

**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:** 2344 - DC ACA Small Group GHMSI  
**Project Name/Number:** 2344 - DC GHMSI SG ACA ON-EXCHANGE/2344

## Filing at a Glance

Company: Group Hospitalization and Medical Services, Inc.  
Product Name: 2344 - 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: 05/24/2019  
SERFF Tr Num: CFAP-131941267  
SERFF Status: Assigned  
State Tr Num:  
State Status:  
Co Tr Num: 2344  
Implementation: 01/01/2020  
Date Requested:  
Author(s): Dwayne Lucado, Anna Guloy, Shane Kontir, Cory Bream, Patrick Getts, Hassan Zaheer, Nicholas Pham  
Reviewer(s): Damon Siler (primary), Efren Tanhehco, John Morgan, Dave Dillon  
Disposition Date:  
Disposition Status:  
Implementation Date:  
State Filing Description:

**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:** 2344 - DC ACA Small Group GHMSI  
**Project Name/Number:** 2344 - DC GHMSI SG ACA ON-EXCHANGE/2344

## General Information

Project Name: 2344 - DC GHMSI SG ACA ON-EXCHANGE Status of Filing in Domicile:  
 Project Number: 2344 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: 18.5%  
 Filing Status Changed: 05/28/2019  
 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 12 benefit plans on the D.C. Exchange. This rate filing contains 2 sets of rates, 1 based on separate risk adjustment and the other combined risk adjustment. The numbers shown in SERFF are based on separate risk adjustment, as both cannot be entered. All documents with combined risk adjustment numbers end in "COMB RA".

## Company and Contact

### Filing Contact Information

Cory Bream, Actuarial Assistant cory.bream@carefirst.com  
 10455 Mill Run Circle 410-998-5308 [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-131941267

State Tracking #:

Company Tracking #:

2344

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:

2344 - DC ACA Small Group GHMSI

Project Name/Number:

2344 - DC GHMSI SG ACA ON-EXCHANGE/2344

### Rate Information

Rate data applies to filing.

Filing Method:

SERFF

Rate Change Type:

%

Overall Percentage of Last Rate Revision:

1.700%

Effective Date of Last Rate Revision:

01/01/2019

Filing Method of Last Filing:

SERFF

SERFF Tracking Number of Last Filing:

CFAP-131468322

### 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	18.500%	18.500%	\$29,266,644	12,574	\$158,321,556	32.700%	14.600%

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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		21863

Trend Factors:

### FORMS:

New Policy Forms: DC/CF/BP PPO BF HSA/SIL 1500 (1/20), DC/CF/BP PPO CDH/2300 80-60 (1/20), DC/CF/BP PPO CDH/SIL 1500 (1/20), DC/CF/BP PPO CDH/SIL 2000 (1/20), DC/CF/BP PPO CDH/SIL 2000 70 (1/20), DC/CF/BP PPO/1000 90-70 (1/20), DC/CF/BP PPO/GOLD 1000 (1/20), DC/CF/BP PPO/GOLD 1500 (1/20), DC/CF/BP PPO/GOLD 500 (1/20), DC/CF/BP PPO/PLAT 0 (1/20), DC/CF/BP PPO/PLAT 500 (1/20), DC/CF/BP PPO/SIL 1500 (1/20), DC/CF/FAM PLAN/FED (R. 1/20), DC/CF/SG/AUTH AMEND/PPO (1/20), DC/CF/SG/INCENT (R. 1/20), DC/CF/SHOP/ELIG (R. 1/20), DC/CF/SHOP/PPO/DOCS (R. 1/20), DC/CF/SHOP/PPO/EOC (R. 1/20)

Affected Forms:

Other Affected Forms: DC/CF/ANCILLARY AMEND (10/12), DC/CF/BLCRD (R. 6/18), DC/CF/MEM/BLCRD (R. 6/18), DC/CF/PARTNER (R. 7/09), DC/CF/PT PROTECT (9/10), DC/CF/SHOP/GC (R. 1/19), DC/GHMSI/DOL APPEAL (R. 1/17), DC/GHMSI-HEALTH GUARANTEE 6/18

### REQUESTED RATE CHANGE INFORMATION:

Change Period: Annual  
 Member Months: 252,904  
 Benefit Change: Increase  
 Percent Change Requested: Min: 14.6 Max: 32.7 Avg: 18.5

### PRIOR RATE:

Total Earned Premium: 158,321,556.00  
 Total Incurred Claims: 131,785,787.00  
 Annual \$: Min: 435.73 Max: 656.16 Avg: 593.01

### REQUESTED RATE:

Projected Earned Premium: 189,449,051.00  
 Projected Incurred Claims: 153,131,709.00  
 Annual \$: Min: 518.15 Max: 770.74 Avg: 702.24

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Project Name/Number: 2344 - DC GHMSI SG ACA ON-EXCHANGE/2344

## Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		2344 - DC GHMSI - SG - Rate Sheets	DC/CF/ANCILLARY AMEND (10/12), DC/CF/BLCRD (R. 6/18), DC/CF/MEM/BLCRD (R. 6/18), DC/CF/PARTNER (R. 7/09), DC/CF/PT PROTECT (9/10), DC/CF/SHOP/GC (R. 1/19), DC/GHMSI/DOL APPEAL (R. 1/17), DC/GHMSI-HEALTH GUARANTEE 6/18, DC/CF/BP PPO BF HSA/SIL 1500 (1/20), DC/CF/BP PPO CDH/2300 80-60 (1/20), DC/CF/BP PPO CDH/SIL 1500 (1/20), DC/CF/BP PPO CDH/SIL 2000 (1/20), DC/CF/BP PPO CDH/SIL 2000 70 (1/20), DC/CF/BP PPO/1000 90-70 (1/20), DC/CF/BP PPO/GOLD 1000 (1/20), DC/CF/BP PPO/GOLD 1500 (1/20), DC/CF/BP PPO/GOLD 500 (1/20), DC/CF/BP PPO/PLAT 0 (1/20), DC/CF/BP PPO/PLAT 500 (1/20), DC/CF/BP PPO/SIL 1500 (1/20), DC/CF/FAM PLAN/FED (R. 1/20), DC/CF/SG/AUTH AMEND/PPO (1/20), DC/CF/SG/INCENT (R. 1/20), DC/CF/SHOP/ELIG (R. 1/20), DC/CF/SHOP/PPO/DOCS (R. 1/20), DC/CF/SHOP/PPO/EOC (R. 1/20)	Revised	Previous State Filing Number: CFAP-131468322 Percent Rate Change Request: 18.5	2344 - DC GHMSI - SG - Rate Sheets.pdf, 2344 - DC GHMSI - SG - Rate Sheets - COMB RA.pdf,

**CareFirst BlueCross BlueShield (GHMSI)**  
**DC Small Group On Exchange Products Rate Filing Effective 1/1/2020**  
**Premiums Effective 01/2020, 04/2020, 07/2020 and 10/2020**

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	\$619.73	\$630.86	\$642.22	\$653.81	1.8%	1.8%	1.8%
78079DC0220033	BluePreferred PPO	BluePreferred PPO HSA/HRA 2300 80%/60%	On	Int: \$10/20%/40%/50% to \$100 Max/50% to \$150 Max	IN: 20%; OON: 40%	IN: \$2,300 (Integrated); OON: \$4,600	IN: \$6,750; OON: \$13,500	\$518.15	\$527.45	\$536.95	\$546.65	1.8%	1.8%	1.8%
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: \$4,400; OON: \$8,800	\$640.48	\$651.98	\$663.72	\$675.70	1.8%	1.8%	1.8%
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: \$3,900; OON: \$7,800	\$629.01	\$640.30	\$651.83	\$663.60	1.8%	1.8%	1.8%
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: \$70 PCP/Spec/\$500 IP	IN: \$500 Med / \$250 Rx; OON: \$1,000	IN: \$5,750; OON: \$10,000	\$656.33	\$668.11	\$680.14	\$692.42	1.8%	1.8%	1.8%
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: \$6,750; OON: \$9,000	\$557.90	\$567.91	\$578.14	\$588.58	1.8%	1.8%	1.8%
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: \$5,550; OON: \$9,000	\$544.29	\$554.06	\$564.04	\$574.22	1.8%	1.8%	1.8%
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: \$1,550; OON: \$3,100	\$770.74	\$784.58	\$798.70	\$813.13	1.8%	1.8%	1.8%
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	\$738.45	\$751.70	\$765.24	\$779.06	1.8%	1.8%	1.8%
78079DC0220026	BluePreferred PPO	BluePreferred PPO Silver 1500	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: \$1,500 Med / \$250 Rx; OON: \$2,000	IN: \$8,150; OON: \$16,400	\$528.72	\$538.21	\$547.90	\$557.79	1.8%	1.8%	1.8%
78079DC0220035	BluePreferred PPO	BluePreferred PPO HSA/HRA Silver 2000 70	On	Int: \$10/\$45/\$65/\$100/\$150	IN: 30%; OON: 50%	IN: \$2000 (Integrated); OON: \$4,000	IN: 6,750; OON: \$13,500	\$520.30	\$529.64	\$539.18	\$548.91	1.8%	1.8%	1.8%
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: \$6,550; OON: \$9,000	\$558.71	\$568.74	\$578.98	\$589.44	1.8%	1.8%	1.8%

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

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

**CareFirst BlueCross BlueShield (GHMSI)**  
**DC Small Group On Exchange Products Rate Filing Effective 1/1/2020**  
**Premiums Effective 01/2020, 04/2020, 07/2020 and 10/2020**

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	\$636.22	\$647.73	\$659.47	\$671.46	1.8%	1.8%	1.8%
78079DC0220033	BluePreferred PPO	BluePreferred PPO HSA/HRA 2300 80%/60%	On	Int: \$10/20%/40%/50% to \$100 Max/50% to \$150 Max	IN: 20%; OON: 40%	IN: \$2,300 (Integrated); OON: \$4,600	IN: \$6,750; OON: \$13,500	\$531.94	\$541.56	\$551.38	\$561.40	1.8%	1.8%	1.8%
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: \$4,400; OON: \$8,800	\$657.52	\$669.41	\$681.55	\$693.94	1.8%	1.8%	1.8%
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: \$3,900; OON: \$7,800	\$645.75	\$657.42	\$669.35	\$681.51	1.8%	1.8%	1.8%
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: \$70 PCP/Spec/\$500 IP	IN: \$500 Med / \$250 Rx; OON: \$1,000	IN: \$5,750; OON: \$10,000	\$673.79	\$685.98	\$698.41	\$711.11	1.8%	1.8%	1.8%
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: \$6,750; OON: \$9,000	\$572.74	\$583.10	\$593.67	\$604.47	1.8%	1.8%	1.8%
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: \$5,550; OON: \$9,000	\$558.77	\$568.88	\$579.19	\$589.72	1.8%	1.8%	1.8%
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: \$1,550; OON: \$3,100	\$791.25	\$805.56	\$820.16	\$835.08	1.8%	1.8%	1.8%
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	\$758.10	\$771.81	\$785.80	\$800.09	1.8%	1.8%	1.8%
78079DC0220026	BluePreferred PPO	BluePreferred PPO Silver 1500	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: \$1,500 Med / \$250 Rx; OON: \$2,000	IN: \$8,150; OON: \$16,400	\$542.79	\$552.60	\$562.62	\$572.85	1.8%	1.8%	1.8%
78079DC0220035	BluePreferred PPO	BluePreferred PPO HSA/HRA Silver 2000 70	On	Int: \$10/\$45/\$65/\$100/\$150	IN: 30%; OON: 50%	IN: \$2000 (Integrated); OON: \$4,000	IN: 6,750; OON: \$13,500	\$534.15	\$543.81	\$553.67	\$563.73	1.8%	1.8%	1.8%
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: \$6,550; OON: \$9,000	\$573.58	\$583.95	\$594.54	\$605.35	1.8%	1.8%	1.8%

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## Supporting Document Schedules

<b>Satisfied - Item:</b>	Actuarial Justification
<b>Comments:</b>	Please see actuarial certification in Actuarial Memorandum.
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Actuarial Memorandum
<b>Comments:</b>	
<b>Attachment(s):</b>	2344 AV Screenshots - DC Small Group GHMSI.pdf 2344 GHMSI SG - DISB rate filing checklist.pdf 2344_SmallGroup_DC_GHMSI_ActuarialMemorandum.pdf 2344_SmallGroup_DC_GHMSI_ActuarialMemorandum - COMB RA.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Actuarial Memorandum and Certifications
<b>Comments:</b>	
<b>Attachment(s):</b>	2344 DC SG - GHMSI - Index & Plan Comparison.pdf 2344 DC SG - GHMSI - Index & Plan Comparison - COMB RA.pdf 2344_SmallGroup_DC_GHMSI_ActuarialMemorandum.pdf 2344_SmallGroup_DC_GHMSI_ActuarialMemorandum - COMB RA.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

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

<b>Bypassed - Item:</b>	Consumer Disclosure Form
<b>Bypass Reason:</b>	Bypassing at initial submission per instructions in description.
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	



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**Project Name/Number:** 2344 - DC GHMSI SG ACA ON-EXCHANGE/2344

<b>Satisfied - Item:</b>	Cover Letter
<b>Comments:</b>	
<b>Attachment(s):</b>	2344 ACA_Cover Letter_SG_DC_GHMSI.pdf 2344 ACA_Cover Letter_SG_DC_GHMSI - COMB RA.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	
<b>Satisfied - Item:</b>	DISB Actuarial Memorandum Dataset
<b>Comments:</b>	
<b>Attachment(s):</b>	2344 - DC GHMSI SG - Dataset.xlsx DC GHMSI Trend Analysis.xlsx 2344 - DC GHMSI SG - Dataset - COMB RA.xlsx
<b>Item Status:</b>	
<b>Status Date:</b>	
<b>Bypassed - Item:</b>	District of Columbia and Countrywide Experience for the Last 5 Years (P&C)
<b>Bypass Reason:</b>	Not applicable
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	
<b>Bypassed - Item:</b>	District of Columbia and Countrywide Loss Ratio Analysis (P&C)
<b>Bypass Reason:</b>	Not applicable
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	
<b>Satisfied - Item:</b>	Unified Rate Review Template
<b>Comments:</b>	
<b>Attachment(s):</b>	2344 DC GHMSI SG URRT - SERFF.pdf 2344 DC GHMSI SG URRT SERFF.xlsm 2344 DC GHMSI SG URRT - RA COMB.pdf 2344 DC GHMSI SG URRT SERFF - RA COMB.xlsm
<b>Item Status:</b>	
<b>Status Date:</b>	
<b>Satisfied - Item:</b>	District of Columbia Plain Language Summary
<b>Comments:</b>	

SERFF Tracking #:

CFAP-131941267

State Tracking #:

Company Tracking #:

2344

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:

2344 - DC ACA Small Group GHMSI

Project Name/Number:

2344 - DC GHMSI SG ACA ON-EXCHANGE/2344

<b>Attachment(s):</b>	2344 - DC SG - GHMSI - PartII Rate Justification.pdf 2344 - DC SG - GHMSI - PartII Rate Justification - COMB RA.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	RateE File
<b>Comments:</b>	
<b>Attachment(s):</b>	78079_DC_SmallGroup_GHMSI_RATEE_050119.xlsx
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Objection Response Documentation
<b>Comments:</b>	Added as needed
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

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<b>State:</b>	District of Columbia	<b>Filing Company:</b>	Group Hospitalization and Medical Services, Inc.
<b>TOI/Sub-TOI:</b>	H16G Group Health - Major Medical/H16G.003A Small Group Only - PPO		
<b>Product Name:</b>	2344 - DC ACA Small Group GHMSI		
<b>Project Name/Number:</b>	2344 - DC GHMSI SG ACA ON-EXCHANGE/2344		

***Attachment 2344 - DC GHMSI SG - Dataset.xlsx is not a PDF document and cannot be reproduced here.***

***Attachment DC GHMSI Trend Analysis.xlsx is not a PDF document and cannot be reproduced here.***

***Attachment 2344 - DC GHMSI SG - Dataset - COMB RA.xlsx is not a PDF document and cannot be reproduced here.***

***Attachment 2344 DC GHMSI SG URRT SERFF.xlsm is not a PDF document and cannot be reproduced here.***

***Attachment 2344 DC GHMSI SG URRT SERFF - RA COMB.xlsm is not a PDF document and cannot be reproduced here.***

***Attachment 78079\_DC\_SmallGroup\_GHMSI\_RATEE\_050119.xlsx is not a PDF document and cannot be reproduced here.***

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

**Rate Filing # 2344  
DC Small Group On/Off Exchange Products  
Rate Filing Effective 1/1/2020**

**Actuarial Value Calculations**

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

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2	Table of Contents
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4	Platinum - \$0/\$0 Ded, \$1550 OOP, \$10/\$20 - Hospital
5	Platinum - \$0/\$0 Ded, \$1550 OOP, \$10/\$20 - Freestanding
6	Platinum - \$500/\$0 Ded, \$1500 OOP, \$10/\$20 - Hospital
7	Platinum - \$500/\$0 Ded, \$1500 OOP, \$10/\$20 - Freestanding
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9	Gold - \$500/\$250 Ded, \$5750 OOP, \$15/\$30 - Freestanding
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11	Gold - \$1000/\$250 Ded, \$4400 OOP, \$15/\$30 - Freestanding
12	Gold - \$1500/\$250 Ded, \$3900 OOP, \$15/\$30 - Hospital
13	Gold - \$1500/\$250 Ded, \$3900 OOP, \$15/\$30 - Freestanding
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15	Silver - \$1500/\$250 Ded, \$8150 OOP, \$40/\$100 - Freestanding
16	Silver - \$1500 Ded, \$6750 OOP, \$25/\$50 - Hospital
17	Silver - \$1500 Ded, \$6750 OOP, \$25/\$50 - Freestanding
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19	Silver - \$2000 Ded, \$5550 OOP, \$25/\$50 - Freestanding
20	BluePreferred PPO Silver 1500 BlueFund HSA - Hospital
21	BluePreferred PPO Silver 1500 BlueFund HSA - Freestanding
22	Silver - BluePreferred PPO HSA/HRA Silver 2000 70
23	SHOP - BluePreferred PPO HSA/HRA 2300 80%/60%
24	SHOP - BluePreferred PPO 1000 90%/70%

