State:District of ColumbiaFiling Company:CareFirst BlueChoice, Inc.TOI/Sub-TOI:HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only

- Other

Product Name: 2255 - DC ACA Small Group BlueChoice **Project Name/Number:** 2255 - DC BC SG ACA ON-EXCHANGE/2255

Filing at a Glance

Company: CareFirst BlueChoice, Inc.

Product Name: 2255 - DC ACA Small Group BlueChoice

State: District of Columbia

TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)

Sub-TOI: HOrg02G.004E Small Group Only - Other

Filing Type: Rate

Date Submitted: 06/01/2018

SERFF Tr Num: CFAP-131468251 SERFF Status: Submitted to State

State Tr Num:

State Status:

Co Tr Num: 2255

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:
 HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only

- Other

Product Name: 2255 - DC ACA Small Group BlueChoice
Project Name/Number: 2255 - DC BC SG ACA ON-EXCHANGE/2255

General Information

Project Name: 2255 - DC BC SG ACA ON-EXCHANGE Status of Filing in Domicile: Pending

Project Number: 2255 Date Approved in Domicile: Requested Filing Mode: Review & Approval Domicile Status Comments:

Explanation for Combination/Other: Market Type: Group

Submission Type: New Submission Group Market Size: Small Group Market Type: Employer Overall Rate Impact: 3.2%

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:

Filing Description:

This filing contains the rate proposal for the portfolio of benefits to be offered by CareFirst BlueChoice, Inc. to Small Groups on the D.C. Exchange. We are submitting 48 benefit plans on the D.C. Exchange.

Company and Contact

Filing Contact Information

Dwayne Lucado, Assistant Actuary dwayne.lucado@carefirst.com

 10455 Mill Run Circle
 410-998-7519 [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:

State: District of Columbia Filing Company: CareFirst BlueChoice, Inc.

TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other

Product Name:2255 - DC ACA Small Group BlueChoiceProject Name/Number:2255 - DC BC SG ACA ON-EXCHANGE/2255

Rate Information

Rate data applies to filing.

Filing Method: Electronic
Rate Change Type: Increase
Overall Percentage of Last Rate Revision: 4.600%
Effective Date of Last Rate Revision: 10/01/2018
Filing Method of Last Filing: Electronic

SERFF Tracking Number of Last Filing: CFAP-131010730

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:	Premium for	Maximum % Change (where req'd):	Minimum % Change (where req'd):
CareFirst BlueChoice, Inc.	Increase	3.200%	3.200%	\$5,980,723	21,577	\$188,291,286	10.300%	-4.800%

 State:
 District of Columbia
 Filing Company:
 CareFirst BlueChoice, Inc.

 TOI/Sub-TOI:
 HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only

- Other

Product Name: 2255 - DC ACA Small Group BlueChoice
Project Name/Number: 2255 - DC BC SG ACA ON-EXCHANGE/2255

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 Advantage	86052DC044		14231
BlueChoice HMO	86052DC046		7132
BlueChoice HMO Referral	86052DC048		4074
HealthyBlue Plus	86052DC050		5925
HealthyBlue Plus Opt Out	86052DC058		3738

Trend Factors:

FORMS:

New Policy Forms:

DC CF SG BC ADV OON BF HSA SIL 1500 (1-19), DC CF SG POS OON BRZ 5750 (1-19), DC CF SG POS OON CDH BRZ 6000 (1-19), DC CF SG POS OON CDH GOLD 1500 (1-19), DC CF SG POS OON CDH SIL 1500 (1-19), DC CF SG POS OON CDH SIL 2000 (1-19), DC CF SG POS OON CDH SIL 2500 (1-19), DC CF SG POS OON CDH SIL 3000 (1-19), DC CF SG POS OON GOLD 1000 (1-19), DC CF SG POS OON GOLD 1500 (1-19), DC CF SG POS OON GOLD 3000 (1-19), DC CF SG POS OON GOLD 500 (1-19), DC CF SG POS OON PLAT 0 (1-19), DC CF SG POS OON PLAT 500 (1-19), DC CF SG POS OON SIL 4000 (1-19), DC CF SG POS OON SIL 5000 (1-19), DC CFBC SG BC ADV IN BF HSA SIL 1500 (1-19), DC CFBC SG BC+ OO PLAT 0 (1-19), DC CFBC SG HB HMO CDH SIL 2000 (1-19), DC CFBC SG HB HMO GOLD 1500 (1-19), DC CFBC SG HB HMO PLAT 500 (1-19), DC CFBC SG HMO OA CDH BRZ 6000 (1-19), DC CFBC SG HMO OA CDH GOLD 1500 (1-19), DC CFBC SG HMO OA CDH SIL 1500 (1-19), DC CFBC SG HMO OA CDH SIL 2000 (1-19), DC CFBC SG HMO OA CDH SIL 2500 (1-19), DC CFBC SG HMO OA CDH SIL 3000 (1-19), DC CFBC SG HMO OA GOLD 1500 (1-19), DC CFBC SG HMO OA GOLD 3000 (1-19), DC CFBC SG HMO OA GOLD 500 (1-19), DC CFBC SG HMO OA PLAT 0 (1-19), DC CFBC SG HMO OA SIL 1000 (1-19), DC CFBC SG HMO OA SIL 5000 (1-19), DC CFBC SG HMO REF BRZ 5750 (1-19), DC CFBC SG HMO REF GOLD 0 (1-19), DC CFBC SG HMO REF GOLD 500 (1-19), DC CFBC SG HMO REF GOLD 80 (1-19), DC CFBC SG HMO REF PLAT 0 (1-19), DC CFBC SG HMO REF SIL 4000 (1-19), DC CFBC SG HMO REF SIL 70 (1-19), DC CFBC SG POS IN BRZ 5750 (1-19), DC CFBC SG POS IN CDH BRZ 6000 (1-19), DC CFBC SG POS IN CDH GOLD 1500 (1-19), DC CFBC SG POS IN CDH SIL 1500 (1-19), DC CFBC SG POS IN CDH SIL 2000 (1-19), DC CFBC SG POS IN CDH SIL 2500 (1-19), DC CFBC SG POS IN CDH SIL 3000 (1-19), DC CFBC SG POS IN GOLD 1000 (1-19), DC CFBC SG POS IN GOLD 1500 (1-19), DC CFBC SG POS IN GOLD 3000 (1-19), DC CFBC SG POS IN GOLD 500 (1-19), DC CFBC SG POS IN PLAT 0 (1-19), DC CFBC SG POS IN PLAT 500 (1-19), DC CFBC SG POS IN SIL 4000 (1-19), DC CFBC SG POS IN SIL 5000 (1-19),

 State:
 District of Columbia
 Filing Company:
 CareFirst BlueChoice, Inc.

 TOI/Sub-TOI:
 HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only

- Other

Product Name: 2255 - DC ACA Small Group BlueChoice **Project Name/Number:** 2255 - DC BC SG ACA ON-EXCHANGE/2255

DC/CF/BLCRD (R. 6/18), DC/CF/MEM/BLCRD (R. 6/18), DC/CFBC/ADV/BLCRD (R.

6/18), DC/CFBC/ADV/MEM/BLCRD (R. 6/18), DC/CFBC/BLCRD (R. 6/18),

DC/CFBC/MEM/BLCRD (R. 6/18), DC/CFBC/SG/CCHRADM (1/19),

DC/CFBC/SG/INCENT (R. 1/19), DC/CFBC/SHOP/2019 AMEND (1/19), DC/GHMSI-HEALTH GUARANTEE 6/18, DC-CFBC-SHOP-GC (R 1/19), DC-CF-SHOP-GC (R 1-19)

Affected Forms:

Other Affected Forms: DC CFBC SHOP ADV IN DOCS (1-17), DC CFBC SHOP BC+OOOA DOCS (1-17), DC

CFBC SHOP ELIG AMEND (1/17), DC CFBC SHOP HMO DOCS (1-17), DC CFBC SHOP PLUS IN DOCS (1-17), DC/CF/ANCILLARY AMEND (10/12), DC/CF/PARTNER

(R. 7/09), DC/CF/PT PROTECT (9/10), DC/CFBC/ANCILLARY AMEND (10/12),

DC/CFBC/DOL APPEAL (R. 1/17), DC/CFBC/FAM PLAN (8/12), DC/CFBC/PARTNER

(R. 7/09), DC/CFBC/PT PROTECT (9/10), DC/CFBC/SHOP/ELIG (1/14), DC/CFBC/SHOP/HMO POS/EOC (1/17), DC/GHMSI/DOL APPEAL (R. 1/17),

DC/GHMSI/FAM PLAN (8/12), DC-CF-SHOP-POS OON-DOCS (1-17), DC-CF-SHOP-

POS-OON-EOC (1-17)

REQUESTED RATE CHANGE INFORMATION:

Change Period: Annual
Member Months: 429,341
Benefit Change: Increase

Percent Change Requested: Min: -4.8 Max: 10.3 Avg: 3.2

PRIOR RATE:

Total Earned Premium: 188,291,286.00 Total Incurred Claims: 142,301,792.00

Annual \$: Min: 247.10 Max: 561.54 Avg: 434.72

REQUESTED RATE:

Projected Earned Premium: 198,714,869.00 Projected Incurred Claims: 150,977,257.00

Annual \$: Min: 248.03 Max: 573.30 Avg: 448.33

State: District of Columbia Filing Company: CareFirst BlueChoice, Inc.

TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other

Product Name:2255 - DC ACA Small Group BlueChoiceProject Name/Number:2255 - DC BC SG ACA ON-EXCHANGE/2255

Rate/Rule Schedule

State: District of Columbia Filing Company: CareFirst BlueChoice, Inc.

TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other

Product Name:2255 - DC ACA Small Group BlueChoiceProject Name/Number:2255 - DC BC SG ACA ON-EXCHANGE/2255

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		2255 - DC BlueChoice - Small Group - Rate Sheets - 6-1	DC CFBC SHOP ADV IN DOCS (1-17), DC CFBC SHOP BC+OOOA DOCS (1- 17), DC CFBC SHOP ELIG AMEND (1/17), DC CFBC SHOP HMO DOCS (1-17), DC CFBC SHOP PLUS IN DOCS (1-17), DC/CF/ANCILLARY AMEND (10/12), DC/CF/PARTNER (R. 7/09), DC/CF/PARTNER (R. 7/09), DC/CFBC/ANCILLARY AMEND (10/12), DC/CFBC/ANCILLARY AMEND (10/12), DC/CFBC/BC/FAM PLAN (8/12), DC/CFBC/FAM PLAN (8/12), DC/CFBC/FAM PLAN (8/12), DC/CFBC/PARTNER (R. 7/09), DC/CFBC/PT PROTECT (9/10), DC/CFBC/SHOP/ELIG (1/14), DC/CFBC/SHOP/ELIG (1/14), DC/CFBC/SHOP/ELIG (1/17), DC/GHMSI/DOL APPEAL (R. 1/17), DC/GHMSI/FAM PLAN (8/12), DC-CF-SHOP-POS OON-DOCS (1-17), DC-CF- SHOP-POS-OON-EOC (1-17), DC CF SG BC ADV OON BF HSA SIL 1500 (1-19), DC CF SG POS OON BRZ 5750 (1- 19), DC CF SG POS OON CDH BRZ 6000 (1-19), DC CF SG POS OON CDH GOLD 1500 (1-19), DC CF SG POS OON CDH SIL 2500 (1- 19), DC CF SG POS OON CDH SIL 3000 (1-19), DC CF SG POS OON GOLD 1000 (1- 19), DC CF SG POS OON CDH SIL 3000 (1-19), DC CF SG POS OON GOLD 1000 (1- 19), DC CF SG POS OON CDH SIL 3000 (1-19), DC CF SG POS OON GOLD 1000 (1- 19), DC CF SG POS OON CDH SIL 3000 (1-19), DC CF SG POS OON GOLD 1000 (1- 19), DC CF SG POS OON CDH SIL 3000 (1-19), DC CF SG POS OON GOLD 1000 (1- 19), DC CF SG POS OON CDH SIL 3000 (1-19), DC CF SG POS OON GOLD 1000 (1- 19), DC CF SG POS OON CDH SIL 3000 (1-19), DC CF	Revised	Previous State Filing Number: CFAP-131010730 Percent Rate Change Request: 3.2	2255 - DC BlueChoice - Small Group - Rate Sheets - 6-1.pdf,

State: District of Columbia Filing Company: CareFirst BlueChoice, Inc.

TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other

Product Name:2255 - DC ACA Small Group BlueChoiceProject Name/Number:2255 - DC BC SG ACA ON-EXCHANGE/2255

POS OON GOLD 3000 (1-19), DC CF SG POS OON GOLD 500 (1-19), DC CF SG POS OON PLAT 0 (1-19), DC CF SG POS OON PLAT 500 (1-19), DC CF SG POS OON SIL 4000 (1-19), DC CF SG POS OON SIL 5000 (1-19), DC CFBC SG BC ADV IN BF HSA SIL 1500 (1-19), DC CFBC SG BC+ OO PLAT 0 (1-19), DC CFBC SG HB HMO CDH SIL 2000 (1-19), DC CFBC SG HB HMO GOLD 1500 (1-19), DC CFBC SG HB HMO PLAT 500 (1-19), DC CFBC SG HMO OA CDH BRZ 6000 (1-19), DC CFBC SG HMO OA CDH GOLD 1500 (1-19), DC CFBC SG HMO OA CDH SIL 1500 (1-19), DC CFBC SG HMO OA CDH SIL 2000 (1-19), DC CFBC SG HMO OA CDH SIL 2500 (1-19), DC CFBC SG HMO OA CDH SIL 3000 (1-19), DC CFBC SG HMO OA GÓLD 1500 (1-19), DC CFBC SG HMO OA GOLD 3000 (1-19). DC CFBC SG HMO OA GÓLD 500 (1-19), DC CFBC SG HMO OÀ PLÁT 0 (1-19), DC CFBC SG HMO OA SIL 1000 (1-19), DC CFBC SG HMO OA SIL 5000 (1-19), DC CFBC SG HMO REF BRZ 5750 (1-19), DC CFBC SG HMO REF GOLD 0 (1-19), DC CFBC SG HMO REF GOLD 500 (1-19), DC CFBC SG HMO REF GOLD 80 (1-19) DC CFBC SG HMO REF PLAT 0 (1-19), DC CFBC SG HMO RÉF SIL 4000 (1-19), DC CFBC SG HMO REF SIL 70 (1-19), DC CFBC SG POS IN BRZ 5750 (1-19), DC CFBC SG POS IN CDH BRZ 6000 (1-

State: District of Columbia Filing Company: CareFirst BlueChoice, Inc.

TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other

Product Name:2255 - DC ACA Small Group BlueChoiceProject Name/Number:2255 - DC BC SG ACA ON-EXCHANGE/2255

19), DC CFBC SG POS IN CDH GOLD 1500 (1-19), DC CFBC SG POS IN CDH SIL 1500 (1-19), DC CFBC SG POS IN COH SIL 2000 (1-19), DC CFBC SG POS IN CDH SIL 2500 (1-19), DC CFBC SG POS IN CDH SIL 3000 (1-19), DC CFBC SG POS IN GOLD 1000 (1-19), DC CFBC SG POS IN GÓLD 1500 (1-19), DC CFBC SG POS IN GOLD 3000 (1-19), DC CFBC SG POS IN GOLD 500 (1-19), DC CFBC SG POS IN PLAT 0 (1-19), DC CFBC SG POS IN PLAT 500 (1-19), DC CFBC SG POS IN SIL 4000 (1-19), DC CFBC SG POS IN SIL 5000 (1-19), DC/CF/BLCRD (R. 6/18), DC/CF/MEM/BLCRD (R. 6/18), DC/CFBC/ADV/BLCRD (R. 6/18) DC/CFBC/ADV/MEM/BLCRD (R. 6/18), DC/CFBC/BLCRD (R. 6/18), DC/CFBC/MEM/BLCRD (R. 6/18), DC/CFBC/SG/CCHRADM (1/19), DC/CFBC/SG/INCENT (R. 1/19), DC/CFBC/SHOP/2019 AMEND (1/19), DC/GHMSI-**HEALTH GUARANTEE 6/18,** DC-CFBC-SHOP-GC (R 1/19), DC-CF-SHOP-GC (R 1-19)

CareFirst BlueCross BlueShield (BlueChoice) DC Small Group On Exchange Products Rate Filing Effective 1/1/2019 Premiums Effective 01/2019, 04/2019, 07/2019 and 10/2019

				Rx Benefit	Benefit		ООР		Individual	dual Base Rate		Increme	ental Base Change	Rate %
HIOS Plan ID	HIOS Product	HIOS Plan Name	On/Off Exchange	Benefit**	Description*	Deductible	Max	01/2019	04/2019	07/2019	10/2019	04/2019	07/2019	10/2019
86052DC0460009	BlueChoice HMO	BlueChoice HMO Gold 1500	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	\$15 PCP/\$30 Spec/\$250 ER/\$400 IP	\$1,500 Med / \$250 Rx	\$3,500	\$402.49	\$413.68	\$423.55	\$434.85	2.8%	2.4%	2.7%
86052DC0460010	BlueChoice HMO	BlueChoice HMO Gold 500	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	\$15 PCP/\$30 Spec/\$250 ER/\$400 IP	\$500 Med / \$250 Rx	\$5,000	\$422.92	\$434.68	\$445.05	\$456.93	2.8%	2.4%	2.7%
86052DC0460014	BlueChoice HMO	BlueChoice HMO HSA/HRA Bronze 6000	On	Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	\$50 PCP/\$100 Spec/\$250 ER/\$500 IP	\$6,000 (Integrated)	\$6,550	\$256.38	\$263.51	\$269.79	\$276.99	2.8%	2.4%	2.7%
86052DC0460012	BlueChoice HMO	BlueChoice HMO HSA/HRA Silver 1500	On	Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	\$25 PCP/\$50 Spec/\$250 ER/\$500 IP	\$1,500 (Integrated)	\$5,900	\$344.48	\$354.06	\$362.50	\$372.18	2.8%	2.4%	2.7%
86052DC0460019	BlueChoice HMO	BlueChoice HMO HSA/HRA Silver 3000	On	Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	\$25 PCP/\$50 Spec/\$250 ER/\$500 IP	\$3,000 (Integrated)	\$4,750	\$311.34	\$320.00	\$327.64	\$336.38	2.8%	2.4%	2.7%
86052DC0460011	BlueChoice HMO	BlueChoice HMO Platinum 0	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	\$10 PCP/\$20 Spec/\$100 ER/\$200 IP	\$0 Med / \$0 Rx	\$1,500	\$511.57	\$525.80	\$538.34	\$552.71	2.8%	2.4%	2.7%
86052DC0460020	BlueChoice HMO	BlueChoice HMO Silver 1000	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	\$40 PCP/\$100 Spec/\$400 ER/\$500 IP	\$1,000 Med / \$250 Rx	\$7,700	\$337.28	\$346.67	\$354.93	\$364.41	2.8%	2.4%	2.7%
86052DC0460015	BlueChoice HMO	HealthyBlue HMO Gold 1500	On	Non-Int: \$0/\$45/\$65/50% to \$100 Max/50% to \$150 Max	\$0 PCP/\$30 Spec/\$200 ER/\$500 IP	Rx	\$7,650	\$427.88	\$439.78	\$450.27	\$462.28	2.8%	2.4%	2.7%
86052DC0460018	BlueChoice HMO	HealthyBlue HMO HSA/HRA Silver 2000	On	Int: \$0/\$45/\$65/50% to \$100 Max/50% to \$150 Max	\$0 PCP/\$45 Spec/\$200 ER/\$500 IP	\$2,000 (Integrated)	\$6,550	\$340.59	\$350.07	\$358.42	\$367.98	2.8%	2.4%	2.7%
86052DC0460016	BlueChoice HMO	HealthyBlue HMO Platinum 500	On	Non-Int: \$0/\$45/\$65/50% to \$100 Max/50% to \$150 Max	\$0 PCP/\$30 Spec/\$200 ER/\$500 IP	\$500 Med / \$0 Rx	\$1,500	\$491.39	\$505.06	\$517.11	\$530.91	2.8%	2.4%	2.7%
86052DC0460013	BlueChoice HMO	BlueChoice HMO HSA/HRA Silver 2000	On	Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	\$25 PCP/\$50 Spec/\$250 ER/\$500 IP	\$2,000 (Integrated)	\$5,500	\$330.11	\$339.29	\$347.38	\$356.65	2.8%	2.4%	2.7%
86052DC0460021	BlueChoice HMO	BlueChoice HMO HSA/HRA Gold 1500	On	Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	\$10 PCP/\$20 Spec/\$100 ER/\$200 IP	\$1,500 (Integrated)	\$3,000	\$387.81	\$398.60	\$408.11	\$419.00	2.8%	2.4%	2.7%
86052DC0460022	BlueChoice HMO	BlueChoice HMO HSA/HRA Silver 2500	On	Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	\$20 PCP/\$40 Spec/\$150 ER/\$500 IP	\$2,500 (Integrated)	\$6,000	\$323.40	\$332.39	\$340.32	\$349.40	2.8%	2.4%	2.7%
86052DC0460023	BlueChoice HMO	BlueChoice HMO Silver 5000	On	Int: \$10/\$40/\$70/\$100/\$150	\$0 PCP/\$50 Spec/\$250 ER/\$500 IP	\$5,000 Med / \$250 Rx	\$7,500	\$331.45	\$340.67	\$348.79	\$358.10	2.8%	2.4%	2.7%
86052DC0460024	BlueChoice HMO	BlueChoice HMO Gold 3000	On	Int: \$10/\$40/\$70/\$100/\$150	\$15 PCP/\$30 Spec/\$150 ER/\$200 IP	\$3,000 Med / \$250 Rx	\$7,000	\$377.58	\$388.08	\$397.34	\$407.94	2.8%	2.4%	2.7%
86052DC0440023	BlueChoice Advantage	BlueChoice Advantage Silver 1500 BlueFund HSA	On	Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$25 PCP/\$50 Spec/\$250 ER/\$500 IP; OON: \$70 PCP/Spec/\$600 IP	IN: \$1,500 (Integrated); OON: \$3,000	IN: \$5,700; OON: \$9,000	\$393.85	\$404.81	\$414.46	\$425.52	2.8%	2.4%	2.7%
86052DC0440010	BlueChoice Advantage	BlueChoice Advantage Gold 1000	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$15 PCP/\$30 Spec/\$250 ER/\$400 IP; OON: \$50 PCP/Spec/\$500 IP	IN: \$1,000 Med / \$250 Rx; OON: \$2,000	IN: \$4,000; OON: \$8,000	\$463.61	\$476.50	\$487.87	\$500.88	2.8%	2.4%	2.7%
86052DC0440011	BlueChoice Advantage	BlueChoice Advantage Gold 500	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$15 PCP/\$30 Spec/\$250 ER/\$400 IP; OON: \$50 PCP/Spec/\$500 IP	IN: \$500 Med / \$250 Rx; OON: \$1,000	IN: \$5,000; OON: \$10,000	\$477.36	\$490.63	\$502.34	\$515.74	2.8%	2.4%	2.7%
86052DC0440018	BlueChoice Advantage	BlueChoice Advantage HSA/HRA Bronze 6000	On	Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$50 PCP/\$100 Spec/\$250 ER/\$500 IP; OON: \$120 PCP/Spec/\$600 IP	IN: \$6,000 (Integrated); OON: \$12,000	IN: \$6,550; OON: \$13,100	\$299.45	\$307.78	\$315.12	\$323.53	2.8%	2.4%	2.7%
86052DC0440013	BlueChoice Advantage	BlueChoice Advantage HSA/HRA Silver 1500	On	Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$25 PCP/\$50 Spec/\$250 ER/\$500 IP; OON: \$70 PCP/Spec/\$600 IP	IN: \$1,500 (Integrated); OON: \$3,000	IN: \$5,900; OON: \$9,000	\$393.45	\$404.40	\$414.04	\$425.09	2.8%	2.4%	2.7%
86052DC0440019	BlueChoice Advantage	BlueChoice Advantage HSA/HRA Silver 3000	On	Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$25 PCP/\$50 Spec/\$250 ER/\$500 IP; OON: \$70 PCP/Spec/\$600 IP	IN: \$3,000 (Integrated); OON: \$6,000	IN: \$4,750; OON: \$9,000	\$359.37	\$369.36	\$378.17	\$388.27	2.8%	2.4%	2.7%
86052DC0440012	BlueChoice Advantage	BlueChoice Advantage Platinum 0	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$10 PCP/\$20 Spec/\$100 ER/\$200 IP; OON: \$40 PCP/Spec/\$300 IP	IN: \$0 Med / \$0 Rx; OON: \$1,500	IN: \$1,500; OON: \$3,000	\$573.30	\$589.25	\$603.31	\$619.41	2.8%	2.4%	2.7%
86052DC0440014	BlueChoice Advantage	HealthyBlue Advantage Gold 1500	On	Non-Int: \$0/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$0 PCP/\$30 Spec/\$200 ER/\$500 IP; OON: \$50 PCP/Spec/\$600 IP	IN: \$1,500 Med / \$0 Rx; OON: \$3,000	IN: \$7,650; OON: \$15,300	\$482.30	\$495.72	\$507.54	\$521.09	2.8%	2.4%	2.7%

^{*} Out-of-Network ER is paid as In-Netowrk.

^{**} Generic/Preferred Brand/Non-Preferred Brand/Preferred Specialy/Non-Preferred Specialty.

CareFirst BlueCross BlueShield (BlueChoice) DC Small Group On Exchange Products Rate Filing Effective 1/1/2019 Premiums Effective 01/2019, 04/2019, 07/2019 and 10/2019

				Rx Benefit	Benefit		ООР	OOP Individual Base Rate			Increme	ental Base Change	Rate %	
HIOS Plan ID	HIOS Product	HIOS Plan Name	On/Off Exchange	Benefit**	Description*	Deductible	Max	01/2019	04/2019	07/2019	10/2019	04/2019	07/2019	10/2019
86052DC0440017	BlueChoice Advantage	HealthyBlue Advantage HSA/HRA Silver 2000	On	Int: \$0/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$0 PCP/\$45 Spec/\$200 ER/\$500 IP; OON: \$65 PCP/Spec/\$600 IP	IN: \$2,000 (Integrated); OON: \$4,000	IN: \$6,550; OON: \$9,000	\$390.10	\$400.95	\$410.51	\$421.46	2.8%	2.4%	2.7%
86052DC0440015	BlueChoice Advantage	HealthyBlue Advantage Platinum 500	On	Non-Int: \$0/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$0 PCP/\$30 Spec/\$200 ER/\$500 IP; OON: \$50 PCP/Spec/\$600 IP	IN: \$500 Med / \$0 Rx; OON: \$1,000	IN: \$1,500; OON: \$3,000	\$553.39	\$568.78	\$582.35	\$597.89	2.8%	2.4%	2.7%
86052DC0440020	BlueChoice Advantage	BlueChoice Advantage Bronze 5750	On	Non-Int: \$20/\$75/\$150/\$100/\$150	IN: \$40 PCP/\$80 Spec/\$500 ER/\$500 IP; OON: \$100 PCP/Spec/\$600 IP	IN: \$5,750 Med / \$250 Rx; OON: \$11,500	IN: \$7,900; OON: \$15,800	\$306.97	\$315.50	\$323.03	\$331.65	2.8%	2.4%	2.7%
86052DC0440021	BlueChoice Advantage	BlueChoice Advantage HSA/HRA Gold 1500	On	Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$10 PCP/\$20 Spec/\$100 ER/\$200 IP; OON: \$40 PCP/Spec/\$300 IP	IN: \$1,500 (Integrated); OON: \$3,000	IN: \$3,000; OON: \$6,000	\$442.63	\$454.94	\$465.80	\$478.23	2.8%	2.4%	2.7%
86052DC0440022	BlueChoice Advantage	BlueChoice Advantage Silver 4000	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$25 PCP/\$50 Spec/\$250 ER/\$500 IP; OON: \$70 PCP/Spec/\$600 IP	IN: \$4,000 Med / \$250 Rx; OON: \$8,000	IN: \$7,150; OON: \$14,300	\$381.58	\$392.20	\$401.55	\$412.26	2.8%	2.4%	2.7%
86052DC0440024	BlueChoice Advantage	BlueChoice Advantage HSA/HRA Silver 2500	On	Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$20 PCP/\$40 Spec/\$150 ER/\$500 IP; OON: \$60 PCP/Spec/\$600 IP	IN: \$2,500 (Integrated); OON: \$5,000	IN: \$6,000; OON: \$12,000	\$371.45	\$381.79	\$390.89	\$401.32	2.8%	2.4%	2.7%
86052DC0440025	BlueChoice Advantage	BlueChoice Advantage Silver 5000	On	Int: \$10/\$40/\$70/\$100/\$150	IN: \$0 PCP/\$50 Spec/\$250 ER/\$500 IP; OON: \$70 PCP/Spec/\$600 IP	IN: \$5,000 Med / \$250 Rx; OON: \$10,000	IN: \$7,500; OON: \$15,000	\$379.02	\$389.57	\$398.86	\$409.50	2.8%	2.4%	2.7%
86052DC0440026	BlueChoice Advantage	BlueChoice Advantage Gold 3000	On	Int: \$10/\$40/\$70/\$100/\$150	IN: \$15 PCP/\$30 Spec/\$150 ER/\$200 IP; OON: \$50 PCP/Spec/\$300 IP	IN: \$3,000 Med / \$250 Rx; OON: \$6,000	IN: \$7,000; OON: \$14,000	\$428.81	\$440.74	\$451.25	\$463.30	2.8%	2.4%	2.7%
86052DC0500015	BlueChoice Plus	BlueChoice Plus Gold 1000	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$15 PCP/\$30 Spec/\$250 ER/\$400 IP; OON: \$50 PCP/Spec/\$500 IP	IN: \$1,000 Med / \$250 Rx; OON: \$2,000	IN: \$4,000; OON: \$8,000	\$421.57	\$433.29	\$443.63	\$455.46	2.8%	2.4%	2.7%
86052DC0500016	BlueChoice Plus	BlueChoice Plus Gold 500	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$15 PCP/\$30 Spec/\$250 ER/\$400 IP; OON: \$50 PCP/Spec/\$500 IP	IN: \$500 Med / \$250 Rx; OON: \$1,000	IN: \$5,000; OON: \$10,000	\$434.95	\$447.05	\$457.71	\$469.93	2.8%	2.4%	2.7%
86052DC0500017	BlueChoice Plus	BlueChoice Plus HSA/HRA Bronze 6000	On	Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$50 PCP/\$100 Spec/\$250 ER/\$500 IP; OON: \$120 PCP/Spec/\$600 IP	IN: \$6,000 (Integrated); OON: \$12,000	IN: \$6,550; OON: \$13,100	\$265.84	\$273.23	\$279.75	\$287.21	2.8%	2.4%	2.7%
86052DC0500009	BlueChoice Plus	BlueChoice Plus HSA/HRA Silver 1500	On	Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$25 PCP/\$50 Spec/\$250 ER/\$500 IP; OON: \$70 PCP/Spec/\$600 IP	IN: \$1,500 (Integrated); OON: \$3,000	IN: \$5,900; OON: \$9,000	\$355.26	\$365.14	\$373.85	\$383.83	2.8%	2.4%	2.7%
86052DC0500010	BlueChoice Plus	BlueChoice Plus HSA/HRA Silver 3000	On	Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$25 PCP/\$50 Spec/\$250 ER/\$500 IP; OON: \$70 PCP/Spec/\$600 IP	IN: \$3,000 (Integrated); OON: \$6,000	IN: \$4,750; OON: \$9,000	\$321.89	\$330.84	\$338.73	\$347.77	2.8%	2.4%	2.7%
86052DC0500011	BlueChoice Plus	HealthyBlue Plus Gold 1500	On	Non-Int: \$0/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$0 PCP/\$30 Spec/\$200 ER/\$500 IP; OON: \$50 PCP/Spec/\$600 IP	IN: \$1,500 Med / \$0 Rx; OON: \$3,000	IN: \$7,650; OON: \$15,300	\$439.91	\$452.14	\$462.93	\$475.28	2.8%	2.4%	2.7%
86052DC0500014	BlueChoice Plus	HealthyBlue Plus HSA/HRA Silver 2000	On	Int: \$0/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$0 PCP/\$45 Spec/\$200 ER/\$500 IP; OON: \$65 PCP/Spec/\$600 IP	IN: \$2,000 (Integrated); OON: \$4,000	IN: \$6,550; OON: \$9,000	\$351.49	\$361.27	\$369.88	\$379.75	2.8%	2.4%	2.7%
86052DC0500012	BlueChoice Plus	HealthyBlue Plus Platinum 500	On	Non-Int: \$0/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$0 PCP/\$30 Spec/\$200 ER/\$500 IP; OON: \$50 PCP/Spec/\$600 IP	IN: \$500 Med / \$0 Rx; OON: \$1,000	IN: \$1,500; OON: \$3,000	\$505.09	\$519.14	\$531.52	\$545.70	2.8%	2.4%	2.7%

^{*} Out-of-Network ER is paid as In-Netowrk.

^{**} Generic/Preferred Brand/Non-Preferred Brand/Preferred Specialty.

CareFirst BlueCross BlueShield (BlueChoice) DC Small Group On Exchange Products Rate Filing Effective 1/1/2019 Premiums Effective 01/2019, 04/2019, 07/2019 and 10/2019

				Rx Benefit	Benefit		ООР	Individual Base Rate		Incremental Base Rate S		Rate %		
HIOS Plan ID	HIOS Product	HIOS Plan Name	On/Off Exchange	Benefit**	Description*	Deductible	Max	01/2019	04/2019	07/2019	10/2019	04/2019	07/2019	10/2019
86052DC0500018	BlueChoice Plus	BlueChoice Plus HSA/HRA Silver 2500	On	Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$20 PCP/\$40 Spec/\$150 ER/\$500 IP; OON: \$60 PCP/Spec/\$600 IP	IN: \$2,500 (Integrated); OON: \$5,000	IN: \$6,000; OON: \$12,000	\$333.97	\$343.26	\$351.44	\$360.82	2.8%	2.4%	2.7%
86052DC0580001	BlueChoice Plus	BlueChoice Plus Opt-Out Platinum 0	On	Non-Int: \$0/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$10 PCP/\$20 Spec/\$100 ER/\$200 IP; OON: \$40 PCP/Spec/\$300 IP	IN: \$0 Med / \$0 Rx; OON: \$1,500	IN: \$1,500; OON: \$3,000	\$518.12	\$532.53	\$545.23	\$559.78	2.8%	2.4%	2.7%
86052DC0480009	BlueChoice HMO Referral	BlueChoice HMO Referral Bronze 5750	On	Non-Int: \$20/\$75/\$150/\$100/\$150	\$40 PCP/\$80 Spec/\$500 ER/\$500 IP	\$5,750 Med / \$250 Rx	\$7,900	\$248.03	\$254.93	\$261.01	\$267.98	2.8%	2.4%	2.7%
86052DC0480010	BlueChoice HMO Referral	BlueChoice HMO Referral Gold 0	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	\$30 PCP/\$40 Spec/\$250 ER/\$500 IP	\$0 Med / \$0 Rx	\$5,000	\$430.54	\$442.52	\$453.07	\$465.16	2.8%	2.4%	2.7%
86052DC0480008	BlueChoice HMO Referral	BlueChoice HMO Referral Gold 500	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	\$15 PCP/\$30 Spec/\$250 ER/\$400 IP	\$500 Med / \$250 Rx	\$5,000	\$400.85	\$412.00	\$421.82	\$433.08	2.8%	2.4%	2.7%
86052DC0480011	BlueChoice HMO Referral	BlueChoice HMO Referral Gold 80	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	\$20 PCP/\$40 Spec/20% ER/20% IP	\$1000 Med / \$0 Rx	\$5,300	\$383.87	\$394.54	\$403.95	\$414.73	2.8%	2.4%	2.7%
86052DC0480007	BlueChoice HMO Referral	BlueChoice HMO Referral Platinum 0	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	\$10 PCP/\$20 Spec/\$100 ER/\$200 IP	\$0 Med / \$0 Rx	\$1,500	\$486.51	\$500.04	\$511.96	\$525.63	2.8%	2.4%	2.7%
86052DC0480013	BlueChoice HMO Referral	BlueChoice HMO Referral Silver 70	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	\$40 PCP/\$80 Spec/30% ER/30% IP	\$2000 Med / \$500 Rx	\$7,750	\$301.09	\$309.47	\$316.85	\$325.30	2.8%	2.4%	2.7%
86052DC0480014	BlueChoice HMO Referral	BlueChoice HMO Referral Silver 4000	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	\$25 PCP/\$50 Spec/\$250 ER/\$500 IP	\$4,000 Med / \$250 Rx	\$7,150	\$315.05	\$323.82	\$331.54	\$340.39	2.8%	2.4%	2.7%

^{*} Out-of-Network ER is paid as In-Netowrk.

^{**} Generic/Preferred Brand/Non-Preferred Brand/Preferred Specialy/Non-Preferred Specialty.

State: District of Columbia Filing Company: CareFirst BlueChoice, Inc.

TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other

Product Name:2255 - DC ACA Small Group BlueChoiceProject Name/Number:2255 - DC BC SG ACA ON-EXCHANGE/2255

Supporting Document Schedules

Supporting Bootiment of	
Satisfied - Item:	Actuarial Justification
Comments:	Please see actuarial certification in Actuarial Memorandum.
Attachment(s):	
Item Status:	
Status Date:	
Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	2255_DC_SmallGroup_BlueChoice_1.1.19_ActuarialMemorandum_6-1.pdf 2255_SmallGroup_DC_BlueChoice - Part3 - Actuarial Memorandum - 6-1.pdf Small Group - DISB rate filing checklist.pdf AV Screenshots_DC SG BlueChoice.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	2255_DC_SmallGroup_BlueChoice_1.1.19_ActuarialMemorandum_6-1.pdf DC SG - BlueChoice - Index & Plan Comparison - 6-1.pdf
Item Status:	
Status Date:	
Bypassed - Item:	Certificate of Authority to File
Bypass Reason:	This filing is being submitted by the insurer.
Attachment(s):	
Item Status:	
Status Date:	
Bypassed - Item:	Consumer Disclosure Form
Bypass Reason:	Bypassing at initial submission per instructions in description.
Attachment(s):	
Item Status:	
Status Date:	
Satisfied - Item:	Cover Letter All Filings
Comments:	

SERFF Tracking #:	CFAP-131468251	State Tracking #:	Company Tracking #: 2255
State: FOI/Sub-TOI: Product Name: Project Name/Number:	2255 - DC AC		Filing Company: CareFirst BlueChoice, Inc. ce (HMO)/HOrg02G.004E Small Group Only - Other
Attachment(s):		2019 ACA_Cover Letter_SmallGro	up_DC_BlueChoice - 6-1.pdf
Item Status:			
Status Date:			
Satisfied - Item:		DISB Actuarial Memorandum Data	set
Comments:		Dieb / totaliai Welliefaliaani bata	
Attachment(s):		2255 - DC BC Small Group (2019)	- Dataset - 6-1 Sent.xlsx
Item Status:			
Status Date:			
Bypassed - Item:		District of Columbia and Countrywi	de Experience for the Last 5 Years (P&C)
Bypass Reason:		This is not a P&C filing.	
Attachment(s):		3	
Item Status:			
Status Date:			
Bypassed - Item:		District of Columbia and Countrywi	de Loss Ratio Analysis (P&C)
Bypass Reason:		This is not a P&C filing.	20 200 man man , 000 (1 000)
Attachment(s):		The second secon	
Item Status:			
Status Date:			
Satisfied - Item:		Unified Rate Review Template	
Comments:		Offined Rate Review Template	
Attachment(s):		2255 DC BlueChoice Small Group 2255 DC BlueChoice Small Group	URRT - 6-1.pdf URRT - 6-1.xlsm
Item Status:			
Status Date:			
Satisfied - Item:		District of Columbia Plain Language	e Summary
Comments:		District of Columbia Fiam Early aag	o Cummary
Attachment(s):		2255 - DC SG - BlueChoice - Partl	Rate Justification - 6-1.pdf
Item Status:			<u>'</u>
Status Date:			
Satisfied - Item:		RateE File	
Comments:		2	
Attachment(s):		BC.DC.RATEE.2017Q4.20180410	- Small Group BlueChoice.xlsx
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SERFF Tracking #:	CFAP-131468251	State Tracking #:	C	ompany Tracking #: 2255	
State:	District of Colu	umbia	Filing Company:	CareFirst BlueChoice, Inc.	
TOI/Sub-TOI:	HOrg02G Gro	oup Health Organizations - Health Mainte	nance (HMO)/HOrg02G.004E Small Gr	oup Only - Other	
Product Name:	2255 - DC AC	A Small Group BlueChoice			
Project Name/Number:	2255 - DC BC	SG ACA ON-EXCHANGE/2255			
Itam Otatura					
Item Status:					
Status Date:					
Satisfied - Item:		Objection Response Documenta	ation		
		·	duon		
Comments:		Will add as necessary.			
Attachment(s):					
Item Status:					

Status Date:

State: District of Columbia Filing Company: CareFirst BlueChoice, Inc.

TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other

Product Name:2255 - DC ACA Small Group BlueChoiceProject Name/Number:2255 - DC BC SG ACA ON-EXCHANGE/2255

Attachment 2255 - DC BC Small Group (2019) - Dataset - 6-1 Sent.xlsx is not a PDF document and cannot be reproduced here.

Attachment 2255 DC BlueChoice Small Group URRT - 6-1.xlsm is not a PDF document and cannot be reproduced here.

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

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

Rate Filing # 2255
D.C. Small Group 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. Small Group Products Rate Filing Effective 1/1/2019 Actuarial Certification

I, Dwayne Lucado, am a(n) Actuary, Group Pricing 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 have been developed in accordance with the available regulations and guidance. Should new guidance be released, this filing may be revised. I certify that this filing has been prepared based on sound and commonly accepted actuarial principles, practices and assumptions in the aggregate for the legal entity.

I further certify the following:

- 1. The projected Index Rate is:
 - a. In compliance with all applicable state and Federal statutes and regulations (45 CFR 156.80 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.

Dwayne Lucado Lucado Lucado Date: 2018.06.01 12:19:40 -04'00'

Dwayne Lucado, FSA, MAAA Actuary, Group Pricing 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	1.0550	9
(16)	Federal Exchange User Fee	1.0000	
(17)	Market Adjusted Index Rate	\$ 431.00	
	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	Ir	curred Allowed	Allo	owed PMPM	Utilization Description	Utilization per 1,000	Co	Average ost/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
Total (EHB & Non-EHB)	\$	173,007,122	\$	358.84				
EHB Allowed	\$	172,008,748	\$	356.77				
Non-EHB Allowed	\$	998,374	\$	2.07				
Incurred Net	\$	147,321,917	\$	305.57				
Net/Allowed		85.15%						
Experience Period Member Months		482,127						

Exhibit 3 - Non-EHB Adjustment

		2019 (On-Exchange	2019 (!	
(1)	Blended Index Rate	\$	422.06	\$	422.06	
(2)	Non-EHB PMPM	\$	2.26	\$	2.26	
(3)	Total	\$	424.32	\$	424.32	
(4)	Plan Level Adjustment		1.005		1.005	(3)/(1)

Base Year (2017)

2017 SRP Allowed		20		Nor	malized Allowed
PMPM	Months		PMPM		PMPM
Subtotal	482,120	Ś	373.13	\$	211.84

Current Year YTD (2018)

	2018 Existing from	ACA Member		Normalized Allowed
Existing	2017	Count	Trend Factor	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

		ACA Member		Normalized Allowed
New	New to 2018	Count	Trend Factor	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

	2016 Transfer	ACA Member		Normalized Allowed
Transfer	from Other SBU	Count	Trend Factor	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	ACA Member		Normalized Allowed	Ŀ
Total	Count	Trend Factor	PMPM	╝
Catastrophic	735	1.00	\$ 79.64	1
Bronze	3,469	1.00	\$ 103.84	1
Silver	9,102	1.00	\$ 197.82	2
Gold	13,847	1.00	\$ 222.14	1
Platinum	12,647	1.00	\$ 236.50)

Current Year (2018)*

	ACA Member	Normalized
2018 Existing	Months	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

	ACA Member	Normalized
New to 2018	Months	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

	ACA Member	Normalized	
2018 SRP Total	Months	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)

		N	ormalized
2019 Existing	ACA Member Months	Allo	wed 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

		1	Normalized
New to 2019	ACA Member Months	Alle	owed 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

		N	ormalized
2019 SRP Total	ACA Member Months	Allo	wed 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

	Tota	l 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 (2) Projected 2019	80.22% 80.81%	1.0815 1.0857	
(3) Adjustment*	80.8176	1.0038	(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)	Demographic Adjustment***	All	0.989		

(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

	Capitation adjustment		
(1)	EP Capitation PMPM	\$ 0.92	
(2)	Projected Capitations PMPM	\$ 0.46	
(3)	Adjustment to Capitation Category	0.4984	(2)/(1)
	Drug Rebates adjustment		
(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)	Adjustment to Drug Category	1.0515	(8)/(7)
	Formulary Adjustments		
(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)	Adjustment to Drug Category	0.9566 [(12) + (13)]/[(10) + (13)]

	РМРМ	Adjustment
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
Total	\$ 408.37	1.000

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

Exhibit 8 - Annual Trend Assumptions

	201	L7 PMPM	Weight	Utilization/1,000	Unit Cost	Composite
Inpatient Hospital	\$	61.77	17%	1.0000	1.0900	1.090
Outpatient Hospital	\$	64.98	18%	1.0600	1.0100	1.071
Professional	\$	121.56	34%	1.0400	1.0200	1.061
Other Medical	\$	18.98	5%	1.0000	1.0650	1.065
Capitation	\$	1.07	0%	1.0000	1.0000	1.000
Prescription Drug	\$	90.48	25%	1.0100	1.1000	1.111
Total	\$	358.84	100%			1.080
Proposed Trend						1.081

Exhibit 9 - Risk Adjustment

2017

Metallic Tier	Member Months	Distribution	PLRS	ARF	Transfer \$	РМРМ
Bronze	13,143	3.2%	0.670	1.044	-\$1,076,474	-\$81.90
Silver	89,549	21.8%	0.960	1.048	-\$3,209,547	-\$35.84
Gold	157,135	38.2%	1.041	1.010	-\$7,471,150	-\$47.55
Platinum	151,772	36.9%	1.391	1.027	\$3,397,731	\$22.39
Total	411,599	100%	1.141	1.026	-\$8,359,439	-\$20.31

Statewide 2017						Statev	wide PMPM 2017	
Small Group	905,954	1.235	1.039 \$	-	\$	476.26	\$	476.26

2019

Metallic Tier	Member Months	Distribution	PLRS	ARF	Transfer \$	PMPM
Bronze	16,977	4%	0.644	1.002	-\$1,315,944	-\$77.51
Silver	96,839	23%	0.973	1.040	-\$2,974,463	-\$30.72
Gold	163,438	38%	1.036	0.991	-\$7,107,791	-\$43.49
Platinum	152,087	35%	1.374	1.004	\$3,229,557	\$21.23
Total	429,341	100%	1.126	1.007	-\$8,168,641	-\$19.03

Statewide 2019						Statewide	PMPM 2019
Small Group	921,890	1.222	1.021 \$	-	\$ 450.54	\$	450.54

Adjustment Factor applied to Market Adjusted Index Rate

Projected Index Rate (Avg. 1Q-4Q)	Projected Transfer PMPM (Allowed basis)	Risk Adjustment User Fee	Adjustment Factor*
\$ 422.06	-\$23.05	\$ 0.14	1.055

^{*}Adjustment Factor = (\$422.06 - \$-23.05+ \$0.14) / \$422.06

Exhibit 10A - Desired Incurred Claims Ratio

		10	2019		20	2019	3Q 201		2019	4Q 2019		2019
	-	PMPM	% of Revenue	ı	PMPM	% of Revenue		PMPM	% of Revenue	ı	РМРМ	% of Revenue
Allowed Claims	\$	414.45		\$	422.62		\$	430.96		\$	439.47	
Paid/Allowed Ratio		81.35%			81.35%			81.35%			81.35%	
Paid Claims & Capitations	\$	337.15		\$	343.80		\$	350.58		\$	357.51	
Risk Adjustment Transfer (Paid Basis)	\$	(19.03)		\$	(19.03)		\$	(19.03)		\$	(19.03)	
Paid Claims & Capitations (Post-Risk Adj)	\$	356.18	76.9%	\$	362.83	76.3%	\$	369.61	76.0%	\$	376.54	75.4%
Administrative Expense	\$	51.97	11.2%	\$	51.97	10.9%	\$	51.97	10.7%	\$	51.97	10.4%
Broker Commissions & Fee	\$	30.33	6.5%	\$	30.33	6.4%	\$	30.33	6.2%	\$	30.33	6.1%
Contribution to Reserve (Post-Tax)	\$	7.41	1.6%	\$	7.61	1.6%	\$	7.79	1.6%	\$	7.99	1.6%
Investment Income Credit	\$	(0.00)	-0.0001%	\$	(0.00)	-0.0001%	\$	(0.00)	-0.0001%	\$	(0.00)	-0.0001%
Non-ACA Taxes & Fees												
State Premium Tax	\$	9.27	2.0%	\$	9.52	2.0%	\$	9.73	2.0%	\$	9.98	2.0%
State Assessment Fee	\$	0.53	0.1%	\$	0.55	0.1%	\$	0.56	0.1%	\$	0.57	0.1%
State Income Tax	\$	-	0.0%	\$	-	0.0%	\$	-	0.0%	\$	-	0.0%
Federal Income Tax	\$	1.85	0.4%	\$	1.90	0.4%	\$	1.95	0.4%	\$	2.00	0.4%
ACA Taxes & Fees												
Health Insurer Tax	\$	0.51	0.1%	\$	5.62	1.2%	\$	9.13	1.9%	\$	14.05	2.8%
Risk Adjustment User Fee	\$	0.14	0.0%	\$	0.14	0.0%	\$	0.14	0.0%	\$	0.14	0.0%
Exchange Assessment Fee	\$	4.63	1.0%	\$	4.76	1.0%	\$	4.87	1.0%	\$	4.99	1.0%
Federal Exchange User Fee	\$	-	0.0%	\$	-	0.0%	\$	-	0.0%	\$	-	0.0%
PCORI Tax	\$	0.21	0.0%	\$	0.21	0.0%	\$	0.21	0.0%	\$	0.21	0.0%
BlueRewards/Incentive Program	\$	0.35	0.1%	\$	0.35	0.1%	\$	0.35	0.1%	\$	0.35	0.1%
Total Revenue	\$	463.37	100.0%	\$	475.77	100.0%	\$	486.62	100.0%	\$	499.10	100.0%
Plan Level Admin Load Adjustment		1.3004			1.3108			1.3161			1.3250	
Projected Member Months		107,264			58,950			70,189			192,937	
Average Members		8,939			4,912			5,849			16,078	
% Total 2019		25.0%			13.7%			16.3%			44.9%	

