

State: District of Columbia **Filing Company:** Group Hospitalization and Medical Services, Inc.
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003A Small Group Only - PPO
Product Name: 2256 - DC ACA Small Group GHMSI
Project Name/Number: 2256 - DC GHMSI SG ACA ON-EXCHANGE/2256

Filing at a Glance

Company: Group Hospitalization and Medical Services, Inc.
Product Name: 2256 - DC ACA Small Group GHMSI
State: District of Columbia
TOI: H16G Group Health - Major Medical
Sub-TOI: H16G.003A Small Group Only - PPO
Filing Type: Rate
Date Submitted: 06/01/2018
SERFF Tr Num: CFAP-131468322
SERFF Status: Submitted to State
State Tr Num:
State Status:
Co Tr Num: 2256
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:

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General Information

Project Name: 2256 - DC GHMSI SG ACA ON-EXCHANGE Status of Filing in Domicile: Pending
 Project Number: 2256 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: 5.2%
 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: No

Filing Description:

This filing contains the rate proposal for the portfolio of benefits to be offered by Group Hospitalization & Medical Services, Inc. to Small Groups on the D.C. Exchange. We are submitting 14 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

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

Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

SERFF Tracking #:

CFAP-131468322

State Tracking #:

Company Tracking #:

2256

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Group Hospitalization and Medical Services, Inc.

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Rate Information

Rate data applies to filing.

Filing Method:

SERFF

Rate Change Type:

Increase

Overall Percentage of Last Rate Revision:

12.200%

Effective Date of Last Rate Revision:

10/01/2018

Filing Method of Last Filing:

SERFF

SERFF Tracking Number of Last Filing:

CFAP-131010712

Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Group Hospitalization and Medical Services, Inc.	Increase	5.200%	5.200%	\$9,788,376	14,729	\$187,247,393	7.900%	3.000%

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Rate Review Detail

COMPANY:

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

PRODUCTS:

Product Name	HIOS Product ID	HIOS Submission ID	Number of Covered Lives
BluePreferred PPO	78079DC022		25631

Trend Factors:

FORMS:

New Policy Forms: DC CF BP PPO 1000 90-70 (1-19), DC CF BP PPO BF HSA SIL 1500 (1-19), DC CF BP PPO CDH 2250 80-60 (1-19), DC CF BP PPO CDH SIL 1500 (1-19), DC CF BP PPO CDH SIL 2000 (1-19), DC CF BP PPO GOLD 1000 (1-19), DC CF BP PPO GOLD 1500 (1-19), DC CF BP PPO GOLD 500 (1-19), DC CF BP PPO PLAT 0 (1-19), DC CF BP PPO PLAT 500 (1-19), DC CF BP PPO SIL 1000 (1-19), DC CF HB PPO CDH SIL 2000 (1-19), DC CF HB PPO GOLD 1500 (1-19), DC CF HB PPO PLAT 500 (1-19), DC/CF/BLCRD (R. 6/18), DC/CF/MEM/BLCRD (R. 6/18), DC/CF/SG/CCHRADM (1/19), DC/CF/SG/INCENT (R. 1/19), DC/CF/SHOP/2019 AMEND (1/19), DC/GHMSI-HEALTH GUARANTEE 6/18, DC-CF-SHOP-GC (R 1-19)

Affected Forms:

Other Affected Forms: DC CF SHOP ELIG AMEND (1-17), DC/CF/ANCILLARY AMEND (10/12), DC/CF/PARTNER (R. 7/09), DC/CF/PT PROTECT (9/10), DC/CF/SHOP/ELIG (1/14), DC/GHMSI/DOL APPEAL (R. 1/17), DC/GHMSI/FAM PLAN (8/12), DC-CF-SHOP-PPO-DOCS (1-17), DC-CF-SHOP-PPO-EOC (1-17)

REQUESTED RATE CHANGE INFORMATION:

Change Period: Annual
 Member Months: 314,023
 Benefit Change: Increase
 Percent Change Requested: Min: 3.0 Max: 7.9 Avg: 5.2

PRIOR RATE:

Total Earned Premium: 187,247,393.00
 Total Incurred Claims: 143,326,439.00
 Annual \$: Min: 418.30 Max: 648.49 Avg: 580.67

REQUESTED RATE:

Projected Earned Premium: 202,473,285.00
 Projected Incurred Claims: 165,280,167.00
 Annual \$: Min: 451.03 Max: 679.21 Avg: 610.78

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Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		2256 - DC GHMSI - Small Group - Rate Sheets - 6-1	DC CF SHOP ELIG AMEND (1-17), DC/CF/ANCILLARY AMEND (10/12), DC/CF/PARTNER (R. 7/09), DC/CF/PT PROTECT (9/10), DC/CF/SHOP/ELIG (1/14), DC/GHMSI/DOL APPEAL (R. 1/17), DC/GHMSI/FAM PLAN (8/12), DC-CF-SHOP-PPO-DOCS (1-17), DC-CF-SHOP-PPO-EOC (1-17), DC CF BP PPO 1000 90-70 (1-19), DC CF BP PPO BF HSA SIL 1500 (1-19), DC CF BP PPO CDH 2250 80-60 (1-19), DC CF BP PPO CDH SIL 1500 (1-19), DC CF BP PPO CDH SIL 2000 (1-19), DC CF BP PPO GOLD 1000 (1-19), DC CF BP PPO GOLD 1500 (1-19), DC CF BP PPO GOLD 500 (1-19), DC CF BP PPO PLAT 0 (1-19), DC CF BP PPO PLAT 500 (1-19), DC CF BP PPO SIL 1000 (1-19), DC CF HB PPO CDH SIL 2000 (1-19), DC CF HB PPO GOLD 1500 (1-19), DC CF HB PPO PLAT 500 (1-19), DC/CF/BLCRD (R. 6/18), DC/CF/MEM/BLCRD (R. 6/18), DC/CF/SG/CCHRADM (1/19), DC/CF/SG/INCENT (R. 1/19), DC/CF/SHOP/2019 AMEND (1/19), DC/GHMSI-HEALTH GUARANTEE 6/18, DC-CF-SHOP-GC (R 1-19)	Revised	Previous State Filing Number: CFAP-131010712 Percent Rate Change Request: 5.2	2256 - DC GHMSI - Small Group - Rate Sheets - 6-1.pdf,

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

HIOS Plan ID	HIOS Product	HIOS Plan Name	On/Off Exchange	Rx Benefit**	Benefit Description*	Deductible	OOP Max	Individual Base Rate				Incremental Base Rate % Change		
								01/2019	04/2019	07/2019	10/2019	04/2019	07/2019	10/2019
78079DC0220032	BluePreferred PPO	BluePreferred PPO 1000 90%/70%	On	Int: \$10/20%/40%/50% to \$100 Max/50% to \$150 Max	IN: 10%; OON: 30%	IN: \$1,000 (Integrated); OON: \$2,000	IN: \$6,550; OON: \$13,100	\$540.95	\$554.80	\$567.00	\$580.82	2.6%	2.2%	2.4%
78079DC0220033	BluePreferred PPO	BluePreferred PPO HSA/HRA 2250 80%/60%	On	Int: \$10/20%/40%/50% to \$100 Max/50% to \$150 Max	IN: 20%; OON: 40%	IN: \$2,250 (Integrated); OON: \$4,500	IN: \$6,550; OON: \$13,100	\$451.03	\$462.58	\$472.75	\$484.27	2.6%	2.2%	2.4%
78079DC0220034	BluePreferred PPO	BluePreferred PPO 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	\$488.13	\$500.62	\$511.63	\$524.10	2.6%	2.2%	2.4%
78079DC0220020	BluePreferred PPO	BluePreferred PPO 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	\$561.35	\$575.71	\$588.37	\$602.71	2.6%	2.2%	2.4%
78079DC0220031	BluePreferred PPO	BluePreferred PPO Gold 1500	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: \$1,500 Med / \$250 Rx; OON: \$3,000	IN: \$3,500; OON: \$7,000	\$553.21	\$567.37	\$579.85	\$593.98	2.6%	2.2%	2.4%
78079DC0220021	BluePreferred PPO	BluePreferred PPO 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	\$576.13	\$590.88	\$603.87	\$618.58	2.6%	2.2%	2.4%
78079DC0220022	BluePreferred PPO	BluePreferred PPO 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	\$487.62	\$500.10	\$511.10	\$523.55	2.6%	2.2%	2.4%
78079DC0220023	BluePreferred PPO	BluePreferred PPO HSA/HRA Silver 2000	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: \$2,000 (Integrated); OON: \$4,000	IN: \$5,500; OON: \$9,000	\$473.00	\$485.11	\$495.78	\$507.86	2.6%	2.2%	2.4%
78079DC0220024	BluePreferred PPO	BluePreferred PPO 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	\$679.21	\$696.59	\$711.91	\$729.26	2.6%	2.2%	2.4%
78079DC0220025	BluePreferred PPO	BluePreferred PPO Platinum 500	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: \$500 Med / \$0 Rx; OON: \$1,000	IN: \$1,500; OON: \$3,000	\$652.35	\$669.05	\$683.76	\$700.42	2.6%	2.2%	2.4%
78079DC0220026	BluePreferred PPO	BluePreferred PPO Silver 1000	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$40 PCP/\$100 Spec/\$400 ER/\$500 IP; OON: \$120 PCP/Spec/\$600 IP	IN: \$1,000 Med / \$250 Rx; OON: \$2,000	IN: \$7,700; OON: \$15,400	\$477.44	\$489.66	\$500.43	\$512.62	2.6%	2.2%	2.4%
78079DC0220028	BluePreferred PPO	HealthyBlue PPO 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	\$484.17	\$496.56	\$507.48	\$519.84	2.6%	2.2%	2.4%
78079DC0220027	BluePreferred PPO	HealthyBlue PPO 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	\$575.91	\$590.66	\$603.65	\$618.35	2.6%	2.2%	2.4%
78079DC0220030	BluePreferred PPO	HealthyBlue PPO 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	\$659.85	\$676.74	\$691.63	\$708.48	2.6%	2.2%	2.4%

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

** Generic/Preferred Brand/Non-Preferred Brand/Preferred Specialty/Non-Preferred Specialty.

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Project Name/Number: 2256 - DC GHMSI SG ACA ON-EXCHANGE/2256

Supporting Document Schedules

Satisfied - Item:	Actuarial Justification
Comments:	Please see the Actuarial Certification in the Actuarial Memorandum.
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	AV Screenshots_DC SG GHMSI.pdf 2256_DC_SmallGroup_GHMSI_1.1.19_ActuarialMemorandum_6-1.pdf Small Group - DISB rate filing checklist.pdf 2256_SmallGroup_DC_GHMSI - Part3 - 6-1.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	2256_DC_SmallGroup_GHMSI_1.1.19_ActuarialMemorandum_6-1.pdf DC SG - GHMSI - Index & Plan Comparison - 6-1.pdf
Item Status:	
Status Date:	

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

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

Satisfied - Item:	Cover Letter All Filings
Comments:	

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Attachment(s):	2019 ACA_Cover Letter_SmallGroup_DC_GH - 6-1-2018.pdf
Item Status:	
Status Date:	

Satisfied - Item:	DISB Actuarial Memorandum Dataset
Comments:	
Attachment(s):	2256 - DC GHMSI Small Group (2019) - Dataset - Sent 6-1.xlsx
Item Status:	
Status Date:	

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

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

Satisfied - Item:	Unified Rate Review Template
Comments:	
Attachment(s):	2256 DC GHMSI Small Group URRT - 6-1.pdf 2256 DC GHMSI Small Group URRT - 6-1.xlsm
Item Status:	
Status Date:	

Satisfied - Item:	District of Columbia Plain Language Summary
Comments:	
Attachment(s):	2256 - DC SG - GHMSI - PartII Rate Justification - 6-1.pdf
Item Status:	
Status Date:	

Satisfied - Item:	DISB Rate Filing Checklist
Comments:	
Attachment(s):	Small Group - DISB rate filing checklist.pdf

SERFF Tracking #:

CFAP-131468322

State Tracking #:

Company Tracking #:

2256

State:

District of Columbia

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Group Hospitalization and Medical Services, Inc.

TOI/Sub-TOI:

H16G Group Health - Major Medical/H16G.003A Small Group Only - PPO

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Item Status:	
Status Date:	

Satisfied - Item:	RateE File
Comments:	
Attachment(s):	GHMSI.DC.RATEE.2017Q4.20180410 - Small Group GHMSI.xlsx
Item Status:	
Status Date:	

Satisfied - Item:	Objection Response Documentation
Comments:	Will add as necessary.
Attachment(s):	
Item Status:	
Status Date:	

SERFF Tracking #:

CFAP-131468322

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Company Tracking #:

2256

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Attachment 2256 - DC GHMSI Small Group (2019) - Dataset - Sent 6-1.xlsx is not a PDF document and cannot be reproduced here.

Attachment 2256 DC GHMSI Small Group URRT - 6-1.xlsm is not a PDF document and cannot be reproduced here.

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

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

**Rate Filing # 2256
D.C. Small Group On/Off Exchange Products
Rate Filing Effective 1/1/2019**

Actuarial Value Calculations

**CareFirst BlueCross BlueShield (GHMSI)
DC Small Group**

Table of Contents

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2	Table of Contents
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	<i>AV Screenshots</i>
4	Platinum - \$0/\$0 Ded, \$1500 OOP, \$10/\$20 - Hospital
5	Platinum - \$0/\$0 Ded, \$1500 OOP, \$10/\$20 - Freestanding
6	Platinum - \$500/\$0 Ded, \$1500 OOP, \$10/\$20 - Hospital
7	Platinum - \$500/\$0 Ded, \$1500 OOP, \$10/\$20 - Freestanding
8	Gold - \$500/\$250 Ded, \$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 - \$1500/\$250 Ded, \$3500 OOP, \$15/\$30 - Hospital
13	Gold - \$1500/\$250 Ded, \$3500 OOP, \$15/\$30 - Freestanding
14	Silver - \$1000/\$250 Ded, \$7700 OOP, \$40/\$100 - Hospital
15	Silver - \$1000/\$250 Ded, \$7700 OOP, \$40/\$100 - Freestanding
16	Silver - \$1500 Ded, \$5900 OOP, \$25/\$50 - Hospital
17	Silver - \$1500 Ded, \$5900 OOP, \$25/\$50 - Freestanding
18	Silver - \$2000 Ded, \$5500 OOP, \$25/\$50 - Hospital
19	Silver - \$2000 Ded, \$5500 OOP, \$25/\$50 - Freestanding
20	Platinum - HealthyBlue - \$500/\$0 Ded, \$1500 OOP, \$0/\$30 - Hospital
21	Platinum - HealthyBlue - \$500/\$0 Ded, \$1500 OOP, \$0/\$30 - Freestanding
22	Gold - HealthyBlue - \$1500/\$0 Ded, \$7650 OOP, \$0/\$30 - Hospital
23	Gold - HealthyBlue - \$1500/\$0 Ded, \$7650 OOP, \$0/\$30 - Freestanding
24	Silver - HealthyBlue - \$2000 Ded, \$6550 OOP, \$0/\$45 - Hospital
25	Silver - HealthyBlue - \$2000 Ded, \$6550 OOP, \$0/\$45 - Freestanding
26	SHOP - BluePreferred PPO HSA/HRA 2250 80%/60%
27	SHOP - BluePreferred PPO 1000 90%/70%
28	Silver - BlueFund - \$1500 Ded, \$5700 OOP, \$25/\$50 - Hospital
29	Silver - BlueFund - \$1500 Ded, \$5700 OOP, \$25/\$50 - Freestanding

**CareFirst BlueCross BlueShield (GHMSI)
MD Small Group**

<u>Plan Name*</u>	<u>Metal Level</u>	<u>Actuarial Value</u>	<u>Page #'s of AV Screenshot**</u>	<u>Unique Plan</u>
BluePreferred PPO 1000 90%/70%	Gold	80.60%	27	No
BluePreferred PPO HSA/HRA 2250 80%/60%	Silver	71.27%	26	No
BluePreferred PPO Platinum 0	Platinum	91.58%	4, 5	Yes
BluePreferred PPO Platinum 500	Platinum	90.55%	6, 7	Yes
BluePreferred PPO Gold 500	Gold	81.55%	8, 9	Yes
BluePreferred PPO Silver 1000	Silver	71.96%	14, 15	Yes
BluePreferred PPO Gold 1000	Gold	81.58%	10, 11	Yes
BluePreferred PPO Gold 1500	Gold	81.77%	12, 13	Yes
BluePreferred PPO HSA/HRA Silver 1500	Silver	71.65%	16, 17	Yes
BluePreferred PPO Silver 1500 BlueFund HSA	Silver	71.95%	28, 29	Yes
BluePreferred PPO HSA/HRA Silver 2000	Silver	70.79%	18, 19	Yes
HealthyBlue PPO Platinum 500	Platinum	90.83%	20, 21	Yes
HealthyBlue PPO Gold 1500	Gold	81.99%	22, 23	Yes
HealthyBlue PPO HSA/HRA Silver 2000	Silver	71.17%	24, 25	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.

User Inputs for Plan Parameters

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

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

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

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1		Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?			
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00				
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$70.18	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		

Copays Weights

OP Facility Surgery	\$ 150	20%
OP Facility Non-Surgery	\$ 50	80%
	\$ 70.18	

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

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

Specialty Drugs	Coins Max	Weighting
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Output

Status/Error Messages: Calculation Successful.
 Actuarial Value: 91.52%
 Metal Tier: Platinum
 NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:
 Calculation Time: 0.1367 seconds

Final 2019 AV Calculator

Hospital SoS AV	91.52%
Freestanding SoS AV	91.84%
Final Blended AV*	91.58%

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

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

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

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

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

Copays Weights

OP Facility Surgery	\$ 50	100%
OP Facility Non-Surgery		0%

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

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

Specialty Drugs	Coins Max	Weighting
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Output Calculate

Status/Error Messages: Calculation Successful.
 Actuarial Value: 91.84%
 Metal Tier: Platinum

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

Additional Notes:
 Calculation Time: 0.0781 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: Platinum

Inputs for Hospital Site-of-Service

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

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

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1		Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?			
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00				
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$70.18	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		

Copays Weights

OP Facility Surgery	\$ 150	20%
OP Facility Non-Surgery	\$ 50	80%
	\$ 70.18	

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

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

Specialty Drugs	Coins Max	Weighting
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Output

Status/Error Messages: Calculation Successful.
 Actuarial Value: 90.26%
 Metal Tier: Platinum
 NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:
 Calculation Time: 0.1094 seconds

Final 2019 AV Calculator

Hospital SoS AV	90.26%
Freestanding SoS AV	91.79%
Final Blended AV*	90.55%

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

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

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

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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

Copays Weights

OP Facility Surgery	\$ 50	100%
OP Facility Non-Surgery		0%

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

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

Specialty Drugs

Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Output

Calculate

Status/Error Messages:
 Actuarial Value:
 Metal Tier:

Calculation Successful.
 91.79%
 Platinum

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

Additional Notes:

Calculation Time: 0.0781 seconds

Final 2019 AV Calculator

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

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

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$500.00	\$250.00
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%
MOOP (\$)	\$5,000.00	
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Copay applies only after deductible?	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Tier 1	Tier 2
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.45	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Copays Weights

OP Facility Surgery	\$ 300	20%
OP Facility Non-Surgery	\$ 50	80%
	\$ 100.45	

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

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

Specialty Drugs

Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Output

Calculate

Status/Error Messages: Calculation Successful.

Actuarial Value: 81.22%

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

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$500.00	\$250.00
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%
MOOP (\$)	\$5,000.00	
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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

Copays Weights

OP Facility Surgery	\$ 200	100%
OP Facility Non-Surgery		0%

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

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

Specialty Drugs	Coins Max	Weighting
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Output

Calculate

Status/Error Messages: Error: Result is outside of [-4, +2] percent de minimis variation.
 Actuarial Value: 82.94%
 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:

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

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

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

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.45	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Copays Weights

OP Facility Surgery	\$ 300	20%
OP Facility Non-Surgery	\$ 50	80%
	\$ 100.45	

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

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

Specialty Drugs

Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Output

Calculate

Status/Error Messages:

Actuarial Value: 81.09%
 Metal Tier: Gold

Calculation Successful.

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: 0.1406 seconds

Final 2019 AV Calculator

Hospital SoS AV	81.09%
Freestanding SoS AV	83.66%
Final Blended AV*	81.58%

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

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

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

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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

Copays Weights

OP Facility Surgery	\$ 200	100%
OP Facility Non-Surgery		0%

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

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

Specialty Drugs	Coins Max	Weighting
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Output

Calculate

Status/Error Messages: Error: Result is outside of [-4, +2] percent de minimis variation.
 Actuarial Value: 83.66%
 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:

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

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

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

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.45	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Copays Weights

OP Facility Surgery	\$ 300	20%
OP Facility Non-Surgery	\$ 50	80%
	\$ 100.45	

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

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

Specialty Drugs

Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Output

Calculate

Status/Error Messages: Calculation Successful.
 Actuarial Value: 81.19%
 Metal Tier: Gold

Additional Notes: NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Calculation Time: 0.1406 seconds

Final 2019 AV Calculator

Hospital SoS AV	81.19%
Freestanding SoS AV	84.27%
Final Blended AV*	81.77%

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

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

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

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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

Copays Weights

OP Facility Surgery	\$ 200	100%
OP Facility Non-Surgery		0%

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

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

Specialty Drugs

Specialty Drugs	Coins Max	Weighting
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Output

Calculate

Status/Error Messages:

Actuarial Value:
 Metal Tier:

Error: Result is outside of [-4, +2] percent de minimis variation.
 84.27%

Additional Notes:

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Calculation Time:

Final 2019 AV Calculator

0.0781 seconds

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

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

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$1,000.00	\$250.00
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%
MOOP (\$)	\$7,700.00	
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Copay applies only after deductible?	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Tier 1	Tier 2
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$550.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$140.81	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Copays Weights

OP Facility Surgery	\$ 500	20%
OP Facility Non-Surgery	\$ 50	80%
	\$ 140.81	

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input checked="" type="checkbox"/>
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

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

Specialty Drugs

	Coins Max	Weighting
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Output

Calculate

Status/Error Messages:

Actuarial Value: 71.74%
 Metal Tier: Silver

Calculation Successful.