**CareFirst BlueCross BlueShield (GHMSI)  
DC 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>
<b>BluePreferred PPO 1000 90%/70%</b>	Gold	81.27%	24	No
<b>BluePreferred PPO HSA/HRA 2300 80%/60%</b>	Silver	71.91%	23	No
BluePreferred PPO Silver 1500 BlueFund HSA	Bronze	#REF!	20, 21	No
BluePreferred PPO Platinum 0	Platinum	91.98%	4, 5	Yes
BluePreferred PPO Platinum 500	Platinum	91.08%	6, 7	Yes
BluePreferred PPO Gold 500	Gold	81.99%	8, 9	Yes
BluePreferred PPO Silver 1500	Silver	71.90%	14, 15	Yes
BluePreferred PPO Gold 1000	Gold	81.97%	10, 11	Yes
BluePreferred PPO Gold 1500	Gold	81.97%	12, 13	Yes
BluePreferred PPO HSA/HRA Silver 1500	Silver	71.76%	16, 17	Yes
BluePreferred PPO HSA/HRA Silver 2000	Silver	71.94%	18, 19	Yes
BluePreferred PPO HSA/HRA Silver 2000 70	Silver	71.87%	22	No

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

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

AV Calculator - BluePreferred PPO Platinum 0

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate 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 (\$)	\$1,550.00	
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?	Copay applies only after deductible?
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$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 checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<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"/>		\$10.00	<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"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<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"/>		\$20.00	<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%		<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"/>		\$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"/>
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$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"/>

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:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2020 AV Calculator

Calculation Successful.

91.90%

Platinum

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

0.0605 seconds

	Copays	Weighting
OP Facility	\$ 150	20%
OP Facility	\$ 50	80%
	\$ 70.18	

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

Blending of Site-of-Service AVs

Hospital	81%	91.90%
Freestanding	19%	92.33%
		91.98%

AV Calculator - BluePreferred PPO Platinum 0

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate 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 (\$)	\$1,550.00	
MOOP if Separate (\$)		

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

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
<b>Medical</b>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<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"/>		\$10.00	<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"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<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"/>		\$20.00	<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%		<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"/>		\$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"/>		\$50.00	<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"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$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"/>

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	Weighting
OP Facility	\$ 50	100%
OP Facility	\$ -	0%
	\$ 50.00	

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

Output

Status/Error Messages:

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

Actuarial Value:

92.33%

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 2020 AV Calculator



AV Calculator - PPO Platinum 500

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate 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
Deductible (\$)		
Coinsurance (% , Insurer's Cost Share)		
MOOP (\$)		
MOOP if Separate (\$)		

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input 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	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$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"/>

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	Weighting
OP Facility	\$ 150	20%
OP Facility	\$ 50	80%
	\$ 70.18	

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

Blending of Site-of-Service AVs		
Hospital	81%	90.80%
Freestanding	19%	92.29%
		91.08%

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

90.80%

Metal Tier:

Platinum

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:

0.1094 seconds

Final 2020 AV Calculator

AV Calculator - PPO Platinum 500

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
  - Apply Inpatient Copay per Day?
  - Apply Skilled Nursing Facility Copay per Day?
  - Use Separate 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
Deductible (\$)		
Coinsurance (% , Insurer's Cost Share)		
MOOP (\$)		
MOOP if Separate (\$)		

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$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"/>

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	Weighting
OP Facility	\$ 50	100%
OP Facility Non-Surgery	\$ 50.00	0%

	Specialty Dr 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:

92.29%

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:

0.0918 seconds

Final 2020 AV Calculator

AV Calculator - BluePreferred PPO Gold 500

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate 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 (\$)	\$5,750.00	
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?
<b>Medical</b>	<input 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"/>		\$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%		<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"/>
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input 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 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:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2020 AV Calculator

Calculation Successful.

81.72%

Gold

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).

0.1387 seconds

	Copays	Weighting
OP Facility	\$ 300	20%
OP Facility	\$ 50	80%
	\$ 100.45	

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

Blending of Site-of-Service AVs

Hospital	81%	81.72%
Freestanding	19%	83.13%
		81.99%

AV Calculator - BluePreferred PPO Gold 500

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate 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 (\$)	\$5,750.00		
MOOP if Separate (\$)			

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

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input 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"/>		\$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%		<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"/>
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input 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		Weighting
OP Facility	\$ 200	100%
OP Facility	\$ -	0%
	\$ 200.00	

Specialty Dr		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:

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

Actuarial Value:

83.13%

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 2020 AV Calculator

AV Calculator - BluePreferred PPO Gold 1000

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
  - Apply Inpatient Copay per Day?
  - Apply Skilled Nursing Facility Copay per Day?
  - Use Separate 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 (\$)	\$4,400.00	
MOOP if Separate (\$)		

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

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$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%		<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"/>
<b>Drugs</b>	<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 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 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	Weighting
OP Facility	\$ 300	20%
OP Facility	\$ 50	80%
	\$ 100.45	

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

Blending of Site-of-Service AVs

Site-of-Service	Weighting	AV
Hospital	81%	81.50%
Freestanding	19%	84.00%
		81.97%

Output

Status/Error Messages:

Calculation Successful.

Actuarial Value:

81.50%

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:

0.125 seconds

Final 2020 AV Calculator

AV Calculator - BluePreferred PPO Gold 1000

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate 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 (\$)	\$4,400.00	
MOOP if Separate (\$)		

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

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$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%		<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"/>
<b>Drugs</b>	<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 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 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	Weighting
OP Facility \$ 200	100%
OP Facility \$ -	0%
<b>\$ 200.00</b>	

Specialty Dr	Coins Max	Weighting
Tier 4 \$ 100		78%
Tier 5 \$ 150		22%
<b>\$ 110.85</b>		

Output

Calculate

Status/Error Messages:

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

Actuarial Value:

84.00%

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:

0.0938 seconds

Final 2020 AV Calculator

AV Calculator - BluePreferred PPO Gold 1500

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
  - Apply Inpatient Copay per Day?
  - Apply Skilled Nursing Facility Copay per Day?
  - Use Separate 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 (\$)	\$3,900.00	
MOOP if Separate (\$)		

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

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$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%		<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"/>
<b>Drugs</b>	<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 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 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	Weighting
OP Facility	\$ 300	20%
OP Facility	\$ 50	80%
	\$ 100.45	

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

Blending of Site-of-Service AVs		
Hospital	81%	81.39%
Freestanding	19%	84.45%
		81.97%

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2020 AV Calculator

Calculation Successful.

81.39%

Gold

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).

0.1094 seconds

AV Calculator - BluePreferred PPO Gold 1500

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
  - Apply Inpatient Copay per Day?
  - Apply Skilled Nursing Facility Copay per Day?
  - Use Separate 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 (\$)	\$3,900.00	
MOOP if Separate (\$)		

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

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$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%		<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"/>
<b>Drugs</b>	<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 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 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

Status/Error Messages:

Error: Result is outside of [-4, +2] percent de minimis variation.  
 84.45%

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:

0.125 seconds

Final 2020 AV Calculator

	Copays	Weighting
OP Facility	\$ 200	100%
OP Facility	\$ -	0%
	\$ 200.00	

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



AV Calculator - BluePreferred PPO Silver 1500

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate 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	\$250.00	
Coinsurance (% Insurer's Cost Share)	100.00%	100.00%	
MOOP (\$)	\$8,150.00		
MOOP if Separate (\$)			

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<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 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"/>
<b>Drugs</b>	<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]

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

71.67%

Metal Tier:

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:

0.0977 seconds

Final 2020 AV Calculator

	Copays	Weighting
OP Facility	\$ 500	20%
OP Facility	\$ 50	80%
	\$ 140.81	

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

Blending of Site-of-Service AVs		
Hospital	81%	71.67%
Freestanding	19%	72.87%
		71.90%

AV Calculator - BluePreferred PPO Silver 1500

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate 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	\$250.00
Coinsurance (%; Insurer's Cost Share)	100.00%	100.00%
MOOP (\$)	\$8,150.00	
MOOP if Separate (\$)		

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

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
<b>Medical</b>	<input 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"/>
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input 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]

Output

Calculate

Status/Error Messages:

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

Actuarial Value:

72.87%

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:

0.1094 seconds

Final 2020 AV Calculator

	Copays	Weighting
OP Facility	\$ 300	100%
OP Facility Non-Surgery	\$ 300.00	0%
Specialty Dr		
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

AV Calculator - BluePreferred PPO HSA/HRA Silver 1500

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate 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 (\$)		\$6,750.00
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?
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$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"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<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"/>		\$200.00	<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"/>		\$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"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$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"/>

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:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2020 AV Calculator

Calculation Successful.

71.54%

Silver

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

0.0957 seconds

	Copays	Weighting
OP Facility	\$ 500	20%
OP Facility	\$ 50	80%
	\$ 140.81	

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

Blending of Site-of-Service AVs

Hospital	81%	71.54%
Freestandin	19%	72.72%
		71.76%

AV Calculator - BluePreferred PPO HSA/HRA Silver 1500

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate 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 (\$)		\$6,750.00
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?
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$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 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"/>
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$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"/>

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:

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

Actuarial Value:

72.72%

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 2020 AV Calculator

	Copays	Weighting
OP Facility	\$ 300	100%
OP Facility	\$ -	0%
	\$ 300.00	

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

AV Calculator - BluePreferred PPO HSA/HRA Silver 2000

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate 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 (\$)		\$5,550.00
MOOP if Separate (\$)		

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

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
<b>Medical</b>	<input 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"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<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"/>		\$50.00	<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"/>		\$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"/>		\$120.63	<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"/>
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$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"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input checked="" type="checkbox"/>	Specialty Rx Coinsurance Maximum: <b>\$110.85</b>
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]

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2020 AV Calculator

Calculation Successful.

71.85%

Silver

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).

0.125 seconds

	Copays	Weighting
OP Facility	\$ 400	20%
OP Facility	\$ 50	80%
	<b>\$ 120.63</b>	

	Specialty Dr Coins Max	Weighting
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	<b>\$ 110.85</b>	

Blending of Site-of-Service AVs

Hospital	81%	<b>71.85%</b>
Freestanding	19%	<b>72.30%</b>
		<b>71.94%</b>

AV Calculator - BluePreferred PPO HSA/HRA Silver 2000

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate 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 (\$)		\$5,550.00
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?	Copay applies only after deductible?
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$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%		<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"/>		\$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"/>
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$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"/>

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]

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2020 AV Calculator

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

72.30%

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).

0.1094 seconds

	Copays	Weighting
OP Facility	\$ 300	100%
OP Facility	\$ -	0%
	\$ 300.00	
Specialty Dr		
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

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)		70.00%
MOOP (\$)		\$6,750.00
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input 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%		<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input 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 type="checkbox"/>		\$110.85	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

Plan Description:

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

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2020 AV Calculator

Calculation Successful.

71.87%

Silver

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.

0.0938 seconds

AV Calculator - BluePreferred PPO HSA/HRA 2300 80%/60% (SHOP)

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 (\$)			\$2,300.00
Coinsurance (%; Insurer's Cost Share)			80.00%
MOOP (\$)			\$6,750.00
MOOP if Separate (\$)			

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

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

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:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2020 AV Calculator

Calculation Successful.

71.91%

Silver

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.

0.125 seconds



AV Calculator - BluePreferred PPO 1000 90%/70% (SHOP)

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
Coinsurance (% Insurer's Cost Share)		90.00%
MOOP (\$)		\$6,550.00
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?	Copay applies only after deductible?
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input 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 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"/>

**Options for Additional Benefit Design Limits:**

Set a Maximum on Specialty Rx Coinsurance Payments?

Specialty Rx Coinsurance Maximum: **\$110.85**

Set a Maximum Number of Days for Charging an IP Copay?

# Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits?

# Visits (1-10):

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

# Copays (1-10):

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

Copays	Weighting
OP Facility <b>Surgery</b>	20%
OP Facility <b>Non-Surgery</b>	80%
\$ -	

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

**Output**

Status/Error Messages: Calculation Successful.  
 Actuarial Value: 81.27%  
 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.

Calculation Time: 0.0781 seconds

Final 2020 AV Calculator

**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	Page 1 of the Actuarial Memorandum PDF 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	Page 1 of the Actuarial Memorandum PDF in SERFF
5	Market	Indicate whether the products are sold in the individual or small employer group market.	Yes	Page 1 of the Actuarial Memorandum PDF 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. <b>In the small group market, please also provide weighted average rate increase requested for 2016Q1 over 2015Q1; etc.</b>	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_Combined
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	Not applicable

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"> <li>• Salaries, wages, employment taxes, and other employee benefits</li> <li>• Commissions</li> <li>• Taxes, licenses, and other regulatory fees</li> <li>• Cost containment programs / quality improvement activities</li> <li>• All other administrative expenses</li> <li>• Total</li> </ul>	Yes	Exhibit10A - DICR 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. <b>Provide in Excel and PDF format.</b>	No	This is not a Grandfathered Filing, so a PRJ is not provided
36.1	Unified Rate Review Template (Non-Grandfathered Filings)	Unified Rate Review Template as specified in the proposed Federal Rate Review regulation. Provide this document with all Non-Grandfathered plan filings. <b>Provide in Excel and PDF format.</b>	Yes	See the URRT included as a separate document in SERFF
37	Part II Preliminary Justification	Written description justifying the rate increase as specified by 45 CFR § 154.215(f). Provide for <i>all</i> individual and small employer group filings (whether or not they are “subject to review” as defined by HHS).	Yes	See the Part II included as a separate document in SERFF
38	DISB Actuarial Memorandum Dataset	Summarizes data elements contained in Actuarial Memorandum. Provide this document with all Non- Grandfathered plan filings. <b>Provide in Excel format only.</b>	Yes	See the Dataset included as a separate document in SERFF
39	District of Columbia Plain Language Summary	Similar to the Part II Preliminary Justification, this is a written description of the rate increase as specified by 45 CFR § 154.215, but as a simple and brief narrative describing the data and assumptions that were used to develop the proposed rates. Provide this document for all individual and small employer group filings.	Yes	See the Part II 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 <sup>th</sup> of the current year, whichever is first.	Yes	See the Rate 'E' file included as a separate document in SERFF
42	Additional Requirements for Stand-Alone Dental Plan Filings	Provide the following for stand-alone dental plan filings: <ul style="list-style-type: none"> <li>• Identification of the level of coverage (i.e. low or high), including the actuarial value of the plan determined in accordance with the proposed rule;</li> <li>• Certification of the level of coverage by a member of the American Academy of Actuaries using generally accepted actuarial principles; and</li> <li>• Demonstration that the plan has a reasonable annual limitation on cost-sharing.</li> </ul>	No	Not applicable

**CERTIFYING SIGNATURE**

The undersigned representative of the organization submitting this rate filing attests that all items contained in the above checklist have been included in the

Dwayne Lucado  
(Print Name)

Dwayne Lucado Digitally signed by Dwayne Lucado  
Date: 2019.05.24 11:15:16 -04'00'  
(Signature)



# CareFirst BlueCross BlueShield

## Part III Actuarial Memorandum

### 4.1 Redacted Actuarial Memorandum

CareFirst is making no redactions so both Actuarial Memorandum submissions are the same.

### 4.2 General Information Section

#### Company Identifying Information:

- **Company Legal Name:** Group Hospitalization and Medical Services, Inc. (GHMSI) - NAIC # 53007
- **State:** District of Columbia
- **HIOS Issuer ID:** 78079
- **Market:** Small Groups (On Exchange)
- **Effective Date:** 1/1/20 and quarterly incremental "trend" increases effective 4/1/20, 7/1/20 and 10/1/20.
- **Company Filing Number:** 2344
- **SERFF Filing Number:** CFAP-131941267

#### Company Contact Information:

- **Primary Contact Name:** Mr. Dwayne Lucado, FSA, MAAA
- **Primary Contact Telephone Number:** 410-998-7519
- **Primary Contact E-Mail Address:** Dwayne.Lucado@CareFirst.com

### 4.3 Proposed Rate Changes (Small Group market)

Base rates are changing 18.5% on average for 1Q20. The range is 14.6% to 32.7%. The estimated average base rate changes for 2Q20, 3Q20, and 4Q20 are 17.6%, 17.2% and 16.5%, respectively. This filing applies to all new and renewing, in-force business in the guaranteed renewable, non-grandfathered, ACA, metaled benefit plans. The number of policyholders affected by this rate change is 12,574.