Exhibit 10B - Federal MLR

	Total 2019 PMPM / %			
	PMPM / %			
Traditional MLR Development				
Paid Claims & Capitations (Post-Risk Adj)	\$	368.44		
Total Revenue	\$	484.93		
Traditional MLR (i.e. DICR)		76.0%		
Federal MLR Development				
Numerator Adjustments				
BlueRewards/Incentive Program	\$	0.35		
Quality Improvement Expenses	\$	3.44		
Removal of non-care costs under MLR guidelines	\$	(5.18)		
Denominator Adjustments				
Non-ACA Taxes & Fees	\$	12.20		
ACA Taxes & Fees	\$	13.90		
Federal MLR Numerator	\$	367.05		
Federal MLR Denominator	\$	458.83		
Federal MLR		80.0%		
Projected Member Months		429,341		

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

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

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	Admin	Plan Adjusted Index Rate
86052DC0440010	BlueChoice Advantage Gold 1000	POS	Gold	On	Open Access Advantage	431.00	0.796	1.071	0.9960	1.005	1.300	478.61
86052DC0440011	BlueChoice Advantage Gold 500	POS	Gold	On	Open Access Advantage	431.00	0.820	1.071	0.9960	1.005	1.300	492.80
86052DC0440012	BlueChoice Advantage Platinum 0	POS	Platinum	On	Open Access Advantage	431.00	0.925	1.071	1.0600	1.005	1.300	591.86
86052DC0440013	BlueChoice Advantage HSA/HRA Silver 1500	POS	Silver	On	Open Access Advantage	431.00	0.708	1.071	0.9500	1.005	1.300	406.19
86052DC0440014	HealthyBlue Advantage Gold 1500	POS	Gold	On	Open Access Advantage	431.00	0.828	1.071	0.9960	1.005	1.300	497.91
86052DC0440015	HealthyBlue Advantage Platinum 500	POS	Platinum	On	Open Access Advantage	431.00	0.893	1.071	1.0600	1.005	1.300	571.30
86052DC0440017	HealthyBlue Advantage HSA/HRA Silver 2000	POS	Silver	On	Open Access Advantage	431.00	0.702	1.071	0.9500	1.005	1.300	402.72
86052DC0440018	BlueChoice Advantage HSA/HRA Bronze 6000	POS	Bronze	On	Open Access Advantage	431.00	0.556	1.071	0.9220	1.005	1.300	309.14
86052DC0440019	BlueChoice Advantage HSA/HRA Silver 3000	POS	Silver	On	Open Access Advantage	431.00	0.647	1.071	0.9500	1.005	1.300	371.00
86052DC0440020	BlueChoice Advantage Bronze 5750	POS	Bronze	On	Open Access Advantage	431.00	0.570	1.071	0.9220	1.005	1.300	316.90
86052DC0440021	BlueChoice Advantage HSA/HRA Gold 1500	POS	Gold	On	Open Access Advantage	431.00	0.760	1.071	0.9960	1.005	1.300	456.96
86052DC0440022	BlueChoice Advantage Silver 4000	POS	Silver	On	Open Access Advantage	431.00	0.687	1.071	0.9500	1.005	1.300	393.93
86052DC0440023	BlueChoice Advantage Silver 1500 BlueFund HSA	POS	Silver	On	Open Access Advantage	431.00	0.709	1.071	0.9500	1.005	1.300	406.60
86052DC0460009	BlueChoice HMO Gold 1500	НМО	Gold	On	Open Access	431.00	0.773	0.958	0.9960	1.005	1.300	415.51
86052DC0460010	BlueChoice HMO Gold 500	НМО	Gold	On	Open Access	431.00	0.812	0.958	0.9960	1.005	1.300	436.60
86052DC0460011	BlueChoice HMO Platinum 0	НМО	Platinum	On	Open Access	431.00	0.923	0.958	1.0600	1.005	1.300	528.12
86052DC0460012	BlueChoice HMO HSA/HRA Silver 1500	НМО	Silver	On	Open Access	431.00	0.693	0.958	0.9500	1.005	1.300	355.62
86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000	НМО	Silver	On	Open Access	431.00	0.665	0.958	0.9500	1.005	1.300	340.79
86052DC0460014	BlueChoice HMO HSA/HRA Bronze 6000	HMO	Bronze	On	Open Access	431.00	0.532	0.958	0.9220	1.005	1.300	264.67
86052DC0460015	HealthyBlue HMO Gold 1500	HMO	Gold	On	Open Access	431.00	0.822	0.958	0.9960	1.005	1.300	441.72
86052DC0460016	HealthyBlue HMO Platinum 500	HMO	Platinum	On	Open Access	431.00	0.887	0.958	1.0600	1.005	1.300	507.29
86052DC0460018	HealthyBlue HMO HSA/HRA Silver 2000	HMO	Silver	On	Open Access	431.00	0.686	0.958	0.9500	1.005	1.300	351.61
86052DC0460019	BlueChoice HMO HSA/HRA Silver 3000	HMO	Silver	On	Open Access	431.00	0.627	0.958	0.9500	1.005	1.300	321.42
86052DC0460020	BlueChoice HMO Silver 1000	HMO	Silver	On	Open Access	431.00	0.679	0.958	0.9500	1.005	1.300	348.20
86052DC0460020	BlueChoice HMO HSA/HRA Gold 1500	HMO	Gold	On	Open Access	431.00	0.745	0.958	0.9960	1.005	1.300	400.36
86052DC0480007	•	HMO	Platinum	On	•	431.00	0.743	0.912	1.0600	1.005	1.300	502.25
86052DC0480007 86052DC0480008	BlueChoice HMO Referral Platinum 0 BlueChoice HMO Referral Gold 500	HMO	Gold	On	Lock In / Referral	431.00	0.922	0.912	0.9960	1.005	1.300	413.82
86052DC0480008 86052DC0480009		HMO	Bronze	On	Lock In / Referral		0.808	0.912	0.9960	1.005	1.300	256.06
	BlueChoice HMO Referral Bronze 5750		Gold	On	Lock In / Referral	431.00		0.912		1.005		444.47
86052DC0480010	BlueChoice HMO Referral Gold 0	HMO			Lock In / Referral	431.00	0.868		0.9960		1.300	
86052DC0480011	BlueChoice HMO Referral Gold 80	HMO	Gold	On	Lock In / Referral	431.00	0.774	0.912	0.9960	1.005	1.300	396.29
86052DC0480013	BlueChoice HMO Referral Silver 70	HMO	Silver	On	Lock In / Referral	431.00	0.637	0.912	0.9500	1.005	1.300	310.83
86052DC0480014	BlueChoice HMO Referral Silver 4000	HMO	Silver	On	Lock In / Referral	431.00	0.666	0.912	0.9500	1.005	1.300	325.25
86052DC0500009	BlueChoice Plus HSA/HRA Silver 1500	POS	Silver	On	Open Access Plus	431.00	0.697	0.983	0.9500	1.005	1.300	366.76
86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000	POS	Silver	On	Open Access Plus	431.00	0.631	0.983	0.9500	1.005	1.300	332.30
86052DC0500011	HealthyBlue Plus Gold 1500	POS	Gold	On	Open Access Plus	431.00	0.823	0.983	0.9960	1.005	1.300	454.14
86052DC0500012	HealthyBlue Plus Platinum 500	POS	Platinum	On	Open Access Plus	431.00	0.888	0.983	1.0600	1.005	1.300	521.43
86052DC0500014	HealthyBlue Plus HSA/HRA Silver 2000	POS	Silver	On	Open Access Plus	431.00	0.690	0.983	0.9500	1.005	1.300	362.86
86052DC0500015	BlueChoice Plus Gold 1000	POS	Gold	On	Open Access Plus	431.00	0.789	0.983	0.9960	1.005	1.300	435.21
86052DC0500016	BlueChoice Plus Gold 500	POS	Gold	On	Open Access Plus	431.00	0.814	0.983	0.9960	1.005	1.300	449.03
86052DC0500017	BlueChoice Plus HSA/HRA Bronze 6000	POS	Bronze	On	Open Access Plus	431.00	0.537	0.983	0.9220	1.005	1.300	274.44
86052DC0580001	BlueChoice Plus Opt-Out Platinum 0	НМО	Platinum	On	Open Access Opt-Out	431.00	0.923	0.970	1.0600	1.005	1.300	534.89
86052DC0460022	BlueChoice HMO HSA/HRA Silver 2500	НМО	Silver	On	Open Access	431.00	0.651	0.958	0.9500	1.005	1.300	333.86
86052DC0440024	BlueChoice Advantage HSA/HRA Silver 2500	POS	Silver	On	Open Access Advantage	431.00	0.669	1.071	0.9500	1.005	1.300	383.47
86052DC0500018	BlueChoice Plus HSA/HRA Silver 2500	POS	Silver	On	Open Access Plus	431.00	0.655	0.983	0.9500	1.005	1.300	344.77
86052DC0460024	BlueChoice HMO Gold 3000	НМО	Gold	On	Open Access	431.00	0.725	0.958	0.9960	1.005	1.300	389.80
86052DC0440026	BlueChoice Advantage Gold 3000	POS	Gold	On	Open Access Advantage	431.00	0.736	1.071	0.9960	1.005	1.300	442.69
86052DC0460023	BlueChoice HMO Silver 5000	НМО	Silver	On	Open Access	431.00	0.667	0.958	0.9500	1.005	1.300	342.17
86052DC0440025	BlueChoice Advantage Silver 5000	POS	Silver	On	Open Access Advantage	431.00	0.682	1.071	0.9500	1.005	1.300	391.29

Exhibit 12 - AV Values

HIOS Plan ID	HIOS Plan Name	HHS AV
36052DC0440010	BlueChoice Advantage Gold 1000	0.816
36052DC0440011	BlueChoice Advantage Gold 500	0.815
36052DC0440012	BlueChoice Advantage Platinum 0	0.916
36052DC0440013	BlueChoice Advantage HSA/HRA Silver 1500	0.717
86052DC0440014	HealthyBlue Advantage Gold 1500	0.820
36052DC0440015	HealthyBlue Advantage Platinum 500	0.908
36052DC0440017	HealthyBlue Advantage HSA/HRA Silver 2000	0.712
36052DC0440018	BlueChoice Advantage HSA/HRA Bronze 6000	0.618
86052DC0440019	BlueChoice Advantage HSA/HRA Silver 3000	0.699
86052DC0440020	BlueChoice Advantage Bronze 5750	0.650
36052DC0440021	BlueChoice Advantage HSA/HRA Gold 1500	0.793
86052DC0440022	BlueChoice Advantage Silver 4000	0.718
36052DC0440023	BlueChoice Advantage Silver 1500 BlueFund HSA	0.720
36052DC0460009	BlueChoice HMO Gold 1500	0.818
36052DC0460010	BlueChoice HMO Gold 500	0.815
36052DC0460011	BlueChoice HMO Platinum 0	0.916
86052DC0460012	BlueChoice HMO HSA/HRA Silver 1500	0.717
86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000	0.708
86052DC0460014	BlueChoice HMO HSA/HRA Bronze 6000	0.618
86052DC0460015	HealthyBlue HMO Gold 1500	0.820
36052DC0460016	HealthyBlue HMO Platinum 500	0.908
86052DC0460018	HealthyBlue HMO HSA/HRA Silver 2000	0.712
86052DC0460019	BlueChoice HMO HSA/HRA Silver 3000	0.699
86052DC0460020	BlueChoice HMO Silver 1000	0.720
86052DC0460021	BlueChoice HMO HSA/HRA Gold 1500	0.793
36052DC0480007	BlueChoice HMO Referral Platinum 0	0.916
86052DC0480008	BlueChoice HMO Referral Gold 500	0.815
86052DC0480009	BlueChoice HMO Referral Bronze 5750	0.650
86052DC0480010	BlueChoice HMO Referral Gold 0	0.812
86052DC0480011	BlueChoice HMO Referral Gold 80	0.819
86052DC0480013	BlueChoice HMO Referral Silver 70	0.719
86052DC0480014	BlueChoice HMO Referral Silver 4000	0.718
86052DC0500009	BlueChoice Plus HSA/HRA Silver 1500	0.717
86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000	0.699
86052DC0500011	HealthyBlue Plus Gold 1500	0.820
36052DC0500012	HealthyBlue Plus Platinum 500	0.908
86052DC0500014	HealthyBlue Plus HSA/HRA Silver 2000	0.712
86052DC0500015	BlueChoice Plus Gold 1000	0.816
86052DC0500016	BlueChoice Plus Gold 500	0.815
36052DC0500017	BlueChoice Plus HSA/HRA Bronze 6000	0.618
36052DC0580001	BlueChoice Plus Opt-Out Platinum 0	0.916
36052DC0460022	BlueChoice HMO HSA/HRA Silver 2500	0.697
36052DC0440024	BlueChoice Advantage HSA/HRA Silver 2500	0.697
86052DC0500018	BlueChoice Plus HSA/HRA Silver 2500	0.697
86052DC0460023	BlueChoice HMO Silver 5000	0.716
86052DC0400025	BlueChoice Advantage Silver 5000	0.716
86052DC0460024	BlueChoice HMO Gold 3000	0.763
86052DC0400024	BlueChoice Advantage Gold 3000	0.763

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)	Rating Period	All	1.032	100.0%	41.5			
(3)	Nearest Rounded	All	1.013		41.0			
(4)	Calibration***	All	0.981					

(3)/(2)

	Premium Rate Demonstration				
	HIOS Plan Name	BlueChoice Advantage Gold 1000			
(5	Plan Adjusted Index Rate	\$478.61			
(6	Calibration	0.981	(4)		
(7	Calibrated Rate	\$469.63	(5)*(6)		
(8	Age 40 Factor/Rounded Avg Age Factor = (0.975/1.013)	0.962			
(9	Age 40 Premium Rate	\$452.02	(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
40	1.013
42	1.013
42	
-	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

	Projected Member		
CDH/Non-CDH	Months	Relative to HSA/HRA	Relative to Average
HSA/HRA	118,350	1.000	1.000
Non-CDH	353,511	1.000	1.000
	471,861	1.000	
	Projected Member		
Metal Level	Months	Relative to Bronze	Relative to Average
Catastrophic	6,161	1.000	0.922
Bronze	34,553	1.000	0.922
Silver	107,383	1.030	0.950
Gold	168,668	1.080	0.996
Platinum	155,096	1.150	1.060
Total	471,861	1.085	
Factoria and annull and a	and an investment with the same		

Factors are applied as plan level adjustments

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 costsharing.

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
Total	471,861	1.097	

Factors are applied as plan level adjustments

Appendix - Experience Period to Rating Period Plan Mappings

		Exp. Period			Current Period		Rating Period
2016 Base HIOS Plan II	2016 HIOS Plan Name	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
6052DC0440010	BlueChoice Advantage Gold 1000	86052DC0440010	BlueChoice Advantage Gold 1000	86052DC0440010	BlueChoice Advantage Gold 1000	86052DC0440010	BlueChoice Advantage Gold 1000
6052DC0440011	BlueChoice Advantage Gold 500	86052DC0440011	BlueChoice Advantage Gold 500	86052DC0440011	BlueChoice Advantage Gold 500	86052DC0440011	BlueChoice Advantage Gold 500
6052DC0440012	BlueChoice Advantage Platinum 0	86052DC0440012	BlueChoice Advantage Platinum 0	86052DC0440012	BlueChoice Advantage Platinum 0	86052DC0440012	BlueChoice Advantage Platinum 0
6052DC0440013	BlueChoice Advantage HSA/HRA Silver 1500	86052DC0440013	BlueChoice Advantage HSA/HRA Silver 1500	86052DC0440013	BlueChoice Advantage HSA/HRA Silver 1500	86052DC0440013	BlueChoice Advantage HSA/HRA Silver 1500
6052DC0440014	HealthyBlue Advantage Gold 1500	86052DC0440014	HealthyBlue Advantage Gold 1500	86052DC0440014	HealthyBlue Advantage Gold 1500	86052DC0440014	HealthyBlue Advantage Gold 1500
6052DC0440015	HealthyBlue Advantage Platinum 500	86052DC0440015	HealthyBlue Advantage Platinum 500	86052DC0440015	HealthyBlue Advantage Platinum 500	86052DC0440015	HealthyBlue Advantage Platinum 500
5052DC0440016	HealthyBlue Advantage Platinum 1000	86052DC0440016	HealthyBlue Advantage Platinum 1000	86052DC0440016	HealthyBlue Advantage Platinum 1000	86052DC0440015	HealthyBlue Advantage Platinum 500
5052DC0440017	HealthyBlue Advantage HSA/HRA Silver 2000	86052DC0440017	HealthyBlue Advantage HSA/HRA Silver 2000	86052DC0440017	HealthyBlue Advantage HSA/HRA Silver 2000	86052DC0440017	HealthyBlue Advantage HSA/HRA Silver 2000
052DC0440018	BlueChoice Advantage HSA/HRA Bronze 5000	86052DC0440018	BlueChoice Advantage HSA/HRA Bronze 6500	86052DC0440018	BlueChoice Advantage HSA/HRA Bronze 6000	86052DC0440018	BlueChoice Advantage HSA/HRA Bronze 6000
6052DC0440019	BlueChoice Advantage HSA/HRA Silver 3000	86052DC0440019	BlueChoice Advantage HSA/HRA Silver 3000	86052DC0440019	BlueChoice Advantage HSA/HRA Silver 3000	86052DC0440019	BlueChoice Advantage HSA/HRA Silver 3000
052DC0460009	BlueChoice HMO Gold 1500	86052DC0460009	BlueChoice HMO Gold 1500	86052DC0460009	BlueChoice HMO Gold 1500	86052DC0460009	BlueChoice HMO Gold 1500
5052DC0460010	BlueChoice HMO Gold 500	86052DC0460010	BlueChoice HMO Gold 500	86052DC0460010	BlueChoice HMO Gold 500	86052DC0460010	BlueChoice HMO Gold 500
052DC0460011	BlueChoice HMO Platinum 0	86052DC0460011	BlueChoice HMO Platinum 0	86052DC0460011	BlueChoice HMO Platinum 0	86052DC0460011	BlueChoice HMO Platinum 0
052DC0460012	BlueChoice HMO HSA/HRA Silver 1500	86052DC0460012	BlueChoice HMO HSA/HRA Silver 1500	86052DC0460012	BlueChoice HMO HSA/HRA Silver 1500	86052DC0460012	BlueChoice HMO HSA/HRA Silver 1500
052DC0460013	BlueChoice HMO HSA/HRA Silver 2000	86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000	86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000	86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000
052DC0460014	BlueChoice HMO HSA/HRA Bronze 5000	86052DC0460014	BlueChoice HMO HSA/HRA Bronze 6500	86052DC0460014	BlueChoice HMO HSA/HRA Bronze 6000	86052DC0460014	BlueChoice HMO HSA/HRA Bronze 6000
052DC0460015	HealthyBlue HMO Gold 1500	86052DC0460015	HealthyBlue HMO Gold 1500	86052DC0460015	HealthyBlue HMO Gold 1500	86052DC0460015	HealthyBlue HMO Gold 1500
052DC0460016	HealthyBlue HMO Platinum 500	86052DC0460016	HealthyBlue HMO Platinum 500	86052DC0460016	HealthyBlue HMO Platinum 500	86052DC0460016	HealthyBlue HMO Platinum 500
052DC0460017	HealthyBlue HMO Platinum 1000	86052DC0460017	HealthyBlue HMO Platinum 1000	86052DC0460017	HealthyBlue HMO Platinum 1000	86052DC0460016	HealthyBlue HMO Platinum 500
5052DC0460018	HealthyBlue HMO HSA/HRA Silver 2000	86052DC0460018	HealthyBlue HMO HSA/HRA Silver 2000	86052DC0460018	HealthyBlue HMO HSA/HRA Silver 2000	86052DC0460018	HealthyBlue HMO HSA/HRA Silver 2000
052DC0460019	BlueChoice HMO HSA/HRA Silver 3000	86052DC0460019	BlueChoice HMO HSA/HRA Silver 3000	86052DC0460019	BlueChoice HMO HSA/HRA Silver 3000	86052DC0460019	BlueChoice HMO HSA/HRA Silver 3000
052DC0460020	BlueChoice HMO Silver 1000	86052DC0460020	BlueChoice HMO Silver 1000	86052DC0460020	BlueChoice HMO Silver 1000	86052DC0460020	BlueChoice HMO Silver 1000
052DC0480007	BlueChoice HMO Referral Platinum 0	86052DC0480007	BlueChoice HMO Referral Platinum 0	86052DC0480007	BlueChoice HMO Referral Platinum 0	86052DC0480007	BlueChoice HMO Referral Platinum 0
052DC0480008	BlueChoice HMO Referral Gold 500	86052DC0480008	BlueChoice HMO Referral Gold 500	86052DC0480008	BlueChoice HMO Referral Gold 500	86052DC0480008	BlueChoice HMO Referral Gold 500
052DC0480009	BlueChoice HMO Referral Bronze 5500	86052DC0480009	BlueChoice HMO Referral Bronze 5500	86052DC0480009	BlueChoice HMO Referral Bronze 5750	86052DC0480009	BlueChoice HMO Referral Bronze 5750
052DC0480010	BlueChoice HMO Referral Gold 0	86052DC0480010	BlueChoice HMO Referral Gold 0	86052DC0480010	BlueChoice HMO Referral Gold 0	86052DC0480010	BlueChoice HMO Referral Gold 0
052DC0480011	BlueChoice HMO Referral Gold 80	86052DC0480011	BlueChoice HMO Referral Gold 80	86052DC0480011	BlueChoice HMO Referral Gold 80	86052DC0480011	BlueChoice HMO Referral Gold 80
052DC0480012	BlueChoice HMO Referral Platinum 1000	86052DC0480012	BlueChoice HMO Referral Platinum 1000	86052DC0480012	BlueChoice HMO Referral Platinum 1000	86052DC0480007	BlueChoice HMO Referral Platinum 0
052DC0480013	BlueChoice HMO Referral Silver 70	86052DC0480013	BlueChoice HMO Referral Silver 70	86052DC0480013	BlueChoice HMO Referral Silver 70	86052DC0480013	BlueChoice HMO Referral Silver 70
052DC0500009	BlueChoice Plus HSA/HRA Silver 1500	86052DC0500009	BlueChoice Plus HSA/HRA Silver 1500	86052DC0500009	BlueChoice Plus HSA/HRA Silver 1500	86052DC0500009	BlueChoice Plus HSA/HRA Silver 1500
052DC0500010	BlueChoice Plus HSA/HRA Silver 3000	86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000	86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000	86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000
052DC0500010	HealthyBlue Plus Gold 1500	86052DC0500011	HealthyBlue Plus Gold 1500	86052DC0500011	HealthyBlue Plus Gold 1500	86052DC0500011	HealthyBlue Plus Gold 1500
052DC0500012	HealthyBlue Plus Platinum 500	86052DC0500012	HealthyBlue Plus Platinum 500	86052DC0500012	HealthyBlue Plus Platinum 500	86052DC0500012	HealthyBlue Plus Platinum 500
052DC0500012	HealthyBlue Plus Platinum 1000	86052DC0500013	HealthyBlue Plus Platinum 1000	86052DC0500013	HealthyBlue Plus Platinum 1000	86052DC0500012	HealthyBlue Plus Platinum 500
052DC0500013	HealthyBlue Plus HSA/HRA Silver 2000	86052DC0500013	HealthyBlue Plus HSA/HRA Silver 2000	86052DC0500013	HealthyBlue Plus HSA/HRA Silver 2000	86052DC0500012	HealthyBlue Plus HSA/HRA Silver 2000
052DC0500014	BlueChoice Plus Gold 1000	86052DC0500015	BlueChoice Plus Gold 1000	86052DC0500015	BlueChoice Plus Gold 1000	86052DC0500015	BlueChoice Plus Gold 1000
052DC0500015	BlueChoice Plus Gold 500	86052DC0500016	BlueChoice Plus Gold 500	86052DC0500016	BlueChoice Plus Gold 500	86052DC0500016	BlueChoice Plus Gold 500
052DC0500017	BlueChoice Plus HSA/HRA Bronze 5000	86052DC0500017	BlueChoice Plus HSA/HRA Bronze 6500	86052DC0500017	BlueChoice Plus HSA/HRA Bronze 6000	86052DC0500017	BlueChoice Plus HSA/HRA Bronze 6000
052DC05800017	BlueChoice Plus Opt-Out Platinum 0	86052DC05800017	BlueChoice Plus Opt-Out Platinum 0	86052DC0580001	BlueChoice Plus Opt-Out Platinum 0	86052DC05800017	BlueChoice Plus Opt-Out Platinum 0
03250030001	Bidechoice has ope oder latinam o	86052DC0440020	BlueChoice Advantage Bronze 5500	86052DC0440020	BlueChoice Advantage Bronze 5750	86052DC0440020	BlueChoice Advantage Bronze 5750
		86052DC0440020	BlueChoice Advantage HSA/HRA Gold 1500	86052DC0440021	BlueChoice Advantage HSA/HRA Gold 1500	86052DC0440020	BlueChoice Advantage Bronze 3730 BlueChoice Advantage HSA/HRA Gold 1500
		86052DC0440021	BlueChoice Advantage Silver 4000	86052DC0440021	BlueChoice Advantage Silver 4000	86052DC0440021	BlueChoice Advantage Silver 4000
		86052DC0440022	BlueChoice Advantage Silver 1500 BlueFund HSA	86052DC0440022	BlueChoice Advantage Silver 1500 BlueFund HSA	86052DC0440023	BlueChoice Advantage Silver 1500 BlueFund HSA
		86052DC0440023 86052DC0460021	BlueChoice HMO HSA/HRA Gold 1500	86052DC0440023 86052DC0460021	BlueChoice HMO HSA/HRA Gold 1500	86052DC0440023 86052DC0460021	BlueChoice HMO HSA/HRA Gold 1500
		86052DC0460021 86052DC0480014	BlueChoice HMO Referral Silver 4000	86052DC0460021 86052DC0480014	BlueChoice HMO Referral Silver 4000	86052DC0460021 86052DC0480014	BlueChoice HMO Referral Silver 4000
		00052000480014	Bidechoice HIVIO Referral Silver 4000				
				86052DC0460022	BlueChoice HMO HSA/HRA Silver 2500	86052DC0460022	BlueChoice HMO HSA/HRA Silver 2500
				86052DC0440024	BlueChoice Advantage HSA/HRA Silver 2500	86052DC0440024	BlueChoice Advantage HSA/HRA Silver 2500
				86052DC0500018	BlueChoice Plus HSA/HRA Silver 2500	86052DC0500018	BlueChoice Plus HSA/HRA Silver 2500
						86052DC0460024	BlueChoice HMO Gold 3000
						86052DC0440026	BlueChoice Advantage Gold 3000
						86052DC0460023	BlueChoice HMO Silver 5000
						86052DC0440025	BlueChoice Advantage Silver 5000

Appendix - Annual Rate Change Based on Mapping

Base Rate	Bronze Members/Avg Renewal	1,376	1,388	3.5%
Base Rate	Silver Members/Avg Renewal	7,849	7,917	3.8%
Base Rate	Gold Members/Avg Renewal	13,247	13,361	3.0%
Base Rate	Platinum Members/Avg Renewal	12,327	12,433	2.9%
Base Rate	All Members/Avg Renewal	34,799	35,099	3.2%
Base Rate	Minimum Renewal			-4.8%
Base Rate	Maximum Renewal			10.3%

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	1Q2018 Base Rate	1Q2019 Base Rate	Annual Rate Change
86052DC0440010	BlueChoice Advantage Gold 1000	Gold	On	86052DC0440010	BlueChoice Advantage Gold 1000	Gold	On	1,566.00	1,580	\$450.36	\$463.61	2.9%
86052DC0440011	BlueChoice Advantage Gold 500	Gold	On	86052DC0440011	BlueChoice Advantage Gold 500	Gold	On	1,939.00	1,956	\$464.30	\$477.36	2.8%
86052DC0440012	BlueChoice Advantage Platinum 0	Platinum	On	86052DC0440012	BlueChoice Advantage Platinum 0	Platinum	On	2,281.00	2,301	\$561.54	\$573.30	2.1%
86052DC0440013	BlueChoice Advantage HSA/HRA Silver 1500	Silver	On	86052DC0440013	BlueChoice Advantage HSA/HRA Silver 1500	Silver	On	1,537.00	1,550	\$376.36	\$393.45	4.5%
86052DC0440014	HealthyBlue Advantage Gold 1500	Gold	On	86052DC0440014	HealthyBlue Advantage Gold 1500	Gold	On	2,442.00	2,463	\$465.47	\$482.30	3.6%
86052DC0440015	HealthyBlue Advantage Platinum 500	Platinum	On	86052DC0440015	HealthyBlue Advantage Platinum 500	Platinum	On	808.00	815	\$534.10	\$553.39	3.6%
86052DC0440016	HealthyBlue Advantage Platinum 1000	Platinum	On	86052DC0440015	HealthyBlue Advantage Platinum 500	Platinum	On	514.00	518	\$525.88	\$553.39	5.2%
86052DC0440017	HealthyBlue Advantage HSA/HRA Silver 2000	Silver	On	86052DC0440017	HealthyBlue Advantage HSA/HRA Silver 2000	Silver	On	858.00	865	\$368.57	\$390.10	5.8%
86052DC0440018	BlueChoice Advantage HSA/HRA Bronze 6000	Bronze	On	86052DC0440018	BlueChoice Advantage HSA/HRA Bronze 6000	Bronze	On	356.00	359	\$278.60	\$299.45	7.5%
86052DC0440019	BlueChoice Advantage HSA/HRA Silver 3000	Silver	On	86052DC0440019	BlueChoice Advantage HSA/HRA Silver 3000	Silver	On	246.00	248	\$337.95	\$359.37	6.3%
86052DC0440020	BlueChoice Advantage Bronze 5750	Bronze	On	86052DC0440020	BlueChoice Advantage Bronze 5750	Bronze	On	60.00	61	\$308.29	\$306.97	-0.4%
86052DC0440021	BlueChoice Advantage HSA/HRA Gold 1500	Gold	On	86052DC0440021	BlueChoice Advantage HSA/HRA Gold 1500	Gold	On	645.00	651	\$421.92	\$442.63	4.9%
86052DC0440022	BlueChoice Advantage Silver 4000	Silver	On	86052DC0440022	BlueChoice Advantage Silver 4000	Silver	On	106.00	107	\$381.85	\$381.58	-0.1%
86052DC0440023	BlueChoice Advantage Silver 1500 BlueFund HSA	Silver	On	86052DC0440023	BlueChoice Advantage Silver 1500 BlueFund HSA	Silver	On	747.00	753	\$376.72	\$393.85	4.5%
86052DC0460009	BlueChoice HMO Gold 1500	Gold	On	86052DC0460009	BlueChoice HMO Gold 1500	Gold	On	472.00	476	\$392.41	\$402.49	2.6%
86052DC0460010	BlueChoice HMO Gold 500	Gold	On	86052DC0460010	BlueChoice HMO Gold 500	Gold	On	1,074.00	1,083	\$411.81	\$422.92	2.7%
86052DC0460011	BlueChoice HMO Platinum 0	Platinum	On	86052DC0460011	BlueChoice HMO Platinum 0	Platinum	On	1,462.00	1,475	\$498.05	\$511.57	2.7%
86052DC0460012	BlueChoice HMO HSA/HRA Silver 1500	Silver	On	86052DC0460012	BlueChoice HMO HSA/HRA Silver 1500	Silver	On	660.00	666	\$333.80	\$344.48	3.2%
86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000	Silver	On	86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000	Silver	On	547.00	552	\$318.70	\$330.11	3.6%
86052DC0460014	BlueChoice HMO HSA/HRA Bronze 6000	Bronze	On	86052DC0460014	BlueChoice HMO HSA/HRA Bronze 6000	Bronze	On	496.00	500	\$247.10	\$256.38	3.8%
86052DC0460015	HealthyBlue HMO Gold 1500	Gold	On	86052DC0460015	HealthyBlue HMO Gold 1500	Gold	On	685.00	691	\$412.84	\$427.88	3.6%
86052DC0460016	HealthyBlue HMO Platinum 500	Platinum	On	86052DC0460016	HealthyBlue HMO Platinum 500	Platinum	On	280.00	282	\$473.71	\$491.39	3.7%
86052DC0460017	HealthyBlue HMO Platinum 1000	Platinum	On	86052DC0460016	HealthyBlue HMO Platinum 500	Platinum	On	94.00	95	\$466.42	\$491.39	5.4%
86052DC0460018	HealthyBlue HMO HSA/HRA Silver 2000	Silver	On	86052DC0460018	HealthyBlue HMO HSA/HRA Silver 2000	Silver	On	495.00	499	\$326.89	\$340.59	4.2%
86052DC0460019	BlueChoice HMO HSA/HRA Silver 3000	Silver	On	86052DC0460019	BlueChoice HMO HSA/HRA Silver 3000	Silver	On	160.00	161	\$299.74	\$311.34	3.9%
86052DC0460020	BlueChoice HMO Silver 1000	Silver	On	86052DC0460020	BlueChoice HMO Silver 1000	Silver	On	421.00	425	\$341.93	\$337.28	-1.4%
86052DC0460021	BlueChoice HMO HSA/HRA Gold 1500	Gold	On	86052DC0460021	BlueChoice HMO HSA/HRA Gold 1500	Gold	On	189.00	191	\$374.21	\$387.81	3.6%
86052DC0480007	BlueChoice HMO Referral Platinum 0	Platinum	On	86052DC0480007	BlueChoice HMO Referral Platinum 0	Platinum	On	1,647.00	1,661	\$474.63	\$486.51	2.5%
86052DC0480008	BlueChoice HMO Referral Gold 500	Gold	On	86052DC0480008	BlueChoice HMO Referral Gold 500	Gold	On	991.00	1,000	\$392.44	\$400.85	2.1%
86052DC0480009	BlueChoice HMO Referral Bronze 5750	Bronze	On	86052DC0480009	BlueChoice HMO Referral Bronze 5750	Bronze	On	195.00	197	\$260.58	\$248.03	-4.8%
86052DC0480010	BlueChoice HMO Referral Gold 0	Gold	On	86052DC0480010	BlueChoice HMO Referral Gold 0	Gold	On	725.00	731	\$420.33	\$430.54	2.4%
86052DC0480011	BlueChoice HMO Referral Gold 80	Gold	On	86052DC0480011	BlueChoice HMO Referral Gold 80	Gold	On	245.00	247	\$377.39	\$383.87	1.7%
86052DC0480012	BlueChoice HMO Referral Platinum 1000	Platinum	On	86052DC0480007	BlueChoice HMO Referral Platinum 0	Platinum	On	71.00	72	\$441.09	\$486.51	10.3%
86052DC0480013	BlueChoice HMO Referral Silver 70	Silver	On	86052DC0480013	BlueChoice HMO Referral Silver 70	Silver	On	114.00	115	\$304.18	\$301.09	-1.0%
86052DC0480014	BlueChoice HMO Referral Silver 4000	Silver	On	86052DC0480014	BlueChoice HMO Referral Silver 4000	Silver	On	51.00	51	\$322.75	\$315.05	-2.4%
86052DC0500009	BlueChoice Plus HSA/HRA Silver 1500	Silver	On	86052DC0500009	BlueChoice Plus HSA/HRA Silver 1500	Silver	On	994.00	1,003	\$343.92	\$355.26	3.3%
86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000	Silver	On	86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000	Silver	On	241.00	243	\$308.82	\$321.89	4.2%
86052DC0500011	HealthyBlue Plus Gold 1500	Gold	On	86052DC0500011	HealthyBlue Plus Gold 1500	Gold	On	904.00	912	\$425.35	\$439.91	3.4%
86052DC0500012	HealthyBlue Plus Platinum 500	Platinum	On	86052DC0500012	HealthyBlue Plus Platinum 500	Platinum	On	1,284.00	1,295	\$488.06	\$505.09	3.5%
86052DC0500013	HealthyBlue Plus Platinum 1000	Platinum	On	86052DC0500012	HealthyBlue Plus Platinum 500	Platinum	On	180.00	182	\$480.56	\$505.09	5.1%
86052DC0500014	HealthyBlue Plus HSA/HRA Silver 2000	Silver	On	86052DC0500014	HealthyBlue Plus HSA/HRA Silver 2000	Silver	On	620.00	625	\$336.80	\$351.49	4.4%
86052DC0500015	BlueChoice Plus Gold 1000	Gold	On	86052DC0500015	BlueChoice Plus Gold 1000	Gold	On	485.00	489	\$411.54	\$421.57	2.4%
86052DC0500016	BlueChoice Plus Gold 500	Gold	On	86052DC0500016	BlueChoice Plus Gold 500	Gold	On	885.00	893	\$424.28	\$434.95	2.5%
86052DC0500017	BlueChoice Plus HSA/HRA Bronze 6000	Bronze	On	86052DC0500017	BlueChoice Plus HSA/HRA Bronze 6000	Bronze	On	269.00	271	\$254.58	\$265.84	4.4%
86052DC0580001	BlueChoice Plus Opt-Out Platinum 0	Platinum	On	86052DC0580001	BlueChoice Plus Opt-Out Platinum 0	Platinum	On	3,706.00	3,738	\$505.33	\$518.12	2.5%
86052DC0460022	BlueChoice HMO HSA/HRA Silver 2500	Silver	On	86052DC0460022	BlueChoice HMO HSA/HRA Silver 2500	Silver	On	36.00	36	\$312.33	\$323.40	3.5%
86052DC0440024	BlueChoice Advantage HSA/HRA Silver 2500	Silver	On	86052DC0440024	BlueChoice Advantage HSA/HRA Silver 2500	Silver	On	4.00	4	\$352.14	\$371.45	5.5%
86052DC0500018	BlueChoice Plus HSA/HRA Silver 2500	Silver	On	86052DC0500018	BlueChoice Plus HSA/HRA Silver 2500	Silver	On	12.00	12	\$321.79	\$333.97	3.8%

Appendix - Quarterly Rate Change Adjustment Factors

	(1)	(2)	(3) = (1 + (1))*(1 + (2)) -1
Quarter	Market Adj. Index Rate	Admin Load Factor	Plan Adjusted Index Rates
2Q19	2.0%	0.8%	2.8%
3Q19	2.0%	0.4%	2.4%
4Q19	2.0%	0.7%	2.7%

The changes above are relative to the preceding quarter and no other changes factor into the 2Q, 3Q and 4Q rates.

Appendix - Maximum Rate Renewal

	2018	2019	% Change
Base Rate	\$441.09	\$486.51	10.3%
Age Factor	0.654	0.727	11.2%
Geographic Factor	1.000	1.000	0.0%
Tobacco Factor	1.000	1.000	0.0%
Total	\$288.47	\$353.69	22.6%

	BlueChoice HMO	BlueChoice HMO
	Referral Platinum	Referral Platinum
Base Rate/Product(s)	1000	0
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

Form Numbers Associated With This Filing:

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

The SERFF Tracking # for the corresponding form filing On Exchange is as follows: CFBC-131477365

ON-Exchange

Forms Used for ALL ON-Exchange BlueChoice Group Products

DC-CFBC-SHOP-GC (R 1/19)
DC/CFBC/DOL APPEAL (R. 1/17)
DC/CFBC/SHOP/ELIG (1/14)
DC/CFBC/FAM PLAN (8/12)
DC/CFBC/PARTNER (R. 7/09)
DC/CFBC/PT PROTECT (9/10)
DC/CFBC/SG/INCENT (R. 1/19)
DC CFBC SHOP ELIG AMEND (1/17)
DC/CFBC/SHOP/2019 AMEND (1/19)

DC/CFBC/SG/CCHRADM (1/19)

Product: BlueChoice HMO and BlueChoice HMO Open Access Network: Lock In / Referral (HMO), Open Access (HMO Open Access)

DC/CFBC/SHOP/HMO POS/EOC (1/17) DC CFBC SHOP HMO DOCS (1-17) DC/CFBC/BLCRD (R. 6/18) DC/CFBC/MEM/BLCRD (R. 6/18) DC CFBC SG HMO OA CDH BRZ 6000 (1-19) DC CFBC SG HMO OA CDH GOLD 1500 (1-19) DC CFBC SG HMO OA CDH SIL 1500 (1-19) DC CFBC SG HMO OA CDH SIL 2000 (1-19) DC CFBC SG HMO OA CDH SIL 2500 (1-19) DC CFBC SG HMO OA CDH SIL 3000 (1-19) DC CFBC SG HMO OA GOLD 500 (1-19) DC CFBC SG HMO OA GOLD 1500 (1-19) DC CFBC SG HMO OA GOLD 3000 (1-19) DC CFBC SG HMO OA PLAT 0 (1-19) DC CFBC SG HMO OA SIL 1000 (1-19) DC CFBC SG HMO OA SIL 5000 (1-19) DC CFBC SG HMO REF BRZ 5750 (1-19) DC CFBC SG HMO REF GOLD 0 (1-19) DC CFBC SG HMO REF GOLD 80 (1-19)

DC CFBC SG HMO REF GOLD 500 (1-19)

DC CFBC SG HMO REF PLAT 0 (1-19) DC CFBC SG HMO REF SIL 70 (1-19) DC CFBC SG HMO REF SIL 4000 (1-19)

Forms Used for ALL ON-Exchange BlueChoice Group Products--Out-of-Network Forms for Point of Service Plans (GHMSI) DC-CF-SHOP-GC (R 1-19)

DC-CF-SHOP-GC (R 1-19)
DC-CF-SHOP-POS-OON-EOC (1-17)
DC/GHMSI/DOL APPEAL (R. 1/17)
DC-CF-SHOP-POS OON-DOCS (1-17)
DC/GF/BICRO (R. 6/18)
DC/CF/BLCRD (R. 6/18)
DC/CF/BLCRD (R. 6/18)
DC/CF/ANCILLARY AMEND (10/12)
DC/CFBC/SHOP/2019 AMEND (1/19)
DC/CF/PT PROTECT (9/10)
DC/GHMSI-HEALTH GUARANTEE 6/18

Product: HealthyBlue HMO Network: Open Access

DC/CFBC/SHOP/HMO POS/EOC (1/17)
DC CFBC SHOP HMO DOCS (1-17)
DC/CFBC/BLCRD (R. 6/18)
DC/CFBC/MEM/BLCRD (R. 6/18)
DC CFBC SG HB HMO CDH SIL 2000 (1-19)
DC CFBC SG HB HMO GOLD 1500 (1-19)
DC CFBC SG HB HMO PLAT 500 (1-19)

Product: BlueChoice Plus Network: Open Access

DC/CFBC/SHOP/HMO POS/EOC (1/17)
DC CFBC SHOP BC+OOOA DOCS (1-17)
DC/CFBC/BLCRD (R. 6/18)
DC/CFBC/MEM/BLCRD (R. 6/18)
DC CFBC SG BC+ OO PLAT 0 (1-19)

Product: BlueChoice Advantage In-Network

DC/CFBC/SHOP/HMO POS/EOC (1/17)
DC CFBC SHOP ADV IN DOCS (1-17)
DC/CFBC/ADV/BLCRD (R. 6/18)
DC/CFBC/ADV/MEM/BLCRD (R. 6/18)
DC/CFBC/ADV/MEM/BLCRD (R. 6/18)
DC/CFBC/ANCILLARY AMEND (10/12)
DC CFBC SG BC ADV IN BF HSA SIL 1500 (1-19)
DC CFBC SG POS IN BRZ 5750 (1-19)
DC CFBC SG POS IN CDH BRZ 6000 (1-19)
DC CFBC SG POS IN CDH GOLD 1500 (1-19)
DC CFBC SG POS IN CDH SIL 1500 (1-19)
DC CFBC SG POS IN CDH SIL 1500 (1-19)
DC CFBC SG POS IN CDH SIL 3000 (1-19)
DC CFBC SG POS IN GOLD 500 (1-19)
DC CFBC SG POS IN GOLD 1000 (1-19)
DC CFBC SG POS IN GOLD 1000 (1-19)
DC CFBC SG POS IN GOLD 3000 (1-19)

Product: BlueChoice Advantage Out-of-Network (GHMSI)

DC CF SG BC ADV OON BF HSA SIL 1500 (1-19)
DC CF SG POS OON BRZ 5750 (1-19)
DC CF SG POS OON CDH BRZ 6000 (1-19)
DC CF SG POS OON CDH SIL 1500 (1-19)
DC CF SG POS OON CDH SIL 1500 (1-19)
DC CF SG POS OON CDH SIL 1500 (1-19)
DC CF SG POS OON CDH SIL 3000 (1-19)
DC CF SG POS OON GDLD 500 (1-19)
DC CF SG POS OON GOLD 500 (1-19)
DC CF SG POS OON GOLD 1000 (1-19)
DC CF SG POS OON GOLD 3000 (1-19)
DC CF SG POS OON PLAT 0 (1-19)
DC CF SG POS OON SIL 4000 (1-19)
DC CF SG POS OON SIL 4000 (1-19)

Product: BlueChoice Plus (All Other Plans)

DC CFBC SG POS IN PLAT 0 (1-19) DC CFBC SG POS IN SIL 4000 (1-19) DC CFBC SG POS IN SIL 5000 (1-19)

In-Network

DC/CFBC/SHOP/HMO POS/EOC (1/17)
DC CFBC SHOP PLUS IN DOCS (1-17)
DC/CFBC/BLCRD (R. 6/18)
DC/CFBC/MEM/BLCRD (R. 6/18)
DC CFBC SG POS IN CDH BRZ 6000 (1-19)
DC CFBC SG POS IN CDH SIL 1500 (1-19)
DC CFBC SG POS IN CDH SIL 2500 (1-19)
DC CFBC SG POS IN CDH SIL 3000 (1-19)
DC CFBC SG POS IN GOLD 500 (1-19)
DC CFBC SG POS IN GOLD 500 (1-19)

Product: BlueChoice Plus (All Other Plans) Out-of-Network (GHMSI)

DC CF SG POS OON CDH SRZ 6000 (1-19)
DC CF SG POS OON CDH SIL 1500 (1-19)
DC CF SG POS OON CDH SIL 2500 (1-19)
DC CF SG POS OON CDH SIL 3000 (1-19)
DC CF SG POS OON GOLD 500 (1-19)
DC CF SG POS OON GOLD 1000 (1-19)

Product: HealthyBlue Plus

In-Network

DC/CFBC/SHOP/HMO POS/EOC (1/17)
DC CFBC SHOP PLUS IN DOCS (1-17)
DC/CFBC/BLCRD (R. 6/18)
DC/CFBC/MEM/BLCRD (R. 6/18)
DC CFBC SG POS IN CDH SIL 2000 (1-19)
DC CFBC SG POS IN GOLD 1500 (1-19)
DC CFBC SG POS IN PLAT 500 (1-19)

Product: HealthyBlue Plus Out-of-Network (GHMSI)

DC CF SG POS OON CDH SIL 2000 (1-19) DC CF SG POS OON GOLD 1500 (1-19) DC CF SG POS OON PLAT 500 (1-19)

Product: HealthyBlue Advantage In-Network

DC/CFBC/SHOP/HMO POS/EOC (1/17)
DC CFBC SHOP ADV IN DOCS (1-17)
DC/CFBC/ADV/BLCRD (R. 6/18)
DC/CFBC/ADV/MEM/BLCRD (R. 6/18)
DC/CFBC/ANCILLARY AMEND (10/12)
DC CFBC SG POS IN CDH SIL 2000 (1-19)
DC CFBC SG POS IN GOLD 1500 (1-19)
DC CFBC SG POS IN PLAT 500 (1-19)

Product: HealthyBlue Advantage Out-of-Network (GHMSI)

DC CF SG POS OON CDH SIL 2000 (1-19) DC CF SG POS OON GOLD 1500 (1-19) DC CF SG POS OON PLAT 500 (1-19)

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	Post-Rx Drug Rebate Rebates 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%
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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. (NAIC # 96202) (CFBC).

State: District of Columbia. **HIOS Issuer ID**: 86052.

Market: Small Groups (On Exchange).

Effective Date: 1/1/19 and quarterly incremental "trend" increases effective 4/1/19, 7/1/19 and 10/1/19.