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: 0.1055 seconds

Final 2019 AV Calculator

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

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

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$1,000.00	\$250.00
Coinsurance (% Insurer's Cost Share)	100.00%	100.00%
MOOP (\$)	\$7,700.00	
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input checked="" type="checkbox"/>
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

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

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

Specialty Drugs	Coins Max	Weighting
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Output

Calculate

Status/Error Messages: Error: Result is outside of [-4, +2] percent de minimis variation.
 Actuarial Value: 72.92%
 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:

Calculation Time: 0.125 seconds

Final 2019 AV Calculator

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

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

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$1,500.00
Coinsurance (%; Insurer's Cost Share)		100.00%
MOOP (\$)		\$5,900.00
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Copay applies only after deductible?	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Tier 1	Tier 2
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$140.81	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Copays Weights

OP Facility Surgery	\$ 500	20%
OP Facility Non-Surgery	\$ 50	80%
	\$ 140.81	

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

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

Specialty Drugs

	Coins Max	Weighting
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Output

Calculate

Status/Error Messages:

Actuarial Value: 71.47%
 Metal Tier: Silver

Calculation Successful.

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	71.47%
Freestanding SoS AV	72.43%
Final Blended AV*	71.65%

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

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$1,500.00
Coinsurance (% , Insurer's Cost Share)		100.00%
MOOP (\$)		\$5,900.00
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

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

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

Specialty Drugs	Coins Max	Weighting
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Output

Calculate

Status/Error Messages: Error: Result is outside of [-4, +2] percent de minimis variation.
 Actuarial Value: 72.43%
 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:

Calculation Time: 0.0938 seconds

Final 2019 AV Calculator

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

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

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$2,000.00
Coinsurance (% Insurer's Cost Share)		100.00%
MOOP (\$)		\$5,500.00
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$120.63	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Copays Weights

OP Facility Surgery	\$ 400	20%
OP Facility Non-Surgery	\$ 50	80%
	\$ 120.63	

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input checked="" type="checkbox"/>
# Days (1-10):	3
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

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

Specialty Drugs	Coins Max	Weighting
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Output

Calculate

Status/Error Messages: Calculation Successful.
 Actuarial Value: 70.70%
 Metal Tier: Silver

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: 0.1562 seconds

Final 2019 AV Calculator

Hospital SoS AV	70.70%
Freestanding SoS AV	71.18%
Final Blended AV*	70.79%

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

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$2,000.00
Coinsurance (% Insurer's Cost Share)		100.00%
MOOP (\$)		\$5,500.00
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Copays Weights

OP Facility Surgery	\$ 300	100%
OP Facility Non-Surgery		0%

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input checked="" type="checkbox"/>
# Days (1-10):	3
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

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

Specialty Drugs	Coins Max	Weighting
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Output

Calculate

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

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: 0.0625 seconds

Final 2019 AV Calculator

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

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

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

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

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1		Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?			
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.27	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		

Copays	Weights
\$ 200	20%
\$ 50	80%
\$ 80.27	

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

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

Specialty Drugs

	Coins Max	Weighting
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Output

Calculate

Status/Error Messages:

Actuarial Value: 90.36%
 Metal Tier: Platinum

Additional Notes:

Calculation Successful.

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Calculation Time:

Final 2019 AV Calculator

0.125 seconds

Hospital SoS AV	90.36%
Freestanding SoS AV	92.82%
Final Blended AV*	90.83%

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

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

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

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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

Copays Weights

OP Facility Surgery	\$ 100	100%
OP Facility Non-Surgery		0%

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

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

Specialty Drugs	Coins Max	Weighting
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Output

Calculate

Status/Error Messages:

Error: Result is outside of [-4, +2] percent de minimis variation.
 92.82%

Actuarial Value:
 Metal Tier:

Additional Notes:

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

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

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$1,500.00	\$0.00
Coinsurance (% Insurer's Cost Share)	100.00%	100.00%
MOOP (\$)	\$7,650.00	
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1		Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?			
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.27	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		

Copays Weights

OP Facility Surgery	\$ 200	20%
OP Facility Non-Surgery	\$ 50	80%
	\$ 80.27	

Specialty Drugs	Coins Max	Weighting
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

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

Output

Calculate

Status/Error Messages: Calculation Successful.
 Actuarial Value: 80.78%
 Metal Tier: Gold

Additional Notes: NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Calculation Time: 0.1719 seconds

Final 2019 AV Calculator

Hospital SoS AV	80.78%
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 for Freestanding Site-of-Service

User Inputs for Plan Parameters

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

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$1,500.00	\$0.00
Coinsurance (% Insurer's Cost Share)	100.00%	100.00%
MOOP (\$)	\$7,650.00	
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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

Copays Weights

OP Facility Surgery	\$ 100	100%
OP Facility Non-Surgery		0%

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

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

Specialty Drugs

Specialty Drugs	Coins Max	Weighting
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Output

Calculate

Status/Error Messages:
 Actuarial Value:
 Metal Tier:

Calculation resolved without matching metal tiers.
 87.17%
 Platinum

Additional Notes:

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Calculation Time:

0.1211 seconds

Final 2019 AV Calculator

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

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

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

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

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.27	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Copays Weights

OP Facility Surgery	\$ 200	20%
OP Facility Non-Surgery	\$ 50	80%
	\$ 80.27	

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

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

Specialty Drugs

	Coins Max	Weighting
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Output

Calculate

Status/Error Messages:

Actuarial Value:
 Metal Tier:

Calculation Successful.

70.79%
 Silver

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:

0.1562 seconds

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 for Freestanding Site-of-Service

User Inputs for Plan Parameters

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

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

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

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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

Copays Weights

OP Facility Surgery	\$ 100	100%
OP Facility Non-Surgery		0%

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

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

Specialty Drugs

Specialty Drugs	Coins Max	Weighting
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Output

Calculate

Status/Error Messages:

Error: Result is outside of [-4, +2] percent de minimis variation.

Actuarial Value:

72.78%

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:

Calculation Time:

0.1406 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: Silver

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$2,250.00
Coinsurance (% , Insurer's Cost Share)		80.00%
MOOP (\$)		\$6,550.00
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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

Copays Weights

Copays	Weights
OP Facility Surgery	20%
OP Facility Non-Surgery	80%
\$ -	

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

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

Specialty Drugs
 Tier 4
 Tier 5

Coins Max	Weighting
\$ 100	78%
\$ 150	22%
\$ 111	

Output

Calculate

Status/Error Messages: Calculation Successful.
 Actuarial Value: 71.27%
 Metal Tier: Silver

Additional Notes:

Calculation Time: 0.1055 seconds

Final 2019 AV Calculator

71.27%

User Inputs for Plan Parameters

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

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$1,000.00
		90.00%
		\$6,550.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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

Copays Weights

OP Facility Surgery		20%
OP Facility Non-Surgery		80%
	\$ -	

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input checked="" type="checkbox"/>	
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>	
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>	
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>	
# Copays (1-10):	

Plan Description:

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

Specialty Drugs	Coins Max	Weighting
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 111	

Output

Calculate

Status/Error Messages: Calculation Successful.
 Actuarial Value: 80.60%
 Metal Tier: Gold

Additional Notes:

Calculation Time: 0.0625 seconds

Final 2019 AV Calculator

80.60%

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

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

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$1,500.00
Coinsurance (% , Insurer's Cost Share)		100.00%
MOOP (\$)		\$5,700.00
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Copay applies only after deductible?	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Tier 1	Tier 2
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$140.81	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Copays Weights

OP Facility Surgery	\$ 500	20%
OP Facility Non-Surgery	\$ 50	80%
	\$ 140.81	

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

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

Specialty Drugs

	Coins Max	Weighting
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

71.79%

Metal Tier:

Silver

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

Additional Notes:

Calculation Time:

0.1094 seconds

Final 2019 AV Calculator

Hospital SoS AV	71.79%
Freestanding SoS AV	72.65%
Final Blended AV*	71.95%

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

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$1,500.00
		100.00%
		\$5,700.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (Inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Copays Weights

OP Facility Surgery	\$ 300	100%
OP Facility Non-Surgery		0%

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

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

Specialty Drugs

	Coins Max	Weighting
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Output

Calculate

Status/Error Messages: Error: Result is outside of [-4, +2] percent de minimis variation.
 Actuarial Value: 72.65%
 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:

Calculation Time: 0.0938 seconds

Final 2019 AV Calculator

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

**Rate Filing # 2256
D.C. Small Group Products
Rate Filing Effective 1/1/2019**

Actuarial Memorandum

Group Hospitalization & Medical Services Inc.
(NAIC # 53007)
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 GHMSI 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 Digitally signed by Dwayne
Lucado
Date: 2018.06.01 12:22:29 -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	\$ 556.31	2
(2) Base Period Non-EHB PMPM	\$ 3.02	2
(3) Experience Period Index Rate	\$ 553.28	
(4) Change in Morbidity	1.0073	4
(5) Additional Population Adjustment	1.0000	
(6) Induced Demand	1.0052	5
(7) Projection Period Utilization and Network Adjustment	1.0000	
(8) Demographic Adjustment	0.9811	6
(9) Area Adjustment	1.0000	
(10) Additional "Other" Adjustments	1.0055	7
(11) Annualized Trend	7.5%	8
(12) Months of Trend	24.0	
(13) Unit cost & Utilization/1,000 Trend Factor	1.1558	
(14) Projection Period Index Rate	\$ 638.68	
(15) Risk Adjustment Program	0.9406	9
(16) Federal Exchange User Fee	1.0000	
(17) Market Adjusted Index Rate	\$ 600.75	
Without Risk Adjustment	\$ 638.68	

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

Exhibit 2 - Base Period Experience

Service Category	Incurred	Allowed	Allowed PMPM	Utilization Description	Utilization per 1,000	Average Cost/Service
Inpatient Hospital	\$ 40,342,521	\$ 95.24		Admits	63.71	\$ 17,937.98
Outpatient Hospital	\$ 47,788,054	\$ 112.81		Visits	910.68	\$ 1,486.55
Professional	\$ 72,722,966	\$ 171.68		Visits	11,676.18	\$ 176.44
Other Medical	\$ 12,701,727	\$ 29.99		Services	1,474.36	\$ 244.05
Capitation	\$ 438,182	\$ 1.03		Benefit Period	1,000	\$ 12.41
Prescription Drug	\$ 61,658,794	\$ 145.56		Prescriptions	10,021.48	\$ 174.30
Total (EHB & Non-EHB)	\$ 235,652,243	\$ 556.31				
EHB Allowed	\$ 234,371,502	\$ 553.28				
Non-EHB Allowed	\$ 1,280,741	\$ 3.02				
Incurred Net	\$ 207,948,201	\$ 490.90				
Net/Allowed	88.24%					
Experience Period Member Months	423,602					

Exhibit 3 - Non-EHB Adjustment

		2019 On-Exchange	2019 Off-Exchange	
(1)	Blended Index Rate	\$ 654.26	\$ 654.26	
(2)	Non-EHB PMPM	\$ 3.35	\$ 3.35	
(3)	Total	\$ 657.61	\$ 657.61	
(4)	Plan Level Adjustment	1.005	1.005	(3)/(1)

Exhibit 4 - Morbidity Adjustment Factor

Base Year (2017)

2017 SRP Allowed PMPM	ACA Member Months	2017 Allowed PMPM	Normalized Allowed PMPM
Subtotal	423,602	\$ 576.36	\$ 333.31

Current Year YTD (2018)

Existing	2018 Existing from 2017	ACA Member Count	Trend Factor	Normalized Allowed PMPM
Catastrophic	-	-	1.00	\$ -
Bronze	1,668	-	1.00	\$ 177.17
Silver	5,146	-	1.00	\$ 268.88
Gold	9,662	-	1.00	\$ 344.11
Platinum	14,584	-	1.00	\$ 371.51

New	New to 2018	ACA Member Count	Trend Factor	Normalized Allowed PMPM
Catastrophic	-	-	1.00	\$ -
Bronze	262	-	1.00	\$ 177.17
Silver	491	-	1.00	\$ 268.88
Gold	809	-	1.00	\$ 344.11
Platinum	790	-	1.00	\$ 371.51

Transfer	2016 Transfer from Other SBU	ACA Member Count	Trend Factor	Normalized Allowed PMPM
Catastrophic	-	-	1.00	\$ -
Bronze	133	-	1.00	\$ 126.07
Silver	280	-	1.00	\$ 213.28
Gold	281	-	1.00	\$ 380.40
Platinum	244	-	1.00	\$ 474.03

2018 YTD SRP Total	ACA Member Count	Trend Factor	Normalized Allowed PMPM
Catastrophic	-	-	\$ -
Bronze	2,063	1.00	\$ 173.87
Silver	5,917	1.00	\$ 266.25
Gold	10,752	1.00	\$ 345.06
Platinum	15,618	1.00	\$ 373.11

Current Year (2018)*

2018 Existing	ACA Member Months	Normalized Allowed PMPM
Catastrophic	-	\$ -
Bronze	16,149	\$ 173.87
Silver	52,853	\$ 266.00
Gold	100,677	\$ 343.47
Platinum	148,495	\$ 368.42

New to 2018	ACA Member Months	Normalized Allowed PMPM
Catastrophic	-	\$ -
Bronze	2,850	\$ 177.17
Silver	4,984	\$ 270.42
Gold	6,567	\$ 385.69
Platinum	8,484	\$ 477.76

2018 SRP Total	ACA Member Months	Normalized Allowed PMPM
Catastrophic	-	\$ -
Bronze	18,998	\$ 174.37
Silver	57,838	\$ 266.38
Gold	107,244	\$ 346.06
Platinum	156,979	\$ 374.33

Projected Year (2019)

2019 Existing	ACA Member Months	Normalized Allowed PMPM
Catastrophic	-	\$ -
Bronze	19,311	\$ 174.37
Silver	64,043	\$ 266.14
Gold	122,529	\$ 343.19
Platinum	180,858	\$ 367.62

New to 2019	ACA Member Months	Normalized Allowed PMPM
Catastrophic	-	\$ -
Bronze	3,408	\$ 177.17
Silver	5,995	\$ 270.40
Gold	7,930	\$ 384.76
Platinum	10,278	\$ 475.44

2019 SRP Total	ACA Member Months	Normalized Allowed PMPM
Catastrophic	-	\$ 1.00
Bronze	22,719	\$ 174.79
Silver	70,038	\$ 266.51
Gold	130,459	\$ 345.71
Platinum	191,136	\$ 373.42

	Total Normalized PMPM	Trends
2017	\$ 333.31	
2018	\$ 335.99	0.81%
2019	\$ 335.73	0.73%

Adjustment for Change in Morbidity 1.0073**

*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	82.48%	1.0974	
(2) Projected 2019	83.29%	1.1030	
(3) Adjustment*		1.0052	(2)/(1)

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

Exhibit 6 - Demographic Adjustment

	Period	Cohort	Demo Factor*	Weight	Average Age**
(1)	Base Period	All	1.7078	100.0%	34.8
(2)	Rating Period	Existing	1.6899	91.4%	
		New	1.4728	6.7%	
		Transfer	1.6899	2.0%	
(3)	Rating Period	All	1.6755	100.0%	34.2
(4)	Demographic Adjustment***	All	0.9811		

(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	\$	0.78	
(2) Projected Capitulations PMPM	\$	0.51	
(3) Adjustment to Capitation Category		0.6510	(2)/(1)
Drug Rebates adjustment			
(4) Experience Period Allowed Rx PMPM (Pre-Rebate)	\$	166.90	
(5) Experience Pharmacy Rebates PMPM	\$	(21.34)	
(6) Projected Pharmacy Rebates PMPM	\$	(11.72)	
(7) Post-Rebate Rx PMPM (using Experience Rebates)	\$	145.56	
(8) Post-Rebate Rx PMPM (using Projected Rebates)	\$	155.18	
(9) Adjustment to Drug Category		1.0661	(8)/(7)
Formulary Adjustments			
(10) Experience Period Allowed Rx PMPM (Pre-Rebate, existing formulary)	\$	166.90	
(11) Ingredient cost adjustment factor		0.961	
(12) Experience Period Allowed Rx PMPM (Pre-Rebate, new formulary)	\$	160.39	(10)*(11)
(13) Projection Period Pharmacy Rebates PMPM	\$	(11.72)	
(14) Adjustment to Drug Category		0.9581	[(12) + (13)]/[(10) + (13)]

	PMPM	Adjustment
Inpatient Hospital	\$ 104.34	1.000
Outpatient Hospital	\$ 131.73	1.000
Professional	\$ 191.20	1.000
Other Medical	\$ 32.21	1.000
Capitation	\$ 0.78	0.651
Prescription Drug	\$ 174.94	1.021
Total	\$ 635.21	1.005

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

Exhibit 8 - Annual Trend Assumptions

	2017 PMPM	Weight	Utilization/1,000	Unit Cost	Composite
Inpatient Hospital	\$ 95.24	17%	1.0100	1.0400	1.050
Outpatient Hospital	\$ 112.81	20%	1.0400	1.0450	1.087
Professional	\$ 171.68	31%	1.0500	1.0150	1.066
Other Medical	\$ 29.99	5%	1.0000	1.0400	1.040
Capitation	\$ 1.03	0%	1.0000	1.0000	1.000
Prescription Drug	\$ 145.56	26%	1.0000	1.1000	1.100
Total	\$ 556.31	100%			1.075
 Proposed Trend					 1.075

Exhibit 9 - Risk Adjustment

2017

Metallic Tier	Member Months	Distribution	PLRS	ARF	Transfer \$	PMPM
Bronze	-	0.0%	-	-	\$0	\$0.00
Silver	39,410	12.4%	1.113	1.095	\$69,655	\$1.77
Gold	110,421	34.6%	1.282	1.036	\$3,494,488	\$31.65
Platinum	169,084	53.0%	1.494	1.065	\$7,395,972	\$43.74
Total	318,915	100%	1.373	1.059	\$10,960,115	\$34.37

Statewide 2017

Statewide PMPM 2017

Small Group	905,954		1.235	1.039	\$ -	\$ 476.26	\$ 476.26
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2019

Metallic Tier	Member Months	Distribution	PLRS	ARF	Transfer \$	PMPM
Bronze	-	0%	-	-	\$0	\$0.00
Silver	41,007	13%	1.111	1.069	\$269,819	\$6.58
Gold	105,809	34%	1.300	1.017	\$4,277,252	\$40.42
Platinum	167,207	53%	1.481	1.053	\$6,288,858	\$37.61
Total	314,023	100%	1.372	1.043	\$10,835,929	\$34.51

Statewide 2019

Statewide PMPM 2019

Small Group	921,890		1.222	1.021	\$ -	\$ 450.54	\$ 450.54
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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*
\$ 654.26	\$38.99	\$ 0.14	0.9406

*Adjustment Factor = $(\$654.26 - \$38.99 + \$0.14) / \654.26

Exhibit 10A - Desired Incurred Claims Ratio

	1Q 2019		2Q 2019		3Q 2019		4Q 2019	
	PMPM	% of Revenue	PMPM	% of Revenue	PMPM	% of Revenue	PMPM	% of Revenue
Allowed Claims	\$ 648.50		\$ 660.43		\$ 672.60		\$ 685.01	
Paid/Allowed Ratio	87.15%		87.15%		87.15%		87.15%	
Paid Claims & Capitations	\$ 565.18		\$ 575.59		\$ 586.19		\$ 597.01	
Risk Adjustment Transfer (Paid Basis)	\$ 34.51		\$ 34.51		\$ 34.51		\$ 34.51	
Paid Claims & Capitations (Post-Risk Adj)	\$ 530.68	82.4%	\$ 541.08	81.9%	\$ 551.69	81.6%	\$ 562.50	81.1%
Administrative Expense	\$ 53.97	8.4%	\$ 53.97	8.2%	\$ 53.97	8.0%	\$ 53.97	7.8%
Broker Commissions & Fee	\$ 25.05	3.9%	\$ 25.05	3.8%	\$ 25.05	3.7%	\$ 25.05	3.6%
Contribution to Reserve (Post-Tax)	\$ 10.94	1.7%	\$ 11.24	1.7%	\$ 11.50	1.7%	\$ 11.79	1.7%
Investment Income Credit	\$ (0.00)	-0.0001%	\$ (0.00)	-0.0001%	\$ (0.00)	-0.0001%	\$ (0.00)	-0.0001%
<u>Non-ACA Taxes & Fees</u>								
State Premium Tax	\$ 12.88	2.0%	\$ 13.22	2.0%	\$ 13.53	2.0%	\$ 13.87	2.0%
State Assessment Fee	\$ 0.74	0.1%	\$ 0.76	0.1%	\$ 0.78	0.1%	\$ 0.80	0.1%
State Income Tax	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%
Federal Income Tax	\$ 1.93	0.3%	\$ 1.98	0.3%	\$ 2.03	0.3%	\$ 2.08	0.3%
<u>ACA Taxes & Fees</u>								
Health Insurer Tax	\$ 0.48	0.1%	\$ 6.45	1.0%	\$ 10.37	1.5%	\$ 15.94	2.3%
Risk Adjustment User Fee	\$ 0.14	0.0%	\$ 0.14	0.0%	\$ 0.14	0.0%	\$ 0.14	0.0%
Exchange Assessment Fee	\$ 6.44	1.0%	\$ 6.61	1.0%	\$ 6.76	1.0%	\$ 6.94	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	0.0%
Total Revenue	\$ 643.80	100.0%	\$ 661.05	100.0%	\$ 676.36	100.0%	\$ 693.62	100.0%
Plan Level Admin Load Adjustment	1.2128		1.2214		1.2257		1.2328	
Projected Member Months	87,580		47,220		44,486		134,738	
Average Members	7,298		3,935		3,707		11,228	
% Total 2019	27.9%		15.0%		14.2%		42.9%	

Exhibit 10B - Federal MLR

	Total 2019
	PMPM / %
<u>Traditional MLR Development</u>	
Paid Claims & Capitations (Post-Risk Adj)	\$ 548.87
Total Revenue	\$ 672.38
Traditional MLR (i.e. DICR)	81.6%
 <u>Federal MLR Development</u>	
Numerator Adjustments	
BlueRewards/Incentive Program	\$ 0.35
Quality Improvement Expenses	\$ 3.66
Removal of non-care costs under MLR guidelines	\$ (7.66)
 Denominator Adjustments	
Non-ACA Taxes & Fees	\$ 16.24
ACA Taxes & Fees	\$ 16.48
 Federal MLR Numerator	 \$ 545.22
Federal MLR Denominator	\$ 639.67
Federal MLR	85.2%
 Projected Member Months	 314,023

