Change Based on Mapping

Base Rate	Catastrophic/Avg Renewal	735	557	8.8%
Base Rate	Bronze Members/Avg Renewal	2,097	1,589	11.3%
Base Rate	Silver Members/Avg Renewal	1,290	978	7.2%
Base Rate	Gold Members/Avg Renewal	624	473	8.8%
Base Rate	Platinum Members/Avg Renewal	327	248	9.8%
Base Rate	All Members/Avg Renewal	5,073	3,845	9.5%
Base Rate	Minimum Renewal			7.2%
Base Rate	Maximum Renewal			15.5%

2018 HIOS Plan ID	2018 HIOS Plan Name	2018 Metal Level	2018 Marketplace Indicator	2019 HIOS Plan ID	2019 HIOS Plan Name	2019 Metal Level	2019 Marketplace Indicator	Current Month Member Count	Projected 2018 EOY Members	2018 Base Rate	2019 Base Rate	Annual Rate Change
86052DC0400001	BlueChoice HMO Standard Silver \$3,500	Silver	On	86052DC0400001	BlueChoice HMO Standard Silver \$3,500	Silver	On	1,290	978	\$359.88	\$385.86	7.2%
86052DC0400002	BlueChoice HMO Standard Gold \$500	Gold	On	86052DC0400002	BlueChoice HMO Standard Gold \$500	Gold	On	539	409	\$474.49	\$514.44	8.4%
86052DC0400004	BlueChoice HMO Young Adult \$7,350	Catastrophic	On	86052DC0400004	BlueChoice HMO Young Adult \$7,900	Catastrophic	On	735	557	\$146.70	\$159.59	8.8%
86052DC0400007	BlueChoice HMO Standard Bronze \$6,000	Bronze	On	86052DC0400007	BlueChoice HMO Standard Bronze \$6,650	Bronze	On	1,200	910	\$314.18	\$340.09	8.2%
86052DC0400008	BlueChoice HMO Standard Platinum \$0	Platinum	On	86052DC0400008	BlueChoice HMO Standard Platinum \$0	Platinum	On	327	248	\$551.43	\$605.22	9.8%
86052DC0400010	BlueChoice HMO HSA Standard Bronze \$6,200	Bronze	On	86052DC0400010	BlueChoice HMO HSA Standard Bronze \$6,200	Bronze	On	897	680	\$277.77	\$320.77	15.5%
86052DC0400011	BlueChoice HMO HSA Gold \$1,500	Gold	On	86052DC0400011	BlueChoice HMO HSA Gold \$1,500	Gold	On	85	64	\$414.94	\$460.75	11.0%

**Appendix - Maximum Rate Renewal**

	<b>2018</b>	<b>2019</b>	<b>% Change</b>
Base Rate	\$277.77	\$320.77	15.5%
Age Factor	0.654	0.727	11.2%
Geographic Factor	1.000	1.000	0.0%
Tobacco Factor	1.000	1.000	0.0%
<b>Total</b>	<b>\$181.66</b>	<b>\$233.20</b>	<b>28.4%</b>

	BlueChoice HMO HSA Standard	BlueChoice HMO HSA Standard
Base Rate/Product(s)	Bronze \$6,200	Bronze \$6,200
Age Change	20	21
Geo Change*	N/A	N/A
Tobacco Change**	N/A	N/A

\*we did not geo rate

\*\*we did not tobacco rate

Appendix - Federal Required \$1.00 minimum for abortion

HIOS Plan ID	Plan Name	Exchange	Minimum Charge	Lowest Age Factor	Base Premium	Age Calibration	Plan Adjusted Index Rate	Admin	Catastrophic Factor	Network Factor	Non-EHB	Induced Utilization	Benefit	Market Adjusted Index Rate	Exchange User Fee	Risk Adjustment Fee	Index Rate	\$1 Check	Final Rate, above \$1.00
86052DC0400001	BlueChoice HMO Standard Silver \$3,500	On	\$1.00	0.654	\$1.53	0.969	\$1.58	1.2764	1.0000	0.958	1.0000	0.9500	0.6469	\$2.10	1.00	1.29	\$1.63	\$1.00	\$1.63
86052DC0400002	BlueChoice HMO Standard Gold \$500	On	\$1.00	0.654	\$1.53	0.969	\$1.58	1.2764	1.0000	0.958	1.0000	0.9960	0.8258	\$1.57	1.00	1.29	\$1.22	\$1.00	\$1.22
86052DC0400004	BlueChoice HMO Young Adult \$7,900	On	\$1.00	0.654	\$1.53	0.969	\$1.58	1.2764	0.5085	0.958	1.0000	0.9220	0.5406	\$5.10	1.00	1.29	\$3.97	\$1.00	\$3.97
86052DC0400007	BlueChoice HMO Standard Bronze \$6,650	On	\$1.00	0.654	\$1.53	0.969	\$1.58	1.2764	1.0000	0.958	1.0000	0.9220	0.5889	\$2.38	1.00	1.29	\$1.85	\$1.00	\$1.85
86052DC0400008	BlueChoice HMO Standard Platinum \$0	On	\$1.00	0.654	\$1.53	0.969	\$1.58	1.2764	1.0000	0.958	1.0000	1.0600	0.9133	\$1.33	1.00	1.29	\$1.03	\$0.99	\$1.04
86052DC0400010	BlueChoice HMO HSA Standard Bronze \$6,200	On	\$1.00	0.654	\$1.53	0.969	\$1.58	1.2764	1.0000	0.958	1.0000	0.9220	0.5552	\$2.52	1.00	1.29	\$1.96	\$1.00	\$1.96
86052DC0400011	BlueChoice HMO HSA Gold \$1,500	On	\$1.00	0.654	\$1.53	0.969	\$1.58	1.2764	1.0000	0.958	1.0000	0.9960	0.7394	\$1.75	1.00	1.29	\$1.36	\$1.00	\$1.36



## Appendix - Form Numbers

### Form Numbers Associated With This Filing:

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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-13147773

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### ON-Exchange

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#### **BlueChoice HMO Standard Plans**

DC CFBC EXC HMO IEA (R 1/17)  
DC CFBC EXC HMO DOCS (1/17)  
DC/CFBC/EXC/HMO HSA STD/BRZ 6200 (1/19)  
DC/CFBC/EXC/HMO HSA/GOLD 1500 (1/19)  
DC/CFBC/EXC/HMO STD/BRZ 6650 (1/19)  
DC/CFBC/EXC/HMO STD/GOLD 500 (1/19)  
DC/CFBC/EXC/HMO STD/PLAT 0 (1/19)  
DC/CFBC/EXC/HMO STD/SIL 3500 (1/19)  
DC/CFBC/EXC/HMO STD/SIL 3500 A (1/19)  
DC/CFBC/EXC/HMO STD/SIL 3500 B (1/19)  
DC/CFBC/EXC/HMO STD/SIL 3500 C (1/19)  
DC/CFBC/EXC/HMO STD/NATAMER 0 (1/19)  
DC/CFBC/EXC/NATAMER (1/14)  
DC/CFBC/DOL APPEAL (R. 1/17)  
DC/CFBC/MEM/BLCRD (R. 6/18)  
DC/CFBC/EXC/2019 AMEND (1/19)  
DC/CFBC/PT PROTECT (9/10)

#### **BlueChoice HMO Young Adult**

DC CFBC EXC HMO IEA (R 1/17)  
DC CFBC EXC HMO DOCS (1/17)  
DC/CFBC/EXC/HMO/NATAMER SOB (1/19)  
DC/CFBC/EXC/HMO/ YA 7900 SOB (1/19)  
DC/CFBC/EXC/NATAMER (1/19)  
DC/CFBC/EXC/NATAMER (1/14)  
DC/CFBC/DOL APPEAL (R. 1/17)  
DC/CFBC/MEM/BLCRD (R. 6/18)  
DC/CFBC/EXC/2019 AMEND (1/19)  
DC/CFBC/PT PROTECT (9/10)

### Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201501	42,745	Inpatient Hospital	\$2,513,842	\$0	Admits	196
201502	42,643	Inpatient Hospital	\$2,194,453	\$0	Admits	170
201503	43,554	Inpatient Hospital	\$2,518,003	\$0	Admits	189
201504	43,584	Inpatient Hospital	\$2,207,315	\$0	Admits	171
201505	43,448	Inpatient Hospital	\$2,144,119	\$0	Admits	155
201506	43,358	Inpatient Hospital	\$1,920,699	\$0	Admits	157
201507	43,067	Inpatient Hospital	\$2,402,285	\$0	Admits	185
201508	42,904	Inpatient Hospital	\$2,657,173	\$0	Admits	215
201509	42,870	Inpatient Hospital	\$2,090,840	\$0	Admits	197
201510	42,801	Inpatient Hospital	\$2,582,610	\$0	Admits	171
201511	42,898	Inpatient Hospital	\$2,819,747	\$0	Admits	161
201512	43,377	Inpatient Hospital	\$2,841,675	\$0	Admits	184
201601	44,297	Inpatient Hospital	\$2,324,451	\$0	Admits	162
201602	44,642	Inpatient Hospital	\$2,567,948	\$0	Admits	176
201603	44,852	Inpatient Hospital	\$2,673,058	\$0	Admits	213
201604	44,745	Inpatient Hospital	\$2,624,631	\$0	Admits	167
201605	44,584	Inpatient Hospital	\$2,217,341	\$0	Admits	166
201606	44,519	Inpatient Hospital	\$2,325,675	\$0	Admits	176
201607	44,235	Inpatient Hospital	\$2,304,068	\$0	Admits	169
201608	43,933	Inpatient Hospital	\$2,309,095	\$0	Admits	188
201609	43,584	Inpatient Hospital	\$2,454,253	\$0	Admits	196
201610	43,338	Inpatient Hospital	\$2,573,634	\$0	Admits	189
201611	43,046	Inpatient Hospital	\$2,899,218	\$0	Admits	165
201612	42,186	Inpatient Hospital	\$2,407,148	\$0	Admits	171
201701	41,362	Inpatient Hospital	\$3,391,236	\$0	Admits	191
201702	40,960	Inpatient Hospital	\$1,954,666	\$0	Admits	145
201703	40,733	Inpatient Hospital	\$3,080,044	\$0	Admits	151
201704	40,448	Inpatient Hospital	\$2,126,545	\$0	Admits	126
201705	40,383	Inpatient Hospital	\$2,131,982	\$0	Admits	122
201706	40,116	Inpatient Hospital	\$2,882,390	\$0	Admits	206
201707	39,855	Inpatient Hospital	\$2,479,268	\$0	Admits	189
201708	39,736	Inpatient Hospital	\$3,114,736	\$0	Admits	173
201709	39,764	Inpatient Hospital	\$2,662,273	\$0	Admits	174
201710	39,827	Inpatient Hospital	\$1,998,455	\$0	Admits	188
201711	39,597	Inpatient Hospital	\$1,623,278	\$0	Admits	119
201712	39,346	Inpatient Hospital	\$2,334,262	\$0	Admits	172
201801	39,818	Inpatient Hospital	\$2,530,624	\$0	Admits	211
201802	39,872	Inpatient Hospital	\$1,054,719	\$0	Admits	104

### Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201501	42,745	Outpatient Hospital	\$2,373,314	\$0	Visits	1,820
201502	42,643	Outpatient Hospital	\$2,442,621	\$0	Visits	1,715
201503	43,554	Outpatient Hospital	\$2,718,098	\$0	Visits	1,992
201504	43,584	Outpatient Hospital	\$2,542,028	\$0	Visits	1,958
201505	43,448	Outpatient Hospital	\$2,605,213	\$0	Visits	1,995
201506	43,358	Outpatient Hospital	\$2,687,665	\$0	Visits	1,976
201507	43,067	Outpatient Hospital	\$2,453,670	\$0	Visits	1,902
201508	42,904	Outpatient Hospital	\$2,690,130	\$0	Visits	1,934
201509	42,870	Outpatient Hospital	\$2,473,297	\$0	Visits	1,993
201510	42,801	Outpatient Hospital	\$2,504,223	\$0	Visits	2,065
201511	42,898	Outpatient Hospital	\$2,425,896	\$0	Visits	1,950
201512	43,377	Outpatient Hospital	\$2,683,821	\$0	Visits	1,984
201601	44,297	Outpatient Hospital	\$2,304,953	\$0	Visits	1,786
201602	44,642	Outpatient Hospital	\$2,693,656	\$0	Visits	1,876
201603	44,852	Outpatient Hospital	\$2,554,333	\$0	Visits	2,082
201604	44,745	Outpatient Hospital	\$2,544,973	\$0	Visits	2,004
201605	44,584	Outpatient Hospital	\$2,885,746	\$0	Visits	2,026
201606	44,519	Outpatient Hospital	\$2,863,401	\$0	Visits	2,028
201607	44,235	Outpatient Hospital	\$2,644,441	\$0	Visits	1,845
201608	43,933	Outpatient Hospital	\$2,878,552	\$0	Visits	2,045
201609	43,584	Outpatient Hospital	\$2,358,911	\$0	Visits	1,854
201610	43,338	Outpatient Hospital	\$2,598,791	\$0	Visits	1,953
201611	43,046	Outpatient Hospital	\$2,688,938	\$0	Visits	1,867
201612	42,186	Outpatient Hospital	\$2,454,942	\$0	Visits	1,816
201701	41,362	Outpatient Hospital	\$2,235,672	\$0	Visits	1,790
201702	40,960	Outpatient Hospital	\$2,385,646	\$0	Visits	1,717
201703	40,733	Outpatient Hospital	\$2,795,540	\$0	Visits	1,936
201704	40,448	Outpatient Hospital	\$2,881,181	\$0	Visits	1,894
201705	40,383	Outpatient Hospital	\$2,904,226	\$0	Visits	1,902
201706	40,116	Outpatient Hospital	\$2,776,562	\$0	Visits	1,875
201707	39,855	Outpatient Hospital	\$2,427,494	\$0	Visits	1,791
201708	39,736	Outpatient Hospital	\$2,683,937	\$0	Visits	1,995
201709	39,764	Outpatient Hospital	\$2,255,192	\$0	Visits	1,784
201710	39,827	Outpatient Hospital	\$2,820,020	\$0	Visits	2,042
201711	39,597	Outpatient Hospital	\$2,629,819	\$0	Visits	1,972
201712	39,346	Outpatient Hospital	\$2,533,487	\$0	Visits	1,958
201801	39,818	Outpatient Hospital	\$2,894,719	\$0	Visits	2,201
201802	39,872	Outpatient Hospital	\$2,506,693	\$0	Visits	2,084

### Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201501	42,745	Professional	\$4,552,446	\$0	Visits	30,485
201502	42,643	Professional	\$4,098,969	\$0	Visits	27,925
201503	43,554	Professional	\$4,744,083	\$0	Visits	31,714
201504	43,584	Professional	\$4,719,887	\$0	Visits	32,618
201505	43,448	Professional	\$4,516,031	\$0	Visits	30,887
201506	43,358	Professional	\$4,850,632	\$0	Visits	32,983
201507	43,067	Professional	\$4,643,092	\$0	Visits	31,534
201508	42,904	Professional	\$4,570,762	\$0	Visits	30,357
201509	42,870	Professional	\$4,717,809	\$0	Visits	31,820
201510	42,801	Professional	\$5,078,063	\$0	Visits	35,099
201511	42,898	Professional	\$4,890,488	\$0	Visits	31,526
201512	43,377	Professional	\$5,040,940	\$0	Visits	33,484
201601	44,297	Professional	\$4,425,964	\$0	Visits	28,911
201602	44,642	Professional	\$4,721,021	\$0	Visits	31,935
201603	44,852	Professional	\$5,307,452	\$0	Visits	35,818
201604	44,745	Professional	\$4,941,599	\$0	Visits	33,381
201605	44,584	Professional	\$4,995,763	\$0	Visits	32,676
201606	44,519	Professional	\$5,235,076	\$0	Visits	33,552
201607	44,235	Professional	\$4,525,005	\$0	Visits	30,180
201608	43,933	Professional	\$5,248,099	\$0	Visits	33,957
201609	43,584	Professional	\$4,890,248	\$0	Visits	32,173
201610	43,338	Professional	\$4,865,014	\$0	Visits	33,494
201611	43,046	Professional	\$4,809,516	\$0	Visits	32,347
201612	42,186	Professional	\$4,595,966	\$0	Visits	30,635
201701	41,362	Professional	\$4,833,263	\$0	Visits	30,902
201702	40,960	Professional	\$4,561,384	\$0	Visits	29,606
201703	40,733	Professional	\$5,075,827	\$0	Visits	33,301
201704	40,448	Professional	\$4,493,223	\$0	Visits	29,115
201705	40,383	Professional	\$5,001,335	\$0	Visits	32,265
201706	40,116	Professional	\$4,957,902	\$0	Visits	31,470
201707	39,855	Professional	\$4,595,327	\$0	Visits	29,073
201708	39,736	Professional	\$5,130,131	\$0	Visits	32,677
201709	39,764	Professional	\$4,958,102	\$0	Visits	30,785
201710	39,827	Professional	\$5,290,973	\$0	Visits	34,466
201711	39,597	Professional	\$4,994,298	\$0	Visits	32,335
201712	39,346	Professional	\$4,714,367	\$0	Visits	29,588
201801	39,818	Professional	\$5,632,033	\$0	Visits	36,240
201802	39,872	Professional	\$6,707,656	\$0	Visits	46,782

### Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201501	42,745	Other Medical	\$613,340	\$0	Services	3,560
201502	42,643	Other Medical	\$557,824	\$0	Services	3,429
201503	43,554	Other Medical	\$602,808	\$0	Services	4,018
201504	43,584	Other Medical	\$677,613	\$0	Services	4,307
201505	43,448	Other Medical	\$585,717	\$0	Services	3,734
201506	43,358	Other Medical	\$736,416	\$0	Services	4,421
201507	43,067	Other Medical	\$735,792	\$0	Services	4,177
201508	42,904	Other Medical	\$708,084	\$0	Services	4,645
201509	42,870	Other Medical	\$741,630	\$0	Services	3,754
201510	42,801	Other Medical	\$811,694	\$0	Services	4,228
201511	42,898	Other Medical	\$749,554	\$0	Services	4,027
201512	43,377	Other Medical	\$949,104	\$0	Services	4,607
201601	44,297	Other Medical	\$619,923	\$0	Services	3,862
201602	44,642	Other Medical	\$717,310	\$0	Services	4,233
201603	44,852	Other Medical	\$856,250	\$0	Services	5,062
201604	44,745	Other Medical	\$723,544	\$0	Services	4,412
201605	44,584	Other Medical	\$817,965	\$0	Services	4,274
201606	44,519	Other Medical	\$843,674	\$0	Services	4,867
201607	44,235	Other Medical	\$742,598	\$0	Services	4,391
201608	43,933	Other Medical	\$756,836	\$0	Services	5,282
201609	43,584	Other Medical	\$753,833	\$0	Services	3,729
201610	43,338	Other Medical	\$696,934	\$0	Services	4,015
201611	43,046	Other Medical	\$744,396	\$0	Services	3,676
201612	42,186	Other Medical	\$853,130	\$0	Services	3,727
201701	41,362	Other Medical	\$625,176	\$0	Services	3,386
201702	40,960	Other Medical	\$710,971	\$0	Services	3,437
201703	40,733	Other Medical	\$823,759	\$0	Services	3,745
201704	40,448	Other Medical	\$731,952	\$0	Services	3,623
201705	40,383	Other Medical	\$742,246	\$0	Services	3,429
201706	40,116	Other Medical	\$747,528	\$0	Services	3,594
201707	39,855	Other Medical	\$753,119	\$0	Services	3,342
201708	39,736	Other Medical	\$820,296	\$0	Services	4,545
201709	39,764	Other Medical	\$751,014	\$0	Services	3,674
201710	39,827	Other Medical	\$877,618	\$0	Services	4,232
201711	39,597	Other Medical	\$780,976	\$0	Services	4,050
201712	39,346	Other Medical	\$786,919	\$0	Services	4,103
201801	39,818	Other Medical	\$918,701	\$0	Services	4,041
201802	39,872	Other Medical	\$931,352	\$0	Services	5,362

### Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201501	42,745	Prescription Drug	\$3,573,330	\$661,235	Scripts	29,034
201502	42,643	Prescription Drug	\$3,295,046	\$649,814	Scripts	26,356
201503	43,554	Prescription Drug	\$3,764,216	\$652,076	Scripts	29,454
201504	43,584	Prescription Drug	\$3,776,172	\$629,528	Scripts	28,682
201505	43,448	Prescription Drug	\$3,714,419	\$608,371	Scripts	28,488
201506	43,358	Prescription Drug	\$3,934,881	\$590,502	Scripts	28,798
201507	43,067	Prescription Drug	\$4,089,924	\$568,278	Scripts	28,897
201508	42,904	Prescription Drug	\$3,993,740	\$454,997	Scripts	27,835
201509	42,870	Prescription Drug	\$3,773,892	\$428,852	Scripts	27,990
201510	42,801	Prescription Drug	\$3,869,620	\$427,420	Scripts	29,045
201511	42,898	Prescription Drug	\$3,979,592	\$429,117	Scripts	27,697
201512	43,377	Prescription Drug	\$4,563,454	\$432,419	Scripts	30,590
201601	44,297	Prescription Drug	\$3,568,382	\$569,654	Scripts	27,213
201602	44,642	Prescription Drug	\$4,095,671	\$572,941	Scripts	27,691
201603	44,852	Prescription Drug	\$4,677,482	\$573,297	Scripts	30,181
201604	44,745	Prescription Drug	\$4,487,669	\$613,258	Scripts	28,468
201605	44,584	Prescription Drug	\$4,243,435	\$611,329	Scripts	28,479
201606	44,519	Prescription Drug	\$4,596,817	\$609,189	Scripts	28,683
201607	44,235	Prescription Drug	\$4,110,342	\$561,629	Scripts	26,876
201608	43,933	Prescription Drug	\$4,271,326	\$558,859	Scripts	28,381
201609	43,584	Prescription Drug	\$4,027,359	\$555,635	Scripts	26,326
201610	43,338	Prescription Drug	\$4,044,580	\$522,376	Scripts	26,988
201611	43,046	Prescription Drug	\$4,037,572	\$521,804	Scripts	27,284
201612	42,186	Prescription Drug	\$3,979,586	\$515,657	Scripts	27,626
201701	41,362	Prescription Drug	\$3,873,959	\$595,091	Scripts	26,472
201702	40,960	Prescription Drug	\$3,875,778	\$590,266	Scripts	24,697
201703	40,733	Prescription Drug	\$4,529,439	\$587,489	Scripts	27,495
201704	40,448	Prescription Drug	\$3,897,332	\$641,415	Scripts	25,040
201705	40,383	Prescription Drug	\$4,507,093	\$640,765	Scripts	26,847
201706	40,116	Prescription Drug	\$4,588,065	\$638,501	Scripts	25,722
201707	39,855	Prescription Drug	\$4,114,186	\$642,465	Scripts	24,679
201708	39,736	Prescription Drug	\$4,509,754	\$640,747	Scripts	25,905
201709	39,764	Prescription Drug	\$4,241,971	\$641,209	Scripts	24,291
201710	39,827	Prescription Drug	\$4,397,637	\$612,799	Scripts	26,103
201711	39,597	Prescription Drug	\$4,253,270	\$609,681	Scripts	25,750
201712	39,346	Prescription Drug	\$4,281,213	\$605,629	Scripts	25,565
201801	39,818	Prescription Drug	\$4,580,796		Scripts	27,284
201802	39,872	Prescription Drug	\$4,438,122		Scripts	25,121

### Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201501	42,745	Capitations	\$55,210	\$0	Benefit Period	42,745
201502	42,643	Capitations	\$55,083	\$0	Benefit Period	42,643
201503	43,554	Capitations	\$57,154	\$0	Benefit Period	43,554
201504	43,584	Capitations	\$57,316	\$0	Benefit Period	43,584
201505	43,448	Capitations	\$57,100	\$0	Benefit Period	43,448
201506	43,358	Capitations	\$56,997	\$0	Benefit Period	43,358
201507	43,067	Capitations	\$56,498	\$0	Benefit Period	43,067
201508	42,904	Capitations	\$56,293	\$0	Benefit Period	42,904
201509	42,870	Capitations	\$56,176	\$0	Benefit Period	42,870
201510	42,801	Capitations	\$55,946	\$0	Benefit Period	42,801
201511	42,898	Capitations	\$55,892	\$0	Benefit Period	42,898
201512	43,377	Capitations	\$56,284	\$0	Benefit Period	43,377
201601	44,297	Capitations	\$53,534	\$0	Benefit Period	44,297
201602	44,642	Capitations	\$54,089	\$0	Benefit Period	44,642
201603	44,852	Capitations	\$54,714	\$0	Benefit Period	44,852
201604	44,745	Capitations	\$54,505	\$0	Benefit Period	44,745
201605	44,584	Capitations	\$54,331	\$0	Benefit Period	44,584
201606	44,519	Capitations	\$54,144	\$0	Benefit Period	44,519
201607	44,235	Capitations	\$53,793	\$0	Benefit Period	44,235
201608	43,933	Capitations	\$53,346	\$0	Benefit Period	43,933
201609	43,584	Capitations	\$52,973	\$0	Benefit Period	43,584
201610	43,338	Capitations	\$52,632	\$0	Benefit Period	43,338
201611	43,046	Capitations	\$52,133	\$0	Benefit Period	43,046
201612	42,186	Capitations	\$50,950	\$0	Benefit Period	42,186
201701	41,362	Capitations	\$45,392	\$0	Benefit Period	41,362
201702	40,960	Capitations	\$44,667	\$0	Benefit Period	40,960
201703	40,733	Capitations	\$44,283	\$0	Benefit Period	40,733
201704	40,448	Capitations	\$43,769	\$0	Benefit Period	40,448
201705	40,383	Capitations	\$43,514	\$0	Benefit Period	40,383
201706	40,116	Capitations	\$43,111	\$0	Benefit Period	40,116
201707	39,855	Capitations	\$42,692	\$0	Benefit Period	39,855
201708	39,736	Capitations	\$42,463	\$0	Benefit Period	39,736
201709	39,764	Capitations	\$42,357	\$0	Benefit Period	39,764
201710	39,827	Capitations	\$42,253	\$0	Benefit Period	39,827
201711	39,597	Capitations	\$41,869	\$0	Benefit Period	39,597
201712	39,346	Capitations	\$41,497	\$0	Benefit Period	39,346
201801	39,818	Capitations	\$26,915	\$0	Benefit Period	39,818
201802	39,872	Capitations	\$26,856	\$0	Benefit Period	39,872

### Appendix - Total Experience

Month	Members	Contracts	Ultimate Allowed	Drug Rebates	Post-Rx Rebate Ultimate Allowed	Ultimate Incurred	Premium	Loss Ratio
201501	42,745	27,855	\$13,681,482	\$661,235	\$13,020,247	\$10,336,700	\$15,835,568	65.3%
201502	42,643	27,809	\$12,643,997	\$649,814	\$11,994,183	\$9,769,909	\$16,006,509	61.0%
201503	43,554	28,679	\$14,404,363	\$652,076	\$13,752,287	\$11,395,243	\$14,770,987	77.1%
201504	43,584	28,751	\$13,980,331	\$629,528	\$13,350,803	\$11,080,494	\$16,279,907	68.1%
201505	43,448	28,618	\$13,622,598	\$608,371	\$13,014,227	\$10,881,080	\$16,252,176	67.0%
201506	43,358	28,518	\$14,187,289	\$590,502	\$13,596,787	\$11,448,444	\$16,289,942	70.3%
201507	43,067	28,337	\$14,381,261	\$568,278	\$13,812,983	\$11,734,595	\$16,230,610	72.3%
201508	42,904	28,184	\$14,676,183	\$454,997	\$14,221,186	\$12,204,525	\$16,231,381	75.2%
201509	42,870	28,193	\$13,853,644	\$428,852	\$13,424,792	\$11,441,301	\$16,332,159	70.1%
201510	42,801	28,136	\$14,902,158	\$427,420	\$14,474,737	\$12,392,961	\$16,346,902	75.8%
201511	42,898	28,173	\$14,921,169	\$429,117	\$14,492,052	\$12,484,054	\$16,462,927	75.8%
201512	43,377	28,440	\$16,135,278	\$432,419	\$15,702,859	\$13,296,815	\$16,862,313	78.9%
201601	44,297	29,097	\$13,297,208	\$569,654	\$12,727,553	\$10,195,655	\$17,312,872	58.9%
201602	44,642	29,431	\$14,849,696	\$572,941	\$14,276,755	\$11,744,898	\$17,238,325	68.1%
201603	44,852	29,682	\$16,123,290	\$573,297	\$15,549,993	\$12,921,180	\$17,194,758	75.1%
201604	44,745	29,599	\$15,376,921	\$613,258	\$14,763,663	\$12,439,523	\$17,127,625	72.6%
201605	44,584	29,441	\$15,214,582	\$611,329	\$14,603,253	\$12,393,221	\$17,010,369	72.9%
201606	44,519	29,367	\$15,918,787	\$609,189	\$15,309,599	\$13,002,538	\$17,003,738	76.5%
201607	44,235	29,147	\$14,380,246	\$561,629	\$13,818,618	\$11,819,937	\$16,847,886	70.2%
201608	43,933	28,911	\$15,517,255	\$558,859	\$14,958,396	\$12,764,286	\$16,686,161	76.5%
201609	43,584	28,613	\$14,537,578	\$555,635	\$13,981,943	\$11,961,685	\$16,588,859	72.1%
201610	43,338	28,403	\$14,831,585	\$522,376	\$14,309,209	\$12,272,635	\$16,450,482	74.6%
201611	43,046	28,180	\$15,231,774	\$521,804	\$14,709,970	\$12,711,708	\$16,456,994	77.2%
201612	42,186	27,650	\$14,341,721	\$515,657	\$13,826,064	\$11,500,824	\$16,136,251	71.3%
201701	41,362	26,983	\$15,004,699	\$595,091	\$14,409,608	\$11,864,274	\$16,529,404	71.8%
201702	40,960	26,681	\$13,533,112	\$590,266	\$12,942,846	\$10,715,897	\$16,373,083	65.4%
201703	40,733	26,498	\$16,348,892	\$587,489	\$15,761,403	\$13,348,614	\$16,325,138	81.8%
201704	40,448	26,275	\$14,174,002	\$641,415	\$13,532,587	\$11,519,988	\$16,285,125	70.7%
201705	40,383	26,205	\$15,330,396	\$640,765	\$14,689,632	\$12,550,596	\$16,260,063	77.2%
201706	40,116	25,975	\$15,995,557	\$638,501	\$15,357,056	\$13,264,105	\$16,224,489	81.8%
201707	39,855	25,733	\$14,412,087	\$642,465	\$13,769,621	\$11,816,179	\$16,182,763	73.0%
201708	39,736	25,607	\$16,301,317	\$640,747	\$15,660,570	\$13,600,905	\$16,207,702	83.9%
201709	39,764	25,542	\$14,910,908	\$641,209	\$14,269,699	\$12,379,691	\$16,228,031	76.3%
201710	39,827	25,549	\$15,426,956	\$612,799	\$14,814,157	\$12,755,379	\$16,316,119	78.2%
201711	39,597	25,409	\$14,323,509	\$609,681	\$13,713,829	\$11,692,665	\$16,346,030	71.5%
201712	39,346	25,177	\$14,691,745	\$605,629	\$14,086,116	\$11,813,625	\$16,509,955	71.6%
201801	39,818	25,624	\$16,583,788		\$16,583,788	\$13,658,754	\$16,997,211	80.4%
201802	39,872	25,653	\$15,665,398		\$15,665,398	\$12,567,232	\$17,251,770	72.8%



**RATE FILING REQUIREMENTS INDIVIDUAL AND SMALL GROUP PLANS SOLD ON DC HEALTH LINK  
CHECK-LIST**

INSTRUCTIONS: Include all required elements in the table below with the filed rates. The data elements listed in the Actuarial Memorandum should be consistent with the cover letter, if applicable.