Company Filing Number: 2255

Primary Contact Name: Mr. Dwayne Lucado, F.S.A., M.A.A.A.

Primary Contact Telephone Number: 410-998-7519.

Primary Contact E-Mail Address: Dwayne.Lucado@CareFirst.com.

4.3 PROPOSED RATE INCREASE(S): Base rates are changing 3.2% on average for 1Q19. The range is -4.8% to 10.3%. The estimated average base rate changes for 2Q19, 3Q19, and 4Q19 will be 4.4%, 5.2% and 6.2%, respectively. 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 21,577.

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 (Net of MLR Rebate) in Experience Period: \$195,787,904 (Merged)

Estimated MLR rebates in Experience Period: \$0

Allowed and Incurred Claims From Experience Period: \$173,007,122 (Merged) Paid and Incurred 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**: This section is not needed since our base period experience is deemed fully credible.
- **4.4.5 CREDIBILITY OF EXPERIENCE:** Exhibit 2 of 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 Adjustments PMPM: The estimates of the experience period Risk Adjustment transfers in the URRT are based on a multi-carrier analysis by Wakely Consulting Group. Since this is a SG filing, Reinsurance Claims Adjustments do not apply.

Projected Risk Adjustments PMPM: Exhibit 9 in the Memorandum contains details behind the assumed transfer amount and anticipated PLRS for this pool in 2019.

4.4.8 - NON-BENEFIT EXPENSES AND CONTRIBUTION TO RESERVE (CtR) & RISK: The 2019 "desired incurred claims ratio" (DICR) is 76.9% (1Q 2019).

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) Federal Income Tax (FIT)
- 2) State Regulatory Trust Annual Assessment Fee
- 3) Health Insurer Fee Does not apply in 2019, graded back in for 2020.
- 4) PCORI
- 5) Risk Adjustment User Fee
- 6) Exchange 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 on Exhibit 1 in the Memorandum.

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

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

4.6.2.1 - Small Group Quarterly Rate Filings: This filing includes quarterly incremental "trend" increases. Quarterly trend amounts can be found in the Appendix – Quarterly Changes exhibit of the Memorandum.

4.6.3 - MARKET ADJUSTED INDEX RATE:

See Exhibit 1 of 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 a metal level induced demand factor. There are 5 types of network factors: Lock In / Referral, Open Access, Open Access Opt-Out, Open Access Plus and Open Access Advantage. Network factors composite to 1.01, due to them being composed of the merged market. Cost-Share factors, induced utilization factors, network factors and Non-EHBs vary by plan. All other factors applying to the Market Adjusted Index Rate are the same across all plans.
- **4.6.5 CALIBRATION**: Done for age, but we have elected not to rate for tobacco usage. Geographic rating does not apply, as D.C. has only one rating area.

Age Curve Calibration – We have calibrated to the 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:

Small Group Plan Premium Rates – Our index rates for 2Q, 3Q & 4Q are developed identically to 1Q with the exception of applying additional trend months. The plan level index rates change on a quarterly basis due to this additional trend and changes in administrative load factors only.

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 federal AV calculator was used to compute two separate AVs for each impacted plan – one which applied the higher level of cost-share, and one which applied the lower. The results were blended assuming 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 also 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 on 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 & POS.
- **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:** We have nothing additional to provide.
- 4.8.2 Reliance: Not applicable.
- **4.8.3 Actuarial Certification:** Included in the Memorandum.

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_SG		
3	HIOS Product ID	The HIOS product ID should be listed in the actuarial memorandum.	Yes	Exhibit 11 - Plan Adjusted_SG		
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_SG		
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_SG		
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. In the small group market, please also provide weighted average rate increase requested for 2016Q1 over 2015Q1; etc.	Yes	Appendix - Rate Change_SG		
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_SG		

Number Data Element		Requirement Description	Individual and Small Group			
			Has the Data Element	Location of the		
			Been Included?	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_SG		
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 - Rate Change_SG		
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_SG		
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_SG		
14	Exposure	Current number of policies, certificates and covered lives.	Yes	Appendix - Rate Change_SG		
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_SG		
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_SG		
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_SG		
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	Individual and Small Group		
			Has the Data Element	Location of the		
			Been Included?	Data Element		
26	Administrative Costs	Show the amount of administrative costs included with claims in		Exhibit10A - DICR SG		
	of Programs that	the numerator of the MLR calculation . Show that the amount is	Yes	and Exhibit 10B - Fed		
	Improve Health Care	consistent with the most recently filed Supplemental Health Care		MLR_SG		
	Quality	Exhibit or provide support for the difference.				
27	Taxes and Licensing or					
	Regulatory Fees	premium in the denominator of your medical loss ratio		Exhibit10A - DICR SG		
		calculation(c). Show that the amount is consistent with the most	Yes	and Exhibit 10B - Fed		
		recently filed Supplemental Health Care Exhibit or provide support		MLR_SG		
		for the difference.				
28	Medical Loss Ratio	Demonstrate that the projected loss ratio, including the requested				
	(MLR)	rate change, meets the minimum MLR. Show the premium,				
		claims, and adjustments separately with the development of the		E 1111101 PIOP GG		
		projected premium and projected claims (if not provided in the	Yes	Exhibit 10A - DICR SG and Exhibit 10B - Fed		
		rate development section). If the loss ratio falls below the	Tes	MLR_SG		
		minimum for the subset of policy forms in the filing, show that		MER_50		
		when combined with all other policy forms in the market segment				
		in District of Columbia, the loss ratio meets the minimum.				
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		E 1111 O DI I		
		area. Provide support for the assumptions, including any	Yes	Exhibit 9 - Risk Adjustment _SG		
		demographic changes. Provide information/study on the		Adjustinent_50		
		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.				
30	Past and Prospective	Indicate whether loss experience within or outside the state was		Please see the "Actuarial		
	Loss Experience	used in the development of proposed rates. Provide an explanation	Yes	Memo Cover Letter" PDF		
	Within and Outside the	e for using loss experience within or outside the state.		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	Yes	Exhibit10A - DICR SG and Exhibit 10B - Fed MLR_SG		
32	Past and Prospective Expenses	Indicate the expense assumptions used in the development of proposed rates. Demonstrate how this assumption was derived. Show how this assumption has changed from prior filings, and provide support for any change. Provide the assumed administrative costs in the following categories: • Salaries, wages, employment taxes, and other employee benefits • Commissions • Taxes, licenses, and other regulatory fees • Cost containment programs / quality improvement activities • All other administrative expenses • Total	Yes	Exhibit 10A - DICR SG and Exhibit 10B - Fed MLR_SG		
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		

Number	Data Element	Requirement Description	Individual and Small Group			
			Has the Data Element	Location of the Data Element		
			Been Included?			
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		
36	Part I Preliminary Justification (Grandfathered Plan Filings)	Rate Summary Worksheet Provide this document with all Grandfathered plan filings. Provide in Excel and PDF format.	No	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. Provide in Excel and PDF format.	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. Provide in Excel format only.	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	Received directly from CCIIO; this report should be completed and submitted by the set deadline for QHP submissions, or by April 30 th 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: Identification of the level of coverage (i.e. low or high), including the actuarial value of the plan determined in accordance with the proposed rule; Certification of the level of coverage by a member of the American Academy of Actuaries using generally accepted actuarial principles; and Demonstration that the plan has a reasonable annual limitation on cost-sharing. 	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						
Dwayne Lucado	Dwayne Lucado Digitally signed by Dwayne Lucado Date: 2018.06.01 1220:39 -0400'					
(Print Name)	(Signature)					

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

Rate Filing # 2255

D.C. Small Group On/Off Exchange Products

Rate Filing Effective 1/1/2019

Actuarial Value Calculations

CareFirst BlueCross BlueShield (BlueChoice) DC Small Group

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2	Table of Contents
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	AV Screenshots
4	Platinum - \$0/\$0 Ded, \$1500 OOP, \$10/\$20 - Hospital
5	Platinum - \$0/\$0 Ded, \$1500 OOP, \$10/\$20 - Freestanding
6	Gold - \$0/\$0 Ded, \$5000 OOP, \$30/\$40 - Hospital
7	Gold - \$0/\$0 Ded, \$5000 OOP, \$30/\$40 - Freestanding
8	Gold - \$500/\$250 Ded, \$5000 OOP, \$15/\$30 - Hospital
9	Gold - \$500/\$250 Ded, \$5000 OOP, \$15/\$30 - Freestanding
10	Gold - \$1000/\$250 Ded, \$4000 OOP, \$15/\$30 - Hospital
11	Gold - \$1000/\$250 Ded, \$4000 OOP, \$15/\$30 - Freestanding
12	Gold - \$1000/\$0 Ded, \$5300 OOP, \$20/\$40 - Hospital
13	Gold - \$1000/\$0 Ded, \$5300 OOP, \$20/\$40 - Freestanding
14	Gold - \$1500/\$250 Ded, \$3500 OOP, \$15/\$30 - Hospital
15	Gold - \$1500/\$250 Ded, \$3500 OOP, \$15/\$30 - Freestanding
16	Gold - \$1500 Ded, \$3000 OOP, \$10/\$20 - Hospital
17	Gold - \$1500 Ded, \$3000 OOP, \$10/\$20 - Hospital Gold - \$1500 Ded, \$3000 OOP, \$10/\$20 - Freestanding
	Gold - \$3000/\$250 Ded, \$7000 OOP, \$10/\$20 - Freestanding Gold - \$3000/\$250 Ded, \$7000 OOP, \$15/\$30 - Hospital
18	Gold - \$3000/\$250 Ded, \$7000 OOP, \$15/\$30 - Hospital Gold - \$3000/\$250 Ded, \$7000 OOP, \$15/\$30 - Freestanding
19	
20	Silver - \$1000/\$250 Ded, \$7700 OOP, \$40/\$100 - Hospital
21	Silver - \$1000/\$250 Ded, \$7700 OOP, \$40/\$100 - Freestanding
22	Silver - \$1500 Ded, \$5900 OOP, \$25/\$50 - Hospital
23	Silver - \$1500 Ded, \$5900 OOP, \$25/\$50 - Freestanding
24	Silver - \$2000/\$500 Ded, \$7750 OOP, \$40/\$80 - Hospital
25	Silver - \$2000/\$500 Ded, \$7750 OOP, \$40/\$80 - Freestanding
26	Silver - \$2000 Ded, \$5500 OOP, \$25/\$50 - Hospital
27	Silver - \$2000 Ded, \$5500 OOP, \$25/\$50 - Freestanding
28	Silver - \$2500 Ded, \$6000 OOP, \$20/\$40 - Hospital
29	Silver - \$2500 Ded, \$6000 OOP, \$20/\$40 - Freestanding
30	Silver - \$3000 Ded, \$4750 OOP, \$25/\$50 - Hospital
31	Silver - \$3000 Ded, \$4750 OOP, \$25/\$50 - Freestanding
32	Silver - \$4000/\$250 Ded, \$7150 OOP, \$25/\$50 - Hospital
33	Silver - \$4000/\$250 Ded, \$7150 OOP, \$25/\$50 - Freestanding
34	Silver - \$5000/\$250 Ded, \$7500 OOP, \$0/\$50 - Hospital
35	Silver - \$5000/\$250 Ded, \$7500 OOP, \$0/\$50 - Freestanding
36	Bronze - \$5750/\$250 Ded, \$7900 OOP, \$40/\$80 - Hospital
37	Bronze - \$5750/\$250 Ded, \$7900 OOP, \$40/\$80 - Freestanding
38	Bronze - \$6000 Ded, \$6550 OOP, \$50/\$100 - Hospital
39	Bronze - \$6000 Ded, \$6550 OOP, \$50/\$100 - Freestanding
40	Platinum - HealthyBlue - \$500/\$0 Ded, \$1500 OOP, \$0/\$30 - Hospital
41	Platinum - HealthyBlue - \$500/\$0 Ded, \$1500 OOP, \$0/\$30 - Freestanding
42	Gold - HealthyBlue - \$1500/\$0 Ded, \$7650 OOP, \$0/\$30 - Hospital
43	Gold - HealthyBlue - \$1500/\$0 Ded, \$7650 OOP, \$0/\$30 - Freestanding
44	Silver - HealthyBlue - \$2000 Ded, \$6550 OOP, \$0/\$45 - Hospital
45	Silver - HealthyBlue - \$2000 Ded, \$6550 OOP, \$0/\$45 - Freestanding
46	Silver - BlueFund - \$1500 Ded, \$5700 OOP, \$25/\$50 - Hospital
47	Silver - BlueFund - \$1500 Ded, \$5700 OOP, \$25/\$50 - Freestanding

CareFirst BlueCross BlueShield (BlueChoice) DC Small Group

<u>Plan Name*</u>	Metal Level	<u>Actuarial</u> Value	Page #'s of AV Screenshot**	<u>Unique</u> Plan
BlueChoice HMO Platinum 0	Platinum	91.58%	4, 5	Yes
BlueChoice HMO Gold 500	Gold	81.55%	8, 9	Yes
BlueChoice HMO Silver 1000	Silver	71.96%	20, 21	Yes
BlueChoice HMO Gold 1500	Gold	81.77%	14, 15	Yes
BlueChoice HMO Gold 3000	Gold	76.27%	18, 19	Yes
BlueChoice HMO Silver 5000	Silver	71.62%	34, 35	Yes
BlueChoice HMO HSA/HRA Silver 1500	Silver	71.65%	22, 23	Yes
BlueChoice HMO HSA/HRA Gold 1500	Gold	79.28%	16, 17	Yes
BlueChoice HMO HSA/HRA Silver 2000	Silver	70.79%	26, 27	Yes
BlueChoice HMO HSA/HRA Silver 2500	Silver	69.70%	28, 29	Yes
BlueChoice HMO HSA/HRA Silver 3000	Silver	69.91%	30, 31	Yes
BlueChoice HMO HSA/HRA Bronze 6000	Bronze	61.83%	38, 39	Yes
BlueChoice HMO Referral Platinum 0	Platinum	91.58%	4, 5	Yes
BlueChoice HMO Referral Gold 0	Gold	81.22%	6, 7	Yes
BlueChoice HMO Referral Gold 500	Gold	81.55%	8, 9	Yes
BlueChoice HMO Referral Gold 80	Gold	81.95%	12, 13	Yes
BlueChoice HMO Referral Silver 70	Silver	71.91%	24, 25	Yes
BlueChoice HMO Referral Silver 4000	Silver	71.81%	32, 33	Yes
BlueChoice HMO Referral Bronze 5750	Bronze	64.98%	36, 37	Yes
BlueChoice Plus Opt-Out Platinum 0	Platinum	91.58%	4, 5	Yes
BlueChoice Plus Gold 500	Gold	81.55%	8, 9	Yes
BlueChoice Plus Gold 1000	Gold	81.58%	10, 11	Yes
BlueChoice Plus HSA/HRA Silver 1500	Silver	71.65%	22, 23	Yes
BlueChoice Plus HSA/HRA Silver 2500	Silver	69.70%	28, 29	Yes
BlueChoice Plus HSA/HRA Silver 3000	Silver	69.91%	30, 31	Yes
BlueChoice Plus HSA/HRA Bronze 6000	Bronze	61.83%	38, 39	Yes
BlueChoice Advantage Platinum 0	Platinum	91.58%	4, 5	Yes
BlueChoice Advantage Gold 500	Gold	81.55%	8, 9	Yes
BlueChoice Advantage Gold 1000	Gold	81.58%	10, 11	Yes
BlueChoice Advantage Gold 3000	Gold	76.27%	18, 19	Yes
BlueChoice Advantage Silver 4000	Silver	71.81%	32, 33	Yes
BlueChoice Advantage Silver 5000	Silver	71.62%	34, 35	Yes
BlueChoice Advantage Bronze 5750	Bronze	64.98%	36, 37	Yes
BlueChoice Advantage HSA/HRA Gold 1500	Gold	79.28%	16, 17	Yes
BlueChoice Advantage HSA/HRA Silver 1500	Silver	71.65%	22, 23	Yes
BlueChoice Advantage Silver 1500 BlueFund HSA	Silver	71.95%	46, 47	Yes
BlueChoice Advantage HSA/HRA Silver 2500	Silver	69.70%	28, 29	Yes
BlueChoice Advantage HSA/HRA Silver 3000	Silver	69.91%	30, 31	Yes
BlueChoice Advantage HSA/HRA Bronze 6000	Bronze	61.83%	38, 39	Yes
HealthyBlue HMO Platinum 500	Platinum	90.83%	40, 41	Yes
HealthyBlue HMO Gold 1500	Gold	81.99%	42, 43	Yes
HealthyBlue HMO HSA/HRA Silver 2000	Silver	71.17%	44, 45	Yes
HealthyBlue Plus Platinum 500	Platinum	90.83%	40, 41	Yes
HealthyBlue Plus Gold 1500	Gold	81.99%	42, 43	Yes
HealthyBlue Plus HSA/HRA Silver 2000	Silver	71.17%	44, 45	Yes
HealthyBlue Advantage Platinum 500	Platinum	90.83%	40, 41	Yes
HealthyBlue Advantage Gold 1500	Gold	81.99%	42, 43	Yes
HealthyBlue Advantage HSA/HRA Silver 2000	Silver	71.17%	44, 45	Yes

^{*}Plan Names that are bolded are SHOP plans. These will not have the metal level in the plan name.

^{**}For plans with two pages listed, the final blended AV will be located on the Hospital Inputs page.

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?			HSA/HRA Options		Tie	red Network Op	tion						
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution?			Network Plan?							
Apply Skilled Nursing Facility Copay per Day?		Annual Contrib	oution Amount:		1st 7	Tier Utilization:							
Use Separate MOOP for Medical and Drug Spending?		Allifual Colltill	oution Amount.		2nd 1	Tier Utilization:							
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?													
Desired Metal Tier	Platinum ▼												
	Tier	1 Plan Benefit De	esign		Tier	2 Plan Benefit D	esign						
	Medical	Drug	Combined		Medical	Drug	Combined						
Deductible (\$)	\$0.00	\$0.00											
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%											
MOOP (\$)	\$1,5	00.00											
MOOP if Separate (\$)													
			<u>-</u>										
Click Here for Important Instructions		Tie	r 1			Tie	r 2		Tier 1	Tier 2			
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Copay appl	ies only after			
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	dedu	ctible?			
Medical	✓ All	All			✓ All	✓ All		·	✓ All	☐ All			
Emergency Room Services	>			\$100.00	~	▽			>				
All Inpatient Hospital Services (inc. MH/SUD)	✓			\$200.00	V	✓			>				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and										_			
X-rays)				\$10.00	✓	✓							
Specialist Visit				\$20.00	v	~							
Mental/Behavioral Health and Substance Use Disorder Outpatient													
Services				\$10.00	~	✓							
Imaging (CT/PET Scans, MRIs)	✓			\$200.00	V	✓			>				
Speech Therapy				\$20.00	_ _								
				Q20.00									
Occupational and Physical Therapy				\$20.00	✓	✓							
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00					
Laboratory Outpatient and Professional Services			10076	\$10.00	<u> </u>	<u> </u>	10076	\$0.00	V				
X-rays and Diagnostic Imaging	V			\$20.00		<u> </u>			V				
Skilled Nursing Facility	V			\$20.00		☑]			Copays	Weights
Julieu Wulsing Lacinty				\$20.00									
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	✓			\$70.18	✓	✓			>				
Outpatient Surgery Physician/Surgical Services	✓			\$20.00		✓			_		OP Facility Surgery	\$ 150	20%
Drugs	✓ All	All		\$20.00	✓ All	✓ All			✓ All	□ All	OP Facility Non-Surgery	\$ 50	80%
Generics	▽ ~			\$10.00	✓ A	<u> </u>			· ·			\$ 70.18	
Preferred Brand Drugs	V			\$45.00	V	. ✓			Y			y 70.20	
Non-Preferred Brand Drugs	Ž			\$65.00		V V			Į V				
Specialty Drugs (i.e. high-cost)	V	V	50%	\$05.00									
Options for Additional Benefit Design Limits:	Ŀ	-	Plan Description:		· ·								
Set a Maximum on Specialty Rx Coinsurance Payments?		1	-	[lanut Dlan Nam							Specialty Drugs	Coins Max We	eighting
Specialty Rx Coinsurance Maximum:				[Input Plan Nan [Input Plan HIO							Tier 4	\$ 100	78%
Set a Maximum Number of Days for Charging an IP Copay?											Tier 5	\$ 150	22%
			Issuer HIOS ID:	linbut issuer mi	رما دی							\$ 110.85	
# Days (1-10):												Ψ 110.05	
Begin Primary Care Cost-Sharing After a Set Number of Visits?													
# Visits (1-10):													
Begin Primary Care Deductible/Coinsurance After a Set Number of													
Copays?													
# Copays (1-10):]											
Output													
Calculate	Calandarian Cons	6 . 1											
Status/Error Messages:	Calculation Succe	esstui.											
Actuarial Value:	91.52%												
Metal Tier:	Platinum	161	a ta a santat of										
	NOTE: Service-sp	ecitic cost-sharin	g is applying for se	rvice(s) with fa	c/prot compone	ents, overriding	outpatient inpu	ts for those se	rvice(s).				
Additional Notes:													
Calculation Time:	0.1367 seconds										Hospital SoS AV	91.52%	
Final 2019 AV Calculator											Freestanding SoS AV	91.84%	
											Final Blended AV*	91.58%	
											Dichaca Av	51.50%	
											*Blending assumes a weigh	it of 81% for Hospital	l SoS
											Dichang assumes a weigh	. J. JI/V IOI HOSPILAI	

4

and 19% for Freestanding SoS

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters												
Use Integrated Medical and Drug Deductible?					Tier	red Network Op	otion					
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution?		Tiered	Network Plan?						
Apply Skilled Nursing Facility Copay per Day?		Annual Contri	bution Amount:		1st T	Γier Utilization:						
Use Separate MOOP for Medical and Drug Spending?		Allitual Colletti	bution Amount.		2nd T	Fier Utilization:						
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?												
Desired Metal Tier	Platinum 🔻			•								
		1 Plan Benefit D				2 Plan Benefit D						
	Medical	Drug	Combined		Medical	Drug	Combined					
Deductible (\$)	\$0.00	\$0.00										
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%										
MOOP (\$)	\$1,5	00.00										
MOOP if Separate (\$)												
Click Here for Important Instructions		Tie	er 1			Tie	er 2		Tier 1	Tier 2	1	
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to		Coinsurance, if	Copay, if	Copay applies			
Type of Benefit	Deductible?	Coinsurance?	different	separate		Coinsurance?		separate	deducti			
Medical	✓ All	□ All	unterent	3c parate	✓ All	✓ All	uniciciii	separate	✓ All	☐ All	1	
Emergency Room Services	✓			\$100.00	V	✓			<u> </u>			
All Inpatient Hospital Services (inc. MH/SUD)	<u> </u>			\$200.00	$\overline{\mathbf{v}}$	<u> </u>			✓		"	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and					<u> </u>				***************************************			
X-rays)				\$10.00	✓	✓						
Specialist Visit				\$20.00	_	~					**	
Mental/Behavioral Health and Substance Use Disorder Outpatient				\$10.00								
Services				\$10.00	✓	✓						
Imaging (CT/PET Scans, MRIs)				\$50.00	✓	✓						
Speech Therapy				\$20.00	✓	✓						
				\$20.00	✓	~						
Occupational and Physical Therapy					_							
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00				
Laboratory Outpatient and Professional Services				\$10.00	V	V						
X-rays and Diagnostic Imaging	□ ☑			\$20.00	V	V						Copays Weight
Skilled Nursing Facility				\$20.00								copays weigh
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)				\$50.00	✓	✓						
Outpatient Surgery Physician/Surgical Services				\$20.00	v	~					OP Facility Surgery	\$ 50 100
Drugs	✓ All	□ All		\$20.00	✓ All	✓ All			✓ All		OP Facility Non-Surgery	0
Generics	V			\$10.00	✓	<u> </u>			<u> </u>		1	
Preferred Brand Drugs	✓			\$45.00	<u> </u>	<u> </u>			V			
Non-Preferred Brand Drugs	>			\$65.00	V	✓			✓			
Specialty Drugs (i.e. high-cost)	>	V	50%		>	✓						
Options for Additional Benefit Design Limits:		_	Plan Description:								_	
Set a Maximum on Specialty Rx Coinsurance Payments?				[Input Plan Nar							Specialty Drugs	Coins Max Weighting
Specialty Rx Coinsurance Maximum:				[Input Plan HIO	-						Tier 4	\$ 100 78
Set a Maximum Number of Days for Charging an IP Copay?	Ш		Issuer HIOS ID:	[Input Issuer HI	OS ID]						Tier 5	\$ 150 22 \$ 110.85
# Days (1-10):												\$ 110.85
Begin Primary Care Cost-Sharing After a Set Number of Visits?												
#Visits (1-10):	_											
Begin Primary Care Deductible/Coinsurance After a Set Number of	Ш											
Copays?												
# Copays (1-10):		1										
Calculate												
Status/Error Messages:	Calculation Succ	essful.										
Actuarial Value:	91.84%											
Metal Tier:	Platinum											
		oecific cost-sharir	ng is applying for se	ervice(s) with fa	c/prof compone	ents, overriding	outpatient inpu	ts for those s	ervice(s).			
Additional Notes:			, 0	.,					• •			
Calculation Time:	0.0781 seconds											
Final 2019 AV Calculator												

User

Inputs for Hospital Site-of-Service

r Inputs for Plan Parameters							
Use Integrated Medical and Drug Deductible?			HSA/HRA Options		Tie	red Network O	ption
Apply Inpatient Copay per Day?		HSA/HRA Employ	er Contribution?		Tiered	Network Plan?	
Apply Skilled Nursing Facility Copay per Day?		Ammond Combaile	ution Amount:		1st T		
Use Separate MOOP for Medical and Drug Spending?			2nd T	ier Utilization:			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?							
Desired Metal Tier	Gold ▼						
	Tier	Tier 1 Plan Benefit Design			Tier	Design	
	Medical	Drug	Combined		Medical	Drug	Combine
Deductible (\$)	\$0.00	\$0.00					

\$5,000.00

100.00%

Click Here for Important Instructions		Tie	r 1			Ti	er 2		Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Copay appl	ies only after
туре от венепт	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	dedu	ctible?
Medical	✓ All	☐ All			✓ All	✓ All			☐ All	☐ All
mergency Room Services	>			\$250.00	~	>			N	
I Inpatient Hospital Services (inc. MH/SUD)	✓			\$500.00	<u> </u>	~			~	
rimary Care Visit to Treat an Injury or Illness (exc. Preventive, and				\$30.00						
rays)				\$30.00	~	V				
oecialist Visit				\$40.00	V	V				
lental/Behavioral Health and Substance Use Disorder Outpatient				\$30.00		✓				
ervices				\$30.00	V	~				
naging (CT/PET Scans, MRIs)	V			\$400.00	<u> </u>	V			V	
eech Therapy				\$40.00	V	V				
				\$40.00	V	✓				
cupational and Physical Therapy				340.00						
eventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
ooratory Outpatient and Professional Services	>			\$80.00	> > >	V			>	
rays and Diagnostic Imaging	V			\$100.00	✓				>	
lled Nursing Facility	✓			\$40.00	V	V			>	
utpatient Facility Fee (e.g., Ambulatory Surgery Center)	✓			\$100.45	✓	V			✓	
utpatient Surgery Physician/Surgical Services	V			\$40.00	<u> </u>	V			V	
Drugs	✓ All	☐ All		·	✓ All	✓ All			✓ All	☐ All
nerics	V			\$10.00	~	~			~	
ferred Brand Drugs	~			\$45.00	V	V			~	
n-Preferred Brand Drugs	>			\$65.00	V	∨ ∨			V	
ecialty Drugs (i.e. high-cost)	~	~	50%		✓	<u>~</u>				
tions for Additional Benefit Design Limits:			Plan Description	n:						
Set a Maximum on Specialty Rx Coinsurance Payments?	· •		Name:	[Input Plan Nar	ne]					

Weights

300 100.45

20% 80%

78%

22%

Options for Additional Benefit Design Limits.	
Set a Maximum on Specialty Rx Coinsurance Payments?	>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of	
Copays?	
# Copays (1-10):	

Coinsurance (%, Insurer's Cost Share)

MOOP (\$)

MOOP if Separate (\$)

Plan HIOS ID: [Input Plan HIOS ID] Issuer HIOS ID: [Input Issuer HIOS ID] Tier 4

Tier 5

Weighting oins Max 100 150

110.85

Output

Calculate Status/Error Messages:

Calculation Successful.

81.02% Gold

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

Additional Notes:

Actuarial Value:

Metal Tier:

Calculation Time: 0.1719 seconds

Final 2019 AV Calculator

Hospital SoS AV Freestanding SoS AV Final Blended AV*

81.02% 82.08% 81.22%

*Blending assumes a weight of 81% for Hospital SoS and 19% for Freestanding SoS

Inputs fo	r Freestanding	Site-of-Service

				inputs	for Freestandin	g Site-ot-Service							
Jser Inputs for Plan Parameters													
Use Integrated Medical and Drug Deductible?			HSA/HRA Options	3	Tie	red Network O	ption						
Apply Inpatient Copay per Day	· 🗆	HSA/HRA Emplo	yer Contribution?	· 🗆	Tiered	Network Plan?							
Apply Skilled Nursing Facility Copay per Day						ier Utilization:							
Use Separate MOOP for Medical and Drug Spending		Annual Contril	bution Amount:			ier Utilization:							
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?					2.10	ici otinizationi							
Desired Metal Tie													
Desired Metal Tie		1 Plan Benefit De	ncian	1	Tion	2 Plan Benefit	Docian						
				_									
D 1 111 1/6	Medical	Drug	Combined	-	Medical	Drug	Combined						
Deductible (\$		\$0.00											
Coinsurance (%, Insurer's Cost Share	100.00%	100.00%											
MOOP (\$		00.00											
MOOP if Separate (\$													
											1		
Click Here for Important Instructions		Tie	er 1			Ti	er 2		Tier 1	Tier 2			
Time of Donofit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Copay applic	es only after			
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	deduc	tible?			
Medical	✓ All	☐ All			✓ All	✓ All			☐ All	All			
mergency Room Services	✓			\$250.00	<u> </u>	<u> </u>			~				
All Inpatient Hospital Services (inc. MH/SUD)	☑			\$500.00	<u> </u>	7			<u> </u>				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and	<u> </u>												
				\$30.00	✓	✓							
(-rays)				440.00									
pecialist Visit	L			\$40.00	V	✓							
Mental/Behavioral Health and Substance Use Disorder Outpatient				\$30.00	▽	✓							
Services					_					_			
maging (CT/PET Scans, MRIs)				\$200.00	✓	✓							
peech Therapy				\$40.00	✓	✓							
				\$40.00	▽	✓							
Occupational and Physical Therapy				Ş40.00		_							
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00					
aboratory Outpatient and Professional Services				\$30.00	✓	✓							
(-rays and Diagnostic Imaging				\$40.00	▽	✓							
killed Nursing Facility	~			\$40.00	✓	V			V			Copays	Weights
		_							_	_			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)				\$200.00	✓	✓							
Outpatient Surgery Physician/Surgical Services				\$40.00	V	✓				П	OP Facility Surgery	\$ 200	100%
Drugs	✓ All	☐ All		¥	✓ All	✓ All			✓ All		OP Facility Non-Surgery		0%
Generics	✓			\$10.00	<u> </u>	<u> </u>							
Preferred Brand Drugs	<u> </u>			\$45.00		V			<u> </u>				
Non-Preferred Brand Drugs	Ž			\$65.00		▽			<u> </u>				
Specialty Drugs (i.e. high-cost)	V		50%	\$05.00		<u> </u>				<u>F</u>			
													
Options for Additional Benefit Design Limits:	. 🗔	1	Plan Description		,						Specialty Drugs	Coins Max W	Veighting
Set a Maximum on Specialty Rx Coinsurance Payments			Name:	[Input Plan Nan	-						Tier 4	\$ 100	78%
Specialty Rx Coinsurance Maximum			Plan HIOS ID:	[Input Plan HIO	-						Tier 5	\$ 150	22%
Set a Maximum Number of Days for Charging an IP Copay?	, П		Issuer HIOS ID:	[Input Issuer HI	OS ID]						Her 5	\$ 110.85	22/0
# Days (1-10)												\$ 110.85	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	· 🗆												
# Visits (1-10)													
Begin Primary Care Deductible/Coinsurance After a Set Number of	· 🗆												
Copays													
# Copays (1-10)	:												
Output		•											
Calculate													
Status/Error Messages:	Error: Result is ou	utside of [-4, +2] r	percent de minim	is variation.									
Actuarial Value:	82.08%												
Metal Tier:													
	NOTE: Service-sp	ecific cost-sharin	g is anniving for s	ervice(s) with fa	c/nrof compone	ents overridin	outnatient innu	ts for those se	rvice(s)				
Additional Notes:		3.181111	.p .5 appryring 101 a	c.v.cc(3) with ia	c, p. 01 compon	zs, overnam	5 Sacpatient hipu						
nuurrionai NULES.													
Calculation Time:	0.0781 seconds												
inal 2019 AV Calculator													

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

and the second s													
Use Integrated Medical and Drug Deductible?			HSA/HRA Options			red Network O							
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution?			Network Plan?							
Apply Skilled Nursing Facility Copay per Day?	· 🗆	Annual Contril	bution Amount:		1st '	Tier Utilization							
Use Separate MOOP for Medical and Drug Spending?	· 🗆	Allitual Colltin	oution Amount.		2nd ⁻	Tier Utilization	:						
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	· 🗆												
Desired Metal Tier	r Gold 🔻												
	Tier	1 Plan Benefit De	esign		Tier	2 Plan Benefit	Design						
	Medical	Drug	Combined		Medical	Drug	Combined						
Deductible (\$)		\$250.00											
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%											
MOOP (\$)		00.00											
MOOP if Separate (\$)		1											
MOOF II Separate (5)													
Citab Have fee less estant les touritées		-	4			_	2		T' 4	T2	1		
Click Here for Important Instructions		Tie					er 2		Tier 1	Tier 2			
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	-	Coinsurance, if			es only after			
···	Deductible?	Coinsurance?	different	separate		Coinsurance?	different	separate		tible?			
Medical	✓ All	All		<u>.</u>	✓ All	✓ All			☐ All	All			
Emergency Room Services	<u> </u>			\$250.00	<u> </u>	>			Ŋ	<u></u>			
All Inpatient Hospital Services (inc. MH/SUD)	V			\$400.00	V	∠			>				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and				\$15.00	✓	✓							
X-rays)				Ş13.00						_			
Specialist Visit				\$30.00	V	✓							
Mental/Behavioral Health and Substance Use Disorder Outpatient				44= 00		_				_			
Services				\$15.00	✓	✓							
Imaging (CT/PET Scans, MRIs)	✓			\$400.00	✓	✓			V				
Speech Therapy				\$30.00	☑								
											1		
Occupational and Physical Therapy				\$30.00	✓	✓							
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00			•		
	V		100%		<u> </u>		100%	\$0.00	V				
Laboratory Outpatient and Professional Services				\$30.00		✓							
X-rays and Diagnostic Imaging	V			\$60.00	V				> [Copays	Weight
Skilled Nursing Facility	✓			\$30.00	✓	✓			>			Copays	weight
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	✓			\$100.45	✓	✓			>				
												4	200
Outpatient Surgery Physician/Surgical Services	V			\$30.00	V	<u> </u>			> [OP Facility Surgery	\$ 300	209
Drugs	✓ All	☐ All			✓ All	✓ All			Y AⅡ	☐ All	OP Facility Non-Surgery	\$ 50	809
Generics				\$10.00	✓	✓						\$ 100.45	
Preferred Brand Drugs	>			\$45.00	V	<u> </u>			\				
Non-Preferred Brand Drugs	V			\$65.00	V	✓			>				
Specialty Drugs (i.e. high-cost)	~	~	50%		V	V							
Options for Additional Benefit Design Limits:			Plan Description:								_		
Set a Maximum on Specialty Rx Coinsurance Payments?	~		Name: [Input Plan Nar	ne]						Specialty Drugs		/eighting
Specialty Rx Coinsurance Maximum:	\$110.85		Plan HIOS ID: [Input Plan HIO	S ID]						Tier 4	\$ 100	789
Set a Maximum Number of Days for Charging an IP Copay?	-		Issuer HIOS ID: [Input Issuer HI	OS ID]						Tier 5	\$ 150	229
# Days (1-10):				•	•							\$ 110.85	
Begin Primary Care Cost-Sharing After a Set Number of Visits?													
#Visits (1-10):	. 🗀												
Begin Primary Care Deductible/Coinsurance After a Set Number of	F 🔲	1											
Copays?													
# Copays (1-10):													
]											
Output													
Calculate													
Status/Error Messages:	Calculation Succe	esstul.											
Actuarial Value:	81.22%												
Metal Tier:	Gold												
	NOTE: Service-sp	ecific cost-sharin	g is applying for se	vice(s) with fa	c/prof compon	ents, overridin	g outpatient inpu	uts for those se	rvice(s).				
Additional Notes:													
Calculation Time:	0.123 seconds												
Final 2019 AV Calculator											Hospital SoS AV	81.22%	
											Freestanding SoS AV	82.94%	
											Final Blended AV*	81.55%	
													

*Blending assumes a weight of 81% for Hospital SoS

and 19% for Freestanding SoS

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters													
Use Integrated Medical and Drug Deductible?		HSA/HRA Options			Tie	red Network C	ption						
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution?		Tiered	Network Plan	? 🗆						
Apply Skilled Nursing Facility Copay per Day?		Annual Contril	bution Amount:		1st '	Tier Utilization	:						
Use Separate MOOP for Medical and Drug Spending?		Allitual Colltin	bation Amount.		2nd °	Tier Utilization	:						
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?													
Desired Metal Tier	Gold ▼			_									
	Tie	1 Plan Benefit De	esign		Tier	2 Plan Benefit	Design						
	Medical	Drug	Combined		Medical	Drug	Combined						
Deductible (\$)	\$500.00	\$250.00											
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%											
MOOP (\$)	\$5,0	00.00											
MOOP if Separate (\$)													
											_		
Click Here for Important Instructions		Tie					ier 2		Tier 1	Tier 2	4		
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Copay applie	-			
<u> </u>	Deductible?	Coinsurance?	different	separate		Coinsurance?	different	separate	deduc		4		
Medical	✓ All	☐ All			✓ All	✓ All			☐ All	All	4		
Emergency Room Services	<u> </u>			\$250.00	<u> </u>	_			<u> </u>		A		
All Inpatient Hospital Services (inc. MH/SUD)	V			\$400.00	✓	✓			✓		4		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and				\$15.00	✓	✓					4		
X-rays)					_	_					4		
Specialist Visit				\$30.00	✓	~							
Mental/Behavioral Health and Substance Use Disorder Outpatient				\$15.00	✓	▽					4		
Services													
Imaging (CT/PET Scans, MRIs)			***************************************	\$200.00	<u> </u>						A		
Speech Therapy				\$30.00	✓	✓					A		
				\$30.00	✓	✓					4		
Occupational and Physical Therapy			1000/	40.00			40001	40.00			A		
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00			A .		
Laboratory Outpatient and Professional Services				\$15.00	✓ ✓	∨					A		
X-rays and Diagnostic Imaging				\$30.00	✓ ✓	✓			✓		A	Copays	Weights
Skilled Nursing Facility		Ц		\$30.00	<u> </u>	<u>~</u>					A	Copays	weight
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)				\$200.00	✓	✓					4		
Outpatient Surgery Physician/Surgical Services				\$30.00		✓				П	OP Facility Surgery	\$ 200	1009
Drugs	✓ All	□ All		\$30.00	✓ All	✓ All			✓ All	□ All	OP Facility Non-Surgery	-	0%
Generics				\$10.00	<u> </u>	<u> </u>					,		-
Preferred Brand Drugs	$\overline{\mathbf{z}}$			\$45.00		V							
Non-Preferred Brand Drugs	V			\$65.00		<u> </u>			Ī		4		
Specialty Drugs (i.e. high-cost)	$\overline{\mathbf{v}}$	<u> </u>	50%	φοσ.σο		V							
Options for Additional Benefit Design Limits:			Plan Description								_		
Set a Maximum on Specialty Rx Coinsurance Payments?	~	1	Name:	[Input Plan Nan	nel						Specialty Drugs	Coins Max We	eighting
Specialty Rx Coinsurance Maximum:				[Input Plan HIO							Tier 4	\$ 100	78%
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:								Tier 5	\$ 150	229
# Days (1-10):												\$ 110.85	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	П												
# Visits (1-10):	_												
Begin Primary Care Deductible/Coinsurance After a Set Number of													
Copays?													
# Copays (1-10):													
Output													
Calculate													
Status/Error Messages:		utside of [-4, +2] រុ	percent de minim	is variation.									
Actuarial Value:	82.94%												
Metal Tier:													
	NOTE: Service-sp	oecific cost-sharin	g is applying for s	ervice(s) with fa	c/prof compon	ents, overridin	g outpatient inpu	ts for those se	rvice(s).				
Additional Notes:													
Calculation Time:	0.0781 seconds												
Final 2019 AV Calculator													

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?			HSA/HRA Options		Tie	red Network O	ption					
Apply Inpatient Copay per Day?	_	HSA/HRA Emplo	oyer Contribution?		Tiered	Network Plan?						
Apply Skilled Nursing Facility Copay per Day?					1st T	Tier Utilization:						
Use Separate MOOP for Medical and Drug Spending?		Annual Contri	ibution Amount:		2nd T	Fier Utilization:						
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?												
Desired Metal Tier	Gold 🔻											
	Tier	1 Plan Benefit D	esign]	Tier	2 Plan Benefit	Design					
	Medical	Drug	Combined		Medical	Drug	Combined					
Deductible (\$)	\$1,000.00	\$250.00										
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%										
MOOP (\$)	\$4,0	00.00										
MOOP if Separate (\$)												
											-	
Click Here for Important Instructions			er 1				er 2		Tier 1	Tier 2	1	
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	-	Coinsurance, if	Copay, if	Copay applies	-	A .	
<u> </u>	Deductible?	Coinsurance?	different	separate		Coinsurance?	different	separate	deducti		4	
Medical	✓ All	☐ All			✓ All	✓ All			☐ All	All	4	
Emergency Room Services	<u> </u>			\$250.00	<u> </u>				V		4	
All Inpatient Hospital Services (inc. MH/SUD)	✓			\$400.00	V	V			V		4	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and				\$15.00	✓	✓					4	
(-rays)												
Specialist Visit				\$30.00	V	✓					4	
Mental/Behavioral Health and Substance Use Disorder Outpatient				\$15.00	✓	✓					4	
Services					<u> </u>				<u> </u>		4	
maging (CT/PET Scans, MRIs)	Z			\$400.00		<u></u>						
Speech Therapy				\$30.00	~	<u> </u>					4	
Description of an ADI product Theorem				\$30.00	✓	✓					4	
Occupational and Physical Therapy			4000/	40.00				40.00			4	
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00			4	
aboratory Outpatient and Professional Services	*****			\$30.00	<u> </u>	V			<u> </u>		4	
K-rays and Diagnostic Imaging	V			\$60.00	✓	✓			▽		4	Copays Weig
Skilled Nursing Facility	<u> </u>			\$30.00	<u>~</u>						4	Copays weig
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	✓			\$100.45	✓	✓			✓		4	
Outpatient Surgery Physician/Surgical Services	V			\$30.00	V	✓			V	П	OP Facility Surgery	\$ 300 2
Drugs	✓ All	□ All		\$30.00	✓ All	✓ All			✓ All	□ All	OP Facility Non-Surgery	\$ 50 8
Generics	D			\$10.00	✓ All	V All					i	\$ 100.45
Preferred Brand Drugs	$\overline{\mathbf{z}}$			\$45.00	V				$\overline{\mathbf{z}}$		4	y 100115
Non-Preferred Brand Drugs	V			\$65.00	V	V			V		4	
Specialty Drugs (i.e. high-cost)	V	v	50%	303.00	V						4	
Options for Additional Benefit Design Limits:			Plan Description	•							1	
Set a Maximum on Specialty Rx Coinsurance Payments?	V	1	Name:	[Input Plan Nam	nel						Specialty Drugs	Coins Max Weightin
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	[Input Plan HIO:							Tier 4	\$ 100 7
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:								Tier 5	\$ 150 2
# Days (1-10):	_			[pac issue: i.i.	00.0,							\$ 110.85
Begin Primary Care Cost-Sharing After a Set Number of Visits?		1										· <u></u>
#Visits (1-10):												
Begin Primary Care Deductible/Coinsurance After a Set Number of	П											
Copays?												
# Copays (1-10):												
Output		1										
Calculate												
Status/Error Messages:	Calculation Succe	essful.										
Actuarial Value:	81.09%											
Metal Tier:	Gold											
	NOTE: Service-sp	ecific cost-shari	ng is applying for s	ervice(s) with fac	c/prof compone	ents, overridin	g outpatient inpu	ts for those se	rvice(s).			
Additional Notes:					•							
Calculation Time:	0.1406 seconds											
Final 2019 AV Calculator											Hospital SoS AV	81.09%
											Freestanding SoS AV	83.66%
											Final Blended AV*	81.58%
											dest to	1044/1 H 11 15 -
											*Blending assumes a weight	of 81% for Hospital SoS

and 19% for Freestanding SoS

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters				inputs	tor Freestandin	g Site-ot-Service						
Use Integrated Medical and Drug Deductible?		HSA/HRA Options					ption					
Apply Inpatient Copay per Day?			yer Contribution?		Tiered	Network Plan?						
Apply Skilled Nursing Facility Copay per Day?						Tier Utilization:						
Use Separate MOOP for Medical and Drug Spending?		Annual Contril	bution Amount:			Tier Utilization:						
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?												
Desired Metal Tier												
		1 Plan Benefit De	esign	1	Tier	2 Plan Benefit I	Design					
	Medical	Drug	Combined		Medical	Drug	Combined					
Deductible (\$)	\$1,000.00	\$250.00										
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%										
MOOP (\$)	\$4,0	00.00										
MOOP if Separate (\$)												
Click Here for Important Instructions		Tie	v=1			т:	er 2		Tier 1	Tier 2	1	
<u>Click Here for important instructions</u>	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to		Coinsurance, if	Copay, if	Copay applies		-	
Type of Benefit	Deductible?	Coinsurance?	different	separate		Coinsurance?		separate	deducti			
Medical	✓ All	□ All	unicient	separate	✓ All	✓ All	uniciciic	separate	☐ All	□ All	i	
Emergency Room Services	<u> </u>			\$250.00		<u> </u>			V		1	
All Inpatient Hospital Services (inc. MH/SUD)	✓			\$400.00	V V	<u> </u>			✓		"	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and				44= 00	1	_						
X-rays)				\$15.00	V	✓						
Specialist Visit				\$30.00	V	✓						
Mental/Behavioral Health and Substance Use Disorder Outpatient				\$15.00	>	✓						
Services												
Imaging (CT/PET Scans, MRIs)				\$200.00	V	V						
Speech Therapy				\$30.00	>	✓						
O and the section of Director The second				\$30.00	V	✓						
Occupational and Physical Therapy Preventive Care/Screening/Immunization			100%	¢0.00			1000/	\$0.00				
Laboratory Outpatient and Professional Services			100%	\$0.00 \$15.00		✓	100%	\$0.00				
X-rays and Diagnostic Imaging				\$30.00] >	V						
Skilled Nursing Facility	V			\$30.00		☑			V			Copays Weight
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)				\$200.00	V	✓						
Outpatient Surgery Physician/Surgical Services				\$30.00	ን	>					OP Facility Surgery	\$ 200 1009
Drugs	✓ All	☐ All			✓ All	✓ All			✓ All	All	OP Facility Non-Surgery	09
Generics				\$10.00	V	✓						
Preferred Brand Drugs) [C			\$45.00	> [<u> </u>			>[
Non-Preferred Brand Drugs	N [=00/	\$65.00	N	V			V			
Specialty Drugs (i.e. high-cost)	>	✓	50%			✓						
Options for Additional Benefit Design Limits: Set a Maximum on Specialty Rx Coinsurance Payments?		1	Plan Description Name:	: [Input Plan Nam	اما						Specialty Drugs	Coins Max Weighting
Specialty Rx Consurance Maximum:			Plan HIOS ID:	[Input Plan HIOS	-						Tier 4	\$ 100 789
Set a Maximum Number of Days for Charging an IP Copay?				[Input Issuer HIC							Tier 5	\$ 150 229
# Days (1-10):	_			[pacissaci inc	33.5,							\$ 110.85
Begin Primary Care Cost-Sharing After a Set Number of Visits?												
# Visits (1-10):												
Begin Primary Care Deductible/Coinsurance After a Set Number of												
Copays?												
# Copays (1-10):		j										
Output												
Calculate Status (Free Massages)	Francis Decultions											
Status/Error Messages: Actuarial Value:	83.66%	utside 01 [-4, +2] [percent de minim	is variation.								
Metal Tier:	03.00%											
metar nen	NOTE: Service-sn	ecific cost-sharin	g is applying for s	ervice(s) with fac	/prof compone	ents, overriding	outpatient innu	ts for those se	ervice(s).			
Additional Notes:			.o .o opp.ymg 101 o	ac(5) with lat	, _F . C. Compone	, 0	5 - acpacient inpu					
Calculation Time:	0.0625 seconds											
Final 2019 AV Calculator												