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

	Total 2019 PMPM / %
<u>Traditional MLR Development</u>	
Paid Claims & Capitations (Post-Risk Adj) \$	524.05
<u>Total Revenue \$</u>	<u>639.64</u>
Traditional MLR (i.e. DICR)	81.9%
<u>Federal MLR Development</u>	
Numerator Adjustments	
BlueRewards/Incentive Program \$	0.26
Quality Improvement Expenses \$	3.51
Removal of non-care costs under MLR guidelines \$	(6.68)
Denominator Adjustments	
Non-ACA Taxes & Fees \$	15.35
ACA Taxes & Fees \$	13.87
Federal MLR Numerator \$	521.15
Federal MLR Denominator \$	610.41
Federal MLR	85.4%
Projected Member Months	414,352

Exhibit 11 - Plan Adjusted Index Rates

HIOS Plan ID	Plan Name	Plan Type	Metallic Tier	Exchange	Network	Market Adjusted Index Rate	Internal Pricing AV	Induced Utilization	Non-EHB	Admin	Plan Adjusted Index Rate
78079DC0220020	BluePreferred PPO Gold 1000	PPO	Gold	On	Regional Preferred (RPN)	600.75	0.824	0.9820	1.005	1.213	592.58
78079DC0220021	BluePreferred PPO Gold 500	PPO	Gold	On	Regional Preferred (RPN)	600.75	0.846	0.9820	1.005	1.213	608.19
78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500	PPO	Silver	On	Regional Preferred (RPN)	600.75	0.750	0.9370	1.005	1.213	514.76
78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	PPO	Silver	On	Regional Preferred (RPN)	600.75	0.728	0.9370	1.005	1.213	499.32
78079DC0220024	BluePreferred PPO Platinum 0	PPO	Platinum	On	Regional Preferred (RPN)	600.75	0.936	1.0460	1.005	1.213	717.01
78079DC0220025	BluePreferred PPO Platinum 500	PPO	Platinum	On	Regional Preferred (RPN)	600.75	0.899	1.0460	1.005	1.213	688.65
78079DC0220026	BluePreferred PPO Silver 1000	PPO	Silver	On	Regional Preferred (RPN)	600.75	0.734	0.9370	1.005	1.213	504.01
78079DC0220027	HealthyBlue PPO Gold 1500	PPO	Gold	On	Regional Preferred (RPN)	600.75	0.845	0.9820	1.005	1.213	607.96
78079DC0220028	HealthyBlue PPO HSA/HRA Silver 2000	PPO	Silver	On	Regional Preferred (RPN)	600.75	0.745	0.9370	1.005	1.213	511.11
78079DC0220030	HealthyBlue PPO Platinum 500	PPO	Platinum	On	Regional Preferred (RPN)	600.75	0.909	1.0460	1.005	1.213	696.57
78079DC0220031	BluePreferred PPO Gold 1500	PPO	Gold	On	Regional Preferred (RPN)	600.75	0.812	0.9820	1.005	1.213	584.00
78079DC0220032	BluePreferred PPO 1000 90%/70%	PPO	Gold	On	Regional Preferred (RPN)	600.75	0.794	0.9820	1.005	1.213	571.06
78079DC0220033	BluePreferred PPO HSA/HRA 2250 80%/60%	PPO	Silver	On	Regional Preferred (RPN)	600.75	0.694	0.9370	1.005	1.213	476.13
78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	PPO	Silver	On	Regional Preferred (RPN)	600.75	0.751	0.9370	1.005	1.213	515.29

Exhibit 12 - AV Values

HIOS Plan ID	HIOS Plan Name	HHS AV
78079DC0220020	BluePreferred PPO Gold 1000	0.816
78079DC0220021	BluePreferred PPO Gold 500	0.815
78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500	0.717
78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	0.708
78079DC0220024	BluePreferred PPO Platinum 0	0.916
78079DC0220025	BluePreferred PPO Platinum 500	0.905
78079DC0220026	BluePreferred PPO Silver 1000	0.720
78079DC0220027	HealthyBlue PPO Gold 1500	0.820
78079DC0220028	HealthyBlue PPO HSA/HRA Silver 2000	0.712
78079DC0220030	HealthyBlue PPO Platinum 500	0.908
78079DC0220031	BluePreferred PPO Gold 1500	0.818
78079DC0220032	BluePreferred PPO 1000 90%/70%	0.806
78079DC0220033	BluePreferred PPO HSA/HRA 2250 80%/60%	0.713
78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	0.720

Exhibit 13 - Age Calibration

Age Curve Calibration					
	Period	Cohort	Rating Factor*	Weight	Average Age**
(1)	Rating Period	Existing	1.063	91.4%	
		New	0.955	6.7%	
		Transfer	1.063	2.0%	
(2)	Rating Period	All	1.056	100.0%	42.1
(3)	Nearest Rounded	All	1.053		42.0
(4)	Calibration***	All	0.997		

(3)/(2)

Premium Rate Demonstration		
	HIOS Plan Name	BluePreferred PPO Gold 1000
(5)	Plan Adjusted Index Rate	\$592.58
(6)	Calibration	0.997
(7)	Calibrated Rate	\$591.10
(8)	Age 40 Factor/Rounded Avg Age Factor = (0.975/1.053)	0.926
(9)	Age 40 Premium Rate	\$547.31

(4)

(5)*(6)

(7)*(8)

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

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

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

Exhibit 14 - Age Factors

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

Exhibit 15 - Induced Utilization Factors

CDH/Non-CDH	Projected Member Months	Relative to HSA/HRA	Relative to Average
HSA/HRA	44,018	1.000	1.000
Non-CDH	370,334	1.000	1.000
	414,352	1.000	

Metal Level	Projected Member Months	Relative to Bronze	Relative to Average
Catastrophic	0	1.000	0.909
Bronze	22,719	1.000	0.909
Silver	69,738	1.030	0.937
Gold	130,459	1.080	0.982
Platinum	191,435	1.150	1.046
Total	414,352	1.100	

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 ID	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
78079DC0170001	BlueCross BlueShield Preferred 1000, a Multi-State Plan	78079DC0220032	BluePreferred PPO 1000 90%/70%	78079DC0220032	BluePreferred PPO 1000 90%/70%	78079DC0220032	BluePreferred PPO 1000 90%/70%
78079DC0170002	BlueCross BlueShield Preferred 2000, a Multi-State Plan	78079DC0220033	BluePreferred PPO HSA/HRA 2000 80%/60%	78079DC0220033	BluePreferred PPO HSA/HRA 2000 80%/60%	78079DC0220033	BluePreferred PPO HSA/HRA 2250 80%/60%
78079DC0220020	BluePreferred PPO Gold 1000	78079DC0220020	BluePreferred PPO Gold 1000	78079DC0220020	BluePreferred PPO Gold 1000	78079DC0220020	BluePreferred PPO Gold 1000
78079DC0220021	BluePreferred PPO Gold 500	78079DC0220021	BluePreferred PPO Gold 500	78079DC0220021	BluePreferred PPO Gold 500	78079DC0220021	BluePreferred PPO Gold 500
78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500	78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500	78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500	78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500
78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000
78079DC0220024	BluePreferred PPO Platinum 0	78079DC0220024	BluePreferred PPO Platinum 0	78079DC0220024	BluePreferred PPO Platinum 0	78079DC0220024	BluePreferred PPO Platinum 0
78079DC0220025	BluePreferred PPO Platinum 500	78079DC0220025	BluePreferred PPO Platinum 500	78079DC0220025	BluePreferred PPO Platinum 500	78079DC0220025	BluePreferred PPO Platinum 500
78079DC0220026	BluePreferred PPO Silver 1000	78079DC0220026	BluePreferred PPO Silver 1000	78079DC0220026	BluePreferred PPO Silver 1000	78079DC0220026	BluePreferred PPO Silver 1000
78079DC0220027	HealthyBlue PPO Gold 1500	78079DC0220027	HealthyBlue PPO Gold 1500	78079DC0220027	HealthyBlue PPO Gold 1500	78079DC0220027	HealthyBlue PPO Gold 1500
78079DC0220028	HealthyBlue PPO HSA/HRA Silver 2000	78079DC0220028	HealthyBlue PPO HSA/HRA Silver 2000	78079DC0220028	HealthyBlue PPO HSA/HRA Silver 2000	78079DC0220028	HealthyBlue PPO HSA/HRA Silver 2000
78079DC0220029	HealthyBlue PPO Platinum 1000	78079DC0220029	HealthyBlue PPO Platinum 1000	78079DC0220029	HealthyBlue PPO Platinum 1000	78079DC0220030	HealthyBlue PPO Platinum 500
78079DC0220030	HealthyBlue PPO Platinum 500	78079DC0220030	HealthyBlue PPO Platinum 500	78079DC0220030	HealthyBlue PPO Platinum 500	78079DC0220030	HealthyBlue PPO Platinum 500
78079DC0220031	BluePreferred PPO Gold 1500	78079DC0220031	BluePreferred PPO Gold 1500	78079DC0220031	BluePreferred PPO Gold 1500	78079DC0220031	BluePreferred PPO Gold 1500
78079DC0220034		78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA

Appendix - Annual Rate Change Based on Mapping

Base Rate	Bronze Members/Avg Renewal	-	-	n/a
Base Rate	Silver Members/Avg Renewal	3,300	3,347	6.1%
Base Rate	Gold Members/Avg Renewal	8,515	8,636	5.2%
Base Rate	Platinum Members/Avg Renewal	13,456	13,648	5.1%
Base Rate	All Members/Avg Renewal	25,271	25,631	5.2%
Base Rate	Minimum Renewal			3.0%
Base Rate	Maximum Renewal			7.9%

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
78079DC0220020	BluePreferred PPO Gold 1000	Gold	On	78079DC0220020	BluePreferred PPO Gold 1000	Gold	On	2,760.00	2,799	\$534.74	\$561.35	5.0%
78079DC0220021	BluePreferred PPO Gold 500	Gold	On	78079DC0220021	BluePreferred PPO Gold 500	Gold	On	2,593.00	2,630	\$550.78	\$576.13	4.6%
78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500	Silver	On	78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500	Silver	On	835.00	847	\$458.38	\$487.62	6.4%
78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	Silver	On	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	Silver	On	997.00	1,011	\$442.88	\$473.00	6.8%
78079DC0220024	BluePreferred PPO Platinum 0	Platinum	On	78079DC0220024	BluePreferred PPO Platinum 0	Platinum	On	9,200.00	9,331	\$648.49	\$679.21	4.7%
78079DC0220025	BluePreferred PPO Platinum 500	Platinum	On	78079DC0220025	BluePreferred PPO Platinum 500	Platinum	On	3,740.00	3,793	\$617.32	\$652.35	5.7%
78079DC0220026	BluePreferred PPO Silver 1000	Silver	On	78079DC0220026	BluePreferred PPO Silver 1000	Silver	On	504.00	511	\$463.73	\$477.44	3.0%
78079DC0220027	HealthyBlue PPO Gold 1500	Gold	On	78079DC0220027	HealthyBlue PPO Gold 1500	Gold	On	1,364.00	1,383	\$544.52	\$575.91	5.8%
78079DC0220028	HealthyBlue PPO HSA/HRA Silver 2000	Silver	On	78079DC0220028	HealthyBlue PPO HSA/HRA Silver 2000	Silver	On	254.00	258	\$452.63	\$484.17	7.0%
78079DC0220029	HealthyBlue PPO Platinum 1000	Platinum	On	78079DC0220030	HealthyBlue PPO Platinum 500	Platinum	On	166.00	168	\$611.45	\$659.85	7.9%
78079DC0220030	HealthyBlue PPO Platinum 500	Platinum	On	78079DC0220030	HealthyBlue PPO Platinum 500	Platinum	On	350.00	355	\$623.48	\$659.85	5.8%
78079DC0220031	BluePreferred PPO Gold 1500	Gold	On	78079DC0220031	BluePreferred PPO Gold 1500	Gold	On	1,549.00	1,571	\$524.72	\$553.21	5.4%
78079DC0220032	BluePreferred PPO 1000 90%/70%	Gold	On	78079DC0220032	BluePreferred PPO 1000 90%/70%	Gold	On	249.00	253	\$501.21	\$540.95	7.9%
78079DC0220033	BluePreferred PPO HSA/HRA 2000 80%/60%	Silver	On	78079DC0220033	BluePreferred PPO HSA/HRA 2250 80%/60%	Silver	On	87.00	88	\$418.30	\$451.03	7.8%
78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	Silver	On	78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	Silver	On	623.00	632	\$458.82	\$488.13	6.4%

Appendix - Quarterly Rate Change Adjustment Factors

Quarter	(1)	(2)	(3) = (1 + (1))*(1 + (2)) -1
	Market Adj. Index Rate	Admin Load Factor	Plan Adjusted Index Rates
2Q19	1.8%	0.7%	2.6%
3Q19	1.8%	0.4%	2.2%
4Q19	1.8%	0.6%	2.4%

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	\$501.21	\$540.95	7.9%
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	\$327.79	\$393.27	20.0%

	BluePreferred PPO	BluePreferred PPO
Base Rate/Product(s)	1000 90%/70%	1000 90%/70%
Age Change	20	21
Geo Change*	N/A	N/A
Tobacco Change**	N/A	N/A

*we did not geo rate

**we did not tobacco rate

Appendix - Form Numbers

Form Numbers Associated With This Filing:

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

The SERFF Tracking # for the corresponding form filing On Exchange is as follows:
CFBC-131477595

ON-Exchange

Forms Used for ALL ON-Exchange GHMSI Group Products

DC-CF-SHOP-GC (R 1-19)
DC-CF-SHOP-PPO-EOC (1-17)
DC/GHMSI/DOL APPEAL (R. 1/17)
DC-CF-SHOP-PPO-DOCS (1-17)
DC/CF/SKOP/ELIG (1/14)
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/CF/SKOP/2019 AMEND (1/19)
DC/CF/PT PROTECT (9/10)
DC/GHMSI-HEALTH GUARANTEE 6/18
DC/CF/SG/INCENT (R. 1/19)
DC CF SHOP ELIG AMEND (1-17)
DC/CF/SG/CCHRADM (1/19)

Product: BluePreferred

Network: Regional Preferred (RPN)

DC CF BP PPO 1000 90-70 (1-19)
DC CF BP PPO BF HSA SIL 1500 (1-19)
DC CF BP PPO CDH 2250 80-60 (1-19)
DC CF BP PPO CDH SIL 1500 (1-19)
DC CF BP PPO CDH SIL 2000 (1-19)
DC CF BP PPO GOLD 500 (1-19)
DC CF BP PPO GOLD 1000 (1-19)
DC CF BP PPO GOLD 1500 (1-19)
DC CF BP PPO PLAT 0 (1-19)
DC CF BP PPO PLAT 500 (1-19)
DC CF BP PPO SIL 1000 (1-19)

Product: HealthyBlue PPO

Network: Regional Preferred (RPN)

DC CF HB PPO CDH SIL 2000 (1-19)
DC CF HB PPO GOLD 1500 (1-19)
DC CF HB PPO PLAT 500 (1-19)

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201501	37,788	Inpatient Hospital	\$3,059,972	\$0	Admits	161
201502	37,691	Inpatient Hospital	\$2,189,715	\$0	Admits	167
201503	37,675	Inpatient Hospital	\$3,156,837	\$0	Admits	217
201504	37,643	Inpatient Hospital	\$2,861,114	\$0	Admits	184
201505	37,323	Inpatient Hospital	\$3,172,738	\$0	Admits	190
201506	37,220	Inpatient Hospital	\$3,733,748	\$0	Admits	180
201507	37,169	Inpatient Hospital	\$4,764,340	\$0	Admits	206
201508	36,937	Inpatient Hospital	\$3,070,902	\$0	Admits	190
201509	36,915	Inpatient Hospital	\$3,075,314	\$0	Admits	166
201510	36,736	Inpatient Hospital	\$3,158,798	\$0	Admits	188
201511	36,893	Inpatient Hospital	\$2,187,287	\$0	Admits	150
201512	36,475	Inpatient Hospital	\$2,679,208	\$0	Admits	185
201601	37,936	Inpatient Hospital	\$4,128,098	\$0	Admits	245
201602	38,265	Inpatient Hospital	\$3,417,841	\$0	Admits	166
201603	38,703	Inpatient Hospital	\$4,843,000	\$0	Admits	213
201604	38,577	Inpatient Hospital	\$3,123,474	\$0	Admits	209
201605	38,594	Inpatient Hospital	\$3,406,622	\$0	Admits	220
201606	38,590	Inpatient Hospital	\$3,757,401	\$0	Admits	209
201607	38,433	Inpatient Hospital	\$3,715,236	\$0	Admits	212
201608	37,664	Inpatient Hospital	\$4,766,702	\$0	Admits	228
201609	37,088	Inpatient Hospital	\$4,187,172	\$0	Admits	238
201610	37,022	Inpatient Hospital	\$3,875,830	\$0	Admits	234
201611	36,181	Inpatient Hospital	\$3,466,158	\$0	Admits	218
201612	33,439	Inpatient Hospital	\$2,203,700	\$0	Admits	159
201701	34,634	Inpatient Hospital	\$5,570,503	\$0	Admits	185
201702	35,060	Inpatient Hospital	\$2,638,612	\$0	Admits	155
201703	35,518	Inpatient Hospital	\$3,642,893	\$0	Admits	188
201704	35,484	Inpatient Hospital	\$3,841,740	\$0	Admits	193
201705	35,621	Inpatient Hospital	\$3,031,634	\$0	Admits	167
201706	35,341	Inpatient Hospital	\$4,074,266	\$0	Admits	207
201707	35,409	Inpatient Hospital	\$2,737,242	\$0	Admits	175
201708	35,596	Inpatient Hospital	\$3,450,173	\$0	Admits	191
201709	35,575	Inpatient Hospital	\$2,830,978	\$0	Admits	220
201710	35,395	Inpatient Hospital	\$2,559,592	\$0	Admits	177
201711	35,242	Inpatient Hospital	\$3,125,502	\$0	Admits	236
201712	34,727	Inpatient Hospital	\$2,839,385	\$0	Admits	155
201801	34,450	Inpatient Hospital	\$3,778,118	\$0	Admits	217
201802	34,315	Inpatient Hospital	\$1,682,636	\$0	Admits	113

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201501	37,788	Outpatient Hospital	\$4,014,243	\$0	Visits	2,858
201502	37,691	Outpatient Hospital	\$3,274,252	\$0	Visits	2,484
201503	37,675	Outpatient Hospital	\$3,880,934	\$0	Visits	2,930
201504	37,643	Outpatient Hospital	\$3,841,293	\$0	Visits	2,750
201505	37,323	Outpatient Hospital	\$3,680,677	\$0	Visits	2,698
201506	37,220	Outpatient Hospital	\$3,762,403	\$0	Visits	2,805
201507	37,169	Outpatient Hospital	\$3,619,304	\$0	Visits	2,868
201508	36,937	Outpatient Hospital	\$3,577,759	\$0	Visits	2,811
201509	36,915	Outpatient Hospital	\$3,443,724	\$0	Visits	2,744
201510	36,736	Outpatient Hospital	\$3,964,844	\$0	Visits	2,817
201511	36,893	Outpatient Hospital	\$3,909,962	\$0	Visits	2,901
201512	36,475	Outpatient Hospital	\$4,205,718	\$0	Visits	3,039
201601	37,936	Outpatient Hospital	\$4,494,865	\$0	Visits	3,109
201602	38,265	Outpatient Hospital	\$4,334,985	\$0	Visits	3,242
201603	38,703	Outpatient Hospital	\$4,813,308	\$0	Visits	3,335
201604	38,577	Outpatient Hospital	\$4,402,124	\$0	Visits	3,235
201605	38,594	Outpatient Hospital	\$4,251,951	\$0	Visits	3,252
201606	38,590	Outpatient Hospital	\$4,466,282	\$0	Visits	3,339
201607	38,433	Outpatient Hospital	\$3,964,296	\$0	Visits	3,088
201608	37,664	Outpatient Hospital	\$4,092,458	\$0	Visits	3,257
201609	37,088	Outpatient Hospital	\$4,011,459	\$0	Visits	3,133
201610	37,022	Outpatient Hospital	\$3,949,041	\$0	Visits	3,141
201611	36,181	Outpatient Hospital	\$4,464,005	\$0	Visits	3,098
201612	33,439	Outpatient Hospital	\$3,744,266	\$0	Visits	2,780
201701	34,634	Outpatient Hospital	\$4,058,141	\$0	Visits	2,889
201702	35,060	Outpatient Hospital	\$4,199,717	\$0	Visits	2,674
201703	35,518	Outpatient Hospital	\$4,550,841	\$0	Visits	2,947
201704	35,484	Outpatient Hospital	\$3,925,565	\$0	Visits	2,620
201705	35,621	Outpatient Hospital	\$4,160,525	\$0	Visits	2,799
201706	35,341	Outpatient Hospital	\$4,024,387	\$0	Visits	2,606
201707	35,409	Outpatient Hospital	\$3,650,657	\$0	Visits	2,427
201708	35,596	Outpatient Hospital	\$3,842,960	\$0	Visits	2,627
201709	35,575	Outpatient Hospital	\$3,404,783	\$0	Visits	2,507
201710	35,395	Outpatient Hospital	\$3,961,733	\$0	Visits	2,777
201711	35,242	Outpatient Hospital	\$3,992,757	\$0	Visits	2,649
201712	34,727	Outpatient Hospital	\$4,015,987	\$0	Visits	2,625
201801	34,450	Outpatient Hospital	\$4,399,736	\$0	Visits	3,075
201802	34,315	Outpatient Hospital	\$4,087,486	\$0	Visits	3,186