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
1	Purpose of Filing	State the purpose of the filing. Identify the applicable law. List the proposed changes to the base rates and rating factors, and provide a general summary.	Yes	Please see the "Actuarial Memo Cover Letter" PDF document in SERFF
2	Form Numbers	Form numbers should be listed in the actuarial memorandum.	Yes	Appendix - Form Numbers_IND
3	HIOS Product ID	The HIOS product ID should be listed in the actuarial memorandum.	Yes	Exhibit 11 - Plan Adjusted_IND
4	Effective Date	The requested effective date of the rate change. For filings effective 1/1/2017 and later, follow filing due date requirements.	Yes	Please see the "Actuarial Memo Cover Letter" PDF document in SERFF
5	Market	Indicate whether the products are sold in the individual or small employer group market.	Yes	Please see the "Actuarial Memo Cover Letter" PDF document in SERFF
6	Status of Forms	Indicate whether the forms are open to new sales, closed, or a mixture of both, and whether the forms are grandfathered, non-grandfathered, or a mixture of both.	Yes	Appendix - Form Numbers_IND
7	Benefits/Metal level(s)	Include a basic description of the benefits of the forms referenced in the filing and the metal level of each plan design.	Yes	Exhibit 11 - Plan Adjusted_IND
7.1	AV Value	Provide the actuarial value of each plan design using the AV calculator developed and made available by HHS.	Yes	See the PDF file "AV Screen Shots" in SERFF
8	Average Rate Increase Requested	The weighted average rate increase being requested, incremental and year-over-year renewal. The weights should be based on premium volume. <b>In the small group market, please also provide weighted average rate increase requested for 2016Q1 over 2015Q1; etc.</b>	Yes	Appendix - Rate Change_IND
9	Maximum Rate Increase Requested	The maximum rate increase that could be applied to a policyholder based on changes to the base rate and rating factors, incremental and year-over-year renewal. (Does not include changes in the demographics of the covered members.)	Yes	Appendix - Rate Change_IND

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
10	Minimum Rate Increase Requested	The minimum rate increase that could be applied to a policyholder based on changes to the base rate and rating factors, incremental and year-over-year renewal. (Does not include changes in the demographics of the covered members.)	Yes	Appendix - Rate Change_IND
11	Absolute Maximum Premium Increase	The absolute maximum year-over-year renewal rate increase that could be applied to a policyholder, including demographic changes such as aging.	Yes	Appendix - Max Renewal_IND
12	Average Renewal Rate Increase for a Year	Calculate the average renewal rate increase, weighted by written premium, for renewals in the year ending with the effective period of the rate filing. The calculation must be performed for each HIOS product ID.	Yes	Appendix - Rate Change_IND
13	Rate Change History	Rate change history of the forms referenced in the filing. If nationwide experience is used in developing the rates, provide separately the rate history for District of Columbia and the nationwide average rate history.	Yes	Appendix - Rate Change_IND
14	Exposure	Current number of policies, certificates and covered lives.	Yes	Appendix - Rate Change_IND
15	Member Months	Number of members in force during each month of the base experience period used in the rate development and in each of the two preceding twelve-month periods.	Yes	Appendix - Total Experience
16	Past Experience	Provide monthly earned premium and incurred claims for the base experience period used in the rate development and each of the two preceding twelve-month periods.	Yes	Appendix - Total Experience
17	Index Rate	Provide the index rate.	Yes	Exhibit 1 - Summary_IND
17.1	Rate Development	Show base experience used to develop rates and all adjustments and assumptions applied to arrive at the requested rates. For less than fully credible blocks, disclose the source of the base experience data used in the rate development and discuss the appropriateness of the data for pricing the policies in the filing.	Yes	Appendix - Total Experience
18	Credibility Assumption	If the experience of the policies included in the filing is not fully credible, state and provide support for the credibility formula used in the rate development.	No	Not applicable

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
19	Trend Assumption	Show trend assumptions by major types of service as defined by HHS in the Part I Preliminary Justification template, separately by unit cost, utilization, and in total. Provide the development of the trend assumptions.	Yes	Exhibit 8 - Trend
20	Cost-Sharing Changes	Disclose any changes in cost sharing for the plans between the base experience period for rating and the requested effective date. Show how the experience has been adjusted for cost-sharing changes in the rate development. Provide support for the estimated cost impact of the cost-sharing changes.	No	Not applicable
21	Benefit Changes	Disclose any changes in covered benefits for the plans between the base experience period for rating and the requested effective date. Show how the experience has been adjusted for changes in covered benefits in the rate development. Provide support for the estimated cost impact of the benefit changes.	Yes	Exhibit 7 - Other Adjustments
22	Plan Relativities	For rate change filings, if the rate change is not uniform for all plan designs, provide support for all requested rate changes by plan design. Disclose the minimum, maximum, and average impact of the changes on policyholders.  For initial filings, provide the derivation of any new plan factors.	Yes	Appendix - Rate Change_IND
23	Rating Factors	Provide the age and other rating factors used. Disclose any changes to rating factors, and the minimum, maximum, and average impact on policyholders. Provide support for any changes.	Yes	Exhibit 14 - Age Slope
23.1	Wellness Programs	Describe any wellness programs (as defined in section 2705(j) of the PHS Act) included in this filing.	No	Not applicable
24	Distribution of Rate Increases	Anticipated distribution of rate increases due to changes in base rates, plan relativities, and rating factors. This need not include changes in demographics of the individual or group.	Yes	Appendix - Rate Change_IND
25	Claim Reserve Needs	Provide the claims for the base experience period separately for paid claims, and estimated incurred claims (including claim reserve). Indicate the incurred period used for the base period. Indicate the paid-through date of the paid claims, and provide a basic description of the reserving methodology for claims reserves and contract reserves, if any. Provide margins used, if any.	Yes	Appendix - Total Experience

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
26	Administrative Costs of Programs that Improve Health Care Quality	Show the amount of administrative costs included with claims in the numerator of the MLR calculation . Show that the amount is consistent with the most recently filed Supplemental Health Care Exhibit or provide support for the difference.	Yes	Exhibit10A - DICR_IND and Exhibit 10B - Fed MLR_IND
27	Taxes and Licensing or Regulatory Fees	Show the amount of taxes, licenses, and fees subtracted from premium in the denominator of your medical loss ratio calculation(c). Show that the amount is consistent with the most recently filed Supplemental Health Care Exhibit or provide support for the difference.	Yes	Exhibit10A - DICR_IND and Exhibit 10B - Fed MLR_IND
28	Medical Loss Ratio (MLR)	Demonstrate that the projected loss ratio, including the requested rate change, meets the minimum MLR. Show the premium, claims, and adjustments separately with the development of the projected premium and projected claims (if not provided in the rate development section). If the loss ratio falls below the minimum for the subset of policy forms in the filing, show that when combined with all other policy forms in the market segment in District of Columbia, the loss ratio meets the minimum.	Yes	Exhibit10A - DICR_IND and Exhibit 10B - Fed MLR_IND
29	Risk Adjustment	Provide rate information relating to the Risk Adjustment program. Information should include assumed Risk Adjustment user fees, Risk Adjustment PMPM excluding user fees and assumed distribution of enrollment by risk score, plan, and geographical area. Provide support for the assumptions, including any demographic changes. Provide information/study on the development of risk scores and Risk Adjustment PMPM. Provide previous year-end estimated risk adjustment payable or receivable amount and quantitative support for the amount.	Yes	Exhibit 9 - Risk Adjustment_IND
30	Past and Prospective Loss Experience Within and Outside the State	Indicate whether loss experience within or outside the state was used in the development of proposed rates. Provide an explanation for using loss experience within or outside the state.	Yes	Please see the "Actuarial Memo Cover Letter" PDF document in SERFF

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
31	A Reasonable Margin for Reserve Needs	Show the assumed Margin for Reserve Needs used in the development of proposed rates. Margin for Reserve Needs includes factors that reflect assumed contributions to the company's surplus or the assumed profit margin. Demonstrate how this assumption was derived, how the assumption has changed from prior filings, and provide support for changes. If the assumption for Qualified Health Plans exceeds 3% as assumed in the risk corridor formula, justify the excess in light of the company's surplus position.	Yes	Exhibit10A - DICR_IND and Exhibit 10B - Fed MLR_IND
32	Past and Prospective Expenses	Indicate the expense assumptions used in the development of proposed rates. Demonstrate how this assumption was derived. Show how this assumption has changed from prior filings, and provide support for any change.  Provide the assumed administrative costs in the following categories: <ul style="list-style-type: none"> <li>• Salaries, wages, employment taxes, and other employee benefits</li> <li>• Commissions</li> <li>• Taxes, licenses, and other regulatory fees</li> <li>• Cost containment programs / quality improvement activities</li> <li>• All other administrative expenses</li> <li>• Total</li> </ul>	Yes	Exhibit10A - DICR_IND and Exhibit 10B - Fed MLR_IND
33	Any Other Relevant Factors Within and Outside the State	Show any other relevant factors that have been considered in the development of the proposed rates. Demonstrate how any related assumptions were derived. Show how these assumptions have changed from prior filings, and provide support for any change.	Yes	Actuarial Memorandum
34	Other	Any other information needed to support the requested rates or to comply with Actuarial Standard of Practice No. 8.	Yes	Actuarial Memorandum
35	Actuarial Certification	Signed and dated certification by a qualified actuary that the anticipated loss ratio meets the minimum requirement, the rates are reasonable in relation to benefits, the filing complies with the laws and regulations of the District of Columbia and all applicable Actuarial Standards of Practice, including ASOP No. 8, and that the rates are not unfairly discriminatory.	Yes	Actuarial Certification is included in the Actuarial Memorandum

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
36	Part I Preliminary Justification (Grandfathered Plan Filings)	Rate Summary Worksheet --- Provide this document with all Grandfathered plan filings. <b>Provide in Excel and PDF format.</b>	No	This is not a Grandfathered Filing, so a PRJ is not provided
36.1	Unified Rate Review Template (Non-Grandfathered Filings)	Unified Rate Review Template as specified in the proposed Federal Rate Review regulation. Provide this document with all Non-Grandfathered plan filings. <b>Provide in Excel and PDF format.</b>	Yes	See the URRT included as a separate document in SERFF
37	Part II Preliminary Justification	Written description justifying the rate increase as specified by 45 CFR § 154.215(f). Provide for <i>all</i> individual and small employer group filings (whether or not they are “subject to review” as defined by HHS).	Yes	See the Part II included as a separate document in SERFF
38	DISB Actuarial Memorandum Dataset	Summarizes data elements contained in Actuarial Memorandum. Provide this document with all Non- Grandfathered plan filings. <b>Provide in Excel format only.</b>	Yes	See the Dataset included as a separate document in SERFF
39	District of Columbia Plain Language Summary	Similar to the Part II Preliminary Justification, this is a written description of the rate increase as specified by 45 CFR § 154.215, but as a simple and brief narrative describing the data and assumptions that were used to develop the proposed rates. Provide this document for all individual and small employer group filings.	Yes	See the Plain Language Summary included as a separate document in SERFF
40	Summary of Components for Requested Rate Change	DISB will require that issuers provide a chart listing a) any and all components of requested rate changes from the prior year; b) a quick summary/explanation of the change; and c) the actual percentage impact of the change for each component, such that the total for all components listed equals the total percentage change requested for the plan year.	Yes	See the file "Index & Plan Comparison" included as a separate document in SERFF

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

**CERTIFYING SIGNATURE**

The undersigned representative of the organization submitting this rate filing attests that all items contained in the above checklist have been included in the filing to the best of the company's ability.

Joshua R. Phelps  


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(Print Name)

Joshua R. Phelps Digitally signed by Joshua R. Phelps  
Date: 2018.06.01 10:43:18 -04'00'  


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(Signature)

## **CAREFIRST BLUECROSS BLUESHIELD**

### **PART III ACTUARIAL MEMORANDUM**

Please note that the numbering below is consistent with the numbering in the 2019 Unified Rate Review Instructions.

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

**4.2 GENERAL INFORMATION:**

**Company Legal Name:** CareFirst BlueChoice, Inc. (CFBC) - NAIC # 96202

**State:** District of Columbia

**HIOS Issuer ID:** 86052

**Market:** Individual, Non-Medigap On Exchange

**Effective Date:** 1/1/19 – 12/31/19

**Company Filing Number:** 2254

**Primary Contact Name:** Mr. Joshua R. Phelps, ASA, CERA, MAAA

**Primary Contact Telephone Number:** 410-998-7477.

**Primary Contact E-Mail Address:** Joshua.Phelps@CareFirst.com.

**4.3 PROPOSED RATE INCREASE(S):** Base rates are changing 9.5% on average, prior to the rating effects of a change in the member's age. The range is 7.2% to 15.5%. This filing applies to all new and renewing, in-force business in the guaranteed renewable, non-grandfathered, ACA, metaled benefit plans. The number of policyholders affected by this rate change is 3,185.

**Reason for Rate Increase(s):** The main drivers supporting the rate increase are the assumed increases in allowed costs (8.1% assumed annual trend), removal of the Health Insurer Fee in 2019, and the assumed projected risk adjustment factor. For a more complete discussion of the risk adjustment factor methodology, please see 4.4.7, subsection 'Projected Risk Adjustment PMPM' below.

**4.4 MARKET EXPERIENCE:**

**4.4.1 - EXPERIENCE PERIOD PREMIUM AND CLAIMS:** The incurred period is 1/1/17 through 12/31/17, as required.

**Paid Through Date:** 2/28/18

**Premiums (prior to MLR rebates) in Experience Period:** \$195,787,904 (merged)

**Estimated MLR rebates in Experience Period:** \$0

**Allowed Claims from Experience Period:** \$173,007,122 (merged)

**Paid Claims from Experience Period:** \$147,321,917 (merged)

**Estimates of Incurred but not Paid claims:** These were estimated the same way for both paid and allowed claims. Estimates were derived using an internal "chain and ladder" model which is used in monthly reserving and is based on the most recent 36 months to derive the completion factor and IBNR for each incurred month.

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

**4.4.3 - PROJECTION FACTORS:**



**Changes in the Morbidity of the Population Insured:** In developing our 2019 rates, CareFirst has projected the expected change of the single risk pool from 2017 to 2019. Our starting point for this projection are allowed claims by member from the base period normalized for age, gender, induced demand and network as specified in the URRT instructions on page 55. The numbers described above produce the morbidity factor that is displayed in Exhibit 4. We do not expect a large change in the morbidity of the combined pool for 2019.

**Changes in Benefits:** Exhibit 5 in the Memorandum details our support to this adjustment to account for anticipated changes in the average utilization of services due to differences in average cost-sharing requirements between the experience and projection periods.

**Changes in Demographics:** Exhibit 6 in the Memorandum contains support for our adjustment due to the anticipated change in the average age of this population between the experience and projection periods.

**Other Adjustments:** We are proposing additional other adjustments for changes to our capitation fees, drug rebates and a formulary change. See Exhibit 7 in the Memorandum for details supporting these adjustments.

**Trend Factors (Cost/Utilization):** Exhibit 8 of the Memorandum contains our selected annual utilization and unit cost trends by service category. Unit cost and utilization trends were set by service category based on observed trend patterns to produce the overall anticipated trend. We have chosen to apply the same 8.1% pricing trend (the same as last year's 2018 approved pricing trend). We observed 24 months of data that produced rolling-12 month trends, from Jan. 2016 through Dec. 2017. We observed both Medical, Drug and the Combined rolling-12 trends. The rolling-12 Drug trend increased in 2017, from approximately 6% to 11.5%. Medical trends are increasing, on a rolling-12 basis, going from 1.5% in Dec. 2016 to 9.5% on Dec. 2017. The combined rolling-12 trend is also increasing, from 3% in Dec. 2016 to 10% in Dec. 2017. After we observed the data we completed a regression analysis normalized for age, induced demand and network. We use the regression as a directional tool to inform our trend selection, not as a point estimate of future trends. The regression produces a rolling-12 combined trend of 8.5% for Dec. 2017. When the regression is applied through the rating period it produces a trend of 7.3%, as of Dec. 2019. Given the end of year regressed trend and the projected trend we believe our pricing trend of 8.1% to be reasonable.

**4.4.4 - CREDIBILITY MANUAL RATE DEVELOPMENT:** Not applicable, as experience was determined to be fully credible.

**4.4.5 - CREDIBILITY OF EXPERIENCE:** Exhibit 2 in the Memorandum contains a summary of our base period experience, including member months. We have assigned full credibility to this experience.

**4.4.6 - PAID TO ALLOWED RATIO:** See Exhibit 10A in the Memorandum for the projected ratio of paid to allowed claims.

#### **4.4.7 - RISK ADJUSTMENT AND REINSURANCE:**

**Experience Period Risk Adjustment and Reinsurance Adjustment PMPM:** The estimates of the experience period Risk Adjustment transfers in the URRT are based on a multi-carrier analysis by Wakely Consulting Group. Reinsurance is no longer applicable since the Federal reinsurance program ended in 2016.

#### **Projected Risk Adjustment PMPM:**

Our projected 2019 risk adjustment transfers, found in Exhibit 9, have been calculated consistent with our membership and morbidity projections found elsewhere in this filing. Further, given CareFirst's market size, we have assumed the relationship of the state average to CareFirst in 2017 remains mostly unchanged in 2019, which yields a final liability similar to that incurred in the base experience.

**Projected ACA Reinsurance Recoveries Net of Reinsurance Premium:** No longer applicable.

**4.4.8 - NON-BENEFIT EXPENSES AND CONTRIBUTION TO RESERVE (CtR) & RISK:** The 2019 “desired incurred claims ratio” (DICR) is 78.3%.

**Administrative Expense Load:** See Exhibit 10A in the Memorandum for the assumed PMPMs (including Broker Commissions & Fees).

**Contribution to Reserve & Risk Margin:** See Exhibit 10A in the Memorandum.

**Taxes and Fees:** See Exhibit 10A in the Memorandum for the assumed values of the following additional items.

- 1) Premium Tax/Community Health Investment
- 2) Federal Income Tax (FIT)
- 3) State Assessment Fee
- 4) Health Insurer Tax – Fee was removed for 2019
- 5) PCORI
- 6) Risk Adjustment User Fee

**4.5 PROJECTED LOSS RATIO:** See Exhibit 10B in the Memorandum for a demonstration of our compliance with meeting the 80.0% minimum of the “Public Health Service Act” (PHSA) 218.

**4.6 APPLICATION OF MARKET REFORM RATING RULES:**

**4.6.1 - 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).

**4.6.2 - INDEX RATE:** The base period allowed PMPM, including the split between EHB & Non-EHBs can be found in Exhibit 1 in the Memorandum.

The projected index rate is also included in Exhibit 1 and projected Non-EHBs are included in Exhibit 3.

The non-EHBs in both the base and projection periods reflect coverage for abortion services and adult vision.

**4.6.3 - MARKET ADJUSTED INDEX RATE:** See Exhibit 1 in the Memorandum for the application of these factors. Exhibit 9 contains more detail behind the Risk Adjustment Program Market Level Adjustment.

**4.6.4 - PLAN ADJUSTED INDEX RATES:** There is a “cost-share” factor derived from our internal pricing AV model. An induced utilization factor is also applied and includes only a metal level induced demand factor. There is 1 type of network factor: Open Access. Cost-Share factors, induced utilization factors, and Non-EHBs vary by plan. The catastrophic factor has been developed from the experience of the catastrophic population and is applied only to the catastrophic plan as required. All other factors applied to the Market Adjusted Index Rate are the same across all plans.

**4.6.5 - CALIBRATION:** Calibration has been completed for age, but we have elected not to rate for tobacco usage or geographic rating.