#### Reason for Rate Change(s):

The main drivers supporting the rate change are the deterioration in the base period experience of the combined pool, the re-introduction of the Health Insurer Fee in 2020, and the increase in contribution to reserve.

### 4.4 Market Experience (Combined Individual/Small Group market)

Our SRP reflects all covered lives for every non-grandfathered product in our market per 45 CFR Part § 156.80 (d).

#### 4.4.1 Experience and Current Period Premium, Claims, and Enrollment

The incurred period is 1/1/18 through 12/31/18, as required.

**Paid Through Date:** 2/28/19

**Current Date:** 2/28/19

**Premiums (prior to MLR rebates) in Experience Period:** \$221,699,296

**Experience Period Member Months:** 396,670

**Current Date Members:** 31,164

#### Allowed and Incurred Claims Incurred During the Experience Period

**Allowed Claims**

- **Processed through issuer's claim system:** \$242,436,955
- **Processed outside issuer's claim system:** \$0
- **IBNR:** \$2,919,239

**Incurred Claims**

- **Processed through issuer's claim system:** \$215,503,011
- **Processed outside issuer's claim system:** \$0
- **IBNR:** \$2,593,187

**Method used for determining Allowed Claims**

The allowed claims come directly from our claim records and account for capitations by applying contracted PMPM amounts directly to enrollment from the experience period. Drug rebates from the experience period are also included.

**Support for IBNR estimates**

Our estimates of IBNR paid claims were derived using a "chain and ladder" model based on the most recent 36 months to derive the completion factor and IBNR for each incurred month. Estimates of IBNR allowed claims were derived using the same completion factors as those estimated based on paid claims.

**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***4.4.3.1 Trend Factors***Trend Factors (Cost/Utilization):**

Exhibit 8 in the Memorandum contains our selected annual utilization and unit cost trends by service category. Unit cost and utilization trends were set by service category to produce the overall anticipated trend of 8.4%, which is less than a point increase compared to the 7.5% trend assumed in our prior filing. Current observed medical trends as of 201812 are 10.5%, up from -1.1% in 201712. The current observed drug trends are 9.2% as of 201812, down from 13.5% in 201712.

We note that the current drug observed trend as of 201812 is artificially depressed due to a structural formulary change effective 201801. The adjusted observed drug trend as of 201812 is 12.0%. The adjusted aggregate medical and drug trend is 10.9%.

When normalized for induced demand, network, and demographics, the composite 10.9% observed trend decreases to 10.3%.

In addition, we sought industry data to help inform our trend assumption. The table below was developed from two different industry surveys from national consultants. The medical and drug trends reported were blended using our base period experience to estimate composite trends.

Percentile	2019 OW Carrier Trend Report			2019 Aon Carrier Trend Survey			Average
	HMO	PPO	CDH	HMO	PPO	CDH	
75th	8.2%	9.5%	9.9%	8.8%	9.2%	9.2%	9.1%
50th	7.5%	8.0%	8.3%	8.1%	7.6%	7.9%	7.9%
25th	5.3%	6.7%	6.7%	6.5%	6.1%	6.1%	6.2%

Based on this information we believe that our assumed 8.4% composite trend is well within the reasonable range of trend assumptions.

#### 4.4.3.2 Adjustments to Trended EHB Allowed Claims PMPM

##### **Morbidity Adjustment:**

Exhibit 4 in our memorandum contains support for this adjustment. To measure the projected morbidity of our population, we split our projected population into cohorts defined by metal tier and membership type. Membership type is defined as new member, existing member, or transfer from other lines of business. Consistent with the rules in the 2020 Unified Rate Review Instructions, we began our morbidity projection by normalizing allowed claims for each of the cohorts outlined above for projected changes in age, gender, network and induced utilization.

We have not reflected any morbidity adjustments to the base period normalized allowed PMPMs by metal tier for the existing and transfer membership types. Exhibit 4 demonstrates how these PMPMs are unchanged from the current year YTD to remainder of current year. For the new membership type we have assumed a claims PMPM by metal equal to that of the existing members.

The resulting morbidity calculation is completed in steps split by year:

- Once the remainder of current year (2019) is completed, the membership and claims by metal are combined to derive a total estimate for the year.
- This result carries over to the rating year (2020) as the metal specific normalized PMPMs for the existing members.
- The assumed claims PMPMs by metal for the new members are again assumed to equal those for the existing members.
- Transfer members PMPMs are treated separately and reflect base period amounts projected forward. Our projection factor for these members is 1.000.
- Once these PMPMs are set, the final morbidity calculation is driven by the projected member months at these levels.

The total morbidity change from 2018 to 2020 is expected to be 0.6%, which is the factor used in Exhibit 1 in the calculation of the market adjustment index rate.

##### **Demographic Shift:**

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. Our methodology measures the change in average demographic factor between the base and rating periods. The demographic factors used are from an internal age/gender curve with an approximate 4.5:1 ratio (age 64+ to age 21 factors). Factors for both time periods are weighted using member months and the ratio of the two is applied as our market level adjustment.

##### **Plan Design Changes:**

Exhibit 5 in the Memorandum details our support for 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. Our methodology measures the change in the average induced utilization factor between the base and rating periods. The factors used are the metal level factors from the

federal risk adjustment program. Once the average internal pricing AV, weighted by member months, is determined for both the experience and rating periods the linearly interpolated factor is determined. The ratio of these two factors is applied as our market level adjustment.

**Other Adjustments:**

Exhibit 7 in the Memorandum details our support for these adjustments. We are proposing additional other adjustments for changes to our capitation fees and drug rebates.

*4.4.3.3 Manual Rate Adjustments*

Not applicable, as experience was determined to be fully credible. The Unified Rate Review Template (URRT) forces the use of a projection period ending twelve months after the effective date. This presumes all rates change on the effective date. This is inconsistent with our understanding of the DC small group market post-1/1/14. In this filing we are using a projection period ending with 3/31/2021 for our first quarter 2020 Index Rate Projection since business may be sold with this rate through 3/31/2020 and a one-year rate guarantee applies. The trends used in the URRT therefore will not produce the correct projected allowed amount PMPM. As such, we have assigned this projected amount a credibility factor of 0% and have entered the projected amounts corresponding to those in our rate filing using the Manual Rate section.

*4.4.3.4 Credibility of Experience*

Exhibit 2 in the Memorandum contains a summary of our base period experience, including member months. We have assigned full credibility to this experience.

*4.4.3.5 Establishing the Index Rate*

The experience period index rate for this filing is \$610.55 and the projection period index rate is \$719.31. Both rates and the adjustments made to develop the projected amount from the experience period amount can be found on Exhibit 1 of the Memorandum. Specifically, these adjustments correspond to those outlined in sections 4.4.3.1 and 4.4.3.2.

*4.4.3.6 Development of the Market-wide Adjusted Index Rate*

The Market-wide Adjusted Index Rate for the Small Group market is \$675.84 and is derived by multiplying the projection period index rate with the market level adjustments for the risk adjustment program. Details for the risk adjustment program can be found below.

**Reinsurance**

There are no reinsurance recoveries applicable to this market.

***Risk Adjustment Payment/Charge:***

The Experience Period Risk Adjustment transfers in the URRT are based on the most recent Wakely results.

Our projected 2020 risk adjustment transfers, found in Exhibit 9, have been calculated consistent with our membership and morbidity projections found elsewhere in this filing. To project the risk adjustment factors from 2018 to 2020, we have assumed an increase in the statewide premium of 17.1% which reflects an estimate of an average 3.0% increase in 2019 and 13.7% increase in 2020. We have assumed that our market share will decrease from 77.9% in 2018 to 75.5% in 2020. We have assumed that our PLRS ratio to the state will improve from 1.018 in 2018 to 1.004 in 2020. The resultant estimate of risk adjustment is that the GHMSI receivable transfer PMPM for the Small Group market will increase from \$36.59 in 2018 to \$39.83 in 2020.

**Exchange User Fees:**

There are no applicable exchange user fees since the rates in this filing are not offered on the Federal Marketplace.

#### 4.4.4 Plan Adjusted Index Rate

Exhibit 11 in the Memorandum displays the adjustments made for each plan. Every plan adjusted index rate is developed from the market adjusted index rate using only the allowable plan level modifiers as follows:

- **Actuarial value and cost-sharing design of the plan:** The actuarial value for each plan was determined using our own internal model and estimates the ratio of paid to allowed dollars given that plan's benefit design and the assumed allowed amount consistent with the projection period index rate. The URRT instructions state that this adjustment may "...take into account the benefit differences and *utilization differences due to differences in cost-sharing.*" As a result, our plan adjusted index rates also include adjustments to account for the impact the metal level has on utilization.
- **Provider network:** All plans offered use the PPO network.
- **Benefits in addition to EHBs:** There is an adjustment to account for abortion coverage (which are offered in addition to EHBs).
- **Administrative costs:** See Exhibit 10A in the Memorandum for the assumed values of the following additional items.
  1. Administrative Expense (G&A)
  2. Broker Commissions & Fees
  3. Federal Income Tax (FIT)
  4. Contribution to Reserve (Post-Tax)
  5. State Premium Tax
  6. Health Insurer Fee (HIF)
  7. Risk Adjustment User Fee
  8. Exchange Assessment Fee

For each plan, we have taken the applicable adjustment factor from each category above and multiplied them by the market adjusted index rate to derive each plan adjusted index rate.

#### 4.4.5 Calibration

##### 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. We have used the standard DC age curve factors and weighted them using member months in our calculation.

A demonstration of how the plan adjusted index rates and the age curve are used to generate the schedule of premium rates for each plan can be found on Exhibit 13.

##### Geographic Factor Calibration

We have elected not to rate for geographic region.

##### Tobacco Use Rating Factor Calibration

We have elected not to rate for tobacco usage.

#### **4.4.6 Consumer Adjusted Premium Rate Development**

The premium rate that a given consumer will be charged is calculated by first taking the plan adjusted index rate for that member's chosen plan and dividing by the projected average age rating factor. The resulting value is the base rate for that plan. The final step in determining a consumer adjusted premium rate is to take the rate from the first step and multiply it by the corresponding factor for that member's age from the standard DC age curve. Rate charts are provided for all the consumer adjusted premiums.

#### **4.5 Projected Loss Ratio**

The projected loss ratio for the rates provided in this file, using the Federally-prescribed MLR methodology, is 85.5% for the Small Group market and 85.5% for the combined Individual/Small Group market. Details behind this calculation can be found in Exhibit 10B.

#### **4.6 Plan Product Information**

##### **4.6.1 AV Metal Values**

The majority of our 2020 plans include varying cost share levels for some services that depend on the setting in which care is delivered. The HHS AV calculator was used to compute two separate AVs for each impacted plan – one which applied the higher level of cost-share, and one which applied the lower level of cost-share. 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 experience from our small group and individual markets. Plans without these features used the AV calculator without modification.

Additional details regarding the unique plan designs not accommodated by the HHS AV Calculator along with printouts for each plan are provided in the "Actuarial Memorandum" section of the Supporting Documentation tab of the SERFF filing.

##### **4.6.2 Membership Projections**

The membership projections found in Worksheet 2 of the URRT were developed from enrollment as of 2/28/19 using assumptions for termination rates, new sales and transfers. The projections also incorporate any plan mappings anticipated between that month and the rating period. For new plan offerings where no plans are being uniformly modified into them, a minimum level of enrollment was assumed.

Also, Section III on Worksheet 2 of the URRT is out of balance with worksheet 1. 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 Small Group plans. Therefore, because of Individual being included at the pool level but not on the plan level, there is a large difference between the 2 worksheets.

##### **4.6.3 Plan Type**

Each plan in Worksheet 2, Section I of the URRT contains a plan type that describes the plan exactly.

#### **4.7 Miscellaneous Instructions**

##### **4.7.1 Effective Rate Review Information (Optional)**

We have no additional exhibits.

##### **4.7.2 Reliance**

We do not have any reliance to state.

##### **4.7.3 Actuarial Certification**

Included in the Memorandum.

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

**Rate Filing # 2344  
D.C. Small Group Products  
Rate Filing Effective 1/1/2020**

**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 1/1/2020**

**Actuarial Certification**

I, Dwayne Lucado, am a(n) Sr. Actuary 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(d)(1) 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. Consistent with 45 CFR § 156.135, the 2020 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: 2019.05.24 11:15:56 -04'00'

Dwayne Lucado, FSA, MAAA  
Sr. Actuary  
CareFirst BlueCross BlueShield  
Mail Drop-Point 01-720  
10455 Mill Run Circle  
Owings Mills, MD 21117

### Exhibit 1 - Market Adjusted Index Rate Summary

	2020	Exhibit
(1) Base Period Total Allowed	\$ 611.18	2
(2) Base Period Non-EHB PMPM	\$ 0.63	2
(3) Experience Period Index Rate	\$ 610.55	
(4) Change in Morbidity	1.0063	4
(5) Additional Population Adjustment	1.0000	
(6) Induced Demand	1.0104	5
(7) Projection Period Utilization and Network Adjustment	1.0000	
(8) Demographic Adjustment	0.9900	6
(9) Area Adjustment	1.0000	
(10) Additional "Other" Adjustments	0.9962	7
(11) Annualized Trend	8.4%	8
(12) Months of Trend	24.0	
(13) Unit cost & Utilization/1,000 Trend Factor	1.1750	
(14) Projection Period Index Rate	\$ 719.31	
(15) Risk Adjustment Program	0.9396	9
(16) Federal Exchange User Fee	1.0000	
(17) Market Adjusted Index Rate	\$ 675.84	
Without Risk Adjustment	\$ 719.31	

**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	\$ 40,840,921	\$ 102.96	Admits	97.23	\$ 12,707.31	
Outpatient Hospital	\$ 48,913,925	\$ 123.31	Visits	1,001.55	\$ 1,477.45	
Professional	\$ 74,021,182	\$ 186.61	Visits	12,376.47	\$ 180.93	
Other Medical	\$ 15,251,140	\$ 38.45	Services	1,647.78	\$ 280.00	
Capitation	\$ 429,583	\$ 1.08	Benefit Period	1,000	\$ 13.00	
Prescription Drug	\$ 62,980,204	\$ 158.77	Prescriptions	9,938.52	\$ 191.71	
<b>Total (EHB &amp; Non-EHB)</b>	<b>\$ 242,436,955</b>	<b>\$ 611.18</b>				
<b>EHB Allowed</b>	<b>\$ 242,188,128</b>	<b>\$ 610.55</b>				
<b>Non-EHB Allowed</b>	<b>\$ 248,827</b>	<b>\$ 0.63</b>				
<b>Incurred Net</b>	<b>\$ 215,503,011</b>	<b>\$ 543.28</b>				
<b>Net/Allowed</b>	<b>88.89%</b>					
<b>Experience Period Member Months</b>	<b>396,670</b>					
<b>Experience Period Revenue</b>	<b>\$ 221,699,296</b>					

### Exhibit 3 - Non-EHB Adjustment

		2020 On-Exchange	2020 Off-Exchange	
(1)	Blended Index Rate	\$ 736.53	\$ 736.53	
(2)	Non-EHB PMPM	\$ 0.13	\$ 0.13	
(3)	Total	\$ 736.66	\$ 736.66	
(4)	<b>Plan Level Adjustment</b>	<b>1.000</b>	<b>1.000</b>	(3)/(1)

Exhibit 4 - Morbidity Adjustment Factor

Base Year

Metal Level	Member Months	2018 Normalized Allowed PMPM
Catastrophic	-	\$ -
Bronze	22,490	\$ 199.24
Silver	64,807	\$ 255.43
Gold	126,784	\$ 342.59
Platinum	182,536	\$ 375.60
<b>Subtotal</b>	<b>396,617</b>	<b>\$ 335.42</b>

Current Year YTD

Existing				
Metal Level	Member Months	2018 Normalized Allowed PMPM	Morbidity Adjustment	2019 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -	1.000	\$ -
Bronze	2,889	\$ 184.99	1.000	\$ 184.99
Silver	8,023	\$ 265.56	1.000	\$ 265.56
Gold	17,203	\$ 342.74	1.000	\$ 342.74
Platinum	24,727	\$ 378.71	1.000	\$ 378.71
<b>Subtotal</b>	<b>52,842</b>	<b>\$ 339.23</b>	<b>1.000</b>	<b>\$ 339.23</b>