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201501	37,788	Professional	\$5,819,374	\$0	Visits	33,925
201502	37,691	Professional	\$5,017,032	\$0	Visits	29,946
201503	37,675	Professional	\$5,812,253	\$0	Visits	33,851
201504	37,643	Professional	\$5,930,404	\$0	Visits	34,693
201505	37,323	Professional	\$5,538,631	\$0	Visits	32,704
201506	37,220	Professional	\$5,879,713	\$0	Visits	34,588
201507	37,169	Professional	\$6,042,751	\$0	Visits	34,300
201508	36,937	Professional	\$5,462,175	\$0	Visits	32,249
201509	36,915	Professional	\$5,590,649	\$0	Visits	33,620
201510	36,736	Professional	\$6,331,528	\$0	Visits	37,612
201511	36,893	Professional	\$5,750,594	\$0	Visits	33,846
201512	36,475	Professional	\$5,826,449	\$0	Visits	34,683
201601	37,936	Professional	\$6,365,235	\$0	Visits	33,574
201602	38,265	Professional	\$6,265,758	\$0	Visits	35,869
201603	38,703	Professional	\$6,760,279	\$0	Visits	39,280
201604	38,577	Professional	\$6,273,881	\$0	Visits	36,872
201605	38,594	Professional	\$6,515,234	\$0	Visits	37,221
201606	38,590	Professional	\$6,718,886	\$0	Visits	37,756
201607	38,433	Professional	\$5,844,397	\$0	Visits	33,631
201608	37,664	Professional	\$6,633,469	\$0	Visits	37,459
201609	37,088	Professional	\$6,363,913	\$0	Visits	36,015
201610	37,022	Professional	\$6,358,203	\$0	Visits	37,091
201611	36,181	Professional	\$6,090,525	\$0	Visits	35,208
201612	33,439	Professional	\$5,182,956	\$0	Visits	30,293
201701	34,634	Professional	\$6,272,392	\$0	Visits	34,078
201702	35,060	Professional	\$5,888,174	\$0	Visits	32,509
201703	35,518	Professional	\$6,372,116	\$0	Visits	36,603
201704	35,484	Professional	\$5,924,139	\$0	Visits	32,518
201705	35,621	Professional	\$6,308,628	\$0	Visits	36,234
201706	35,341	Professional	\$6,243,613	\$0	Visits	34,780
201707	35,409	Professional	\$5,583,616	\$0	Visits	31,625
201708	35,596	Professional	\$6,506,762	\$0	Visits	35,839
201709	35,575	Professional	\$5,804,915	\$0	Visits	33,435
201710	35,395	Professional	\$6,112,233	\$0	Visits	36,775
201711	35,242	Professional	\$6,125,854	\$0	Visits	35,208
201712	34,727	Professional	\$5,580,525	\$0	Visits	32,567
201801	34,450	Professional	\$6,858,721	\$0	Visits	39,202
201802	34,315	Professional	\$7,915,863	\$0	Visits	49,518

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201501	37,788	Other Medical	\$1,174,593	\$0	Services	4,807
201502	37,691	Other Medical	\$1,149,198	\$0	Services	4,528
201503	37,675	Other Medical	\$1,174,940	\$0	Services	5,211
201504	37,643	Other Medical	\$1,319,441	\$0	Services	5,376
201505	37,323	Other Medical	\$1,066,313	\$0	Services	4,367
201506	37,220	Other Medical	\$1,205,881	\$0	Services	5,192
201507	37,169	Other Medical	\$1,240,369	\$0	Services	4,938
201508	36,937	Other Medical	\$1,227,552	\$0	Services	5,321
201509	36,915	Other Medical	\$1,130,370	\$0	Services	4,781
201510	36,736	Other Medical	\$1,198,112	\$0	Services	5,074
201511	36,893	Other Medical	\$1,002,648	\$0	Services	4,455
201512	36,475	Other Medical	\$1,236,950	\$0	Services	5,296
201601	37,936	Other Medical	\$1,058,104	\$0	Services	4,719
201602	38,265	Other Medical	\$1,138,426	\$0	Services	4,883
201603	38,703	Other Medical	\$1,278,562	\$0	Services	5,542
201604	38,577	Other Medical	\$1,092,903	\$0	Services	5,225
201605	38,594	Other Medical	\$1,257,938	\$0	Services	5,420
201606	38,590	Other Medical	\$1,512,497	\$0	Services	5,628
201607	38,433	Other Medical	\$1,209,215	\$0	Services	4,848
201608	37,664	Other Medical	\$1,361,744	\$0	Services	6,080
201609	37,088	Other Medical	\$1,226,337	\$0	Services	4,581
201610	37,022	Other Medical	\$1,067,122	\$0	Services	4,727
201611	36,181	Other Medical	\$1,258,330	\$0	Services	4,568
201612	33,439	Other Medical	\$1,288,143	\$0	Services	4,260
201701	34,634	Other Medical	\$1,137,775	\$0	Services	4,355
201702	35,060	Other Medical	\$998,846	\$0	Services	4,236
201703	35,518	Other Medical	\$991,891	\$0	Services	4,627
201704	35,484	Other Medical	\$971,304	\$0	Services	4,142
201705	35,621	Other Medical	\$1,154,926	\$0	Services	4,422
201706	35,341	Other Medical	\$1,043,872	\$0	Services	4,585
201707	35,409	Other Medical	\$1,055,373	\$0	Services	4,016
201708	35,596	Other Medical	\$1,106,046	\$0	Services	4,935
201709	35,575	Other Medical	\$902,778	\$0	Services	4,074
201710	35,395	Other Medical	\$1,113,884	\$0	Services	4,360
201711	35,242	Other Medical	\$1,132,111	\$0	Services	4,137
201712	34,727	Other Medical	\$1,092,920	\$0	Services	4,156
201801	34,450	Other Medical	\$1,147,731	\$0	Services	4,663
201802	34,315	Other Medical	\$1,206,879	\$0	Services	5,766

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201501	37,788	Prescription Drug	\$4,450,785	\$799,284	Scripts	31,354
201502	37,691	Prescription Drug	\$4,059,487	\$788,795	Scripts	28,205
201503	37,675	Prescription Drug	\$4,629,054	\$774,294	Scripts	31,225
201504	37,643	Prescription Drug	\$4,762,849	\$747,668	Scripts	30,340
201505	37,323	Prescription Drug	\$4,465,257	\$718,001	Scripts	30,082
201506	37,220	Prescription Drug	\$4,740,065	\$687,847	Scripts	30,321
201507	37,169	Prescription Drug	\$4,837,818	\$663,902	Scripts	30,216
201508	36,937	Prescription Drug	\$4,723,022	\$507,411	Scripts	29,461
201509	36,915	Prescription Drug	\$4,669,373	\$475,626	Scripts	29,251
201510	36,736	Prescription Drug	\$5,238,485	\$471,383	Scripts	30,579
201511	36,893	Prescription Drug	\$4,674,218	\$473,772	Scripts	29,658
201512	36,475	Prescription Drug	\$5,539,568	\$465,895	Scripts	31,825
201601	37,936	Prescription Drug	\$4,647,689	\$680,705	Scripts	29,221
201602	38,265	Prescription Drug	\$5,012,554	\$683,730	Scripts	30,855
201603	38,703	Prescription Drug	\$5,815,584	\$688,419	Scripts	33,668
201604	38,577	Prescription Drug	\$5,529,028	\$693,735	Scripts	31,462
201605	38,594	Prescription Drug	\$5,507,617	\$694,110	Scripts	32,124
201606	38,590	Prescription Drug	\$6,148,936	\$694,126	Scripts	31,664
201607	38,433	Prescription Drug	\$5,906,009	\$747,317	Scripts	30,148
201608	37,664	Prescription Drug	\$6,086,148	\$732,215	Scripts	31,580
201609	37,088	Prescription Drug	\$5,261,954	\$721,953	Scripts	29,739
201610	37,022	Prescription Drug	\$5,659,002	\$669,011	Scripts	29,996
201611	36,181	Prescription Drug	\$5,282,243	\$649,694	Scripts	30,070
201612	33,439	Prescription Drug	\$5,399,177	\$606,304	Scripts	29,405
201701	34,634	Prescription Drug	\$5,370,353	\$730,371	Scripts	29,405
201702	35,060	Prescription Drug	\$5,308,805	\$739,947	Scripts	27,607
201703	35,518	Prescription Drug	\$6,011,595	\$749,559	Scripts	30,908
201704	35,484	Prescription Drug	\$5,444,960	\$859,569	Scripts	28,524
201705	35,621	Prescription Drug	\$6,419,430	\$862,533	Scripts	30,902
201706	35,341	Prescription Drug	\$5,986,359	\$858,098	Scripts	29,374
201707	35,409	Prescription Drug	\$5,664,139	\$836,782	Scripts	28,557
201708	35,596	Prescription Drug	\$6,647,481	\$840,869	Scripts	29,987
201709	35,575	Prescription Drug	\$5,829,730	\$840,299	Scripts	28,240
201710	35,395	Prescription Drug	\$6,183,267	\$577,447	Scripts	30,307
201711	35,242	Prescription Drug	\$5,931,751	\$575,772	Scripts	29,690
201712	34,727	Prescription Drug	\$5,900,628	\$568,458	Scripts	30,259
201801	34,450	Prescription Drug	\$6,043,397		Scripts	30,349
201802	34,315	Prescription Drug	\$5,717,304		Scripts	27,469

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201501	37,788	Capitations	\$39,848	\$0	Benefit Period	37,788
201502	37,691	Capitations	\$39,752	\$0	Benefit Period	37,691
201503	37,675	Capitations	\$40,047	\$0	Benefit Period	37,675
201504	37,643	Capitations	\$40,056	\$0	Benefit Period	37,643
201505	37,323	Capitations	\$39,722	\$0	Benefit Period	37,323
201506	37,220	Capitations	\$39,658	\$0	Benefit Period	37,220
201507	37,169	Capitations	\$39,637	\$0	Benefit Period	37,169
201508	36,937	Capitations	\$39,460	\$0	Benefit Period	36,937
201509	36,915	Capitations	\$39,427	\$0	Benefit Period	36,915
201510	36,736	Capitations	\$39,261	\$0	Benefit Period	36,736
201511	36,893	Capitations	\$39,425	\$0	Benefit Period	36,893
201512	36,475	Capitations	\$39,025	\$0	Benefit Period	36,475
201601	37,936	Capitations	\$38,714	\$0	Benefit Period	37,936
201602	38,265	Capitations	\$39,389	\$0	Benefit Period	38,265
201603	38,703	Capitations	\$40,175	\$0	Benefit Period	38,703
201604	38,577	Capitations	\$40,045	\$0	Benefit Period	38,577
201605	38,594	Capitations	\$40,131	\$0	Benefit Period	38,594
201606	38,590	Capitations	\$40,156	\$0	Benefit Period	38,590
201607	38,433	Capitations	\$40,017	\$0	Benefit Period	38,433
201608	37,664	Capitations	\$39,361	\$0	Benefit Period	37,664
201609	37,088	Capitations	\$38,944	\$0	Benefit Period	37,088
201610	37,022	Capitations	\$38,955	\$0	Benefit Period	37,022
201611	36,181	Capitations	\$38,156	\$0	Benefit Period	36,181
201612	33,439	Capitations	\$35,524	\$0	Benefit Period	33,439
201701	34,634	Capitations	\$35,212	\$0	Benefit Period	34,634
201702	35,060	Capitations	\$36,072	\$0	Benefit Period	35,060
201703	35,518	Capitations	\$36,950	\$0	Benefit Period	35,518
201704	35,484	Capitations	\$36,866	\$0	Benefit Period	35,484
201705	35,621	Capitations	\$36,949	\$0	Benefit Period	35,621
201706	35,341	Capitations	\$36,703	\$0	Benefit Period	35,341
201707	35,409	Capitations	\$36,747	\$0	Benefit Period	35,409
201708	35,596	Capitations	\$36,889	\$0	Benefit Period	35,596
201709	35,575	Capitations	\$36,869	\$0	Benefit Period	35,575
201710	35,395	Capitations	\$36,637	\$0	Benefit Period	35,395
201711	35,242	Capitations	\$36,425	\$0	Benefit Period	35,242
201712	34,727	Capitations	\$35,862	\$0	Benefit Period	34,727
201801	34,450	Capitations	\$28,129	\$0	Benefit Period	34,450
201802	34,315	Capitations	\$28,070	\$0	Benefit Period	34,315

Appendix - Total Experience

Month	Members	Contracts	Ultimate Allowed	Drug Rebates	Post-Rx Rebate Ultimate Allowed	Ultimate Incurred	Premium	Loss Ratio
201501	37,788	21,543	\$18,558,814	\$799,284	\$17,759,530	\$14,419,561	\$18,248,200	79.0%
201502	37,691	21,543	\$15,729,437	\$788,795	\$14,940,642	\$12,380,541	\$18,060,718	68.5%
201503	37,675	21,608	\$18,694,064	\$774,294	\$17,919,770	\$15,283,857	\$15,292,484	99.9%
201504	37,643	21,614	\$18,755,156	\$747,668	\$18,007,488	\$15,581,538	\$18,148,532	85.9%
201505	37,323	21,454	\$17,963,338	\$718,001	\$17,245,337	\$15,040,520	\$18,148,353	82.9%
201506	37,220	21,398	\$19,361,469	\$687,847	\$18,673,622	\$16,537,025	\$18,107,870	91.3%
201507	37,169	21,342	\$20,544,219	\$663,902	\$19,880,316	\$17,824,580	\$18,136,113	98.3%
201508	36,937	21,210	\$18,100,872	\$507,411	\$17,593,460	\$15,626,019	\$18,171,589	86.0%
201509	36,915	21,219	\$17,948,857	\$475,626	\$17,473,231	\$15,631,323	\$18,263,340	85.6%
201510	36,736	21,143	\$19,931,027	\$471,383	\$19,459,644	\$17,410,861	\$18,254,943	95.4%
201511	36,893	21,218	\$17,564,134	\$473,772	\$17,090,363	\$15,294,618	\$18,472,926	82.8%
201512	36,475	21,053	\$19,526,918	\$465,895	\$19,061,022	\$16,845,562	\$19,001,923	88.7%
201601	37,936	22,355	\$20,732,705	\$680,705	\$20,052,000	\$16,739,673	\$19,451,024	86.1%
201602	38,265	22,688	\$20,208,953	\$683,730	\$19,525,223	\$16,675,011	\$19,688,455	84.7%
201603	38,703	23,059	\$23,550,908	\$688,419	\$22,862,489	\$20,034,813	\$19,812,764	101.1%
201604	38,577	23,008	\$20,461,455	\$693,735	\$19,767,720	\$17,220,259	\$19,815,807	86.9%
201605	38,594	23,046	\$20,979,492	\$694,110	\$20,285,383	\$17,870,406	\$19,756,410	90.5%
201606	38,590	23,045	\$22,644,158	\$694,126	\$21,950,032	\$19,573,823	\$19,840,868	98.7%
201607	38,433	22,956	\$20,679,170	\$747,317	\$19,931,853	\$17,815,903	\$19,711,325	90.4%
201608	37,664	22,606	\$22,979,882	\$732,215	\$22,247,667	\$20,072,787	\$19,294,545	104.0%
201609	37,088	22,256	\$21,089,779	\$721,953	\$20,367,826	\$18,280,041	\$19,036,643	96.0%
201610	37,022	22,245	\$20,948,153	\$669,011	\$20,279,142	\$18,287,598	\$18,944,587	96.5%
201611	36,181	21,750	\$20,599,417	\$649,694	\$19,949,724	\$18,011,324	\$18,631,482	96.7%
201612	33,439	20,363	\$17,853,767	\$606,304	\$17,247,462	\$15,240,828	\$17,528,615	86.9%
201701	34,634	21,490	\$22,444,375	\$730,371	\$21,714,004	\$18,686,296	\$17,763,354	105.2%
201702	35,060	21,882	\$19,070,226	\$739,947	\$18,330,279	\$15,895,474	\$17,913,702	88.7%
201703	35,518	22,301	\$21,606,286	\$749,559	\$20,856,727	\$18,246,235	\$18,085,124	100.9%
201704	35,484	22,245	\$20,144,575	\$859,569	\$19,285,006	\$17,031,938	\$18,198,711	93.6%
201705	35,621	22,351	\$21,112,093	\$862,533	\$20,249,560	\$17,925,449	\$18,076,604	99.2%
201706	35,341	22,149	\$21,409,199	\$858,098	\$20,551,102	\$18,287,183	\$18,002,455	101.6%
201707	35,409	22,091	\$18,727,774	\$836,782	\$17,890,992	\$15,773,105	\$18,010,591	87.6%
201708	35,596	22,151	\$21,590,312	\$840,869	\$20,749,443	\$18,554,502	\$18,130,783	102.3%
201709	35,575	22,178	\$18,810,052	\$840,299	\$17,969,753	\$15,935,640	\$18,160,376	87.7%
201710	35,395	22,069	\$19,967,348	\$577,447	\$19,389,901	\$17,236,393	\$18,045,893	95.5%
201711	35,242	21,906	\$20,344,399	\$575,772	\$19,768,628	\$17,639,130	\$18,059,760	97.7%
201712	34,727	21,591	\$19,465,307	\$568,458	\$18,896,849	\$16,736,854	\$17,951,472	93.2%
201801	34,450	21,572	\$22,255,832		\$22,255,832	\$19,179,517	\$18,991,222	101.0%
201802	34,315	21,464	\$20,638,239		\$20,638,239	\$17,542,715	\$18,867,506	93.0%

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

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
31	A Reasonable Margin for Reserve Needs	Show the assumed Margin for Reserve Needs used in the development of proposed rates. Margin for Reserve Needs includes factors that reflect assumed contributions to the company's surplus or the assumed profit margin. Demonstrate how this assumption was derived, how the assumption has changed from prior filings, and provide support for changes. If the assumption for Qualified Health Plans exceeds 3% as assumed in the risk corridor formula, justify the excess in light of the	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: <ul style="list-style-type: none"> • 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	Exhibit10A - 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 Been Included?	Location of the Data Element
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: <ul style="list-style-type: none"> • 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
(Print Name)

Dwayne Lucado Digitally signed by Dwayne Lucado
Date: 2018.06.01 12:23:40 -04'00'
(Signature)

CAREFIRST BLUECROSS BLUESHIELD

PART III ACTUARIAL MEMORANDUM

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

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

4.2 GENERAL INFORMATION:

Company Legal Name: Group Hospitalization & Medical Services, Inc. (NAIC # 53007) (GHMSI).

State: District of Columbia.

HIOS Issuer ID: 78079.

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: 2256

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 5.2% on average for 1Q19. The range is 3.0% to 7.9%. The estimated average base rate changes for 2Q19, 3Q19, and 4Q19 will be 6.1%, 6.7% and 7.5%, respectively. This filing applies to all new and renewing, in-force business in the guaranteed renewable, non-grandfathered, ACA, metalead benefit plans. The number of policyholders affected by this rate change is 14,729.

Reason for Rate Increase(s): The main drivers supporting the rate increase are the assumed increases in allowed costs (7.5% assumed annual trend), removal of the Health Insurer Fee in 2019, and deterioration in the base period which has culminated in increases in morbidity, demographics and risk adjustment.

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: \$216,398,824 (Merged)

Estimated MLR rebates in Experience Period: \$0

Allowed and Incurred Claims From Experience Period: \$235,652,243 (Merged)

Paid and Incurred Claims From Experience Period: \$207,948,201 (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 is 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 lowered our assumed pricing trend to 7.5% compared to 8.3% in the 2018 approved filing. 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 decreased slightly in 2017 and then flattened out, from approximately 15.5% to 13.5%. Medical trends are declining, on a rolling-12 basis, going from 11.5% in Dec. 2016 to -1% on Dec. 2017. The combined rolling 12 trend is also decreasing, from 12.5% in Dec. 2016 to 3% in Dec. 2017. After we observed the data we completed a regression analysis normalized for age, induced demand and network. The regression produces a rolling-12 combined trend of 7.2% for Dec. 2017. We use the regression as a directional tool to inform our trend selection, not as a point estimate of future trends. The direction of the rolling-12 month trend and the regression results drove our decision to lower the overall rating trend. We believe that our trend is reasonable given the volatility of trends shown in this pool.

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.

Projected ACA Reinsurance Recoveries Net of Reinsurance Premium (Individual Market and Combined Markets Only): Reinsurance does not apply for 2019.

4.4.8 - NON-BENEFIT EXPENSES AND CONTRIBUTION TO RESERVE (CtR) & RISK: The 2019 “desired incurred claims ratio” (DICR) is 82.4% (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, hair prosthesis and morbid obesity.

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. Cost-Share factors, induced utilization 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 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 – Mapping_SG” in the Memorandum.

4.7.5 - PLAN TYPE: PPO.

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.