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters													
Use Integrated Medical and Drug Deductible?			HSA/HRA Options		Tie	red Network Op	otion						
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution?			Network Plan?							
Apply Skilled Nursing Facility Copay per Day?		Annual Contri	bution Amount:		1st 7	Tier Utilization:							
Use Separate MOOP for Medical and Drug Spending?		Allifudi Collett	bation Amount.		2nd 1	Tier Utilization:							
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?													
Desired Metal Tier	Gold 🔻												
		1 Plan Benefit D	esign			2 Plan Benefit D	Design						
	Medical	Drug	Combined		Medical	Drug	Combined						
Deductible (\$)	\$1,000.00	\$0.00											
Coinsurance (%, Insurer's Cost Share)	80.00%	100.00%											
MOOP (\$)	\$5,3	00.00											
MOOP if Separate (\$)													
·											_		
Click Here for Important Instructions		Tie	er 1				er 2		Tier 1	Tier 2	1		
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to		Coinsurance, if			lies only after			
	Deductible?	Coinsurance?	different	separate		Coinsurance?	different	separate		uctible?	1		
Medical	✓ All	All			✓ All	✓ All			All	All	1		
mergency Room Services	V	✓			∠	<u> </u>					l		
All Inpatient Hospital Services (inc. MH/SUD)	V	✓			✓	✓							
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and				\$20.00	✓	✓							
(-rays)													
Specialist Visit				\$40.00	V	V							
Mental/Behavioral Health and Substance Use Disorder Outpatient					✓	✓							
Services					_						l		
maging (CT/PET Scans, MRIs)	V	Y			V	V							
Speech Therapy				\$40.00	☑	☑					l		
				\$40.00	✓	✓							
Occupational and Physical Therapy													
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00					
aboratory Outpatient and Professional Services	<u> </u>	<u> </u>			V	V							
K-rays and Diagnostic Imaging	<u> </u>	<u> </u>			V	V						C	Maiah
Skilled Nursing Facility	<u> </u>			\$40.00	✓	~			V		1	Copays	Weigh
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	~	✓			✓	✓							
	$\overline{\mathbf{v}}$			\$40.00	▽	✓			V		OP Facility Surgery		20
Outpatient Surgery Physician/Surgical Services	✓ All	□ All		\$40.00	✓ All	✓ All			₹ All	☐ All	OP Facility Non-Surgery		80
Drugs Generics	✓ All			\$10.00	✓ All	✓ All			□ □	All	or ruemey ruem surgery	¢ -	00
Preferred Brand Drugs	<u> </u>			\$45.00	<u> </u>	<u> </u>					•	¥	
Non-Preferred Brand Drugs	V			\$65.00	<u> </u>	<u> </u>					1		
Specialty Drugs (i.e. high-cost)	7	<u> </u>	50%	\$05.00		<u> </u>							
Options for Additional Benefit Design Limits:			Plan Description:										
Set a Maximum on Specialty Rx Coinsurance Payments?	V	1		[Input Plan Nar	nel						Specialty Drugs	Coins Max Wei	eighting
Specialty Rx Coinsurance Maximum:				Input Plan HIO							Tier 4	\$ 100	78
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:								Tier 5	\$ 150	22
# Days (1-10):	_		issuel filos ib.	(input issuel in	0310]							\$ 110.85	
Begin Primary Care Cost-Sharing After a Set Number of Visits?		1											
#Visits (1-10):													
Begin Primary Care Deductible/Coinsurance After a Set Number of	П	1											
Copays?													
# Copays (1-10):													
Output		1											
Calculate													
	Calculation Succe	essful.											
	81.88%												
	Gold												
		ore services are n	ot subject to the de	ductible and h	ave no copav. A	Anv service with	n this cost-sharin	g structure is	covered at 100%	by the plan in the			
			isit-specific cost-sh										
			outpatient inputs fo			3			5 /8				
	0.0781 seconds	,											
Final 2019 AV Calculator	0.0701 Secorius										Hospital SoS AV	81.88%	
2020 . V Guiculutoi											Freestanding SoS AV	82.24%	
											Final Blended AV*	81.95%	

*Blending assumes a weight of 81% for Hospital SoS and 19% for Freestanding SoS

AV Calculator - BlueChoice HMO Referral Gold 80

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters												
Use Integrated Medical and Drug Deductible?			HSA/HRA Options		Tie	ered Network O	ption					
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution?		Tiered	Network Plan?						
Apply Skilled Nursing Facility Copay per Day?		Annual Contri	bution Amount:		1st	Tier Utilization:						
Use Separate MOOP for Medical and Drug Spending?		Annual Contri	bution Amount:		2nd	Tier Utilization:						
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?		-					_					
Desired Metal Tier	Gold 🔻											
	Tie	r 1 Plan Benefit De	esign		Tier	2 Plan Benefit I	Design					
	Medical	Drug	Combined		Medical	Drug	Combined					
Deductible (\$)	\$1,000.00	\$0.00										
Coinsurance (%, Insurer's Cost Share)	80.00%	100.00%										
MOOP (\$)	\$5,3	00.00										
MOOP if Separate (\$)												
							_		_			
Click Here for Important Instructions		Tie	er 1			Ti	er 2		Tier 1	Tier 2		
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Copay appli	es only after		
	Deductible?	Coinsurance?	different	separate		Coinsurance?	different	separate		ctible?		
Medical	✓ All	☐ All			✓ All	✓ All			☐ All	All		
Emergency Room Services	>	✓			▽	✓						
All Inpatient Hospital Services (inc. MH/SUD)	V	✓			V	~						
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and				\$20.00	V	✓						
X-rays)	_				_	_				_		
Specialist Visit				\$40.00	V	V						
Mental/Behavioral Health and Substance Use Disorder Outpatient					✓	✓						
Services										_		
Imaging (CT/PET Scans, MRIs)		~			~	✓						
Speech Therapy				\$40.00	V	✓						
				\$40.00	V	✓						
Occupational and Physical Therapy						_						
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00				
Laboratory Outpatient and Professional Services				\$15.00	V	<u> </u>						
X-rays and Diagnostic Imaging				\$30.00	<u> </u>	<u> </u>						
Skilled Nursing Facility	Y			\$40.00	V	~			V			Copays Weigh
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)				\$200.00	✓	✓						
				¢40.00		∀					OP Facility Surgery	\$ 200 100
Outpatient Surgery Physician/Surgical Services	✓ All	□ All		\$40.00	✓ All	✓ All			□ □ All		OP Facility Non-Surgery	9 200
Drugs	V			Ć40.00	✓ All	✓ All				All	or ruemey reon-surgery	
Generics Preferred Brand Drugs	V			\$10.00 \$45.00	Ž	Ž						
Non-Preferred Brand Drugs				\$65.00		<u> </u>						
Specialty Drugs (i.e. high-cost)	V	✓	50%	\$65.00		Ä						
Options for Additional Benefit Design Limits:	·	· ·	Plan Description:									
Set a Maximum on Specialty Rx Coinsurance Payments?		1		[Input Plan Nar	mal						Specialty Drugs	Coins Max Weighting
Specialty Rx Coinsurance Maximum:				[Input Plan HIC							Tier 4	\$ 100 78
Set a Maximum Number of Days for Charging an IP Copay?		-	Issuer HIOS ID:								Tier 5	\$ 150 22
# Days (1-10):			issuel filos ib.	[III]put issuei Hi	103 10]							\$ 110.85
# Days (1-10): Begin Primary Care Cost-Sharing After a Set Number of Visits?		-										
#Visits (1-10):												
Begin Primary Care Deductible/Coinsurance After a Set Number of		1										
Copays?												
# Copays (1-10):												
Output		1										
Calculate												
Status/Error Messages:	Error: Result is o	utside of [-4 +2]	percent de minimis	variation								
Actuarial Value:	82.24%	atsiac oi [4, 12]	percent de minimo	variation.								
Metal Tier:												
	NOTE: One or me	ore services are n	ot subject to the de	ductible and h	ave no conav	Any service wit	h this cost-sharin	g structure is	covered at 100% h	v the plan in the		
Additional Notes:			specific cost-sharin									
Additional Notes.	aaac.bic fullge			o .o appryring to	3000(3) 4411	100, 5101 00111		o outputielli				
Calculation Time:	0.0781 seconds											
Carcaration Time.	o.oror seconds											

Final 2019 AV Calculator

User Inputs for Plan Parameters													
Use Integrated Medical and Drug Deductible?			HSA/HRA Options	i	Tie	ered Network Op	tion						
Apply Inpatient Copay per Day?	· 🗆	HSA/HRA Emplo	yer Contribution?	· 🗆	Tiered	Network Plan?							
Apply Skilled Nursing Facility Copay per Day?		Annual Contril	bution Amount:		1st	Tier Utilization:							
Use Separate MOOP for Medical and Drug Spending?		Annual Contin	bation Amount.		2nd	Tier Utilization:							
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?													
Desired Metal Tier	- Gold ▼												
	Tier	1 Plan Benefit De	esign		Tier	2 Plan Benefit D	esign						
	Medical	Drug	Combined		Medical	Drug	Combined						
Deductible (\$)	\$1,500.00	\$250.00											
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%											
MOOP (\$)	\$3,50	0.00											
MOOP if Separate (\$)				_									
			="										
Click Here for Important Instructions		Tie	er 1			Tie	r 2		Tier 1	Tier 2			
Time of Donofit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Copay applie	s only after			
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	deduc	tible?			
Medical	✓ All	☐ All			✓ All	✓ All			☐ All	☐ All			
Emergency Room Services	~			\$250.00	~	V			>				
All Inpatient Hospital Services (inc. MH/SUD)	✓			\$400.00	✓	~			>				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and		_		4	_	_			_	_			
K-rays)				\$15.00	✓	✓							
Specialist Visit				\$30.00	V	V							
Mental/Behavioral Health and Substance Use Disorder Outpatient													
Services					✓	✓							
maging (CT/PET Scans, MRIs)	V			\$400.00	✓	~			V				
Speech Therapy				\$30.00	<u> </u>	_ _							
Occupational and Physical Therapy				\$30.00	✓	✓							
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00					
aboratory Outpatient and Professional Services	<u> </u>			\$30.00		<u> </u>			✓				
K-rays and Diagnostic Imaging	~			\$60.00	<u> </u>	<u> </u>			V				
Skilled Nursing Facility	<u> </u>			\$30.00	$\overline{\mathbf{Z}}$	<u></u>			V			Copays	Weights
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	V			\$100.45	✓	✓			✓				
Outpatient Surgery Physician/Surgical Services	~			\$30.00	1 🔽	☑			V		OP Facility Surgery	\$ 300	20%
Drugs	✓ All	☐ All			✓ All	✓ All			✓ All	All	OP Facility Non-Surgery	\$ 50	80%
Generics				\$10.00	V	V						\$ 100.45	
Preferred Brand Drugs	~			\$45.00	<u> </u>	<u> </u>			V				
Non-Preferred Brand Drugs	V			\$65.00		~			V				
Specialty Drugs (i.e. high-cost)	~	<u> </u>	50%		<u>~</u>	<u> </u>							
Options for Additional Benefit Design Limits:			Plan Description	:									
Set a Maximum on Specialty Rx Coinsurance Payments?	V		Name:	[Input Plan Nan	nel						Specialty Drugs	Coins Max V	Weighting
Specialty Rx Coinsurance Maximum:				[Input Plan HIO	-						Tier 4	\$ 100	78%
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:		-						Tier 5	\$ 150	22%
# Days (1-10):				[,							\$ 110.85	
Begin Primary Care Cost-Sharing After a Set Number of Visits?													
#Visits (1-10):													
Begin Primary Care Deductible/Coinsurance After a Set Number of													
Copays?													
# Copays (1-10):													
Output													
Calculate													
	Calculation Succes	ssful											
	81.19%												
Metal Tier:	Gold												
		re services are n	ot subject to the o	deductible and h	ave no conav	Any service with	this cost-sharin	g structure is c	covered at 100% by	the plan in the			
Additional Notes:									inputs for those se				
additional Notes.	accione range.							o outputient					
Calculation Time:	0.1406 seconds												
	o. 1406 seconas										Hospital SoS AV	81.19%	
Final 2019 AV Calculator											Freestanding SoS AV	84.27%	
											Final Blended AV*	81.77%	

*Blending assumes a weight of 81% for Hospital SoS and 19% for Freestanding SoS

AV Calculator - BlueChoice HMO Gold 1500

User Inputs for Plan Parameters												
Use Integrated Medical and Drug Deductible?			HSA/HRA Options	3	Tie	red Network O	ption					
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution?	· 🗆		Network Plan?						
Apply Skilled Nursing Facility Copay per Day?		Annual Contril	bution Amount:		1st [*]	Tier Utilization:						
Use Separate MOOP for Medical and Drug Spending?	_	Aimaai contin	bation Amount.		2nd	Tier Utilization:						
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?												
Desired Metal Tier				-								
		1 Plan Benefit De		-		2 Plan Benefit						
Dodustible (Ć)	Medical	Drug	Combined		Medical	Drug	Combined					
Deductible (\$) Coinsurance (%, Insurer's Cost Share)	\$1,500.00 100.00%	\$250.00 100.00%										
MOOP (\$)		00.00										
MOOP if Separate (\$)		1		•								
moor ii separate (y)			•			•						
Click Here for Important Instructions		Tie	er 1			Ti	er 2		Tier 1	Tier 2		
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Copay applie	es only after		
··	Deductible?	Coinsurance?	different	separate		Coinsurance?	different	separate	deduc			
Medical	✓ All	☐ All			✓ All	✓ All			☐ All	☐ All		
Emergency Room Services	>			\$250.00	~	✓			✓			
All Inpatient Hospital Services (inc. MH/SUD)	V			\$400.00	V	V			✓			
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and				\$15.00	V	✓						
X-rays)				•								
Specialist Visit				\$30.00		✓						
Mental/Behavioral Health and Substance Use Disorder Outpatient					~	✓						
Services					<u> </u>	_						
Imaging (CT/PET Scans, MRIs) Speech Therapy				\$200.00 \$30.00								
эреситтетару					<u> </u>	<u> </u>						
Occupational and Physical Therapy				\$30.00	✓	✓						
Preventive Care/Screening/Immunization	П		100%	\$0.00			100%	\$0.00				
Laboratory Outpatient and Professional Services				\$15.00		<u> </u>					···	
X-rays and Diagnostic Imaging				\$30.00		<u> </u>						
Skilled Nursing Facility	>			\$30.00	V	✓			~			Copays Weigh
Outpotiont Facility Fac /a a Ambulaton Current Contarl				\$200.00	V	✓						
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)				\$200.00		_						
Outpatient Surgery Physician/Surgical Services				\$30.00	V	V					OP Facility Surgery	\$ 200 100
Drugs	✓ All	☐ All			✓ All	✓ All			✓ All	All	OP Facility Non-Surgery	0
Generics				\$10.00	V	<u>~</u>						
Preferred Brand Drugs	∑			\$45.00		V			V			
Non-Preferred Brand Drugs	V		=00/	\$65.00		V						
Specialty Drugs (i.e. high-cost)	>	✓	50%		V							
Options for Additional Benefit Design Limits: Set a Maximum on Specialty Rx Coinsurance Payments?		1	Plan Description Name:	ı: [Input Plan Nar	mal						Specialty Drugs	Coins Max Weighting
Specialty Rx Coinsurance Maximum:				[Input Plan HIC	-						Tier 4	\$ 100 78
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:		-						Tier 5	\$ 150 22
# Days (1-10):	_		155401 11100 121	[pac.issaci	.05.5,							\$ 110.85
Begin Primary Care Cost-Sharing After a Set Number of Visits?	П											
# Visits (1-10):	_											
Begin Primary Care Deductible/Coinsurance After a Set Number of												
Copays?												
# Copays (1-10):												
Output												
Calculate												
Status/Error Messages:		utside of [-4, +2] p	percent de minim	is variation.								
Actuarial Value:	84.27%											
Metal Tier:	NOTE C			de de castet de 11			h abba a a a a a a			about 1 1		
									covered at 100% by			
Additional Notes:	deductible range	. NOTE: Service-	specific cost-shari	ing is applying to	or service(s) wit	ııı rac/prot com	ponents, overridi	rig outpatien	t inputs for those s	ervice(s).		
Calculation Time:	0.0781 seconds											

User Inputs for Plan Parameters

Apply Substitution (Processor Processor (Processor Substitution (Processor Processor Substitution (Processor Substitution (P	Use Integrated Medical and Drug Deductible? Apply Inpatient Copay per Day?			HSA/HRA Options yer Contribution?			red Network Op Network Plan?	otion					
The Control of Process of the Proc						1st 7	Fier Utilization:						
Depart Marke (p. 1997 1997		_	Annual Contri	button Amount:		2nd 1	Fier Utilization:						
The First Plane Medical Drug Combined Drug Dru													
Medical Drog Combaned Drog Combaned Drog Combaned Drog	Desired Metal Tier			_	1				1				
Controllation (Proposed Cost State of Supposed Cost State of Suppose								Ů					
Second Second Process Second Notice 1990	Poductible (¢)	Medical	Drug			Medical	Drug	Combined					
Company Comp													
MODE of Separate (Separate Separate S							·						
Type of sensity Company				\$5,000.00	J								
Page	Click Here for Important Instructions		Tie	er 1			Tie	er 2		Tier 1	Tier 2		
Medical Mail	Type of Benefit	-	-	•			-				•		
	Medical			unierent	separate			unierent	separate				
State Stat					\$100.00								
State Stat							<u> </u>						
Special Numer Special Nume				***************************************	i	-							
Seculation Visit		~			\$10.00	~	✓			✓			
Ment of Petal Annual Health and Substance Use Disorder Origated		V			\$20.00	✓	<u> </u>			V		*	
Significant	Mental/Behavioral Health and Substance Use Disorder Outpatient				ć10.00								
	Services				\$10.00								
Compational and Physical Therapy							V						
Occupations and Physical Physical Regard Professions Services Preventive Carp's (Seeping Primary Care Deductible/Coinsurance After as Ext Number of Seping Primary Care Deductible/Coinsurance After as Ext Number of Seping Primary Care Deductible/Coinsurance After as Ext Number of Seping Primary Care Deductible/Coinsurance After as Ext Number of Seping Primary Care Deductible/Coinsurance After as Ext Number of Seping Primary Care Deductible/Coinsurance After as Ext Number of Seping Primary Care Deductible/Coinsurance After as Ext Number of Seping Primary Care Deductible/Coinsurance After as Ext Number of Seping Primary Care Deductible/Coinsurance After as Ext Number of Seping Primary Care Deductible/Coinsurance After as Ext Number of Seping Primary Care Deductible/Coinsurance After as Ext Number of Seping Primary Care Deductible/Coinsurance After as Ext Number of Seping Primary Care Deductible/Coinsurance After as Ext Number of Seping Primary Care Deductible/Coinsurance After as Ext Number of Seping Primary Care Deductible/Coinsurance After as Ext Number of Seping Primary Care Deductible/Coinsurance After as Ext Number of Seping Primary Care Deductible/Coinsurance After as Ext Number of Seping Primary Care Deductible/Coinsurance After as Ext Number of Seping Primary Care Deductible/Coinsurance After as Ext Number of Seping Primary Care Deductible/Coinsurance After as Ext Number of Seping Primary Care Deductible/Coinsurance After as Ext Number of Seping Primary Care Deductible/Coinsurance After as Ext Number of Seping Primary Care Deductible/Coinsurance After as Ext Number of Seping Primary Care Deductible/Coinsurance After as Ext Number of Seping Primary Care Deductible/Coinsurance After as Ext Number of Seping Primary Care Deductible/Coinsurance After as Ext Number of Seping Primary Care Deductible/Coinsurance After as Ext Number of Seping Primary Care Deductible/Coinsurance After as Ext Number of Seping Primary Care Deductible/Coinsurance After as Ext Number of Seping Primary Care Deductible/Coinsurance A	Speech Therapy	V			\$20.00	V	V			V			
Occupations and Physical Physical Presented Cancel Physical Physical Physical Physical Professional Services Park District Companies Park Dist		✓			\$20.00	✓	✓			✓			
Sample S													
Second Diagnostic Imaging Seconds Second				100%				100%	\$0.00				
Salled Mursing Facility Solution Solut													
Outpatient Facility Fee (e.g., Ambulatory Surgery Center) Outpatient Surgery Physician/Surgical Services Outpatient Surgery Physician Surgical Surgi													Copavs Weigh
Outpatient Surgery Physician/Surgical Services Or patient Surgery Physician/Surgical Services Or patient Surgery Physician/Surgical Services Or patient Surgery Physician/Surgical Services Or patient Surgery Physician/Surgical Services Or patient Surgery Physician/Surgical Services Or patient Surgery Physician/Surgical Services Or patient Surgery Physician/Surgery S. 100 20 20 20 20 20 20 20						•	······				·····	**	
Generics Progs VAI AI St. O.	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	~			\$60.09	V	~			✓			
Calculation Time: Calculate Calculat	Outpatient Surgery Physician/Surgical Services	v			\$20.00	V	V			✓		OP Facility Surgery	
Perferred Brand Drugs Secondary Tours Second		✓ All	☐ All			✓ All	✓ All			✓ All	☐ All	OP Facility Non-Surgery	
Non-Preferred Brand Drugs Specialty Drugs (Le. high-cost)	Generics				\$10.00								\$ 60.09
Specialty Drugs (i.e. high-cost) Plan Description: See a Maximum on Specialty Rx Coinsurance Payments? Plan Description: Name: [Input Plan Name] See a Maximum on Specialty Rx Coinsurance Maximum: S110.85 Plan HIOS ID: Input Plan HIOS ID: Inpu	Preferred Brand Drugs				\$45.00								
Options for Additional Benefit Design Limits: Set a Maximum on Specialty Rx Coinsurance Maximum: Status Stat					\$65.00								
Set a Maximum on Specialty Rx Coinsurance Payments?		~	~	50%		V	V						
Specialty Rx Coinsurance Maximum: S110.85 Set a Maximum Number of Days for Charging an IP Copay? # Boys (1-10): Begin Primary Care Cost-Sharing After a Set Number of Visits? # Copays? # Copays? # Copays? # Copays? # Colculate Status/Error Messages: Calculation Successful. Actuarial Value: 79.19% Metal Tier: Gold NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s). Calculation Time: O.1367 seconds Plan HIOS ID: [Input Plan HIOS ID] [Inpu			7									Consider Donner	Calmandan Matabalan
Set a Maximum Number of Days for Charging an IP Copays Issuer HIOS ID: Input Issuer HIOS ID Inp													
Begin Primary Care Cost-Sharing After a Set Number of Visits? Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? #Copays (1-10): Output Status/Error Messages: Actualad Value: Metal Tier: 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: Actuation Time: Calculator Time: Actuation Time: Final 2019 AV Calculator Begin Primary Care Cost-Sharing After a Set Number of Wisits? \$ 110.85 \$ 11			_			-							
Begin Primary Care Cost-Sharing After a Set Number of 1 # Visits (1-10): Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? # Copays (1-10): Output Calculate Status/Error Messages: Actuarial Value: 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: O.1367 seconds O.1367 seconds Hospital SoS AV 79.19% Final 2019 AV Calculator				Issuer HIOS ID:	[Input Issuer H	IOS IDJ						ner 5	
# Visits (1-10): Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? # Copays (1-10): Calculate			4										Ψ 110.05
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? #Copays? Output Calculate Status/Error Messages: Calculation Successful. Actuarial Value: 79.19% Metal Tier: 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 Successful. Hospital Sos AV 79.19% Final 2019 AV Calculator	=												
Copays (1-10): Output Calculate Status/Error Messages: Actuarial Value: 79.19% Metal Tier: 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: Calculation Time: Final 2019 AV Calculator Copays? #Copays (1-10): Calculation Time: Freestanding SoS AV Freestanding SoS AV Freestanding SoS AV Freestanding SoS AV 79.19% Freestanding SoS AV 79.67%													
Output Calculate Status/Error Messages: Actuarial Value: Metal Tier: 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: Final 2019 AV Calculator # Copays (1-10): Calculate Calculate # Copays (1-10): Calculate Calculate Calculate # Copays (1-10): Calculate Calculate # Copays (1-10): Calculate Calculate # Copays (1-10): Calculate # Copays (1-10): Calculate Calculate # Copays (1-10): # Copays (1-10): # Calculate # Copays (1-10): # Copays (1-10): # Calculate # Copays (1-10): # Calculate # Calculate # Copays (1-10): # Calculate # Calculate # Copays (1-10): # Calculate # Calculate # Copays (1-10): # Calculate # Ca													
Calculate 79.19% Metal Tier: 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: Calcul													
Calculate Status/Error Messages: Actuarial Value: 79.19% Metal Tier: 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: Final 2019 AV Calculator Calculation Successful. Additional Notes: Hospital SoS AV Freestanding SoS AV 79.19% Freestanding SoS AV 79.67%			_										
Actuarial Value: 79.19% Metal Tier: 60ld 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: Final 2019 AV Calculator Freestanding SoS AV Freestanding SoS AV 79.19% Freestanding SoS AV 79.67%													
Metal Tier: 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: Pinal 2019 AV Calculator Oligonal Volume of the profit of	Status/Error Messages:	Calculation Succ	essful.										
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: Final 2019 AV Calculator O.1367 seconds O.1367 seconds O.1367 seconds O.1367 seconds Freestanding SoS AV Freestanding SoS AV Freestanding SoS AV Freestanding SoS AV 79.19% Freestanding SoS AV 79.67%	Actuarial Value:	79.19%											
Additional Notes: Calculation Time: Final 2019 AV Calculator O.1367 seconds Freestanding SoS AV Freestanding SoS AV Freestanding SoS AV 79.19% Freestanding SoS AV 79.67%	Metal Tier:	Gold											
Calculation Time: 0.1367 seconds Final 2019 AV Calculator Hospital SoS AV 79.19% Freestanding SoS AV 79.67%		NOTE: Service-s	pecific cost-sharir	g is applying for se	ervice(s) with fa	c/prof compon	ents, overriding	outpatient inpu	uts for those se	ervice(s).			
Final 2019 AV Calculator Freestanding SoS AV 79.19% 79.19% 79.67%	Additional Notes:												
Final 2019 AV Calculator Freestanding SoS AV 79.19% 79.19% 79.67%													
Freestanding SoS AV 79.67%		0.1367 seconds										Hospital SoS AV	79 19%
	Final 2019 AV Calculator												
												•	

*Blending assumes a weight of 81% for Hospital SoS

and 19% for Freestanding SoS

				Input	s for Freestandin	g Site-of-Service	!					
User Inputs for Plan Parameters												
Use Integrated Medical and Drug Deductible?			HSA/HRA Options			red Network O						
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution?	. 🗆		Network Plan?						
Apply Skilled Nursing Facility Copay per Day?		Annual Contril	oution Amount:			Tier Utilization:						
Use Separate MOOP for Medical and Drug Spending?					2nd 1	Tier Utilization:						
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?												
Desired Metal Tier				1								
		r 1 Plan Benefit De				2 Plan Benefit I						
	Medical	Drug	Combined		Medical	Drug	Combined					
Deductible (\$)			\$1,500.00									
Coinsurance (%, Insurer's Cost Share)		<u> </u>	100.00%	4								
MOOP (\$)			\$3,000.00									
MOOP if Separate (\$)												
Click Here for Important Instructions		Tie	or 1			Ti	er 2		Tier 1	Tier 2	1	
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to		Coinsurance, if	Copay, if	Copay applies			
Type of Benefit	Deductible?	Coinsurance?	different	separate	-	Coinsurance?		separate	deducti	-		
Medical	✓ All	☐ All			✓ All	✓ All			✓ All	☐ All		
Emergency Room Services	>		-	\$100.00	~	>			V			
All Inpatient Hospital Services (inc. MH/SUD)	>			\$200.00	~	~			>			
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and				Ć40.00		_						
X-rays)	V			\$10.00	✓	~			✓			
Specialist Visit	V			\$20.00	V	V			V			
Mental/Behavioral Health and Substance Use Disorder Outpatient				ć40.00	_					_		
Services	•			\$10.00	~	~			✓			
Imaging (CT/PET Scans, MRIs)	>			\$50.00	V	V			>			
Speech Therapy	V			\$20.00	V	~			V			
	V			\$20.00	V	✓			v			
Occupational and Physical Therapy		ш		\$20.00		_						
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00				
Laboratory Outpatient and Professional Services	>			\$10.00	V	V			V			
X-rays and Diagnostic Imaging	>			\$20.00	✓	✓			V			
Skilled Nursing Facility	V			\$20.00	V	✓			V			Copays Weigh
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	V			\$50.00	V	✓			✓			
					_ 	- 					OP Facility Surgery	¢ 50 100
Outpatient Surgery Physician/Surgical Services	V			\$20.00	✓ All	✓ All			V		OP Facility Surgery OP Facility Non-Surgery	\$ 50 100
Drugs	✓ All	☐ All		4					✓ AI		OF Facility Non-Surgery	
Generics	<u> </u>			\$10.00		<u> </u>			<u> </u>			
Preferred Brand Drugs) [\$45.00	V	V			V			
Non-Preferred Brand Drugs	<u> </u>		=00/	\$65.00		V						
Specialty Drugs (i.e. high-cost)	✓	✓	50%			V					ı	
Options for Additional Benefit Design Limits:		7	Plan Description								Specialty Drugs	Coins Max Weighting
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	[Input Plan Na							Tier 4	\$ 100 78
Specialty Rx Coinsurance Maximum:		_		[Input Plan HIC	-						Tier 5	\$ 150 22
Set a Maximum Number of Days for Charging an IP Copay?	Ш		Issuer HIOS ID:	[Input Issuer H	IOS IDJ						nei 3	\$ 110.85
# Days (1-10):	_											ÿ 110.65
Begin Primary Care Cost-Sharing After a Set Number of Visits?												
#Visits (1-10):		4										
Begin Primary Care Deductible/Coinsurance After a Set Number of	Ш											
Copays?												
# Copays (1-10):												
Output												
Calculate	Calaulatian Cusa											
Status/Error Messages:	Calculation Succ 79.67%	essiul.										
Actuarial Value:												
Metal Tier:	Gold			amilaa(a)tel					i(-)			
A 1 800 - 1 A 1	INUIE: Service-s	pecific cost-sharin	g is applying for s	ervice(s) with fa	ic/prot compon	ents, overriding	g outpatient inpu	its for those se	ervice(s).			
Additional Notes:												
Calculation Time:	0.0781 seconds											
Final 2019 AV Calculator												

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	· 🗆		HSA/HRA Option	s	Tie	red Network O	otion						
Apply Inpatient Copay per Day?	· 🗆	HSA/HRA Emplo	yer Contribution	?	Tiered	Network Plan?							
Apply Skilled Nursing Facility Copay per Day?	· 🗆	Annual Contri	bution Amount:		1st	Tier Utilization:							
Use Separate MOOP for Medical and Drug Spending?	· 🗆	Annual Contri	bution Amount:		2nd	Tier Utilization:							
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?													
Desired Metal Tier				_									
		r 1 Plan Benefit D				2 Plan Benefit I							
Deducable (A)	Medical	Drug	Combined		Medical	Drug	Combined						
Deductible (\$)		\$250.00 100.00%											
Coinsurance (%, Insurer's Cost Share) MOOP (\$)		000.00				I .							
MOOP if Separate (\$)				-									
Click Here for Important Instructions		T:	er 1			т:	er 2		Tier 1	Tier 2	1		
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to		Coinsurance, if	Copay, if		ies only after			
Type of Benefit	Deductible?	Coinsurance?	different	separate		Coinsurance?		separate		ictible?			
Medical	✓ All	☐ All			✓ All	✓ All			✓ All	☐ All			
Emergency Room Services	V			\$150.00	V V	~			V				
All Inpatient Hospital Services (inc. MH/SUD)	>			\$200.00	V	~			V				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and				\$15.00	✓	<u>~</u>							
X-rays)													
Specialist Visit				\$30.00	V	~							
Mental/Behavioral Health and Substance Use Disorder Outpatient					▽	V							
Services						<u>.</u>							
Imaging (CT/PET Scans, MRIs)	$\overline{\mathbf{v}}$			\$200.00	V				Y				
Speech Therapy				\$30.00	V	<u> </u>							
Occupational and Physical Theyen.				\$30.00	~	✓							
Occupational and Physical Therapy Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00					
Laboratory Outpatient and Professional Services			100%	\$30.00	<u> </u>		100%	\$0.00	lacksquare				
X-rays and Diagnostic Imaging	V			\$60.00	<u>.</u>	V			V		•		
Skilled Nursing Facility	V			\$30.00		<u> </u>			V			Copays	Weigh
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	✓			\$80.27		☑			<u> </u>				
Outpatient Surgery Physician/Surgical Services	V			\$30.00	V	V			Y		OP Facility Surgery	\$ 200	20
Drugs	✓ All	All		<u> </u>	✓ All	✓ All			✓ All	All	OP Facility Non-Surgery	\$ 50 \$ 80.27	80
Generics				\$10.00	<u> </u>	<u> </u>						\$ 80.27	
Preferred Brand Drugs	<u> </u>			\$40.00	V	V			V				
Non-Preferred Brand Drugs	V			\$70.00		<u>v</u>			<u> </u>				
Specialty Drugs (i.e. high-cost)		Щ	Dian Description	\$110.85	V	V							
Options for Additional Benefit Design Limits: Set a Maximum on Specialty Rx Coinsurance Payments?		7	Plan Description Name:	1: [Input Plan Nar	mol.						Specialty Drugs	Coins Max V	Weighting
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	[Input Plan HIC	-						Tier 4	\$ 100	78
Set a Maximum Number of Days for Charging an IP Copay?				[Input Issuer H							Tier 5	\$ 150	22
# Days (1-10):			.5540. 105 .5.	[mpat issue: m	05.5,							\$ 110.85	
Begin Primary Care Cost-Sharing After a Set Number of Visits?													
# Visits (1-10):													
Begin Primary Care Deductible/Coinsurance After a Set Number of	· 🗆												
Copays?													
# Copays (1-10):	:												
Output		_											
Calculate													
Status/Error Messages:		outside of [-4, +2]	percent de minin	is variation.									
Actuarial Value:	75.33%												
Metal Tier:													
			-					-	covered at 100% l				
Additional Notes:	deductible rang	e. NOTE: Service-	specific cost-shar	ing is applying fo	r service(s) wit	in tac/prot comp	onents, overrid	ıng outpatien	t inputs for those	service(s).			
Calculation Time:	0.1406 seconds										Hospital SoS AV	75.33%	
Final 2019 AV Calculator											Freestanding SoS AV	80.28%	
											Final Blended AV*	76.27%	

^{*}Blending assumes a weight of 81% for Hospital SoS and 19% for Freestanding SoS

User Inputs for Plan Parameters													
Use Integrated Medical and Drug Deductible?		I	HSA/HRA Options		Tie	red Network Op	otion						
Apply Inpatient Copay per Day?		HSA/HRA Employ	yer Contribution?		Tiered	Network Plan?							
Apply Skilled Nursing Facility Copay per Day?		Ammond Combride			1st 7	Tier Utilization:							
Use Separate MOOP for Medical and Drug Spending?		Annual Contrib	oution Amount:		2nd 7	Tier Utilization:							
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?													
Desired Metal Tier													
		1 Plan Benefit De	sign		Tier	2 Plan Benefit D	Design						
	Medical	Drug	Combined		Medical	Drug	Combined						
Deductible (\$)	\$3,000.00	\$250.00											
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%											
MOOP (\$)		00.00											
MOOP if Separate (\$)	\$7,0	1		ļ									
Woor in Separate (5)													
Click Here for Important Instructions		Tie	r 1			Tie	er 2		Tier 1	Tier 2			
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to		Coinsurance, if	Copay, if	Copay applie				
Type of Benefit	Deductible?	Coinsurance?	different	separate	-	Coinsurance?		separate	deduc	-			
Medical	✓ All	□ All	uniciciii	separate	✓ All	✓ All	uniciciic	Separate	☐ All	All			
Emergency Room Services	<u> </u>			\$150.00	✓	✓			<u> </u>		•		
All Inpatient Hospital Services (inc. MH/SUD)	<u> </u>			\$200.00	<u> </u>	<u> </u>			7				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and				Ş200.00									
X-rays)				\$15.00	✓	✓							
Specialist Visit				\$30.00	✓	✓							
Mental/Behavioral Health and Substance Use Disorder Outpatient		U		330.00									
Services					✓	✓							
				\$100.00	፟	V							
Imaging (CT/PET Scans, MRIs) Speech Therapy				\$30.00	-						··-		
эреесі петару				\$30.00	~	<u>~</u>							
Ossunational and Physical Theren.				\$30.00	✓	✓							
Occupational and Physical Therapy			100%	¢0.00			1000/	\$0.00					
Preventive Care/Screening/Immunization			100%	\$0.00		~	100%	\$0.00					
Laboratory Outpatient and Professional Services				\$15.00	5	<u> </u>				H			
X-rays and Diagnostic Imaging	<u> </u>			\$30.00	V	V			<u> </u>			Copays	Weights
Skilled Nursing Facility				\$30.00		<u>~</u>				Ш		Copuys	weight.
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)				\$100.00	✓	✓							
Outration Comment District Commission Commission				\$30.00		୕				П	OP Facility Surgery	\$ 50	1009
Outpatient Surgery Physician/Surgical Services Drugs	✓ All	✓ All		\$30.00	✓ All	✓ All			□ All	□ All	OP Facility Non-Surgery	y 50	0%
		V		\$10.00	V	V AII					- radime, rion banger,		0,
Generics Preferred Brand Drugs				\$40.00									
Non-Preferred Brand Drugs	V			\$40.00	<u>~</u>	Š							
Specialty Drugs (i.e. high-cost)	<u> </u>			\$110.85		<u>.</u>			<u> </u>				
	·		Dian Dassninstian			<u> </u>			· ·	Ш			
Options for Additional Benefit Design Limits:		7	Plan Description: Name:		1						Specialty Drugs	Coins Max W	Veighting
Set a Maximum on Specialty Rx Coinsurance Payments? Specialty Rx Coinsurance Maximum:				[Input Plan Nar [Input Plan HIO							Tier 4	\$ 100	78%
Set a Maximum Number of Days for Charging an IP Copay?		-1			-						Tier 5	\$ 150	22%
			Issuer HIOS ID:	[input issuer ni	رما دی							\$ 110.85	
# Days (1-10):													
Begin Primary Care Cost-Sharing After a Set Number of Visits?													
#Visits (1-10):													
Begin Primary Care Deductible/Coinsurance After a Set Number of													
Copays?													
# Copays (1-10):		J											
Output													
Calculate Chabus / Crean Massaccus	Calaulatian Cusa												
Status/Error Messages:	Calculation Succ	essiul.											
Actuarial Value:	80.28% Gold												
Metal Tier:			skaubiaatt-ti-	and and the later of the		A	Abia aaat -t 1		aa.a.d.at 4000/ !	Alamana to Al			
A 1 Port			ot subject to the d										
Additional Notes:	ueuucubie range	:. NOTE: Service-s	specific cost-sharir	ig is applying to	i service(s) wit	ii iac/prot comp	onenis, overridi	iig outpatient i	iiputs for those se	rivice(s).			
Calculation Time:	0.1094 seconds												
Final 2019 AV Calculator													

user	inputs	101	Plan	Parame	eters	
				LISE	Integrated	Me

Use Integrated Medical and Drug Deductible? ~ Apply Inpatient Copay per Day? **V** Apply Skilled Nursing Facility Copay per Day? Use Separate MOOP for Medical and Drug Spending?

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution?	Tiered Network Plan?
A court Contribution Amount	1st Tier Utilization:
Annual Contribution Amount:	2nd Tier Utilization:

Indicate if Plan Meets CSR or Expanded Bronze AV Standard? Desired Metal Tier Silver

	Tier	1 Plan Benefit De	sign
	Medical	Drug	Combined
Deductible (\$)	\$1,000.00	\$250.00	
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%	
MOOP (\$)	\$7,70	00.00	
MOOP if Separate (\$)			

Tier	Tier 2 Plan Benefit Design											
Medical	Drug	Combined										

Click Here for Important Instructions		Tie	er 1			Tie	er 2		Tier 1	Tier 2		
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to		Coinsurance, if	Copay, if		ies only after		
Medical	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	dedu ✓ All	ctible?		
	✓ All	AII		Ć400.00	✓ All	V All			✓ All			
Emergency Room Services All Inpatient Hospital Services (inc. MH/SUD)	<u> </u>			\$400.00		<u> </u>			<u> </u>			
	<u> </u>			\$500.00		<u> </u>						
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and				\$40.00	✓	✓						
X-rays)				4100.00	_	_			_			
Specialist Visit		Ц		\$100.00	V	V			V			
Mental/Behavioral Health and Substance Use Disorder Outpatient		П		\$40.00	✓	▽			П			
Services												
Imaging (CT/PET Scans, MRIs)	✓	Ш		\$550.00	V	V			✓			
Speech Therapy	_			\$100.00	V	V			✓			
	✓			\$100.00	✓	✓			✓			
Occupational and Physical Therapy												
Preventive Care/Screening/Immunization			100%	\$0.00	<u></u> ✓		100%	\$0.00				
Laboratory Outpatient and Professional Services	V	Ш		\$100.00		\ \ \			✓			
X-rays and Diagnostic Imaging	>			\$150.00	V				✓			
Skilled Nursing Facility	>			\$100.00	V	V			✓			Copays
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	•			\$140.81	✓	✓			\checkmark			
Outpatient Surgery Physician/Surgical Services	Y			\$100.00	V	V			V		OP Facility Surgery	\$ 500
Drugs	✓ All	☐ All			✓ All	✓ All			✓ All	☐ All	OP Facility Non-Surgery	\$ 50
Generics				\$10.00	V	Y						\$ 140.81
Preferred Brand Drugs	>			\$45.00	✓	✓			~			
Non-Preferred Brand Drugs	V			\$65.00	✓	<u> </u>			✓			
Specialty Drugs (i.e. high-cost)	V	~	50%		V	✓						
Options for Additional Benefit Design Limits:		_	Plan Description	n:					•		=	
Set a Maximum on Specialty Rx Coinsurance Payments?	~		Name:	[Input Plan Nar	ne]						Specialty Drugs	Coins Max W
Specialty Rx Coinsurance Maximum:	\$110.85		Plan HIOS ID:	[Input Plan HIO	S ID]						Tier 4	\$ 100

Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10): Begin Primary Care Cost-Sharing After a Set Number of Visits? # Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?