New				
Metal Level	Member Months	Existing Cohort Adjusted Normalized Allowed PMPM	Morbidity Adjustment	2019 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -	1.000	\$ -
Bronze	351	\$ 184.99	1.000	\$ 184.99
Silver	1,105	\$ 265.56	1.000	\$ 265.56
Gold	2,823	\$ 342.74	1.000	\$ 342.74
Platinum	3,467	\$ 378.71	1.000	\$ 378.71
<b>Subtotal</b>	<b>7,746</b>	<b>\$ 340.68</b>	<b>1.000</b>	<b>\$ 340.68</b>

Transfer				
Metal Level	Member Months	2018 Normalized Allowed PMPM	Morbidity Adjustment	2019 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -	1.000	\$ -
Bronze	122	\$ 98.60	1.000	\$ 98.60
Silver	351	\$ 212.42	1.000	\$ 212.42
Gold	653	\$ 242.98	1.000	\$ 242.98
Platinum	629	\$ 341.05	1.000	\$ 341.05
<b>Subtotal</b>	<b>1,755</b>	<b>\$ 261.98</b>	<b>1.000</b>	<b>\$ 261.98</b>

Total				
Metal Level	Member Months	2018 Normalized Allowed PMPM	Morbidity Adjustment	2019 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -	-	\$ -
Bronze	3,362	\$ 181.85	1.000	\$ 181.85
Silver	9,479	\$ 263.60	1.000	\$ 263.60
Gold	20,679	\$ 339.59	1.000	\$ 339.59
Platinum	28,823	\$ 377.89	1.000	\$ 377.89
<b>Subtotal</b>	<b>62,343</b>	<b>\$ 337.24</b>	<b>1.000</b>	<b>\$ 337.24</b>

Remainder of Current Year

Existing				
Metal Level	Member Months	2019 Adjusted Normalized Allowed PMPM		
Catastrophic	-	\$ -		
Bronze	12,539	\$ 184.99		
Silver	38,182	\$ 265.56		
Gold	83,242	\$ 342.74		
Platinum	124,113	\$ 378.71		
<b>Subtotal</b>	<b>258,076</b>	<b>\$ 340.96</b>		

New				
Metal Level	Member Months	2019 Adjusted Normalized Allowed PMPM		
Catastrophic	-	\$ -		
Bronze	2,504	\$ 184.99		
Silver	5,822	\$ 265.56		
Gold	15,748	\$ 342.74		
Platinum	13,352	\$ 378.71		
<b>Subtotal</b>	<b>37,426</b>	<b>\$ 333.01</b>		

Transfer				
Metal Level	Member Months	2019 Adjusted Normalized Allowed PMPM		
Catastrophic	-	\$ -		
Bronze	590	\$ 98.60		
Silver	1,612	\$ 212.42		
Gold	3,120	\$ 242.98		
Platinum	2,762	\$ 341.05		
<b>Subtotal</b>	<b>8,084</b>	<b>\$ 259.85</b>		

Total				
Metal Level	Member Months	2019 Adjusted Normalized Allowed PMPM		
Catastrophic	-	\$ -		
Bronze	15,633	\$ 181.73		
Silver	45,616	\$ 263.69		
Gold	102,110	\$ 339.69		
Platinum	140,227	\$ 377.97		
<b>Subtotal</b>	<b>303,586</b>	<b>\$ 337.82</b>		

Total Current Year

Total	Member Months	2019 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -
Bronze	18,995	\$ 181.75
Silver	55,095	\$ 263.67
Gold	122,789	\$ 339.68
Platinum	169,050	\$ 377.96
<b>Subtotal</b>	<b>365,929</b>	<b>\$ 337.72</b>

Rating Year

Existing				
Metal Level	Member Months	2019 Normalized Allowed PMPM	Morbidity Adjustment	2020 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -	1.000	\$ -
Bronze	15,063	\$ 181.75	1.000	\$ 181.75
Silver	46,036	\$ 263.67	1.000	\$ 263.67
Gold	95,947	\$ 339.68	1.000	\$ 339.68
Platinum	157,108	\$ 377.96	1.000	\$ 377.96
<b>Subtotal</b>	<b>314,154</b>	<b>\$ 340.11</b>	<b>1.000</b>	<b>\$ 340.11</b>

New				
Metal Level	Member Months	Existing Cohort Adjusted Normalized Allowed PMPM	Morbidity Adjustment	2020 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -	1.000	\$ -
Bronze	2,450	\$ 181.75	1.000	\$ 181.75
Silver	5,363	\$ 263.67	1.000	\$ 263.67
Gold	9,051	\$ 339.68	1.000	\$ 339.68
Platinum	10,210	\$ 377.96	1.000	\$ 377.96
<b>Subtotal</b>	<b>27,074</b>	<b>\$ 324.77</b>	<b>1.000</b>	<b>\$ 324.77</b>

Transfer				
Metal Level	Member Months	2019 Normalized Allowed PMPM	Morbidity Adjustment	2020 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -	1.000	\$ -
Bronze	312	\$ 98.60	1.000	\$ 98.60
Silver	1,272	\$ 212.42	1.000	\$ 212.42
Gold	2,556	\$ 242.98	1.000	\$ 242.98
Platinum	2,868	\$ 341.05	1.000	\$ 341.05
<b>Subtotal</b>	<b>7,008</b>	<b>\$ 271.14</b>	<b>1.000</b>	<b>\$ 271.14</b>

Total				
Metal Level	Member Months	2019 Normalized Allowed PMPM	Morbidity Adjustment	2020 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -	-	\$ -
Bronze	17,825	\$ 180.29	1.000	\$ 180.29
Silver	52,671	\$ 262.43	1.000	\$ 262.43
Gold	107,554	\$ 337.38	1.000	\$ 337.38
Platinum	170,186	\$ 377.33	1.000	\$ 377.33
<b>Subtotal</b>	<b>348,236</b>	<b>\$ 337.53</b>	<b>1.000</b>	<b>\$ 337.53</b>

Year	Adjusted Normalized PMPM	Year over Year Change
2018	\$ 335.42	n/a
2019	\$ 337.72	0.7%
2020	\$ 337.53	-0.1%

Morbidity Adjustment Change	0.6%
Morbidity Adjustment Factor	1.0063

**Exhibit 5 - Induced Utilization Adjustment Factor**

<b>Year</b>	<b>Actuarial Value</b>	<b>Induced Demand Factor</b>	
(1) 2018	84.13%	1.1089	
(2) Projected 2020	85.77%	1.1204	
<b>(3) Adjustment*</b>		<b>1.0104</b>	<b>(2)/(1)</b>

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

**Exhibit 6 - Demographic Adjustment**

	<b>Period</b>	<b>Cohort</b>	<b>Demo Factor*</b>	<b>Weight</b>	<b>Average Age**</b>
(1)	Base Period	All	1.7147	100.0%	34.9
(2)	Rating Period	Existing	1.7185	90.2%	
		New	1.5115	7.8%	
		Transfer	1.4755	2.0%	
(3)	Rating Period	All	1.6975	100.0%	34.6
(4)	<b>Demographic Adjustment***</b>	<b>All</b>	<b>0.9900</b>		

(3) / (1)

**\*Demo factors by cohort for the rating period are based on average factors for each cohort from the current year to date. Weights are based on expected distribution of member months.**

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

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

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

<b>Capitation adjustment</b>			
(1) EP Capitation PMPM	\$	0.55	
(2) Projected Capitations PMPM	\$	0.75	
<b>(3) Adjustment to Capitation Category</b>		<b>1.3459</b>	(2)/(1)
<b>Drug Rebates adjustment</b>			
(4) Experience Period Allowed Rx PMPM (Pre-Rebate)	\$	182.15	
(5) Experience Pharmacy Rebates PMPM	\$	23.38	
(6) Projected Pharmacy Rebates PMPM	\$	22.89	
(7) Post-Rebate Rx PMPM (using Experience Rebates)	\$	158.77	
(8) Post-Rebate Rx PMPM (using Projected Rebates)	\$	159.26	
<b>(9) Adjustment to Drug Category</b>		<b>1.0031</b>	(8)/(7)
<b>Formulary Adjustments</b>			
(10) Experience Period Allowed Rx PMPM (Pre-Rebate, existing formulary)	\$	182.15	
(11) Ingredient cost Adjustment Factor		0.9840	
(12) Experience Period Allowed Rx PMPM (Pre-Rebate, new formulary)	\$	179.24	(10)*(11)
(13) Projection Period Pharmacy Rebates PMPM	\$	22.89	
<b>(14) Adjustment to Drug Category</b>		<b>0.9817</b>	[(12) - (13)]/[(10) - (13)]

	<b>PMPM</b>	<b>Adjustment</b>	
Inpatient Hospital	\$ 120.88	1.0000	
Outpatient Hospital	\$ 143.39	1.0000	
Professional	\$ 219.50	1.0000	
Other Medical	\$ 44.38	1.0000	
Capitation	\$ 0.55	1.3459	(3)
Prescription Drug	\$ 193.37	0.9847	(9)*(14)
<b>Total</b>	<b>\$ 722.07</b>	<b>0.9962</b>	

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



### Exhibit 8 - Annual Trend Assumptions

	2018 PMPM	Weight	Utilization/1,000	Unit Cost	Composite
<b>Inpatient Hospital</b>	\$ 102.96	16.8%	1.0800	1.0000	1.0800
<b>Outpatient Hospital</b>	\$ 123.31	20.2%	1.0750	1.0000	1.0750
<b>Professional</b>	\$ 186.61	30.5%	1.0600	1.0200	1.0812
<b>Other Medical</b>	\$ 38.45	6.3%	1.0200	1.0500	1.0710
<b>Capitation</b>	\$ 1.08	0.2%	1.0000	1.0000	1.0000
<b>Prescription Drug</b>	\$ 158.77	26.0%	1.0000	1.1000	1.1000
<b>Total</b>	\$ 611.18	100.0%			1.0838
 <b>Proposed Trend</b>					 <b>1.0840</b>

**Exhibit 9 - Risk Adjustment**

**2018**

Metallic Tier	Member Months	Distribution	PLRS	ARF	Transfer \$	PMPM
Bronze	-	0.0%	-	-	\$0	\$0.00
Silver	35,807	12.2%	1.0861	1.1011	-\$610,357	-\$17.05
Gold	100,207	34.1%	1.3343	1.0426	\$3,280,915	\$32.74
Platinum	157,507	53.7%	1.5613	1.0620	\$8,068,916	\$51.23
<b>Total</b>	<b>293,521</b>	<b>100.0%</b>	<b>1.4258</b>	<b>1.0601</b>	<b>\$10,739,474</b>	<b>\$36.59</b>

**Statewide 2018**

**Statewide PMPM 2018**

Small Group	928,580		1.2585	1.0374	\$	422.87
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**2020**

Metallic Tier	Member Months	Distribution	PLRS	ARF	Transfer \$	PMPM
Bronze	-	0.0%	-	-	\$0	\$0.00
Silver	26,502	10.5%	0.9704	1.1316	-\$987,962	-\$37.28
Gold	79,934	31.6%	1.2047	1.0448	\$2,724,327	\$34.08
Platinum	146,468	57.9%	1.4273	1.0744	\$8,336,608	\$56.92
<b>Total</b>	<b>252,904</b>	<b>100.0%</b>	<b>1.3091</b>	<b>1.0710</b>	<b>\$10,072,972</b>	<b>\$39.83</b>

**Statewide 2020**

**Statewide PMPM 2020**

Small Group	944,103		1.1559	1.0458	\$	495.22
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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*
\$736.53	\$44.69	\$ 0.18	0.9396

\*Adjustment Factor =  $(\$736.53 - \$44.69 + \$0.18) / \$736.53$

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

	1Q 2020		2Q 2020		3Q 2020		4Q 2020		Total 2020	
	PMPM	% of Revenue	PMPM	% of Revenue	PMPM	% of Revenue	PMPM	% of Revenue	PMPM	% of Revenue
Allowed Claims	\$ 727.60		\$ 742.42		\$ 757.54		\$ 772.98		\$ 751.59	
Paid/Allowed Ratio	88.11%		88.11%		88.11%		88.11%		88.1%	
Paid Claims & Capitations	\$ 641.11		\$ 654.16		\$ 667.49		\$ 681.09		\$ 662.25	
Risk Adjustment Transfer (Paid Basis)	\$ 39.83		\$ 39.83		\$ 39.83		\$ 39.83		\$ 39.83	
<b>Paid Claims &amp; Capitations (Post-3Rs)</b>	<b>\$ 601.28</b>	<b>80.5%</b>	<b>\$ 614.33</b>	<b>80.7%</b>	<b>\$ 627.66</b>	<b>80.9%</b>	<b>\$ 641.26</b>	<b>81.1%</b>	<b>\$ 622.42</b>	<b>80.8%</b>
Administrative Expense	\$ 51.27	6.9%	\$ 51.27	6.7%	\$ 51.27	6.6%	\$ 51.27	6.5%	\$ 51.27	6.7%
Broker Commissions & Fee	\$ 23.80	3.2%	\$ 23.80	3.1%	\$ 23.80	3.1%	\$ 23.80	3.0%	\$ 23.80	3.1%
Contribution to Reserve (Post-Tax)	\$ 25.39	3.4%	\$ 25.88	3.4%	\$ 26.38	3.4%	\$ 26.89	3.4%	\$ 26.18	3.4%
Investment Income Credit	\$ (0.75)	-0.1%	\$ (0.76)	-0.1%	\$ (0.78)	-0.1%	\$ (0.79)	-0.1%	\$ (0.77)	-0.1%
Risk Charge	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%
<b><u>Non-ACA Taxes &amp; Fees</u></b>										
State Premium Tax	\$ 14.93	2.0%	\$ 15.22	2.0%	\$ 15.52	2.0%	\$ 15.82	2.0%	\$ 15.40	2.0%
State Assessment Fee	\$ 0.75	0.1%	\$ 0.76	0.1%	\$ 0.78	0.1%	\$ 0.79	0.1%	\$ 0.77	0.1%
Reinsurance Program Fee	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%
State Income Tax	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%
Federal Income Tax	\$ 4.48	0.6%	\$ 4.57	0.6%	\$ 4.65	0.6%	\$ 4.74	0.6%	\$ 4.62	0.6%
<b><u>ACA Taxes &amp; Fees</u></b>										
Health Insurer Tax	\$ 17.57	2.4%	\$ 17.91	2.4%	\$ 18.25	2.4%	\$ 18.61	2.4%	\$ 18.12	2.4%
Risk Adjustment User Fee	\$ 0.18	0.0%	\$ 0.18	0.0%	\$ 0.18	0.0%	\$ 0.18	0.0%	\$ 0.18	0.0%
Exchange Assessment Fee	\$ 7.47	1.0%	\$ 7.61	1.0%	\$ 7.76	1.0%	\$ 7.91	1.0%	\$ 7.70	1.0%
Federal Exchange User Fee	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%
BlueRewards/Incentive Program	\$ 0.35	0.0%	\$ 0.35	0.0%	\$ 0.35	0.0%	\$ 0.35	0.0%	\$ 0.35	0.0%
<b>Total Revenue</b>	<b>\$ 746.71</b>	<b>100.0%</b>	<b>\$ 761.11</b>	<b>100.0%</b>	<b>\$ 775.82</b>	<b>100.0%</b>	<b>\$ 790.82</b>	<b>100.0%</b>	<b>\$ 770.03</b>	<b>100.0%</b>
Plan Level Admin Load Adjustment	1.2415		1.2386		1.2357		1.2329			
Projected Member Months	82,972		36,954		33,297		99,681		252,904	
Average Members	6,914		3,080		2,775		8,307		21,075	
% Total 2020	32.8%		14.6%		13.2%		39.4%		100.0%	

## Exhibit 10B - Federal MLR

	<b>Total 2020 PMPM / %</b>
<b><u>Traditional MLR Development</u></b>	
Paid Claims & Capitations (Post-3Rs)	\$ 622.42
<b>Total Revenue</b>	<b>\$ 770.03</b>
<b>Traditional MLR (i.e. DICR)</b>	<b>80.8%</b>
<b><u>Federal MLR Development</u></b>	
<b>Numerator Adjustments</b>	
BlueRewards/Incentive Program	\$ 0.35
Quality Improvement Expenses	\$ 3.55
Removal of non-care costs under MLR guidelines	\$ (8.30)
<b>Denominator Adjustments</b>	
Non-ACA Taxes & Fees	\$ 20.79
ACA Taxes & Fees	\$ 26.00
<b>Federal MLR Numerator</b>	<b>\$ 618.02</b>
<b>Federal MLR Denominator</b>	<b>\$ 723.24</b>
<b>Federal MLR</b>	<b>85.5%</b>
<b>Projected Member Months</b>	<b>252,904</b>

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

**Total 2020  
PMPM / %**

**Traditional MLR Development**

<b>Paid Claims &amp; Capitations (Post-3Rs)</b>	\$	584.14
<b>Total Revenue</b>	\$	722.60
		<hr/>
<b>Traditional MLR (i.e. DICR)</b>		80.8%

**Federal MLR Development**

**Numerator Adjustments**

<b>BlueRewards/Incentive Program</b>	\$	0.35
<b>Quality Improvement Expenses</b>	\$	3.41
<b>removal of non-care costs under MLR guidelines</b>	\$	(6.95)