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

**Rate Filing # 2256
D.C. Small Group Products
Rate Filing Effective 1/1/2019**

Actuarial Memorandum

Group Hospitalization & Medical Services Inc.
(NAIC # 53007)
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 GHMSI 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 Digitally signed by Dwayne
Lucado
Date: 2018.06.01 12:22:29 -04'00'

Dwayne Lucado, FSA, MAAA
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Exhibit 1 - Market Adjusted Index Rate Summary

	2019	Exhibit
(1) Base Period Total Allowed	\$ 556.31	2
(2) Base Period Non-EHB PMPM	\$ 3.02	2
(3) Experience Period Index Rate	\$ 553.28	
(4) Change in Morbidity	1.0073	4
(5) Additional Population Adjustment	1.0000	
(6) Induced Demand	1.0052	5
(7) Projection Period Utilization and Network Adjustment	1.0000	
(8) Demographic Adjustment	0.9811	6
(9) Area Adjustment	1.0000	
(10) Additional "Other" Adjustments	1.0055	7
(11) Annualized Trend	7.5%	8
(12) Months of Trend	24.0	
(13) Unit cost & Utilization/1,000 Trend Factor	1.1558	
(14) Projection Period Index Rate	\$ 638.68	
(15) Risk Adjustment Program	0.9406	9
(16) Federal Exchange User Fee	1.0000	
(17) Market Adjusted Index Rate	\$ 600.75	
Without Risk Adjustment	\$ 638.68	

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

Exhibit 2 - Base Period Experience

Service Category	Incurred	Allowed	Allowed PMPM	Utilization Description	Utilization per 1,000	Average Cost/Service
Inpatient Hospital	\$ 40,342,521	\$ 95.24		Admits	63.71	\$ 17,937.98
Outpatient Hospital	\$ 47,788,054	\$ 112.81		Visits	910.68	\$ 1,486.55
Professional	\$ 72,722,966	\$ 171.68		Visits	11,676.18	\$ 176.44
Other Medical	\$ 12,701,727	\$ 29.99		Services	1,474.36	\$ 244.05
Capitation	\$ 438,182	\$ 1.03		Benefit Period	1,000	\$ 12.41
Prescription Drug	\$ 61,658,794	\$ 145.56		Prescriptions	10,021.48	\$ 174.30
Total (EHB & Non-EHB)	\$ 235,652,243	\$ 556.31				
EHB Allowed	\$ 234,371,502	\$ 553.28				
Non-EHB Allowed	\$ 1,280,741	\$ 3.02				
Incurred Net	\$ 207,948,201	\$ 490.90				
Net/Allowed	88.24%					
Experience Period Member Months	423,602					

Exhibit 3 - Non-EHB Adjustment

		2019 On-Exchange	2019 Off-Exchange	
(1)	Blended Index Rate	\$ 654.26	\$ 654.26	
(2)	Non-EHB PMPM	\$ 3.35	\$ 3.35	
(3)	Total	\$ 657.61	\$ 657.61	
(4)	Plan Level Adjustment	1.005	1.005	(3)/(1)

Exhibit 4 - Morbidity Adjustment Factor

Base Year (2017)

2017 SRP Allowed PMPM	ACA Member Months	2017 Allowed PMPM	Normalized Allowed PMPM
Subtotal	423,602	\$ 576.36	\$ 333.31

Current Year YTD (2018)

Existing	2018 Existing from 2017	ACA Member Count	Trend Factor	Normalized Allowed PMPM
Catastrophic	-	-	1.00	\$ -
Bronze	1,668	-	1.00	\$ 177.17
Silver	5,146	-	1.00	\$ 268.88
Gold	9,662	-	1.00	\$ 344.11
Platinum	14,584	-	1.00	\$ 371.51

New	New to 2018	ACA Member Count	Trend Factor	Normalized Allowed PMPM
Catastrophic	-	-	1.00	\$ -
Bronze	262	-	1.00	\$ 177.17
Silver	491	-	1.00	\$ 268.88
Gold	809	-	1.00	\$ 344.11
Platinum	790	-	1.00	\$ 371.51

Transfer	2016 Transfer from Other SBU	ACA Member Count	Trend Factor	Normalized Allowed PMPM
Catastrophic	-	-	1.00	\$ -
Bronze	133	-	1.00	\$ 126.07
Silver	280	-	1.00	\$ 213.28
Gold	281	-	1.00	\$ 380.40
Platinum	244	-	1.00	\$ 474.03

2018 YTD SRP Total	ACA Member Count	Trend Factor	Normalized Allowed PMPM
Catastrophic	-	-	\$ -
Bronze	2,063	1.00	\$ 173.87
Silver	5,917	1.00	\$ 266.25
Gold	10,752	1.00	\$ 345.06
Platinum	15,618	1.00	\$ 373.11

Current Year (2018)*

2018 Existing	ACA Member Months	Normalized Allowed PMPM
Catastrophic	-	\$ -
Bronze	16,149	\$ 173.87
Silver	52,853	\$ 266.00
Gold	100,677	\$ 343.47
Platinum	148,495	\$ 368.42

New to 2018	ACA Member Months	Normalized Allowed PMPM
Catastrophic	-	\$ -
Bronze	2,850	\$ 177.17
Silver	4,984	\$ 270.42
Gold	6,567	\$ 385.69
Platinum	8,484	\$ 477.76

2018 SRP Total	ACA Member Months	Normalized Allowed PMPM
Catastrophic	-	\$ -
Bronze	18,998	\$ 174.37
Silver	57,838	\$ 266.38
Gold	107,244	\$ 346.06
Platinum	156,979	\$ 374.33

Projected Year (2019)

2019 Existing	ACA Member Months	Normalized Allowed PMPM
Catastrophic	-	\$ -
Bronze	19,311	\$ 174.37
Silver	64,043	\$ 266.14
Gold	122,529	\$ 343.19
Platinum	180,858	\$ 367.62

New to 2019	ACA Member Months	Normalized Allowed PMPM
Catastrophic	-	\$ -
Bronze	3,408	\$ 177.17
Silver	5,995	\$ 270.40
Gold	7,930	\$ 384.76
Platinum	10,278	\$ 475.44

2019 SRP Total	ACA Member Months	Normalized Allowed PMPM
Catastrophic	-	\$ 1.00
Bronze	22,719	\$ 174.79
Silver	70,038	\$ 266.51
Gold	130,459	\$ 345.71
Platinum	191,136	\$ 373.42

	Total Normalized PMPM	Trends
2017	\$ 333.31	
2018	\$ 335.99	0.81%
2019	\$ 335.73	0.73%

Adjustment for Change in Morbidity** 1.0073

*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	82.48%	1.0974	
(2) Projected 2019	83.29%	1.1030	
(3) Adjustment*		1.0052	(2)/(1)

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

Exhibit 6 - Demographic Adjustment

	Period	Cohort	Demo Factor*	Weight	Average Age**
(1)	Base Period	All	1.7078	100.0%	34.8
(2)	Rating Period	Existing	1.6899	91.4%	
		New	1.4728	6.7%	
		Transfer	1.6899	2.0%	
(3)	Rating Period	All	1.6755	100.0%	34.2
(4)	Demographic Adjustment***	All	0.9811		

(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	\$	0.78
(2)	Projected Capitulations PMPM	\$	0.51
(3)	Adjustment to Capitation Category		0.6510 (2)/(1)
Drug Rebates adjustment			
(4)	Experience Period Allowed Rx PMPM (Pre-Rebate)	\$	166.90
(5)	Experience Pharmacy Rebates PMPM	\$	(21.34)
(6)	Projected Pharmacy Rebates PMPM	\$	(11.72)
(7)	Post-Rebate Rx PMPM (using Experience Rebates)	\$	145.56
(8)	Post-Rebate Rx PMPM (using Projected Rebates)	\$	155.18
(9)	Adjustment to Drug Category		1.0661 (8)/(7)
Formulary Adjustments			
(10)	Experience Period Allowed Rx PMPM (Pre-Rebate, existing formulary)	\$	166.90
(11)	Ingredient cost adjustment factor		0.961
(12)	Experience Period Allowed Rx PMPM (Pre-Rebate, new formulary)	\$	160.39 (10)*(11)
(13)	Projection Period Pharmacy Rebates PMPM	\$	(11.72)
(14)	Adjustment to Drug Category		0.9581 [(12) + (13)]/[(10) + (13)]

	PMPM	Adjustment
Inpatient Hospital	\$ 104.34	1.000
Outpatient Hospital	\$ 131.73	1.000
Professional	\$ 191.20	1.000
Other Medical	\$ 32.21	1.000
Capitation	\$ 0.78	0.651
Prescription Drug	\$ 174.94	1.021
Total	\$ 635.21	1.005

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

Exhibit 8 - Annual Trend Assumptions

	2017 PMPM	Weight	Utilization/1,000	Unit Cost	Composite
Inpatient Hospital	\$ 95.24	17%	1.0100	1.0400	1.050
Outpatient Hospital	\$ 112.81	20%	1.0400	1.0450	1.087
Professional	\$ 171.68	31%	1.0500	1.0150	1.066
Other Medical	\$ 29.99	5%	1.0000	1.0400	1.040
Capitation	\$ 1.03	0%	1.0000	1.0000	1.000
Prescription Drug	\$ 145.56	26%	1.0000	1.1000	1.100
Total	\$ 556.31	100%			1.075
 Proposed Trend					 1.075

Exhibit 9 - Risk Adjustment

2017

Metallic Tier	Member Months	Distribution	PLRS	ARF	Transfer \$	PMPM
Bronze	-	0.0%	-	-	\$0	\$0.00
Silver	39,410	12.4%	1.113	1.095	\$69,655	\$1.77
Gold	110,421	34.6%	1.282	1.036	\$3,494,488	\$31.65
Platinum	169,084	53.0%	1.494	1.065	\$7,395,972	\$43.74
Total	318,915	100%	1.373	1.059	\$10,960,115	\$34.37

Statewide 2017

Statewide PMPM 2017

Small Group	905,954		1.235	1.039	\$ -	\$ 476.26	\$ 476.26
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2019

Metallic Tier	Member Months	Distribution	PLRS	ARF	Transfer \$	PMPM
Bronze	-	0%	-	-	\$0	\$0.00
Silver	41,007	13%	1.111	1.069	\$269,819	\$6.58
Gold	105,809	34%	1.300	1.017	\$4,277,252	\$40.42
Platinum	167,207	53%	1.481	1.053	\$6,288,858	\$37.61
Total	314,023	100%	1.372	1.043	\$10,835,929	\$34.51

Statewide 2019

Statewide PMPM 2019

Small Group	921,890		1.222	1.021	\$ -	\$ 450.54	\$ 450.54
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Adjustment Factor applied to Market Adjusted Index Rate

	Projected Transfer PMPM (Allowed basis)	Risk Adjustment User Fee	Adjustment Factor*
Projected Index Rate (Avg. 1Q-4Q)	\$ 654.26	\$ 38.99	\$ 0.14
			0.9406

*Adjustment Factor = $(\$654.26 - \$38.99 + \$0.14) / \654.26

Exhibit 10A - Desired Incurred Claims Ratio

	1Q 2019		2Q 2019		3Q 2019		4Q 2019	
	PMPM	% of Revenue	PMPM	% of Revenue	PMPM	% of Revenue	PMPM	% of Revenue
Allowed Claims	\$ 648.50		\$ 660.43		\$ 672.60		\$ 685.01	
Paid/Allowed Ratio	87.15%		87.15%		87.15%		87.15%	
Paid Claims & Capitations	\$ 565.18		\$ 575.59		\$ 586.19		\$ 597.01	
Risk Adjustment Transfer (Paid Basis)	\$ 34.51		\$ 34.51		\$ 34.51		\$ 34.51	
Paid Claims & Capitations (Post-Risk Adj)	\$ 530.68	82.4%	\$ 541.08	81.9%	\$ 551.69	81.6%	\$ 562.50	81.1%
Administrative Expense	\$ 53.97	8.4%	\$ 53.97	8.2%	\$ 53.97	8.0%	\$ 53.97	7.8%
Broker Commissions & Fee	\$ 25.05	3.9%	\$ 25.05	3.8%	\$ 25.05	3.7%	\$ 25.05	3.6%
Contribution to Reserve (Post-Tax)	\$ 10.94	1.7%	\$ 11.24	1.7%	\$ 11.50	1.7%	\$ 11.79	1.7%
Investment Income Credit	\$ (0.00)	-0.0001%	\$ (0.00)	-0.0001%	\$ (0.00)	-0.0001%	\$ (0.00)	-0.0001%
<u>Non-ACA Taxes & Fees</u>								
State Premium Tax	\$ 12.88	2.0%	\$ 13.22	2.0%	\$ 13.53	2.0%	\$ 13.87	2.0%
State Assessment Fee	\$ 0.74	0.1%	\$ 0.76	0.1%	\$ 0.78	0.1%	\$ 0.80	0.1%
State Income Tax	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%
Federal Income Tax	\$ 1.93	0.3%	\$ 1.98	0.3%	\$ 2.03	0.3%	\$ 2.08	0.3%
<u>ACA Taxes & Fees</u>								
Health Insurer Tax	\$ 0.48	0.1%	\$ 6.45	1.0%	\$ 10.37	1.5%	\$ 15.94	2.3%
Risk Adjustment User Fee	\$ 0.14	0.0%	\$ 0.14	0.0%	\$ 0.14	0.0%	\$ 0.14	0.0%
Exchange Assessment Fee	\$ 6.44	1.0%	\$ 6.61	1.0%	\$ 6.76	1.0%	\$ 6.94	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	0.0%
Total Revenue	\$ 643.80	100.0%	\$ 661.05	100.0%	\$ 676.36	100.0%	\$ 693.62	100.0%
Plan Level Admin Load Adjustment	1.2128		1.2214		1.2257		1.2328	
Projected Member Months	87,580		47,220		44,486		134,738	
Average Members	7,298		3,935		3,707		11,228	
% Total 2019	27.9%		15.0%		14.2%		42.9%	

Exhibit 10B - Federal MLR

	Total 2019	
	PMPM / %	
<u>Traditional MLR Development</u>		
Paid Claims & Capitations (Post-Risk Adj)	\$	548.87
Total Revenue	\$	672.38
Traditional MLR (i.e. DICR)		81.6%
<u>Federal MLR Development</u>		
Numerator Adjustments		
BlueRewards/Incentive Program	\$	0.35
Quality Improvement Expenses	\$	3.66
Removal of non-care costs under MLR guidelines	\$	(7.66)
Denominator Adjustments		
Non-ACA Taxes & Fees	\$	16.24
ACA Taxes & Fees	\$	16.48
Federal MLR Numerator	\$	545.22
Federal MLR Denominator	\$	639.67
Federal MLR		85.2%
Projected Member Months		314,023

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

	Total 2019 PMPM / %
<u>Traditional MLR Development</u>	
Paid Claims & Capitations (Post-Risk Adj) \$	524.05
<u>Total Revenue \$</u>	<u>639.64</u>
Traditional MLR (i.e. DICR)	81.9%
<u>Federal MLR Development</u>	
Numerator Adjustments	
BlueRewards/Incentive Program \$	0.26
Quality Improvement Expenses \$	3.51
Removal of non-care costs under MLR guidelines \$	(6.68)
Denominator Adjustments	
Non-ACA Taxes & Fees \$	15.35
ACA Taxes & Fees \$	13.87
Federal MLR Numerator \$	521.15
Federal MLR Denominator \$	610.41
Federal MLR	85.4%
Projected Member Months	414,352

Exhibit 11 - Plan Adjusted Index Rates

HIOS Plan ID	Plan Name	Plan Type	Metallic Tier	Exchange	Network	Market Adjusted Index Rate	Internal Pricing AV	Induced Utilization	Non-EHB	Admin	Plan Adjusted Index Rate
78079DC0220020	BluePreferred PPO Gold 1000	PPO	Gold	On	Regional Preferred (RPN)	600.75	0.824	0.9820	1.005	1.213	592.58
78079DC0220021	BluePreferred PPO Gold 500	PPO	Gold	On	Regional Preferred (RPN)	600.75	0.846	0.9820	1.005	1.213	608.19
78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500	PPO	Silver	On	Regional Preferred (RPN)	600.75	0.750	0.9370	1.005	1.213	514.76
78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	PPO	Silver	On	Regional Preferred (RPN)	600.75	0.728	0.9370	1.005	1.213	499.32
78079DC0220024	BluePreferred PPO Platinum 0	PPO	Platinum	On	Regional Preferred (RPN)	600.75	0.936	1.0460	1.005	1.213	717.01
78079DC0220025	BluePreferred PPO Platinum 500	PPO	Platinum	On	Regional Preferred (RPN)	600.75	0.899	1.0460	1.005	1.213	688.65
78079DC0220026	BluePreferred PPO Silver 1000	PPO	Silver	On	Regional Preferred (RPN)	600.75	0.734	0.9370	1.005	1.213	504.01
78079DC0220027	HealthyBlue PPO Gold 1500	PPO	Gold	On	Regional Preferred (RPN)	600.75	0.845	0.9820	1.005	1.213	607.96
78079DC0220028	HealthyBlue PPO HSA/HRA Silver 2000	PPO	Silver	On	Regional Preferred (RPN)	600.75	0.745	0.9370	1.005	1.213	511.11
78079DC0220030	HealthyBlue PPO Platinum 500	PPO	Platinum	On	Regional Preferred (RPN)	600.75	0.909	1.0460	1.005	1.213	696.57
78079DC0220031	BluePreferred PPO Gold 1500	PPO	Gold	On	Regional Preferred (RPN)	600.75	0.812	0.9820	1.005	1.213	584.00
78079DC0220032	BluePreferred PPO 1000 90%/70%	PPO	Gold	On	Regional Preferred (RPN)	600.75	0.794	0.9820	1.005	1.213	571.06
78079DC0220033	BluePreferred PPO HSA/HRA 2250 80%/60%	PPO	Silver	On	Regional Preferred (RPN)	600.75	0.694	0.9370	1.005	1.213	476.13
78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	PPO	Silver	On	Regional Preferred (RPN)	600.75	0.751	0.9370	1.005	1.213	515.29

Exhibit 12 - AV Values

HIOS Plan ID	HIOS Plan Name	HHS AV
78079DC0220020	BluePreferred PPO Gold 1000	0.816
78079DC0220021	BluePreferred PPO Gold 500	0.815
78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500	0.717
78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	0.708
78079DC0220024	BluePreferred PPO Platinum 0	0.916
78079DC0220025	BluePreferred PPO Platinum 500	0.905
78079DC0220026	BluePreferred PPO Silver 1000	0.720
78079DC0220027	HealthyBlue PPO Gold 1500	0.820
78079DC0220028	HealthyBlue PPO HSA/HRA Silver 2000	0.712
78079DC0220030	HealthyBlue PPO Platinum 500	0.908
78079DC0220031	BluePreferred PPO Gold 1500	0.818
78079DC0220032	BluePreferred PPO 1000 90%/70%	0.806
78079DC0220033	BluePreferred PPO HSA/HRA 2250 80%/60%	0.713
78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	0.720

Exhibit 13 - Age Calibration

Age Curve Calibration					
	Period	Cohort	Rating Factor*	Weight	Average Age**
(1)	Rating Period	Existing	1.063	91.4%	
		New	0.955	6.7%	
		Transfer	1.063	2.0%	
(2)	Rating Period	All	1.056	100.0%	42.1
(3)	Nearest Rounded	All	1.053		42.0
(4)	Calibration***	All	0.997		

(3)/(2)

Premium Rate Demonstration		
	HIOS Plan Name	BluePreferred PPO Gold 1000
(5)	Plan Adjusted Index Rate	\$592.58
(6)	Calibration	0.997
(7)	Calibrated Rate	\$591.10
(8)	Age 40 Factor/Rounded Avg Age Factor = (0.975/1.053)	0.926
(9)	Age 40 Premium Rate	\$547.31

(4)

(5)*(6)

(7)*(8)

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

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

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

Exhibit 14 - Age Factors

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

Exhibit 15 - Induced Utilization Factors

CDH/Non-CDH	Projected Member Months	Relative to HSA/HRA	Relative to Average
HSA/HRA	44,018	1.000	1.000
Non-CDH	370,334	1.000	1.000
	414,352	1.000	

Metal Level	Projected Member Months	Relative to Bronze	Relative to Average
Catastrophic	0	1.000	0.909
Bronze	22,719	1.000	0.909
Silver	69,738	1.030	0.937
Gold	130,459	1.080	0.982
Platinum	191,435	1.150	1.046
Total	414,352	1.100	

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 ID	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
78079DC0170001	BlueCross BlueShield Preferred 1000, a Multi-State Plan	78079DC0220032	BluePreferred PPO 1000 90%/70%	78079DC0220032	BluePreferred PPO 1000 90%/70%	78079DC0220032	BluePreferred PPO 1000 90%/70%
78079DC0170002	BlueCross BlueShield Preferred 2000, a Multi-State Plan	78079DC0220033	BluePreferred PPO HSA/HRA 2000 80%/60%	78079DC0220033	BluePreferred PPO HSA/HRA 2000 80%/60%	78079DC0220033	BluePreferred PPO HSA/HRA 2250 80%/60%
78079DC0220020	BluePreferred PPO Gold 1000	78079DC0220020	BluePreferred PPO Gold 1000	78079DC0220020	BluePreferred PPO Gold 1000	78079DC0220020	BluePreferred PPO Gold 1000
78079DC0220021	BluePreferred PPO Gold 500	78079DC0220021	BluePreferred PPO Gold 500	78079DC0220021	BluePreferred PPO Gold 500	78079DC0220021	BluePreferred PPO Gold 500
78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500	78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500	78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500	78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500
78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000
78079DC0220024	BluePreferred PPO Platinum 0	78079DC0220024	BluePreferred PPO Platinum 0	78079DC0220024	BluePreferred PPO Platinum 0	78079DC0220024	BluePreferred PPO Platinum 0
78079DC0220025	BluePreferred PPO Platinum 500	78079DC0220025	BluePreferred PPO Platinum 500	78079DC0220025	BluePreferred PPO Platinum 500	78079DC0220025	BluePreferred PPO Platinum 500
78079DC0220026	BluePreferred PPO Silver 1000	78079DC0220026	BluePreferred PPO Silver 1000	78079DC0220026	BluePreferred PPO Silver 1000	78079DC0220026	BluePreferred PPO Silver 1000
78079DC0220027	HealthyBlue PPO Gold 1500	78079DC0220027	HealthyBlue PPO Gold 1500	78079DC0220027	HealthyBlue PPO Gold 1500	78079DC0220027	HealthyBlue PPO Gold 1500
78079DC0220028	HealthyBlue PPO HSA/HRA Silver 2000	78079DC0220028	HealthyBlue PPO HSA/HRA Silver 2000	78079DC0220028	HealthyBlue PPO HSA/HRA Silver 2000	78079DC0220028	HealthyBlue PPO HSA/HRA Silver 2000
78079DC0220029	HealthyBlue PPO Platinum 1000	78079DC0220029	HealthyBlue PPO Platinum 1000	78079DC0220029	HealthyBlue PPO Platinum 1000	78079DC0220030	HealthyBlue PPO Platinum 500
78079DC0220030	HealthyBlue PPO Platinum 500	78079DC0220030	HealthyBlue PPO Platinum 500	78079DC0220030	HealthyBlue PPO Platinum 500	78079DC0220030	HealthyBlue PPO Platinum 500
78079DC0220031	BluePreferred PPO Gold 1500	78079DC0220031	BluePreferred PPO Gold 1500	78079DC0220031	BluePreferred PPO Gold 1500	78079DC0220031	BluePreferred PPO Gold 1500
78079DC0220034		78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA

Appendix - Annual Rate Change Based on Mapping

Base Rate	Bronze Members/Avg Renewal	-	-	n/a
Base Rate	Silver Members/Avg Renewal	3,300	3,347	6.1%
Base Rate	Gold Members/Avg Renewal	8,515	8,636	5.2%
Base Rate	Platinum Members/Avg Renewal	13,456	13,648	5.1%
Base Rate	All Members/Avg Renewal	25,271	25,631	5.2%
Base Rate	Minimum Renewal			3.0%
Base Rate	Maximum Renewal			7.9%

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
78079DC0220020	BluePreferred PPO Gold 1000	Gold	On	78079DC0220020	BluePreferred PPO Gold 1000	Gold	On	2,760.00	2,799	\$534.74	\$561.35	5.0%
78079DC0220021	BluePreferred PPO Gold 500	Gold	On	78079DC0220021	BluePreferred PPO Gold 500	Gold	On	2,593.00	2,630	\$550.78	\$576.13	4.6%
78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500	Silver	On	78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500	Silver	On	835.00	847	\$458.38	\$487.62	6.4%
78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	Silver	On	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	Silver	On	997.00	1,011	\$442.88	\$473.00	6.8%
78079DC0220024	BluePreferred PPO Platinum 0	Platinum	On	78079DC0220024	BluePreferred PPO Platinum 0	Platinum	On	9,200.00	9,331	\$648.49	\$679.21	4.7%
78079DC0220025	BluePreferred PPO Platinum 500	Platinum	On	78079DC0220025	BluePreferred PPO Platinum 500	Platinum	On	3,740.00	3,793	\$617.32	\$652.35	5.7%
78079DC0220026	BluePreferred PPO Silver 1000	Silver	On	78079DC0220026	BluePreferred PPO Silver 1000	Silver	On	504.00	511	\$463.73	\$477.44	3.0%
78079DC0220027	HealthyBlue PPO Gold 1500	Gold	On	78079DC0220027	HealthyBlue PPO Gold 1500	Gold	On	1,364.00	1,383	\$544.52	\$575.91	5.8%
78079DC0220028	HealthyBlue PPO HSA/HRA Silver 2000	Silver	On	78079DC0220028	HealthyBlue PPO HSA/HRA Silver 2000	Silver	On	254.00	258	\$452.63	\$484.17	7.0%
78079DC0220029	HealthyBlue PPO Platinum 1000	Platinum	On	78079DC0220030	HealthyBlue PPO Platinum 500	Platinum	On	166.00	168	\$611.45	\$659.85	7.9%
78079DC0220030	HealthyBlue PPO Platinum 500	Platinum	On	78079DC0220030	HealthyBlue PPO Platinum 500	Platinum	On	350.00	355	\$623.48	\$659.85	5.8%
78079DC0220031	BluePreferred PPO Gold 1500	Gold	On	78079DC0220031	BluePreferred PPO Gold 1500	Gold	On	1,549.00	1,571	\$524.72	\$553.21	5.4%
78079DC0220032	BluePreferred PPO 1000 90%/70%	Gold	On	78079DC0220032	BluePreferred PPO 1000 90%/70%	Gold	On	249.00	253	\$501.21	\$540.95	7.9%
78079DC0220033	BluePreferred PPO HSA/HRA 2000 80%/60%	Silver	On	78079DC0220033	BluePreferred PPO HSA/HRA 2250 80%/60%	Silver	On	87.00	88	\$418.30	\$451.03	7.8%
78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	Silver	On	78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	Silver	On	623.00	632	\$458.82	\$488.13	6.4%

Appendix - Quarterly Rate Change Adjustment Factors

Quarter	(1)	(2)	(3) = (1 + (1))*(1 + (2)) -1
	Market Adj. Index Rate	Admin Load Factor	Plan Adjusted Index Rates
2Q19	1.8%	0.7%	2.6%
3Q19	1.8%	0.4%	2.2%
4Q19	1.8%	0.6%	2.4%

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	\$501.21	\$540.95	7.9%
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	\$327.79	\$393.27	20.0%

	BluePreferred PPO	BluePreferred PPO
Base Rate/Product(s)	1000 90%/70%	1000 90%/70%
Age Change	20	21
Geo Change*	N/A	N/A
Tobacco Change**	N/A	N/A

*we did not geo rate

**we did not tobacco rate

Appendix - Form Numbers

Form Numbers Associated With This Filing:

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

The SERFF Tracking # for the corresponding form filing On Exchange is as follows:
CFBC-131477595

ON-Exchange

Forms Used for ALL ON-Exchange GHMSI Group Products

DC-CF-SHOP-GC (R 1-19)
DC-CF-SHOP-PPO-EOC (1-17)
DC/GHMSI/DOL APPEAL (R. 1/17)
DC-CF-SHOP-PPO-DOCS (1-17)
DC/CF-SHOP/ELIG (1/14)
DC/GHMSI/FAM PLAN (8/12)
DC/CF/PARTNER (R. 7/09)
DC/CF/BLCRD (R. 6/18)
DC/CF/MEM/BLCRD (R. 6/18)
DC/CF/ANCILLARY AMEND (10/12)
DC/CF-SHOP/2019 AMEND (1/19)
DC/CF/PT PROTECT (9/10)
DC/GHMSI-HEALTH GUARANTEE 6/18
DC/CF/SG/INCENT (R. 1/19)
DC CF SHOP ELIG AMEND (1-17)
DC/CF/SG/CCHRADM (1/19)

Product: BluePreferred

Network: Regional Preferred (RPN)

DC CF BP PPO 1000 90-70 (1-19)
DC CF BP PPO BF HSA SIL 1500 (1-19)
DC CF BP PPO CDH 2250 80-60 (1-19)
DC CF BP PPO CDH SIL 1500 (1-19)
DC CF BP PPO CDH SIL 2000 (1-19)
DC CF BP PPO GOLD 500 (1-19)
DC CF BP PPO GOLD 1000 (1-19)
DC CF BP PPO GOLD 1500 (1-19)
DC CF BP PPO PLAT 0 (1-19)
DC CF BP PPO PLAT 500 (1-19)
DC CF BP PPO SIL 1000 (1-19)

Product: HealthyBlue PPO

Network: Regional Preferred (RPN)

DC CF HB PPO CDH SIL 2000 (1-19)
DC CF HB PPO GOLD 1500 (1-19)
DC CF HB PPO PLAT 500 (1-19)

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201501	37,788	Inpatient Hospital	\$3,059,972	\$0	Admits	161
201502	37,691	Inpatient Hospital	\$2,189,715	\$0	Admits	167
201503	37,675	Inpatient Hospital	\$3,156,837	\$0	Admits	217
201504	37,643	Inpatient Hospital	\$2,861,114	\$0	Admits	184
201505	37,323	Inpatient Hospital	\$3,172,738	\$0	Admits	190
201506	37,220	Inpatient Hospital	\$3,733,748	\$0	Admits	180
201507	37,169	Inpatient Hospital	\$4,764,340	\$0	Admits	206
201508	36,937	Inpatient Hospital	\$3,070,902	\$0	Admits	190
201509	36,915	Inpatient Hospital	\$3,075,314	\$0	Admits	166
201510	36,736	Inpatient Hospital	\$3,158,798	\$0	Admits	188
201511	36,893	Inpatient Hospital	\$2,187,287	\$0	Admits	150
201512	36,475	Inpatient Hospital	\$2,679,208	\$0	Admits	185
201601	37,936	Inpatient Hospital	\$4,128,098	\$0	Admits	245
201602	38,265	Inpatient Hospital	\$3,417,841	\$0	Admits	166
201603	38,703	Inpatient Hospital	\$4,843,000	\$0	Admits	213
201604	38,577	Inpatient Hospital	\$3,123,474	\$0	Admits	209
201605	38,594	Inpatient Hospital	\$3,406,622	\$0	Admits	220
201606	38,590	Inpatient Hospital	\$3,757,401	\$0	Admits	209
201607	38,433	Inpatient Hospital	\$3,715,236	\$0	Admits	212
201608	37,664	Inpatient Hospital	\$4,766,702	\$0	Admits	228
201609	37,088	Inpatient Hospital	\$4,187,172	\$0	Admits	238
201610	37,022	Inpatient Hospital	\$3,875,830	\$0	Admits	234
201611	36,181	Inpatient Hospital	\$3,466,158	\$0	Admits	218
201612	33,439	Inpatient Hospital	\$2,203,700	\$0	Admits	159
201701	34,634	Inpatient Hospital	\$5,570,503	\$0	Admits	185
201702	35,060	Inpatient Hospital	\$2,638,612	\$0	Admits	155
201703	35,518	Inpatient Hospital	\$3,642,893	\$0	Admits	188
201704	35,484	Inpatient Hospital	\$3,841,740	\$0	Admits	193
201705	35,621	Inpatient Hospital	\$3,031,634	\$0	Admits	167
201706	35,341	Inpatient Hospital	\$4,074,266	\$0	Admits	207
201707	35,409	Inpatient Hospital	\$2,737,242	\$0	Admits	175
201708	35,596	Inpatient Hospital	\$3,450,173	\$0	Admits	191
201709	35,575	Inpatient Hospital	\$2,830,978	\$0	Admits	220
201710	35,395	Inpatient Hospital	\$2,559,592	\$0	Admits	177
201711	35,242	Inpatient Hospital	\$3,125,502	\$0	Admits	236
201712	34,727	Inpatient Hospital	\$2,839,385	\$0	Admits	155
201801	34,450	Inpatient Hospital	\$3,778,118	\$0	Admits	217
201802	34,315	Inpatient Hospital	\$1,682,636	\$0	Admits	113

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201501	37,788	Outpatient Hospital	\$4,014,243	\$0	Visits	2,858
201502	37,691	Outpatient Hospital	\$3,274,252	\$0	Visits	2,484
201503	37,675	Outpatient Hospital	\$3,880,934	\$0	Visits	2,930
201504	37,643	Outpatient Hospital	\$3,841,293	\$0	Visits	2,750
201505	37,323	Outpatient Hospital	\$3,680,677	\$0	Visits	2,698
201506	37,220	Outpatient Hospital	\$3,762,403	\$0	Visits	2,805
201507	37,169	Outpatient Hospital	\$3,619,304	\$0	Visits	2,868
201508	36,937	Outpatient Hospital	\$3,577,759	\$0	Visits	2,811
201509	36,915	Outpatient Hospital	\$3,443,724	\$0	Visits	2,744
201510	36,736	Outpatient Hospital	\$3,964,844	\$0	Visits	2,817
201511	36,893	Outpatient Hospital	\$3,909,962	\$0	Visits	2,901
201512	36,475	Outpatient Hospital	\$4,205,718	\$0	Visits	3,039
201601	37,936	Outpatient Hospital	\$4,494,865	\$0	Visits	3,109
201602	38,265	Outpatient Hospital	\$4,334,985	\$0	Visits	3,242
201603	38,703	Outpatient Hospital	\$4,813,308	\$0	Visits	3,335
201604	38,577	Outpatient Hospital	\$4,402,124	\$0	Visits	3,235
201605	38,594	Outpatient Hospital	\$4,251,951	\$0	Visits	3,252
201606	38,590	Outpatient Hospital	\$4,466,282	\$0	Visits	3,339
201607	38,433	Outpatient Hospital	\$3,964,296	\$0	Visits	3,088
201608	37,664	Outpatient Hospital	\$4,092,458	\$0	Visits	3,257
201609	37,088	Outpatient Hospital	\$4,011,459	\$0	Visits	3,133
201610	37,022	Outpatient Hospital	\$3,949,041	\$0	Visits	3,141
201611	36,181	Outpatient Hospital	\$4,464,005	\$0	Visits	3,098
201612	33,439	Outpatient Hospital	\$3,744,266	\$0	Visits	2,780
201701	34,634	Outpatient Hospital	\$4,058,141	\$0	Visits	2,889
201702	35,060	Outpatient Hospital	\$4,199,717	\$0	Visits	2,674
201703	35,518	Outpatient Hospital	\$4,550,841	\$0	Visits	2,947
201704	35,484	Outpatient Hospital	\$3,925,565	\$0	Visits	2,620
201705	35,621	Outpatient Hospital	\$4,160,525	\$0	Visits	2,799
201706	35,341	Outpatient Hospital	\$4,024,387	\$0	Visits	2,606
201707	35,409	Outpatient Hospital	\$3,650,657	\$0	Visits	2,427
201708	35,596	Outpatient Hospital	\$3,842,960	\$0	Visits	2,627
201709	35,575	Outpatient Hospital	\$3,404,783	\$0	Visits	2,507
201710	35,395	Outpatient Hospital	\$3,961,733	\$0	Visits	2,777
201711	35,242	Outpatient Hospital	\$3,992,757	\$0	Visits	2,649
201712	34,727	Outpatient Hospital	\$4,015,987	\$0	Visits	2,625
201801	34,450	Outpatient Hospital	\$4,399,736	\$0	Visits	3,075
201802	34,315	Outpatient Hospital	\$4,087,486	\$0	Visits	3,186

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201501	37,788	Professional	\$5,819,374	\$0	Visits	33,925
201502	37,691	Professional	\$5,017,032	\$0	Visits	29,946
201503	37,675	Professional	\$5,812,253	\$0	Visits	33,851
201504	37,643	Professional	\$5,930,404	\$0	Visits	34,693
201505	37,323	Professional	\$5,538,631	\$0	Visits	32,704
201506	37,220	Professional	\$5,879,713	\$0	Visits	34,588
201507	37,169	Professional	\$6,042,751	\$0	Visits	34,300
201508	36,937	Professional	\$5,462,175	\$0	Visits	32,249
201509	36,915	Professional	\$5,590,649	\$0	Visits	33,620
201510	36,736	Professional	\$6,331,528	\$0	Visits	37,612
201511	36,893	Professional	\$5,750,594	\$0	Visits	33,846
201512	36,475	Professional	\$5,826,449	\$0	Visits	34,683
201601	37,936	Professional	\$6,365,235	\$0	Visits	33,574
201602	38,265	Professional	\$6,265,758	\$0	Visits	35,869
201603	38,703	Professional	\$6,760,279	\$0	Visits	39,280
201604	38,577	Professional	\$6,273,881	\$0	Visits	36,872
201605	38,594	Professional	\$6,515,234	\$0	Visits	37,221
201606	38,590	Professional	\$6,718,886	\$0	Visits	37,756
201607	38,433	Professional	\$5,844,397	\$0	Visits	33,631
201608	37,664	Professional	\$6,633,469	\$0	Visits	37,459
201609	37,088	Professional	\$6,363,913	\$0	Visits	36,015
201610	37,022	Professional	\$6,358,203	\$0	Visits	37,091
201611	36,181	Professional	\$6,090,525	\$0	Visits	35,208
201612	33,439	Professional	\$5,182,956	\$0	Visits	30,293
201701	34,634	Professional	\$6,272,392	\$0	Visits	34,078
201702	35,060	Professional	\$5,888,174	\$0	Visits	32,509
201703	35,518	Professional	\$6,372,116	\$0	Visits	36,603
201704	35,484	Professional	\$5,924,139	\$0	Visits	32,518
201705	35,621	Professional	\$6,308,628	\$0	Visits	36,234
201706	35,341	Professional	\$6,243,613	\$0	Visits	34,780
201707	35,409	Professional	\$5,583,616	\$0	Visits	31,625
201708	35,596	Professional	\$6,506,762	\$0	Visits	35,839
201709	35,575	Professional	\$5,804,915	\$0	Visits	33,435
201710	35,395	Professional	\$6,112,233	\$0	Visits	36,775
201711	35,242	Professional	\$6,125,854	\$0	Visits	35,208
201712	34,727	Professional	\$5,580,525	\$0	Visits	32,567
201801	34,450	Professional	\$6,858,721	\$0	Visits	39,202
201802	34,315	Professional	\$7,915,863	\$0	Visits	49,518

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201501	37,788	Other Medical	\$1,174,593	\$0	Services	4,807
201502	37,691	Other Medical	\$1,149,198	\$0	Services	4,528
201503	37,675	Other Medical	\$1,174,940	\$0	Services	5,211
201504	37,643	Other Medical	\$1,319,441	\$0	Services	5,376
201505	37,323	Other Medical	\$1,066,313	\$0	Services	4,367
201506	37,220	Other Medical	\$1,205,881	\$0	Services	5,192
201507	37,169	Other Medical	\$1,240,369	\$0	Services	4,938
201508	36,937	Other Medical	\$1,227,552	\$0	Services	5,321
201509	36,915	Other Medical	\$1,130,370	\$0	Services	4,781
201510	36,736	Other Medical	\$1,198,112	\$0	Services	5,074
201511	36,893	Other Medical	\$1,002,648	\$0	Services	4,455
201512	36,475	Other Medical	\$1,236,950	\$0	Services	5,296
201601	37,936	Other Medical	\$1,058,104	\$0	Services	4,719
201602	38,265	Other Medical	\$1,138,426	\$0	Services	4,883
201603	38,703	Other Medical	\$1,278,562	\$0	Services	5,542
201604	38,577	Other Medical	\$1,092,903	\$0	Services	5,225
201605	38,594	Other Medical	\$1,257,938	\$0	Services	5,420
201606	38,590	Other Medical	\$1,512,497	\$0	Services	5,628
201607	38,433	Other Medical	\$1,209,215	\$0	Services	4,848
201608	37,664	Other Medical	\$1,361,744	\$0	Services	6,080
201609	37,088	Other Medical	\$1,226,337	\$0	Services	4,581
201610	37,022	Other Medical	\$1,067,122	\$0	Services	4,727
201611	36,181	Other Medical	\$1,258,330	\$0	Services	4,568
201612	33,439	Other Medical	\$1,288,143	\$0	Services	4,260
201701	34,634	Other Medical	\$1,137,775	\$0	Services	4,355
201702	35,060	Other Medical	\$998,846	\$0	Services	4,236
201703	35,518	Other Medical	\$991,891	\$0	Services	4,627
201704	35,484	Other Medical	\$971,304	\$0	Services	4,142
201705	35,621	Other Medical	\$1,154,926	\$0	Services	4,422
201706	35,341	Other Medical	\$1,043,872	\$0	Services	4,585
201707	35,409	Other Medical	\$1,055,373	\$0	Services	4,016
201708	35,596	Other Medical	\$1,106,046	\$0	Services	4,935
201709	35,575	Other Medical	\$902,778	\$0	Services	4,074
201710	35,395	Other Medical	\$1,113,884	\$0	Services	4,360
201711	35,242	Other Medical	\$1,132,111	\$0	Services	4,137
201712	34,727	Other Medical	\$1,092,920	\$0	Services	4,156
201801	34,450	Other Medical	\$1,147,731	\$0	Services	4,663
201802	34,315	Other Medical	\$1,206,879	\$0	Services	5,766

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201501	37,788	Prescription Drug	\$4,450,785	\$799,284	Scripts	31,354
201502	37,691	Prescription Drug	\$4,059,487	\$788,795	Scripts	28,205
201503	37,675	Prescription Drug	\$4,629,054	\$774,294	Scripts	31,225
201504	37,643	Prescription Drug	\$4,762,849	\$747,668	Scripts	30,340
201505	37,323	Prescription Drug	\$4,465,257	\$718,001	Scripts	30,082
201506	37,220	Prescription Drug	\$4,740,065	\$687,847	Scripts	30,321
201507	37,169	Prescription Drug	\$4,837,818	\$663,902	Scripts	30,216
201508	36,937	Prescription Drug	\$4,723,022	\$507,411	Scripts	29,461
201509	36,915	Prescription Drug	\$4,669,373	\$475,626	Scripts	29,251
201510	36,736	Prescription Drug	\$5,238,485	\$471,383	Scripts	30,579
201511	36,893	Prescription Drug	\$4,674,218	\$473,772	Scripts	29,658
201512	36,475	Prescription Drug	\$5,539,568	\$465,895	Scripts	31,825
201601	37,936	Prescription Drug	\$4,647,689	\$680,705	Scripts	29,221
201602	38,265	Prescription Drug	\$5,012,554	\$683,730	Scripts	30,855
201603	38,703	Prescription Drug	\$5,815,584	\$688,419	Scripts	33,668
201604	38,577	Prescription Drug	\$5,529,028	\$693,735	Scripts	31,462
201605	38,594	Prescription Drug	\$5,507,617	\$694,110	Scripts	32,124
201606	38,590	Prescription Drug	\$6,148,936	\$694,126	Scripts	31,664
201607	38,433	Prescription Drug	\$5,906,009	\$747,317	Scripts	30,148
201608	37,664	Prescription Drug	\$6,086,148	\$732,215	Scripts	31,580
201609	37,088	Prescription Drug	\$5,261,954	\$721,953	Scripts	29,739
201610	37,022	Prescription Drug	\$5,659,002	\$669,011	Scripts	29,996
201611	36,181	Prescription Drug	\$5,282,243	\$649,694	Scripts	30,070
201612	33,439	Prescription Drug	\$5,399,177	\$606,304	Scripts	29,405
201701	34,634	Prescription Drug	\$5,370,353	\$730,371	Scripts	29,405
201702	35,060	Prescription Drug	\$5,308,805	\$739,947	Scripts	27,607
201703	35,518	Prescription Drug	\$6,011,595	\$749,559	Scripts	30,908
201704	35,484	Prescription Drug	\$5,444,960	\$859,569	Scripts	28,524
201705	35,621	Prescription Drug	\$6,419,430	\$862,533	Scripts	30,902
201706	35,341	Prescription Drug	\$5,986,359	\$858,098	Scripts	29,374
201707	35,409	Prescription Drug	\$5,664,139	\$836,782	Scripts	28,557
201708	35,596	Prescription Drug	\$6,647,481	\$840,869	Scripts	29,987
201709	35,575	Prescription Drug	\$5,829,730	\$840,299	Scripts	28,240
201710	35,395	Prescription Drug	\$6,183,267	\$577,447	Scripts	30,307
201711	35,242	Prescription Drug	\$5,931,751	\$575,772	Scripts	29,690
201712	34,727	Prescription Drug	\$5,900,628	\$568,458	Scripts	30,259
201801	34,450	Prescription Drug	\$6,043,397		Scripts	30,349
201802	34,315	Prescription Drug	\$5,717,304		Scripts	27,469