Copays (1-10): Output Calculate

Status/Error Messages: Calculation Successful. 71.74% Actuarial Value: Silver Metal Tier: NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

0.1055 seconds Calculation Time: Final 2019 AV Calculator

Tier 5 Issuer HIOS ID: [Input Issuer HIOS ID]

Weighting 78% 22%

Weights

20% 80%

71.74% **Hospital SoS AV** Freestanding SoS AV 72.92% Final Blended AV* 71.96%

^{*}Blending assumes a weight of 81% for Hospital SoS and 19% for Freestanding SoS

				Inpu	uts for Freestand	ding Site-of-Serv	vice .						
User Inputs for Plan Parameters													
Use Integrated Medical and Drug Deductible?			HSA/HRA Options			red Network O							
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution?			Network Plan?							
Apply Skilled Nursing Facility Copay per Day?		Annual Contrib	oution Amount:			Tier Utilization:							
Use Separate MOOP for Medical and Drug Spending?		7 timadi contin	odcioii / iiiiodiici		2nd T	Tier Utilization:							
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?													
Desired Metal Tier													
		1 Plan Benefit De				2 Plan Benefit							
Ded with (A)	Medical	Drug	Combined		Medical	Drug	Combined						
Deductible (\$) Coinsurance (%, Insurer's Cost Share)	\$1,000.00 100.00%	\$250.00 100.00%											
MOOP (\$)	\$7,70					1							
MOOP if Separate (\$)	\$7,76	0.00											
moor ii separate (y)			•										
Click Here for Important Instructions		Tie	r 1			Ti	er 2		Tier 1	Tier 2			
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Copay applie	s only after			
	Deductible?	Coinsurance?	different	separate		Coinsurance?	different	separate	deduct				
Medical	✓ All	☐ All			✓ All	✓ All			✓ All	☐ All			
Emergency Room Services	N			\$400.00	<u> </u>	<u>~</u>			✓				
All Inpatient Hospital Services (inc. MH/SUD)	V			\$500.00	V	V			✓				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)				\$40.00	✓	V							
Specialist Visit	✓			\$100.00	✓	V		•	V				
Mental/Behavioral Health and Substance Use Disorder Outpatient				£40.00									
Services				\$40.00	V	V							
Imaging (CT/PET Scans, MRIs)	>			\$250.00	V	V			✓				
Speech Therapy	V			\$100.00	✓	V			✓				
Occupational and Physical Therapy	✓			\$100.00	✓	✓			V				
Preventive Care/Screening/Immunization	П		100%	\$0.00			100%	\$0.00					
Laboratory Outpatient and Professional Services			100/0	\$25.00	<u> </u>	V	100/1	Ç0.00	✓				
X-rays and Diagnostic Imaging	$\overline{\mathbf{v}}$			\$50.00					<u> </u>				
Skilled Nursing Facility	✓			\$100.00	<u> </u>			•	✓			Copays	Weights
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	~			\$300.00	✓	<u> </u>			V				
Outpatient Surgery Physician/Surgical Services	V	П		\$100.00		굣			~		OP Facility Surgery	\$ 300	100%
Drugs	✓ All	□ All		\$100.00	✓ All	✓ All			✓ All	□ All	OP Facility Non-Surgery	7 000	0%
Generics				\$10.00	V	<u> </u>							
Preferred Brand Drugs	V			\$45.00	<u> </u>	✓			<u> </u>				
Non-Preferred Brand Drugs	<u> </u>			\$65.00					✓				
Specialty Drugs (i.e. high-cost)	✓	✓	50%		<u> </u>			•					
Options for Additional Benefit Design Limits:	•		Plan Description:										
Set a Maximum on Specialty Rx Coinsurance Payments?	V		Name:	[Input Plan Nan	ne]						Specialty Drugs	Coins Max W	
Specialty Rx Coinsurance Maximum:	\$110.85		Plan HIOS ID:	[Input Plan HIO	S ID]						Tier 4	\$ 100	78%
Set a Maximum Number of Days for Charging an IP Copay?	\		Issuer HIOS ID:	[Input Issuer HI	OS ID]						Tier 5	\$ 150	22%
# Days (1-10):	5											\$ 110.85	
Begin Primary Care Cost-Sharing After a Set Number of Visits?													
# Visits (1-10):													
Begin Primary Care Deductible/Coinsurance After a Set Number of													
Copays? #Copays (1-10):													
Output Calculate													
Status/Error Messages:	Frror: Result is ou	itside of [-4 +2] r	ercent de minimis	variation									
	72.92%												
Metal Tier:													
	NOTE: Service-sp	ecific cost-sharin	g is applying for se	rvice(s) with fa	c/prof compone	ents, overridin	g outpatient input	ts for those se	rvice(s).				
Additional Notes:			-		•		•						
	0.125 seconds												
Final 2019 AV Calculator													

User Inputs for Plan Parameters

•												
Use Integrated Medical and Drug Deductible?	•		HSA/HRA Options		Tie	red Network O	ption					
Apply Inpatient Copay per Day?	· 🗆	HSA/HRA Emplo	yer Contribution?		Tiered	Network Plan?						
Apply Skilled Nursing Facility Copay per Day?					1st 7	ier Utilization:						
Use Separate MOOP for Medical and Drug Spending?		Annual Contri	bution Amount:			ier Utilization:						
	_				2110 1	ier ounzation:						
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?												
Desired Metal Tier	Silver ▼			_								
	Tier	1 Plan Benefit D	esign		Tier	2 Plan Benefit I	Design					
	Medical	Drug	Combined		Medical	Drug	Combined					
Deductible (\$)			\$1,500.00									
Coinsurance (%, Insurer's Cost Share)			100.00%									
MOOP (\$)			\$5,900.00									
			\$5,900.00	ļ								
MOOP if Separate (\$)												
		_				_	-				1	
Click Here for Important Instructions			er1				er 2		Tier 1	Tier 2		
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to		Coinsurance, if			ies only after		
,	Deductible?	Coinsurance?	different	separate		Coinsurance?	different	separate		ctible?		
Medical	✓ All	All			✓ All	✓ All			✓ All	All		
Emergency Room Services	v			\$250.00	V	~			~			
All Inpatient Hospital Services (inc. MH/SUD)	✓			\$500.00	~	✓			✓			
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and												
(-rays)	✓			\$25.00	✓	✓			~			
				ĆEO 00								
Specialist Visit	✓			\$50.00	V	~			V			
Mental/Behavioral Health and Substance Use Disorder Outpatient	✓			\$25.00	V	✓			V			
Services	•			\$25.00	_					_		
maging (CT/PET Scans, MRIs)	✓			\$500.00	~	▽			V			
Speech Therapy				\$50.00						-	•	
эрееси пистару	✓			330.00	V	V						
	✓			\$50.00	✓	✓			✓			
Occupational and Physical Therapy	_			T								
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00				
aboratory Outpatient and Professional Services	V			\$150.00	✓	✓			~			
K-rays and Diagnostic Imaging	<u> </u>			\$200.00	<u> </u>	<u> </u>			<u> </u>			
					V	Z Z			V			Copays Weigh
Skilled Nursing Facility	✓			\$50.00	V							copays weigh
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	✓			\$140.81	✓	✓			~			
Surputioner dentity rec (e.g., Amburatory Surgery center)				Ç140.01		_				_		
Outpatient Surgery Physician/Surgical Services	V			\$50.00	✓	✓			~		OP Facility Surgery	\$ 500 20
Drugs	✓ All	☐ All			✓ All	✓ All			✓ All	All	OP Facility Non-Surgery	\$ 50 80
Generics	✓			\$10.00	~	<u> </u>			~			\$ 140.81
	V				V	$\overline{\mathbf{z}}$			V			
Preferred Brand Drugs				\$45.00								
Non-Preferred Brand Drugs	✓			\$65.00	V	<u>~</u>			V			
Specialty Drugs (i.e. high-cost)	>	~	50%		V	✓						
Options for Additional Benefit Design Limits:			Plan Description	1							_	
Set a Maximum on Specialty Rx Coinsurance Payments?	~	1	Name:	[Input Plan Nan	nel						Specialty Drugs	Coins Max Weighting
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	[Input Plan HIO	-						Tier 4	\$ 100 78
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:		-						Tier 5	\$ 150 22
			issuer filos ib:	[input issuer ni	נטו צט							\$ 110.85
# Days (1-10):												3 110.83
Begin Primary Care Cost-Sharing After a Set Number of Visits?												
# Visits (1-10):												
Begin Primary Care Deductible/Coinsurance After a Set Number of	П											
Copays?												
# Copays (1-10):		J										
Dutput												
Calculate												
Status/Error Messages:	Calculation Succe	essful.										
Actuarial Value:	71.47%											
Metal Tier:	Silver											
toward toward		ecific cost shari-	na is applying for a	anvica(s) with fo	c/prof compact	ante overridi-	outpationt in	ts for those	nvice(s)			
	NOTE. Service-Sp	ecinic cost-snarii	ng is applying for s	ervice(s) With Ta	c, pror compone	ents, overridin	5 оатранетт три	to for those se	ivice(s).			
Additional Notes:												
Calculation Time:	0.1719 seconds											
Final 2019 AV Calculator											Hospital SoS AV	71.47%
mui zozo av Calculatol											Freestanding SoS AV	72.43%
											Final Blended AV*	71.65%
											*Blending assumes a weight	of 81% for Hospital Soc
											Dictioning assumes a Weight	. 01 01/0 IUI 1103pitai 303

and 19% for Freestanding SoS

User Inputs for Plan Parameters												
Use Integrated Medical and Drug Deductible?			HSA/HRA Options		Tie	ered Network (Option					
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution?			Network Plan						
Apply Skilled Nursing Facility Copay per Day?		Annual Contril	bution Amount:			Tier Utilization						
Use Separate MOOP for Medical and Drug Spending?		7 miradi contin	oution/inount.		2nd	Tier Utilization	:					
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?												
Desired Metal Tie												
		r 1 Plan Benefit De				2 Plan Benefit						
Deducable (A)	Medical	Drug	Combined		Medical	Drug	Combined					
Deductible (\$			\$1,500.00 100.00%									
Coinsurance (%, Insurer's Cost Share) MOOP (\$)		1	\$5,900.00			1						
MOOP if Separate (\$			\$3,900.00									
MOOF II Separate (5)						1	-					
Click Here for Important Instructions		Tie	er 1			Т	ier 2		Tier 1	Tier 2		
- 45 6:	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Copay appli	es only after		
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance		separate		ctible?		
Medical	✓ All	☐ All			✓ All	✓ All		_	✓ All	☐ All		
Emergency Room Services	V			\$250.00	>	>			>			
All Inpatient Hospital Services (inc. MH/SUD)	>			\$500.00	V	V			V			
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and	✓			\$25.00	✓	✓			✓			
X-rays)												
Specialist Visit	V			\$50.00	V	~			V			
Mental/Behavioral Health and Substance Use Disorder Outpatient	•			\$25.00	V	✓			✓			
Services						_ _						
Imaging (CT/PET Scans, MRIs)	V			\$250.00	···					·		
Speech Therapy	V			\$50.00	V	✓			V			
Occupational and Physical Therapy	~			\$50.00	✓	✓			~			
Preventive Care/Screening/Immunization		П	100%	\$0.00			100%	\$0.00				
Laboratory Outpatient and Professional Services			10070	\$25.00		- Z	100/0	\$0.00	v			
X-rays and Diagnostic Imaging				\$50.00	<u> </u>	<u> </u>			<u> </u>			
Skilled Nursing Facility				\$50.00	✓	✓						Copays Weights
Outset at Faillite Factor Andread to Control	✓			¢200.00	V	✓			V			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)				\$300.00		_				_		
Outpatient Surgery Physician/Surgical Services	V			\$50.00	V	V			>		OP Facility Surgery	\$ 300 100%
Drugs	✓ All	☐ All			✓ All	✓ All			Y All	☐ All	OP Facility Non-Surgery	0%
Generics	<u> </u>			\$10.00	<u> </u>	<u>~</u>			<u> </u>			
Preferred Brand Drugs	V			\$45.00	V	V			<u> </u>			
Non-Preferred Brand Drugs	>		F00/	\$65.00	V	✓						
Specialty Drugs (i.e. high-cost)		•	50%		V				Ш			
Options for Additional Benefit Design Limits: Set a Maximum on Specialty Rx Coinsurance Payments?		7	Plan Description: Name:	[Input Plan Nar	mal						Specialty Drugs	Coins Max Weighting
Specialty Rx Coinsurance Maximum.				[Input Plan HIO							Tier 4	\$ 100 78%
Set a Maximum Number of Days for Charging an IP Copay?		1	Issuer HIOS ID:		-						Tier 5	\$ 150 22%
# Days (1-10)	. —				,							\$ 110.85
Begin Primary Care Cost-Sharing After a Set Number of Visits?		1										
# Visits (1-10)												
Begin Primary Care Deductible/Coinsurance After a Set Number of	: 🗆											
Copays	•											
# Copays (1-10)												
Output												
Calculate												
Status/Error Messages:		utside of [-4, +2] p	percent de minimis	variation.								
Actuarial Value:	72.43%											
Metal Tier:	NOTE: Camilar -	nocific cost sharin	a le annivia a fac	nuico(c) ···i+h f-	s/prof comm	onte oueral-li	a outpationt is	ite for these	nuico(s)			
Additional Notes:	INOTE: Service-S	pecific cost-snarin	ng is applying for se	ivice(s) with ta	ic/ broi compon	ienis, overriair	ig outpatient inpu	its for those se	ervice(S).			
Additional Notes:												
Calculation Time:	0.0938 seconds											
Final 2019 AV Calculator	0.0530 3000103											
i mai Eves Av Calculatoi												

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?			HSA/HRA Options		Tie	red Network O	ption						
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution?			Network Plan?							
Apply Skilled Nursing Facility Copay per Day?		Annual Contri	bution Amount:			Tier Utilization:							
Use Separate MOOP for Medical and Drug Spending?					2nd	Tier Utilization:							
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?													
Desired Metal Tier		1 Plan Benefit D		1	Tier	2 Plan Benefit	Danima	Ì					
	Medical	Drug	Combined		Medical	Drug	Combined						
Deductible (\$)	\$2,000.00	\$500.00	Combined		iviedicai	Drug	Combined						
Coinsurance (%, Insurer's Cost Share)	70.00%	100.00%											
MOOP (\$)		50.00											
MOOP if Separate (\$)	ψ,,,,	1											
		•	-				•						
Click Here for Important Instructions		Tie	er 1			Ti	er 2		Tier 1	Tier 2			
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Copay applie	s only after			
<u> </u>	Deductible?	Coinsurance?	different	separate		Coinsurance?	different	separate	deduct				
Medical	✓ All	✓ All			✓ All	✓ All			☐ All	All			
Emergency Room Services	<u> </u>	<u> </u>			V	▽							
All Inpatient Hospital Services (inc. MH/SUD)	V	✓				<u> </u>							
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and				\$40.00	✓	✓							
(-rays)				\$80.00		_							
Specialist Visit	Ш			\$80.00	V	<u> </u>				Ш			
Mental/Behavioral Health and Substance Use Disorder Outpatient Services				\$40.00	✓	✓							
maging (CT/PET Scans, MRIs)	V	✓			V	V							
Speech Therapy				\$80.00	. ✓	☑							
Occupational and Physical Therapy				\$80.00	~	✓							
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00					
aboratory Outpatient and Professional Services	V	~			✓	<u> </u>							
K-rays and Diagnostic Imaging	~	~			✓	▽							
Skilled Nursing Facility	~			\$80.00	✓	✓			>			Copays W	eights
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	✓	✓			✓	✓							
					_	_				_			
Outpatient Surgery Physician/Surgical Services	V			\$80.00	V	<u> </u>			V		OP Facility Surgery		20%
Drugs	✓ All	✓ All			✓ All	✓ All			☐ All	All	OP Facility Non-Surgery	<u> </u>	80%
Generics	V			\$10.00	V	✓			V			\$ -	
Preferred Brand Drugs	V			\$45.00	V	▽			> >				
Non-Preferred Brand Drugs		✓	50%	\$65.00		✓							
Specialty Drugs (i.e. high-cost) Options for Additional Benefit Design Limits:	V	· ·	Plan Description		V								
Set a Maximum on Specialty Rx Coinsurance Payments?	V	1	Name:	[Input Plan Nar	nel						Specialty Drugs	Coins Max Weigh	ting
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	[Input Plan HIO							Tier 4	\$ 100	78%
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:		-						Tier 5	\$ 150	22%
# Days (1-10):	_			[put issue:	00.0,							\$ 110.85	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	П											· <u>-</u>	
# Visits (1-10):	_												
Begin Primary Care Deductible/Coinsurance After a Set Number of													
Copays?													
# Copays (1-10):													
Output													
Calculate													
Status/Error Messages:	Calculation Succe	essful.											
Actuarial Value:	71.83%												
Metal Tier:	Silver			,					. ()	, ,			
					e settings. NOT	E: Service-spec	TITIC COST-Sharing	is applying for	service(s) with fac	prot			
Additional Notes:	components, ove	erriuing outpatie	nt inputs for those	service(s).									
Calculation Time:	0.0859 seconds										Hospital SoS AV	71.83%	
Final 2019 AV Calculator											Freestanding SoS AV	72.23%	
											Final Blended AV*	71.91%	

*Blending assumes a weight of 81% for Hospital SoS and 19% for Freestanding SoS

User Inputs for Plan Parameters						,							
Use Integrated Medical and Drug Deductible?			HSA/HRA Options		Tier	ed Network Op	otion						
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution?		Tiered N	Network Plan?							
Apply Skilled Nursing Facility Copay per Day?		Annual Contri	bution Amount:		1st Ti	ier Utilization:							
Use Separate MOOP for Medical and Drug Spending?		Aimuai Contin	oution Amount.		2nd Ti	ier Utilization:							
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?													
Desired Metal Tier													
		1 Plan Benefit De				Plan Benefit D	_						
	Medical	Drug	Combined		Medical	Drug	Combined						
Deductible (\$)		\$500.00											
Coinsurance (%, Insurer's Cost Share)		100.00%											
MOOP (\$)		50.00											
MOOP if Separate (\$)			ı										
Click Here for Important Instructions		Ti	1		ı	Ti			Tou.1	Tier 2	1		
Click Here for important instructions	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to		er 2 Coinsurance, if	Copay, if	Tier 1 Copay applies o		-		
Type of Benefit	Deductible?	Coinsurance?	different			Coinsurance?			deductible				
Medical	✓ All	□ All	different	separate	✓ All	✓ All	airrerent	separate	All	er □ All	•		
Emergency Room Services	▽	<u> </u>			✓ XII	<u> </u>							
All Inpatient Hospital Services (inc. MH/SUD)	✓	V			Z	V							
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and											*		
X-rays)				\$40.00	✓	✓							
Specialist Visit				\$80.00	V	~							
Mental/Behavioral Health and Substance Use Disorder Outpatient											"		
Services				\$40.00	✓	✓							
Imaging (CT/PET Scans, MRIs)		✓			✓	✓							
Speech Therapy				\$80.00	V	✓							
				\$80.00	✓	☑							
Occupational and Physical Therapy				300.00	_	_							
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00					
Laboratory Outpatient and Professional Services				\$25.00	V	<u> </u>							
X-rays and Diagnostic Imaging				\$50.00	✓	✓							
Skilled Nursing Facility	✓			\$80.00	✓	V			V			Copays W	Veigh
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)				\$300.00	✓	✓							
Outpatient Surgery Physician/Surgical Services				\$80.00	☑	~					OP Facility Surgery	\$ 300	100
Drugs	✓ All	□ All		\$80.00	✓ All	✓ All			□ All	All	OP Facility Non-Surgery	7 000	0
Generics	▽			\$10.00	✓ 🗸	<u> </u>			<u> </u>				
Preferred Brand Drugs	V			\$45.00	Ŭ.	☑			V				
Non-Preferred Brand Drugs	V			\$65.00	<u> </u>	<u> </u>							
Specialty Drugs (i.e. high-cost)	$\overline{\mathbf{v}}$	<u> </u>	50%	φοσ.σσ	$\overline{\Box}$	V							
Options for Additional Benefit Design Limits:		 -	Plan Description								•		
Set a Maximum on Specialty Rx Coinsurance Payments?	~		Name:	[Input Plan Nan	ne]						Specialty Drugs	Coins Max Weigh	hting
Specialty Rx Coinsurance Maximum:	\$110.85		Plan HIOS ID:	[Input Plan HIO	S ID]						Tier 4	\$ 100	78
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	[Input Issuer HI	OS ID]						Tier 5	\$ 150	22
# Days (1-10):												\$ 110.85	
Begin Primary Care Cost-Sharing After a Set Number of Visits?													
# Visits (1-10):													
Begin Primary Care Deductible/Coinsurance After a Set Number of													
Copays?													
# Copays (1-10):]											
Output													
Calculate	Farmer Describition												
	72.23%	utside of [-4, +2]	percent de minimi	s variation.									
Actuarial Value: Metal Tier:	12.23%												
	NOTE: One or me	are centices are a	ot subject to the d	aductible and b	ave no conav. A	ny sanjica with	this cost-sharin	a structure is	covered at 100% by the	nlan in the			
								-	t inputs for those servi				
Additional Notes:	academore range	voil. service-	Specific cost-sildili	is applying 10	. Scrvice(s) with		o.,ciico, overriui	outhatielli	pats for those servi	CC(3).			
Calculation Time:	0.0938 seconds												
Calculation Time: Final 2019 AV Calculator	0.0336 Seconds												

User Inputs for Plan Parameters													
Use Integrated Medical and Drug Deductible?			HSA/HRA Options	s	Tie	ered Network O	ption						
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution?	? 🗌	Tiered	Network Plan?							
Apply Skilled Nursing Facility Copay per Day?	~	Annual Cantail	bution Amount:		1st	Tier Utilization:							
Use Separate MOOP for Medical and Drug Spending?		Annual Contri	bution Amount:		2nd	Tier Utilization:							
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?													
Desired Metal Tier	Silver ▼			_									
		1 Plan Benefit De	esign		Tier	2 Plan Benefit I	Design						
	Medical	Drug	Combined		Medical	Drug	Combined						
Deductible (\$)			\$2,000.00										
Coinsurance (%, Insurer's Cost Share)			100.00%										
MOOP (\$)			\$5,500.00										
MOOP if Separate (\$)							l						
Click Here for Important Instructions		Tie					er 2		Tier 1	Tier 2			
Type of Benefit	Subject to	Subject to	Coinsurance, if		Subject to	-	Coinsurance, if	Copay, if		lies only after			
20 11 1	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate		uctible?			
Medical	✓ All	All		4050.00					✓ All	All			
Emergency Room Services	<u> </u>			\$250.00	V	▽			<u> </u>				
All Inpatient Hospital Services (inc. MH/SUD)	V			\$500.00									
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and	✓			\$25.00	✓	✓			~				
X-rays)				ĆEO 00									
Specialist Visit	V			\$50.00	V	V			V				
Mental/Behavioral Health and Substance Use Disorder Outpatient	✓			\$25.00	✓	✓			~				
Services	<u> </u>			ć=00.00	<u> </u>	_							
Imaging (CT/PET Scans, MRIs)				\$500.00									
Speech Therapy	V			\$50.00	☑	<u> </u>			<u> </u>				
Conventional and Dhysical Thoraca	✓			\$50.00	✓	✓			~				
Occupational and Physical Therapy Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00					
Laboratory Outpatient and Professional Services			100%	\$0.00		□ □	100%	\$0.00	~				
X-rays and Diagnostic Imaging	V			\$100.00	<u>v</u>	<u>~</u>			<u>v</u>				
Skilled Nursing Facility	V			\$50.00	<u> </u>	✓ ✓			<u> </u>			Copays	Weights
Skilled Nulsing Facility				\$30.00	<u> </u>							copays	g.its
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	ightharpoons			\$120.63	✓	✓			~				
Outpatient Surgery Physician/Surgical Services				\$50.00	~	V			V		OP Facility Surgery	\$ 400	20%
Drugs	✓ All	□ All		\$30.00	✓ All	✓ All			✓ All		OP Facility Non-Surgery	\$ 50	80%
Generics	✓			\$10.00	V	<u> </u>			<u> </u>			\$ 120.63	
Preferred Brand Drugs	$\overline{\mathbf{v}}$			\$45.00					<u> </u>				
Non-Preferred Brand Drugs	$\overline{\mathbf{v}}$			\$65.00					<u> </u>				
Specialty Drugs (i.e. high-cost)	✓		50%	7.00.00		<u> </u>							
Options for Additional Benefit Design Limits:			Plan Description	1:									
Set a Maximum on Specialty Rx Coinsurance Payments?	v		Name:	[Input Plan Nan	ne]						Specialty Drugs	Coins Max \	Weighting
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	[Input Plan HIO							Tier 4	\$ 100	78%
Set a Maximum Number of Days for Charging an IP Copay?	✓		Issuer HIOS ID:	[Input Issuer HI	OS ID]						Tier 5	\$ 150	22%
# Days (1-10):	3											\$ 110.85	
Begin Primary Care Cost-Sharing After a Set Number of Visits?													
# Visits (1-10):													
Begin Primary Care Deductible/Coinsurance After a Set Number of													
Copays?													
# Copays (1-10):													
Output		_											
Calculate													
Status/Error Messages:	Calculation Succ	essful.											
Actuarial Value:	70.70%												
Metal Tier:	Silver												
	NOTE: Service-s	oecific cost-sharin	g is applying for s	service(s) with fa	c/prof compon	ents, overriding	g outpatient inpu	ts for those se	rvice(s).				
Additional Notes:													
Calculation Time:	0.1562 seconds										H!t-1 C-C ***	70 70:	
Final 2019 AV Calculator											Hospital SoS AV	70.70%	
											Freestanding SoS AV Final Blended AV*	71.18% 70.79%	
											rinai biended Av	70.79%	

*Blending assumes a weight of 81% for Hospital SoS and 19% for Freestanding SoS

				Inpu	uts for Freestand	ding Site-of-Servio	e						
User Inputs for Plan Parameters					_								
Use Integrated Medical and Drug Deductible?			HSA/HRA Options		Tie	red Network Op	tion						
Apply Inpatient Copay per Day?	~	HSA/HRA Emplo	yer Contribution?		Tiered	Network Plan?							
Apply Skilled Nursing Facility Copay per Day?	✓				1st	Tier Utilization:							
Use Separate MOOP for Medical and Drug Spending?		Annual Contril	bution Amount:		2nd	Tier Utilization:							
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	_				•								
Desired Metal Tier													
Desired Metal Her		r 1 Plan Benefit De	ocian		Tier	2 Plan Benefit D	esian						
	Medical	Drug	Combined		Medical	Drug	Combined						
Deductible (\$)	ivieuicai	Drug	\$2,000.00		Wieurcai	Diug	Combined						
Coinsurance (%, Insurer's Cost Share)			100.00%										
MOOP (\$)			\$5,500.00										
			\$3,300.00										
MOOP if Separate (\$)													
Click the or feed on a street by the other street		-	4			Tie	. 2		T 4	Tier 2			
Click Here for Important Instructions	Collings	Tie		C 16	Code to the second			C 'f	Tier 1				
Type of Benefit	Subject to Deductible?	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to Coinsurance?	Coinsurance, if different	Copay, if		ies only after			
Mark at a set	✓ All	Coinsurance?	different	separate	Deductible? ✓ All	Coinsurance? ✓ All	airrerent	separate	aeau ✓ All	ctible?			
Medical	V All	All		4050.00		✓ All				AII			
Emergency Room Services				\$250.00	V	~			<u> </u>				
All Inpatient Hospital Services (inc. MH/SUD)	V			\$500.00		<u> </u>			v				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and	✓			\$25.00	~	✓			✓				
X-rays)													
Specialist Visit	V			\$50.00	V	~			V				
Mental/Behavioral Health and Substance Use Disorder Outpatient	V			\$25.00	V	✓			~				
Services						_				_			
Imaging (CT/PET Scans, MRIs)	>			\$250.00	V	✓			~				
Speech Therapy	V			\$50.00	✓	✓			7				
	✓			\$50.00	~	✓			✓				
Occupational and Physical Therapy						—							
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00					
Laboratory Outpatient and Professional Services	>			\$25.00	V	✓			v				
X-rays and Diagnostic Imaging	✓			\$50.00		✓			~				
Skilled Nursing Facility	>			\$50.00	V	✓			~			Copays	Weights
0.4	v			\$300.00	V	✓			<u> </u>				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)		ш		\$300.00					•				
Outpatient Surgery Physician/Surgical Services	✓			\$50.00	V	✓			~		OP Facility Surgery	\$ 300	100%
Drugs	✓ All	☐ All			✓ All	✓ All			✓ All	☐ All	OP Facility Non-Surgery		0%
Generics	~			\$10.00	~	>			>				
Preferred Brand Drugs	✓			\$45.00	V	✓			~				
Non-Preferred Brand Drugs	✓			\$65.00	V	✓			V				
Specialty Drugs (i.e. high-cost)	~	✓	50%		V	✓							
Options for Additional Benefit Design Limits:			Plan Description:										
Set a Maximum on Specialty Rx Coinsurance Payments?	V	1		[Input Plan Nar	mel						Specialty Drugs	Coins Max V	Veighting
Specialty Rx Coinsurance Maximum:				[Input Plan HIO							Tier 4	\$ 100	78%
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:		-						Tier 5	\$ 150	22%
# Days (1-10):	3		issuel filos ib.	[III]put issuei iii	103 10]							\$ 110.85	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	-	-											
#Visits (1-10):		-											
Begin Primary Care Deductible/Coinsurance After a Set Number of													
Copays?													
# Copays (1-10):													
Output													
Calculate													
Status/Error Messages:	Calculation Succ	esstul.											
	71.18%												
Metal Tier:	Silver												
	NOTE: Service-s	pecific cost-sharin	g is applying for se	rvice(s) with fa	c/prof compon	ents, overriding	outpatient inpu	ts for those se	vice(s).				
Additional Notes:													
Calculation Time:	0.0625 seconds												

Final 2019 AV Calculator

User Inputs for Plan Parameters												
Use Integrated Medical and Drug Deductible?	✓		HSA/HRA Options		Tie	red Network Op	otion					
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution?		Tiered	Network Plan?						
Apply Skilled Nursing Facility Copay per Day?		Annual Contri	bution Amount:		1st T	Γier Utilization:						
Use Separate MOOP for Medical and Drug Spending?		Annual Contri	bution Amount:		2nd T	Γier Utilization:						
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?								_				
Desired Metal Tier	Silver ▼							_				
	Tier	r 1 Plan Benefit D	esign		Tier	2 Plan Benefit D	esign					
	Medical	Drug	Combined		Medical	Drug	Combined					
Deductible (\$)			\$2,500.00									
Coinsurance (%, Insurer's Cost Share)			100.00%									
MOOP (\$)			\$6,000.00									
MOOP if Separate (\$)												
			<u>-</u> '									
Click Here for Important Instructions		Tie	er 1			Tie	er 2		Tier 1	Tier 2		
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Copay appli	ies only after		
туре от венент	Deductible?	Coinsurance?	different	separate		Coinsurance?	different	separate		ctible?		
Medical	✓ All	☐ All			✓ All	✓ All			✓ All	☐ All		
Emergency Room Services	>			\$150.00	V	<u>~</u>			V			
All Inpatient Hospital Services (inc. MH/SUD)	>			\$500.00	V	V			V			
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and	✓			\$20.00	✓	✓			✓			
X-rays)												
Specialist Visit	>			\$40.00	>	V			V			
Mental/Behavioral Health and Substance Use Disorder Outpatient	✓			\$20.00	✓	✓			~			
Services				\$20.00								
Imaging (CT/PET Scans, MRIs)	V			\$500.00	✓	✓			Y			
Speech Therapy	>			\$40.00	V	V			>			
	>			\$40.00	✓	✓			V			
Occupational and Physical Therapy				340.00					Œ.			
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00				
Laboratory Outpatient and Professional Services	>			\$50.00	V	V			>			
X-rays and Diagnostic Imaging	>			\$100.00	V	✓			Y			
Skilled Nursing Facility	>			\$50.00	V	✓			~			Copays Weight
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	✓			\$90.36	✓	✓			✓			
Outpatient racinty ree (e.g., Ambulatory Surgery Center)				\$30.30								1
Outpatient Surgery Physician/Surgical Services	Y			\$40.00	V	V			>		OP Facility Surgery	\$ 250 20'
Drugs	✓ All	☐ All			✓ All	✓ All			✓ All	☐ All	OP Facility Non-Surgery	\$ 50 80
Generics	>			\$10.00	V	✓			Y			\$ 90.36
Preferred Brand Drugs	✓			\$45.00	V	<u> </u>			>			
Non-Preferred Brand Drugs	>			\$65.00	✓	V			>			
Specialty Drugs (i.e. high-cost)	>	~	50%		✓	✓						
Options for Additional Benefit Design Limits:			Plan Description:									
Set a Maximum on Specialty Rx Coinsurance Payments?				[Input Plan Nar	-						Specialty Drugs	Coins Max Weighting
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	[Input Plan HIO	S ID]						Tier 4	\$ 100 78°
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	[Input Issuer HI	OS ID]						Tier 5	\$ 150 22°
# Days (1-10):												\$ 110.85
Begin Primary Care Cost-Sharing After a Set Number of Visits?												
# Visits (1-10):												
Begin Primary Care Deductible/Coinsurance After a Set Number of												
Copays?												
# Copays (1-10):												
Output												
Calculate												
	Calculation Succe	essful.										
	69.06%											
	Silver											
	NOTE: Service-sp	oecific cost-sharir	g is applying for se	rvice(s) with fa	c/prof compone	ents, overriding	outpatient inpu	uts for those se	rvice(s).			
Additional Notes:												
Calculation Time:	0.1406 seconds										Hospital SoS AV	69.06%
Final 2019 AV Calculator											Freestanding SoS AV	72.45%
											Final Blended AV*	69.70%
											rinal Diellueu AV	05.70/0
											*Rlending assumes a weigh	at of 81% for Hospital SoS

and 19% for Freestanding SoS

				Inputs for F	reestanding Site-	of-Service						
User Inputs for Plan Parameters Use Integrated Medical and Drug Deductible?	✓		HSA/HRA Options		Tio	red Network O	ntion					
Apply Inpatient Copay per Day?			yer Contribution?			Network Plan?						
Apply Skilled Nursing Facility Copay per Day?		nsa/nka Emplo	yer contribution:			Fier Utilization:						
Use Separate MOOP for Medical and Drug Spending?		Annual Contri	bution Amount:			Fier Utilization:						
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	=				Zilu i	nei otilization.						
Desired Metal Tier												
Desired Wetar Her		r 1 Plan Benefit D	neian	1	Tion	2 Plan Benefit I	Docian					
	Medical	Drug	Combined	-	Medical	Drug	Combined					
Deductible (\$)	Wedical	Drug	\$2,500.00	-	Weulcai	Drug	Combined					
Coinsurance (%, Insurer's Cost Share)			100.00%									
MOOP (\$)			\$6,000.00	1								
MOOP if Separate (\$)		1	\$0,000.00	_		I						
moor in separate (4)			•									
Click Here for Important Instructions		Tie	er 1			Ti	er 2		Tier 1	Tier 2		
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Copay applie	s only after		
туре от венени	Deductible?	Coinsurance?	different	separate		Coinsurance?	different	separate	deduct			
Medical	✓ All	☐ All			✓ All	✓ All			✓ All	☐ All		
Emergency Room Services	✓			\$150.00	\ \ \	>			V			
All Inpatient Hospital Services (inc. MH/SUD)	>			\$500.00	V	V			V			
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and				¢20.00							*	
X-rays)	V			\$20.00	V	V			V			
Specialist Visit	✓			\$40.00	✓	V			V			
Mental/Behavioral Health and Substance Use Disorder Outpatient	~			\$20.00								
Services				\$20.00	✓	~			✓			
Imaging (CT/PET Scans, MRIs)	V			\$250.00	V	V			V			
Speech Therapy	✓			\$40.00	V	<u>~</u>			V			
	✓			\$40.00	V	✓			✓			
Occupational and Physical Therapy	· ·			340.00	٠	_			•			
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00				
Laboratory Outpatient and Professional Services	>				V	V			✓			
X-rays and Diagnostic Imaging	Y				V	~			Y			
Skilled Nursing Facility	>			\$50.00	V	V			~			Copays Weight
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	V				V	✓			✓			
	V	П		440.00		V			V	П	OP Facility Surgery	1009
Outpatient Surgery Physician/Surgical Services	▼ All	□ All		\$40.00	✓ All	✓ All			✓ All		OP Facility Non-Surgery	09
Drugs	V All			Ć40.00	V AII	V All			V All		or racinty Non-Surgery	0.
Generics	V			\$10.00	V	<u>v</u>			V			
Preferred Brand Drugs	V			\$45.00 \$65.00		<u>v</u>			V			
Non-Preferred Brand Drugs Specialty Drugs (i.e. high-cost)	<u> </u>		50%	\$65.00		<u>v</u>				<u> </u>		
	<u> </u>	•			V							
Options for Additional Benefit Design Limits: Set a Maximum on Specialty Rx Coinsurance Payments?	[a]	7	Plan Description Name:		1						Specialty Drugs	Coins Max Weighting
Specialty Rx Coinsurance Payments: Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	[Input Plan Nar							Tier 4	\$ 100 789
Set a Maximum Number of Days for Charging an IP Copay?					-						Tier 5	\$ 150 229
, , , , , , , , , , , , , , , , , , , ,			Issuer HIOS ID:	[input issuer n	נטו צטו							\$ 110.85
# Days (1-10): Begin Primary Care Cost-Sharing After a Set Number of Visits?		=										7
#Visits (1-10):												
Begin Primary Care Deductible/Coinsurance After a Set Number of												
Copays?	_											
#Copays (1-10):												
Output		_										
Calculate												
Status/Error Messages:	Error: Result is o	utside of [-4, +2]	ercent de minim	is variation.								
Actuarial Value:	72.45%											
Metal Tier:												
	NOTE: Service-s	pecific cost-sharir	g is applying for s	ervice(s) with fa	ac/prof compone	ents, overridin	g outpatient inpu	its for those se	ervice(s).			
Additional Notes:												
Calculation Time:	0.1094 seconds											
Final 2019 AV Calculator												

User Inputs for Plan Parameters

 \checkmark 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?

Tiered Network Option
Tiered Network Plan?
1st Tier Utilization:
2nd Tier Utilization:

Indicate if Plan Meets CSR or Expanded Bronze AV Standard? Desired Metal Tier Silver

	Tier	1 Plan Benefit De	sign
	Medical	Drug	Combined
Deductible (\$)			\$3,000.00
Coinsurance (%, Insurer's Cost Share)			100.00%
MOOP (\$)			\$4,750.00
MOOP if Separate (\$)			

Subject to

Tier 1

Coinsurance, if

Subject to

Tier 2 Plan Benefit Design									
Medical	Drug	Combined							

Tier 2

Subject to Subject to Coinsurance, if Copay, if

Tier 1

Copay applies only after

Tier 2

Type of Benefit											
туре от венент	Deductible?	Coinsurance?	different	separate	Deductible	? Coinsurance?	different	separate	deduct	ible?	
Medical	✓ All	☐ All			✓ All	✓ All			✓ All	☐ All	
Emergency Room Services	V			\$250.00	V	V			V		
All Inpatient Hospital Services (inc. MH/SUD)	V			\$500.00	V	✓			V		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	V			\$25.00	☑	✓			V		
Specialist Visit	✓			\$50.00	V	✓			V		
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	V			\$25.00	V	~			V		
Imaging (CT/PET Scans, MRIs)	✓			\$500.00	~	✓			✓		
Speech Therapy	V			\$50.00	V	✓			V		
Occupational and Physical Therapy	V			\$50.00	V	V			V		
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00			
Laboratory Outpatient and Professional Services	V			\$50.00	V	ᅜ			✓	Щ	
X-rays and Diagnostic Imaging	✓	<u> </u>		\$100.00	V	⊻			✓		
Skilled Nursing Facility	V			\$50.00	V	✓			✓		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	✓			\$120.63	V	✓			✓		
Outpatient Surgery Physician/Surgical Services	V			\$50.00	V	∨			V		OP Facility Surge
Drugs	✓ All	☐ All			✓ All	✓ All			✓ All	☐ All	OP Facility Non-S
Generics	V			\$10.00	~	✓			×		
Preferred Brand Drugs	V			\$45.00	V	✓			V		
Non-Preferred Brand Drugs	>			\$65.00	V	✓			>		
Specialty Drugs (i.e. high-cost)	>	V	50%		V	✓					
Options for Additional Benefit Design Limits:			Plan Description	:		_					_
Set a Maximum on Specialty Rx Coinsurance Payments?	· 🔽		Name:	[Input Plan Nar	nel						Specialty Drugs

Copay, if

Weights

20% 80%

78%

22%

120.63

Options for Additional Deficit Design Limits.	
Set a Maximum on Specialty Rx Coinsurance Payments?	>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	V
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of	
Copays?	
# Copays (1-10):	

[Input Plan Name] Plan HIOS ID: [Input Plan HIOS ID] Issuer HIOS ID: [Input Issuer HIOS ID] Tier 4

Tier 5

Weighting Coins Max 100 150 110.85

Output

Calculate

Status/Error Messages: Calculation Successful. 69.87% Actuarial Value:

Silver Metal Tier:

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

Additional Notes:

0.1562 seconds Calculation Time:

Final 2019 AV Calculator

Hospital SoS AV Freestanding SoS AV Final Blended AV*

69.87% 70.06% 69.91%

*Blending assumes a weight of 81% for Hospital SoS and 19% for Freestanding SoS

				Inputs	s for Freestandin	g Site-of-Service						
User Inputs for Plan Parameters					_							
Use Integrated Medical and Drug Deductible?			HSA/HRA Options			red Network O						
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution?			Network Plan?						
Apply Skilled Nursing Facility Copay per Day?		Annual Contril	oution Amount:		1st °	Γier Utilization:						
Use Separate MOOP for Medical and Drug Spending?		Annual Contin	oution Amount.		2nd °	Fier Utilization:						
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?												
Desired Metal Tier				•								
		r 1 Plan Benefit De				2 Plan Benefit D						
	Medical	Drug	Combined		Medical	Drug	Combined					
Deductible (\$)			\$3,000.00									
Coinsurance (%, Insurer's Cost Share)			100.00%									
MOOP (\$)			\$4,750.00									
MOOP if Separate (\$)												
Click Here for Important Instructions		Tie	or 1			Tie	er 2		Tier 1	Tier 2	1	
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to		Coinsurance, if	Copay, if		es only after		
Type of Benefit	Deductible?	Coinsurance?	different	separate		Coinsurance?		separate		tible?		
Medical	✓ All	☐ All			✓ All	✓ All			✓ All	All		
Emergency Room Services	✓			\$250.00	<u> </u>	✓			V			
All Inpatient Hospital Services (inc. MH/SUD)	✓			\$500.00	>	<u>~</u>			>			
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and				¢25.00								
X-rays)	V			\$25.00	✓	✓			V			
Specialist Visit	>			\$50.00	~	✓			>			
Mental/Behavioral Health and Substance Use Disorder Outpatient	V			\$25.00	✓	✓			V			
Services										_		
Imaging (CT/PET Scans, MRIs)	V			\$250.00	V	✓			>			
Speech Therapy	>			\$50.00	V	✓			>			
	✓			\$50.00	✓	✓			V			
Occupational and Physical Therapy												
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00				
Laboratory Outpatient and Professional Services				\$25.00		∨			<u> </u>			
X-rays and Diagnostic Imaging	N			\$50.00		✓			> >			Copays
Skilled Nursing Facility	<u> </u>			\$50.00					<u> </u>			Copays
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	✓			\$300.00	✓	✓			V			
Outpatient Surgery Physician/Surgical Services	V			\$50.00		✓			>		OP Facility Surgery	\$ 300
Drugs	✓ All	☐ All			✓ All	✓ All			✓ All	☐ All	OP Facility Non-Surgery	
Generics	V			\$10.00	~	✓			Ŋ			
Preferred Brand Drugs	V			\$45.00	V	✓			>			
Non-Preferred Brand Drugs	N			\$65.00	V	✓			>			
Specialty Drugs (i.e. high-cost)	V	~	50%		V	✓						
Options for Additional Benefit Design Limits:		_	Plan Description:									
Set a Maximum on Specialty Rx Coinsurance Payments?				[Input Plan Nar	-						Specialty Drugs	Coins Max
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	[Input Plan HIO	S ID]						Tier 4	\$ 100
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	[Input Issuer HI	IOS ID]						Tier 5	\$ 150
# Days (1-10):	5	1										\$ 110.85
Begin Primary Care Cost-Sharing After a Set Number of Visits?												
# Visits (1-10):		4										
Begin Primary Care Deductible/Coinsurance After a Set Number of	\sqcup	1										

Weights

100% 0%

Weighting 78% 22%

Copays?
#Copays (1-10):

Output
Calculate

Status/Error Messages:
Actuarial Value:
70.06%

Actuarial Value: 70.06% Metal Tier: Silver

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

Calculation Time: 0.0625 seconds

Calculation Time:
Final 2019 AV Calculator

Additional Notes:

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?		HSA/HRA Options	Tiered Network Option
Apply Inpatient Copay per Day?	~	HSA/HRA Employer Contribution?	Tiered Network Plan?
Apply Skilled Nursing Facility Copay per Day?	✓	Annual Contribution Amount:	1st Tier Utilization:
Use Separate MOOP for Medical and Drug Spending?		Allifual Contribution Allifulit.	2nd Tier Utilization:
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?			

71.09%

Silver

\$7,150.00

MOOP (\$)

MOOP if Separate (\$)

Tier 2 Plan Benefit Design
Medical Drug Combined

,			•				!				_		
Click Here for Important Instructions		Tie	er 1			Tie	er 2		Tier 1	Tier 2			
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate		ies only after ctible?			
Medical	✓ All	☐ All			✓ All	✓ All			☐ All	☐ All	i		
Emergency Room Services	V			\$250.00	V	> >			N				
All Inpatient Hospital Services (inc. MH/SUD)	>			\$500.00	∨	V			>				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)				\$25.00	☑	✓							
Specialist Visit				\$50.00	V	<u> </u>							
Mental/Behavioral Health and Substance Use Disorder Outpatient Services				\$25.00	V	✓							
Imaging (CT/PET Scans, MRIs)	✓			\$500.00	✓	V			V				
Speech Therapy				\$50.00	<u> </u>								
Occupational and Physical Therapy				\$50.00	✓	✓							
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00					
Laboratory Outpatient and Professional Services	V			\$50.00	✓	<u> </u>			V				
X-rays and Diagnostic Imaging	>			\$100.00	✓	V			>				
Skilled Nursing Facility	>			\$50.00	✓	V			>			Copays	Weights
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	✓			\$120.63	V	✓			V				
Outpatient Surgery Physician/Surgical Services	>			\$50.00	V	V			ז		OP Facility Surgery	\$ 400	20%
Drugs	✓ All	☐ All			✓ All	✓ All			✓ All	☐ All	OP Facility Non-Surgery	\$ 50	80%
Generics				\$10.00	V	<u>\</u>						\$ 120.63	
Preferred Brand Drugs	V			\$45.00	>	<u> </u>			>				
Non-Preferred Brand Drugs	V			\$65.00	V	_			\[\sigma\]				
Specialty Drugs (i.e. high-cost)	Y	V	50%		✓	✓							
Options for Additional Benefit Design Limits:		٦	Plan Description								Specialty Drugs	Coins Max V	Weighting
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	[Input Plan Nam							Tier 4	\$ 100	78%
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	[Input Plan HIO							Tier 5	\$ 150	78% 22%
Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10):			Issuer HIOS ID:	[Input Issuer HI	OS ID]						Her 5	\$ 110.85	22/0
Begin Primary Care Cost-Sharing After a Set Number of Visits?		+											
#Visits (1-10):	_												
Begin Primary Care Deductible/Coinsurance After a Set Number of		†											
Copays?													
Output		_											
Calculate													
Status/Error Messages:	Calculation Succ	essful.											
Calculate	Calculation Succ	essful.											

Additional Notes:

Actuarial Value:

Metal Tier:

Calculation Time: 0.1562 seconds

Final 2019 AV Calculator

 Hospital SoS AV
 71.09%

 Freestanding SoS AV
 74.90%

 Final Blended AV*
 71.81%

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

^{*}Blending assumes a weight of 81% for Hospital SoS and 19% for Freestanding SoS

User Inputs for Plan Parameters						,						
Use Integrated Medical and Drug Deductible?			HSA/HRA Options			red Network O						
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution?	? 🗆	Tiered	Network Plan?						
Apply Skilled Nursing Facility Copay per Day?		Annual Contri	bution Amount:		1st T	Γier Utilization:						
Use Separate MOOP for Medical and Drug Spending?		Allitual Colletti	bution Amount.		2nd T	Γier Utilization:						
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?												
Desired Metal Tier				=								
		r 1 Plan Benefit D				2 Plan Benefit I						
Dest of the (A)	Medical	Drug \$250.00	Combined		Medical	Drug	Combined					
Deductible (\$) Coinsurance (%, Insurer's Cost Share)	\$4,000.00 100.00%	100.00%										
MOOP (\$)		50.00				ı						
MOOP if Separate (\$)				-								
						_					1	
Click Here for Important Instructions	6.11		er 1		C. It's at the		er 2		Tier 1	Tier 2	_	
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate		es only after ctible?		
Medical	✓ All	□ All	umerent	separate	✓ All	✓ All	umerent	separate	☐ All	All		
Emergency Room Services	✓			\$250.00					2		1	
All Inpatient Hospital Services (inc. MH/SUD)	$\overline{\mathbf{v}}$			\$500.00	∨ ∨	y y			Z			
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and				·								
X-rays)				\$25.00	✓	✓						
Specialist Visit				\$50.00	V	✓						
Mental/Behavioral Health and Substance Use Disorder Outpatient			********************************						*			
Services				\$25.00	✓	✓						
Imaging (CT/PET Scans, MRIs)				\$250.00	✓	V						
Speech Therapy				\$50.00	V	✓						
				\$50.00	✓	✓						
Occupational and Physical Therapy					_	_				_		
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00				
Laboratory Outpatient and Professional Services				\$25.00		▽						
X-rays and Diagnostic Imaging				\$50.00	V V							Copays Weight
Skilled Nursing Facility				\$50.00		V						Copays Weight
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)				\$300.00	✓	✓						
Outpatient Surgery Physician/Surgical Services				\$50.00	V	✓					OP Facility Surgery	\$ 300 1009
Drugs	✓ All	☐ All			✓ All	✓ All			☐ All	☐ All	OP Facility Non-Surgery	09
Generics				\$10.00	V	V					1	·
Preferred Brand Drugs	✓			\$45.00	V	~			V		•	
Non-Preferred Brand Drugs	V			\$65.00	V	~			V			
Specialty Drugs (i.e. high-cost)	✓	✓	50%		V	✓						
Options for Additional Benefit Design Limits:			Plan Description	1:	-							
Set a Maximum on Specialty Rx Coinsurance Payments?	>		Name:	[Input Plan Nan	ne]						Specialty Drugs	Coins Max Weighting
Specialty Rx Coinsurance Maximum:	\$110.85		Plan HIOS ID:	[Input Plan HIO	S ID]						Tier 4	\$ 100 789
Set a Maximum Number of Days for Charging an IP Copay?	~		Issuer HIOS ID:	[Input Issuer HI	OS ID]						Tier 5	\$ 150 229
# Days (1-10):	5											\$ 110.85
Begin Primary Care Cost-Sharing After a Set Number of Visits? # Visits (1-10):												
Begin Primary Care Deductible/Coinsurance After a Set Number of												
Copays?												
# Copays (1-10):												
Output		-										
Calculate												
Status/Error Messages:	Error: Result is o	utside of [-4, +2]	percent de minim	is variation.								
Actuarial Value:	74.90%											
Metal Tier:												
	NOTE: Service-sp	oecific cost-sharir	ng is applying for s	service(s) with fac	c/prof compone	ents, overriding	g outpatient inpu	ts for those s	ervice(s).			
Additional Notes:												
Calculation Time:	0.0938 seconds											
Final 2019 AV Calculator												

User Inputs for Plan Parameters		-			_							
Use Integrated Medical and Drug Deductible			HSA/HRA Options			ered Network O _l						
Apply Inpatient Copay per Day		HSA/HRA Emplo	yer Contribution?			l Network Plan?						
Apply Skilled Nursing Facility Copay per Day		Annual Contril	bution Amount:		1st	Tier Utilization:						
Use Separate MOOP for Medical and Drug Spending?		Annual Contin	oution Amount.		2nd	Tier Utilization:						
Indicate if Plan Meets CSR or Expanded Bronze AV Standard												
Desired Metal Tie				-								
		r 1 Plan Benefit De				2 Plan Benefit I						
	Medical	Drug	Combined		Medical	Drug	Combined					
Deductible (\$		\$250.00										
Coinsurance (%, Insurer's Cost Share		100.00%										
MOOP (\$		500.00										
MOOP if Separate (\$												
Click Here for Important Instructions		Tie	or 1			Ti	er 2		Tier 1	Tier 2		
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to		Coinsurance, if	Copay, if		ies only after		
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?		different	separate		ctible?		
Medical	✓ All	☐ All			✓ All	✓ All			✓ All	All		
Emergency Room Services	V			\$250.00	V	V			~			
All Inpatient Hospital Services (inc. MH/SUD)	~			\$500.00	✓	✓			V			
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and				·		_						
X-rays)					✓	✓						
Specialist Visit				\$50.00	✓	✓						
Mental/Behavioral Health and Substance Use Disorder Outpatient												
Services					✓	✓						
Imaging (CT/PET Scans, MRIs)	>			\$500.00	✓	✓			~			
Speech Therapy				\$50.00	✓	✓						
				\$50.00	✓	✓						
Occupational and Physical Therapy					_	_						
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00				
Laboratory Outpatient and Professional Services	V			\$50.00	<u> </u>	<u> </u>			V			
X-rays and Diagnostic Imaging	V			\$100.00	⊻	V			<u> </u>			
Skilled Nursing Facility	✓			\$50.00	✓	✓			✓			Copays Weigh
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	✓			\$120.63	✓	✓			~			
Outpatient Surgery Physician/Surgical Services	✓			\$50.00		◡			>		OP Facility Surgery	\$ 400 20
Drugs	✓ All	□ All		\$30.00	✓ All	✓ All			✓ All		OP Facility Non-Surgery	\$ 50 80
Generics				\$10.00	✓	✓					, , ,	\$ 120.63
Preferred Brand Drugs	$\overline{\mathbf{v}}$			\$40.00		<u> </u>			<u> </u>			
Non-Preferred Brand Drugs	<u> </u>			\$70.00	<u> </u>	✓			<u> </u>			
Specialty Drugs (i.e. high-cost)	<u> </u>			\$110.85	<u> </u>	<u> </u>			<u> </u>			
Options for Additional Benefit Design Limits:	•		Plan Description	:								
Set a Maximum on Specialty Rx Coinsurance Payments	? 🗆	1	Name:	[Input Plan Nar	me]						Specialty Drugs	Coins Max Weighting
Specialty Rx Coinsurance Maximum	:		Plan HIOS ID:	[Input Plan HIC	S ID]						Tier 4	\$ 100 78
Set a Maximum Number of Days for Charging an IP Copay?	? □		Issuer HIOS ID:	[Input Issuer H	IOS ID]						Tier 5	\$ 150 22
# Days (1-10)	:											\$ 110.85
Begin Primary Care Cost-Sharing After a Set Number of Visits												
# Visits (1-10)												
Begin Primary Care Deductible/Coinsurance After a Set Number of												
Copays												
#Copays (1-10)	:											
Output Calculate												
Status/Error Messages:	Calculation Succ	occful										
Actuarial Value:	70.84%	essiui.										
Metal Tier:	Silver											
metal nen		ore services are n	nt subject to the	leductible and b	ave no consv	Any service with	n this cost-sharin	a structure is o	overed at 100% k	w the plan in the		
Additional Notes:		e. NOTE: Service-										
Additional Hotes.			., 3050 5.1011	J P17111811				J = = space = ne	,			
Calculation Time:	0.1406 seconds											
Final 2019 AV Calculator	2.2.0030001103										Hospital SoS AV	70.84%
											Freestanding SoS AV	74.96%
											Final Blended AV*	71.62%

*Blending assumes a weight of 81% for Hospital SoS and 19% for Freestanding SoS

User Inputs for Plan Parameters													
Use Integrated Medical and Drug Deductible?			HSA/HRA Options		Tier	red Network O	ption						
Apply Inpatient Copay per Day?		HSA/HRA Employ	er Contribution?		Tiered I	Network Plan?							
Apply Skilled Nursing Facility Copay per Day?		Annual Contest			1st T	ier Utilization:							
Use Separate MOOP for Medical and Drug Spending?		Annual Contrib	oution Amount:		2nd T	ier Utilization:							
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	_												
Desired Metal Tier													
		1 Plan Benefit De	sign		Tier 2	2 Plan Benefit I	Design						
	Medical	Drug	Combined		Medical	Drug	Combined						
Deductible (\$)	\$5,000.00	\$250.00	Combined		ivic diedi	2.48	Combined						
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%											
MOOP (\$)		00.00											
MOOP if Separate (\$)		1											
MOOP II Separate (\$)													
Click Here for Important Instructions		Tie	-1			т:	er 2		Tier 1	Tier 2			
CHCK HETE TOT IMPORTANT MISTRACTIONS	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to		Coinsurance, if	Copay, if	Copay applie				
Type of Benefit	Deductible?	Coinsurance?	different			Coinsurance?		separate	deduc				
Medical	✓ All	□ All	amerent	separate	✓ All	✓ All	amerent	separate	☐ All	All			
	V All			ć250.00									
Emergency Room Services				\$250.00	V	> >			<u> </u>				
All Inpatient Hospital Services (inc. MH/SUD)	✓			\$500.00					V	Ц			
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and					✓	✓							
X-rays)													
Specialist Visit				\$50.00	V	V							
Mental/Behavioral Health and Substance Use Disorder Outpatient					✓	✓							
Services					_								
Imaging (CT/PET Scans, MRIs)				\$250.00	✓	✓							
Speech Therapy				\$50.00	V	☑							
				\$50.00	✓	✓							
Occupational and Physical Therapy				\$50.00									
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00					
Laboratory Outpatient and Professional Services				\$25.00	✓	✓							
X-rays and Diagnostic Imaging				\$50.00	✓	✓							
Skilled Nursing Facility	V			\$50.00	V	✓			~			Copays	Weight
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)				\$300.00	✓	✓							
Outpatient Surgery Physician/Surgical Services				\$50.00	V	✓					OP Facility Surgery	\$ 300	1009
Drugs	✓ All	✓ All			✓ All	✓ All			☐ All	☐ All	OP Facility Non-Surgery		09
Generics		~		\$10.00	~	▽							
Preferred Brand Drugs	V			\$40.00	V	✓			>				
Non-Preferred Brand Drugs	V			\$70.00	<u> </u>	✓			>				
Specialty Drugs (i.e. high-cost)	V			\$110.85	✓	✓			V				
Options for Additional Benefit Design Limits:			Plan Description:								-		
Set a Maximum on Specialty Rx Coinsurance Payments?		1		[Input Plan Nar	mel						Specialty Drugs	Coins Max We	eighting
Specialty Rx Coinsurance Maximum:				[Input Plan HIC							Tier 4	\$ 100	789
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:								Tier 5	\$ 150	229
# Days (1-10):	_				,							\$ 110.85	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	П	1											
# Visits (1-10):													
Begin Primary Care Deductible/Coinsurance After a Set Number of	П	1											
Copays?													
# Copays (1-10):													
# Copays (1-10).		ı											
Calculate													
	Faran Danultin a												
Status/Error Messages:	74.96%	utside oi [-4, +2] p	ercent de minimi	s variation.									
Actuarial Value:	74.96%												
Metal Tier:													
									covered at 100% by				
Additional Notes:	deductible range	e. NOTE: Service-s	pecitic cost-sharir	ng is applying fo	or service(s) with	n tac/prot com	ponents, overridi	ng outpatient	inputs for those se	ervice(s).			
Calculation Time:	0.1094 seconds												
Final 2019 AV Calculator													

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?