**Denominator Adjustments**

<b>Non-ACA Taxes &amp; Fees</b>	\$	19.02
<b>ACA Taxes &amp; Fees</b>	\$	24.41

<b>Federal MLR Numerator</b>	\$	580.94
<b>Federal MLR Denominator</b>	\$	679.17
		<hr/>
<b>Federal MLR</b>		85.5%

**Projected Member Months**                      348,236

**Exhibit 11 - Plan Adjusted Index Rates**

HIOS Plan ID	Plan Name	Plan Type	Metallic Tier	Exchange	Network	Market Adjusted Index Rate	Internal Pricing AV	Network Factor	Induced Utilization	Non-EHB	Admin	Plan Adjusted Index Rate
78079DC0220020	BluePreferred PPO Gold 1000	PPO	GOLD	On	Regional Preferred (RPN)	\$675.84	0.8316	1.0000	0.9790	1.0002	1.2415	\$683.21
78079DC0220021	BluePreferred PPO Gold 500	PPO	GOLD	On	Regional Preferred (RPN)	\$675.84	0.8522	1.0000	0.9790	1.0002	1.2415	\$700.12
78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500	PPO	SILVER	On	Regional Preferred (RPN)	\$675.84	0.7593	1.0000	0.9340	1.0002	1.2415	\$595.12
78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	PPO	SILVER	On	Regional Preferred (RPN)	\$675.84	0.7407	1.0000	0.9340	1.0002	1.2415	\$580.61
78079DC0220024	BluePreferred PPO Platinum 0	PPO	PLATINUM	On	Regional Preferred (RPN)	\$675.84	0.9393	1.0000	1.0430	1.0002	1.2415	\$822.17
78079DC0220025	BluePreferred PPO Platinum 500	PPO	PLATINUM	On	Regional Preferred (RPN)	\$675.84	0.8999	1.0000	1.0430	1.0002	1.2415	\$787.72
78079DC0220026	BluePreferred PPO Silver 1500	PPO	SILVER	On	Regional Preferred (RPN)	\$675.84	0.7195	1.0000	0.9340	1.0002	1.2415	\$564.00
78079DC0220031	BluePreferred PPO Gold 1500	PPO	GOLD	On	Regional Preferred (RPN)	\$675.84	0.8167	1.0000	0.9790	1.0002	1.2415	\$670.98
78079DC0220032	BluePreferred PPO 1000 90%/70%	PPO	GOLD	On	Regional Preferred (RPN)	\$675.84	0.8046	1.0000	0.9790	1.0002	1.2415	\$661.08
78079DC0220033	BluePreferred PPO HSA/HRA 2300 80%/60%	PPO	SILVER	On	Regional Preferred (RPN)	\$675.84	0.7052	1.0000	0.9340	1.0002	1.2415	\$552.72
78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	PPO	SILVER	On	Regional Preferred (RPN)	\$675.84	0.7604	1.0000	0.9340	1.0002	1.2415	\$595.99
78079DC0220035	BluePreferred PPO HSA/HRA Silver 2000 70	PPO	SILVER	On	Regional Preferred (RPN)	\$675.84	0.7081	1.0000	0.9340	1.0002	1.2415	\$555.02

**Exhibit 12 - AV Values**

<b>HIOS Plan ID</b>	<b>HIOS Plan Name</b>	<b>HHS AV</b>
78079DC0220020	BluePreferred PPO Gold 1000	0.8197
78079DC0220021	BluePreferred PPO Gold 500	0.8199
78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500	0.7176
78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	0.7194
78079DC0220024	BluePreferred PPO Platinum 0	0.9198
78079DC0220025	BluePreferred PPO Platinum 500	0.9108
78079DC0220026	BluePreferred PPO Silver 1500	0.7190
78079DC0220031	BluePreferred PPO Gold 1500	0.8197
78079DC0220032	BluePreferred PPO 1000 90%/70%	0.8127
78079DC0220033	BluePreferred PPO HSA/HRA 2300 80%/60%	0.7191
78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	0.7198
78079DC0220035	BluePreferred PPO HSA/HRA Silver 2000 70	0.7187

**Exhibit 13 - Age Calibration**

Age Curve Calibration					
	Period	Cohort	Rating Factor*	Weight	Average Age**
(1)	Rating Period	Existing	1.0771	90.2%	
		New	0.9787	7.8%	
		Transfer	0.9404	2.0%	
(2)	<b>Rating Period</b>	<b>All</b>	<b>1.0667</b>	<b>100.0%</b>	<b>42.3</b>
(3)	<b>Nearest Rounded</b>	<b>All</b>	<b>1.0530</b>		<b>42.0</b>
(4)	<b>Calibration***</b>	<b>All</b>	<b>0.9871</b>		

(3)/(2)

Premium Rate Demonstration		
	HIOS Plan Name	BluePreferred PPO Gold 1000
(5)	Plan Adjusted Index Rate	\$674.43
(6)	Calibration	0.9871
(7)	Calibrated Rate	\$665.75
(8)	Age 40 Factor/Rounded Avg Age Factor = (0.975/1.053)	0.9259
(9)	<b>Age 40 Premium Rate</b>	<b>\$616.44</b>

(4)

(5)\*(6)

(7)\*(8)

\*Rating factors by cohort for the rating period are based on average factors for each cohort from the current year to date. 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	34,622	1.0000	1.0000
Non-CDH	313,614	1.0000	1.0000
	<b>348,236</b>	<b>1.0000</b>	

Metal Level	Projected Member		
	Months	Relative to Bronze	Relative to Average*
Catastrophic	0	1.0000	0.9069
Bronze	17,825	1.0000	0.9069
Silver	52,264	1.0300	0.9341
Gold	107,554	1.0800	0.9794
Platinum	170,593	1.1500	1.0429
<b>Total</b>	<b>348,236</b>	<b>1.1027</b>	

\*Factors are applied as plan level adjustments

Appendix - Experience Period to Rating Period Plan Mappings

Exp. Period		Current Period		Rating Period			
2017 Base HIOS Plan ID	2017 HIOS Plan Name	2018 Base HIOS Plan ID	2018 HIOS Plan Name	2019 Base HIOS Plan ID	2019 HIOS Plan Name	2020 Base HIOS Plan ID	2020 HIOS Plan Name
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 1500
78079DC0220027	HealthyBlue PPO Gold 1500	78079DC0220027	HealthyBlue PPO Gold 1500	78079DC0220027	HealthyBlue PPO Gold 1500	78079DC0220025	BluePreferred PPO Platinum 500
78079DC0220028	HealthyBlue PPO HSA/HRA Silver 2000	78079DC0220028	HealthyBlue PPO HSA/HRA Silver 2000	78079DC0220028	HealthyBlue PPO HSA/HRA Silver 2000	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000
78079DC0220029	HealthyBlue PPO Platinum 1000	78079DC0220029	HealthyBlue PPO Platinum 1000	78079DC0220030	HealthyBlue PPO Platinum 500	78079DC0220024	BluePreferred PPO Platinum 0
78079DC0220030	HealthyBlue PPO Platinum 500	78079DC0220030	HealthyBlue PPO Platinum 500	78079DC0220030	HealthyBlue PPO Platinum 500	78079DC0220024	BluePreferred PPO Platinum 0
78079DC0220031	BluePreferred PPO Gold 1500	78079DC0220031	BluePreferred PPO Gold 1500	78079DC0220031	BluePreferred PPO Gold 1500	78079DC0220031	BluePreferred PPO Gold 1500
78079DC0220032	BluePreferred PPO 1000 90%/70%	78079DC0220032	BluePreferred PPO 1000 90%/70%	78079DC0220032	BluePreferred PPO 1000 90%/70%	78079DC0220032	BluePreferred PPO 1000 90%/70%
78079DC0220033	BluePreferred PPO HSA/HRA 2000 80%/60%	78079DC0220033	BluePreferred PPO HSA/HRA 2000 80%/60%	78079DC0220033	BluePreferred PPO HSA/HRA 2250 80%/60%	78079DC0220033	BluePreferred PPO HSA/HRA 2300 80%/60%
78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA
						78079DC0220035	BluePreferred PPO HSA/HRA Silver 2000 70

Appendix - Annual Rate Change Based on Mapping

Base Rate	Bronze Members/Avg Renewal	-	-	n/a
Base Rate	Silver Members/Avg Renewal	2,332	2,244	17.8%
Base Rate	Gold Members/Avg Renewal	7,974	7,916	20.1%
Base Rate	Platinum Members/Avg Renewal	12,250	11,703	17.5%
Base Rate	<b>All Members/Avg Renewal</b>	<b>22,556</b>	<b>21,863</b>	<b>18.5%</b>
Base Rate	<b>Minimum Renewal</b>			<b>14.6%</b>
Base Rate	<b>Maximum Renewal</b>			<b>32.7%</b>

2019 HIOS Plan ID	2019 HIOS Plan Name	2019 Metal Level	2019 Marketplace Indicator	2020 HIOS Plan ID	2020 HIOS Plan Name	2020 Metal Level	2020 Marketplace Indicator	Current Month Member Count	Projected 2019 EOY Members	1Q2019 Base Rate	1Q2020 Base Rate	Annual Rate Change
78079DC0220020	BluePreferred PPO Gold 1000	GOLD	On	78079DC0220020	BluePreferred PPO Gold 1000	GOLD	On	2,310.00	2,256	\$542.30	\$640.48	18.1%
78079DC0220021	BluePreferred PPO Gold 500	GOLD	On	78079DC0220021	BluePreferred PPO Gold 500	GOLD	On	2,909.00	2,952	\$556.58	\$656.33	17.9%
78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500	SILVER	On	78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500	SILVER	On	611.00	580	\$471.08	\$557.90	18.4%
78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	SILVER	On	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	SILVER	On	673.00	646	\$456.95	\$544.29	19.1%
78079DC0220024	BluePreferred PPO Platinum 0	PLATINUM	On	78079DC0220024	BluePreferred PPO Platinum 0	PLATINUM	On	8,498.00	8,135	\$656.16	\$770.74	17.5%
78079DC0220025	BluePreferred PPO Platinum 500	PLATINUM	On	78079DC0220025	BluePreferred PPO Platinum 500	PLATINUM	On	3,269.00	3,092	\$630.22	\$738.45	17.2%
78079DC0220026	BluePreferred PPO Silver 1000	SILVER	On	78079DC0220026	BluePreferred PPO Silver 1000	SILVER	On	416.00	416	\$461.24	\$528.72	14.6%
78079DC0220027	HealthyBlue PPO Gold 1500	GOLD	On	78079DC0220025	BluePreferred PPO Platinum 500	PLATINUM	On	1,171.00	1,140	\$556.37	\$738.45	32.7%
78079DC0220028	HealthyBlue PPO HSA/HRA Silver 2000	SILVER	On	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	SILVER	On	166.00	152	\$467.74	\$544.29	16.4%
78079DC0220030	HealthyBlue PPO Platinum 500	PLATINUM	On	78079DC0220024	BluePreferred PPO Platinum 0	PLATINUM	On	483.00	476	\$637.46	\$770.74	20.9%
78079DC0220031	BluePreferred PPO Gold 1500	GOLD	On	78079DC0220031	BluePreferred PPO Gold 1500	GOLD	On	1,288.00	1,265	\$534.44	\$629.01	17.7%
78079DC0220032	BluePreferred PPO 1000 90%/70%	GOLD	On	78079DC0220032	BluePreferred PPO 1000 90%/70%	GOLD	On	296.00	303	\$522.60	\$619.73	18.6%
78079DC0220033	BluePreferred PPO HSA/HRA 2250 80%/60%	SILVER	On	78079DC0220033	BluePreferred PPO HSA/HRA 2300 80%/60%	SILVER	On	98.00	100	\$435.73	\$518.15	18.9%
78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	SILVER	On	78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	SILVER	On	368.00	350	\$471.57	\$558.71	18.5%

**Appendix - Quarterly Rate Change Adjustment Factors**

	(1)	(2)	(3) = (1 + (1))*(1 + (2)) -1
<b>Quarter</b>	<b>Market Adj. Index Rate</b>	<b>Admin Load Factor</b>	<b>Plan Adjusted Index Rates</b>
2Q20	2.0%	-0.2%	1.8%
3Q20	2.0%	-0.2%	1.8%
4Q20	2.0%	-0.2%	1.8%

**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

	2019	2020	% Change
Base Rate	\$556.37	\$738.45	32.7%
Age Factor	0.654	0.727	11.2%
Geographic Factor	1.000	1.000	0.0%
Tobacco Factor	1.000	1.000	0.0%
<b>Total</b>	<b>\$363.87</b>	<b>\$536.85</b>	<b>47.5%</b>

	HealthyBlue PPO	BluePreferred PPO
Base Rate/Product(s)	Gold 1500	Platinum 500
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:

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This list contains the applicable forms for the new 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-131927480

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### ON-Exchange

#### Product: BluePreferred

#### Network: Regional Preferred (RPN)

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DC/CF/SHOP/GC (R. 1/19)  
DC/CF/SHOP/PPO/EOC (R. 1/20)  
DC/GHMSI/DOL APPEAL (R. 1/17)  
DC/CF/SHOP/PPO/DOCS (R. 1/20)  
DC/CF/BP PPO/1000 90-70 (1/20)  
DC/CF/BP PPO BF HSA/SIL 1500 (1/20)  
DC/CF/BP PPO CDH/2300 80-60 (1/20)  
DC/CF/BP PPO CDH/SIL 1500 (1/20)  
DC/CF/BP PPO CDH/SIL 2000 (1/20)  
DC/CF/BP PPO CDH/SIL 2000 70 (1/20)  
DC/CF/BP PPO/GOLD 500 (1/20)  
DC/CF/BP PPO/GOLD 1000 (1/20)  
DC/CF/BP PPO/GOLD 1500 (1/20)  
DC/CF/BP PPO/PLAT 0 (1/20)  
DC/CF/BP PPO/PLAT 500 (1/20)  
DC/CF/BP PPO/SIL 1500 (1/20)  
DC/CF/SHOP/ELIG (R. 1/20)  
DC/CF/FAM PLAN/FED (R. 1/20)  
DC/CF/BLCRD (R. 6/18)  
DC/CF/MEM/BLCRD (R. 6/18)  
DC/CF/ANCILLARY AMEND (10/12)  
DC/CF/SG/AUTH AMEND/PPO (1/20)  
DC/CF/PT PROTECT (9/10)  
DC/GHMSI-HEALTH GUARANTEE 6/18  
DC/CF/SG/INCENT (R. 1/20)  
DC/CF/PARTNER (R. 7/09)

### Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201601	37,936	Inpatient Hospital	\$4,127,745	\$0	Admits	245
201602	38,265	Inpatient Hospital	\$3,417,288	\$0	Admits	166
201603	38,703	Inpatient Hospital	\$4,841,680	\$0	Admits	213
201604	38,577	Inpatient Hospital	\$3,121,911	\$0	Admits	209
201605	38,594	Inpatient Hospital	\$3,404,926	\$0	Admits	220
201606	38,590	Inpatient Hospital	\$3,724,703	\$0	Admits	209
201607	38,433	Inpatient Hospital	\$3,712,606	\$0	Admits	212
201608	37,664	Inpatient Hospital	\$4,755,472	\$0	Admits	229
201609	37,088	Inpatient Hospital	\$4,189,536	\$0	Admits	240
201610	37,022	Inpatient Hospital	\$4,045,847	\$0	Admits	235
201611	36,181	Inpatient Hospital	\$3,452,924	\$0	Admits	219
201612	33,439	Inpatient Hospital	\$2,200,133	\$0	Admits	160
201701	34,634	Inpatient Hospital	\$5,559,295	\$0	Admits	184
201702	35,060	Inpatient Hospital	\$2,633,354	\$0	Admits	155
201703	35,518	Inpatient Hospital	\$3,626,691	\$0	Admits	188
201704	35,484	Inpatient Hospital	\$3,820,784	\$0	Admits	193
201705	35,621	Inpatient Hospital	\$3,080,398	\$0	Admits	182
201706	35,341	Inpatient Hospital	\$3,966,545	\$0	Admits	198
201707	35,409	Inpatient Hospital	\$2,730,444	\$0	Admits	176
201708	35,596	Inpatient Hospital	\$3,425,404	\$0	Admits	193
201709	35,575	Inpatient Hospital	\$3,038,097	\$0	Admits	223
201710	35,395	Inpatient Hospital	\$2,498,591	\$0	Admits	179
201711	35,242	Inpatient Hospital	\$3,003,601	\$0	Admits	237
201712	34,727	Inpatient Hospital	\$2,842,676	\$0	Admits	158
201801	34,450	Inpatient Hospital	\$3,917,134	\$0	Admits	223
201802	34,315	Inpatient Hospital	\$3,905,650	\$0	Admits	249
201803	34,168	Inpatient Hospital	\$3,760,983	\$0	Admits	242
201804	33,858	Inpatient Hospital	\$3,575,961	\$0	Admits	286
201805	33,816	Inpatient Hospital	\$2,997,459	\$0	Admits	329
201806	33,246	Inpatient Hospital	\$3,403,618	\$0	Admits	240
201807	32,849	Inpatient Hospital	\$3,494,788	\$0	Admits	299
201808	32,747	Inpatient Hospital	\$3,214,704	\$0	Admits	225
201809	32,524	Inpatient Hospital	\$2,795,780	\$0	Admits	263
201810	32,341	Inpatient Hospital	\$4,016,932	\$0	Admits	383
201811	31,817	Inpatient Hospital	\$3,339,762	\$0	Admits	299
201812	30,539	Inpatient Hospital	\$2,418,149	\$0	Admits	177
201901	31,131	Inpatient Hospital	\$2,999,030	\$0	Admits	207
201902	31,166	Inpatient Hospital	\$1,692,955	\$0	Admits	167



### Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201601	37,936	Outpatient Hospital	\$4,496,040	\$0	Visits	3,113
201602	38,265	Outpatient Hospital	\$4,331,267	\$0	Visits	3,238
201603	38,703	Outpatient Hospital	\$4,810,896	\$0	Visits	3,334
201604	38,577	Outpatient Hospital	\$4,401,255	\$0	Visits	3,236
201605	38,594	Outpatient Hospital	\$4,249,581	\$0	Visits	3,251
201606	38,590	Outpatient Hospital	\$4,454,837	\$0	Visits	3,330
201607	38,433	Outpatient Hospital	\$3,960,707	\$0	Visits	3,087
201608	37,664	Outpatient Hospital	\$4,096,714	\$0	Visits	3,258
201609	37,088	Outpatient Hospital	\$4,008,749	\$0	Visits	3,135
201610	37,022	Outpatient Hospital	\$3,941,051	\$0	Visits	3,137
201611	36,181	Outpatient Hospital	\$4,459,207	\$0	Visits	3,098
201612	33,439	Outpatient Hospital	\$3,739,120	\$0	Visits	2,781
201701	34,634	Outpatient Hospital	\$4,057,349	\$0	Visits	2,895
201702	35,060	Outpatient Hospital	\$4,190,752	\$0	Visits	2,674
201703	35,518	Outpatient Hospital	\$4,524,402	\$0	Visits	2,947
201704	35,484	Outpatient Hospital	\$3,896,380	\$0	Visits	2,618
201705	35,621	Outpatient Hospital	\$4,116,207	\$0	Visits	2,796
201706	35,341	Outpatient Hospital	\$4,023,159	\$0	Visits	2,608
201707	35,409	Outpatient Hospital	\$3,619,244	\$0	Visits	2,406
201708	35,596	Outpatient Hospital	\$3,811,604	\$0	Visits	2,630
201709	35,575	Outpatient Hospital	\$3,392,730	\$0	Visits	2,498
201710	35,395	Outpatient Hospital	\$3,907,081	\$0	Visits	2,766
201711	35,242	Outpatient Hospital	\$3,873,352	\$0	Visits	2,623
201712	34,727	Outpatient Hospital	\$3,821,853	\$0	Visits	2,544
201801	34,450	Outpatient Hospital	\$4,145,249	\$0	Visits	2,766
201802	34,315	Outpatient Hospital	\$3,530,796	\$0	Visits	2,559
201803	34,168	Outpatient Hospital	\$4,432,796	\$0	Visits	2,833
201804	33,858	Outpatient Hospital	\$4,059,990	\$0	Visits	2,887
201805	33,816	Outpatient Hospital	\$4,279,555	\$0	Visits	3,018
201806	33,246	Outpatient Hospital	\$3,899,027	\$0	Visits	2,709
201807	32,849	Outpatient Hospital	\$3,768,547	\$0	Visits	2,627
201808	32,747	Outpatient Hospital	\$4,175,602	\$0	Visits	2,808
201809	32,524	Outpatient Hospital	\$3,884,221	\$0	Visits	2,561
201810	32,341	Outpatient Hospital	\$4,594,827	\$0	Visits	2,904
201811	31,817	Outpatient Hospital	\$4,376,472	\$0	Visits	2,763
201812	30,539	Outpatient Hospital	\$3,766,843	\$0	Visits	2,672
201901	31,131	Outpatient Hospital	\$5,102,979	\$0	Visits	3,363
201902	31,166	Outpatient Hospital	\$4,292,168	\$0	Visits	3,594

## Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201601	37,936	Professional	\$6,361,447	\$0	Visits	33,584
201602	38,265	Professional	\$6,263,374	\$0	Visits	35,866
201603	38,703	Professional	\$6,758,237	\$0	Visits	39,276
201604	38,577	Professional	\$6,270,273	\$0	Visits	36,871
201605	38,594	Professional	\$6,512,000	\$0	Visits	37,220
201606	38,590	Professional	\$6,716,130	\$0	Visits	37,757
201607	38,433	Professional	\$5,841,690	\$0	Visits	33,628
201608	37,664	Professional	\$6,630,488	\$0	Visits	37,457
201609	37,088	Professional	\$6,356,858	\$0	Visits	36,008
201610	37,022	Professional	\$6,344,014	\$0	Visits	37,081
201611	36,181	Professional	\$6,082,871	\$0	Visits	35,201
201612	33,439	Professional	\$5,170,920	\$0	Visits	30,263
201701	34,634	Professional	\$6,282,912	\$0	Visits	34,080
201702	35,060	Professional	\$5,890,052	\$0	Visits	32,495
201703	35,518	Professional	\$6,375,824	\$0	Visits	36,568
201704	35,484	Professional	\$5,911,904	\$0	Visits	32,506
201705	35,621	Professional	\$6,307,231	\$0	Visits	36,120
201706	35,341	Professional	\$6,248,359	\$0	Visits	34,718
201707	35,409	Professional	\$5,620,862	\$0	Visits	31,554
201708	35,596	Professional	\$6,514,631	\$0	Visits	35,766
201709	35,575	Professional	\$5,853,789	\$0	Visits	33,408
201710	35,395	Professional	\$6,160,207	\$0	Visits	36,864
201711	35,242	Professional	\$6,150,975	\$0	Visits	35,104
201712	34,727	Professional	\$5,550,245	\$0	Visits	31,969
201801	34,450	Professional	\$7,262,253	\$0	Visits	37,013
201802	34,315	Professional	\$5,974,340	\$0	Visits	32,931
201803	34,168	Professional	\$6,427,030	\$0	Visits	34,562
201804	33,858	Professional	\$6,317,220	\$0	Visits	33,944
201805	33,816	Professional	\$6,459,284	\$0	Visits	35,450
201806	33,246	Professional	\$5,924,674	\$0	Visits	32,633
201807	32,849	Professional	\$5,758,870	\$0	Visits	31,667
201808	32,747	Professional	\$6,105,128	\$0	Visits	34,038
201809	32,524	Professional	\$5,556,646	\$0	Visits	31,707
201810	32,341	Professional	\$7,001,787	\$0	Visits	40,270
201811	31,817	Professional	\$5,980,789	\$0	Visits	34,411
201812	30,539	Professional	\$5,253,159	\$0	Visits	30,488
201901	31,131	Professional	\$7,191,889	\$0	Visits	40,982
201902	31,166	Professional	\$8,796,467	\$0	Visits	54,695

### Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201601	37,936	Other Medical	\$1,054,241	\$0	Services	4,714
201602	38,265	Other Medical	\$1,137,985	\$0	Services	4,888
201603	38,703	Other Medical	\$1,290,472	\$0	Services	5,543
201604	38,577	Other Medical	\$1,092,431	\$0	Services	5,225
201605	38,594	Other Medical	\$1,257,315	\$0	Services	5,420
201606	38,590	Other Medical	\$1,532,198	\$0	Services	5,635
201607	38,433	Other Medical	\$1,205,923	\$0	Services	4,851
201608	37,664	Other Medical	\$1,383,881	\$0	Services	6,057
201609	37,088	Other Medical	\$1,216,169	\$0	Services	4,588
201610	37,022	Other Medical	\$1,055,667	\$0	Services	4,729
201611	36,181	Other Medical	\$1,248,924	\$0	Services	4,575
201612	33,439	Other Medical	\$1,280,818	\$0	Services	4,265
201701	34,634	Other Medical	\$1,130,211	\$0	Services	4,368
201702	35,060	Other Medical	\$993,630	\$0	Services	4,275
201703	35,518	Other Medical	\$990,037	\$0	Services	4,656
201704	35,484	Other Medical	\$969,583	\$0	Services	4,195
201705	35,621	Other Medical	\$1,150,882	\$0	Services	4,453
201706	35,341	Other Medical	\$1,040,706	\$0	Services	4,638
201707	35,409	Other Medical	\$1,052,573	\$0	Services	4,047
201708	35,596	Other Medical	\$1,108,749	\$0	Services	5,038
201709	35,575	Other Medical	\$896,704	\$0	Services	4,130
201710	35,395	Other Medical	\$1,109,492	\$0	Services	4,425
201711	35,242	Other Medical	\$1,173,715	\$0	Services	4,268
201712	34,727	Other Medical	\$1,116,738	\$0	Services	4,451
201801	34,450	Other Medical	\$1,200,430	\$0	Services	5,008
201802	34,315	Other Medical	\$1,065,688	\$0	Services	4,485
201803	34,168	Other Medical	\$1,268,262	\$0	Services	4,796
201804	33,858	Other Medical	\$1,423,775	\$0	Services	4,569
201805	33,816	Other Medical	\$1,487,415	\$0	Services	4,541
201806	33,246	Other Medical	\$1,215,345	\$0	Services	4,455
201807	32,849	Other Medical	\$1,337,617	\$0	Services	4,679
201808	32,747	Other Medical	\$1,357,603	\$0	Services	4,989
201809	32,524	Other Medical	\$1,348,440	\$0	Services	4,141
201810	32,341	Other Medical	\$1,270,027	\$0	Services	4,595
201811	31,817	Other Medical	\$1,316,678	\$0	Services	4,265
201812	30,539	Other Medical	\$959,859	\$0	Services	3,946
201901	31,131	Other Medical	\$1,132,306	\$0	Services	4,851
201902	31,166	Other Medical	\$1,482,880	\$0	Services	6,188

### Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201601	37,936	Prescription Drug	\$4,649,261	\$690,399	Scripts	29,223
201602	38,265	Prescription Drug	\$5,016,477	\$693,409	Scripts	30,874
201603	38,703	Prescription Drug	\$5,818,341	\$698,107	Scripts	33,709
201604	38,577	Prescription Drug	\$5,531,525	\$718,089	Scripts	31,487
201605	38,594	Prescription Drug	\$5,508,276	\$718,470	Scripts	32,149
201606	38,590	Prescription Drug	\$6,129,693	\$718,485	Scripts	31,697
201607	38,433	Prescription Drug	\$5,907,597	\$749,972	Scripts	30,176
201608	37,664	Prescription Drug	\$6,087,857	\$734,809	Scripts	31,609
201609	37,088	Prescription Drug	\$5,244,426	\$724,506	Scripts	29,768
201610	37,022	Prescription Drug	\$5,659,659	\$674,586	Scripts	30,018
201611	36,181	Prescription Drug	\$5,283,439	\$655,166	Scripts	30,101
201612	33,439	Prescription Drug	\$5,400,705	\$611,538	Scripts	29,430
201701	34,634	Prescription Drug	\$5,371,178	\$701,226	Scripts	29,438
201702	35,060	Prescription Drug	\$5,309,336	\$710,546	Scripts	27,622
201703	35,518	Prescription Drug	\$6,012,900	\$719,893	Scripts	30,935
201704	35,484	Prescription Drug	\$5,446,277	\$820,510	Scripts	28,544
201705	35,621	Prescription Drug	\$6,420,769	\$823,327	Scripts	30,919
201706	35,341	Prescription Drug	\$5,987,107	\$819,105	Scripts	29,399
201707	35,409	Prescription Drug	\$5,666,465	\$805,808	Scripts	28,583
201708	35,596	Prescription Drug	\$6,648,886	\$809,751	Scripts	30,004
201709	35,575	Prescription Drug	\$5,831,784	\$809,199	Scripts	28,261
201710	35,395	Prescription Drug	\$6,184,202	\$788,438	Scripts	30,314
201711	35,242	Prescription Drug	\$5,932,303	\$783,775	Scripts	29,707
201712	34,727	Prescription Drug	\$5,865,938	\$773,343	Scripts	30,272
201801	34,450	Prescription Drug	\$6,042,499	\$790,249	Scripts	30,380
201802	34,315	Prescription Drug	\$5,529,807	\$786,044	Scripts	26,674
201803	34,168	Prescription Drug	\$6,060,368	\$782,434	Scripts	28,682
201804	33,858	Prescription Drug	\$6,102,508	\$816,433	Scripts	27,735
201805	33,816	Prescription Drug	\$6,332,155	\$816,263	Scripts	29,371
201806	33,246	Prescription Drug	\$5,948,600	\$802,829	Scripts	26,878
201807	32,849	Prescription Drug	\$5,988,397	\$773,496	Scripts	26,565
201808	32,747	Prescription Drug	\$6,286,527	\$771,235	Scripts	27,241
201809	32,524	Prescription Drug	\$5,567,124	\$766,494	Scripts	24,809
201810	32,341	Prescription Drug	\$6,690,711	\$739,875	Scripts	28,347
201811	31,817	Prescription Drug	\$5,915,216	\$728,098	Scripts	26,420
201812	30,539	Prescription Drug	\$5,789,188	\$699,449	Scripts	25,424
201901	31,131	Prescription Drug	\$5,911,954		Scripts	26,736
201902	31,166	Prescription Drug	\$5,495,593		Scripts	24,562

### Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201601	37,936	Capitations	\$43,916	\$0	Benefit Period	37,936
201602	38,265	Capitations	\$45,051	\$0	Benefit Period	38,265
201603	38,703	Capitations	\$46,272	\$0	Benefit Period	38,703
201604	38,577	Capitations	\$46,139	\$0	Benefit Period	38,577
201605	38,594	Capitations	\$46,300	\$0	Benefit Period	38,594
201606	38,590	Capitations	\$46,377	\$0	Benefit Period	38,590
201607	38,433	Capitations	\$46,278	\$0	Benefit Period	38,433
201608	37,664	Capitations	\$45,684	\$0	Benefit Period	37,664
201609	37,088	Capitations	\$45,317	\$0	Benefit Period	37,088
201610	37,022	Capitations	\$45,380	\$0	Benefit Period	37,022
201611	36,181	Capitations	\$44,549	\$0	Benefit Period	36,181
201612	33,439	Capitations	\$41,799	\$0	Benefit Period	33,439
201701	34,634	Capitations	\$43,370	\$0	Benefit Period	34,634
201702	35,060	Capitations	\$44,804	\$0	Benefit Period	35,060
201703	35,518	Capitations	\$46,237	\$0	Benefit Period	35,518
201704	35,484	Capitations	\$46,080	\$0	Benefit Period	35,484
201705	35,621	Capitations	\$46,147	\$0	Benefit Period	35,621
201706	35,341	Capitations	\$45,868	\$0	Benefit Period	35,341
201707	35,409	Capitations	\$45,851	\$0	Benefit Period	35,409
201708	35,596	Capitations	\$45,956	\$0	Benefit Period	35,596
201709	35,575	Capitations	\$45,955	\$0	Benefit Period	35,575
201710	35,395	Capitations	\$45,636	\$0	Benefit Period	35,395
201711	35,242	Capitations	\$45,299	\$0	Benefit Period	35,242
201712	34,727	Capitations	\$44,580	\$0	Benefit Period	34,727
201801	34,450	Capitations	\$37,340	\$0	Benefit Period	34,450
201802	34,315	Capitations	\$37,280	\$0	Benefit Period	34,315
201803	34,168	Capitations	\$37,247	\$0	Benefit Period	34,168
201804	33,858	Capitations	\$36,849	\$0	Benefit Period	33,858
201805	33,816	Capitations	\$36,429	\$0	Benefit Period	33,816
201806	33,246	Capitations	\$35,980	\$0	Benefit Period	33,246
201807	32,849	Capitations	\$35,624	\$0	Benefit Period	32,849
201808	32,747	Capitations	\$35,423	\$0	Benefit Period	32,747
201809	32,524	Capitations	\$35,102	\$0	Benefit Period	32,524
201810	32,341	Capitations	\$34,807	\$0	Benefit Period	32,341
201811	31,817	Capitations	\$34,240	\$0	Benefit Period	31,817
201812	30,539	Capitations	\$33,263	\$0	Benefit Period	30,539
201901	31,131	Capitations	\$40,271	\$0	Benefit Period	31,131
201902	31,166	Capitations	\$40,098	\$0	Benefit Period	31,166