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201501	37,788	Capitations	\$39,848	\$0	Benefit Period	37,788
201502	37,691	Capitations	\$39,752	\$0	Benefit Period	37,691
201503	37,675	Capitations	\$40,047	\$0	Benefit Period	37,675
201504	37,643	Capitations	\$40,056	\$0	Benefit Period	37,643
201505	37,323	Capitations	\$39,722	\$0	Benefit Period	37,323
201506	37,220	Capitations	\$39,658	\$0	Benefit Period	37,220
201507	37,169	Capitations	\$39,637	\$0	Benefit Period	37,169
201508	36,937	Capitations	\$39,460	\$0	Benefit Period	36,937
201509	36,915	Capitations	\$39,427	\$0	Benefit Period	36,915
201510	36,736	Capitations	\$39,261	\$0	Benefit Period	36,736
201511	36,893	Capitations	\$39,425	\$0	Benefit Period	36,893
201512	36,475	Capitations	\$39,025	\$0	Benefit Period	36,475
201601	37,936	Capitations	\$38,714	\$0	Benefit Period	37,936
201602	38,265	Capitations	\$39,389	\$0	Benefit Period	38,265
201603	38,703	Capitations	\$40,175	\$0	Benefit Period	38,703
201604	38,577	Capitations	\$40,045	\$0	Benefit Period	38,577
201605	38,594	Capitations	\$40,131	\$0	Benefit Period	38,594
201606	38,590	Capitations	\$40,156	\$0	Benefit Period	38,590
201607	38,433	Capitations	\$40,017	\$0	Benefit Period	38,433
201608	37,664	Capitations	\$39,361	\$0	Benefit Period	37,664
201609	37,088	Capitations	\$38,944	\$0	Benefit Period	37,088
201610	37,022	Capitations	\$38,955	\$0	Benefit Period	37,022
201611	36,181	Capitations	\$38,156	\$0	Benefit Period	36,181
201612	33,439	Capitations	\$35,524	\$0	Benefit Period	33,439
201701	34,634	Capitations	\$35,212	\$0	Benefit Period	34,634
201702	35,060	Capitations	\$36,072	\$0	Benefit Period	35,060
201703	35,518	Capitations	\$36,950	\$0	Benefit Period	35,518
201704	35,484	Capitations	\$36,866	\$0	Benefit Period	35,484
201705	35,621	Capitations	\$36,949	\$0	Benefit Period	35,621
201706	35,341	Capitations	\$36,703	\$0	Benefit Period	35,341
201707	35,409	Capitations	\$36,747	\$0	Benefit Period	35,409
201708	35,596	Capitations	\$36,889	\$0	Benefit Period	35,596
201709	35,575	Capitations	\$36,869	\$0	Benefit Period	35,575
201710	35,395	Capitations	\$36,637	\$0	Benefit Period	35,395
201711	35,242	Capitations	\$36,425	\$0	Benefit Period	35,242
201712	34,727	Capitations	\$35,862	\$0	Benefit Period	34,727
201801	34,450	Capitations	\$28,129	\$0	Benefit Period	34,450
201802	34,315	Capitations	\$28,070	\$0	Benefit Period	34,315

Appendix - Total Experience

Month	Members	Contracts	Ultimate Allowed	Drug Rebates	Post-Rx Rebate Ultimate Allowed	Ultimate Incurred	Premium	Loss Ratio
201501	37,788	21,543	\$18,558,814	\$799,284	\$17,759,530	\$14,419,561	\$18,248,200	79.0%
201502	37,691	21,543	\$15,729,437	\$788,795	\$14,940,642	\$12,380,541	\$18,060,718	68.5%
201503	37,675	21,608	\$18,694,064	\$774,294	\$17,919,770	\$15,283,857	\$15,292,484	99.9%
201504	37,643	21,614	\$18,755,156	\$747,668	\$18,007,488	\$15,581,538	\$18,148,532	85.9%
201505	37,323	21,454	\$17,963,338	\$718,001	\$17,245,337	\$15,040,520	\$18,148,353	82.9%
201506	37,220	21,398	\$19,361,469	\$687,847	\$18,673,622	\$16,537,025	\$18,107,870	91.3%
201507	37,169	21,342	\$20,544,219	\$663,902	\$19,880,316	\$17,824,580	\$18,136,113	98.3%
201508	36,937	21,210	\$18,100,872	\$507,411	\$17,593,460	\$15,626,019	\$18,171,589	86.0%
201509	36,915	21,219	\$17,948,857	\$475,626	\$17,473,231	\$15,631,323	\$18,263,340	85.6%
201510	36,736	21,143	\$19,931,027	\$471,383	\$19,459,644	\$17,410,861	\$18,254,943	95.4%
201511	36,893	21,218	\$17,564,134	\$473,772	\$17,090,363	\$15,294,618	\$18,472,926	82.8%
201512	36,475	21,053	\$19,526,918	\$465,895	\$19,061,022	\$16,845,562	\$19,001,923	88.7%
201601	37,936	22,355	\$20,732,705	\$680,705	\$20,052,000	\$16,739,673	\$19,451,024	86.1%
201602	38,265	22,688	\$20,208,953	\$683,730	\$19,525,223	\$16,675,011	\$19,688,455	84.7%
201603	38,703	23,059	\$23,550,908	\$688,419	\$22,862,489	\$20,034,813	\$19,812,764	101.1%
201604	38,577	23,008	\$20,461,455	\$693,735	\$19,767,720	\$17,220,259	\$19,815,807	86.9%
201605	38,594	23,046	\$20,979,492	\$694,110	\$20,285,383	\$17,870,406	\$19,756,410	90.5%
201606	38,590	23,045	\$22,644,158	\$694,126	\$21,950,032	\$19,573,823	\$19,840,868	98.7%
201607	38,433	22,956	\$20,679,170	\$747,317	\$19,931,853	\$17,815,903	\$19,711,325	90.4%
201608	37,664	22,606	\$22,979,882	\$732,215	\$22,247,667	\$20,072,787	\$19,294,545	104.0%
201609	37,088	22,256	\$21,089,779	\$721,953	\$20,367,826	\$18,280,041	\$19,036,643	96.0%
201610	37,022	22,245	\$20,948,153	\$669,011	\$20,279,142	\$18,287,598	\$18,944,587	96.5%
201611	36,181	21,750	\$20,599,417	\$649,694	\$19,949,724	\$18,011,324	\$18,631,482	96.7%
201612	33,439	20,363	\$17,853,767	\$606,304	\$17,247,462	\$15,240,828	\$17,528,615	86.9%
201701	34,634	21,490	\$22,444,375	\$730,371	\$21,714,004	\$18,686,296	\$17,763,354	105.2%
201702	35,060	21,882	\$19,070,226	\$739,947	\$18,330,279	\$15,895,474	\$17,913,702	88.7%
201703	35,518	22,301	\$21,606,286	\$749,559	\$20,856,727	\$18,246,235	\$18,085,124	100.9%
201704	35,484	22,245	\$20,144,575	\$859,569	\$19,285,006	\$17,031,938	\$18,198,711	93.6%
201705	35,621	22,351	\$21,112,093	\$862,533	\$20,249,560	\$17,925,449	\$18,076,604	99.2%
201706	35,341	22,149	\$21,409,199	\$858,098	\$20,551,102	\$18,287,183	\$18,002,455	101.6%
201707	35,409	22,091	\$18,727,774	\$836,782	\$17,890,992	\$15,773,105	\$18,010,591	87.6%
201708	35,596	22,151	\$21,590,312	\$840,869	\$20,749,443	\$18,554,502	\$18,130,783	102.3%
201709	35,575	22,178	\$18,810,052	\$840,299	\$17,969,753	\$15,935,640	\$18,160,376	87.7%
201710	35,395	22,069	\$19,967,348	\$577,447	\$19,389,901	\$17,236,393	\$18,045,893	95.5%
201711	35,242	21,906	\$20,344,399	\$575,772	\$19,768,628	\$17,639,130	\$18,059,760	97.7%
201712	34,727	21,591	\$19,465,307	\$568,458	\$18,896,849	\$16,736,854	\$17,951,472	93.2%
201801	34,450	21,572	\$22,255,832		\$22,255,832	\$19,179,517	\$18,991,222	101.0%
201802	34,315	21,464	\$20,638,239		\$20,638,239	\$17,542,715	\$18,867,506	93.0%

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

		2019	2018	% Change
(1)	Base Period Total Allowed	\$556.31	\$542.24	2.6%
(2)	Base Period Non-EHB PMPM	\$3.02	\$2.84	6.6%
(3)	Experience Period Index Rate	\$553.28	\$539.40	2.6%
(4)	Change in Morbidity	1.007	0.976	3.2%
(5)	Additional Population Adjustment	1.000	1.000	0.0%
(6)	Induced Demand	1.005	0.994	1.1%
(7)	Projection Period Utilization and Network Adjustment	1.000	1.000	0.0%
(8)	Demographic Adjustment	0.981	0.942	4.1%
(9)	Area Adjustment	1.000	1.000	0.0%
(10)	Additional "Other" Adjustments	1.005	0.982	2.4%
(11)	Annualized Trend	7.5%	8.3%	
(12)	Months of Trend	24.0	24.0	
(13)	Unit cost & Utilization/1,000 Trend Factor	1.156	1.173	-1.5%
(14)	Projection Period Index Rate	\$ 638.68	\$567.88	12.5%
(15)	Risk Adjustment Program	0.941	0.902	4.3%
(16)	Federal Exchange User Fee	1.000	1.000	0.0%
(17)	Market Adjusted Index Rate	\$ 600.75	\$512.33	17.3%
	Without Risk Adjustment	\$ 638.68	\$567.88	12.5%

2019 DC Small Group GHMSI
 Plan Adjusted Index Rate Changes

Index	HIQS Plan ID	Plan Name	Type	Metallic	Tier	On/Off	Projected Members - 12/2018	Market Adjusted Index Rate			Benefits			Network			Induced Utilization			HSA Factor			Non-EHB			Admin			Age Calibration			Total Change		
								2019	2018	Change	2019	2018	Change	2019	2018	Change	2019	2018	Change	2019	2018	Change	2019	2018	Change	2019	2018	Change	2019	2018	Change	2019	2018	Change
1	78079DC0220020	BluePreferred PPO Gold 1000	PPO	Gold	On	2,799	\$600.75	\$512.33	17.26%	0.824	0.828	-0.48%	1.000	1.000	0.00%	0.982	0.986	-0.41%	1.000	1.000	0.00%	1.005	1.005	0.01%	1.213	1.306	-7.16%	0.947	0.974	-2.72%	\$561.35	\$534.74	4.98%	
2	78079DC0220021	BluePreferred PPO Gold 500	PPO	Gold	On	2,630	\$600.75	\$512.33	17.26%	0.846	0.853	-0.83%	1.000	1.000	0.00%	0.982	0.986	-0.41%	1.000	1.000	0.00%	1.005	1.005	0.01%	1.213	1.306	-7.16%	0.947	0.974	-2.72%	\$576.13	\$550.78	4.60%	
3	78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500	PPO	Silver	On	847	\$600.75	\$512.33	17.26%	0.750	0.744	0.87%	1.000	1.000	0.00%	0.937	0.941	-0.43%	1.000	1.000	0.00%	1.005	1.005	0.01%	1.213	1.306	-7.16%	0.947	0.974	-2.72%	\$487.62	\$458.38	6.38%	
4	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	PPO	Silver	On	1,011	\$600.75	\$512.33	17.26%	0.728	0.718	1.28%	1.000	1.000	0.00%	0.937	0.941	-0.43%	1.000	1.000	0.00%	1.005	1.005	0.01%	1.213	1.306	-7.16%	0.947	0.974	-2.72%	\$473.00	\$442.88	6.80%	
5	78079DC0220024	BluePreferred PPO Platinum 0	PPO	Platinum	On	9,331	\$600.75	\$512.33	17.26%	0.936	0.943	-0.73%	1.000	1.000	0.00%	1.046	1.050	-0.38%	1.000	1.000	0.00%	1.005	1.005	0.01%	1.213	1.306	-7.16%	0.947	0.974	-2.72%	\$679.21	\$648.49	4.74%	
6	78079DC0220025	BluePreferred PPO Platinum 500	PPO	Platinum	On	3,793	\$600.75	\$512.33	17.26%	0.899	0.898	0.16%	1.000	1.000	0.00%	1.046	1.050	-0.38%	1.000	1.000	0.00%	1.005	1.005	0.01%	1.213	1.306	-7.16%	0.947	0.974	-2.72%	\$652.35	\$617.32	5.67%	
7	78079DC0220026	BluePreferred PPO Silver 1000	PPO	Silver	On	511	\$600.75	\$512.33	17.26%	0.734	0.752	-2.37%	1.000	1.000	0.00%	0.937	0.941	-0.43%	1.000	1.000	0.00%	1.005	1.005	0.01%	1.213	1.306	-7.16%	0.947	0.974	-2.72%	\$477.44	\$463.73	2.96%	
8	78079DC0220027	HealthyBlue PPO Gold 1500	PPO	Gold	On	1,383	\$600.75	\$512.33	17.26%	0.845	0.843	0.27%	1.000	1.000	0.00%	0.982	0.986	-0.41%	1.000	1.000	0.00%	1.005	1.005	0.01%	1.213	1.306	-7.16%	0.947	0.974	-2.72%	\$575.91	\$544.52	5.76%	
9	78079DC0220028	HealthyBlue PPO HSA/HRA Silver 2000	PPO	Silver	On	258	\$600.75	\$512.33	17.26%	0.745	0.734	1.43%	1.000	1.000	0.00%	0.937	0.941	-0.43%	1.000	1.000	0.00%	1.005	1.005	0.01%	1.213	1.306	-7.16%	0.947	0.974	-2.72%	\$484.17	\$452.63	6.97%	
10	78079DC0220029	HealthyBlue PPO Platinum 1000	PPO	Platinum	On	168	\$600.75	\$512.33	17.26%	0.909	0.889	2.29%	1.000	1.000	0.00%	1.046	1.050	-0.38%	1.000	1.000	0.00%	1.005	1.005	0.01%	1.213	1.306	-7.16%	0.947	0.974	-2.72%	\$659.85	\$611.45	7.92%	
11	78079DC0220030	HealthyBlue PPO Platinum 500	PPO	Platinum	On	355	\$600.75	\$512.33	17.26%	0.909	0.906	0.31%	1.000	1.000	0.00%	1.046	1.050	-0.38%	1.000	1.000	0.00%	1.005	1.005	0.01%	1.213	1.306	-7.16%	0.947	0.974	-2.72%	\$659.85	\$623.48	5.83%	
12	78079DC0220031	BluePreferred PPO Gold 1500	PPO	Gold	On	1,571	\$600.75	\$512.33	17.26%	0.812	0.812	-0.04%	1.000	1.000	0.00%	0.982	0.986	-0.41%	1.000	1.000	0.00%	1.005	1.005	0.01%	1.213	1.306	-7.16%	0.947	0.974	-2.72%	\$553.21	\$524.72	5.43%	
13	78079DC0220032	BluePreferred PPO 1000 90%/70%	PPO	Gold	On	253	\$600.75	\$512.33	17.26%	0.794	0.780	1.81%	1.000	1.000	0.00%	0.982	0.986	-0.41%	1.000	1.000	0.00%	1.005	1.000	0.51%	1.213	1.306	-7.16%	0.947	0.974	-2.72%	\$540.95	\$501.21	7.93%	
14	78079DC0220033	BluePreferred PPO HSA/HRA 2000 80%/60%	PPO	Silver	On	88	\$600.75	\$512.33	17.26%	0.694	0.682	1.73%	1.000	1.000	0.00%	0.937	0.941	-0.43%	1.000	1.000	0.00%	1.005	1.000	0.51%	1.213	1.306	-7.16%	0.947	0.974	-2.72%	\$451.03	\$418.30	7.82%	
15	78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	PPO	Silver	On	632	\$600.75	\$512.33	17.26%	0.751	0.744	0.88%	1.000	1.000	0.00%	0.937	0.941	-0.43%	1.000	1.000	0.00%	1.005	1.005	0.01%	1.213	1.306	-7.16%	0.947	0.974	-2.72%	\$488.13	\$458.82	6.39%	
							25,631	\$600.75	\$512.33	17.26%	0.869	0.871	-0.25%	1.000	1.000	0.00%	1.010	1.014	-0.40%	1.000	1.000	0.00%	1.005	1.005	0.01%	1.213	1.306	-7.16%	0.947	0.974	-2.72%	\$610.78	\$580.67	5.23%

Key Drivers

- 1.) Increases in allowed cost, assumed annual trend of 7.5% (trend appears to be coming down)
- 2.) Removed the Health Insurer Fee in 2019.
- 3.) Deterioration in the base period experience, seen in Morbidity and Demographics.

June 1, 2018

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



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

Mr. Tanhehco,

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

- a. **Company Name:** Group Hospitalization and Medical Services, Inc. (GHMSI)
- b. **NAIC Company Code:** 53007
- c. **Unique Company Filing Number:** 2256
- d. **Date Submitted:** 6/1/2018
- e. **Proposed Effective Date:** 1/1/2019
- f. **Type of Product:** PPO – 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 GHMSI.
- i. **Indication Whether Initial Filing or Change:** This filing proposes a change to existing rates (from our previous SERFF Filing #CFAP-131010712).
- j. **Indication if no DC Policyholders:** This filing proposes rate actions to our plans sold in DC. DC policyholders of GHMSI ACA plans will be impacted.
- k. **Overall Premium Impact of Filing on DC Policyholders:** Proposed average rate increase for 2019 is 5.2%.
- l. **Contact Information:**
 - a. Name: Dwayne Lucado, FSA, MAAA
 - b. Telephone Number: 410-998-7519
 - c. 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
Lucado

Digitally signed by
Dwayne Lucado
Date: 2018.06.01
12:21:32 -04'00'

Dwayne Lucado, FSA, MAAA
Assistant Actuary

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	X	Y
1	Unified Rate Review v4.3																						
2																							
3	Company Legal Name:	GHMSI, Inc.				State:	DC																
4	HIOS Issuer ID:	78079				Market:	Small Group																
5	Effective Date of Rate Change(s):	1/1/2019																					
6																							
7																							
8	Market Level Calculations (Same for all Plans)																						
9																							
10																							
11	Section I: Experience period data																						
12	Experience Period:	1/1/2017		to	12/31/2017																		
13		<u>Experience Period</u>			<u>Aggregate Amount</u>		<u>PMPM</u>	<u>% of Prem</u>															
14	Premiums (net of MLR Rebate) in Experience Period:	\$216,398,824			\$510.85		100.00%																
15	Incurred Claims in Experience Period	\$207,948,201			490.90		96.09%																
16	Allowed Claims:	\$235,652,243			556.31		108.90%																
17	Index Rate of Experience Period				\$ 553.28																		
18	Experience Period Member Months	423,602																					
19																							
20	Section II: Allowed Claims, PMPM basis																						
21		<u>Experience Period</u>			<u>Projection Period:</u>		1/1/2019	to	12/31/2019		<u>Mid-point to Mid-point, Experience to Projection:</u>				24 months								
22		<u>on Actual Experience Allowed</u>			<u>Adj't. from Experience to</u>		<u>Projection Period</u>		<u>Annualized Trend</u>		<u>Projections, before credibility Adjustment</u>			<u>Credibility Manual</u>									
23	<u>Benefit Category</u>	<u>Utilization</u>	<u>Utilization per</u>	<u>Average</u>	<u>PMPM</u>	<u>Pop'l risk</u>		<u>Factors</u>		<u>Utilization per</u>	<u>Average</u>	<u>Utilization</u>	<u>Average</u>	<u>PMPM</u>	<u>per 1,000</u>	<u>Cost/Service</u>	<u>PMPM</u>						
24	Inpatient Hospital	Admits	63.71	\$17,937.98	\$95.24	1.007	0.986	1.040	1.010	65.46	\$19,132.31	\$104.37	0.00	\$0.00	\$0.00	\$0.00	\$0.00						
25	Outpatient Hospital	Visits	910.68	\$1,486.55	112.81	1.007	0.986	1.045	1.040	992.16	1,600.81	132.35	0.00	\$0.00	0.00	0.00	0.00						
26	Professional	Visits	11,676.18	\$176.44	171.68	1.007	0.986	1.015	1.050	12,966.72	179.25	193.69	0.00	\$0.00	0.00	0.00	0.00						
27	Other Medical	Services	1,474.36	\$244.05	29.99	1.007	0.986	1.040	1.000	1,485.09	260.30	32.21	0.00	\$0.00	0.00	0.00	0.00						
28	Capitation	Benefit Period	1,000.00	\$12.41	1.03	1.000	0.651	1.000	1.000	1,000.00	8.08	0.67	0.00	\$0.00	0.00	0.00	0.00						
29	Prescription Drug	Prescriptions	10,021.48	\$174.30	145.56	1.007	1.007	1.100	1.000	10,094.45	212.42	178.69	0.00	\$0.00	0.00	0.00	0.00						
30	Total				\$556.31							\$641.99					\$0.00						
31																	<u>After Credibility</u>	<u>Projected Period Totals</u>					
32	Section III: Projected Experience:																Projected Allowed Claims PMPM (w/applied credibility if applicable)	100.00%	0.00%	\$641.99	\$201,599,422		
33																	Paid to Allowed Average Factor in Projection Period			0.880			
34																	Projected Incurred Claims, before ACA rein & Risk Adj't, PMPM			\$565.22	\$177,492,515		
35																	Projected Risk Adjustments PMPM			34.51	10,835,921		
36																	Projected Incurred Claims, before reinsurance recoveries, net of rein prem, PMPM			\$530.71	\$166,656,595		
37																	Projected ACA reinsurance recoveries, net of rein prem, PMPM			0.00	0		
38																	Projected Incurred Claims			\$530.71	\$166,656,595		
39																	Administrative Expense Load			12.33%	79.37	24,924,050	
40																	Profit & Risk Load			1.70%	10.95	3,437,089	
41																	Taxes & Fees			3.54%	22.81	7,163,961	
42																	Single Risk Pool Gross Premium Avg. Rate, PMPM				\$643.84	\$202,181,695	
43																	Index Rate for Projection Period				\$654.26		
44																	% increase over Experience Period				26.03%		
45																	% Increase, annualized:				12.26%		
46																	Projected Member Months					314,023	
47																							
48																							
49	Information Not Releasable to the Public Unless Authorized by Law: This information has not been publically disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.																						
50																							