**Age Curve Calibration –** We have calibrated to the rounded weighted average age which was determined as the age for the factor nearest our projected average factor.

**4.6.6 - CONSUMER ADJUSTED PREMIUM RATE DEVELOPMENT:** Rate charts are provided for all the consumer adjusted premiums.

**4.7 PLAN PRODUCT INFORMATION:**

**4.7.1 - HHS ACTUARIAL METAL VALUES (AV):** The majority of our 2019 plans include varying cost share levels for some services that depend on the setting in which care is delivered. The HHS AV calculator was used to compute two separate AVs for each impacted plan – one which applied the higher level of cost-share, and one which applied the lower. The results were blended assuming 81% of the designated services are rendered in higher cost-share setting and the remaining 19% at the lower, consistent with 2017 experience for our small group and Individual markets. Plans without these features used the AV calculator without modification.

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

**4.7.2 - AV PRICING VALUES:** The breakdown of the AV Pricing values is shown in Exhibit 11 of the Memorandum.

**4.7.3 - MEMBERSHIP PROJECTIONS:** The distribution of projected enrollment is based on actual enrollment by plan as of 2/28/18. Total projected enrollment is consistent with our corporate plan.

**4.7.4 - TERMINATED PLANS AND PRODUCTS:** See the Exhibit Appendix – HIOS ID Mappings in the Memorandum.

**4.7.5 - PLAN TYPE:** HMO

**4.7.6 - WARNING ALERTS:** Several warning alerts are triggered through Section III on Worksheet 2. This is because Worksheet 1 is based on the combined Individual/Small Group experience per the DC HBX Carrier Manual, while Worksheet 2 includes only the Individual plans. Therefore, because of Small Group being included at the pool level but not on the plan level, there is a much larger difference than the 10% which triggers a warning alert.

#### **4.8 MISCELLANEOUS INSTRUCTIONS:**

**4.8.1 – EFFECTIVE RATE REVIEW INFORMATION (OPTIONAL):** We have no additional exhibits.

**4.8.2 – RELIANCE:** Not applicable.

**4.8.3 – ACTUARIAL CERTIFICATION:** Included in the Memorandum.

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

**Rate Filing # 2254  
D.C. Individual Products  
Rate Filing Effective 1/1/2019**

**Actuarial Memorandum**

**BlueChoice Inc.**  
**(NAIC # 96202)**  
**H.R. 3950 - Public Law 111-148 - Patient Protection and Affordable Care Act (ACA)**  
**D.C. Individual Products**  
**Rate Filing Effective 1/1/2019**  
**Actuarial Certification**

I, Joshua R. Phelps, am a(n) Assistant Actuary with CareFirst BlueChoice doing business as CareFirst BlueCross BlueShield. I am a member of the American Academy of Actuaries (AAA) in good standing and have the education and experience necessary to perform the work. Rates were developed in accordance with the appropriate Actuarial Standards of Practice (ASOPs) and the AAA's Code of Professional Conduct. While other ASOPs apply, a sample listing is below.

- i. ASOP No. 5, Incurred Health and Disability Claims
- ii. ASOP No. 8, Regulatory Filings for Health Plan Entities
- iii. ASOP No. 12, Risk Classification
- iv. ASOP No. 23, Data Quality
- v. ASOP No. 25, Credibility Procedures Applicable to Accident and Health, Group Term Life, and Property/Casualty Coverages
- vi. ASOP No. 26, Compliance with Statutory and Regulatory Requirements for the Actuarial Certification of Small Employer Health and Benefit Plans
- vii. ASOP No. 41, Actuarial Communications
- viii. ASOP No. 50, Determining Minimum Value and Actuarial Value under the Affordable Care Act

I have been involved in the development of these rates, and to the best of my knowledge and understanding, the rates in this filing I further certify the following:

1. The projected Index Rate is:
  - a. In compliance with all applicable state and Federal statutes and regulations (45 CFR 156.80 and 147.102)
  - b. Developed in compliance with the applicable Actuarial Standards of Practice
  - c. Reasonable in relation to the benefits provided and the population anticipated to be covered.
  - d. Neither excessive nor deficient.
  
2. The Index Rate and only the allowable modifiers as described in 45 CFR § 156.80(d)(1) and 45 CFR § 156.80(d)(2) were used to generate plan level rates. These rates have been calibrated to account for age (geography and tobacco are not applicable).
  
3. 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 2019 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.

**Joshua R.  
Phelps**

Digitally signed by Joshua R.  
Phelps  
Date: 2018.06.01 10:42:36  
-04'00'

Joshua R. Phelps, ASA, MAAA, CERA  
Assistant Actuary  
CareFirst BlueCross BlueShield  
Mail Drop-Point 01-720  
10455 Mill Run Circle  
Owings Mills, MD 21117

### Exhibit 1 - Market Adjusted Index Rate Summary

		2019	Exhibit
(1)	Base Period Total Allowed	\$ 358.84	2
(2)	Base Period Non-EHB PMPM	\$ 2.07	2
(3)	Experience Period Index Rate	\$ 356.77	
(4)	Change in Morbidity	0.9875	4
(5)	Additional Population Adjustment	1.0000	
(6)	Induced Demand	1.0038	5
(7)	Projection Period Utilization and Network Adjustment	1.0000	
(8)	Demographic Adjustment	0.9888	6
(9)	Area Adjustment	1.0000	
(10)	Additional "Other" Adjustments	1.0004	7
(11)	Annualized Trend	8.1%	8
(12)	Months of Trend	24.0	
(13)	Unit cost & Utilization/1,000 Trend Factor	1.1678	
(14)	Projection Period Index Rate	\$ 408.55	
(15)	Risk Adjustment Program	1.2854	9
(16)	Federal Exchange User Fee	1.0000	
(17)	Market Adjusted Index Rate	\$ 525.13	
	Without Risk Adjustment	\$ 408.55	

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

## Exhibit 2 - Base Period Experience

Service Category	Incurred	Allowed	Allowed PMPM	Utilization Description	Utilization per 1,000	Average Cost/Service
Inpatient Hospital	\$ 29,779,135		\$ 61.77	Admits	48.68	\$ 15,224.51
Outpatient Hospital	\$ 31,328,775		\$ 64.98	Visits	563.90	\$ 1,382.80
Professional	\$ 58,606,131		\$ 121.56	Visits	9,348.15	\$ 156.04
Other Medical	\$ 9,151,574		\$ 18.98	Services	1,124.02	\$ 202.65
Capitation	\$ 517,867		\$ 1.07	Benefit Period	1,000	\$ 12.89
Prescription Drug	\$ 43,623,641		\$ 90.48	Prescriptions	7,680.12	\$ 141.38
<b>Total (EHB &amp; Non-EHB)</b>	<b>\$ 173,007,122</b>		<b>\$ 358.84</b>			
<b>EHB Allowed</b>	<b>\$ 172,008,748</b>		<b>\$ 356.77</b>			
<b>Non-EHB Allowed</b>	<b>\$ 998,374</b>		<b>\$ 2.07</b>			
<b>Incurred Net</b>	<b>\$ 147,321,917</b>		<b>\$ 305.57</b>			
<b>Net/Allowed</b>			<b>85.15%</b>			
<b>Experience Period Member Months</b>			<b>482,127</b>			

**Exhibit 3 - Non-EHB Adjustment**

<b>HIOS Plan ID</b>	<b>Plan Name</b>	<b>Exchange</b>	<b>2019 Index Rate</b>	<b>2019 Non-EHB PMPM</b>	<b>2019 Non-EHB Adjustment</b>
86052DC0400001	BlueChoice HMO Standard Silver \$3,500	On	\$408.55	\$2.68	1.007
86052DC0400002	BlueChoice HMO Standard Gold \$500	On	\$408.55	\$2.27	1.006
86052DC0400004	BlueChoice HMO Young Adult \$7,900	On	\$408.55	\$5.02	1.012
86052DC0400007	BlueChoice HMO Standard Bronze \$6,650	On	\$408.55	\$2.90	1.007
86052DC0400008	BlueChoice HMO Standard Platinum \$0	On	\$408.55	\$2.09	1.005
86052DC0400010	BlueChoice HMO HSA Standard Bronze \$6,200	On	\$408.55	\$3.01	1.007
86052DC0400011	BlueChoice HMO HSA Gold \$1,500	On	\$408.55	\$2.41	1.006



Exhibit 4 - Morbidity Adjustment Factor

Base Year (2017)

2017 SRP Allowed PMPM	ACA Member Months	2017 Allowed PMPM	Normalized Allowed PMPM
Subtotal	482,120	\$ 373.13	\$ 211.84

Current Year YTD (2018)

Existing	2018 Existing from 2017	ACA Member Count	Trend Factor	Normalized Allowed PMPM
Catastrophic		468	1.00	\$ 78.76
Bronze		2,597	1.00	\$ 102.09
Silver		8,261	1.00	\$ 195.00
Gold		12,459	1.00	\$ 220.94
Platinum		11,910	1.00	\$ 236.68

New	New to 2018	ACA Member Count	Trend Factor	Normalized Allowed PMPM
Catastrophic		200	1.00	\$ 78.76
Bronze		502	1.00	\$ 102.09
Silver		538	1.00	\$ 195.00
Gold		831	1.00	\$ 220.94
Platinum		539	1.00	\$ 236.68

Transfer	2016 Transfer from Other SBU	ACA Member Count	Trend Factor	Normalized Allowed PMPM
Catastrophic		67	1.00	\$ 88.44
Bronze		370	1.00	\$ 118.48
Silver		303	1.00	\$ 279.73
Gold		557	1.00	\$ 250.75
Platinum		198	1.00	\$ 225.10

2018 YTD SRP Total	ACA Member Count	Trend Factor	Normalized Allowed PMPM
Catastrophic	735	1.00	\$ 79.64
Bronze	3,469	1.00	\$ 103.84
Silver	9,102	1.00	\$ 197.82
Gold	13,847	1.00	\$ 222.14
Platinum	12,647	1.00	\$ 236.50

Current Year (2018)\*

2018 Existing	ACA Member Months	Normalized Allowed PMPM
Catastrophic	5,587	\$ 79.64
Bronze	29,061	\$ 104.38
Silver	84,436	\$ 197.58
Gold	130,604	\$ 220.44
Platinum	119,687	\$ 235.55

New to 2018	ACA Member Months	Normalized Allowed PMPM
Catastrophic	863	\$ 78.76
Bronze	3,235	\$ 99.15
Silver	5,896	\$ 195.37
Gold	8,126	\$ 229.09
Platinum	7,268	\$ 241.45

2018 SRP Total	ACA Member Months	Normalized Allowed PMPM
Catastrophic	6,450	\$ 79.52
Bronze	32,296	\$ 103.86
Silver	90,331	\$ 197.44
Gold	138,730	\$ 220.95
Platinum	126,956	\$ 235.89

Projected Year (2019)

2019 Existing	ACA Member Months	Normalized Allowed PMPM
Catastrophic	5,336	\$ 79.52
Bronze	31,259	\$ 104.93
Silver	100,831	\$ 197.18
Gold	158,899	\$ 219.04
Platinum	146,022	\$ 234.76

New to 2019	ACA Member Months	Normalized Allowed PMPM
Catastrophic	825	\$ 78.76
Bronze	3,295	\$ 99.88
Silver	6,821	\$ 195.24
Gold	9,769	\$ 225.83
Platinum	8,806	\$ 239.48

2019 SRP Total	ACA Member Months	Normalized Allowed PMPM
Catastrophic	6,161	\$ 79.42
Bronze	34,553	\$ 104.45
Silver	107,651	\$ 197.05
Gold	168,668	\$ 219.43
Platinum	154,828	\$ 235.03

	Total Normalized PMPM	Trends
2017	\$ 211.84	
2018	\$ 208.48	-1.59%
2019	\$ 209.20	-1.25%

Adjustment for Change in Morbidity\*\* 0.9875

\*Amounts in this column represent the remainder of the current year (i.e. following 201802)

\*\*Applied to all service categories except capitations

### Exhibit 5 - Induced Utilization Adjustment Factor

Year	Actuarial Value	Induced Demand Factor	
(1) 2017	80.22%	1.0815	
(2) Projected 2019	80.81%	1.0857	
(3) <b>Adjustment*</b>		<b>1.0038</b>	(2)/(1)

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

### Exhibit 6 - Demographic Adjustment

	Period	Cohort	Demo Factor*	Weight	Average Age**
(1)	Base Period	All	1.643	100.0%	34.0
(2)	Rating Period	Existing	1.638	90.0%	
		New	1.424	6.3%	
		Transfer	1.638	3.7%	
(3)	Rating Period	All	1.624	100.0%	33.6
(4)	<b>Demographic Adjustment***</b>	<b>All</b>	<b>0.989</b>		

(3) / (1)

**\*Demo factors by cohort for the rating period are determined using the average factor for each cohort (and metal level) from the current month and projecting forward for the remainder of the current and projection years using enrollment projections for those time periods separately (i.e. the prior year's total factor becomes the existing factor in the next year and factors for new are assumed unchanged from the current month, transfers are assumed equal to existing). Weights are based on expected distribution of member months.**

**\*\*Average ages are member weighted**

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

**Exhibit 7 - Factors for Additional "Other" Adjustments**

<b>Capitation adjustment</b>			
(1)	EP Capitation PMPM	\$	0.92
(2)	Projected Capitulations PMPM	\$	0.46
(3)	<b>Adjustment to Capitation Category</b>		<b>0.4984</b> (2)/(1)
<b>Drug Rebates adjustment</b>			
(4)	Experience Period Allowed Rx PMPM (Pre-Rebate)	\$	105.93
(5)	Experience Pharmacy Rebates PMPM	\$	(15.44)
(6)	Projected Pharmacy Rebates PMPM	\$	(10.79)
(7)	Post-Rebate Rx PMPM (using Experience Rebates)	\$	90.48
(8)	Post-Rebate Rx PMPM (using Projected Rebates)	\$	95.14
(9)	<b>Adjustment to Drug Category</b>		<b>1.0515</b> (8)/(7)
<b>Formulary Adjustments</b>			
(10)	Experience Period Allowed Rx PMPM (Pre-Rebate, existing formulary)	\$	105.93
(11)	Ingredient cost adjustment factor		0.961
(12)	Experience Period Allowed Rx PMPM (Pre-Rebate, new formulary)	\$	101.79 (10)*(11)
(13)	Projection Period Pharmacy Rebates PMPM	\$	(10.79)
(14)	<b>Adjustment to Drug Category</b>		<b>0.9566</b> [(12) + (13)]/[(10) + (13)]

	<b>PMPM</b>	<b>Adjustment</b>
Inpatient Hospital	\$ 71.84	1.000
Outpatient Hospital	\$ 72.54	1.000
Professional	\$ 132.51	1.000
Other Medical	\$ 21.09	1.000
Capitation	\$ 0.92	0.498
Prescription Drug	\$ 109.47	1.006
<b>Total</b>	<b>\$ 408.37</b>	<b>1.000</b>

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

### Exhibit 8 - Annual Trend Assumptions

	2017 PMPM	Weight	Utilization/1,000	Unit Cost	Composite
<b>Inpatient Hospital</b>	\$ 61.77	17%	1.0000	1.0900	1.090
<b>Outpatient Hospital</b>	\$ 64.98	18%	1.0600	1.0100	1.071
<b>Professional</b>	\$ 121.56	34%	1.0400	1.0200	1.061
<b>Other Medical</b>	\$ 18.98	5%	1.0000	1.0650	1.065
<b>Capitation</b>	\$ 1.07	0%	1.0000	1.0000	1.000
<b>Prescription Drug</b>	\$ 90.48	25%	1.0100	1.1000	1.111
<b>Total</b>	\$ 358.84	100%			1.080
 <b>Proposed Trend</b>					 <b>1.081</b>

**Exhibit 9 - Risk Adjustment**

**2017**

Metallic Tier	Member Months	Distribution	PLRS	ARF	Transfer \$	PMPM
Catastrophic	8,942	12.5%	0.292	0.735	-\$1	\$0.00
Bronze	23,856	33.5%	0.641	1.148	-\$3,297,478	-\$138.23
Silver	21,657	30.4%	1.047	1.124	-\$1,687,005	-\$77.90
Gold	10,186	14.3%	1.440	1.068	-\$33,358	-\$3.27
Platinum	6,637	9.3%	2.224	1.007	\$1,364,606	\$205.60
Total	71,279	100%	0.982	1.064	-\$3,653,235	-\$51.25

**Statewide 2017**

**Statewide PMPM 2017**

Catastrophic	9,298		0.292	0.735	\$ -	\$ -	\$ 96.28
Individual Non-Catastrophic	204,156		1.296	1.084	\$ -	\$ 365.63	\$ 365.63

**2019**

Metallic Tier	Member Months	Distribution	PLRS	ARF	Transfer \$	PMPM
Catastrophic	6,161	14%	0.292	0.722	\$0	\$0.00
Bronze	17,577	41%	0.654	1.099	-\$2,336,150	-\$132.91
Silver	10,812	25%	1.082	1.057	-\$735,037	-\$67.98
Gold	5,230	12%	1.494	0.960	\$111,463	\$21.31
Platinum	2,741	6%	2.221	1.155	\$234,578	\$85.59
Total	42,521	100%	0.915	1.020	-\$2,725,147	-\$64.09