**Appendix - Total Experience**

Month	Members	Contracts	Ultimate Allowed	Drug Rebates	Post-Rx Rebate Ultimate Allowed	Ultimate Incurred	Premium	Loss Ratio
201601	37,936	22,355	\$20,732,649	\$690,399	\$20,042,250	\$16,728,055	\$19,448,623	86.0%
201602	38,265	22,688	\$20,211,442	\$693,409	\$19,518,033	\$16,668,336	\$19,693,775	84.6%
201603	38,703	23,059	\$23,565,899	\$698,107	\$22,867,792	\$20,040,406	\$19,812,738	101.1%
201604	38,577	23,008	\$20,463,534	\$718,089	\$19,745,445	\$17,198,678	\$19,815,763	86.8%
201605	38,594	23,046	\$20,978,398	\$718,470	\$20,259,927	\$17,846,952	\$19,755,680	90.3%
201606	38,590	23,045	\$22,603,939	\$718,485	\$21,885,454	\$19,510,240	\$19,841,586	98.3%
201607	38,433	22,956	\$20,674,800	\$749,972	\$19,924,827	\$17,812,077	\$19,708,089	90.4%
201608	37,664	22,606	\$23,000,097	\$734,809	\$22,265,288	\$20,088,543	\$19,289,455	104.1%
201609	37,088	22,256	\$21,061,055	\$724,506	\$20,336,549	\$18,248,928	\$19,027,046	95.9%
201610	37,022	22,245	\$21,091,618	\$674,586	\$20,417,033	\$18,427,936	\$18,944,496	97.3%
201611	36,181	21,750	\$20,571,915	\$655,166	\$19,916,748	\$17,977,544	\$18,622,472	96.5%
201612	33,439	20,363	\$17,833,495	\$611,538	\$17,221,957	\$15,219,439	\$17,528,299	86.8%
201701	34,634	21,490	\$22,444,315	\$701,226	\$21,743,088	\$18,710,262	\$17,762,165	105.3%
201702	35,060	21,882	\$19,061,928	\$710,546	\$18,351,382	\$15,918,664	\$17,915,231	88.9%
201703	35,518	22,301	\$21,576,091	\$719,893	\$20,856,197	\$18,244,058	\$18,081,461	100.9%
201704	35,484	22,245	\$20,091,008	\$820,510	\$19,270,498	\$17,029,999	\$18,194,385	93.6%
201705	35,621	22,351	\$21,121,634	\$823,327	\$20,298,306	\$17,977,154	\$18,064,635	99.5%
201706	35,341	22,149	\$21,311,745	\$819,105	\$20,492,640	\$18,228,171	\$17,988,169	101.3%
201707	35,409	22,091	\$18,735,440	\$805,808	\$17,929,632	\$15,811,319	\$17,988,136	87.9%
201708	35,596	22,151	\$21,555,231	\$809,751	\$20,745,479	\$18,551,198	\$18,117,121	102.4%
201709	35,575	22,178	\$19,059,059	\$809,199	\$18,249,859	\$16,202,134	\$18,145,275	89.3%
201710	35,395	22,069	\$19,905,209	\$788,438	\$19,116,771	\$16,947,172	\$17,989,450	94.2%
201711	35,242	21,906	\$20,179,245	\$783,775	\$19,395,469	\$17,279,474	\$17,951,225	96.3%
201712	34,727	21,591	\$19,242,030	\$773,343	\$18,468,687	\$16,314,244	\$17,783,963	91.7%
201801	34,450	21,572	\$22,604,906	\$790,249	\$21,814,657	\$18,598,592	\$18,734,165	99.3%
201802	34,315	21,464	\$20,043,561	\$786,044	\$19,257,517	\$16,780,560	\$18,618,596	90.1%
201803	34,168	21,364	\$21,986,688	\$782,434	\$21,204,254	\$18,678,420	\$18,629,851	100.3%
201804	33,858	21,190	\$21,516,304	\$816,433	\$20,699,871	\$18,297,982	\$18,648,531	98.1%
201805	33,816	21,060	\$21,592,297	\$816,263	\$20,776,034	\$18,382,077	\$18,593,910	98.9%
201806	33,246	20,721	\$20,427,243	\$802,829	\$19,624,414	\$17,509,772	\$18,550,209	94.4%
201807	32,849	20,479	\$20,383,843	\$773,496	\$19,610,347	\$17,636,854	\$18,302,388	96.4%
201808	32,747	20,324	\$21,174,989	\$771,235	\$20,403,753	\$18,366,182	\$18,332,555	100.2%
201809	32,524	20,092	\$19,187,313	\$766,494	\$18,420,819	\$16,543,855	\$18,476,110	89.5%
201810	32,341	20,014	\$23,609,091	\$739,875	\$22,869,217	\$20,690,002	\$18,316,593	113.0%
201811	31,817	19,703	\$20,963,157	\$728,098	\$20,235,059	\$18,344,918	\$18,223,069	100.7%
201812	30,539	18,966	\$18,220,461	\$699,449	\$17,521,012	\$15,673,798	\$18,273,317	85.8%
201901	31,131	19,606	\$22,378,428		\$22,378,428	\$19,305,493	\$18,948,090	101.9%
201902	31,166	19,608	\$21,800,160		\$21,800,160	\$18,629,346	\$18,848,930	98.8%

# CareFirst BlueCross BlueShield

## Part III Actuarial Memorandum

### 4.1 Redacted Actuarial Memorandum

CareFirst is making no redactions so both Actuarial Memorandum submissions are the same.

### 4.2 General Information Section

#### Company Identifying Information:

- **Company Legal Name:** Group Hospitalization and Medical Services, Inc. (GHMSI) - NAIC # 53007
- **State:** District of Columbia
- **HIOS Issuer ID:** 78079
- **Market:** Small Groups (On Exchange)
- **Effective Date:** 1/1/20 and quarterly incremental "trend" increases effective 4/1/20, 7/1/20 and 10/1/20.
- **Company Filing Number:** 2344
- **SERFF Filing Number:** CFAP-131941267

#### Company Contact Information:

- **Primary Contact Name:** Mr. Dwayne Lucado, FSA, MAAA
- **Primary Contact Telephone Number:** 410-998-7519
- **Primary Contact E-Mail Address:** Dwayne.Lucado@CareFirst.com

### 4.3 Proposed Rate Changes (Small Group market)

Base rates are changing 21.6% on average for 1Q20. The range is 17.7% to 36.3%. The estimated average base rate changes for 2Q20, 3Q20, and 4Q20 are 20.8%, 20.4% and 19.7%, respectively. This filing applies to all new and renewing, in-force business in the guaranteed renewable, non-grandfathered, ACA, metaled benefit plans. The number of policyholders affected by this rate change is 12,574.

#### Reason for Rate Change(s):

The main drivers supporting the rate change are the deterioration in the base period experience of the combined pool, the re-introduction of the Health Insurer Fee in 2020, and the increase in contribution to reserve. But the main impact is due to this filing containing combined risk adjustment, with the State average factors being the same for both Individual and Small Group.

### 4.4 Market Experience (Combined Individual/Small Group market)

Our SRP reflects all covered lives for every non-grandfathered product in our market per 45 CFR Part § 156.80 (d).

#### 4.4.1 Experience and Current Period Premium, Claims, and Enrollment

The incurred period is 1/1/18 through 12/31/18, as required.

**Paid Through Date:** 2/28/19

**Current Date:** 2/28/19

**Premiums (prior to MLR rebates) in Experience Period:** \$221,699,296

**Experience Period Member Months:** 396,670

**Current Date Members:** 31,164

#### Allowed and Incurred Claims Incurred During the Experience Period

**Allowed Claims**

- **Processed through issuer's claim system:** \$242,436,955
- **Processed outside issuer's claim system:** \$0
- **IBNR:** \$2,919,239

**Incurred Claims**

- **Processed through issuer's claim system:** \$215,503,011
- **Processed outside issuer's claim system:** \$0
- **IBNR:** \$2,593,187

**Method used for determining Allowed Claims**

The allowed claims come directly from our claim records and account for capitations by applying contracted PMPM amounts directly to enrollment from the experience period. Drug rebates from the experience period are also included.

**Support for IBNR estimates**

Our estimates of IBNR paid claims were derived using a "chain and ladder" model based on the most recent 36 months to derive the completion factor and IBNR for each incurred month. Estimates of IBNR allowed claims were derived using the same completion factors as those estimated based on paid claims.

**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***4.4.3.1 Trend Factors***Trend Factors (Cost/Utilization):**

Exhibit 8 in the Memorandum contains our selected annual utilization and unit cost trends by service category. Unit cost and utilization trends were set by service category to produce the overall anticipated trend of 8.4%, which is less than a point increase compared to the 7.5% trend assumed in our prior filing. Current observed medical trends as of 201812 are 10.5%, up from -1.1% in 201712. The current observed drug trends are 9.2% as of 201812, down from 13.5% in 201712.

We note that the current drug observed trend as of 201812 is artificially depressed due to a structural formulary change effective 201801. The adjusted observed drug trend as of 201812 is 12.0%. The adjusted aggregate medical and drug trend is 10.9%.

When normalized for induced demand, network, and demographics, the composite 10.9% observed trend decreases to 10.3%.

In addition, we sought industry data to help inform our trend assumption. The table below was developed from two different industry surveys from national consultants. The medical and drug trends reported were blended using our base period experience to estimate composite trends.



Percentile	2019 OW Carrier Trend Report			2019 Aon Carrier Trend Survey			Average
	HMO	PPO	CDH	HMO	PPO	CDH	
75th	8.2%	9.5%	9.9%	8.8%	9.2%	9.2%	9.1%
50th	7.5%	8.0%	8.3%	8.1%	7.6%	7.9%	7.9%
25th	5.3%	6.7%	6.7%	6.5%	6.1%	6.1%	6.2%

Based on this information we believe that our assumed 8.4% composite trend is well within the reasonable range of trend assumptions.

#### 4.4.3.2 Adjustments to Trended EHB Allowed Claims PMPM

##### **Morbidity Adjustment:**

Exhibit 4 in our memorandum contains support for this adjustment. To measure the projected morbidity of our population, we split our projected population into cohorts defined by metal tier and membership type. Membership type is defined as new member, existing member, or transfer from other lines of business. Consistent with the rules in the 2020 Unified Rate Review Instructions, we began our morbidity projection by normalizing allowed claims for each of the cohorts outlined above for projected changes in age, gender, network and induced utilization.

We have not reflected any morbidity adjustments to the base period normalized allowed PMPMs by metal tier for the existing and transfer membership types. Exhibit 4 demonstrates how these PMPMs are unchanged from the current year YTD to remainder of current year. For the new membership type we have assumed a claims PMPM by metal equal to that of the existing members.

The resulting morbidity calculation is completed in steps split by year:

- Once the remainder of current year (2019) is completed, the membership and claims by metal are combined to derive a total estimate for the year.
- This result carries over to the rating year (2020) as the metal specific normalized PMPMs for the existing members.
- The assumed claims PMPMs by metal for the new members are again assumed to equal those for the existing members.
- Transfer members PMPMs are treated separately and reflect base period amounts projected forward. Our projection factor for these members is 1.000.
- Once these PMPMs are set, the final morbidity calculation is driven by the projected member months at these levels.

The total morbidity change from 2018 to 2020 is expected to be 0.6%, which is the factor used in Exhibit 1 in the calculation of the market adjustment index rate.

##### **Demographic Shift:**

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. Our methodology measures the change in average demographic factor between the base and rating periods. The demographic factors used are from an internal age/gender curve with an approximate 4.5:1 ratio (age 64+ to age 21 factors). Factors for both time periods are weighted using member months and the ratio of the two is applied as our market level adjustment.

##### **Plan Design Changes:**

Exhibit 5 in the Memorandum details our support for 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. Our methodology measures the change in the average induced utilization factor between the base and rating periods. The factors used are the metal level factors from the

federal risk adjustment program. Once the average internal pricing AV, weighted by member months, is determined for both the experience and rating periods the linearly interpolated factor is determined. The ratio of these two factors is applied as our market level adjustment.

#### **Other Adjustments:**

Exhibit 7 in the Memorandum details our support for these adjustments. We are proposing additional other adjustments for changes to our capitation fees and drug rebates.

##### *4.4.3.3 Manual Rate Adjustments*

Not applicable, as experience was determined to be fully credible. The Unified Rate Review Template (URRT) forces the use of a projection period ending twelve months after the effective date. This presumes all rates change on the effective date. This is inconsistent with our understanding of the DC small group market post-1/1/14. In this filing we are using a projection period ending with 3/31/2021 for our first quarter 2020 Index Rate Projection since business may be sold with this rate through 3/31/2020 and a one-year rate guarantee applies. The trends used in the URRT therefore will not produce the correct projected allowed amount PMPM. As such, we have assigned this projected amount a credibility factor of 0% and have entered the projected amounts corresponding to those in our rate filing using the Manual Rate section.

##### *4.4.3.4 Credibility of Experience*

Exhibit 2 in the Memorandum contains a summary of our base period experience, including member months. We have assigned full credibility to this experience.

##### *4.4.3.5 Establishing the Index Rate*

The experience period index rate for this filing is \$610.55 and the projection period index rate is \$719.31. Both rates and the adjustments made to develop the projected amount from the experience period amount can be found on Exhibit 1 of the Memorandum. Specifically, these adjustments correspond to those outlined in sections 4.4.3.1 and 4.4.3.2.

##### *4.4.3.6 Development of the Market-wide Adjusted Index Rate*

The Market-wide Adjusted Index Rate for the Small Group market is \$696.14 and is derived by multiplying the projection period index rate with the market level adjustments for the risk adjustment program. Details for the risk adjustment program can be found below.

#### **Reinsurance**

There are no reinsurance recoveries applicable to this market.

#### **Risk Adjustment Payment/Charge:**

The Experience Period Risk Adjustment transfers in the URRT are based on the most recent Wakely results.

Our projected 2020 risk adjustment transfers, found in Exhibit 9, have been calculated consistent with our membership and morbidity projections found elsewhere in this filing. The risk adjustment in this version of the filing is calculated on a "Combined" basis. We combined the Statewide elements, including members, Premium (PMPM), PLRS, ARF, GCF, IDF and AV. The PMPM and factors are weighted by members. Prior to this combination, the Small Group market had an expected increase in the Statewide PMPM of 17.1% (\$495.22/\$422.87) between 2020 and 2018. On a combined basis, the Statewide PMPM is expected to increase 16.1%, when compared to the Small Group market (\$490.96/\$422.87). The 2020 Statewide PLRS increases on a combined basis, from 1.156 (Statewide Small Group) to 1.176 (Statewide Combined). The PLRS for GHMSI Small Group remains the same at 1.309, and when compared to the combined statewide PLRS of 1.176 the segment is 11% sicker than the State (it was 13% sicker under separate risk

adjustment). The lower Statewide PMPM and higher statewide PLRS causes GHMSI Small Group to receive 47% less in risk adjustment dollars. The resultant estimate of combined risk adjustment is that the GHMSI receivable transfer PMPM for the Small Group market will decrease from \$36.59 in 2018 to \$21.30 in 2020, vs. \$39.83 (non-combined).  $\$21.30/\$39.83 = -47\%$ . Based on the resulting change in combined risk adjustment and its effect on the rates we have made no adjustments to other assumptions in the filing.

#### **Exchange User Fees:**

There are no applicable exchange user fees since the rates in this filing are not offered on the Federal Marketplace.

#### **4.4.4 Plan Adjusted Index Rate**

Exhibit 11 in the Memorandum displays the adjustments made for each plan. Every plan adjusted index rate is developed from the market adjusted index rate using only the allowable plan level modifiers as follows:

- **Actuarial value and cost-sharing design of the plan:** The actuarial value for each plan was determined using our own internal model and estimates the ratio of paid to allowed dollars given that plan's benefit design and the assumed allowed amount consistent with the projection period index rate. The URRT instructions state that this adjustment may "...take into account the benefit differences and *utilization differences due to differences in cost-sharing.*" As a result, our plan adjusted index rates also include adjustments to account for the impact the metal level has on utilization.
- **Provider network:** All plans offered use the PPO network.
- **Benefits in addition to EHBs:** There is an adjustment to account for abortion coverage (which are offered in addition to EHBs).
- **Administrative costs:** See Exhibit 10A in the Memorandum for the assumed values of the following additional items.
  1. Administrative Expense (G&A)
  2. Broker Commissions & Fees
  3. Federal Income Tax (FIT)
  4. Contribution to Reserve (Post-Tax)
  5. State Premium Tax
  6. Health Insurer Fee (HIF)
  7. Risk Adjustment User Fee
  8. Exchange Assessment Fee

For each plan, we have taken the applicable adjustment factor from each category above and multiplied them by the market adjusted index rate to derive each plan adjusted index rate.

#### **4.4.5 Calibration**

##### **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. We have used the standard DC age curve factors and weighted them using member months in our calculation.

A demonstration of how the plan adjusted index rates and the age curve are used to generate the schedule of premium rates for each plan can be found on Exhibit 13.

##### **Geographic Factor Calibration**

We have elected not to rate for geographic region.

#### **Tobacco Use Rating Factor Calibration**

We have elected not to rate for tobacco usage.

#### **4.4.6 Consumer Adjusted Premium Rate Development**

The premium rate that a given consumer will be charged is calculated by first taking the plan adjusted index rate for that member's chosen plan and dividing by the projected average age rating factor. The resulting value is the base rate for that plan. The final step in determining a consumer adjusted premium rate is to take the rate from the first step and multiply it by the corresponding factor for that member's age from the standard DC age curve. Rate charts are provided for all the consumer adjusted premiums.