Apply Inpatient Copay per Day?

Apply Skilled Nursing Facility Copay per Day?

Use Separate MOOP for Medical and Drug Spending?

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution?	Tiered Network Plan?
Annual Contribution Amount	1st Tier Utilization:
Annual Contribution Amount:	2nd Tier Utilization:

Desired Metal Tier Bronze

Desired Wetar Her			
	Tier	sign	
	Medical	Drug	Combined
Deductible (\$)	\$5,750.00	\$250.00	
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%	
MOOP (\$)	\$7,90	00.00	
MOOP if Separate (\$)			

Tier 2 Plan Benefit Design											
Medical	Drug	Combined									

Click Here for Important Instructions		т.	er 1		ı	Tie	3		Tier 1	Tier 2	1		
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to		Coinsurance, if	Copay, if		es only after			
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	•	different	separate		ctible?			
Medical	✓ All	All			✓ All	✓ All			✓ All	All			
Emergency Room Services	V			\$500.00	~	<u>></u>			V		Ī		
All Inpatient Hospital Services (inc. MH/SUD)	V			\$500.00	V	V			V				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)				\$40.00	✓	✓							
Specialist Visit	V			\$80.00	V	V			V				
Mental/Behavioral Health and Substance Use Disorder Outpatient Services				\$40.00	✓	V							
Imaging (CT/PET Scans, MRIs)	✓			\$750.00	✓	V			✓				
Speech Therapy	V			\$80.00	✓	V			>				
Occupational and Physical Therapy	V			\$80.00	V	V			V				
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00					
Laboratory Outpatient and Professional Services	V			\$150.00	V	V			>				
X-rays and Diagnostic Imaging	V			\$200.00	V	V			~				
Skilled Nursing Facility	V			\$80.00	V	V			V			Copays	Weights
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	✓			\$130.72	✓	✓			V				
Outpatient Surgery Physician/Surgical Services	Y			\$80.00	V	V			>		OP Facility Surgery	\$ 450	20%
Drugs	✓ All	☐ All			✓ All	✓ All			✓ All	☐ All	OP Facility Non-Surgery	\$ 50	80%
Generics				\$20.00	V	<u> </u>						\$ 130.72	
Preferred Brand Drugs	>			\$75.00	V	V			>				
Non-Preferred Brand Drugs	<u> </u>			\$150.00	V	V			Z				
Specialty Drugs (i.e. high-cost)	Y			\$110.85	✓	V			Y				
Options for Additional Benefit Design Limits:		7	Plan Description:										
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	[Input Plan Nar	•						Specialty Drugs Tier 4	Copay V	Weighting 78%
Specialty Rx Coinsurance Maximum:				[Input Plan HIO	-						Tier 5	\$ 150	22%
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	[Input Issuer HI	IOS ID]						ilei 5	\$ 110.85	22/0
# Days (1-10):		_										y 110.05	
Begin Primary Care Cost-Sharing After a Set Number of Visits? #Visits (1-10):													
Begin Primary Care Deductible/Coinsurance After a Set Number of													
Copays?													
# Copays (1-10):													
Output													
Calculate													
Status/Error Messages:	Expanded Bronz	e Standard (56% t	o 65%), Calculation	n Successful.									

Actuarial Value: 64.93% Metal Tier: Bronze

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: 0.1719 seconds

Final 2019 AV Calculator

Hospital SoS AV Freestanding SoS AV Final Blended AV*

65.18% 64.98%

64.93%

^{*}Blending assumes a weight of 81% for Hospital SoS and 19% for Freestanding SoS

User Inputs for Plan Parameters

	HSA/HRA Options	Tiered Network Option
✓	HSA/HRA Employer Contribution?	Tiered Network Plan?
✓	Approal Combribution Amounts	1st Tier Utilization:
	Annual Contribution Amount:	2nd Tier Utilization:
✓		
		HSA/HRA Employer Contribution? Annual Contribution Amount:

Desired Metal Tier Bronze Tier 1 Plan Benefit Design Medical Drug Combined Deductible (\$) \$5,750.00 \$250.00 Coinsurance (%, Insurer's Cost Share) 100.00% 100.00%

Tier	2 Plan Benefit [Design
Medical	Drug	Combined

Coinsurance (%, Insurer's Cost Share)		100.00%											
MOOP (\$)		900.00											
MOOP if Separate (\$)													
Click Here for Important Instructions		Tie	er 1			Ti	er 2		Tier 1	Tier 2			
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Copay appli	ies only after			
туре от венепт	Deductible?	Coinsurance?	different	separate		Coinsurance?	different	separate		ctible?			
Medical	✓ All	☐ All			✓ All	✓ All			✓ All	☐ All			
Emergency Room Services	>			\$500.00	V V	✓			>				
All Inpatient Hospital Services (inc. MH/SUD)	>			\$500.00	V	∨			>				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and				\$40.00	✓	✓							
X-rays)	_				_	_				_			
Specialist Visit	>			\$80.00	V	✓			Ŋ.				
Mental/Behavioral Health and Substance Use Disorder Outpatient	П			\$40.00	✓	✓							
Services	_			Ş40.00					_				
Imaging (CT/PET Scans, MRIs)	>			\$300.00	✓	∨			>				
Speech Therapy	V			\$80.00	V	V			V				
	✓			\$80.00	V	✓			✓				
Occupational and Physical Therapy	_												
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00					
Laboratory Outpatient and Professional Services				\$40.00		V							
X-rays and Diagnostic Imaging				\$160.00	V	✓							
Skilled Nursing Facility	Y			\$80.00	V	✓			V			Copays	Weights
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	V			\$300.00	✓	✓			V				
Outpatient Surgery Physician/Surgical Services	V			\$80.00	v	V			V		OP Facility Surgery	\$ 300	100%
Drugs	✓ All	☐ All			✓ All	✓ All			✓ All	☐ All	OP Facility Non-Surgery		0%
Generics				\$20.00	V	▽							
Preferred Brand Drugs	>			\$75.00	~	✓			~				
Non-Preferred Brand Drugs	>			\$150.00	V	✓			>				
Specialty Drugs (i.e. high-cost)	>			\$110.85	V	✓			V				
Options for Additional Benefit Design Limits:		_	Plan Description:										
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	[Input Plan Nan	ne]						Specialty Drugs		Weighting
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	[Input Plan HIO	S ID]						Tier 4	\$ 100	78%
Set a Maximum Number of Days for Charging an IP Copay?	~		Issuer HIOS ID:	[Input Issuer HI	OS ID]						Tier 5	\$ 150	22%
# Days (1-10):	5											\$ 110.85	
Begin Primary Care Cost-Sharing After a Set Number of Visits?													
# Visits (1-10):													

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? # Copays (1-10):

Output

Calculate

Error: Result is outside of de minimis variation for Expanded Bronze. Status/Error Messages:

65.18% Actuarial Value: Metal Tier:

Additional Notes:

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

Calculation Time: 0.1367 seconds

Final 2019 AV Calculator

User Inputs for Plan Parameters													
Use Integrated Medical and Drug Deductible?	_		HSA/HRA Options			red Network O							
Apply Inpatient Copay per Day?		HSA/HRA Employ	yer Contribution?			Network Plan?							
Apply Skilled Nursing Facility Copay per Day?		Annual Contrib	oution Amount:			Tier Utilization:							
Use Separate MOOP for Medical and Drug Spending?					2nd	Tier Utilization:							
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?													
Desired Metal Tier		4 N P C+ P		1	T	2 DI D C'A I	S						
		1 Plan Benefit De			Medical	2 Plan Benefit I	Combined						
Deductible (\$)	Medical	Drug	\$6,000.00		iviedicai	Drug	Combined						
Coinsurance (%, Insurer's Cost Share)			100.00%										
MOOP (\$)			\$6,550.00										
MOOP if Separate (\$)			Ç0,330.00	I									
		•	•			•	•						
Click Here for Important Instructions		Tie	r 1			Ti	er 2		Tier 1	Tier 2			
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to		Coinsurance, if		Copay applie				
· · · · · · · · · · · · · · · · · · ·	Deductible?	Coinsurance?	different	separate		Coinsurance?	different	separate	deduct				
Medical	✓ All	AII		4	✓ All	✓ All			✓ All	All			
Emergency Room Services	▽			\$250.00	>	>			▽				
All Inpatient Hospital Services (inc. MH/SUD)	<u> </u>	Ш		\$500.00									
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and	✓			\$50.00	✓	✓			✓				
X-rays) Specialist Visit	V	П		\$100.00	✓	<u> </u>							
Mental/Behavioral Health and Substance Use Disorder Outpatient	· · · · · · · · · · · · · · · · · · ·												
Services	~			\$50.00	✓	~			~				
Imaging (CT/PET Scans, MRIs)	~			\$400.00	V	V			<u> </u>				
Speech Therapy	v			\$100.00	_ _				<u> </u>				
	✓				✓	<u> </u>			✓				
Occupational and Physical Therapy		ш		\$100.00		_							
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00					
Laboratory Outpatient and Professional Services	>			\$75.00	V	V			V				
X-rays and Diagnostic Imaging	~			\$125.00	V	V			V				
Skilled Nursing Facility	V			\$100.00	✓	V			V			Copays \	Weights
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	✓			\$130.72	✓	✓			✓				
Outpatient Surgery Physician/Surgical Services	>			\$100.00	Ŋ	V			V		OP Facility Surgery	\$ 450	20%
Drugs	✓ All	☐ All			✓ All	✓ All			✓ All	☐ All	OP Facility Non-Surgery	\$ 50	80%
Generics	>			\$10.00	✓	<u>~</u>			>			\$ 130.72	
Preferred Brand Drugs	<u> </u>			\$45.00	<u> </u>	V			V				
Non-Preferred Brand Drugs	<u> </u>			\$65.00	V	V			V				
Specialty Drugs (i.e. high-cost)	V	V	50%		✓	V							
Options for Additional Benefit Design Limits:		1	Plan Description								Specialty Drugs	Coins Max Weig	ahtina
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	[Input Plan Nan							Specialty Drugs Tier 4	\$ 100	ghting 78%
Specialty Rx Coinsurance Maximum:		-		[Input Plan HIO:	-						Tier 5	\$ 150	22%
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	[Input Issuer HI	OS IDJ						ner 3	\$ 110.85	22/0
# Days (1-10): Begin Primary Care Cost-Sharing After a Set Number of Visits?		4										Ų 110105	
# Visits (1-10):													
Begin Primary Care Deductible/Coinsurance After a Set Number of		1											
Copays?	?												
# Copays (1-10):	:	_											
Output													
Calculate													
Status/Error Messages:	Calculation Succ	esstul.											
Actuarial Value: Metal Tier:	61.83%												
ivietai rier.	Bronze	acific cost-sharin	a is applying for s	anvica(s) with fa	c/prof compon	ents overriding	outnatient inne	its for those so	nvica(s)				
Additional Notes:	NOTE. Service-Sp	pecific cost-sharin	g 13 applying 10f Si	ervice(s) With Ta	c, bror combon	ents, overridin	5 outhatient inpl	ata for those se	vice(s).				
Additional Notes.													
Calculation Time:	0.0938 seconds												
Final 2019 AV Calculator	0.0330 seconds										Hospital SoS AV	61.83%	
Edga AV Culculator											Freestanding SoS AV	61.84%	
											Final Blended AV*	61.83%	

*Blending assumes a weight of 81% for Hospital SoS and 19% for Freestanding SoS

User Inputs for Plan Parameters												
Use Integrated Medical and Drug Deductible?			HSA/HRA Options	1	Tie	ered Network	Option					
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution?		Tiered	l Network Plar	n? 🗌					
Apply Skilled Nursing Facility Copay per Day?		Annual Contri	bution Amount:		1st	Tier Utilizatio	n:					
Use Separate MOOP for Medical and Drug Spending?		Aimai Contin	button Amount.		2nd	Tier Utilization	n:					
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?												
Desired Metal Tier				-								
		1 Plan Benefit D				2 Plan Benefi						
	Medical	Drug	Combined		Medical	Drug	Combined					
Deductible (\$)			\$6,000.00									
Coinsurance (%, Insurer's Cost Share)			100.00%									
MOOP (\$)			\$6,550.00									
MOOP if Separate (\$)												
Click Here for Important Instructions		Tie	er 1				Tier 2		Tier 1	Tier 2		
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to		Copay, if		es only after		
Type of Benefit	Deductible?	Coinsurance?	different	separate		Coinsurance	•	separate		ctible?		
Medical	✓ All	☐ All			✓ All	✓ All			✓ All	☐ All		
Emergency Room Services	~			\$250.00	~	V			V			
All Inpatient Hospital Services (inc. MH/SUD)	>			\$500.00	V	V			V			
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and	>			\$50.00	V	V			≥			
X-rays)				\$50.00						_		
Specialist Visit	V			\$100.00	V	▽			V			
Mental/Behavioral Health and Substance Use Disorder Outpatient	V			\$50.00	✓	✓			V			
Services					_	<u>.</u>				_		
Imaging (CT/PET Scans, MRIs)	V			\$250.00	<u> </u>				V			
Speech Therapy	V			\$100.00	V	<u> </u>			<u> </u>			
	✓			\$100.00	✓	✓			~			
Occupational and Physical Therapy			4000/	¢0.00	 		4000/	¢0.00				
Preventive Care/Screening/Immunization Laboratory Outpatient and Professional Services	V		100%	\$0.00 \$50.00			100%	\$0.00	V			
X-rays and Diagnostic Imaging				\$75.00	<u> </u>	y			<u>V</u>			
Skilled Nursing Facility	V			\$100.00	<u> </u>	V						Copays Weigh
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	✓			\$300.00	V	✓			>			
Outpatient Surgery Physician/Surgical Services	✓		***************************************	\$100.00	V	V			V		OP Facility Surgery	\$ 300 100
Drugs	✓ All	☐ All			✓ All	✓ All			✓ All	☐ All	OP Facility Non-Surgery	0
Generics	~			\$10.00	~	V			V			
Preferred Brand Drugs	>			\$45.00	V	V			V			
Non-Preferred Brand Drugs	V			\$65.00	V	V			~			
Specialty Drugs (i.e. high-cost)	Y	~	50%		~	V						
Options for Additional Benefit Design Limits:		7	Plan Description								Consider Donner	Calma Mana - Malabata
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	[Input Plan Nar	-						Specialty Drugs Tier 4	Coins Max Weighting \$ 100 78
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	[Input Plan HIO	-						Tier 5	\$ 100 78 \$ 150 22
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	[Input Issuer HI	OS ID]						Her 5	\$ 110.85
# Days (1-10):		1										ÿ 110.85
Begin Primary Care Cost-Sharing After a Set Number of Visits?												
# Visits (1-10): Begin Primary Care Deductible/Coinsurance After a Set Number of		-										
Copays? # Copays (1-10):												
Output		j										
Calculate												
Status/Error Messages:	Calculation Suco	essful.										
Actuarial Value:	61.84%	-										
Metal Tier:	Bronze											
		ecific cost-sharir	ng is applying for s	ervice(s) with fa	c/prof compon	nents, overridi	ng outpatient inpu	its for those sei	rvice(s).			
Additional Notes:					•							
Calculation Time:	0.0625 seconds											
Final 2019 AV Calculator												

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible? Apply Inpatient Copay per Day? Apply Skilled Nursing Facility Copay per Day? Use Separate MOOP for Medical and Drug Spending? Indicate if Plan Meets CSR or Expanded Bronze AV Standard? Desired Metal Tier Deductible (\$)	Platinum Tier Medical \$500.00	HSA/HRA Options HSA/HRA Employer Contribution? Annual Contribution Amount: ier 1 Plan Benefit Design Drug Combined \$0.00			Tiered Network Option Tiered Network Plan? 1st Tier Utilization: 2nd Tier Utilization: Tier 2 Plan Benefit Design Medical Drug Combined								
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%											
MOOP (\$)	\$1,5	00.00											
MOOP if Separate (\$)			l										
Click Here for Important Instructions		Tie	r 1			Tie	r 2		Tier 1	Tier 2	1		
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	•	Coinsurance, if			es only after			
<u>"</u>	Deductible?	Coinsurance?	different	separate		Coinsurance?	different	separate		ctible?			
Medical	✓ All	AII		¢200.00	✓ All	✓ All			✓ All	All			
Emergency Room Services All Inpatient Hospital Services (inc. MH/SUD)				\$200.00 \$500.00	▽	<u>v</u>			✓				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and	***************************************			\$300.00	······	······			***************************************				
K-rays)					✓	✓							
Specialist Visit				\$30.00	V	V							
Mental/Behavioral Health and Substance Use Disorder Outpatient										•			
Services					✓	~							
maging (CT/PET Scans, MRIs)	>			\$200.00	✓	V			~				
Speech Therapy				\$30.00	V	V							
Occupational and Physical Therapy				\$30.00	✓	✓							
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00					
aboratory Outpatient and Professional Services	>			\$15.00	V	V			V				
K-rays and Diagnostic Imaging	V			\$30.00	V	✓			V				
Skilled Nursing Facility	~			\$30.00	V	V			~			Copays	Weight
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	✓			\$80.27	✓	✓			✓				
Outpatient Surgery Physician/Surgical Services	א		······································	\$30.00	V	V			V		OP Facility Surgery	\$ 200	20
Drugs	✓ All	☐ All			✓ All	✓ All			✓ All	☐ All	OP Facility Non-Surgery	\$ 50	80
Generics	<u> </u>			\$0.00	<u> </u>	V						\$ 80.27	
Preferred Brand Drugs	V			\$45.00	▽	V							
Non-Preferred Brand Drugs	<u> </u>		50%	\$65.00	<u>∨</u>	<u>v</u>							
Specialty Drugs (i.e. high-cost) Options for Additional Benefit Design Limits:	V	<u>v</u>	Plan Description:			V							
Set a Maximum on Specialty Rx Coinsurance Payments?	V	1	•	[Input Plan Nar	nel						Specialty Drugs	Coins Max V	Neighting
Specialty Rx Coinsurance Maximum:				Input Plan HIO	-						Tier 4	\$ 100	78
Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10):			Issuer HIOS ID:		-						Tier 5	\$ 150 \$ 110.85	22'
Begin Primary Care Cost-Sharing After a Set Number of Visits?		-											
#Visits (1-10): Begin Primary Care Deductible/Coinsurance After a Set Number of													
Copays?													
# Copays (1-10): Output													
Calculate													
Status/Error Messages:	Calculation Succe	essful.											
Actuarial Value:	90.36%												
	Platinum			almost la anno 11			Alata and alata						
Additional Notes:			ot subject to the de specific cost-sharin					-					
Coloulation Times	0.135 *** ***												
Calculation Time: Final 2019 AV Calculator	0.125 seconds										Hospital SoS AV	90.36%	
mui EOLO AV Calculator											Freestanding SoS AV	92.82%	

*Blending assumes a weight of 81% for Hospital SoS and 19% for Freestanding SoS

90.83%

Final Blended AV*

User Inputs for Plan Parameters													
Use Integrated Medical and Drug Deductible?			HSA/HRA Options			ed Network C							
Apply Inpatient Copay per Day		HSA/HRA Emplo	yer Contribution?			Network Plan							
Apply Skilled Nursing Facility Copay per Day		Annual Contrib	bution Amount:			ier Utilization							
Use Separate MOOP for Medical and Drug Spending?		7 timadi Correin	outroil 7 timouriti		2nd T	ier Utilization	:						
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?													
Desired Metal Tie				1									
		r 1 Plan Benefit De				Plan Benefit							
Dadwasibla (č	\$500.00	Drug \$0.00	Combined		Medical	Drug	Combined						
Deductible (\$ Coinsurance (%, Insurer's Cost Share	100.00%	100.00%											
MOOP (\$		00.00											
MOOP if Separate (\$		100.00											
Woot it separate (5)			•				-						
Click Here for Important Instructions		Tie	er 1			Т	ier 2		Tier 1	Tier 2			
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to		Coinsurance, if	Copay, if	Copay applie	s only after			
<u> </u>	Deductible?	Coinsurance?	different	separate	Deductible?		different	separate	deduct				
Medical	✓ All	All		4000.00	✓ All	✓ All			✓ All	All			
Emergency Room Services				\$200.00	∨	>			<u></u>				
All Inpatient Hospital Services (inc. MH/SUD)				\$500.00	-	<u>~</u>					··-		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and					✓	✓							
X-rays) Specialist Visit				\$30.00	V	v							
Mental/Behavioral Health and Substance Use Disorder Outpatient				, J30.00									
Services					✓	✓							
Imaging (CT/PET Scans, MRIs)				\$100.00	✓	~							
Speech Therapy			***************************************	\$30.00		_					***		
				¢20.00	✓	<u>~</u>							
Occupational and Physical Therapy				\$30.00									
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00					
Laboratory Outpatient and Professional Services					V	V							
X-rays and Diagnostic Imaging					✓	✓						_	
Skilled Nursing Facility	V			\$30.00	✓	V			✓			Copays	Weigh
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)				\$100.00	✓	✓							
Outpatient Surgery Physician/Surgical Services				\$30.00	1 🗸	✓					OP Facility Surgery	\$ 100	100
Drugs	✓ All	□ All		Ç30.00	✓ All	✓ All			✓ All	□ All	OP Facility Non-Surgery		0
Generics	<u> </u>			\$0.00	<u> </u>	<u> </u>			<u> </u>				
Preferred Brand Drugs	>			\$45.00	✓	✓			V				
Non-Preferred Brand Drugs	>			\$65.00	✓	✓			V				
Specialty Drugs (i.e. high-cost)	>	V	50%		>	✓							
Options for Additional Benefit Design Limits:		-	Plan Description										
Set a Maximum on Specialty Rx Coinsurance Payments			Name:	[Input Plan Nar	-						Specialty Drugs Tier 4	Coins Max We	
Specialty Rx Coinsurance Maximum		_	Plan HIOS ID:	[Input Plan HIC	-						Tier 5	\$ 100 \$ 150	78 22
Set a Maximum Number of Days for Charging an IP Copay			Issuer HIOS ID:	[Input Issuer H	IOS IDJ						ner 5	\$ 110.85	
# Days (1-10) Begin Primary Care Cost-Sharing After a Set Number of Visits												7	
#Visits (1-10)													
Begin Primary Care Deductible/Coinsurance After a Set Number of													
Copays	•												
# Copays (1-10)													
Output													
Calculate													
Status/Error Messages:		utside of [-4, +2] p	percent de minim	s variation.									
Actuarial Value:	92.82%												
Metal Tier:	NOTE: One or m	ore services are n	ot subject to the s	eductible and b	ave no consu. A	ny sanjica wi	th this cost-sharin	a structure is	covered at 100% by	the plan in the			
Additional Notes:									covered at 100% by inputs for those se				
Additional Notes.	academore range		Specific cost stiati	appryrig 10	service(s) with		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Jucputient		(3).			
Calculation Time:	0.0781 seconds												
Final 2019 AV Calculator	S.O.O. Seconds												

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	' ⊔ [HSA/HRA Options			Tiered Network Option								
Apply Inpatient Copay per Day?	· 🗆	HSA/HRA Employer Contribution?			Tiered	Network Plan?							
Apply Skilled Nursing Facility Copay per Day?		Annual Contri	bution Amount:		1st 7	Tier Utilization:							
Use Separate MOOP for Medical and Drug Spending?		Allifual Colleti	button Amount.		2nd 7	Tier Utilization:							
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?													
Desired Metal Tier	- Gold ▼												
	Tier	1 Plan Benefit D	esign		Tier	2 Plan Benefit I	Design						
	Medical	Drug	Combined		Medical	Drug	Combined						
Deductible (\$)	\$1,500.00	\$0.00											
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%											
MOOP (\$)	\$7,65	50.00											
MOOP if Separate (\$)													
											_		
Click Here for Important Instructions		Tie	er 1			Ti	er 2		Tier 1	Tier 2			
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Copay applie	s only after			
туре от венент	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	deduc	tible?			
Medical	✓ All	☐ All			✓ All	✓ All			☐ All	☐ All			
Emergency Room Services				\$200.00	>	>							
All Inpatient Hospital Services (inc. MH/SUD)	V			\$500.00	V	V			V				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and													
K-rays)					✓	✓							
Specialist Visit				\$30.00	V	V							
Mental/Behavioral Health and Substance Use Disorder Outpatient	_	_								_			
Services					✓	✓							
maging (CT/PET Scans, MRIs)	~			\$200.00	V	<u>~</u>			V				
Speech Therapy				\$30.00	☑	V							
					✓	<u> </u>							
Occupational and Physical Therapy				\$30.00		<u> </u>							
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00					
aboratory Outpatient and Professional Services	V			\$30.00	<u> </u>	<u> </u>			V				
K-rays and Diagnostic Imaging	V			\$45.00	V	V			V				
Skilled Nursing Facility	~			\$30.00	V	V			V			Copays	Weights
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\checkmark			\$80.27	✓	✓			✓				
Outpatient Surgery Physician/Surgical Services	V		***************************************	\$30.00		V			V		OP Facility Surgery	\$ 200	20%
Drugs	✓ All	☐ All			✓ All	✓ All			✓ All	All	OP Facility Non-Surgery	\$ 50	80%
Generics	V			\$0.00	V	V			V			\$ 80.27	
Preferred Brand Drugs	~			\$45.00	<u> </u>	<u> </u>			V				
Non-Preferred Brand Drugs	~		***************************************	\$65.00		V			V				
Specialty Drugs (i.e. high-cost)	~	~	50%		<u> </u>	<u> </u>							
Options for Additional Benefit Design Limits:			Plan Description:										
Set a Maximum on Specialty Rx Coinsurance Payments?	~		•	[Input Plan Nan	nel						Specialty Drugs	Coins Max \	Weighting
Specialty Rx Coinsurance Maximum:				[Input Plan HIO	-						Tier 4	\$ 100	78%
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:		-						Tier 5	\$ 150	22%
# Days (1-10):	. —				,							\$ 110.85	
Begin Primary Care Cost-Sharing After a Set Number of Visits?													
#Visits (1-10):													
Begin Primary Care Deductible/Coinsurance After a Set Number of													
Copays?													
# Copays (1-10):													
Jutput													
Calculate													
Status/Error Messages:	Calculation Succe	ecful											
Actuarial Value:	80.78%	.33141.											
Metal Tier:	80.78% Gold												
victui iici.		re services are n	ot subject to the de	aductible and b	ave no consv. /	Any service wit	n this cost-sharin	a structure is s	overed at 100% by	the plan in the			
Additional Notes:			specific cost-sharir										
Additional Notes:	acuacible railge.	. MOIL SEIVICE-	specific cost-stidfif	P 19 abbiling 10	i service(s) WIL	ac/piti com	Jonenia, overrial	ng outpatiefit	inputs for those se				
Calculation Time:	0.1719 seconds										Hospital SoS AV	80.78%	
Final 2019 AV Calculator											Freestanding SoS AV	87.17%	
											Final Blended AV*	81.99%	

*Blending assumes a weight of 81% for Hospital SoS and 19% for Freestanding SoS

				Inputs	s for Freestandin	ng Site-of-Service	9					
User Inputs for Plan Parameters												
Use Integrated Medical and Drug Deductible?			HSA/HRA Options			red Network O						
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution?	· 🗆		Network Plan?						
Apply Skilled Nursing Facility Copay per Day?		Annual Contri	bution Amount:			Tier Utilization:						
Use Separate MOOP for Medical and Drug Spending?		7 tilliaar contii	outron 7 milouriti		2nd	Tier Utilization:						
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?												
Desired Metal Tier				_								
	Tie	r 1 Plan Benefit D	esign		Tier	2 Plan Benefit	Design					
	Medical	Drug	Combined		Medical	Drug	Combined					
Deductible (\$)	\$1,500.00	\$0.00										
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%										
MOOP (\$)	\$7,6	550.00										
MOOP if Separate (\$)				_								
			=' 				=" 				<u></u>	
Click Here for Important Instructions		Tie	er 1			Ti	er 2		Tier 1	Tier 2		
Time of Donofit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Copay applies	only after		
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	deduct	ble?		
Medical	✓ All	☐ All			✓ All	✓ All			✓ All	☐ All	1	
Emergency Room Services				\$200.00	> >	V					1	
All Inpatient Hospital Services (inc. MH/SUD)	>			\$500.00	V	∨			V			
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and												
X-rays)					✓	✓						
Specialist Visit				\$30.00	V	V						
Mental/Behavioral Health and Substance Use Disorder Outpatient											"	
Services					~	✓						
Imaging (CT/PET Scans, MRIs)				\$100.00	V	✓					1	
Speech Therapy				\$30.00		<u> </u>						
Occupational and Physical Therapy				\$30.00	✓	✓						
Preventive Care/Screening/Immunization	П	П	100%	\$0.00			100%	\$0.00			•••	
Laboratory Outpatient and Professional Services			10076	Ş0.00		Z	10076	\$0.00				
X-rays and Diagnostic Imaging		П				V						
Skilled Nursing Facility	V			\$30.00		Ž						Copays Weigh
Skilled Naising Facility				\$50.00					V			copuls reign
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)				\$100.00	✓	✓						
Outpatient Surgery Physician/Surgical Services				\$30.00		୕					OP Facility Surgery	\$ 100 100
	✓ All	□ All		\$30.00	✓ All	✓ All			✓ All	□ All	OP Facility Non-Surgery	7 100
Drugs	V			ćo 00	V All	✓ All			V All		or racinty iton surgery	
Generics	V			\$0.00	V	✓ ✓			V			
Preferred Brand Drugs	V			\$45.00		✓ ✓			V			
Non-Preferred Brand Drugs	<u>v</u>		F00/	\$65.00		✓				H		
Specialty Drugs (i.e. high-cost)	•	~	50%		<u> </u>	V						
Options for Additional Benefit Design Limits:		7	Plan Description								Specialty Drugs	Coins Max Weighting
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	[Input Plan Nar							Tier 4	Coins Max Weighting \$ 100 78
Specialty Rx Coinsurance Maximum:	_		Plan HIOS ID:	[Input Plan HIO							Tier 5	\$ 150 22
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	[Input Issuer HI	IOS ID]						Hel 5	\$ 110.85
# Days (1-10):		_										3 110.83
Begin Primary Care Cost-Sharing After a Set Number of Visits?												
# Visits (1-10):												
Begin Primary Care Deductible/Coinsurance After a Set Number of												
Copays?	1											
# Copays (1-10):												
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Status/Error Messages:		lved without mat	ching metal tiers.									
Actuarial Value:	87.17%											
Metal Tier:	Platinum											
	NOTE: One or m	ore services are n	ot subject to the o	deductible and h	ave no copay.	Any service wit	th this cost-sharing	g structure is	covered at 100% by	the plan in the		
Additional Notes:	deductible range	e. NOTE: Service-	specific cost-shar	ing is applying fo	or service(s) wit	th fac/prof com	ponents, overridi	ng outpatient	inputs for those se	rvice(s).		
Calculation Time:	0.1211 seconds											
Final 2019 AV Calculator												

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	✓		HSA/HRA Options		Tie	red Network O	ption					
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution?		Tiered	Network Plan?						
Apply Skilled Nursing Facility Copay per Day?					1st T	Tier Utilization:						
Use Separate MOOP for Medical and Drug Spending?		Annual Contri	bution Amount:		2nd T	Tier Utilization:						
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?					•							
Desired Metal Tier												
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	Medical	Drug	Combined		Medical	Drug	Combined					
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Type of Benefit	Deductible?	Coinsurance?	different	separate		Coinsurance?		separate		ctible?		
Medical	✓ All	☐ All			✓ All	✓ All			✓ All	☐ All	A .	
Emergency Room Services	V			\$200.00	<u> </u>				<u> </u>		4	
All Inpatient Hospital Services (inc. MH/SUD)	<u> </u>			\$500.00	<u> </u>	<u> </u>			<u> </u>		4	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and	•			, , , , , , , , , , , , , , , , , , ,		······			***************************************	-	4	
K-rays)	~				✓	✓			~		4	
Specialist Visit	✓			\$45.00	>	V			V		4	
Mental/Behavioral Health and Substance Use Disorder Outpatient	<u> </u>			343.00					<u>`</u>		4	
Services	✓				✓	✓			~		4	
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maging (CT/PET Scans, MRIs)											4	
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Occupational and Physical Therapy			1000/	40.00			4000/	40.00		r	A	
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		П	4	
aboratory Outpatient and Professional Services	<u> </u>			\$75.00	<u> </u>	V			<u> </u>		4	
K-rays and Diagnostic Imaging	<u> </u>			\$100.00	V				V		4	Copays Weigh
Skilled Nursing Facility	V			\$45.00	V	V			V		4	Copays Weigh
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	✓			\$80.27	✓	✓			~		4	
						V					OD 511/4- 5	<u>^</u> 200
Outpatient Surgery Physician/Surgical Services	<u> </u>			\$45.00	> [<u> </u>		OP Facility Surgery	\$ 200 20 \$ 50 80
Drugs	✓ All	□ All		<u> </u>	✓ All	✓ All			✓ All	All	OP Facility Non-Surgery	\$ 50 \$ 80.27
Generics	<u> </u>			\$0.00	<u> </u>				<u> </u>		4	\$ 80.27
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Non-Preferred Brand Drugs	<u> </u>			\$65.00	<u> </u>	<u> </u>			<u> </u>		4	
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Begin Primary Care Deductible/Coinsurance After a Set Number of												
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Actuarial Value:	70.79%											
Metal Tier:	Silver											
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Additional Notes:												
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Final 2019 AV Calculator											Hospital SoS AV	70.79%
											Freestanding SoS AV	72.78%
											Final Blended AV*	71.17%
											*Blending assumes a weight	of 81% for Hospital SoS

and 19% for Freestanding SoS

				Inputs	s for Freestandinរ	g Site-of-Service						
User Inputs for Plan Parameters												
Use Integrated Medical and Drug Deductible?	✓		HSA/HRA Options	i		red Network O						
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution?		Tiered	Network Plan?						
Apply Skilled Nursing Facility Copay per Day?		Annual Contri	bution Amount:		1st T	ier Utilization:						
Use Separate MOOP for Medical and Drug Spending?		Annual Contri	bution Amount:		2nd T	ier Utilization:						
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?												
Desired Metal Tier	Silver											
	Tie	r 1 Plan Benefit De	esign		Tier	2 Plan Benefit [Design					
	Medical	Drug	Combined		Medical	Drug	Combined					
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Coinsurance (%, Insurer's Cost Share)			100.00%									
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туре от венети	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	deducti	ible?		
Medical	✓ All	☐ All			✓ All	✓ All			✓ All	☐ All		
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X-rays)	✓				✓	✓			✓			
Specialist Visit	>			\$45.00	✓	✓			✓			
Mental/Behavioral Health and Substance Use Disorder Outpatient	_	_										
Services	•				✓	✓			✓			
Imaging (CT/PET Scans, MRIs)	>			\$100.00	✓	V			✓			
Speech Therapy	V			\$45.00	☑	V			V			
	V			44= 00	✓	✓			✓			
Occupational and Physical Therapy	•	Ш		\$45.00		<u> </u>						
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00				
Laboratory Outpatient and Professional Services	<u> </u>				<u> </u>	<u> </u>			V			
X-rays and Diagnostic Imaging	V				✓	V			V			
Skilled Nursing Facility	>			\$45.00	✓	✓			V			Copays Weight
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Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	✓			\$100.00	✓	✓			✓			
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Set a Maximum on Specialty Rx Coinsurance Payments?	~	1	Name:	[Input Plan Nar	ne]						Specialty Drugs	Coins Max Weighting
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Begin Primary Care Deductible/Coinsurance After a Set Number of	П	Ī										
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Additional Notes.												
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User Inputs for Plan Parameters

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Apply Skilled Nursing Facility Copay per Day?		Annual Contrib	oution Amount:		1st 7	Γier Utilization:							
Use Separate MOOP for Medical and Drug Spending?		Annual Continu	dition Amount.		2nd 7	Tier Utilization:							
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	Medical	Drug	Combined		Medical	Drug	Combined						
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nek here for important instructions	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to		Coinsurance, if	Conav if	Copay applies		i		
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rimary Care Visit to Treat an Injury or Illness (exc. Preventive, and	✓			\$25.00	✓	✓			✓				
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-rays and Diagnostic Imaging	V			\$200.00	~	✓			V				
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Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	✓			\$140.81	✓	✓			✓				
Outpatient Surgery Physician/Surgical Services	V			\$50.00	V	~			V		OP Facility Surgery	\$ 500	20%
Drugs	✓ All	□ All		\$30.00	✓ All	✓ All			✓ All	□ All	OP Facility Non-Surgery	\$ 50	80%
enerics	▽			\$10.00	✓ 🗸	<u> </u>			V			\$ 140.81	
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Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	[Input Issuer HI	OS ID]						Tier 5	\$ 150	22%
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Begin Primary Care Cost-Sharing After a Set Number of Visits?													
# Visits (1-10):													
Begin Primary Care Deductible/Coinsurance After a Set Number of													
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inal 2019 AV Calculator											Freestanding SoS AV	72.65%	
											Final Blended AV*	71.95%	
											*Blending assumes a weight	of 81% for Hospital S	oS

and 19% for Freestanding SoS

Jser Inputs for Plan Parameters													
Use Integrated Medical and Drug Deductible			HSA/HRA Options		Tie	red Network O	ption						
Apply Inpatient Copay per Day		HSA/HRA Emplo	yer Contribution?			Network Plan?							
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All Inpatient Hospital Services (inc. MH/SUD)	V			\$500.00	V	<u>~</u>			V				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and													
(-rays)	~			\$25.00	✓	✓			V				
pecialist Visit	V			\$50.00	V	~			>				
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maging (CT/PET Scans, MRIs)	>			\$250.00	✓	V			>				
peech Therapy	V			\$50.00	✓	✓			>				
	~			\$50.00	✓	V			V				
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Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00					
aboratory Outpatient and Professional Services	Z			\$25.00	<u> </u>	V			V				
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killed Nursing Facility	V			\$50.00	V	V			V			Copays	weight
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Outpatient Surgery Physician/Surgical Services	v	П		\$50.00		V			V		OP Facility Surgery	\$ 300	1009
Drugs	✓ All	□ All		\$30.00	✓ All	✓ All			✓ All	□ All	OP Facility Non-Surgery	<u> </u>	09
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Specialty Drugs (i.e. high-cost)	~	~	50%		✓	V							
Options for Additional Benefit Design Limits:			Plan Description								_		
Set a Maximum on Specialty Rx Coinsurance Payments	· •		Name:	[Input Plan Nan	ne]						Specialty Drugs	Coins Max W	Veighting
Specialty Rx Coinsurance Maximum	\$110.85		Plan HIOS ID:	[Input Plan HIO	S ID]						Tier 4	\$ 100	789
Set a Maximum Number of Days for Charging an IP Copay?	· 🗆		Issuer HIOS ID:	[Input Issuer HI	OS ID]						Tier 5	\$ 150	229
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Begin Primary Care Cost-Sharing After a Set Number of Visits	· 🗆												
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BlueChoice Inc. d.b.a. CareFirst BlueCross BlueShield (NAIC # 96202)

Rate Filing # 2255
D.C. Small Group 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. Small Group Products Rate Filing Effective 1/1/2019

Actuarial Certification

I, Dwayne Lucado, am a(n) Actuary, Group Pricing 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 have been developed in accordance with the available regulations and guidance. Should new guidance be released, this filing may be revised. I certify that this filing has been prepared based on sound and commonly accepted actuarial principles, practices and assumptions in the aggregate for the legal entity.

I further certify the following:

- 1. The projected Index Rate is:
 - a. In compliance with all applicable state and Federal statutes and regulations (45 CFR 156.80 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.