**Statewide 2019**

**Statewide PMPM 2019**

Catastrophic	6,405		0.292	0.722	\$ -	\$ -	\$ 91.09
Individual Non-Catastrophic	165,830		1.340	1.032	\$ -	\$ -	\$ 345.89

**Adjustment Factor applied to Market Adjusted Index Rate**

Projected Index Rate	Projected Transfer PMPM (Allowed basis)	Risk Adjustment User Fee	Adjustment Factor*
\$408.55	-\$116.44	\$0.14	1.285

\*Adjustment Factor = (\$408.55 - \$-116.44+ \$0.14) / \$408.55

**Exhibit 10A - Desired Incurred Claims Ratio**

	<b>2019</b>	
	<b>PMPM</b>	<b>% of Revenue</b>
<b>Allowed Claims</b>	\$ 347.61	
<b>Paid/Allowed Ratio</b>	65.1%	
<b>Paid Claims &amp; Capitations</b>	\$ 226.39	
<b>Risk Adjustment Transfer (Paid Basis)</b>	\$ (64.09)	
<b>Paid Claims &amp; Capitations (Post-Risk Adj)</b>	\$ 290.48	78.3%
<b>Administrative Expense</b>	\$ 58.75	15.8%
<b>Broker Commissions &amp; Fee</b>	\$ 2.40	0.6%
<b>Contribution to Reserve (Post-Tax)</b>	\$ 5.94	1.6%
<b>Investment Income Credit</b>	\$ (0.00)	-0.0001%
<b><u>Non-ACA Taxes &amp; Fees</u></b>		
<b>State Premium Tax</b>	\$ 7.42	2.0%
<b>State Assessment Fee</b>	\$ 0.43	0.1%
<b>State Income Tax</b>	\$ -	0.0%
<b>Federal Income Tax</b>	\$ 1.48	0.4%
<b><u>ACA Taxes &amp; Fees</u></b>		
<b>Health Insurer Tax</b>	\$ -	0.0%
<b>Risk Adjustment User Fee</b>	\$ 0.14	0.0%
<b>Exchange Assessment Fee</b>	\$ 3.71	1.0%
<b>Federal Exchange User Fee</b>	\$ -	0.0%
<b>PCORI Tax</b>	\$ 0.21	0.1%
<b>BlueRewards/Incentive Program</b>	\$ -	0.0%
<b>Total Revenue</b>	\$ 370.94	100.0%
<b>Plan Level Admin Load Adjustment</b>	1.2764	
<b>Projected Member Months</b>	42,521	
<b>Average Members</b>	3,543	
<b>% Total 2019</b>	100.0%	

## Exhibit 10B - Federal MLR

	Total 2019 PMPM / %
<b><u>Traditional MLR Development</u></b>	
Paid Claims & Capitations (Post-Risk Adj) \$	290.48
Total Revenue \$	370.94
<hr/>	
Traditional MLR (i.e. DICR)	78.3%
<b><u>Federal MLR Development</u></b>	
<b>Numerator Adjustments</b>	
BlueRewards/Incentive Program \$	-
Quality Improvement Expenses \$	3.85
Removal of non-care costs under MLR guidelines \$	(8.25)
<b>Denominator Adjustments</b>	
Non-ACA Taxes & Fees \$	9.33
ACA Taxes & Fees \$	4.06
Federal MLR Numerator \$	286.08
Federal MLR Denominator \$	357.56
<hr/>	
Federal MLR	80.0%
Projected Member Months	42,521



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

	<b>Total 2019 PMPM / %</b>
<b><u>Traditional MLR Development</u></b>	
Paid Claims & Capitations (Post-Risk Adj) \$	361.41
<u>Total Revenue \$</u>	<u>474.66</u>
<b>Traditional MLR (i.e. DICR)</b>	<b>76.1%</b>
<b><u>Federal MLR Development</u></b>	
<b>Numerator Adjustments</b>	
BlueRewards/Incentive Program \$	0.31
Quality Improvement Expenses \$	3.48
Removal of non-care costs under MLR guidelines \$	(5.45)
<b>Denominator Adjustments</b>	
Non-ACA Taxes & Fees \$	11.94
ACA Taxes & Fees \$	13.01
<b>Federal MLR Numerator \$</b>	<b>359.75</b>
<b>Federal MLR Denominator \$</b>	<b>449.71</b>
<b>Federal MLR</b>	<b>80.0%</b>
<b>Projected Member Months</b>	<b>471,861</b>

**Exhibit 11 - Plan Adjusted Index Rates**

HIOS Plan ID	Plan Name	Plan Type	Metallic Tier	Exchange	Network	Market Adjusted Index Rate	Internal Pricing AV	Network Factor	Induced Utilization	Non-EHB	Catastrophic Adjustment	Admin	Plan Adjusted Index Rate
86052DC0400001	BlueChoice HMO Standard Silver \$3,500	HMO	Silver	On	Open Access	525.13	0.647	0.958	0.9527	1.007	1.000	1.276	398.34
86052DC0400002	BlueChoice HMO Standard Gold \$500	HMO	Gold	On	Open Access	525.13	0.826	0.958	0.9960	1.006	1.000	1.276	531.09
86052DC0400004	BlueChoice HMO Young Adult \$7,900	HMO	Catastrophic	On	Open Access	525.13	0.541	0.958	0.9220	1.012	0.508	1.276	164.75
86052DC0400007	BlueChoice HMO Standard Bronze \$6,650	HMO	Bronze	On	Open Access	525.13	0.589	0.958	0.9220	1.007	1.000	1.276	351.10
86052DC0400008	BlueChoice HMO Standard Platinum \$0	HMO	Platinum	On	Open Access	525.13	0.913	0.958	1.0600	1.005	1.000	1.276	624.81
86052DC0400010	BlueChoice HMO HSA Standard Bronze \$6,200	HMO	Bronze	On	Open Access	525.13	0.555	0.958	0.9220	1.007	1.000	1.276	331.15
86052DC0400011	BlueChoice HMO HSA Gold \$1,500	HMO	Gold	On	Open Access	525.13	0.739	0.958	0.9960	1.006	1.000	1.276	475.66

### Exhibit 12 - AV Values

HIOS Plan ID	Suffix	HIOS Plan Name	HHS AV
86052DC0400001	01	BlueChoice HMO Standard Silver \$3,500	0.719
86052DC0400001	02	BlueChoice HMO Standard Silver \$3,500 Zero	1.000
86052DC0400001	03	BlueChoice HMO Standard Silver \$3,500 Limited	0.719
86052DC0400001	04	BlueChoice HMO Standard Silver \$3,500 73% CSR	0.739
86052DC0400001	05	BlueChoice HMO Standard Silver \$3,500 87% CSR	0.870
86052DC0400001	06	BlueChoice HMO Standard Silver \$3,500 94% CSR	0.936
86052DC0400002	01	BlueChoice HMO Standard Gold \$500	0.819
86052DC0400002	02	BlueChoice HMO Standard Gold \$500 Zero	1.000
86052DC0400002	03	BlueChoice HMO Standard Gold \$500 Limited	0.819
86052DC0400004	01	BlueChoice HMO Young Adult \$7,900	0.611
86052DC0400007	01	BlueChoice HMO Standard Bronze \$6,650	0.648
86052DC0400007	02	BlueChoice HMO Standard Bronze \$6,650 Zero	1.000
86052DC0400007	03	BlueChoice HMO Standard Bronze \$6,650 Limited	0.648
86052DC0400008	01	BlueChoice HMO Standard Platinum \$0	0.889
86052DC0400008	02	BlueChoice HMO Standard Platinum \$0 Zero	1.000
86052DC0400008	03	BlueChoice HMO Standard Platinum \$0 Limited	0.889
86052DC0400010	01	BlueChoice HMO HSA Standard Bronze \$6,200	0.618
86052DC0400010	02	BlueChoice HMO HSA Standard Bronze \$6,200 Zero	1.000
86052DC0400010	03	BlueChoice HMO HSA Standard Bronze \$6,200 Limited	0.618
86052DC0400011	01	BlueChoice HMO HSA Gold \$1,500	0.780
86052DC0400011	02	BlueChoice HMO HSA Gold \$1,500 Zero	1.000
86052DC0400011	03	BlueChoice HMO HSA Gold \$1,500 Limited	0.780

### Exhibit 13 - Age Calibration

Age Curve Calibration					
	Period	Cohort	Rating Factor*	Weight	Average Age**
(1)	Rating Period	Existing	1.039	90.0%	
		New	0.930	6.3%	
		Transfer	1.039	3.7%	
(2)	<b>Rating Period</b>	<b>All</b>	<b>1.032</b>	<b>100.0%</b>	<b>41.5</b>
(3)	<b>Nearest Rounded</b>	<b>All</b>	<b>1.013</b>		<b>41.0</b>
(4)	<b>Calibration***</b>	<b>All</b>	<b>0.981</b>		

(3)/(2)

Premium Rate Demonstration	
	HIOS Plan Name <span style="float: right;">BlueChoice HMO Standard Silver \$3,500</span>
(5)	Plan Adjusted Index Rate <span style="float: right;">\$398.34</span>
(6)	Calibration <span style="float: right;">0.981</span>
(7)	Calibrated Rate <span style="float: right;">\$390.87</span>
(8)	Age 40 Factor/Rounded Avg Age Factor = (0.975/1.013) <span style="float: right;">0.962</span>
(9)	<b>Age 40 Premium Rate</b> <span style="float: right;"><b>\$376.21</b></span>

(4)

(5)\*(6)

(7)\*(8)

**\*Rating factors by cohort for the rating period are determined using the average factor for each cohort (and metal level) from the current month and projecting forward for the remainder of the current and projection years using enrollment projections for those time periods separately (i.e. the prior year's total factor becomes the existing factor in the next year and factors for new are assumed unchanged from the current month, transfers are assumed equal to existing). Weights are based on expected distribution of member months.**

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

**\*\*\*Applied uniformly to all plans**

## Exhibit 14 - Age Factors

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

**Exhibit 15 - Induced Utilization Factors**

	<b>Projected Member Months</b>	<b>Relative to HSA/HRA</b>	<b>Relative to Average</b>
<b>CDH/Non-CDH</b>			
HSA/HRA	118,350	1.000	1.000
Non-CDH	353,511	1.000	1.000
	<b>471,861</b>	<b>1.000</b>	

<b>Full HIOS Plan ID</b>	<b>Base HIOS Plan ID</b>	<b>Plan Name</b>	<b>Metal Level</b>	<b>Relative to Bronze</b>	<b>Projected Member Months</b>	<b>Relative to Average (Pool)</b>	<b>Relative to Average (CSR)</b>
86052DC040000101	86052DC0400001	BlueChoice HMO Standard Silver \$3,500	Silver	1.030	10,159	0.950	0.9527
86052DC040000102	86052DC0400001	BlueChoice HMO Standard Silver \$3,500 Zero	Silver	1.030	-	0.950	0.9527
86052DC040000103	86052DC0400001	BlueChoice HMO Standard Silver \$3,500 Limited	Silver	1.030	-	0.950	0.9527
86052DC040000104	86052DC0400001	BlueChoice HMO Standard Silver \$3,500 73% CSR	Silver	1.030	386	0.950	0.9527
86052DC040000105	86052DC0400001	BlueChoice HMO Standard Silver \$3,500 87% CSR	Silver	1.150	126	1.060	0.9527
86052DC040000106	86052DC0400001	BlueChoice HMO Standard Silver \$3,500 94% CSR	Silver	1.150	142	1.060	0.9527
86052DC040000201	86052DC0400002	BlueChoice HMO Standard Gold \$500	Gold	1.080	4,518	0.996	0.9960
86052DC040000202	86052DC0400002	BlueChoice HMO Standard Gold \$500 Zero	Gold	1.080	-	0.996	0.9960
86052DC040000203	86052DC0400002	BlueChoice HMO Standard Gold \$500 Limited	Gold	1.080	-	0.996	0.9960
86052DC040000401	86052DC0400004	BlueChoice HMO Young Adult \$7,900	Catastrophic	1.000	6,161	0.922	0.9220
86052DC040000701	86052DC0400007	BlueChoice HMO Standard Bronze \$6,650	Bronze	1.000	10,058	0.922	0.9220
86052DC040000702	86052DC0400007	BlueChoice HMO Standard Bronze \$6,650 Zero	Bronze	1.000	-	0.922	0.9220
86052DC040000703	86052DC0400007	BlueChoice HMO Standard Bronze \$6,650 Limited	Bronze	1.000	-	0.922	0.9220
86052DC040000801	86052DC0400008	BlueChoice HMO Standard Platinum \$0	Platinum	1.150	2,741	1.060	1.0600
86052DC040000802	86052DC0400008	BlueChoice HMO Standard Platinum \$0 Zero	Platinum	1.150	-	1.060	1.0600
86052DC040000803	86052DC0400008	BlueChoice HMO Standard Platinum \$0 Limited	Platinum	1.150	-	1.060	1.0600
86052DC040001001	86052DC0400010	BlueChoice HMO HSA Standard Bronze \$6,200	Bronze	1.000	7,518	0.922	0.9220
86052DC040001002	86052DC0400010	BlueChoice HMO HSA Standard Bronze \$6,200 Zero	Bronze	1.000	-	0.922	0.9220
86052DC040001003	86052DC0400010	BlueChoice HMO HSA Standard Bronze \$6,200 Limited	Bronze	1.000	-	0.922	0.9220
86052DC040001101	86052DC0400011	BlueChoice HMO HSA Gold \$1,500	Gold	1.080	712	0.996	0.9960
86052DC040001102	86052DC0400011	BlueChoice HMO HSA Gold \$1,500 Zero	Gold	1.080	-	0.996	0.9960
86052DC040001103	86052DC0400011	BlueChoice HMO HSA Gold \$1,500 Limited	Gold	1.080	-	0.996	0.9960

### Appendix - Network Factors

Network Type	Proposed Products Using This Network	Description
Lock In / Referral	BlueChoice HMO Referral	Referrals needed for Specialist Care, No Out of Network Coverage.
Open Access	BlueChoice HMO	No Referrals needed for Specialist, No Out of Network Coverage.
Open Access Opt-Out	BlueChoice Plus Opt-Out	No Referrals needed for Specialist, Out of Network Benefits pay up to In Network allowance, Member may be balance billed.
Open Access Plus	BlueChoice Plus	No Referrals needed, Out of Network allowances pay up to Regional Preferred Network (RPN) allowance.
Open Access Advantage	BlueChoice Advantage	No Referrals needed, Out of Network allowance pay up to RPN allowance, Out of Area BlueCard considered In Network for cost-sharing.

Network Type	Projected Member Months	Relative to Lock In / Referral	Relative to Average
Lock In / Referral	49,430	1.000	0.912
Open Access	131,000	1.050	0.958
Open Access Opt-Out	45,724	1.064	0.970
Open Access Plus	71,501	1.078	0.983
Open Access Advantage	174,207	1.175	1.071
<b>Total</b>	<b>471,861</b>	<b>1.097</b>	

Factors are applied as plan level adjustments

**Appendix - Catastrophic Plans Adjustment**

**Step 1: Normalize Catastrophic PMPM - using Age, Induced Demand and AV**

	<b>Catastrophic</b>	<b>Non-Catastrophic</b>	<b>Total (single risk pool)</b>
Member Months	8,873	62,557	71,430
Distribution	12.4%	87.6%	
Completed Allowed	\$823,344	\$22,704,131	\$23,527,475
Allowed PMPM	\$92.79	\$362.94	\$329.38
ARF	0.739	1.126	1.078
IDF	1.000	1.041	1.036
AV	1.000	1.000	1.000
<b>Net Factor</b>	<b>0.739</b>	<b>1.172</b>	<b>1.118</b>
<b>Normalized Factor</b>	<b>1.513</b>	<b>0.954</b>	<b>1.000</b>
<b>Normalized PMPM</b>	<b>\$140.37</b>	<b>\$346.29</b>	<b>\$329.38</b>
<b>Method 1 Cat Factor</b>	<b>0.426</b>		

**Step 2: Apply Credibility to Normalized Catastrophic PMPM**

Age Normalized Cat PMPM	\$141.38
Member Months	8,873
Full Credibility (Member Months)	24,000
% Credible	60.8%
Cred-Adjusted Cat PMPM	\$221.69
<b>Method 2 Cat Factor</b>	<b>0.673</b>

**Step 3: Combine Methods 1 & 2 (weighting method 1 by 2/3, method 2 by 1/3)**

Cat Factor	<b>0.508</b>
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**Appendix - Experience Period to Rating Period Plan Mappings**

Exp. Period		Current Period		Rating Period	
2017 Base HIOS Plan ID	2017 HIOS Plan Name	2018 Base HIOS Plan ID	2018 HIOS Plan Name	2019 Base HIOS Plan ID	2019 HIOS Plan Name
86052DC0400001	BlueChoice HMO Standard Silver \$2,000	86052DC0400001	BlueChoice HMO Standard Silver \$3,500	86052DC0400001	BlueChoice HMO Standard Silver \$3,500
86052DC0400002	BlueChoice HMO Standard Gold \$500	86052DC0400002	BlueChoice HMO Standard Gold \$500	86052DC0400002	BlueChoice HMO Standard Gold \$500
86052DC0400004	BlueChoice HMO Young Adult \$7,150	86052DC0400004	BlueChoice HMO Young Adult \$7,350	86052DC0400004	BlueChoice HMO Young Adult \$7,900
86052DC0400007	BlueChoice HMO Standard Bronze \$5,000	86052DC0400007	BlueChoice HMO Standard Bronze \$6,000	86052DC0400007	BlueChoice HMO Standard Bronze \$6,650
86052DC0400008	BlueChoice HMO Standard Platinum \$0	86052DC0400008	BlueChoice HMO Standard Platinum \$0	86052DC0400008	BlueChoice HMO Standard Platinum \$0
		86052DC0400010	BlueChoice HMO HSA Standard Bronze \$6,200	86052DC0400010	BlueChoice HMO HSA Standard Bronze \$6,200
		86052DC0400011	BlueChoice HMO HSA Gold \$1,500	86052DC0400011	BlueChoice HMO HSA Gold \$1,500