Product-Plan Data Collection

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

GHMSI, Inc.
 78079
 1/1/2019

State: DC
 Market: Small Group

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product ID:	BluePreferred Multi-State Plan 78079DC017								BluePreferred PPO 78079DC022															
	Gold		Silver		Gold		Silver		Platinum		Silver		Gold		Silver		Platinum		Gold		Silver		Platinum	
AV Metal Value	0.816	0.720	0.816	0.720	0.815	0.717	0.708	0.916	0.905	0.720	0.820	0.712	0.887	0.908	0.818	0.806	0.713	0.720	0.818	0.806	0.713	0.720	0.818	0.806
AV Pricing Value	0.010	0.030	0.986	1.012	0.857	0.831	1.194	1.146	0.839	1.146	0.839	1.012	0.851	1.160	0.972	0.951	0.793	0.858	0.972	0.951	0.793	0.858	0.972	0.951
Plan Category	Terminated PPO	Terminated PPO	Renewing PPO	Renewing PPO	Renewing PPO	Renewing PPO	Renewing PPO	Renewing PPO	Renewing PPO	Renewing PPO	Renewing PPO	Renewing PPO	Renewing PPO	Renewing PPO	Renewing PPO	Renewing PPO	Renewing PPO	Renewing PPO	Renewing PPO	Renewing PPO	Renewing PPO	Renewing PPO	Renewing PPO	Renewing PPO
Plan Name	BlueShield Preferred 1000, a Multi-State Plan	BlueShield Preferred 2000, a Multi-State Plan	BluePreferred PPO Gold 1000	BluePreferred PPO Gold 500	BluePreferred PPO Silver 1500	BluePreferred PPO HSA/HRA Silver 2000	BluePreferred PPO HSA/HRA Silver 2000	BluePreferred PPO Platinum 0	BluePreferred PPO Platinum 500	BluePreferred PPO Silver 1000	HealthyBlue PPO Gold 1500	HealthyBlue PPO HSA/HRA Silver 2000	HealthyBlue PPO Platinum 1000	HealthyBlue PPO Platinum 500	BluePreferred PPO Gold 1500	BluePreferred PPO 1000/90%/70%	BluePreferred PPO 80%/60%	BluePreferred PPO Silver 1500 Bluefund HSA	BluePreferred PPO HSA/HRA 2250	BluePreferred PPO 80%/60%	BluePreferred PPO Silver 1500	BluePreferred PPO 1000/90%/70%	BluePreferred PPO 80%/60%	BluePreferred PPO Silver 1500 Bluefund HSA
Plan ID (Standard Component ID):	78079DC0170001	78079DC0170002	78079DC0220020	78079DC0220021	78079DC0220022	78079DC0220023	78079DC0220024	78079DC0220025	78079DC0220026	78079DC0220027	78079DC0220028	78079DC0220029	78079DC0220030	78079DC0220031	78079DC0220032	78079DC0220033	78079DC0220034	78079DC0220035	78079DC0220036	78079DC0220037	78079DC0220038	78079DC0220039	78079DC0220040	
Exchange Plan?	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Historical Rate Increase - Calendar Year - 1		8.30%																						
Historical Rate Increase - Calendar Year - 2		-3.90%																						
Historical Rate Increase - Calendar Year 0		0.00%																						
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	1/1/2019	1/1/2019	1/1/2019	
Rate Change % (over prior filing)	0.00%	0.00%	-0.16%	-0.52%	1.17%	1.57%	-0.39%	0.50%	2.08%	0.59%	1.73%	0.00%	2.63%	0.27%	2.65%	2.55%	1.18%							
Cumulative Rate Change % (over 12 mos prior)	0.00%	0.00%	6.27%	5.89%	7.69%	8.12%	6.03%	6.88%	4.23%	7.07%	8.29%	0.00%	9.25%	6.73%	9.26%	9.15%	7.70%							
Proj'd Per Rate Change % (over Expir. Period)	-100.00%	-100.00%	22.71%	22.24%	31.07%	31.15%	16.54%	17.06%	22.04%	22.04%	28.97%	-100.00%	15.66%	21.14%	25.59%	32.31%	30.34%							
Product Rate Increase %		0.00%																						

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

Plan ID (Standard Component ID):	Total	78079DC0170001	78079DC0170002	78079DC0220020	78079DC0220021	78079DC0220022	78079DC0220023	78079DC0220024	78079DC0220025	78079DC0220026	78079DC0220027	78079DC0220028	78079DC0220029	78079DC0220030	78079DC0220031	78079DC0220032	78079DC0220033	78079DC0220034	78079DC0220035	78079DC0220036	78079DC0220037	78079DC0220038	78079DC0220039
Input	\$3.44	\$0.00	\$0.00	\$3.01	\$2.76	\$3.58	\$3.75	\$3.41	\$4.14	\$1.46	\$3.73	\$3.36	\$6.23	\$6.23	\$6.23	\$6.23	\$6.23	\$6.23	\$6.23	\$6.23	\$6.23	\$6.23	\$6.23
Outpatient	\$7.13	\$0.00	\$0.00	\$6.40	\$6.22	\$6.67	\$6.79	\$7.48	\$8.18	\$3.83	\$7.31	\$7.08	\$0.00	\$10.63	\$6.72	\$8.72	\$7.20	\$3.59	\$6.64	\$6.64	\$6.64	\$6.64	\$6.64
Professional	\$15.53	\$0.00	\$0.00	\$14.08	\$13.93	\$13.87	\$13.92	\$16.64	\$17.46	\$9.59	\$15.54	\$14.44	\$0.00	\$21.13	\$14.48	\$17.34	\$14.35	\$13.89	\$13.89	\$13.89	\$13.89	\$13.89	\$13.89
Prescription Drug	\$26.97	\$0.00	\$0.00	\$24.74	\$25.00	\$22.74	\$22.41	\$29.64	\$29.59	\$19.24	\$26.22	\$23.08	\$0.00	\$32.56	\$24.85	\$26.70	\$22.18	\$22.77	\$22.77	\$22.77	\$22.77	\$22.77	\$22.77
Other	-\$0.46	\$0.00	\$0.00	-\$0.48	-\$0.59	-\$0.10	\$0.00	-\$0.66	-\$0.34	-\$0.87	-\$0.28	\$0.03	\$0.00	\$0.33	-\$0.35	\$0.27	\$0.21	-\$0.09	-\$0.09	-\$0.09	-\$0.09	-\$0.09	-\$0.09
Capitation	\$0.07	\$0.00	\$0.00	\$0.06	\$0.06	\$0.06	\$0.06	\$0.07	\$0.08	\$0.04	\$0.07	\$0.07	\$0.00	\$0.10	\$0.06	\$0.08	\$0.07	\$0.06	\$0.06	\$0.06	\$0.06	\$0.06	\$0.06
Administration	-\$6.77	\$0.00	\$0.00	-\$6.44	-\$6.91	-\$4.64	-\$4.23	-\$8.01	-\$6.84	-\$6.85	-\$5.97	-\$4.22	\$0.00	-\$4.92	-\$5.99	-\$4.03	-\$3.42	-\$4.64	-\$4.64	-\$4.64	-\$4.64	-\$4.64	-\$4.64
Taxes & Fees	-\$19.07	\$0.00	\$0.00	-\$17.74	-\$18.35	-\$14.96	-\$14.38	-\$20.31	-\$20.31	-\$15.75	-\$14.66	-\$0.31	\$0.00	-\$19.58	-\$17.82	-\$16.05	-\$13.41	-\$14.97	-\$14.97	-\$14.97	-\$14.97	-\$14.97	-\$14.97
Risk & Profit Charge	-\$9.45	\$0.00	\$0.00	-\$8.79	-\$9.09	-\$7.41	-\$7.13	-\$10.69	-\$10.07	-\$7.80	-\$8.87	-\$7.27	\$0.00	-\$9.71	-\$8.58	-\$7.96	-\$6.05	-\$7.42	-\$7.42	-\$7.42	-\$7.42	-\$7.42	-\$7.42
Total Rate Increase	\$17.39	\$0.00	\$0.00	\$14.84	\$13.03	\$19.40	\$21.19	\$16.30	\$21.88	\$2.57	\$19.85	\$22.49	\$0.00	\$36.76	\$17.19	\$24.72	\$19.87	\$19.87	\$19.87	\$19.87	\$19.87	\$19.87	\$19.87
Member Cost Share Increase	\$12.61	\$0.00	\$0.00	\$18.00	\$18.02	\$23.49	\$24.20	\$23.79	\$28.74	\$23.23	\$15.64	\$23.89	\$0.00	\$8.49	\$15.81	\$16.84	\$23.80	\$23.80	\$23.80	\$23.80	\$23.80	\$23.80	\$23.80

Average Current Rate PMPM	\$65.43	\$0.00	\$0.00	\$60.80	\$60.88	\$56.72	\$49.25	\$71.02	\$69.89	\$52.75	\$63.82	\$50.24	\$0.00	\$68.97	\$59.10	\$65.01	\$47.54	\$57.22
Projected Member Months	314,022	0	0	34,296	32,221	10,376	12,389	14,321	46,474	6,263	18,949	3,156	0	6,412	19,248	3,094	1,081	7,782

Section III: Experience Period Information

Plan ID (Standard Component ID):	Total	78079DC0170001	78079DC0170002	78079DC0220020	78079DC0220021	78079DC0220022	78079DC0220023	78079DC0220024	78079DC0220025	78079DC0220026	78079DC0220027	78079DC0220028	78079DC0220029	78079DC0220030	78079DC0220031	78079DC0220032	78079DC0220033	78079DC0220034	78079DC0220035	78079DC0220036	78079DC0220037	78079DC0220038	78079DC0220039
Plan Adjusted Index Rate	\$562.33	\$508.27	\$413.92	\$503.35	\$518.56	\$409.34	\$396.82	\$641.26	\$613.18	\$433.64	\$519.23	\$413.06	\$606.93	\$627.71	\$502.49	\$473.92	\$375.07	\$412.06					
Member Months	318,243	301	36,928	31,401	14,444	13,511	11,627	46,362	5,255	19,716	2,964	4,086	19,097	2,880	433	2,184	2,184	2,184					
Total Premium (TP)	\$176,102,983	\$123,214	\$235,967	\$19,251,749	\$14,239,535	\$6,189,006	\$5,653,002	\$74,373,519	\$28,441,483	\$2,211,663	\$8,729,200	\$1,202,292	\$948,843	\$2,417,441	\$9,951,759	\$1,391,361	\$122,831	\$757,119					
EHB Percent of TP, (see instructions)	99.46%	99.46%	99.46%	99.46%	99.46%	99.46%	99.46%	99.46%	99.46%	99.46%	99.46%	99.46%	99.46%	99.46%	99.46%	99.46%	99.46%	99.46%					
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%					
Other benefits portion of TP	0.54%	0.54%	0.54%	0.54%	0.54%	0.54%	0.54%	0.54%	0.54%	0.54%	0.54%	0.54%	0.54%	0.54%	0.54%	0.54%	0.54%	0.54%					
Total Allowed Claims (TAC)	\$161,972,252	\$57,520	\$199,748	\$22,858,833	\$13,679,834	\$6,080,790	\$6,039,263	\$64,278,565	\$22,849,376	\$1,939,922	\$7,600,647	\$1,234,649	\$580,613	\$2,389,932	\$10,609,811	\$803,239	\$77,964	\$692,066					
EHB Percent of TAC, (see instructions)	99.46%	99.46%	99.46%	99.46%	99.46%	99.46%	99.46%	99.46%	99.46%	99.46%	99.46%	99.46%	99.46%	99.46%	99.46%	99.46%	99.46%	99.46%					
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%					
Other benefits portion of TAC	0.54%	0.54%	0.54%	0.54%	0.54%	0.54%	0.54%	0.54%	0.54%	0.54%	0.54%	0.54%	0.54%	0.54%	0.54%	0.54%	0.54%	0.54%					
Allowed Claims which are not the issuer's obligation: Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$18,267,500	\$19,394	\$70,133	\$2,488,186	\$1,809,709	\$1,679,959	\$1,663,232	\$4,434,477	\$2,083,198	\$478,385	\$1,020,662	\$386,725	\$69,470	\$170,251	\$1,363,857	\$227,946	\$31,675	\$270,240					
Portion of above payable by HHS on behalf of insured person, as a %	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%					
Total Incurred claims, payable with issuer funds	\$148,704,752	\$38,125	\$129,615	\$20,370,647	\$11,870,125	\$4,400,831	\$4,376,031	\$59,844,088	\$20,766,178	\$1,461,537	\$6,580,005	\$847,925	\$511,143	\$2,219,143	\$9,245,954	\$575,293	\$46,789	\$421,827					
Net Amt of Reim	\$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	\$10,959,988.40	-\$57,507.37	\$11,638.29	\$2,387,575.46	\$399,441.48	-\$1,025,857.57	\$1,578,267.44	\$7,849,435.35	-\$757,247.65	-\$393,994.39	-\$137,298.45	\$202,738.16	-\$184,315.08	\$484,512.35	\$1,186,947.00	-\$284,608.02	-\$43,899.26	-\$259,329.32					
Incurred Claims PMPM	\$454.56	\$126.66	\$200.64	\$551.63	\$378.02	\$304.68	\$333.89	\$447.91	\$514.01	\$278.12	\$338.47	\$286.07	\$443.11	\$484.16	\$199.75	\$106.90	\$319.14	\$319.14					
Allowed Claims PMPM	\$508.96	\$191.10	\$309.21	\$559.01	\$435.65	\$420.99	\$446.99</																

Allowed Claims which are not the issuer's obligation	\$26,429,023	\$0	\$0	\$3,875,039	\$3,191,713	\$1,664,216	\$2,165,943	\$4,696,768	\$3,013,610	\$1,067,515	\$1,682,348	\$516,964	\$0	\$373,229	\$2,322,314	\$409,040	\$212,445	\$1,237,878
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
Portion of above payable by HHS on behalf of insured person, as %	0.00%	#DIV/0!	#DIV/0!	0.00%	0.00%	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%
Total incurred claims, payable with issuer funds	\$175,156,272	\$0	\$0	\$18,141,155	\$17,492,442	\$4,996,620	\$5,787,131	\$68,691,187	\$26,820,207	\$2,952,995	\$9,198,002	\$1,509,019	\$0	\$3,742,931	\$10,033,870	\$1,577,143	\$481,500	\$3,732,071
Net Amt of Reim	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Risk Adjustment Transfer Amount	\$10,835,865	\$0	\$0	\$1,386,386	\$1,302,506	\$68,273	\$81,518	\$4,299,742	\$1,747,940	\$41,210	\$685,149	\$20,766	\$0	\$241,163	\$778,084	\$125,072	\$7,113	\$50,942

DC GHMSI

Rate Filing Justification Part II (Plain Language Summary)

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

Name of Company	Group Hospitalization & Medical Services Inc.
SERFF tracking number	CFAP-131468322
Submission Date	6/1/2018
Product Name	BluePreferred

Market Type: Individual Small Group
Rate Filing Type: Rate Increase New Filing

Scope and Range of the Increase:

The 5.2 % increase is requested because:

The main drivers of the 2019 rate increase are a) increased morbidity b) increased demographics c) trend of 7.5% d) the removal of the Health Insurer Fee in 2019 and e) lower anticipated receivables from risk adjustment.

This filing will impact:

of policyholder's 14,729 # of covered lives 25,631

The average, minimum and maximum rate changes increases are:

- Average Rate Change: The average premium change, by percentage, across all policy holders if the filing is approved 5.2 %
- Minimum Rate Change: The smallest premium increase (or largest decrease), by percentage, that any one policy holder would experience if the filing is approved 3.0 %
- Maximum Rate Change: The largest premium increase, by percentage, that any one policy holder would experience if the filing is approved 20.0 %

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 \$176.3 million in premium was collected and \$143.7 million in claims were paid out. We received \$10.9 million paid in risk adjustment, for a loss ratio of 75.3%. However, the rate increase of the product is driven partially by the combined Individual and Small group experience, which collected \$216.4 million in premium and paid out \$207.9 million in claims and paid \$17.2 million in risk adjustment for a loss ratio of 88.1%.

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 85.2%.

Components of Increase

The request is made up of the following components:

Trend Increases –	7.5 % of the	5.2 % total filed increase
1. Medical Utilization Changes – Defined as the increase in total plan claim costs not attributable to changes in the unit cost of underlying services, or renegotiation of provider contracts. Examples include changes in the mix of services utilized, or an increase/decrease in the frequency of service utilization.		
This component is	2.5 % of the	5.2 % total filed increase.
2. Medical Price Changes – Defined as the increase in total plan claim costs attributable to changes in the unit cost of underlying services, or renegotiation of provider contracts.		
This component is	4.9 % of the	5.2 % total filed increase.

Other Increases –	(2.1) % of the	5.2 % total filed increase
1. Medical Benefit Changes Required by Law – Defined as any new mandated plan benefit changes, as mandated by either State or Federal Regulation.		
This component is	0.0 % of the	5.2 % total filed increase.
2. Medical Benefit Changes Not Required by Law – Defined as changes in plan benefit design made by the company, which are not required by either State or Federal Regulation.		
This component is	-0.3 % of the	5.2 % total filed increase.
3. Changes to Administration Costs – Defined as increases in the costs of providing insurance coverage. Examples include claims payment expenses, distribution costs, taxes, and general business expenses such as rent, salaries, and overhead.		
This component is	-2.3 % of the	5.2 % total filed increase.
4. Changes to Profit Margin – Defined as increases to company surplus or changes as an additional margin to cover the risk of the company.		
This component is	-1.9 % of the	5.2 % total filed increase.
5. Other – Defined as:		
Removal of the Health Insurer Fee in 2019, and less anticipated risk adjustment receivables.		
This component is	2.4 % of the	5.2 % total filed increase.

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

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

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been 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
3	HIOS Product ID	The HIOS product ID should be listed in the actuarial memorandum	Yes	Exhibit 11 - Plan Adj SG_RA
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
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 Adj SG_RA

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
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	Yes	Appendix - Rate Change_SG RA
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 RA
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 RA
11	Absolute Maximum Premium Increase	The absolute maximum year-over-year renewal rate increase that could be applied to a policyholder, including demographic changes such as aging.	Yes	Appendix - Max Renewal_SG RA
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 RA
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 RA
14	Exposure	Current number of policies, certificates and covered lives.	Yes	Appendix - Rate Change_SG RA

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
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 - Experience by Service Category
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 - Experience by Service Category
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 - Experience by Service Category
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
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
Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element

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 RA
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 RA
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 - Experience by Service Category
26	Administrative Costs of Programs that Improve Health Care Quality	Show the amount of administrative costs included with claims in the numerator of the MLR calculation . Show that the amount is consistent with the most recently filed Supplemental Health Care Exhibit or provide support for the difference.	Yes	Exhibit10A - SG RA and Exhibit 10B - Fed MLR RA

Number	Data Element	Requirement Description	Individual/and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
27	Taxes and Licensing or Regulatory Fees	Show the amount of taxes, licenses, and fees subtracted from premium in the denominator of your medical loss ratio calculation(c). Show that the amount is consistent with the most recently filed Supplemental Health Care Exhibit or provide support for the difference.	Yes	Exhibit10A - SG RA and Exhibit 10B - Fed MLR RA
28	Medical Loss Ratio (MLR)	Demonstrate that the projected loss ratio, including the requested rate change, meets the minimum MLR. Show the premium, claims, and adjustments separately with the development of the projected premium and projected claims (if not provided in the rate development section). If the loss ratio falls below the minimum for the subset of policy forms in the filing, show that when combined with all other policy forms in the market segment in District of Columbia, the loss ratio meets the minimum.	Yes	Exhibit10A - SG RA and Exhibit 10B - Fed MLR RA
29	Risk Adjustment	Provide rate information relating to the Risk Adjustment program. Information should include assumed Risk Adjustment user fees, Risk Adjustment PMPM excluding user fees and assumed distribution of enrollment by risk score, plan, and geographical area. Provide support for the assumptions, including any demographic changes. Provide information/study on the development of risk scores and Risk Adjustment PMPM. Provide previous year-end estimated risk adjustment payable or receivable amount and quantitative support for the amount.	Yes	Exhibit 9 - Risk Adjustment IND

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
30	Past and Prospective Loss Experience Within and Outside the State	Indicate whether loss experience within or outside the state was used in the development of proposed rates. Provide an explanation for using loss experience within or outside the state.	Yes	Please see the "Actuarial Memo Cover Letter" PDF document in SERFF
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 - SG RA and Exhibit 10B - Fed MLR RA

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
32	Past and Prospective Expenses	<p>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.</p> <p>Provide the assumed administrative costs in the following categories:</p> <ul style="list-style-type: none"> • Salaries, wages, employment taxes, and other employee benefits • Commissions • Taxes, licenses, and other regulatory fees • Cost containment programs / quality improvement activities 	Yes	Exhibit10A - SG RA and Exhibit 10B - Fed MLR RA
33	Any Other Relevant Factors Within and Outside the State	Show any other relevant factors that have been considered in the development of the proposed rates. Demonstrate how any related assumptions were derived. Show how these assumptions have changed from prior filings, and provide support for any change.	Yes	Actuarial Memorandum
34	Other	Any other information needed to support the requested rates or to comply with Actuarial Standard of Practice No. 8.	Yes	Actuarial Memorandum
35	Actuarial Certification	Signed and dated certification by a qualified actuary that the anticipated loss ratio meets the minimum requirement, the rates are reasonable in relation to benefits, the filing complies with the laws and regulations of the District of Columbia and all applicable Actuarial Standards of Practice, including ASOP No. 8, and that the rates are not unfairly discriminatory.	Yes	Actuarial Certification is included in the Actuarial Memorandum

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
36	Part I Preliminary Justification (Grandfathered Plan Filings)	Rate Summary Worksheet --- Provide this document with all Grandfathered plan filings. 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


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41	CCIIO Risk Adjustment Transfer Elements Extract (RATE 'E')	Received directly from CCIIO; this report should be completed and submitted by the set deadline for QHP submissions, or by April 30 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: <ul style="list-style-type: none"> • 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 filing to the best of the company's ability.

Dwayne Lucado

(Print Name)

Dwayne Lucado  Digitally signed by Dwayne
Lucado
Date: 2017.05.01 14:36:35 -04'00'

(Signature)