Dwayne Lucado Lucado Lucado Date: 2018.06.01 12:19:40 -04'00'

Dwayne Lucado, FSA, MAAA Actuary, Group Pricing 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	1.0550	9
(16)	Federal Exchange User Fee	1.0000	
(17)	Market Adjusted Index Rate	\$ 431.00	
	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	In	curred Allowed	Allo	owed PMPM	Utilization Description	Utilization per 1,000	Average ost/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
Total (EHB & Non-EHB)	\$	173,007,122	\$	358.84			
EHB Allowed	\$	172,008,748	\$	356.77			
Non-EHB Allowed	\$	998,374	\$	2.07			
Incurred Net	\$	147,321,917	\$	305.57			
Net/Allowed		85.15%					
Experience Period Member Months		482,127					

Exhibit 3 - Non-EHB Adjustment

		2019 (On-Exchange	2019 (:	
(1)	Blended Index Rate	\$	422.06	\$	422.06	
(2)	Non-EHB PMPM	\$	2.26	\$	2.26	
(3)	Total	\$	424.32	\$	424.32	
(4)	Plan Level Adjustment		1.005		1.005	(3)/(1)

Base Year (2017)

2017 SRP Allowed	ACA Member	2	017 Allowed	Nor	malized Allowed
PMPM	Months	_	PMPM	IVOI	PMPM
Subtotal	482.120	Ś	373.13	Ś	211.84

Current Year YTD (2018)

	2018 Existing from	ACA Member		Normalized Allowed
Existing	2017	Count	Trend Factor	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

		ACA Member		Normalized Allowed
New	New to 2018	Count	Trend Factor	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

	2016 Transfer	ACA Member		Normalized Allowed
Transfer	from Other SBU	Count	Trend Factor	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	ACA Member		Norr	nalized Allowed
Total	Count	Trend Factor		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)*

	ACA Member	N	lormalized
2018 Existing	Months	Allo	owed 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

	ACA Member	Normalized				
New to 2018	Months	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				

	ACA Member	Normalized		
2018 SRP Total	Months	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)

		Normalized	
2019 Existing	ACA Member Months	Allowed PMPN	
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

		Normalized			
New to 2019	ACA Member Months	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		

		Normalized			
2019 SRP Total	ACA Member Months	Allo	wed 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		

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

Adjustment for Change in Morbidity** 0.9875

stAmounts 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) Adjustment*		1.0038	(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)	Demographic Adjustment***	All	0.989		

(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

	Capitation adjustment		
(1)	EP Capitation PMPM	\$ 0.92	
(2)	Projected Capitations PMPM	\$ 0.46	
(3)	Adjustment to Capitation Category	0.4984	(2)/(1)
	Drug Rebates adjustment		
(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)	Adjustment to Drug Category	1.0515	(8)/(7)
	Formulary Adjustments		
(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)	Adjustment to Drug Category	0.9566 [(12) + (13)]/[(10) + (13)]

	1	РМРМ	Adjustment
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
Total	\$	408.37	1.000

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

Exhibit 8 - Annual Trend Assumptions

	201	L7 PMPM	Weight	Utilization/1,000	Unit Cost	Composite
Inpatient Hospital	\$	61.77	17%	1.0000	1.0900	1.090
Outpatient Hospital	\$	64.98	18%	1.0600	1.0100	1.071
Professional	\$	121.56	34%	1.0400	1.0200	1.061
Other Medical	\$	18.98	5%	1.0000	1.0650	1.065
Capitation	\$	1.07	0%	1.0000	1.0000	1.000
Prescription Drug	\$	90.48	25%	1.0100	1.1000	1.111
Total	\$	358.84	100%			1.080
Proposed Trend						1.081

Exhibit 9 - Risk Adjustment

2017

Metallic Tier	Member Months	Distribution	PLRS	ARF	Transfer \$	РМРМ
Bronze	13,143	3.2%	0.670	1.044	-\$1,076,474	-\$81.90
Silver	89,549	21.8%	0.960	1.048	-\$3,209,547	-\$35.84
Gold	157,135	38.2%	1.041	1.010	-\$7,471,150	-\$47.55
Platinum	151,772	36.9%	1.391	1.027	\$3,397,731	\$22.39
Total	411,599	100%	1.141	1.026	-\$8,359,439	-\$20.31

 Statewide 2017
 Statewide PMPM 2017

 Small Group
 905,954
 1.235
 1.039
 \$ 476.26
 \$ 476.26

2019

Metallic Tier	Member Months	Distribution	PLRS		ARF	Transfer \$	PMPM	
Bronze	16,977	4%		0.644	1.002	-\$1,315,944		-\$77.51
Silver	96,839	23%		0.973	1.040	-\$2,974,463		-\$30.72
Gold	163,438	38%		1.036	0.991	-\$7,107,791		-\$43.49
Platinum	152,087	35%		1.374	1.004	\$3,229,557		\$21.23
Total	429,341	100%		1.126	1.007	-\$8,168,641		-\$19.03

 Statewide 2019
 Statewide PMPM 2019

 Small Group
 921,890
 1.222
 1.021
 \$
 \$ 450.54
 \$ 450.54

Adjustment Factor applied to Market Adjusted Index Rate

Projected Index Rate (Avg. 1Q-4Q)	Projected Transfer PMPM (Allowed basis)	Risk Adjustment User Fee	Adjustment Factor*
\$ 422.06	-\$23.05	\$ 0.14	1.055

^{*}Adjustment Factor = (\$422.06 - \$-23.05+ \$0.14) / \$422.06

Exhibit 10A - Desired Incurred Claims Ratio

	1Q 2019		20	Q 2019 30		30	3Q 2019		4Q 2019			
	ı	РМРМ	% of Revenue	ı	PMPM	% of Revenue	1	PMPM	% of Revenue		PMPM	% of Revenue
Allowed Claims	\$	414.45		\$	422.62		\$	430.96		\$	439.47	
Paid/Allowed Ratio		81.35%			81.35%			81.35%			81.35%	
Paid Claims & Capitations	\$	337.15		\$	343.80		\$	350.58		\$	357.51	
Risk Adjustment Transfer (Paid Basis)	\$	(19.03)		\$	(19.03)		\$	(19.03)		\$	(19.03)	
Paid Claims & Capitations (Post-Risk Adj)	\$	356.18	76.9%	\$	362.83	76.3%	\$	369.61	76.0%	\$	376.54	75.4%
Administrative Expense	\$	51.97	11.2%	\$	51.97	10.9%	\$	51.97	10.7%	\$	51.97	10.4%
Broker Commissions & Fee	т.	30.33	6.5%	\$	30.33	6.4%	\$	30.33	6.2%	\$	30.33	6.1%
Contribution to Reserve (Post-Tax)		7.41	1.6%	\$	7.61	1.6%	\$	7.79	1.6%	\$	7.99	1.6%
Investment Income Credit	\$	(0.00)	-0.0001%	\$	(0.00)	-0.0001%	\$	(0.00)	-0.0001%	\$	(0.00)	-0.0001%
Non-ACA Taxes & Fees	_											
State Premium Tax	•	9.27	2.0%	\$	9.52	2.0%	\$	9.73	2.0%	\$	9.98	2.0%
State Assessment Fee	•	0.53	0.1%	\$	0.55	0.1%	\$	0.56	0.1%	\$	0.57	0.1%
State Income Tax		-	0.0%	\$	-	0.0%	\$	-	0.0%	\$	-	0.0%
Federal Income Tax	\$	1.85	0.4%	\$	1.90	0.4%	\$	1.95	0.4%	\$	2.00	0.4%
ACA Taxes & Fees	Ļ	0.54	0.40/	۸.	F 63	4.20/	<u>,</u>	0.42	4.00/	.	4405	2.00/
Health Insurer Tax	•	0.51	0.1%	\$	5.62	1.2%	\$	9.13	1.9%	\$	14.05	2.8%
Risk Adjustment User Fee		0.14	0.0%	\$	0.14	0.0%	\$	0.14	0.0%	\$	0.14	0.0%
Exchange Assessment Fee		4.63	1.0%	\$	4.76	1.0%	\$	4.87	1.0%	\$	4.99	1.0%
Federal Exchange User Fee		-	0.0%	\$	-	0.0%	\$	-	0.0%	\$	-	0.0%
PCORI Tax	\$	0.21	0.0%	\$	0.21	0.0%	\$	0.21	0.0%	\$	0.21	0.0%
BlueRewards/Incentive Program	\$	0.35	0.1%	\$	0.35	0.1%	\$	0.35	0.1%	\$	0.35	0.1%
Sideries and Meetitive 110g. and	Υ	0.55	0.170	Y	0.55	0.170	Y	0.55	0.170	Y	0.55	0.170
Total Revenue	\$	463.37	100.0%	\$	475.77	100.0%	\$	486.62	100.0%	\$	499.10	100.0%
Plan Level Admin Load Adjustment		1.3004			1.3108			1.3161			1.3250	
-												
Projected Member Months		107,264			58,950			70,189			192,937	
Average Members		8,939			4,912			5,849			16,078	
% Total 2019		25.0%			13.7%			16.3%			44.9%	

Exhibit 10B - Federal MLR

	Total 2019		
	PMPM/%		
Traditional MLR Development			
Paid Claims & Capitations (Post-Risk Adj)	\$	368.44	
Total Revenue	\$	484.93	
Traditional MLR (i.e. DICR)		76.0%	
Federal MLR Development			
Numerator Adjustments			
BlueRewards/Incentive Program	\$	0.35	
Quality Improvement Expenses	\$	3.44	
Removal of non-care costs under MLR guidelines	\$	(5.18)	
Denominator Adjustments			
Non-ACA Taxes & Fees	\$	12.20	
ACA Taxes & Fees	\$	13.90	
Federal MLR Numerator	\$	367.05	
Federal MLR Denominator	\$	458.83	
Federal MLR		80.0%	
Projected Member Months		429,341	

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

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

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	Admin	Plan Adjusted Index Rate
86052DC0440010	BlueChoice Advantage Gold 1000	POS	Gold	On	Open Access Advantage	431.00	0.796	1.071	0.9960	1.005	1.300	478.61
86052DC0440011	BlueChoice Advantage Gold 500	POS	Gold	On	Open Access Advantage	431.00	0.820	1.071	0.9960	1.005	1.300	492.80
86052DC0440012	BlueChoice Advantage Platinum 0	POS	Platinum	On	Open Access Advantage	431.00	0.925	1.071	1.0600	1.005	1.300	591.86
86052DC0440013	BlueChoice Advantage HSA/HRA Silver 1500	POS	Silver	On	Open Access Advantage	431.00	0.708	1.071	0.9500	1.005	1.300	406.19
86052DC0440014	HealthyBlue Advantage Gold 1500	POS	Gold	On	Open Access Advantage	431.00	0.828	1.071	0.9960	1.005	1.300	497.91
86052DC0440015	HealthyBlue Advantage Platinum 500	POS	Platinum	On	Open Access Advantage	431.00	0.893	1.071	1.0600	1.005	1.300	571.30
86052DC0440017	HealthyBlue Advantage HSA/HRA Silver 2000	POS	Silver	On	Open Access Advantage	431.00	0.702	1.071	0.9500	1.005	1.300	402.72
86052DC0440018	BlueChoice Advantage HSA/HRA Bronze 6000	POS	Bronze	On	Open Access Advantage	431.00	0.556	1.071	0.9220	1.005	1.300	309.14
86052DC0440019	BlueChoice Advantage HSA/HRA Silver 3000	POS	Silver	On	Open Access Advantage	431.00	0.647	1.071	0.9500	1.005	1.300	371.00
86052DC0440020	BlueChoice Advantage Bronze 5750	POS	Bronze	On	Open Access Advantage	431.00	0.570	1.071	0.9220	1.005	1.300	316.90
86052DC0440021	BlueChoice Advantage HSA/HRA Gold 1500	POS	Gold	On	Open Access Advantage	431.00	0.760	1.071	0.9960	1.005	1.300	456.96
86052DC0440022	BlueChoice Advantage Silver 4000	POS	Silver	On	Open Access Advantage	431.00	0.687	1.071	0.9500	1.005	1.300	393.93
86052DC0440023	BlueChoice Advantage Silver 1500 BlueFund HSA	POS	Silver	On	Open Access Advantage	431.00	0.709	1.071	0.9500	1.005	1.300	406.60
86052DC0460009	BlueChoice HMO Gold 1500	НМО	Gold	On	Open Access	431.00	0.773	0.958	0.9960	1.005	1.300	415.51
86052DC0460010	BlueChoice HMO Gold 500	НМО	Gold	On	Open Access	431.00	0.812	0.958	0.9960	1.005	1.300	436.60
86052DC0460011	BlueChoice HMO Platinum 0	НМО	Platinum	On	Open Access	431.00	0.923	0.958	1.0600	1.005	1.300	528.12
86052DC0460012	BlueChoice HMO HSA/HRA Silver 1500	НМО	Silver	On	Open Access	431.00	0.693	0.958	0.9500	1.005	1.300	355.62
86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000	НМО	Silver	On	Open Access	431.00	0.665	0.958	0.9500	1.005	1.300	340.79
86052DC0460014	BlueChoice HMO HSA/HRA Bronze 6000	HMO	Bronze	On	Open Access	431.00	0.532	0.958	0.9220	1.005	1.300	264.67
86052DC0460015	HealthyBlue HMO Gold 1500	HMO	Gold	On	Open Access	431.00	0.822	0.958	0.9960	1.005	1.300	441.72
86052DC0460016	HealthyBlue HMO Platinum 500	HMO	Platinum	On	Open Access	431.00	0.887	0.958	1.0600	1.005	1.300	507.29
86052DC0460018	HealthyBlue HMO HSA/HRA Silver 2000	HMO	Silver	On	Open Access	431.00	0.686	0.958	0.9500	1.005	1.300	351.61
86052DC0460019	BlueChoice HMO HSA/HRA Silver 3000	HMO	Silver	On	Open Access	431.00	0.627	0.958	0.9500	1.005	1.300	321.42
86052DC0460020	BlueChoice HMO Silver 1000	HMO	Silver	On	Open Access	431.00	0.679	0.958	0.9500	1.005	1.300	348.20
86052DC0460021	BlueChoice HMO HSA/HRA Gold 1500	HMO	Gold	On	Open Access	431.00	0.745	0.958	0.9960	1.005	1.300	400.36
86052DC04800021	BlueChoice HMO Referral Platinum 0	HMO	Platinum	On	Lock In / Referral	431.00	0.922	0.912	1.0600	1.005	1.300	502.25
86052DC0480007	BlueChoice HMO Referral Gold 500	HMO	Gold	On	Lock In / Referral	431.00	0.808	0.912	0.9960	1.005	1.300	413.82
86052DC0480008	BlueChoice HMO Referral Bronze 5750	HMO	Bronze	On	Lock In / Referral	431.00	0.540	0.912	0.9220	1.005	1.300	256.06
86052DC0480009	BlueChoice HMO Referral Gold 0	HMO	Gold	On	Lock In / Referral	431.00	0.868	0.912	0.9220	1.005	1.300	444.47
86052DC0480010	BlueChoice HMO Referral Gold 80	HMO	Gold	On	Lock In / Referral	431.00	0.774	0.912	0.9960	1.005	1.300	396.29
86052DC0480011	BlueChoice HMO Referral Silver 70	HMO	Silver	On	Lock In / Referral	431.00	0.637	0.912	0.9500	1.005	1.300	310.83
					,					1.005		325.25
86052DC0480014	BlueChoice HMO Referral Silver 4000	HMO	Silver	On	Lock In / Referral	431.00	0.666	0.912	0.9500		1.300	
86052DC0500009	BlueChoice Plus HSA/HRA Silver 1500	POS	Silver	On	Open Access Plus	431.00	0.697	0.983	0.9500	1.005	1.300	366.76
86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000	POS	Silver	On	Open Access Plus	431.00	0.631	0.983	0.9500	1.005	1.300	332.30
86052DC0500011	HealthyBlue Plus Gold 1500	POS	Gold	On	Open Access Plus	431.00	0.823	0.983	0.9960	1.005	1.300	454.14
86052DC0500012	HealthyBlue Plus Platinum 500	POS	Platinum	On	Open Access Plus	431.00	0.888	0.983	1.0600	1.005	1.300	521.43
86052DC0500014	HealthyBlue Plus HSA/HRA Silver 2000	POS	Silver	On	Open Access Plus	431.00	0.690	0.983	0.9500	1.005	1.300	362.86
86052DC0500015	BlueChoice Plus Gold 1000	POS	Gold	On	Open Access Plus	431.00	0.789	0.983	0.9960	1.005	1.300	435.21
86052DC0500016	BlueChoice Plus Gold 500	POS	Gold	On	Open Access Plus	431.00	0.814	0.983	0.9960	1.005	1.300	449.03
86052DC0500017	BlueChoice Plus HSA/HRA Bronze 6000	POS	Bronze	On	Open Access Plus	431.00	0.537	0.983	0.9220	1.005	1.300	274.44
86052DC0580001	BlueChoice Plus Opt-Out Platinum 0	НМО	Platinum	On	Open Access Opt-Out	431.00	0.923	0.970	1.0600	1.005	1.300	534.89
86052DC0460022	BlueChoice HMO HSA/HRA Silver 2500	НМО	Silver	On	Open Access	431.00	0.651	0.958	0.9500	1.005	1.300	333.86
86052DC0440024	BlueChoice Advantage HSA/HRA Silver 2500	POS	Silver	On	Open Access Advantage	431.00	0.669	1.071	0.9500	1.005	1.300	383.47
86052DC0500018	BlueChoice Plus HSA/HRA Silver 2500	POS	Silver	On	Open Access Plus	431.00	0.655	0.983	0.9500	1.005	1.300	344.77
86052DC0460024	BlueChoice HMO Gold 3000	НМО	Gold	On	Open Access	431.00	0.725	0.958	0.9960	1.005	1.300	389.80
86052DC0440026	BlueChoice Advantage Gold 3000	POS	Gold	On	Open Access Advantage	431.00	0.736	1.071	0.9960	1.005	1.300	442.69
86052DC0460023	BlueChoice HMO Silver 5000	НМО	Silver	On	Open Access	431.00	0.667	0.958	0.9500	1.005	1.300	342.17
86052DC0440025	BlueChoice Advantage Silver 5000	POS	Silver	On	Open Access Advantage	431.00	0.682	1.071	0.9500	1.005	1.300	391.29

Exhibit 12 - AV Values

HIOS Plan ID	HIOS Plan Name	HHS AV
86052DC0440010	BlueChoice Advantage Gold 1000	0.816
86052DC0440011	BlueChoice Advantage Gold 500	0.815
86052DC0440012	BlueChoice Advantage Platinum 0	0.916
36052DC0440013	BlueChoice Advantage HSA/HRA Silver 1500	0.717
86052DC0440014	HealthyBlue Advantage Gold 1500	0.820
36052DC0440015	HealthyBlue Advantage Platinum 500	0.908
86052DC0440017	HealthyBlue Advantage HSA/HRA Silver 2000	0.712
86052DC0440018	BlueChoice Advantage HSA/HRA Bronze 6000	0.618
86052DC0440019	BlueChoice Advantage HSA/HRA Silver 3000	0.699
86052DC0440020	BlueChoice Advantage Bronze 5750	0.650
86052DC0440021	BlueChoice Advantage HSA/HRA Gold 1500	0.793
86052DC0440022	BlueChoice Advantage Silver 4000	0.718
36052DC0440023	BlueChoice Advantage Silver 1500 BlueFund HSA	0.720
86052DC0460009	BlueChoice HMO Gold 1500	0.818
86052DC0460010	BlueChoice HMO Gold 500	0.815
86052DC0460011	BlueChoice HMO Platinum 0	0.916
86052DC0460012	BlueChoice HMO HSA/HRA Silver 1500	0.717
86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000	0.708
86052DC0460014	BlueChoice HMO HSA/HRA Bronze 6000	0.618
86052DC0460015	HealthyBlue HMO Gold 1500	0.820
86052DC0460016	HealthyBlue HMO Platinum 500	0.908
86052DC0460018	HealthyBlue HMO HSA/HRA Silver 2000	0.712
86052DC0460019	BlueChoice HMO HSA/HRA Silver 3000	0.699
86052DC0460020	BlueChoice HMO Silver 1000	0.720
86052DC0460021	BlueChoice HMO HSA/HRA Gold 1500	0.793
36052DC0480007	BlueChoice HMO Referral Platinum 0	0.916
86052DC0480008	BlueChoice HMO Referral Gold 500	0.815
86052DC0480009	BlueChoice HMO Referral Bronze 5750	0.650
86052DC0480010	BlueChoice HMO Referral Gold 0	0.812
86052DC0480011	BlueChoice HMO Referral Gold 80	0.819
86052DC0480013	BlueChoice HMO Referral Silver 70	0.719
86052DC0480014	BlueChoice HMO Referral Silver 4000	0.718
86052DC0500009	BlueChoice Plus HSA/HRA Silver 1500	0.717
86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000	0.699
86052DC0500011	HealthyBlue Plus Gold 1500	0.820
36052DC0500012	HealthyBlue Plus Platinum 500	0.908
36052DC0500014	HealthyBlue Plus HSA/HRA Silver 2000	0.712
86052DC0500015	BlueChoice Plus Gold 1000	0.816
86052DC0500016	BlueChoice Plus Gold 500	0.815
36052DC0500017	BlueChoice Plus HSA/HRA Bronze 6000	0.618
36052DC0580001	BlueChoice Plus Opt-Out Platinum 0	0.916
86052DC0460022	BlueChoice HMO HSA/HRA Silver 2500	0.697
86052DC0440024	BlueChoice Advantage HSA/HRA Silver 2500	0.697
86052DC0500018	BlueChoice Plus HSA/HRA Silver 2500	0.697
86052DC0460023	BlueChoice HMO Silver 5000	0.716
86052DC0440025	BlueChoice Advantage Silver 5000	0.716
86052DC0460024	BlueChoice HMO Gold 3000	0.763
86052DC0440026	BlueChoice Advantage Gold 3000	0.763

Exhibit 13 - Age Calibration

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

(3)/(2)

	Premium Rate Demonstration				
	HIOS Plan Name	BlueChoice Advantage Gold 1000			
(5	Plan Adjusted Index Rate	\$478.61			
(6	Calibration	0.981	(4)		
(7	Calibrated Rate	\$469.63	(5)*(6)		
(8	Age 40 Factor/Rounded Avg Age Factor = (0.975/1.013)	0.962			
(9	Age 40 Premium Rate	\$452.02	(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
40	1.013
42	1.013
42	
-	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

	Projected Member	r	
CDH/Non-CDH	Months	Relative to HSA/HRA	Relative to Average
HSA/HRA	118,350	1.000	1.000
Non-CDH	353,511	1.000	1.000
	471,861	1.000	
	Projected Member	r	
Metal Level	Months	Relative to Bronze	Relative to Average
Catastrophic	6,161	1.000	0.922
Bronze	34,553	1.000	0.922
Silver	107,383	1.030	0.950
Gold	168,668	1.080	0.996
Platinum	155,096	1.150	1.060
Total	471,861	1.085	
Factors are applied a	مغمر مسغوريناه مرامير المرام م		

Factors are applied as plan level adjustments

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 costsharing.

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
Total	471,861	1.097	

Factors are applied as plan level adjustments

Appendix - Experience Period to Rating Period Plan Mappings

		Exp. Period			Current Period		Rating Period
2016 Base HIOS Plan II	2016 HIOS Plan Name	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
6052DC0440010	BlueChoice Advantage Gold 1000	86052DC0440010	BlueChoice Advantage Gold 1000	86052DC0440010	BlueChoice Advantage Gold 1000	86052DC0440010	BlueChoice Advantage Gold 1000
6052DC0440011	BlueChoice Advantage Gold 500	86052DC0440011	BlueChoice Advantage Gold 500	86052DC0440011	BlueChoice Advantage Gold 500	86052DC0440011	BlueChoice Advantage Gold 500
6052DC0440012	BlueChoice Advantage Platinum 0	86052DC0440012	BlueChoice Advantage Platinum 0	86052DC0440012	BlueChoice Advantage Platinum 0	86052DC0440012	BlueChoice Advantage Platinum 0
6052DC0440013	BlueChoice Advantage HSA/HRA Silver 1500	86052DC0440013	BlueChoice Advantage HSA/HRA Silver 1500	86052DC0440013	BlueChoice Advantage HSA/HRA Silver 1500	86052DC0440013	BlueChoice Advantage HSA/HRA Silver 1500
6052DC0440014	HealthyBlue Advantage Gold 1500	86052DC0440014	HealthyBlue Advantage Gold 1500	86052DC0440014	HealthyBlue Advantage Gold 1500	86052DC0440014	HealthyBlue Advantage Gold 1500
6052DC0440015	HealthyBlue Advantage Platinum 500	86052DC0440015	HealthyBlue Advantage Platinum 500	86052DC0440015	HealthyBlue Advantage Platinum 500	86052DC0440015	HealthyBlue Advantage Platinum 500
5052DC0440016	HealthyBlue Advantage Platinum 1000	86052DC0440016	HealthyBlue Advantage Platinum 1000	86052DC0440016	HealthyBlue Advantage Platinum 1000	86052DC0440015	HealthyBlue Advantage Platinum 500
5052DC0440017	HealthyBlue Advantage HSA/HRA Silver 2000	86052DC0440017	HealthyBlue Advantage HSA/HRA Silver 2000	86052DC0440017	HealthyBlue Advantage HSA/HRA Silver 2000	86052DC0440017	HealthyBlue Advantage HSA/HRA Silver 2000
052DC0440018	BlueChoice Advantage HSA/HRA Bronze 5000	86052DC0440018	BlueChoice Advantage HSA/HRA Bronze 6500	86052DC0440018	BlueChoice Advantage HSA/HRA Bronze 6000	86052DC0440018	BlueChoice Advantage HSA/HRA Bronze 6000
6052DC0440019	BlueChoice Advantage HSA/HRA Silver 3000	86052DC0440019	BlueChoice Advantage HSA/HRA Silver 3000	86052DC0440019	BlueChoice Advantage HSA/HRA Silver 3000	86052DC0440019	BlueChoice Advantage HSA/HRA Silver 3000
052DC0460009	BlueChoice HMO Gold 1500	86052DC0460009	BlueChoice HMO Gold 1500	86052DC0460009	BlueChoice HMO Gold 1500	86052DC0460009	BlueChoice HMO Gold 1500
5052DC0460010	BlueChoice HMO Gold 500	86052DC0460010	BlueChoice HMO Gold 500	86052DC0460010	BlueChoice HMO Gold 500	86052DC0460010	BlueChoice HMO Gold 500
052DC0460011	BlueChoice HMO Platinum 0	86052DC0460011	BlueChoice HMO Platinum 0	86052DC0460011	BlueChoice HMO Platinum 0	86052DC0460011	BlueChoice HMO Platinum 0
052DC0460012	BlueChoice HMO HSA/HRA Silver 1500	86052DC0460012	BlueChoice HMO HSA/HRA Silver 1500	86052DC0460012	BlueChoice HMO HSA/HRA Silver 1500	86052DC0460012	BlueChoice HMO HSA/HRA Silver 1500
052DC0460013	BlueChoice HMO HSA/HRA Silver 2000	86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000	86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000	86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000
052DC0460014	BlueChoice HMO HSA/HRA Bronze 5000	86052DC0460014	BlueChoice HMO HSA/HRA Bronze 6500	86052DC0460014	BlueChoice HMO HSA/HRA Bronze 6000	86052DC0460014	BlueChoice HMO HSA/HRA Bronze 6000
052DC0460015	HealthyBlue HMO Gold 1500	86052DC0460015	HealthyBlue HMO Gold 1500	86052DC0460015	HealthyBlue HMO Gold 1500	86052DC0460015	HealthyBlue HMO Gold 1500
052DC0460016	HealthyBlue HMO Platinum 500	86052DC0460016	HealthyBlue HMO Platinum 500	86052DC0460016	HealthyBlue HMO Platinum 500	86052DC0460016	HealthyBlue HMO Platinum 500
052DC0460017	HealthyBlue HMO Platinum 1000	86052DC0460017	HealthyBlue HMO Platinum 1000	86052DC0460017	HealthyBlue HMO Platinum 1000	86052DC0460016	HealthyBlue HMO Platinum 500
5052DC0460018	HealthyBlue HMO HSA/HRA Silver 2000	86052DC0460018	HealthyBlue HMO HSA/HRA Silver 2000	86052DC0460018	HealthyBlue HMO HSA/HRA Silver 2000	86052DC0460018	HealthyBlue HMO HSA/HRA Silver 2000
052DC0460019	BlueChoice HMO HSA/HRA Silver 3000	86052DC0460019	BlueChoice HMO HSA/HRA Silver 3000	86052DC0460019	BlueChoice HMO HSA/HRA Silver 3000	86052DC0460019	BlueChoice HMO HSA/HRA Silver 3000
052DC0460020	BlueChoice HMO Silver 1000	86052DC0460020	BlueChoice HMO Silver 1000	86052DC0460020	BlueChoice HMO Silver 1000	86052DC0460020	BlueChoice HMO Silver 1000
052DC0480007	BlueChoice HMO Referral Platinum 0	86052DC0480007	BlueChoice HMO Referral Platinum 0	86052DC0480007	BlueChoice HMO Referral Platinum 0	86052DC0480007	BlueChoice HMO Referral Platinum 0
052DC0480008	BlueChoice HMO Referral Gold 500	86052DC0480008	BlueChoice HMO Referral Gold 500	86052DC0480008	BlueChoice HMO Referral Gold 500	86052DC0480008	BlueChoice HMO Referral Gold 500
052DC0480009	BlueChoice HMO Referral Bronze 5500	86052DC0480009	BlueChoice HMO Referral Bronze 5500	86052DC0480009	BlueChoice HMO Referral Bronze 5750	86052DC0480009	BlueChoice HMO Referral Bronze 5750
052DC0480010	BlueChoice HMO Referral Gold 0	86052DC0480010	BlueChoice HMO Referral Gold 0	86052DC0480010	BlueChoice HMO Referral Gold 0	86052DC0480010	BlueChoice HMO Referral Gold 0
052DC0480011	BlueChoice HMO Referral Gold 80	86052DC0480011	BlueChoice HMO Referral Gold 80	86052DC0480011	BlueChoice HMO Referral Gold 80	86052DC0480011	BlueChoice HMO Referral Gold 80
052DC0480012	BlueChoice HMO Referral Platinum 1000	86052DC0480012	BlueChoice HMO Referral Platinum 1000	86052DC0480012	BlueChoice HMO Referral Platinum 1000	86052DC0480007	BlueChoice HMO Referral Platinum 0
052DC0480013	BlueChoice HMO Referral Silver 70	86052DC0480013	BlueChoice HMO Referral Silver 70	86052DC0480013	BlueChoice HMO Referral Silver 70	86052DC0480013	BlueChoice HMO Referral Silver 70
052DC0500009	BlueChoice Plus HSA/HRA Silver 1500	86052DC0500009	BlueChoice Plus HSA/HRA Silver 1500	86052DC0500009	BlueChoice Plus HSA/HRA Silver 1500	86052DC0500009	BlueChoice Plus HSA/HRA Silver 1500
052DC0500010	BlueChoice Plus HSA/HRA Silver 3000	86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000	86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000	86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000
052DC0500010	HealthyBlue Plus Gold 1500	86052DC0500011	HealthyBlue Plus Gold 1500	86052DC0500011	HealthyBlue Plus Gold 1500	86052DC0500011	HealthyBlue Plus Gold 1500
052DC0500012	HealthyBlue Plus Platinum 500	86052DC0500012	HealthyBlue Plus Platinum 500	86052DC0500012	HealthyBlue Plus Platinum 500	86052DC0500012	HealthyBlue Plus Platinum 500
052DC0500012	HealthyBlue Plus Platinum 1000	86052DC0500013	HealthyBlue Plus Platinum 1000	86052DC0500013	HealthyBlue Plus Platinum 1000	86052DC0500012	HealthyBlue Plus Platinum 500
052DC0500013	HealthyBlue Plus HSA/HRA Silver 2000	86052DC0500013	HealthyBlue Plus HSA/HRA Silver 2000	86052DC0500013	HealthyBlue Plus HSA/HRA Silver 2000	86052DC0500012	HealthyBlue Plus HSA/HRA Silver 2000
052DC0500014	BlueChoice Plus Gold 1000	86052DC0500015	BlueChoice Plus Gold 1000	86052DC0500015	BlueChoice Plus Gold 1000	86052DC0500015	BlueChoice Plus Gold 1000
052DC0500015	BlueChoice Plus Gold 500	86052DC0500016	BlueChoice Plus Gold 500	86052DC0500016	BlueChoice Plus Gold 500	86052DC0500016	BlueChoice Plus Gold 500
052DC0500017	BlueChoice Plus HSA/HRA Bronze 5000	86052DC0500017	BlueChoice Plus HSA/HRA Bronze 6500	86052DC0500017	BlueChoice Plus HSA/HRA Bronze 6000	86052DC0500017	BlueChoice Plus HSA/HRA Bronze 6000
052DC05800017	BlueChoice Plus Opt-Out Platinum 0	86052DC05800017	BlueChoice Plus Opt-Out Platinum 0	86052DC0580001	BlueChoice Plus Opt-Out Platinum 0	86052DC05800017	BlueChoice Plus Opt-Out Platinum 0
03250030001	Bidechoice has ope oder latinam o	86052DC0440020	BlueChoice Advantage Bronze 5500	86052DC0440020	BlueChoice Advantage Bronze 5750	86052DC0440020	BlueChoice Advantage Bronze 5750
		86052DC0440020	BlueChoice Advantage HSA/HRA Gold 1500	86052DC0440021	BlueChoice Advantage HSA/HRA Gold 1500	86052DC0440020	BlueChoice Advantage Bronze 3730 BlueChoice Advantage HSA/HRA Gold 1500
		86052DC0440021	BlueChoice Advantage Silver 4000	86052DC0440021	BlueChoice Advantage Silver 4000	86052DC0440021	BlueChoice Advantage Silver 4000
		86052DC0440022	BlueChoice Advantage Silver 1500 BlueFund HSA	86052DC0440022	BlueChoice Advantage Silver 1500 BlueFund HSA	86052DC0440023	BlueChoice Advantage Silver 1500 BlueFund HSA
		86052DC0440023 86052DC0460021	BlueChoice HMO HSA/HRA Gold 1500	86052DC0440023 86052DC0460021	BlueChoice HMO HSA/HRA Gold 1500	86052DC0440023 86052DC0460021	BlueChoice HMO HSA/HRA Gold 1500
		86052DC0460021 86052DC0480014	BlueChoice HMO Referral Silver 4000	86052DC0460021 86052DC0480014	BlueChoice HMO Referral Silver 4000	86052DC0460021 86052DC0480014	BlueChoice HMO Referral Silver 4000
		00052000480014	Bidechoice HIVIO Referral Silver 4000				
				86052DC0460022	BlueChoice HMO HSA/HRA Silver 2500	86052DC0460022	BlueChoice HMO HSA/HRA Silver 2500
				86052DC0440024	BlueChoice Advantage HSA/HRA Silver 2500	86052DC0440024	BlueChoice Advantage HSA/HRA Silver 2500
				86052DC0500018	BlueChoice Plus HSA/HRA Silver 2500	86052DC0500018	BlueChoice Plus HSA/HRA Silver 2500
						86052DC0460024	BlueChoice HMO Gold 3000
						86052DC0440026	BlueChoice Advantage Gold 3000
						86052DC0460023	BlueChoice HMO Silver 5000
						86052DC0440025	BlueChoice Advantage Silver 5000

Appendix - Annual Rate Change Based on Mapping

Bronze Members/Avg Renewal	1,376	1,388	3.5%
Silver Members/Avg Renewal	7,849	7,917	3.8%
Gold Members/Avg Renewal	13,247	13,361	3.0%
Platinum Members/Avg Renewal	12,327	12,433	2.9%
All Members/Avg Renewal	34,799	35,099	3.2%
Minimum Renewal			-4.8%
Maximum Renewal			10.3%
	Silver Members/Avg Renewal Gold Members/Avg Renewal Platinum Members/Avg Renewal All Members/Avg Renewal Minimum Renewal	Silver Members/Avg Renewal 7,849	Silver Members/Avg Renewal 7,849 7,917 Gold Members/Avg Renewal 13,247 13,361 Platinum Members/Avg Renewal 12,327 12,433 All Members/Avg Renewal 34,799 35,099 Minimum Renewal

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	1Q2018 Base Rate	1Q2019 Base Rate	Annual Rate Change
86052DC0440010	BlueChoice Advantage Gold 1000	Gold	On	86052DC0440010	BlueChoice Advantage Gold 1000	Gold	On	1,566.00	1,580	\$450.36	\$463.61	2.9%
86052DC0440011	BlueChoice Advantage Gold 500	Gold	On	86052DC0440011	BlueChoice Advantage Gold 500	Gold	On	1,939.00	1,956	\$464.30	\$477.36	2.8%
86052DC0440012	BlueChoice Advantage Platinum 0	Platinum	On	86052DC0440012	BlueChoice Advantage Platinum 0	Platinum	On	2,281.00	2,301	\$561.54	\$573.30	2.1%
86052DC0440013	BlueChoice Advantage HSA/HRA Silver 1500	Silver	On	86052DC0440013	BlueChoice Advantage HSA/HRA Silver 1500	Silver	On	1,537.00	1,550	\$376.36	\$393.45	4.5%
86052DC0440014	HealthyBlue Advantage Gold 1500	Gold	On	86052DC0440014	HealthyBlue Advantage Gold 1500	Gold	On	2.442.00	2.463	\$465,47	\$482.30	3.6%
86052DC0440015	HealthyBlue Advantage Platinum 500	Platinum	On	86052DC0440015	HealthyBlue Advantage Platinum 500	Platinum	On	808.00	815	\$534.10	\$553.39	3.6%
86052DC0440016	HealthyBlue Advantage Platinum 1000	Platinum	On	86052DC0440015	HealthyBlue Advantage Platinum 500	Platinum	On	514.00	518	\$525.88	\$553.39	5.2%
86052DC0440017	HealthyBlue Advantage HSA/HRA Silver 2000	Silver	On	86052DC0440017	HealthyBlue Advantage HSA/HRA Silver 2000	Silver	On	858.00	865	\$368.57	\$390.10	5.8%
86052DC0440018	BlueChoice Advantage HSA/HRA Bronze 6000	Bronze	On	86052DC0440018	BlueChoice Advantage HSA/HRA Bronze 6000	Bronze	On	356.00	359	\$278.60	\$299.45	7.5%
86052DC0440019	BlueChoice Advantage HSA/HRA Silver 3000	Silver	On	86052DC0440019	BlueChoice Advantage HSA/HRA Silver 3000	Silver	On	246.00	248	\$337.95	\$359.37	6.3%
86052DC0440020	BlueChoice Advantage Bronze 5750	Bronze	On	86052DC0440020	BlueChoice Advantage Bronze 5750	Bronze	On	60.00	61	\$308.29	\$306.97	-0.4%
86052DC0440021	BlueChoice Advantage HSA/HRA Gold 1500	Gold	On	86052DC0440021	BlueChoice Advantage HSA/HRA Gold 1500	Gold	On	645.00	651	\$421.92	\$442.63	4.9%
86052DC0440022	BlueChoice Advantage Silver 4000	Silver	On	86052DC0440022	BlueChoice Advantage Silver 4000	Silver	On	106.00	107	\$381.85	\$381.58	-0.1%
86052DC0440023	BlueChoice Advantage Silver 1500 BlueFund HSA	Silver	On	86052DC0440023	BlueChoice Advantage Silver 1500 BlueFund HSA	Silver	On	747.00	753	\$376.72	\$393.85	4.5%
86052DC0460009	BlueChoice HMO Gold 1500	Gold	On	86052DC0460009	BlueChoice HMO Gold 1500	Gold	On	472.00	476	\$392.41	\$402.49	2.6%
86052DC0460010	BlueChoice HMO Gold 500	Gold	On	86052DC0460010	BlueChoice HMO Gold 500	Gold	On	1.074.00	1.083	\$411.81	\$422.92	2.7%
86052DC0460011	BlueChoice HMO Platinum 0	Platinum	On	86052DC0460011	BlueChoice HMO Platinum 0	Platinum	On	1,462.00	1.475	\$498.05	\$511.57	2.7%
86052DC0460012	BlueChoice HMO HSA/HRA Silver 1500	Silver	On	86052DC0460012	BlueChoice HMO HSA/HRA Silver 1500	Silver	On	660.00	666	\$333.80	\$344.48	3.2%
86052DC0460012	BlueChoice HMO HSA/HRA Silver 2000	Silver	On	86052DC0460012	BlueChoice HMO HSA/HRA Silver 2000	Silver	On	547.00	552	\$318.70	\$330.11	3.6%
86052DC0460014	BlueChoice HMO HSA/HRA Bronze 6000	Bronze	On	86052DC0460014	BlueChoice HMO HSA/HRA Bronze 6000	Bronze	On	496.00	500	\$247.10	\$256.38	3.8%
86052DC0460015	HealthyBlue HMO Gold 1500	Gold	On	86052DC0460015	HealthyBlue HMO Gold 1500	Gold	On	685.00	691	\$412.84	\$427.88	3.6%
86052DC0460016	HealthyBlue HMO Platinum 500	Platinum	On	86052DC0460016	HealthyBlue HMO Platinum 500	Platinum	On	280.00	282	\$473.71	\$491.39	3.7%
86052DC0460017	HealthyBlue HMO Platinum 1000	Platinum	On	86052DC0460016	HealthyBlue HMO Platinum 500	Platinum	On	94.00	95	\$466.42	\$491.39	5.4%
86052DC0460017	HealthyBlue HMO HSA/HRA Silver 2000	Silver	On	86052DC0460018	HealthyBlue HMO HSA/HRA Silver 2000	Silver	On	495.00	499	\$326.89	\$340.59	4.2%
86052DC0460019	BlueChoice HMO HSA/HRA Silver 3000	Silver	On	86052DC0460019	BlueChoice HMO HSA/HRA Silver 3000	Silver	On	160.00	161	\$299.74	\$311.34	3.9%
86052DC0460020	BlueChoice HMO Silver 1000	Silver	On	86052DC0460020	BlueChoice HMO Silver 1000	Silver	On	421.00	425	\$341.93	\$337.28	-1.4%
86052DC0460021	BlueChoice HMO HSA/HRA Gold 1500	Gold	On	86052DC0460021	BlueChoice HMO HSA/HRA Gold 1500	Gold	On	189.00	191	\$374.21	\$387.81	3.6%
86052DC04800021	BlueChoice HMO Referral Platinum 0	Platinum	On	86052DC0480007	BlueChoice HMO Referral Platinum 0	Platinum	On	1,647.00	1,661	\$474.63	\$486.51	2.5%
86052DC0480007	BlueChoice HMO Referral Gold 500	Gold	On	86052DC0480007	BlueChoice HMO Referral Gold 500	Gold	On	991.00	1.000	\$392.44	\$400.85	2.1%
86052DC0480008	BlueChoice HMO Referral Bronze 5750	Bronze	On	86052DC0480008	BlueChoice HMO Referral Bronze 5750	Bronze	On	195.00	1,000	\$260.58	\$248.03	-4.8%
86052DC0480009	BlueChoice HMO Referral Gold 0	Gold	On	86052DC0480010	BlueChoice HMO Referral Brotize 5750	Gold	On	725.00	731	\$420.33	\$430.54	2.4%
86052DC0480010	BlueChoice HMO Referral Gold 80	Gold	On	86052DC0480010	BlueChoice HMO Referral Gold 80	Gold	On	245.00	247	\$377.39	\$383.87	1.7%
		Platinum				Platinum	On		72			10.3%
86052DC0480012	BlueChoice HMO Referral Platinum 1000		On	86052DC0480007	BlueChoice HMO Referral Platinum 0			71.00		\$441.09 \$304.18	\$486.51	-1.0%
86052DC0480013	BlueChoice HMO Referral Silver 70	Silver	On On	86052DC0480013	BlueChoice HMO Referral Silver 70	Silver	On On	114.00 51.00	115 51	\$304.18 \$322.75	\$301.09	-1.0%
86052DC0480014	BlueChoice HMO Referral Silver 4000			86052DC0480014	BlueChoice HMO Referral Silver 4000	Silver	•		1.003	\$322.75	\$315.05 \$355.26	-2.4%
86052DC0500009	BlueChoice Plus HSA/HRA Silver 1500	Silver	On	86052DC0500009	BlueChoice Plus HSA/HRA Silver 1500	Silver	On	994.00				
86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000	Silver	On	86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000	Silver	On	241.00	243	\$308.82	\$321.89	4.2%
86052DC0500011	HealthyBlue Plus Gold 1500	Gold	On	86052DC0500011	HealthyBlue Plus Gold 1500	Gold Platinum	On On	904.00	912	\$425.35 \$488.06	\$439.91	3.4%
86052DC0500012	HealthyBlue Plus Platinum 500	Platinum	On	86052DC0500012	HealthyBlue Plus Platinum 500			1,284.00	1,295		\$505.09	3.5%
86052DC0500013	HealthyBlue Plus Platinum 1000	Platinum	On	86052DC0500012	HealthyBlue Plus Platinum 500	Platinum	On	180.00	182	\$480.56	\$505.09	5.1%
86052DC0500014	HealthyBlue Plus HSA/HRA Silver 2000	Silver	On	86052DC0500014	HealthyBlue Plus HSA/HRA Silver 2000	Silver	On	620.00	625	\$336.80	\$351.49	4.4%
86052DC0500015	BlueChoice Plus Gold 1000	Gold	On	86052DC0500015	BlueChoice Plus Gold 1000	Gold	On	485.00	489	\$411.54	\$421.57	2.4%
86052DC0500016	BlueChoice Plus Gold 500	Gold	On	86052DC0500016	BlueChoice Plus Gold 500	Gold	On	885.00	893	\$424.28	\$434.95	2.5%
86052DC0500017	BlueChoice Plus HSA/HRA Bronze 6000	Bronze	On	86052DC0500017	BlueChoice Plus HSA/HRA Bronze 6000	Bronze	On	269.00	271	\$254.58	\$265.84	4.4%
86052DC0580001	BlueChoice Plus Opt-Out Platinum 0	Platinum	On	86052DC0580001	BlueChoice Plus Opt-Out Platinum 0	Platinum	On	3,706.00	3,738	\$505.33	\$518.12	2.5%
86052DC0460022	BlueChoice HMO HSA/HRA Silver 2500	Silver	On	86052DC0460022	BlueChoice HMO HSA/HRA Silver 2500	Silver	On	36.00	36	\$312.33	\$323.40	3.5%
86052DC0440024	BlueChoice Advantage HSA/HRA Silver 2500	Silver	On	86052DC0440024	BlueChoice Advantage HSA/HRA Silver 2500	Silver	On	4.00	4	\$352.14	\$371.45	5.5%
86052DC0500018	BlueChoice Plus HSA/HRA Silver 2500	Silver	On	86052DC0500018	BlueChoice Plus HSA/HRA Silver 2500	Silver	On	12.00	12	\$321.79	\$333.97	3.8%

Appendix - Quarterly Rate Change Adjustment Factors

	(1)	(2)	(3) = (1 + (1))*(1 + (2)) -1
Quarter	Market Adj. Index Rate	Admin Load Factor	Plan Adjusted Index Rates
2Q19	2.0%	0.8%	2.8%
3Q19	2.0%	0.4%	2.4%
4Q19	2.0%	0.7%	2.7%

The changes above are relative to the preceding quarter and no other changes factor into the 2Q, 3Q and 4Q rates.

Appendix - Maximum Rate Renewal

	2018	2019	% Change
Base Rate	\$441.09	\$486.51	10.3%
Age Factor	0.654	0.727	11.2%
Geographic Factor	1.000	1.000	0.0%
Tobacco Factor	1.000	1.000	0.0%
Total	\$288.47	\$353.69	22.6%

	BlueChoice HMO	BlueChoice HMO
	Referral Platinum	Referral Platinum
Base Rate/Product(s)	1000	0
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

Form Numbers Associated With This Filing:

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

The SERFF Tracking # for the corresponding form filing On Exchange is as follows: CFBC-131477365

ON-Exchange

Forms Used for ALL ON-Exchange BlueChoice Group Products

DC-CFBC-SHOP-GC (R 1/19)
DC/CFBC/DOL APPEAL (R. 1/17)
DC/CFBC/SHOP/ELIG (1/14)
DC/CFBC/FAM PLAN (8/12)
DC/CFBC/PARTNER (R. 7/09)
DC/CFBC/PARTNER (R. 7/09)
DC/CFBC/SG/INCENT (R. 1/19)
DC CFBC SHOP ELIG AMEND (1/17)
DC/CFBC/SHOP/2019 AMEND (1/19)
DC/CFBC/SG/CCHRADM (1/19)

Product: BlueChoice HMO and BlueChoice HMO Open Access Network: Lock In / Referral (HMO), Open Access (HMO Open Access)

DC/CFBC/SHOP/HMO POS/EOC (1/17) DC CFBC SHOP HMO DOCS (1-17) DC/CFBC/BLCRD (R. 6/18) DC/CFBC/MEM/BLCRD (R. 6/18) DC CFBC SG HMO OA CDH BRZ 6000 (1-19) DC CFBC SG HMO OA CDH GOLD 1500 (1-19) DC CFBC SG HMO OA CDH SIL 1500 (1-19) DC CFBC SG HMO OA CDH SIL 2000 (1-19) DC CFBC SG HMO OA CDH SIL 2500 (1-19) DC CFBC SG HMO OA CDH SIL 3000 (1-19) DC CFBC SG HMO OA GOLD 500 (1-19) DC CFBC SG HMO OA GOLD 1500 (1-19) DC CFBC SG HMO OA GOLD 3000 (1-19) DC CFBC SG HMO OA PLAT 0 (1-19) DC CFBC SG HMO OA SIL 1000 (1-19) DC CFBC SG HMO OA SIL 5000 (1-19) DC CFBC SG HMO REF BRZ 5750 (1-19) DC CFBC SG HMO REF GOLD 0 (1-19) DC CFBC SG HMO REF GOLD 80 (1-19) DC CFBC SG HMO REF GOLD 500 (1-19)

DC CFBC SG HMO REF PLAT 0 (1-19) DC CFBC SG HMO REF SIL 70 (1-19) DC CFBC SG HMO REF SIL 4000 (1-19)

Forms Used for ALL ON-Exchange BlueChoice Group Products--Out-of-Network Forms for Point of Service Plans (GHMSI)

DC-CF-SHOP-GC (R 1-19)
DC-CF-SHOP-POS-OON-EOC (1-17)
DC/GHMSI/DOL APPEAL (R. 1/17)
DC-CF-SHOP-POS OON-DOCS (1-17)
DC/GHMSI/FAM PLAN (8/12)
DC/CF/PARTNER (R. 7/09)
DC/CF/BLCRD (R. 6/18)
DC/CF/MEM/BLCRD (R. 6/18)
DC/CF/ANCILLARY AMEND (10/12)
DC/CFBC/SHOP/2019 AMEND (1/19)
DC/CF/PT PROTECT (9/10)
DC/GHMSI-HEALTH GUARANTEE 6/18

Product: HealthyBlue HMO Network: Open Access

DC/CFBC/SHOP/HMO POS/EOC (1/17)
DC CFBC SHOP HMO DOCS (1-17)
DC/CFBC/BLCRD (R. 6/18)
DC/CFBC/MEM/BLCRD (R. 6/18)
DC CFBC SG HB HMO CDH SIL 2000 (1-19)
DC CFBC SG HB HMO GOLD 1500 (1-19)
DC CFBC SG HB HMO PLAT 500 (1-19)

Product: BlueChoice Plus Network: Open Access

DC/CFBC/SHOP/HMO POS/EOC (1/17)
DC CFBC SHOP BC+OOOA DOCS (1-17)
DC/CFBC/BLCRD (R. 6/18)
DC/CFBC/MEM/BLCRD (R. 6/18)
DC CFBC SG BC+ OO PLAT 0 (1-19)

Product: BlueChoice Advantage In-Network

DC/CFBC/SHOP/HMO POS/EOC (1/17) DC CFBC SHOP ADV IN DOCS (1-17) DC/CFBC/ADV/BLCRD (R. 6/18) DC/CFBC/ADV/MEM/BLCRD (R. 6/18) DC/CFBC/ANCILLARY AMEND (10/12) DC CFBC SG BC ADV IN BF HSA SIL 1500 (1-19) DC CFBC SG POS IN BRZ 5750 (1-19) DC CFBC SG POS IN CDH BRZ 6000 (1-19) DC CFBC SG POS IN CDH GOLD 1500 (1-19) DC CFBC SG POS IN CDH SIL 1500 (1-19) DC CFBC SG POS IN CDH SIL 2500 (1-19) DC CFBC SG POS IN CDH SIL 3000 (1-19) DC CFBC SG POS IN GOLD 500 (1-19) DC CFBC SG POS IN GOLD 1000 (1-19) DC CFBC SG POS IN GOLD 3000 (1-19) DC CFBC SG POS IN PLAT 0 (1-19)

Product: BlueChoice Advantage Out-of-Network (GHMSI)

DC CF SG BC ADV OON BF HSA SIL 1500 (1-19)
DC CF SG POS OON BRZ 5750 (1-19)
DC CF SG POS OON CDH BRZ 6000 (1-19)
DC CF SG POS OON CDH GOLD 1500 (1-19)
DC CF SG POS OON CDH SIL 1500 (1-19)
DC CF SG POS OON CDH SIL 1500 (1-19)
DC CF SG POS OON CDH SIL 3000 (1-19)
DC CF SG POS OON CDH SIL 3000 (1-19)
DC CF SG POS OON GOLD 500 (1-19)
DC CF SG POS OON GOLD 1000 (1-19)
DC CF SG POS OON PLAT 0 (1-19)
DC CF SG POS OON SIL 4000 (1-19)
DC CF SG POS OON SIL 4000 (1-19)
DC CF SG POS OON SIL 5000 (1-19)

Product: BlueChoice Plus (All Other Plans) In-Network

DC CFBC SG POS IN SIL 4000 (1-19) DC CFBC SG POS IN SIL 5000 (1-19)

DC/CFBC/SHOP/HMO POS/EOC (1/17)
DC CFBC SHOP PLUS IN DOCS (1-17)
DC/CFBC/BLCRD (R. 6/18)
DC/CFBC/MEM/BLCRD (R. 6/18)
DC CFBC SG POS IN CDH BRZ 6000 (1-19)
DC CFBC SG POS IN CDH SIL 1500 (1-19)
DC CFBC SG POS IN CDH SIL 2500 (1-19)
DC CFBC SG POS IN CDH SIL 3000 (1-19)
DC CFBC SG POS IN GOLD 500 (1-19)

Product: BlueChoice Plus (All Other Plans) Out-of-Network (GHMSI)

DC CF SG POS OON CDH BRZ 6000 (1-19)
DC CF SG POS OON CDH SIL 1500 (1-19)
DC CF SG POS OON CDH SIL 2500 (1-19)
DC CF SG POS OON CDH SIL 3000 (1-19)
DC CF SG POS OON GOLD 500 (1-19)
DC CF SG POS OON GOLD 1000 (1-19)

Product: HealthyBlue Plus In-Network

DC/CFBC/SHOP/HMO POS/EOC (1/17)
DC CFBC SHOP PLUS IN DOCS (1-17)
DC/CFBC/BLCRD (R. 6/18)
DC/CFBC/MEM/BLCRD (R. 6/18)
DC CFBC SG POS IN CDH SIL 2000 (1-19)
DC CFBC SG POS IN GOLD 1500 (1-19)

DC CFBC SG POS IN GOLD 1000 (1-19)

Product: HealthyBlue Plus Out-of-Network (GHMSI)

DC CF SG POS OON CDH SIL 2000 (1-19)
DC CF SG POS OON GOLD 1500 (1-19)
DC CF SG POS OON PLAT 500 (1-19)

Product: HealthyBlue Advantage In-Network

DC CFBC SG POS IN PLAT 500 (1-19)