Appendix - Annual Rate Change Based on Mapping

Base Rate	Catastrophic/Avg Renewal	735	557	8.8%
Base Rate	Bronze Members/Avg Renewal	2,097	1,589	11.3%
Base Rate	Silver Members/Avg Renewal	1,290	978	7.2%
Base Rate	Gold Members/Avg Renewal	624	473	8.8%
Base Rate	Platinum Members/Avg Renewal	327	248	9.8%
Base Rate	All Members/Avg Renewal	5,073	3,845	9.5%
Base Rate	Minimum Renewal			7.2%
Base Rate	Maximum Renewal			15.5%

2018 HIOS Plan ID	2018 HIOS Plan Name	2018 Metal Level	2018 Marketplace Indicator	2019 HIOS Plan ID	2019 HIOS Plan Name	2019 Metal Level	2019 Marketplace Indicator	Current Month Member Count	Projected 2018 EOY Members	2018 Base Rate	2019 Base Rate	Annual Rate Change
86052DC0400001	BlueChoice HMO Standard Silver \$3,500	Silver	On	86052DC0400001	BlueChoice HMO Standard Silver \$3,500	Silver	On	1,290	978	\$359.88	\$385.86	7.2%
86052DC0400002	BlueChoice HMO Standard Gold \$500	Gold	On	86052DC0400002	BlueChoice HMO Standard Gold \$500	Gold	On	539	409	\$474.49	\$514.44	8.4%
86052DC0400004	BlueChoice HMO Young Adult \$7,350	Catastrophic	On	86052DC0400004	BlueChoice HMO Young Adult \$7,900	Catastrophic	On	735	557	\$146.70	\$159.59	8.8%
86052DC0400007	BlueChoice HMO Standard Bronze \$6,000	Bronze	On	86052DC0400007	BlueChoice HMO Standard Bronze \$6,650	Bronze	On	1,200	910	\$314.18	\$340.09	8.2%
86052DC0400008	BlueChoice HMO Standard Platinum \$0	Platinum	On	86052DC0400008	BlueChoice HMO Standard Platinum \$0	Platinum	On	327	248	\$551.43	\$605.22	9.8%
86052DC0400010	BlueChoice HMO HSA Standard Bronze \$6,200	Bronze	On	86052DC0400010	BlueChoice HMO HSA Standard Bronze \$6,200	Bronze	On	897	680	\$277.77	\$320.77	15.5%
86052DC0400011	BlueChoice HMO HSA Gold \$1,500	Gold	On	86052DC0400011	BlueChoice HMO HSA Gold \$1,500	Gold	On	85	64	\$414.94	\$460.75	11.0%

### Appendix - Maximum Rate Renewal

	2018	2019	% Change
Base Rate	\$277.77	\$320.77	15.5%
Age Factor	0.654	0.727	11.2%
Geographic Factor	1.000	1.000	0.0%
Tobacco Factor	1.000	1.000	0.0%
<b>Total</b>	<b>\$181.66</b>	<b>\$233.20</b>	<b>28.4%</b>

	BlueChoice HMO HSA Standard	BlueChoice HMO HSA Standard
Base Rate/Product(s)	Bronze \$6,200	Bronze \$6,200
Age Change	20	21
Geo Change*	N/A	N/A
Tobacco Change**	N/A	N/A

\*we did not geo rate

\*\*we did not tobacco rate

Appendix - Federal Required \$1.00 minimum for abortion

HIOS Plan ID	Plan Name	Exchange	Minimum Charge	Lowest Age Factor	Base Premium	Age Calibration	Plan Adjusted Index Rate	Admin	Catastrophic Factor	Network Factor	Non-EHB	Induced Utilization	Benefit	Market Adjusted Index Rate	Exchange User Fee	Risk Adjustment Fee	Index Rate	\$1 Check	Final Rate, above \$1.00
86052DC0400001	BlueChoice HMO Standard Silver \$3,500	On	\$1.00	0.654	\$1.53	0.969	\$1.58	1.2764	1.0000	0.958	1.0000	0.9500	0.6469	\$2.10	1.00	1.29	\$1.63	\$1.00	\$1.63
86052DC0400002	BlueChoice HMO Standard Gold \$500	On	\$1.00	0.654	\$1.53	0.969	\$1.58	1.2764	1.0000	0.958	1.0000	0.9960	0.8258	\$1.57	1.00	1.29	\$1.22	\$1.00	\$1.22
86052DC0400004	BlueChoice HMO Young Adult \$7,900	On	\$1.00	0.654	\$1.53	0.969	\$1.58	1.2764	0.5085	0.958	1.0000	0.9220	0.5406	\$5.10	1.00	1.29	\$3.97	\$1.00	\$3.97
86052DC0400007	BlueChoice HMO Standard Bronze \$6,650	On	\$1.00	0.654	\$1.53	0.969	\$1.58	1.2764	1.0000	0.958	1.0000	0.9220	0.5889	\$2.38	1.00	1.29	\$1.85	\$1.00	\$1.85
86052DC0400008	BlueChoice HMO Standard Platinum \$0	On	\$1.00	0.654	\$1.53	0.969	\$1.58	1.2764	1.0000	0.958	1.0000	1.0600	0.9133	\$1.33	1.00	1.29	\$1.03	\$0.99	\$1.04
86052DC0400010	BlueChoice HMO HSA Standard Bronze \$6,200	On	\$1.00	0.654	\$1.53	0.969	\$1.58	1.2764	1.0000	0.958	1.0000	0.9220	0.5552	\$2.52	1.00	1.29	\$1.96	\$1.00	\$1.96
86052DC0400011	BlueChoice HMO HSA Gold \$1,500	On	\$1.00	0.654	\$1.53	0.969	\$1.58	1.2764	1.0000	0.958	1.0000	0.9960	0.7394	\$1.75	1.00	1.29	\$1.36	\$1.00	\$1.36

## Appendix - Form Numbers

### Form Numbers Associated With This Filing:

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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-13147773

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### ON-Exchange

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#### **BlueChoice HMO Standard Plans**

DC CFBC EXC HMO IEA (R 1/17)  
DC CFBC EXC HMO DOCS (1/17)  
DC/CFBC/EXC/HMO HSA STD/BRZ 6200 (1/19)  
DC/CFBC/EXC/HMO HSA/GOLD 1500 (1/19)  
DC/CFBC/EXC/HMO STD/BRZ 6650 (1/19)  
DC/CFBC/EXC/HMO STD/GOLD 500 (1/19)  
DC/CFBC/EXC/HMO STD/PLAT 0 (1/19)  
DC/CFBC/EXC/HMO STD/SIL 3500 (1/19)  
DC/CFBC/EXC/HMO STD/SIL 3500 A (1/19)  
DC/CFBC/EXC/HMO STD/SIL 3500 B (1/19)  
DC/CFBC/EXC/HMO STD/SIL 3500 C (1/19)  
DC/CFBC/EXC/HMO STD/NATAMER 0 (1/19)  
DC/CFBC/EXC/NATAMER (1/14)  
DC/CFBC/DOL APPEAL (R. 1/17)  
DC/CFBC/MEM/BLCRD (R. 6/18)  
DC/CFBC/EXC/2019 AMEND (1/19)  
DC/CFBC/PT PROTECT (9/10)

#### **BlueChoice HMO Young Adult**

DC CFBC EXC HMO IEA (R 1/17)  
DC CFBC EXC HMO DOCS (1/17)  
DC/CFBC/EXC/HMO/NATAMER SOB (1/19)  
DC/CFBC/EXC/HMO/ YA 7900 SOB (1/19)  
DC/CFBC/EXC/NATAMER (1/19)  
DC/CFBC/EXC/NATAMER (1/14)  
DC/CFBC/DOL APPEAL (R. 1/17)  
DC/CFBC/MEM/BLCRD (R. 6/18)  
DC/CFBC/EXC/2019 AMEND (1/19)  
DC/CFBC/PT PROTECT (9/10)

### Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201501	42,745	Inpatient Hospital	\$2,513,842	\$0	Admits	196
201502	42,643	Inpatient Hospital	\$2,194,453	\$0	Admits	170
201503	43,554	Inpatient Hospital	\$2,518,003	\$0	Admits	189
201504	43,584	Inpatient Hospital	\$2,207,315	\$0	Admits	171
201505	43,448	Inpatient Hospital	\$2,144,119	\$0	Admits	155
201506	43,358	Inpatient Hospital	\$1,920,699	\$0	Admits	157
201507	43,067	Inpatient Hospital	\$2,402,285	\$0	Admits	185
201508	42,904	Inpatient Hospital	\$2,657,173	\$0	Admits	215
201509	42,870	Inpatient Hospital	\$2,090,840	\$0	Admits	197
201510	42,801	Inpatient Hospital	\$2,582,610	\$0	Admits	171
201511	42,898	Inpatient Hospital	\$2,819,747	\$0	Admits	161
201512	43,377	Inpatient Hospital	\$2,841,675	\$0	Admits	184
201601	44,297	Inpatient Hospital	\$2,324,451	\$0	Admits	162
201602	44,642	Inpatient Hospital	\$2,567,948	\$0	Admits	176
201603	44,852	Inpatient Hospital	\$2,673,058	\$0	Admits	213
201604	44,745	Inpatient Hospital	\$2,624,631	\$0	Admits	167
201605	44,584	Inpatient Hospital	\$2,217,341	\$0	Admits	166
201606	44,519	Inpatient Hospital	\$2,325,675	\$0	Admits	176
201607	44,235	Inpatient Hospital	\$2,304,068	\$0	Admits	169
201608	43,933	Inpatient Hospital	\$2,309,095	\$0	Admits	188
201609	43,584	Inpatient Hospital	\$2,454,253	\$0	Admits	196
201610	43,338	Inpatient Hospital	\$2,573,634	\$0	Admits	189
201611	43,046	Inpatient Hospital	\$2,899,218	\$0	Admits	165
201612	42,186	Inpatient Hospital	\$2,407,148	\$0	Admits	171
201701	41,362	Inpatient Hospital	\$3,391,236	\$0	Admits	191
201702	40,960	Inpatient Hospital	\$1,954,666	\$0	Admits	145
201703	40,733	Inpatient Hospital	\$3,080,044	\$0	Admits	151
201704	40,448	Inpatient Hospital	\$2,126,545	\$0	Admits	126
201705	40,383	Inpatient Hospital	\$2,131,982	\$0	Admits	122
201706	40,116	Inpatient Hospital	\$2,882,390	\$0	Admits	206
201707	39,855	Inpatient Hospital	\$2,479,268	\$0	Admits	189
201708	39,736	Inpatient Hospital	\$3,114,736	\$0	Admits	173
201709	39,764	Inpatient Hospital	\$2,662,273	\$0	Admits	174
201710	39,827	Inpatient Hospital	\$1,998,455	\$0	Admits	188
201711	39,597	Inpatient Hospital	\$1,623,278	\$0	Admits	119
201712	39,346	Inpatient Hospital	\$2,334,262	\$0	Admits	172
201801	39,818	Inpatient Hospital	\$2,530,624	\$0	Admits	211
201802	39,872	Inpatient Hospital	\$1,054,719	\$0	Admits	104

### Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201501	42,745	Outpatient Hospital	\$2,373,314	\$0	Visits	1,820
201502	42,643	Outpatient Hospital	\$2,442,621	\$0	Visits	1,715
201503	43,554	Outpatient Hospital	\$2,718,098	\$0	Visits	1,992
201504	43,584	Outpatient Hospital	\$2,542,028	\$0	Visits	1,958
201505	43,448	Outpatient Hospital	\$2,605,213	\$0	Visits	1,995
201506	43,358	Outpatient Hospital	\$2,687,665	\$0	Visits	1,976
201507	43,067	Outpatient Hospital	\$2,453,670	\$0	Visits	1,902
201508	42,904	Outpatient Hospital	\$2,690,130	\$0	Visits	1,934
201509	42,870	Outpatient Hospital	\$2,473,297	\$0	Visits	1,993
201510	42,801	Outpatient Hospital	\$2,504,223	\$0	Visits	2,065
201511	42,898	Outpatient Hospital	\$2,425,896	\$0	Visits	1,950
201512	43,377	Outpatient Hospital	\$2,683,821	\$0	Visits	1,984
201601	44,297	Outpatient Hospital	\$2,304,953	\$0	Visits	1,786
201602	44,642	Outpatient Hospital	\$2,693,656	\$0	Visits	1,876
201603	44,852	Outpatient Hospital	\$2,554,333	\$0	Visits	2,082
201604	44,745	Outpatient Hospital	\$2,544,973	\$0	Visits	2,004
201605	44,584	Outpatient Hospital	\$2,885,746	\$0	Visits	2,026
201606	44,519	Outpatient Hospital	\$2,863,401	\$0	Visits	2,028
201607	44,235	Outpatient Hospital	\$2,644,441	\$0	Visits	1,845
201608	43,933	Outpatient Hospital	\$2,878,552	\$0	Visits	2,045
201609	43,584	Outpatient Hospital	\$2,358,911	\$0	Visits	1,854
201610	43,338	Outpatient Hospital	\$2,598,791	\$0	Visits	1,953
201611	43,046	Outpatient Hospital	\$2,688,938	\$0	Visits	1,867
201612	42,186	Outpatient Hospital	\$2,454,942	\$0	Visits	1,816
201701	41,362	Outpatient Hospital	\$2,235,672	\$0	Visits	1,790
201702	40,960	Outpatient Hospital	\$2,385,646	\$0	Visits	1,717
201703	40,733	Outpatient Hospital	\$2,795,540	\$0	Visits	1,936
201704	40,448	Outpatient Hospital	\$2,881,181	\$0	Visits	1,894
201705	40,383	Outpatient Hospital	\$2,904,226	\$0	Visits	1,902
201706	40,116	Outpatient Hospital	\$2,776,562	\$0	Visits	1,875
201707	39,855	Outpatient Hospital	\$2,427,494	\$0	Visits	1,791
201708	39,736	Outpatient Hospital	\$2,683,937	\$0	Visits	1,995
201709	39,764	Outpatient Hospital	\$2,255,192	\$0	Visits	1,784
201710	39,827	Outpatient Hospital	\$2,820,020	\$0	Visits	2,042
201711	39,597	Outpatient Hospital	\$2,629,819	\$0	Visits	1,972
201712	39,346	Outpatient Hospital	\$2,533,487	\$0	Visits	1,958
201801	39,818	Outpatient Hospital	\$2,894,719	\$0	Visits	2,201
201802	39,872	Outpatient Hospital	\$2,506,693	\$0	Visits	2,084

### Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201501	42,745	Professional	\$4,552,446	\$0	Visits	30,485
201502	42,643	Professional	\$4,098,969	\$0	Visits	27,925
201503	43,554	Professional	\$4,744,083	\$0	Visits	31,714
201504	43,584	Professional	\$4,719,887	\$0	Visits	32,618
201505	43,448	Professional	\$4,516,031	\$0	Visits	30,887
201506	43,358	Professional	\$4,850,632	\$0	Visits	32,983
201507	43,067	Professional	\$4,643,092	\$0	Visits	31,534
201508	42,904	Professional	\$4,570,762	\$0	Visits	30,357
201509	42,870	Professional	\$4,717,809	\$0	Visits	31,820
201510	42,801	Professional	\$5,078,063	\$0	Visits	35,099
201511	42,898	Professional	\$4,890,488	\$0	Visits	31,526
201512	43,377	Professional	\$5,040,940	\$0	Visits	33,484
201601	44,297	Professional	\$4,425,964	\$0	Visits	28,911
201602	44,642	Professional	\$4,721,021	\$0	Visits	31,935
201603	44,852	Professional	\$5,307,452	\$0	Visits	35,818
201604	44,745	Professional	\$4,941,599	\$0	Visits	33,381
201605	44,584	Professional	\$4,995,763	\$0	Visits	32,676
201606	44,519	Professional	\$5,235,076	\$0	Visits	33,552
201607	44,235	Professional	\$4,525,005	\$0	Visits	30,180
201608	43,933	Professional	\$5,248,099	\$0	Visits	33,957
201609	43,584	Professional	\$4,890,248	\$0	Visits	32,173
201610	43,338	Professional	\$4,865,014	\$0	Visits	33,494
201611	43,046	Professional	\$4,809,516	\$0	Visits	32,347
201612	42,186	Professional	\$4,595,966	\$0	Visits	30,635
201701	41,362	Professional	\$4,833,263	\$0	Visits	30,902
201702	40,960	Professional	\$4,561,384	\$0	Visits	29,606
201703	40,733	Professional	\$5,075,827	\$0	Visits	33,301
201704	40,448	Professional	\$4,493,223	\$0	Visits	29,115
201705	40,383	Professional	\$5,001,335	\$0	Visits	32,265
201706	40,116	Professional	\$4,957,902	\$0	Visits	31,470
201707	39,855	Professional	\$4,595,327	\$0	Visits	29,073
201708	39,736	Professional	\$5,130,131	\$0	Visits	32,677
201709	39,764	Professional	\$4,958,102	\$0	Visits	30,785
201710	39,827	Professional	\$5,290,973	\$0	Visits	34,466
201711	39,597	Professional	\$4,994,298	\$0	Visits	32,335
201712	39,346	Professional	\$4,714,367	\$0	Visits	29,588
201801	39,818	Professional	\$5,632,033	\$0	Visits	36,240
201802	39,872	Professional	\$6,707,656	\$0	Visits	46,782



### Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201501	42,745	Other Medical	\$613,340	\$0	Services	3,560
201502	42,643	Other Medical	\$557,824	\$0	Services	3,429
201503	43,554	Other Medical	\$602,808	\$0	Services	4,018
201504	43,584	Other Medical	\$677,613	\$0	Services	4,307
201505	43,448	Other Medical	\$585,717	\$0	Services	3,734
201506	43,358	Other Medical	\$736,416	\$0	Services	4,421
201507	43,067	Other Medical	\$735,792	\$0	Services	4,177
201508	42,904	Other Medical	\$708,084	\$0	Services	4,645
201509	42,870	Other Medical	\$741,630	\$0	Services	3,754
201510	42,801	Other Medical	\$811,694	\$0	Services	4,228
201511	42,898	Other Medical	\$749,554	\$0	Services	4,027
201512	43,377	Other Medical	\$949,104	\$0	Services	4,607
201601	44,297	Other Medical	\$619,923	\$0	Services	3,862
201602	44,642	Other Medical	\$717,310	\$0	Services	4,233
201603	44,852	Other Medical	\$856,250	\$0	Services	5,062
201604	44,745	Other Medical	\$723,544	\$0	Services	4,412
201605	44,584	Other Medical	\$817,965	\$0	Services	4,274
201606	44,519	Other Medical	\$843,674	\$0	Services	4,867
201607	44,235	Other Medical	\$742,598	\$0	Services	4,391
201608	43,933	Other Medical	\$756,836	\$0	Services	5,282
201609	43,584	Other Medical	\$753,833	\$0	Services	3,729
201610	43,338	Other Medical	\$696,934	\$0	Services	4,015
201611	43,046	Other Medical	\$744,396	\$0	Services	3,676
201612	42,186	Other Medical	\$853,130	\$0	Services	3,727
201701	41,362	Other Medical	\$625,176	\$0	Services	3,386
201702	40,960	Other Medical	\$710,971	\$0	Services	3,437
201703	40,733	Other Medical	\$823,759	\$0	Services	3,745
201704	40,448	Other Medical	\$731,952	\$0	Services	3,623
201705	40,383	Other Medical	\$742,246	\$0	Services	3,429
201706	40,116	Other Medical	\$747,528	\$0	Services	3,594
201707	39,855	Other Medical	\$753,119	\$0	Services	3,342
201708	39,736	Other Medical	\$820,296	\$0	Services	4,545
201709	39,764	Other Medical	\$751,014	\$0	Services	3,674
201710	39,827	Other Medical	\$877,618	\$0	Services	4,232
201711	39,597	Other Medical	\$780,976	\$0	Services	4,050
201712	39,346	Other Medical	\$786,919	\$0	Services	4,103
201801	39,818	Other Medical	\$918,701	\$0	Services	4,041
201802	39,872	Other Medical	\$931,352	\$0	Services	5,362

### Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201501	42,745	Prescription Drug	\$3,573,330	\$661,235	Scripts	29,034
201502	42,643	Prescription Drug	\$3,295,046	\$649,814	Scripts	26,356
201503	43,554	Prescription Drug	\$3,764,216	\$652,076	Scripts	29,454
201504	43,584	Prescription Drug	\$3,776,172	\$629,528	Scripts	28,682
201505	43,448	Prescription Drug	\$3,714,419	\$608,371	Scripts	28,488
201506	43,358	Prescription Drug	\$3,934,881	\$590,502	Scripts	28,798
201507	43,067	Prescription Drug	\$4,089,924	\$568,278	Scripts	28,897
201508	42,904	Prescription Drug	\$3,993,740	\$454,997	Scripts	27,835
201509	42,870	Prescription Drug	\$3,773,892	\$428,852	Scripts	27,990
201510	42,801	Prescription Drug	\$3,869,620	\$427,420	Scripts	29,045
201511	42,898	Prescription Drug	\$3,979,592	\$429,117	Scripts	27,697
201512	43,377	Prescription Drug	\$4,563,454	\$432,419	Scripts	30,590
201601	44,297	Prescription Drug	\$3,568,382	\$569,654	Scripts	27,213
201602	44,642	Prescription Drug	\$4,095,671	\$572,941	Scripts	27,691
201603	44,852	Prescription Drug	\$4,677,482	\$573,297	Scripts	30,181
201604	44,745	Prescription Drug	\$4,487,669	\$613,258	Scripts	28,468
201605	44,584	Prescription Drug	\$4,243,435	\$611,329	Scripts	28,479
201606	44,519	Prescription Drug	\$4,596,817	\$609,189	Scripts	28,683
201607	44,235	Prescription Drug	\$4,110,342	\$561,629	Scripts	26,876
201608	43,933	Prescription Drug	\$4,271,326	\$558,859	Scripts	28,381
201609	43,584	Prescription Drug	\$4,027,359	\$555,635	Scripts	26,326
201610	43,338	Prescription Drug	\$4,044,580	\$522,376	Scripts	26,988
201611	43,046	Prescription Drug	\$4,037,572	\$521,804	Scripts	27,284
201612	42,186	Prescription Drug	\$3,979,586	\$515,657	Scripts	27,626
201701	41,362	Prescription Drug	\$3,873,959	\$595,091	Scripts	26,472
201702	40,960	Prescription Drug	\$3,875,778	\$590,266	Scripts	24,697
201703	40,733	Prescription Drug	\$4,529,439	\$587,489	Scripts	27,495
201704	40,448	Prescription Drug	\$3,897,332	\$641,415	Scripts	25,040
201705	40,383	Prescription Drug	\$4,507,093	\$640,765	Scripts	26,847
201706	40,116	Prescription Drug	\$4,588,065	\$638,501	Scripts	25,722
201707	39,855	Prescription Drug	\$4,114,186	\$642,465	Scripts	24,679
201708	39,736	Prescription Drug	\$4,509,754	\$640,747	Scripts	25,905
201709	39,764	Prescription Drug	\$4,241,971	\$641,209	Scripts	24,291
201710	39,827	Prescription Drug	\$4,397,637	\$612,799	Scripts	26,103
201711	39,597	Prescription Drug	\$4,253,270	\$609,681	Scripts	25,750
201712	39,346	Prescription Drug	\$4,281,213	\$605,629	Scripts	25,565
201801	39,818	Prescription Drug	\$4,580,796		Scripts	27,284
201802	39,872	Prescription Drug	\$4,438,122		Scripts	25,121

### Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201501	42,745	Capitations	\$55,210	\$0	Benefit Period	42,745
201502	42,643	Capitations	\$55,083	\$0	Benefit Period	42,643
201503	43,554	Capitations	\$57,154	\$0	Benefit Period	43,554
201504	43,584	Capitations	\$57,316	\$0	Benefit Period	43,584
201505	43,448	Capitations	\$57,100	\$0	Benefit Period	43,448
201506	43,358	Capitations	\$56,997	\$0	Benefit Period	43,358
201507	43,067	Capitations	\$56,498	\$0	Benefit Period	43,067
201508	42,904	Capitations	\$56,293	\$0	Benefit Period	42,904
201509	42,870	Capitations	\$56,176	\$0	Benefit Period	42,870
201510	42,801	Capitations	\$55,946	\$0	Benefit Period	42,801
201511	42,898	Capitations	\$55,892	\$0	Benefit Period	42,898
201512	43,377	Capitations	\$56,284	\$0	Benefit Period	43,377
201601	44,297	Capitations	\$53,534	\$0	Benefit Period	44,297
201602	44,642	Capitations	\$54,089	\$0	Benefit Period	44,642
201603	44,852	Capitations	\$54,714	\$0	Benefit Period	44,852
201604	44,745	Capitations	\$54,505	\$0	Benefit Period	44,745
201605	44,584	Capitations	\$54,331	\$0	Benefit Period	44,584
201606	44,519	Capitations	\$54,144	\$0	Benefit Period	44,519
201607	44,235	Capitations	\$53,793	\$0	Benefit Period	44,235
201608	43,933	Capitations	\$53,346	\$0	Benefit Period	43,933
201609	43,584	Capitations	\$52,973	\$0	Benefit Period	43,584
201610	43,338	Capitations	\$52,632	\$0	Benefit Period	43,338
201611	43,046	Capitations	\$52,133	\$0	Benefit Period	43,046
201612	42,186	Capitations	\$50,950	\$0	Benefit Period	42,186
201701	41,362	Capitations	\$45,392	\$0	Benefit Period	41,362
201702	40,960	Capitations	\$44,667	\$0	Benefit Period	40,960
201703	40,733	Capitations	\$44,283	\$0	Benefit Period	40,733
201704	40,448	Capitations	\$43,769	\$0	Benefit Period	40,448
201705	40,383	Capitations	\$43,514	\$0	Benefit Period	40,383
201706	40,116	Capitations	\$43,111	\$0	Benefit Period	40,116
201707	39,855	Capitations	\$42,692	\$0	Benefit Period	39,855
201708	39,736	Capitations	\$42,463	\$0	Benefit Period	39,736
201709	39,764	Capitations	\$42,357	\$0	Benefit Period	39,764
201710	39,827	Capitations	\$42,253	\$0	Benefit Period	39,827
201711	39,597	Capitations	\$41,869	\$0	Benefit Period	39,597
201712	39,346	Capitations	\$41,497	\$0	Benefit Period	39,346
201801	39,818	Capitations	\$26,915	\$0	Benefit Period	39,818
201802	39,872	Capitations	\$26,856	\$0	Benefit Period	39,872

### Appendix - Total Experience

Month	Members	Contracts	Ultimate Allowed	Drug Rebates	Post-Rx Rebate Ultimate Allowed	Ultimate Incurred	Premium	Loss Ratio
201501	42,745	27,855	\$13,681,482	\$661,235	\$13,020,247	\$10,336,700	\$15,835,568	65.3%
201502	42,643	27,809	\$12,643,997	\$649,814	\$11,994,183	\$9,769,909	\$16,006,509	61.0%
201503	43,554	28,679	\$14,404,363	\$652,076	\$13,752,287	\$11,395,243	\$14,770,987	77.1%
201504	43,584	28,751	\$13,980,331	\$629,528	\$13,350,803	\$11,080,494	\$16,279,907	68.1%
201505	43,448	28,618	\$13,622,598	\$608,371	\$13,014,227	\$10,881,080	\$16,252,176	67.0%
201506	43,358	28,518	\$14,187,289	\$590,502	\$13,596,787	\$11,448,444	\$16,289,942	70.3%
201507	43,067	28,337	\$14,381,261	\$568,278	\$13,812,983	\$11,734,595	\$16,230,610	72.3%
201508	42,904	28,184	\$14,676,183	\$454,997	\$14,221,186	\$12,204,525	\$16,231,381	75.2%
201509	42,870	28,193	\$13,853,644	\$428,852	\$13,424,792	\$11,441,301	\$16,332,159	70.1%
201510	42,801	28,136	\$14,902,158	\$427,420	\$14,474,737	\$12,392,961	\$16,346,902	75.8%
201511	42,898	28,173	\$14,921,169	\$429,117	\$14,492,052	\$12,484,054	\$16,462,927	75.8%
201512	43,377	28,440	\$16,135,278	\$432,419	\$15,702,859	\$13,296,815	\$16,862,313	78.9%
201601	44,297	29,097	\$13,297,208	\$569,654	\$12,727,553	\$10,195,655	\$17,312,872	58.9%
201602	44,642	29,431	\$14,849,696	\$572,941	\$14,276,755	\$11,744,898	\$17,238,325	68.1%
201603	44,852	29,682	\$16,123,290	\$573,297	\$15,549,993	\$12,921,180	\$17,194,758	75.1%
201604	44,745	29,599	\$15,376,921	\$613,258	\$14,763,663	\$12,439,523	\$17,127,625	72.6%
201605	44,584	29,441	\$15,214,582	\$611,329	\$14,603,253	\$12,393,221	\$17,010,369	72.9%
201606	44,519	29,367	\$15,918,787	\$609,189	\$15,309,599	\$13,002,538	\$17,003,738	76.5%
201607	44,235	29,147	\$14,380,246	\$561,629	\$13,818,618	\$11,819,937	\$16,847,886	70.2%
201608	43,933	28,911	\$15,517,255	\$558,859	\$14,958,396	\$12,764,286	\$16,686,161	76.5%
201609	43,584	28,613	\$14,537,578	\$555,635	\$13,981,943	\$11,961,685	\$16,588,859	72.1%
201610	43,338	28,403	\$14,831,585	\$522,376	\$14,309,209	\$12,272,635	\$16,450,482	74.6%
201611	43,046	28,180	\$15,231,774	\$521,804	\$14,709,970	\$12,711,708	\$16,456,994	77.2%
201612	42,186	27,650	\$14,341,721	\$515,657	\$13,826,064	\$11,500,824	\$16,136,251	71.3%
201701	41,362	26,983	\$15,004,699	\$595,091	\$14,409,608	\$11,864,274	\$16,529,404	71.8%
201702	40,960	26,681	\$13,533,112	\$590,266	\$12,942,846	\$10,715,897	\$16,373,083	65.4%
201703	40,733	26,498	\$16,348,892	\$587,489	\$15,761,403	\$13,348,614	\$16,325,138	81.8%
201704	40,448	26,275	\$14,174,002	\$641,415	\$13,532,587	\$11,519,988	\$16,285,125	70.7%
201705	40,383	26,205	\$15,330,396	\$640,765	\$14,689,632	\$12,550,596	\$16,260,063	77.2%
201706	40,116	25,975	\$15,995,557	\$638,501	\$15,357,056	\$13,264,105	\$16,224,489	81.8%
201707	39,855	25,733	\$14,412,087	\$642,465	\$13,769,621	\$11,816,179	\$16,182,763	73.0%
201708	39,736	25,607	\$16,301,317	\$640,747	\$15,660,570	\$13,600,905	\$16,207,702	83.9%
201709	39,764	25,542	\$14,910,908	\$641,209	\$14,269,699	\$12,379,691	\$16,228,031	76.3%
201710	39,827	25,549	\$15,426,956	\$612,799	\$14,814,157	\$12,755,379	\$16,316,119	78.2%
201711	39,597	25,409	\$14,323,509	\$609,681	\$13,713,829	\$11,692,665	\$16,346,030	71.5%
201712	39,346	25,177	\$14,691,745	\$605,629	\$14,086,116	\$11,813,625	\$16,509,955	71.6%
201801	39,818	25,624	\$16,583,788		\$16,583,788	\$13,658,754	\$16,997,211	80.4%
201802	39,872	25,653	\$15,665,398		\$15,665,398	\$12,567,232	\$17,251,770	72.8%

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

		2019	2018	% Change
(1)	Base Period Total Allowed	\$358.84	\$328.63	9.2%
(2)	Base Period Non-EHB PMPM	\$2.07	\$2.01	3.1%
(3)	Experience Period Index Rate	\$356.77	\$326.62	9.2%
(4)	Change in Morbidity	0.988	1.003	-1.6%
(5)	Additional Population Adjustment	1.000	1.000	0.0%
(6)	Induced Demand	1.0038	0.996	0.8%
(7)	Projection Period Utilization and Network Adjustment	1.000	1.000	0.0%
(8)	Demographic Adjustment	0.989	0.954	3.6%
(9)	Area Adjustment	1.000	1.000	0.0%
(10)	Additional "Other" Adjustments	1.000	0.990	1.0%
(11)	Annualized Trend	8.1%	8.1%	
(12)	Months of Trend	24	24.0	
(13)	Unit cost & Utilization/1,000 Trend Factor	1.168	1.169	-0.1%
(14)	Projection Period Index Rate	\$408.55	\$360.24	13.4%
(15)	Risk Adjustment Program	1.285	1.392	-7.6%
(16)	Federal Exchange User Fee	1.000	1.000	0.0%
(17)	Market Adjusted Index Rate	\$525.13	\$501.33	4.7%
	Without Risk Adjustment	\$408.55	\$360.24	13.4%

2019 DC Individual BlueChoice  
Plan Adjusted Index Rate Changes

Index	HIOS Plan ID	Plan Name	Type	Metallic Tier	On/Off	12/2018 Projected Members	Market Adjusted Index Rate			Benefits			Network			Induced Utilization			HSA Factor			Non-EHB			Catastrophic Adjustment			Admin			Age Calibration			Total Change					
							2019	2018	Change	2019	2018	Change	2019	2018	Change	2019	2018	Change	2019	2018	Change	2019	2018	Change	2019	2018	Change	2019	2018	Change	2019	2018	Change	2019	2018	Change	2019	2018	Change
							1	86052DC0400001	BlueChoice HMO Standard Silver \$3,500	HMO	Silver	On	978	\$525.13	\$501.33	4.75%	0.647	0.664	-2.55%	0.958	0.957	0.10%	0.953	0.959	-0.64%	1.000	1.000	0.00%	1.007	1.007	-0.03%	1.000	1.000	0.00%	1.276	1.181	8.10%	0.969	0.991
2	86052DC0400002	BlueChoice HMO Standard Gold \$500	HMO	Gold	On	409	\$525.13	\$501.33	4.75%	0.826	0.838	-1.50%	0.958	0.957	0.10%	0.996	1.002	-0.60%	1.000	1.000	0.00%	1.006	1.006	-0.03%	1.000	1.000	0.00%	1.276	1.181	8.10%	0.969	0.991	-2.28%	\$514.44	\$474.49	8.42%			
3	86052DC0400004	BlueChoice HMO Young Adult \$7,900	HMO	Catastrophic	On	557	\$525.13	\$501.33	4.75%	0.541	0.551	-1.84%	0.958	0.957	0.10%	0.922	0.928	-0.65%	1.000	1.000	0.00%	1.012	1.013	-0.09%	0.508	0.504	0.79%	1.276	1.181	8.10%	0.969	0.991	-2.28%	\$159.59	\$146.70	8.79%			
4	86052DC0400007	BlueChoice HMO Standard Bronze \$6,650	HMO	Bronze	On	910	\$525.13	\$501.33	4.75%	0.589	0.598	-1.60%	0.958	0.957	0.10%	0.922	0.928	-0.65%	1.000	1.000	0.00%	1.007	1.008	-0.04%	1.000	1.000	0.00%	1.276	1.181	8.10%	0.969	0.991	-2.28%	\$340.09	\$314.18	8.25%			
5	86052DC0400008	BlueChoice HMO Standard Platinum \$0	HMO	Platinum	On	248	\$525.13	\$501.33	4.75%	0.913	0.915	-0.23%	0.958	0.957	0.10%	1.060	1.067	-0.66%	1.000	1.000	0.00%	1.005	1.005	-0.03%	1.000	1.000	0.00%	1.276	1.181	8.10%	0.969	0.991	-2.28%	\$605.22	\$551.43	9.75%			
6	86052DC0400010	BlueChoice HMO HSA Standard Bronze \$6,200	HMO	Bronze	On	680	\$525.13	\$501.33	4.75%	0.555	0.529	5.01%	0.958	0.957	0.10%	0.922	0.928	-0.65%	1.000	1.000	0.00%	1.007	1.008	-0.08%	1.000	1.000	0.00%	1.276	1.181	8.10%	0.969	0.991	-2.28%	\$320.77	\$277.77	15.48%			
7	86052DC0400011	BlueChoice HMO HSA Gold \$1,500	HMO	Gold	On	64	\$525.13	\$501.33	4.75%	0.739	0.733	0.89%	0.958	0.957	0.10%	0.996	1.002	-0.60%	1.000	1.000	0.00%	1.006	1.006	-0.05%	1.000	1.000	0.00%	1.276	1.181	8.10%	0.969	0.991	-2.28%	\$460.75	\$414.94	11.04%			
						3,845	\$525.13	\$501.33	4.75%	63.9%	64.4%	-0.57%	95.8%	95.7%	0.10%	94.8%	95.4%	-0.64%	1.00	1.00	0.00%	1.007	1.008	-0.05%	0.929	0.928	0.12%	1.276	1.181	8.10%	0.969	0.991	-2.28%	\$359.80	\$329.11	9.5%			

Key Drivers:

- 1.) Increases in allowed cost, assumed annual trend of 8.1%.
- 2.) Removed the Health Insurer Fee in 2019.
- 3.) Assumed reduction in the risk adjustment factor.

CareFirst BlueCross BlueShield  
840 First Street, NE  
Washington, DC 20065  
[www.carefirst.com](http://www.carefirst.com)

June 1, 2018

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



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

Mr. Tanhehco,

In accordance with DISB requirements this letter has been submitted as cover for our 2019 ACA plan rate filing submitted 6/1/2018. Please note the required information below:

- a. **Company Name:** CareFirst BlueChoice, Inc. (CFBC)
- b. **NAIC Company Code:** 96202
- c. **Unique Company Filing Number:** 2254
- d. **Date Submitted:** 6/1/2018
- e. **Proposed Effective Date:** 1/1/2019
- f. **Type of Product:** HMO – On Exchange
- g. **Individual or Group:** Individual, Non-Medigap
- h. **Scope and Purpose of Filing:** This filing has been submitted to propose the rate actions listed below in section k for all non-grandfathered ACA compliant plans offered by CFBC.
- i. **Indication Whether Initial Filing or Change:** This filing proposes a change to existing rates (from our previous SERFF Filing #CFAP-131010729).
- j. **Indication if no DC Policyholders:** This filing proposes rate actions to our plans sold in DC. DC policyholders of CFBC ACA plans will be impacted.
- k. **Overall Premium Impact of Filing on DC Policyholders:** Proposed average rate increase for 2019 is 9.5%.
- l. **Contact Information:**
  - a. Name: Joshua R. Phelps, ASA, CERA, MAAA
  - b. Telephone Number: 410-998-7477
  - c. Email: [joshua.phelps@Carefirst.com](mailto:joshua.phelps@Carefirst.com)
  - d. Fax: 410-505-2192

For further detail and support for the rate actions proposed above please reference the Actuarial Memorandum submitted on 6/1/2018.

Sincerely,

Joshua R. Phelps Digitally signed by Joshua R. Phelps  
Date: 2018.06.01 10:41:43 -04'00'

Joshua R. Phelps, ASA, CERA, MAAA  
Assistant Actuary



A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	X	Y
1	<b>Unified Rate Review v4.3</b>																						
2																							
3	Company Legal Name:	BlueChoice, Inc.				State:	DC																
4	HIOS Issuer ID:	86052				Market:	Individual																
5	Effective Date of Rate Change(s):	1/1/2019																					
6																							
7																							
8	<b>Market Level Calculations (Same for all Plans)</b>																						
9																							
10																							
11	<b>Section I: Experience period data</b>																						
12	Experience Period:	1/1/2017		to	12/31/2017																		
13		<u>Experience Period</u>																					
14		<u>Aggregate Amount</u>			<u>PMPM</u>		<u>% of Prem</u>																
15	Premiums (net of MLR Rebate) in Experience Period:	\$195,787,904			\$406.09		100.00%																
16	Incurred Claims in Experience Period	\$147,321,917			305.57		75.25%																
17	Allowed Claims:	\$173,007,122			358.84		88.36%																
18	Index Rate of Experience Period				\$ 356.77																		
19	Experience Period Member Months	482,127																					
20	<b>Section II: Allowed Claims, PMPM basis</b>																						
21		<u>Experience Period</u>																					
22																							
23																							
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**Product-Plan Data Collection**

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

**BlueChoice, Inc.**  
**86052**  
**1/1/2019**

State: **DC**  
 Market: **Individual**

**Product/Plan Level Calculations**

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

		BlueChoice HMO 86052DC040000							
		Silver	Gold	Catastrophic	Bronze	Platinum	Bronze	Gold	
Product		0.719	0.819	0.611	0.648	0.889	0.618	0.780	
Product ID:		0.759	1.011	0.314	0.669	1.190	0.631	0.906	
AV Metal Value		Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	
AV Pricing Value		HMO	HMO	HMO	HMO	HMO	HMO	HMO	
Plan Category		BlueChoice HMO	BlueChoice HMO	BlueChoice HMO	BlueChoice HMO	BlueChoice HMO	BlueChoice HMO	BlueChoice HMO	
Plan Type:		Standard Silver	Standard Gold	Young Adult	Standard Bronze	Standard Platinum	HSA Standard	HSA Gold	
Plan Name		\$3,500	\$500	\$7,900	\$6,650	\$0	\$6,200	\$1,500	
Plan ID (Standard Component ID):		86052DC0400001	86052DC0400002	86052DC0400004	86052DC0400007	86052DC0400008	86052DC0400010	86052DC0400011	
Exchange Plan?		Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Historical Rate Increase - Calendar Year - 1					-1.64%				
Historical Rate Increase - Calendar Year - 2					31.91%				
Historical Rate Increase - Calendar Year 0					19.75%				
Effective Date of Proposed Rates		1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	
Rate Change % (over prior filing)		7.22%	8.42%	8.79%	8.25%	9.75%	15.48%	11.04%	
Cumulative Rate Change % (over 12 mos prior)		7.22%	8.42%	8.79%	8.25%	9.75%	15.48%	11.04%	
Proj'd Per Rate Change % (over Expir. Period)		24.70%	27.52%	21.92%	33.72%	26.39%	#DIV/0!	#DIV/0!	
Product Rate Increase %					9.32%				

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

Plan ID (Standard Component ID):	Total	86052DC0400001	86052DC0400002	86052DC0400004	86052DC0400007	86052DC0400008	86052DC0400010	86052DC0400011
Inpatient	\$4.34	\$6.85	\$1.91	\$0.67	\$4.19	\$3.25	\$3.85	\$3.18
Outpatient	\$9.75	\$0.35	\$1.16	\$0.44	\$9.69	\$2.43	\$3.55	\$2.63
Professional	\$2.34	\$1.41	\$3.42	\$1.21	\$2.12	\$5.99	\$7.37	\$5.97
Prescription Drug	\$2.61	\$1.94	\$3.72	\$1.26	\$2.35	\$5.82	\$6.17	\$5.47
Other	\$0.49	\$0.35	\$0.70	\$0.24	\$0.44	\$1.13	\$1.25	\$1.08
Capitation	-\$0.19	-\$0.20	-\$0.25	-\$0.08	-\$0.17	-\$0.28	-\$0.10	-\$0.20
Administration	-\$6.70	-\$7.46	-\$8.86	-\$2.65	-\$5.96	-\$9.05	-\$1.85	-\$5.90
Taxes & Fees	\$5.29	\$5.27	\$7.16	\$2.23	\$4.72	\$8.60	\$4.92	\$6.67
Risk & Profit Charge	\$32.22	\$32.88	\$43.44	\$13.44	\$28.76	\$50.61	\$25.76	\$38.17
Total Rate Increase	\$38.12	\$35.28	\$52.40	\$16.76	\$34.15	\$68.50	\$50.92	\$57.05
Member Cost Share Increase	\$6.20	\$6.11	\$4.30	\$8.17	\$7.99	\$2.68	\$8.03	\$4.99

Average Current Rate PMPM	\$332.02	\$363.06	\$478.69	\$147.99	\$316.95	\$556.31	\$280.23	\$418.61
Projected Member Months	42,520	10,812	4,518	6,161	10,058	2,741	7,518	712

**Section III: Experience Period Information**

Plan ID (Standard Component ID):	Total	86052DC0400001	86052DC0400002	86052DC0400004	86052DC0400007	86052DC0400008	86052DC0400010	86052DC0400011
Plan Adjusted Index Rate	\$307.40	\$319.44	\$416.46	\$135.13	\$262.56	\$494.36	\$0.00	\$0.00
Member Months	71,430	21,673	10,170	8,873	24,088	6,626	0	0
Total Premium (TP)	\$22,085,710	\$7,240,738	\$4,271,912	\$814,854	\$6,650,032	\$3,108,173	\$0	\$0
EHB Percent of TP, [see instructions]	99.42%	99.42%	99.42%	99.42%	99.42%	99.42%	99.42%	99.42%
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%
Other benefits portion of TP	0.58%	0.58%	0.58%	0.58%	0.58%	0.58%	0.58%	0.58%
Total Allowed Claims (TAC)	\$23,508,793	\$7,622,042	\$5,929,694	\$697,877	\$4,054,290	\$5,204,889	\$0	\$0
EHB Percent of TAC, [see instructions]	99.42%	99.42%	99.42%	99.42%	99.42%	99.42%	99.42%	99.42%
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%
Other benefits portion of TAC	0.58%	0.58%	0.58%	0.58%	0.58%	0.58%	0.58%	0.58%
Allowed Claims which are not the issuer's obligation:	\$4,129,881	\$1,453,607	\$598,873	\$352,249	\$1,439,063	\$286,089	\$0	\$0
Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$36,496	\$36,496	\$0	\$0	\$0	\$0	\$0	\$0
Portion of above payable by HHS on behalf of insured person, as %	0.88%	2.51%	0.00%	0.00%	0.00%	0.00%	#DIV/0!	#DIV/0!
Total Incurred claims, payable with issuer funds	\$19,378,911	\$6,168,436	\$5,330,821	\$345,627	\$2,615,227	\$4,918,800	\$0	\$0
Net Amt of Reim	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Risk Adjustment Transfer Amount	-\$1,653,292.10	-\$1,687,037.02	-\$33,373.16	-\$0.46	-\$3,297,475.30	\$1,364,593.84	\$0.00	\$0.00
Incurred Claims PMPM	\$273.30	\$284.61	\$524.17	\$138.95	\$108.57	\$742.35	#DIV/0!	#DIV/0!
Allowed Claims PMPM	\$229.12	\$351.68	\$583.06	\$78.65	\$168.31	\$785.53	#DIV/0!	#DIV/0!
EHB portion of Allowed Claims, PMPM	\$227.22	\$349.65	\$579.69	\$78.20	\$167.34	\$780.99	#DIV/0!	#DIV/0!

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

Plan ID (Standard Component ID):	Total	86052DC0400001	86052DC0400002	86052DC0400004	86052DC0400007	86052DC0400008	86052DC0400010	86052DC0400011
Plan Adjusted Index Rate	\$373.44	\$398.34	\$531.09	\$164.75	\$355.10	\$624.81	\$331.15	\$475.66
Member Months	42,520	10,812	4,518	6,161	10,058	2,741	7,518	712
Total Premium (TP)	\$15,793,607	\$4,306,898	\$2,390,463	\$1,015,043	\$3,831,347	\$1,712,599	\$2,486,593	\$338,670
EHB Percent of TP, [see instructions]	99.32%	99.35%	99.45%	98.79%	99.29%	99.49%	99.27%	99.41%
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%
Other benefits portion of TP	0.68%	0.65%	0.55%	1.21%	0.71%	0.51%	0.73%	0.59%
Total Allowed Claims (TAC)	\$17,500,926	\$4,446,213	\$1,856,082	\$2,548,001	\$4,138,359	\$1,125,564	\$3,094,104	\$292,603
EHB Percent of TAC, [see instructions]	99.26%	99.35%	99.45%	98.79%	99.29%	99.49%	99.27%	99.41%
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%
Other benefits portion of TAC	0.74%	0.65%	0.55%	1.21%	0.71%	0.51%	0.73%	0.59%

Allowed Claims which are not the issuer's obligation	\$6,315,235	\$1,570,013	\$323,308	\$1,170,445	\$1,701,484	\$97,610	\$1,376,114	\$76,261
Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$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%
Total incurred claims, payable with issuer funds	\$11,185,691	\$2,876,200	\$1,532,774	\$1,377,557	\$2,436,875	\$1,027,953	\$1,717,990	\$216,342
Net Amt of Reins	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Risk Adjustment Transfer Amount	-\$2,725,028	-\$735,004	\$96,284	\$0	-\$1,336,836	\$234,592	-\$999,237	\$15,174

# DC BlueChoice

## Rate Filing Justification Part II (Plain Language Summary)

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

Name of Company	BlueChoice Inc.
SERFF tracking number	CFAP-131468242
Submission Date	6/1/2018
Product Name	BlueChoice

Market Type:  Individual  Small Group

Rate Filing Type:  Rate Increase  New Filing

### Scope and Range of the Increase:

The  % increase is requested because:

The main drivers of the 2019 rate increase are a) decreased morbidity, b) an decrease in expected risk adjustment transfer payments and c) trend of 8.1%. There is also an increase to our Contribution to Reserve (CtR) when compared to last year. Last year's CtR was unusually low to meet DCs revenue requirements for BlueChoice.

This filing will impact:

# of policyholder's  # of covered lives

The average, minimum and maximum rate changes increases are:

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

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

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

### Financial Experience of Product

The overall financial experience of the product includes:

In 2017, a total of \$22.1 million in premium was collected and \$19.4 million in claims were paid out, along with \$3.7 million paid in risk adjustment, for a loss ratio of 104.4%. However, the rate increase of the product is driven partially by the combined Individual and Small group experience, which collected \$195.8 million in premium and paid out \$147.3 million in claims and paid \$12.0 million in risk adjustment for a loss ratio of 81.4%.

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

The proposed rate increases are aimed to bring the loss ratio for the combined Individual/small group pool up to a projected 80.0%.

## Components of Increase

The request is made up of the following components:

<b>Trend Increases –</b>	8.1 % of the	9.5 % 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	2.7 % of the	9.5 % 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	5.3 % of the	9.5 % total filed increase.

<b>Other Increases –</b>	1.3 % of the	9.5 % total filed increase
1. Medical Benefit Changes Required by Law – Defined as any new mandated plan benefit changes, as mandated by either State or Federal Regulation.		
This component is	0.0 % of the	9.5 % 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	-0.6 % of the	9.5 % 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	-5.4 % of the	9.5 % 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	14.9 % of the	9.5 % total filed increase.
5. Other – Defined as: Removal of the HIT fee, and lower anticipated risk adjustment payments.		
This component is	-6.2 % of the	9.5 % total filed increase.