DC/CFBC/SHOP/HMO POS/EOC (1/17)
DC CFBC SHOP ADV IN DOCS (1-17)
DC/CFBC/ADV/BLCRD (R. 6/18)
DC/CFBC/ADV/BLCRD (R. 6/18)
DC/CFBC/ADV/MEM/BLCRD (R. 6/18)
DC/CFBC/ANCILLARY AMEND (10/12)
DC CFBC SG POS IN CDH SIL 2000 (1-19)
DC CFBC SG POS IN GOLD 1500 (1-19)
DC CFBC SG POS IN PLAT 500 (1-19)

Product: HealthyBlue Advantage Out-of-Network (GHMSI)

DC CF SG POS OON CDH SIL 2000 (1-19) DC CF SG POS OON GOLD 1500 (1-19) DC CF SG POS OON PLAT 500 (1-19)

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

		2019	2018	% Change
(4)		250.04	4 000.50	0.00/
(1)	Base Period Total Allowed	\$	\$ 328.63	9.2%
(2)	Base Period Non-EHB PMPM	\$	\$ 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%
		1.0038	1.000	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	24.0	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	1.055	1.090	-3.3%
(16)	Federal Exchange User Fee	1.000	1.000	0.0%
(10)	reactar Exchange Osci Tee	1.000	1.000	0.070
(17)	Market Adjusted Index Rate	\$ 431.00	\$ 392.81	9.7%
	Without Risk Adjustment	\$ 408.55	\$ 360.24	13.4%

2019 DC Small Group BlueChoice Plan Adjusted Index Rate Changes

						Market Ac	djusted Index	Rate	Ве	enefits			Network		Induc	ed Utilizat	ion	н	ISA Factor			Non-EHB			Admin		Age	e Calibratio	on	То	otal Change	
					D																											
			Metallic		December 2018 Projected																											
Index HIOS Plan ID	Plan Name	Type	Tier	On/Off	Members	2019	2018	Change	2019 2	018	Change	2019	2018	Change	2019	2018	Change	2019	2018	Change	2019	2018	Change	2019	2018	Change	2019	2018	Change	2019	2018	Change
1 86052DC0440010	BlueChoice Advantage Gold 1000	POS	Gold	On	1,580	\$431.00	\$392.81	9.72%		0.795	0.10%	1.071	1.079	-0.74%	0.996	1.002	-0.60%	1.000	1.000	0.00%	1.005	1.006	-0.02%	1.300	1.337	-2.77%	0.969	0.991	-2.28%	\$463.61	\$450.36	2.9%
2 86052DC0440011	BlueChoice Advantage Gold 500	POS	Gold	On	1,956	\$431.00	\$392.81	9.72%	0.820	0.820	-0.03%	1.071	1.079	-0.74%	0.996	1.002	-0.60%	1.000	1.000	0.00%	1.005	1.006	-0.02%	1.300	1.337	-2.77%	0.969	0.991	-2.28%	\$477.36	\$464.30	2.8%
3 86052DC0440012	BlueChoice Advantage Platinum 0	POS	Platinum	On	2,301	\$431.00	\$392.81	9.72%	0.925	0.931	-0.67%	1.071	1.079	-0.74%	1.060	1.067	-0.66%	1.000	1.000	0.00%	1.005	1.006	-0.02%	1.300	1.337	-2.77%	0.969	0.991	-2.28%	\$573.30	\$561.54	2.1%
4 86052DC0440013	BlueChoice Advantage HSA/HRA Silver 1500	POS	Silver	On	1,550	\$431.00	\$392.81	9.72%	0.708	0.697	1.69%	1.071	1.079	-0.74%	0.950	0.956	-0.63%	1.000	1.000	0.00%	1.005	1.006	-0.02%	1.300	1.337	-2.77%	0.969	0.991	-2.28%	\$393.45	\$376.36	4.5%
5 86052DC0440014	HealthyBlue Advantage Gold 1500	POS	Gold	On	2,463	\$431.00	\$392.81	9.72%	0.828	0.822	0.76%	1.071	1.079	-0.74%	0.996	1.002	-0.60%	1.000	1.000	0.00%	1.005	1.006	-0.02%	1.300	1.337	-2.77%	0.969	0.991	-2.28%	\$482.30	\$465.47	3.6%
6 86052DC0440015	HealthyBlue Advantage Platinum 500	POS	Platinum	On	815	\$431.00	\$392.81	9.72%		0.886	0.81%	1.071	1.079	-0.74%	1.060	1.067	-0.66%	1.000	1.000	0.00%	1.005	1.006	-0.02%	1.300	1.337	-2.77%	0.969	0.991	-2.28%	\$553.39	\$534.10	3.6%
7 86052DC0440016	HealthyBlue Advantage Platinum 1000	POS	Platinum	On	518	\$431.00	\$392.81	9.72%		0.872	2.39%	1.071	1.079	-0.74%	1.060	1.067	-0.66%	1.000	1.000	0.00%	1.005	1.006	-0.02%	1.300	1.337	-2.77%	0.969	0.991	-2.28%	\$553.39	\$525.88	5.2%
8 86052DC0440017	HealthyBlue Advantage HSA/HRA Silver 2000	POS	Silver	On	865	\$431.00	\$392.81	9.72%		0.682	2.95%	1.071	1.079	-0.74%	0.950	0.956	-0.63%	1.000	1.000	0.00%	1.005	1.006	-0.02%	1.300	1.337	-2.77%	0.969	0.991	-2.28%	\$390.10	\$368.57	5.8%
9 86052DC0440018	BlueChoice Advantage HSA/HRA Bronze 6000	POS	Bronze	On	359	\$431.00	\$392.81	9.72%		0.531	4.57%	1.071	1.079	-0.74%	0.922	0.928	-0.65%	1.000	1.000	0.00%	1.005	1.006	-0.02%	1.300	1.337	-2.77%	0.969	0.991	-2.28%	\$299.45	\$278.60	7.5%
10 86052DC0440019	BlueChoice Advantage HSA/HRA Silver 3000	POS	Silver	On On	248	\$431.00	\$392.81	9.72%		0.626	3.43%	1.071	1.079	-0.74% -0.74%	0.950	0.956	-0.63%	1.000	1.000	0.00%	1.005	1.006	-0.02%	1.300 1.300	1.337	-2.77%	0.969	0.991	-2.28%	\$359.37	\$337.95	6.3% -0.4%
11 86052DC0440020 12 86052DC0440021	BlueChoice Advantage Bronze 5750	POS POS	Bronze Gold	On	651	\$431.00 \$431.00	\$392.81 \$392.81	9.72% 9.72%		0.588	-3.13% 2.01%	1.071 1.071	1.079	-0.74%	0.922	0.928 1.002	-0.65% -0.60%	1.000 1.000	1.000	0.00%	1.005 1.005	1.006	-0.02% -0.02%	1.300	1.337	-2.77% -2.77%	0.969 0.969	0.991 0.991	-2.28% -2.28%	\$306.97 \$442.63	\$308.29 \$421.92	4.9%
13 86052DC0440021	BlueChoice Advantage HSA/HRA Gold 1500 BlueChoice Advantage Silver 4000	POS	Silver	On	107	\$431.00	\$392.81	9.72%		0.707	-2.80%	1.071	1.079	-0.74%	0.950	0.956	-0.63%	1.000	1.000	0.00%	1.005	1.006	-0.02%	1.300	1.337	-2.77%	0.969	0.991	-2.28%	\$381.58	\$381.85	-0.1%
14 86052DC0440023	BlueChoice Advantage Silver 1500 BlueFund HSA	POS	Silver	On	753	\$431.00	\$392.81	9.72%		0.697	1.69%	1.071	1.079	-0.74%	0.950	0.956	-0.63%	1.000	1.000	0.00%	1.005	1.006	-0.02%	1.300	1.337	-2.77%	0.969	0.991	-2.28%	\$393.85	\$376.72	4.5%
15 86052DC0460009	BlueChoice HMO Gold 1500	HMO	Gold	On	476	\$431.00	\$392.81	9.72%		0.781	-1.11%	0.958	0.957	0.10%	0.996	1.002	-0.60%	1.000	1.000	0.00%	1.005	1.006	-0.02%	1.300	1.337	-2.77%	0.969	0.991	-2.28%	\$402.49	\$392.41	2.6%
16 86052DC0460010	BlueChoice HMO Gold 500	HMO	Gold	On	1,083	\$431.00	\$392.81	9.72%		0.820	-0.98%	0.958	0.957	0.10%	0.996	1.002	-0.60%	1.000	1.000	0.00%	1.005	1.006	-0.02%	1.300	1.337	-2.77%	0.969	0.991	-2.28%	\$422.92	\$411.81	2.7%
17 86052DC0460011	BlueChoice HMO Platinum 0	HMO	Platinum	On	1,475	\$431.00	\$392.81	9.72%		0.931	-0.91%	0.958	0.957	0.10%	1.060	1.067	-0.66%	1.000	1.000	0.00%	1.005	1.006	-0.02%	1.300	1.337	-2.77%	0.969	0.991	-2.28%	\$511.57	\$498.05	2.7%
18 86052DC0460012	BlueChoice HMO HSA/HRA Silver 1500	HMO	Silver	On	666	\$431.00	\$392.81	9.72%		0.697	-0.47%	0.958	0.957	0.10%	0.950	0.956	-0.63%	1.000	1.000	0.00%	1.005	1.006	-0.02%	1.300	1.337	-2.77%	0.969	0.991	-2.28%	\$344.48	\$333.80	3.2%
19 86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000	HMO	Silver	On	552	\$431.00	\$392.81	9.72%		0.665	-0.10%	0.958	0.957	0.10%	0.950	0.956	-0.63%	1.000	1.000	0.00%	1.005	1.006	-0.02%	1.300	1.337	-2.77%	0.969	0.991	-2.28%	\$330.11	\$318.70	3.6%
20 86052DC0460014	BlueChoice HMO HSA/HRA Bronze 6000	HMO	Bronze	On	500	\$431.00	\$392.81	9.72%		0.531	0.09%	0.958	0.957	0.10%	0.922	0.928	-0.65%	1.000	1.000	0.00%	1.005	1.006	-0.02%	1.300	1.337	-2.77%	0.969	0.991	-2.28%	\$256.38	\$247.10	3.8%
21 86052DC0460015	HealthyBlue HMO Gold 1500	нмо	Gold	On	691	\$431.00	\$392.81	9.72%		0.822	-0.07%	0.958	0.957	0.10%	0.996	1.002	-0.60%	1.000	1.000	0.00%	1.005	1.006	-0.02%	1.300	1.337	-2.77%	0.969	0.991	-2.28%	\$427.88	\$412.84	3.6%
22 86052DC0460016	HealthyBlue HMO Platinum 500	нмо	Platinum	On	282	\$431.00	\$392.81	9.72%	0.887	0.886	0.07%	0.958	0.957	0.10%	1.060	1.067	-0.66%	1.000	1.000	0.00%	1.005	1.006	-0.02%	1.300	1.337	-2.77%	0.969	0.991	-2.28%	\$491.39	\$473.71	3.7%
23 86052DC0460017	HealthyBlue HMO Platinum 1000	HMO	Platinum	On	95	\$431.00	\$392.81	9.72%	0.887	0.872	1.64%	0.958	0.957	0.10%	1.060	1.067	-0.66%	1.000	1.000	0.00%	1.005	1.006	-0.02%	1.300	1.337	-2.77%	0.969	0.991	-2.28%	\$491.39	\$466.42	5.4%
24 86052DC0460018	HealthyBlue HMO HSA/HRA Silver 2000	HMO	Silver	On	499	\$431.00	\$392.81	9.72%	0.686	0.682	0.49%	0.958	0.957	0.10%	0.950	0.956	-0.63%	1.000	1.000	0.00%	1.005	1.006	-0.02%	1.300	1.337	-2.77%	0.969	0.991	-2.28%	\$340.59	\$326.89	4.2%
25 86052DC0460019	BlueChoice HMO HSA/HRA Silver 3000	HMO	Silver	On	161	\$431.00	\$392.81	9.72%	0.627	0.626	0.18%	0.958	0.957	0.10%	0.950	0.956	-0.63%	1.000	1.000	0.00%	1.005	1.006	-0.02%	1.300	1.337	-2.77%	0.969	0.991	-2.28%	\$311.34	\$299.74	3.9%
26 86052DC0460020	BlueChoice HMO Silver 1000	HMO	Silver	On	425	\$431.00	\$392.81	9.72%	0.679	0.714	-4.86%	0.958	0.957	0.10%	0.950	0.956	-0.63%	1.000	1.000	0.00%	1.005	1.006	-0.02%	1.300	1.337	-2.77%	0.969	0.991	-2.28%	\$337.28	\$341.93	-1.4%
27 86052DC0460021	BlueChoice HMO HSA/HRA Gold 1500	HMO	Gold	On	191	\$431.00	\$392.81	9.72%	0.745	0.745	-0.08%	0.958	0.957	0.10%	0.996	1.002	-0.60%	1.000	1.000	0.00%	1.005	1.006	-0.02%	1.300	1.337	-2.77%	0.969	0.991	-2.28%	\$387.81	\$374.21	3.6%
28 86052DC0480007	BlueChoice HMO Referral Platinum 0	HMO	Platinum	On	1,661	\$431.00	\$392.81	9.72%		0.931	-1.01%	0.912	0.912	0.00%	1.060	1.067	-0.66%	1.000	1.000	0.00%	1.005	1.006	-0.02%	1.300	1.337	-2.77%	0.969	0.991	-2.28%	\$486.51	\$474.63	2.5%
29 86052DC0480008	BlueChoice HMO Referral Gold 500	HMO	Gold	On	1,000	\$431.00	\$392.81	9.72%		0.820	-1.41%	0.912	0.912	0.00%	0.996	1.002	-0.60%	1.000	1.000	0.00%	1.005	1.006	-0.02%	1.300	1.337	-2.77%	0.969	0.991	-2.28%	\$400.85	\$392.44	2.1%
30 86052DC0480009	BlueChoice HMO Referral Bronze 5750	HMO	Bronze	On	197	\$431.00	\$392.81	9.72%		0.588	-8.08%	0.912	0.912	0.00%	0.922	0.928	-0.65%	1.000	1.000	0.00%	1.005	1.006	-0.02%	1.300	1.337	-2.77%	0.969	0.991	-2.28%	\$248.03	\$260.58	-4.8%
31 86052DC0480010	BlueChoice HMO Referral Gold 0	HMO	Gold	On	731	\$431.00	\$392.81	9.72%		0.878	-1.14%	0.912	0.912	0.00%	0.996	1.002	-0.60%	1.000	1.000	0.00%	1.005	1.006	-0.02%	1.300	1.337	-2.77%	0.969	0.991	-2.28%	\$430.54	\$420.33	2.4%
32 86052DC0480011	BlueChoice HMO Referral Gold 80	HMO	Gold	On	247	\$431.00	\$392.81	9.72%	0.774	0.789	-1.83%	0.912	0.912	0.00%	0.996	1.002	-0.60%	1.000	1.000	0.00%	1.005	1.006	-0.02%	1.300	1.337	-2.77%	0.969	0.991	-2.28%	\$383.87	\$377.39	1.7%
33 86052DC0480012	BlueChoice HMO Referral Platinum 1000	HMO	Platinum	On	72	\$431.00	\$392.81	9.72%		0.866	6.52%	0.912	0.912	0.00%	1.060	1.067	-0.66%	1.000	1.000	0.00%	1.005	1.006	-0.02%	1.300	1.337	-2.77%	0.969	0.991	-2.28%	\$486.51	\$441.09	10.3%
34 86052DC0480013	BlueChoice HMO Referral Silver 70	OMH	Silver	On On	115	\$431.00	\$392.81	9.72%		0.666	-4.43%	0.912	0.912	0.00%	0.950	0.956	-0.63%	1.000	1.000	0.00%	1.005	1.006	-0.02%	1.300	1.337	-2.77%	0.969	0.991	-2.28%	\$301.09	\$304.18	-1.0%
35 86052DC0480014 36 86052DC0500009	BlueChoice HMO Referral Silver 4000 BlueChoice Plus HSA/HRA Silver 1500	HMO POS	Silver Silver	On On	1,003	\$431.00 \$431.00	\$392.81 \$392.81	9.72% 9.72%		0.707	-5.76% 0.03%	0.912 0.983	0.912	0.00%	0.950 0.950	0.956 0.956	-0.63% -0.63%	1.000	1.000	0.00%	1.005 1.005	1.006	-0.02% -0.02%	1.300 1.300	1.337	-2.77% -2.77%	0.969 0.969	0.991 0.991	-2.28% -2.28%	\$315.05 \$355.26	\$322.75 \$343.92	-2.4% 3.3%
37 86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000	POS	Silver	On	243	\$431.00	\$392.81	9.72%		0.626	0.03%	0.983	0.986	-0.30%	0.950	0.956	-0.63%	1.000	1.000	0.00%	1.005	1.006	-0.02%	1.300	1.337	-2.77%	0.969	0.991	-2.28%	\$333.20	\$308.82	4.2%
38 86052DC0500011	HealthyBlue Plus Gold 1500	POS	Gold	On	912	\$431.00	\$392.81	9.72%		0.822	0.13%	0.983	0.986	-0.30%	0.996	1.002	-0.60%	1.000	1.000	0.00%	1.005	1.006	-0.02%	1.300	1.337	-2.77%	0.969	0.991	-2.28%	\$439.91	\$425.35	3.4%
39 86052DC0500012	HealthyBlue Plus Platinum 500	POS	Platinum	On	1,295	\$431.00	\$392.81	9.72%	0.888	0.886	0.25%	0.983	0.986	-0.30%	1.060	1.067	-0.66%	1.000	1.000	0.00%	1.005	1.006	-0.02%	1.300	1.337	-2.77%	0.969	0.991	-2.28%	\$505.09	\$488.06	3.5%
40 86052DC0500013	HealthyBlue Plus Platinum 1000	POS	Platinum	On	182	\$431.00	\$392.81	9.72%		0.872	1.81%	0.983	0.986	-0.30%	1.060	1.067	-0.66%	1.000	1.000	0.00%	1.005	1.006	-0.02%	1.300	1.337	-2.77%	0.969	0.991	-2.28%	\$505.09	\$480.56	5.1%
41 86052DC0500014	HealthyBlue Plus HSA/HRA Silver 2000	POS	Silver	On	625	\$431.00	\$392.81	9.72%		0.682	1.06%	0.983	0.986	-0.30%	0.950	0.956	-0.63%	1.000	1.000	0.00%	1.005	1.006	-0.02%	1.300	1.337	-2.77%	0.969	0.991	-2.28%	\$351.49	\$336.80	4.4%
42 86052DC0500015	BlueChoice Plus Gold 1000	POS	Gold	On	489	\$431.00	\$392.81	9.72%		0.795	-0.83%	0.983	0.986	-0.30%	0.996	1.002	-0.60%	1.000	1.000	0.00%	1.005	1.006	-0.02%	1.300	1.337	-2.77%	0.969	0.991	-2.28%	\$421.57	\$411.54	2.4%
43 86052DC0500016	BlueChoice Plus Gold 500	POS	Gold	On	893	\$431.00	\$392.81	9.72%		0.820	-0.75%	0.983	0.986	-0.30%	0.996	1.002	-0.60%	1.000	1.000	0.00%	1.005	1.006	-0.02%	1.300	1.337	-2.77%	0.969	0.991	-2.28%	\$434.95	\$424.28	2.5%
44 86052DC0500017	BlueChoice Plus HSA/HRA Bronze 6000	POS	Bronze	On	271	\$431.00	\$392.81	9.72%	0.537	0.531	1.14%	0.983	0.986	-0.30%	0.922	0.928	-0.65%	1.000	1.000	0.00%	1.005	1.006	-0.02%	1.300	1.337	-2.77%	0.969	0.991	-2.28%	\$265.84	\$254.58	4.4%
45 86052DC0580001	BlueChoice Plus Opt-Out Platinum 0	HMO	Platinum	On	3,738	\$431.00	\$392.81	9.72%	0.923	0.931	-0.88%	0.970	0.971	-0.10%	1.060	1.067	-0.66%	1.000	1.000	0.00%	1.005	1.006	-0.02%	1.300	1.337	-2.77%	0.969	0.991	-2.28%	\$518.12	\$505.33	2.5%
46 86052DC0460022	BlueChoice HMO HSA/HRA Silver 2500	HMO	Silver	On	36	\$431.00	\$392.81	9.72%	0.651	0.652	-0.14%	0.958	0.957	0.10%	0.950	0.956	-0.63%	1.000	1.000	0.00%	1.005	1.006	-0.02%	1.300	1.337	-2.77%	0.969	0.991	-2.28%	\$323.40	\$312.33	3.5%
47 86052DC0440024	BlueChoice Advantage HSA/HRA Silver 2500	POS	Silver	On	4	\$431.00	\$392.81	9.72%	0.669	0.652	2.60%	1.071	1.079	-0.74%	0.950	0.956	-0.63%	1.000	1.000	0.00%	1.005	1.006	-0.02%	1.300	1.337	-2.77%	0.969	0.991	-2.28%	\$371.45	\$352.14	5.5%
48 86052DC0500018	BlueChoice Plus HSA/HRA Silver 2500	POS	Silver	On	12	\$431.00	\$392.81	9.72%	0.655	0.652	0.50%	0.983	0.986	-0.30%	0.950	0.956	-0.63%	1.000	1.000	0.00%	1.005	1.006	-0.02%	1.300	1.337	-2.77%	0.969	0.991	-2.28%	\$333.97	\$321.79	3.8%
					35,099	\$431.00	\$392.81	9.72%	0.810	0.811	-0.04%	1.004	1.008	-0.34%	1.005	1.012	-0.63%	1.000	1.000	0.00%	1.005	1.006	-0.02%	1.300	1.337	-2.77%	0.969	0.991	-2.28%	\$448.33	\$434.72	3.2%

Key Drivers:

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

CareFirst BlueCross BlueShield

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

June 1, 2018

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



Re: CareFirst BlueChoice, Inc. Small Group 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: 2255

d. Date Submitted: 6/1/2018

e. Proposed Effective Date: 1/1/2019
f. Type of Product: HMO – On Exchange
g. Individual or Group: Small Group

- 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-131010730).
- 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 3.2%.
- I. Contact Information:

a. Name: Dwayne Lucado, FSA, MAAAb. Telephone Number: 410-998-7519c. Email: dwayne.lucado@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,

Dwayne Digitally signed by Dwayne Lucado Date: 2018.06.01 12:18:05

Dwayne Lucado, FSA, MAAA Assistant Actuary

5 Projected Risk Adjustments PMPM -19.03 (8,16 6 Projected Incurred Claims, before reinsurance recoveries, net of rein prem, PMPM \$356.19 \$152,92 7 Projected Incurred Claims \$36.09 \$152,92 8 Projected Incurred Claims \$35.01 \$152,92 9 Administrative Expense Load \$35.01 \$152,92 1 Profit & Risk Load \$1.00 7.41 3.74 2 Taxes & Fees 3.70% 17.14 7.35		Х	v	١	T U		S	R	Q	P		N	М	L	K	J	н І	G	F	E	C D	A B C
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Experience Period Projection Period: 1/1/2019 to 12/31/2019 Mid-point to Mid-point, Experience to Projection: 24 months																		356.77				
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Adj't. from Experience to Annualized Trend on Actual Experience Allowed Projection Period Factors Projections, before credibility Adjustment Credibility Manual Utilization Utilization per Average Pop'l risk Utilization per Average Utilization Average Benefit Category Description 1,000 Cost/Service PMPM Morbidity Other Cost Util 1,000 Cost/Service PMPM per 1,000 Cost/Service PMPM				onthe	24 mc	ion:	nco to Broject	noint Evnorio	noint to Mid	Mid	/2010	12	a to	1/1/201	ion Pariod:	Projec		Pariod	Evnorioneo		llowed Claims, PMPM basis	Section II: Allo
Utilization Utilization per Average Pop'l risk Utilization per Average Utilization Average Benefit Category Description 1,000 Cost/Service PMPM Morbidity Other Cost Util 1,000 Cost/Service PMPM per 1,000 Cost/Service PMPM				JILLIS	24 1110	1011.	nce to Froject	-point, Experie	point to wiid	IVIIU	/2015	12						eriou	Experience			
Benefit Category Description 1,000 Cost/Service PMPM Morbidity Other Cost Util 1,000 Cost/Service PMPM per 1,000 Cost/Service PMPM						anual	Credibility Ma		justment	redibility Ad	ions, befo	Proj	ors	Fac	Period	Projection		nce Allowed	on Actual Experi			
																			•			
Outpatient Hospital Visits 563.90 \$1,382.80 64.98 0.988 0.993 1.010 1.060 625.68 1,400.13 73.00 0.00 \$0.00 0.00 Professional Visits 9,348.15 \$156.04 121.56 0.988 0.993 1.020 1.040 9,984.62 161.14 134.08 0.000 \$0.00 0.00 0.00 0.00 0.00 0.00												1,										
Professional Visits 9,348,15 \$156,04 121.56 0.998 0.993 1.020 1.040 9,984.62 161.14 134.08 0.00 \$0.00 0.0						.00	\$0.		73.00	1,400.13	25.68						64.98	\$1,382.80		7 77	atient Hospital	Outpatie
Capitation Benefit Period 1,000.00 512.89 1.07 1.000 0.498 1.000 1,000.00 6.42 0.54 0.00 \$0.00 0.00 Prescription Drug Prescriptions 7,680.12 \$141.38 90.48 0.988 0.998 1.100 1.010 7,736.60 170.78 110.10 0.00 \$0.00 0.00 Total S358.84 S410.75 S0.00 Section III: Projected Experience:																						Profession
Prescription Drug																						Capitatio
Total \$358.84 \$410.75 \$0.00					0.00			0.00	110.10				1.010	1.100		0.988	90.48					Prescrip
Section III: Projected Experience: Projected Allowed Claims PMPM (w/applied credibility if applicable) 100.00% 5410.75 \$176.35 Projected Incurred Claims, before ACA rein & Risk Adj't, PMPM \$35.17 \$144,75 Projected Incurred Claims, before ACA rein & Risk Adj't, PMPM \$35.17 \$144,75 Projected Incurred Claims, before reinsurance recoveries, net of rein prem, PMPM \$356.19 \$152,92 Projected Incurred Claims \$356.19 \$152,92 Administrative Expense Load \$356.19 \$152,92 Profit & Risk Load \$1.00% 7.41 3,18 Taxes & Fees 3.70% 17.14 7,35	od Totals	Projected Period	rodibility	After Co	\$0.00				\$410.75								\$358.84					Total
Paid to Allowed Average Factor in Projection Period 0.821 Projected Incurred Claims, before ACA rein & Risk Adj't, PMPM \$337.17 \$144,75 Projected Incurred Claims, before reinsurance recoveries, net of rein prem, PMPM \$356.19 \$152,92 Projected Incurred Claims, before reinsurance recoveries, net of rein prem, PMPM 0.00 \$356.19 \$152,92 Projected Incurred Claims \$356.19 \$152,92 \$356.19 \$152,92 Administrative Expense Load 17.83% 82.64 35,48 Profit & Risk Load 1.60% 7.41 3,18 Taxes & Fees 3.70% 17.14 7,35					0.00%				100.00%				icable)	bility if app	applied cred	ns PMPM (w.	iected Allowed Cl	Р			Projected Experience:	Section III: Pro
Projected Incurred Claims, before ACA rein & Risk Adj't, PMPM \$33.7.7 \$144,75 Projected Risk Adjustments PMPM \$35.6.19 \$152,92 Projected Incurred Claims, before reinsurance recoveries, net of rein prem, PMPM \$0.00 \$152,92 Projected Incurred Claims \$356.19 \$152,92 Administrative Expense Load 17.83% 82.64 35,48 Profit & Risk Load 1.60% 7.41 3,18 Taxes & Fees 3.70% 17.14 7,35			0.821																		· · · · · · · · · · · · · · · · · · ·	
Projected Incurred Claims, before reinsurance recoveries, net of rein prem, PMPM 5356.19 \$152,92 Projected ACA reinsurance recoveries, net of rein prem, PMPM 0,00 Projected Incurred Claims \$356.19 \$152,92 Administrative Expense Load 17.83% 82.64 35.48 Profit & Risk Load 1.60% 7.41 3.18 Taxes & Fees 3.70% 17.14 7.35	4,759,680 9 169 647)				1							lj't, PMPM	ein & Risk A									
Projected ACA reinsurance recoveries, net of rein prem, PMPM 0.00 Projected Incurred Claims \$356.19 \$152,92 Administrative Expense Load 17.83% 82.64 35,48 Profit & Risk Load 1.60% 7.41 3,18 Taxes & Fees 3.70% 17.14 7,355	2,928,327									иРМ	rein prem	overies, net	nsurance re		-	-						
Projected Incurred Claims \$356.19 \$152,92 Administrative Expense Load 17.83% 82.64 35,48 Profit & Risk Load 1.60% 7.41 3,18 Taxes & Fees 3.70% 17.14 7,35	<u>0</u>		0.00													-						
Administrative Expense Load 17.83% 82.64 35,48 Profit & Risk Load 1.60% 7.41 3,18 Taxes & Fees 3.70% 17.14 7,35	2,928,327	\$152,92	\$356.19													ns	ected Incurred Cl	P				
Profit & Risk Load 1.60% 7.41 3,18 Taxes & Fees 3.70% 17.14 7,35	5,482,124															Load						
170	3,183,252 7,359,525																					
Single Risk Pool Gross Premium Avg. Rate, PMPM\$463.39 \$198,95	8,953,227		\$463.39												Rate, PMPM	remium Avg.						
Index Rate for Projection Period \$422.06														Davie d	. 5			Ir				
% increase over Experience Period 14.11% % Increase, annualized: 6.82%														Perioa								
Projected Member Months 42	429,341	42													=-			P				
Information Not Releasable to the Public Unless Authorized by Law: This information has not been publically disclosed and may be privileged and confidential. It is for internal government use only and must not be									not be	nly and must	nment us	r internal ø	ntial. It is f	and confide	be privileged	sed and may	een publically dis	rmation has no	zed by Law: This info	ublic Unless Authori	nation Not Releasable to the P	Informat
disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.										,												

Product-Plan Data Collection

DC Small Group Company Legal Name: BlueChoice, Inc. State: 86052 1/1/2019 Market: HIOS Issuer ID: Effective Date of Rate Change(s):

-2.02% 4.66%

-2.71% 3.94% 10.85%

Rate Change % (over prior filing)
Cum'tive Rate Change % (over 12 mos prior)
Proj'd Per Rate Change % (over Exper. Period)

Product Rate Increase %

Product/Plan Level Calculations

Section I: General Product and Plan Information																					
Product										BlueChoice Advantag	ge .										
Product ID:										86052DC044											
Metal:		Gold	Gold	Platinum	Silver	Gold	Platinum	Platinum	Silver	Bronze	Silver	Bronze	Gold	Silver	Silver	Silver	Silver	Gold	Gold	Gold	Platinum
AV Metal Value	1	0.816	0.815	0.916	0.717	0.820	0.908	0.887	0.712	0.618	0.699	0.650	0.793	0.718	0.720	0.697	0.716	0.763	0.818	0.815	0.916
AV Pricing Value		1.110	1.143	1.373	0.942	1.155	1.326	0.010	0.934	0.717	0.861	0.735	1.060	0.914	0.943	0.890	0.908	1.027	0.964	1.013	1.225
Plan Category	1	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Terminated	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	New	New	Renewing	Renewing	Renewing
Plan Type:		POS	POS	POS	POS	POS	POS	POS	POS	POS	HMO	HMO	HMO								
	1	BlueChoice	BlueChoice	BlueChoice	Advantage	HealthyBlue	HealthyBlue	HealthyBlue	Advantage	Advantage	Advantage	BlueChoice	Advantage	BlueChoice	Advantage Silver	Advantage	BlueChoice	BlueChoice			
Plan Name		Advantage Gold	Advantage Gold	Advantage	HSA/HRA Silver	Advantage Gold	Advantage	Advantage	HSA/HRA Silver	HSA/HRA Bronze	HSA/HRA Silver	Advantage Bronze	HSA/HRA Gold	Advantage Silver	1500 BlueFund	HSA/HRA Silver	Advantage Silver	Advantage Gold	BlueChoice HMO	BlueChoice HMO	BlueChoice HMO
		1000	500	Platinum 0	1500	1500	Platinum 500	Platinum 1000	2000	6000	3000	5750	1500	4000	HSA	2500	5000	3000	Gold 1500	Gold 500	Platinum 0
Plan ID (Standard Component ID):		86052DC0440010	86052DC0440011	86052DC0440012	86052DC0440013	86052DC0440014	86052DC0440015	86052DC0440016	86052DC0440017	86052DC0440018	86052DC0440019	86052DC0440020	86052DC0440021	86052DC0440022	86052DC0440023	86052DC0440024	86052DC0440025	86052DC0440026	86052DC0460009	86052DC0460010	86052DC0460011
Exchange Plan?		Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Historical Rate Increase - Calendar Year - 2										3.58%											
Historical Rate Increase - Calendar Year - 1										5.85%											
Historical Rate Increase - Calendar Year 0										9.02%											
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	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019

0.87%

29.87%

8.25% 24.43%

-5.11%

-2.13% 4.55%

-2.25% 4.42%

-2.11% 4.57% 6.16%

Section II: Components of Premium Increase (PMPM																					
Plan ID (Standard Component ID):	Total	86052DC0440010	86052DC0440011	86052DC0440012	86052DC0440013	86052DC0440014	86052DC0440015	86052DC0440016	86052DC0440017	86052DC0440018	86052DC0440019	86052DC0440020	86052DC0440021	86052DC0440022	86052DC0440023	86052DC0440024	86052DC0440025	86052DC0440026	86052DC0460009	86052DC0460010	86052DC0460011
Inpatient	\$2.82		\$2.87			\$3.41	\$3.91	\$0.00		\$3.58	\$3.79	\$0.47	\$3.87	\$0.78	\$3.26	\$3.52	\$0.00	\$0.00		\$2.48	
Outpatient	\$2.23	\$2.24	\$2.22	\$2.08	\$2.78	\$2.79	\$3.20	\$0.00	\$3.44	\$3.29	\$3.41	-\$0.03	\$3.35	\$0.17	\$2.79	\$3.10	\$0.00	\$0.00	\$1.73	\$1.90	\$2.31
Professional	\$5.26	\$5.33	\$5.32	\$5.30	\$6.15	\$6.39	\$7.33	\$0.00	\$7.37	\$6.86	\$7.23	\$0.72	\$7.33	\$1.27	\$6.16	\$6.69	\$0.00	\$0.00	\$4.23	\$4.59	\$5.57
Prescription Drug	\$4.93	\$5.03	\$5.06	\$5.28	\$5.47	\$5.86	\$6.72	\$0.00	\$6.36	\$5.77	\$6.18	\$1.26	\$6.46	\$1.85	\$5.48	\$5.81	\$0.00	\$0.00	\$4.08	\$4.39	\$5.33
Other	\$0.97	\$0.99	\$0.99	\$1.02	\$1.09	\$1.16	\$1.33	\$0.00	\$1.28	\$1.17	\$1.25	\$0.22	\$1.29	\$0.33	\$1.09	\$1.17	\$0.00	\$0.00	\$0.80	\$0.86	\$1.04
Capitation	-\$0.20	-\$0.21	-\$0.22	-\$0.28	-\$0.16	-\$0.21	-\$0.24	\$0.00	-\$0.15	-\$0.10	-\$0.13	-\$0.17	-\$0.18	-\$0.21	-\$0.16	-\$0.14	\$0.00	\$0.00	-\$0.19	-\$0.20	-\$0.24
Administration	-\$3.49		-\$4.04				-\$3.81	\$0.00		\$0.09	-\$0.64				-\$2.01	-\$1.24	\$0.00	\$0.00		-\$3.67	
Taxes & Fees	-\$12.39	-\$13.05	-\$13.48	-\$16.47	-\$10.67	-\$13.37	-\$15.34	\$0.00	-\$10.25	-\$7.57	-\$9.34	-\$9.35	-\$11.90	-\$11.53	-\$10.68	-\$9.85	\$0.00	\$0.00	-\$11.43	-\$11.98	-\$14.48
Risk & Profit Charge	\$7.65	\$8.03	\$8.27	\$9.93	\$6.81	\$8.35	\$9.58	\$0.00	\$6.76	\$5.19	\$6.22	\$5.32	\$7.67	\$6.61	\$6.82	\$6.43	\$0.00	\$0.00	\$6.97	\$7.32	\$8.86
Total Rate Increase	\$7.77	\$7.41	\$6.99	\$4.10	\$12.72	\$11.06	\$12.67	\$0.00	\$17.63	\$18.29	\$17.99	-\$6.18	\$15.93	-\$6.17	\$12.76	\$15.49	\$0.00	\$0.00	\$4.87	\$5.70	\$6.98
Member Cost Share Increase	\$6.62	\$7.51	\$7.52	\$3.65	\$11.02	\$7.34	\$3.98	\$0.00	\$11.20	\$14.39	\$11.69	\$13.21	\$8.44	\$10.95	\$10.90	\$11.77	\$0.00	\$0.00	\$6.64	\$6.72	\$3.27

ttion III: Experience Period Information

															-					-	
	Total	86052DC0440010		86052DC0440012	86052DC0440013	86052DC0440014			86052DC0440017			86052DC0440020	86052DC0440021					86052DC0440026			86052DC0460011
Plan Adjusted Index Rate	\$437.99	\$433.72	\$445.81	\$559.83	\$336.05	\$456.76	\$546.61	\$535.58	\$338.65	\$249.59	\$312.62	\$304.94	\$384.94	\$377.91	\$340.58	\$0.00	\$0.00	\$0.00	\$399.67	\$415.47	\$521.63
Member Months	410,658	17,486	21,534	24,584	25,057	37,099	10,997	4,421	11,042	3,133	2,770	270	3,577	267	2,786	0	0	0	5,468	14,534	18,366
Total Premium (TP)	\$173,704,455	\$7,699,556	\$8,476,060	\$12,863,119	\$7,827,559	\$16,241,338	\$5,847,672	\$2,230,941	\$3,658,866	\$745,043	\$1,067,512	\$87,637	\$1,270,556	\$101,014	\$811,280	\$0	\$0	\$0	\$2,056,716	\$5,776,269	\$8,890,453
EHB Percent of TP, [see instructions]	99.42%	99.42%	99.42%	99.42%	99.42%	99.42%	99.42%	99.42%	99.42%	99.42%	99.42%	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%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TP	0.58%	0.58%	0.58%	0.58%	0.58%	0.58%	0.58%	0.58%	0.58%	0.58%	0.58%	0.58%	0.58%	0.58%	0.58%	0.58%	#VALUE!	#VALUE!	0.58%	0.58%	0.58%
Total Allowed Claims (TAC)	\$149,434,856	\$7,054,757	\$7,816,454	\$9,657,077	\$8,307,192	\$15,058,107	\$5,319,776	\$2,399,692	\$4,516,914	\$732,840	\$809,316	\$24,467	\$1,246,764	\$39,842	\$899,379	\$0	\$0	\$0	\$1,142,407	\$4,648,233	\$6,037,863
EHB Percent of TAC, [see instructions]	99.42%	99.42%	99.42%	99.42%	99.42%	99.42%	99.42%	99.42%	99.42%	99.42%	99.42%	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%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TAC	0.58%	0.58%	0.58%	0.58%	0.58%	0.58%	0.58%	0.58%	0.58%	0.58%	0.58%	0.58%	0.58%	0.58%	0.58%	0.58%	#VALUE!	#VALUE!	0.58%	0.58%	0.58%
Allowed Claims which are not the issuer's obligation:	\$21,549,027	\$1,009,386	\$1,020,801	\$824,085	\$2,290,220	\$1,664,958	\$410,301	\$210,393	\$1,150,177	\$336,703	\$274,866	\$14,145	\$295,956	\$18,450	\$298,594	\$0	\$0	\$0	\$215,460	\$580,784	\$408,757
Portion of above payable by HHS's funds on behalf of insured person, in dollars																					
Portion of above payable by HHS on behalf	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
of insured person, as %	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	#DIV/0!	#DIV/0!	#DIV/0!	0.00%	0.00%	0.00%
Total Incurred claims, payable with issuer funds	\$127.885.829	\$6.045.371	\$6,795,652	\$8.832.991	\$6.016.972	\$13,393,149	\$4,909,475	\$2.189.299	\$3,366,737	\$396.137	\$534.450	\$10.323	\$950.808	\$21.391	\$600.786	#DIV/0:	*DIV/O:	wbiv/o:	\$926,947	\$4.067.449	\$5.629.106
	, ,000,025	,	, ,,,		. ,,,,,,,,,	/620/212	, ,,,,,,,,,	. ,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	/	, , , , , , , ,	4-0/0-0	75507550	71	, , , , , , , , , , , , , , , , , , , ,	7.7	**		, , , , , , , , , , , , , , , , , , , ,	, ,,,,,,,,,	. ,020,100
Net Amt of Rein	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Risk Adjustment Transfer Amount	-\$8,388,144.21	-\$292,544.12	-\$1,080,710.71	\$3,098.31	-\$665,393.76	-\$1,601,739.41	\$430,006.51	\$396,819.44	\$395,148.24	-\$167,376.10	-\$503,715.89	-\$52,720.69	-\$516,174.21	-\$54,852.82	-\$335,199.47	\$0.00	\$0.00	\$0.00	-\$635,412.37	-\$572,749.23	-\$1,003,828.16
Incurred Claims PMPM	\$311.42	\$345.73	\$315.58	\$359.30	\$240.13	\$361.01	\$446.44	\$495.20	\$304.90	\$126.44	\$192.94	\$38.23	\$265.81	\$80.12	\$215.64	#DIV/0!	#DIV/0!	#DIV/0!	\$169.52	\$279.86	\$306.50
Allowed Claims PMPM	\$363.89	\$403.45	\$362.98	\$392.82	\$331.53	\$405.89	\$483.75	\$542.79	\$409.07	\$233.91	\$292.17	\$90.62	\$348.55	\$149.22	\$322.82	#DIV/0!	#DIV/0!	#DIV/0!	\$208.93	\$319.82	\$328.75
EHB portion of Allowed Claims, PMPM	\$361.79	\$401.12	\$360.89	\$390.55	\$329.62	\$403.55	\$480.96	\$539.66	\$406.71	\$232.56	\$290.49	\$90.10	\$346.54	\$148.36	\$320.96	#DIV/0!	#DIV/0!	#DIV/0!	\$207.72	\$317.97	\$326.86

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

h																					
	Total	86052DC0440010	86052DC0440011				86052DC0440015	86052DC0440016	86052DC0440017	86052DC0440018	86052DC0440019		86052DC0440021		86052DC0440023				86052DC0460009	86052DC0460010	86052DC0460011
Plan Adjusted Index Rate	\$484.98	\$501.82	\$516.71	\$620.57	\$425.89	\$522.06	\$599.01	\$0.00	\$422.25	\$324.14	\$388.99	\$332.27	\$479.12	\$413.04	\$426.32	\$402.08	\$410.27	\$464.17	\$435.67	\$457.78	\$553.74
Member Months	429,339	19,039	23,574	28,142	18,501	29,689	16,310		10,328	4,392	2,961	740	7,842	1,276	8,992	48	1,180	1,192	5,738	13,057	18,038
Total Premium (TP)	\$208,222,400	\$9,554,233	\$12,180,902	\$17,464,008	\$7,879,385	\$15,499,566	\$9,769,887	\$0	\$4,361,049	\$1,423,623	\$1,151,811	\$245,881	\$3,757,281	\$527,037	\$3,833,491	\$19,300	\$484,117	\$553,286	\$2,499,858	\$5,977,276	\$9,988,406
EHB Percent of TP, [see instructions]	99.47%	99.47%	99.47%	99.47%	99.47%	99.47%	99.47%	100.00%	99.47%	99.47%	99.47%	99.47%	99.47%	99.47%	99.47%	99.47%	99.47%	99.47%	99.47%	99.47%	99.47%
state mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TP	0.53%	0.53%	0.53%	0.53%	0.53%	0.53%	0.53%	0.00%	0.53%	0.53%	0.53%	0.53%	0.53%	0.53%	0.53%	0.53%	0.53%	0.53%	0.53%	0.53%	0.53%
Total Allowed Claims (TAC)	\$176,344,618	\$7,819,986	\$9,682,670	\$11,558,909	\$7,599,011	\$12,194,316	\$6,699,090	\$0	\$4,242,073	\$1,803,949	\$1,216,187	\$303,944	\$3,220,985	\$524,098	\$3,693,330	\$19,715	\$484,667	\$489,596	\$2,356,798	\$5,362,969	\$7,408,841
EHB Percent of TAC, [see instructions]	99.47%	99.47%	99.47%	99.47%	99.47%	99.47%	99.47%	100.00%	99.47%	99.47%	99.47%	99.47%	99.47%	99.47%	99.47%	99.47%	99.47%	99.47%	99.47%	99.47%	99.47%
state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TAC	0.53%	0.53%	0.53%	0.53%	0.53%	0.53%	0.53%	0.00%	0.53%	0.53%	0.53%	0.53%	0.53%	0.53%	0.53%	0.53%	0.53%	0.53%	0.53%	0.53%	0.53%

Allowed Claims which are not the issuer's obligation	\$33,565,992	\$1,593,433	\$1,744,301	\$864,685	\$2,215,322	\$2,093,152	\$716,423	\$0	\$1,262,331	\$801,700	\$429,198	\$130,841	\$772,342	\$163,994	\$1,074,050	\$6,529	\$153,888	\$129,017	\$535,457	\$1,008,059	\$570,897
Portion of above payable by HHS's funds on																					
behalf of insured person, in dollars	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$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%	#DIV/0!	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Incurred claims, payable with issuer funds	\$142,778,626	\$6,226,553	\$7,938,370	\$10,694,224	\$5,383,689	\$10,101,164	\$5,982,668	\$0	\$2,979,741	\$1,002,248	\$786,989	\$173,103	\$2,448,643	\$360,104	\$2,619,281	\$13,187	\$330,779	\$360,580	\$1,821,341	\$4,354,910	\$6,837,943
Net Amt of Rein	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Risk Adjustment Transfer Amount	-\$8,168,666	-\$827,992	-\$1,025,215	\$597,593	-\$568,269	-\$1,291,152	\$346,341	\$0	-\$317,231	-\$340,444	-\$90,949	-\$57,361	-\$341,043	-\$39,193	-\$276,195	-\$1,474	-\$36,244	-\$51,839	-\$249,541	-\$567,839	\$383,035

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-131468251				
Submission Date	6/1/2018				
Product Name	BlueChoice				
				•	
Market Type:	0	Individual	•	Small Group	
Rate Filing Type:	•	Rate Increase	0	New Filing	
Scope and Range of the Incre	ase:				
The	3.2	% increase is requested bed	ause:		
This filing will impact:					
# of policyholder's	21,577	# of covered lives	35,099	I	
The average, minimum and m	naximum rate changes	s increases are:			
Average Rate	Change: The average	premium change, by percen	tage, acı	ross all policy holders if the filing is approved 3.2	2 %
	e Change: The smalles e if the filing is appro		est decre	ease), by percentage, that any one policy holder (4.8) %
 Maximum Ra if the filing is ap 		st premium increase, by perd	entage,	that any one policy holder would experience 22.6	%

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

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

Financial Experience of Product

The overall financial experience of the product includes:

In 2017, a total of \$173.7 million in premium was collected and \$127.9 million in claims were paid out, along with \$8.4 million paid in risk adjustment, for a loss ratio of 78.5%. 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:

	e request is made up or the	Tollowing components.	
	Trend Increases –	8.1 % of the	3.2 % total filed increase
1.	Medical Utilization Chang	es –Defined as the increase in total plan	claim costs not attributable to
ch	anges in the unit cost of un	derlying services, or renegotiation of pro	ovider contracts. Examples include changes in the mix of services utilized, or an
ind	rease/decrease in the frequency	uency of service utilization.	,
	This component is	2.7 % of the	3.2 % total filed increase.
2.	Medical Price Changes – D	Defined as the increase in total plan clain	n costs attributable to changes in
	the unit cost of underlyin	ng services, or renegotiation of provider	contracts.
	This component is	5.3 % of the	3.2 % total filed increase.
	Other Increases –	(4.5) % of the	3.2 % total filed increase
1.	Medical Benefit Changes I	Required by Law – Defined as any new m	nandated plan benefit changes, as mandated
	by either State or Federa		
	This component is	0.0 % of the	3.2 % total filed increase.
2.	Medical Benefit Changes I	Not Required by Law – Defined as chang	es in plan benefit design made by the
	•	required by either State or Federal Regu	
	This component is	-0.04 % of the	3.2 % total filed increase.
	This component is	-0.04 % of the	5.2 % total fred fredese.
3.	Changes to Administration	n Costs – Defined as increases in the cos	ts of providing insurance coverage.
	Examples include claims	payment expenses, distribution costs, ta	ixes, and general business expenses such as rent, salaries,
	and overhead.		
	This component is	-2.6 % of the	3.2 % total filed increase.
4.	Changes to Profit Margin	 Defined as increases to company surpl 	lus or changes as an additional margin to cover
	the risk of the company.	. , .	
	This component is	2.0 % of the	3.2 % total filed increase.
_	Other – Defined as:		
		ment payments and remvoal of the Healt	h Incurer Tay in 2010
LO	wer anticipateu risk aujustri	nent payments and remivoar of the Healt	II IIISUI EI TAX III 2013.
	This component is	(3.9) % of the	3.2 % total filed increase.