### **4.5 Projected Loss Ratio**

The projected loss ratio for the rates provided in this file, using the Federally-prescribed MLR methodology, is 85.7% for the Small Group market and 85.2% for the combined Individual/Small Group market. Details behind this calculation can be found in Exhibit 10B.

### **4.6 Plan Product Information**

#### **4.6.1 AV Metal Values**

The majority of our 2020 plans include varying cost share levels for some services that depend on the setting in which care is delivered. The HHS AV calculator was used to compute two separate AVs for each impacted plan – one which applied the higher level of cost-share, and one which applied the lower level of cost-share. 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 experience from our small group and individual markets. Plans without these features used the AV calculator without modification

Additional details regarding the unique plan designs not accommodated by the HHS AV Calculator along with printouts for each plan are provided in the "Actuarial Memorandum" section of the Supporting Documentation tab of the SERFF filing.

#### **4.6.2 Membership Projections**

The membership projections found in Worksheet 2 of the URRT were developed from enrollment as of 2/28/19 using assumptions for termination rates, new sales and transfers. The projections also incorporate any plan mappings anticipated between that month and the rating period. For new plan offerings where no plans are being uniformly modified into them, a minimum level of enrollment was assumed.

Also, Section III on Worksheet 2 of the URRT is out of balance with worksheet 1. 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 Small Group plans. Therefore, because of Individual being included at the pool level but not on the plan level, there is a large difference between the 2 worksheets.

#### **4.6.3 Plan Type**

Each plan in Worksheet 2, Section I of the URRT contains a plan type that describes the plan exactly.

### **4.7 Miscellaneous Instructions**

#### **4.7.1 Effective Rate Review Information (Optional)**

We have no additional exhibits.

#### **4.7.2 Reliance**

We do not have any reliance to state.

#### **4.7.3 Actuarial Certification**

Included in the Memorandum.

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

**Rate Filing # 2344  
D.C. Small Group Products  
Rate Filing Effective 1/1/2020**

**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 1/1/2020**  
**Actuarial Certification**

I, Dwayne Lucado, am a(n) Sr. Actuary 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(d)(1) 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. Consistent with 45 CFR § 156.135, the 2020 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: 2019.05.24 11:17:11 -04'00'

Dwayne Lucado, FSA, MAAA  
Sr. Actuary  
CareFirst BlueCross BlueShield  
Mail Drop-Point 01-720  
10455 Mill Run Circle  
Owings Mills, MD 21117

### Exhibit 1 - Market Adjusted Index Rate Summary

	2020	Exhibit
(1) Base Period Total Allowed	\$ 611.18	2
(2) Base Period Non-EHB PMPM	\$ 0.63	2
(3) Experience Period Index Rate	\$ 610.55	
(4) Change in Morbidity	1.0063	4
(5) Additional Population Adjustment	1.0000	
(6) Induced Demand	1.0104	5
(7) Projection Period Utilization and Network Adjustment	1.0000	
(8) Demographic Adjustment	0.9900	6
(9) Area Adjustment	1.0000	
(10) Additional "Other" Adjustments	0.9962	7
(11) Annualized Trend	8.4%	8
(12) Months of Trend	24.0	
(13) Unit cost & Utilization/1,000 Trend Factor	1.1750	
(14) Projection Period Index Rate	\$ 719.31	
(15) Risk Adjustment Program	0.9678	9
(16) Federal Exchange User Fee	1.0000	
(17) Market Adjusted Index Rate	\$ 696.14	
Without Risk Adjustment	\$ 719.31	

**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	\$ 40,840,921		\$ 102.96	Admits	97.23	\$ 12,707.31
Outpatient Hospital	\$ 48,913,925		\$ 123.31	Visits	1,001.55	\$ 1,477.45
Professional	\$ 74,021,182		\$ 186.61	Visits	12,376.47	\$ 180.93
Other Medical	\$ 15,251,140		\$ 38.45	Services	1,647.78	\$ 280.00
Capitation	\$ 429,583		\$ 1.08	Benefit Period	1,000	\$ 13.00
Prescription Drug	\$ 62,980,204		\$ 158.77	Prescriptions	9,938.52	\$ 191.71
<b>Total (EHB &amp; Non-EHB)</b>	<b>\$ 242,436,955</b>		<b>\$ 611.18</b>			
<b>EHB Allowed</b>	<b>\$ 242,188,128</b>		<b>\$ 610.55</b>			
<b>Non-EHB Allowed</b>	<b>\$ 248,827</b>		<b>\$ 0.63</b>			
<b>Incurred Net</b>	<b>\$ 215,503,011</b>		<b>\$ 543.28</b>			
<b>Net/Allowed</b>			<b>88.89%</b>			
<b>Experience Period Member Months</b>			<b>396,670</b>			
<b>Experience Period Revenue</b>	<b>\$ 221,699,296</b>					

### Exhibit 3 - Non-EHB Adjustment

		2020 On-Exchange	2020 Off-Exchange	
(1)	Blended Index Rate	\$ 736.53	\$ 736.53	
(2)	Non-EHB PMPM	\$ 0.13	\$ 0.13	
(3)	Total	\$ 736.66	\$ 736.66	
(4)	<b>Plan Level Adjustment</b>	<b>1.000</b>	<b>1.000</b>	(3)/(1)

Exhibit 4 - Morbidity Adjustment Factor

Base Year

Metal Level	Member Months	2018 Normalized Allowed PMPM
Catastrophic	-	\$ -
Bronze	22,490	\$ 199.24
Silver	64,807	\$ 255.43
Gold	126,784	\$ 342.59
Platinum	182,536	\$ 375.60
<b>Subtotal</b>	<b>396,617</b>	<b>\$ 335.42</b>

Current Year YTD

Existing				
Metal Level	Member Months	2018 Normalized Allowed PMPM	Morbidity Adjustment	2019 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -	1.000	\$ -
Bronze	2,889	\$ 184.99	1.000	\$ 184.99
Silver	8,023	\$ 265.56	1.000	\$ 265.56
Gold	17,203	\$ 342.74	1.000	\$ 342.74
Platinum	24,727	\$ 378.71	1.000	\$ 378.71
<b>Subtotal</b>	<b>52,842</b>	<b>\$ 339.23</b>	<b>1.000</b>	<b>\$ 339.23</b>

New				
Metal Level	Member Months	Existing Cohort Adjusted Normalized Allowed PMPM	Morbidity Adjustment	2019 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -	1.000	\$ -
Bronze	351	\$ 184.99	1.000	\$ 184.99
Silver	1,105	\$ 265.56	1.000	\$ 265.56
Gold	2,823	\$ 342.74	1.000	\$ 342.74
Platinum	3,467	\$ 378.71	1.000	\$ 378.71
<b>Subtotal</b>	<b>7,746</b>	<b>\$ 340.68</b>	<b>1.000</b>	<b>\$ 340.68</b>

Transfer				
Metal Level	Member Months	2018 Normalized Allowed PMPM	Morbidity Adjustment	2019 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -	1.000	\$ -
Bronze	122	\$ 98.60	1.000	\$ 98.60
Silver	351	\$ 212.42	1.000	\$ 212.42
Gold	653	\$ 242.98	1.000	\$ 242.98
Platinum	629	\$ 341.05	1.000	\$ 341.05
<b>Subtotal</b>	<b>1,755</b>	<b>\$ 261.98</b>	<b>1.000</b>	<b>\$ 261.98</b>

Total				
Metal Level	Member Months	2018 Normalized Allowed PMPM	Morbidity Adjustment	2019 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -	-	\$ -
Bronze	3,362	\$ 181.85	1.000	\$ 181.85
Silver	9,479	\$ 263.60	1.000	\$ 263.60
Gold	20,679	\$ 339.59	1.000	\$ 339.59
Platinum	28,823	\$ 377.89	1.000	\$ 377.89
<b>Subtotal</b>	<b>62,343</b>	<b>\$ 337.24</b>	<b>1.000</b>	<b>\$ 337.24</b>

Remainder of Current Year

Existing				
Metal Level	Member Months	2019 Adjusted Normalized Allowed PMPM	Morbidity Adjustment	2019 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -	1.000	\$ -
Bronze	12,539	\$ 184.99	1.000	\$ 184.99
Silver	38,182	\$ 265.56	1.000	\$ 265.56
Gold	83,242	\$ 342.74	1.000	\$ 342.74
Platinum	124,113	\$ 378.71	1.000	\$ 378.71
<b>Subtotal</b>	<b>258,076</b>	<b>\$ 340.96</b>	<b>1.000</b>	<b>\$ 340.96</b>

New				
Metal Level	Member Months	2019 Adjusted Normalized Allowed PMPM	Morbidity Adjustment	2019 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -	1.000	\$ -
Bronze	2,504	\$ 184.99	1.000	\$ 184.99
Silver	5,822	\$ 265.56	1.000	\$ 265.56
Gold	15,748	\$ 342.74	1.000	\$ 342.74
Platinum	13,352	\$ 378.71	1.000	\$ 378.71
<b>Subtotal</b>	<b>37,426</b>	<b>\$ 333.01</b>	<b>1.000</b>	<b>\$ 333.01</b>

Transfer				
Metal Level	Member Months	2019 Adjusted Normalized Allowed PMPM	Morbidity Adjustment	2019 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -	1.000	\$ -
Bronze	590	\$ 98.60	1.000	\$ 98.60
Silver	1,612	\$ 212.42	1.000	\$ 212.42
Gold	3,120	\$ 242.98	1.000	\$ 242.98
Platinum	2,762	\$ 341.05	1.000	\$ 341.05
<b>Subtotal</b>	<b>8,084</b>	<b>\$ 259.85</b>	<b>1.000</b>	<b>\$ 259.85</b>

Total				
Metal Level	Member Months	2019 Adjusted Normalized Allowed PMPM	Morbidity Adjustment	2019 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -	-	\$ -
Bronze	15,633	\$ 181.73	1.000	\$ 181.73
Silver	45,616	\$ 263.69	1.000	\$ 263.69
Gold	102,110	\$ 339.69	1.000	\$ 339.69
Platinum	140,227	\$ 377.97	1.000	\$ 377.97
<b>Subtotal</b>	<b>303,586</b>	<b>\$ 337.82</b>	<b>1.000</b>	<b>\$ 337.82</b>

Total Current Year

Total	Member Months	2019 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -
Bronze	18,995	\$ 181.75
Silver	55,095	\$ 263.67
Gold	122,789	\$ 339.68
Platinum	169,050	\$ 377.96
<b>Subtotal</b>	<b>365,929</b>	<b>\$ 337.72</b>

Rating Year

Existing				
Metal Level	Member Months	2019 Normalized Allowed PMPM	Morbidity Adjustment	2020 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -	1.000	\$ -
Bronze	15,063	\$ 181.75	1.000	\$ 181.75
Silver	46,036	\$ 263.67	1.000	\$ 263.67
Gold	95,947	\$ 339.68	1.000	\$ 339.68
Platinum	157,108	\$ 377.96	1.000	\$ 377.96
<b>Subtotal</b>	<b>314,154</b>	<b>\$ 340.11</b>	<b>1.000</b>	<b>\$ 340.11</b>

New				
Metal Level	Member Months	Existing Cohort Adjusted Normalized Allowed PMPM	Morbidity Adjustment	2020 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -	1.000	\$ -
Bronze	2,450	\$ 181.75	1.000	\$ 181.75
Silver	5,363	\$ 263.67	1.000	\$ 263.67
Gold	9,051	\$ 339.68	1.000	\$ 339.68
Platinum	10,210	\$ 377.96	1.000	\$ 377.96
<b>Subtotal</b>	<b>27,074</b>	<b>\$ 324.77</b>	<b>1.000</b>	<b>\$ 324.77</b>

Transfer				
Metal Level	Member Months	2019 Normalized Allowed PMPM	Morbidity Adjustment	2020 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -	1.000	\$ -
Bronze	312	\$ 98.60	1.000	\$ 98.60
Silver	1,272	\$ 212.42	1.000	\$ 212.42
Gold	2,556	\$ 242.98	1.000	\$ 242.98
Platinum	2,868	\$ 341.05	1.000	\$ 341.05
<b>Subtotal</b>	<b>7,008</b>	<b>\$ 271.14</b>	<b>1.000</b>	<b>\$ 271.14</b>

Total				
Metal Level	Member Months	2019 Normalized Allowed PMPM	Morbidity Adjustment	2020 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -	-	\$ -
Bronze	17,825	\$ 180.29	1.000	\$ 180.29
Silver	52,671	\$ 262.43	1.000	\$ 262.43
Gold	107,554	\$ 337.38	1.000	\$ 337.38
Platinum	170,186	\$ 377.33	1.000	\$ 377.33
<b>Subtotal</b>	<b>348,236</b>	<b>\$ 337.53</b>	<b>1.000</b>	<b>\$ 337.53</b>

Year	Adjusted Normalized PMPM	Year over Year Change
2018	\$ 335.42	n/a
2019	\$ 337.72	0.7%
2020	\$ 337.53	-0.1%

Morbidity Adjustment Change	0.6%
Morbidity Adjustment Factor	1.0063

**Exhibit 5 - Induced Utilization Adjustment Factor**

<b>Year</b>	<b>Actuarial Value</b>	<b>Induced Demand Factor</b>	
(1) 2018	84.13%	1.1089	
(2) Projected 2020	85.77%	1.1204	
(3) <b>Adjustment*</b>		<b>1.0104</b>	(2)/(1)

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

**Exhibit 6 - Demographic Adjustment**

	<b>Period</b>	<b>Cohort</b>	<b>Demo Factor*</b>	<b>Weight</b>	<b>Average Age**</b>
(1)	Base Period	All	1.7147	100.0%	34.9
(2)	Rating Period	Existing	1.7185	90.2%	
		New	1.5115	7.8%	
		Transfer	1.4755	2.0%	
(3)	Rating Period	All	1.6975	100.0%	34.6
(4)	<b>Demographic Adjustment***</b>	<b>All</b>	<b>0.9900</b>		

(3) / (1)

**\*Demo factors by cohort for the rating period are based on average factors for each cohort from the current year to date. Weights are based on expected distribution of member months.**

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

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

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

<b>Capitation adjustment</b>			
(1) EP Capitation PMPM	\$	0.55	
(2) Projected Capitations PMPM	\$	0.75	
<b>(3) Adjustment to Capitation Category</b>		<b>1.3459</b>	(2)/(1)
<b>Drug Rebates adjustment</b>			
(4) Experience Period Allowed Rx PMPM (Pre-Rebate)	\$	182.15	
(5) Experience Pharmacy Rebates PMPM	\$	23.38	
(6) Projected Pharmacy Rebates PMPM	\$	22.89	
(7) Post-Rebate Rx PMPM (using Experience Rebates)	\$	158.77	
(8) Post-Rebate Rx PMPM (using Projected Rebates)	\$	159.26	
<b>(9) Adjustment to Drug Category</b>		<b>1.0031</b>	(8)/(7)
<b>Formulary Adjustments</b>			
(10) Experience Period Allowed Rx PMPM (Pre-Rebate, existing formulary)	\$	182.15	
(11) Ingredient cost Adjustment Factor		0.9840	
(12) Experience Period Allowed Rx PMPM (Pre-Rebate, new formulary)	\$	179.24	(10)*(11)
(13) Projection Period Pharmacy Rebates PMPM	\$	22.89	
<b>(14) Adjustment to Drug Category</b>		<b>0.9817</b>	[(12) - (13)]/[(10) - (13)]

	<b>PMPM</b>	<b>Adjustment</b>	
Inpatient Hospital	\$ 120.88	1.0000	
Outpatient Hospital	\$ 143.39	1.0000	
Professional	\$ 219.50	1.0000	
Other Medical	\$ 44.38	1.0000	
Capitation	\$ 0.55	1.3459	(3)
Prescription Drug	\$ 193.37	0.9847	(9)*(14)
<b>Total</b>	<b>\$ 722.07</b>	<b>0.9962</b>	

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

### Exhibit 8 - Annual Trend Assumptions

	2018 PMPM	Weight	Utilization/1,000	Unit Cost	Composite
<b>Inpatient Hospital</b>	\$ 102.96	16.8%	1.0800	1.0000	1.0800
<b>Outpatient Hospital</b>	\$ 123.31	20.2%	1.0750	1.0000	1.0750
<b>Professional</b>	\$ 186.61	30.5%	1.0600	1.0200	1.0812
<b>Other Medical</b>	\$ 38.45	6.3%	1.0200	1.0500	1.0710
<b>Capitation</b>	\$ 1.08	0.2%	1.0000	1.0000	1.0000
<b>Prescription Drug</b>	\$ 158.77	26.0%	1.0000	1.1000	1.1000
<b>Total</b>	\$ 611.18	100.0%			1.0838
<b>Proposed Trend</b>					<b>1.0840</b>

**Exhibit 9 - Risk Adjustment**

**2018**

Metallic Tier	Member Months	Distribution	PLRS	ARF	Transfer \$	PMPM
Bronze	-	0.0%	-	-	\$0	\$0.00
Silver	35,807	12.2%	1.0861	1.1011	-\$610,357	-\$17.05
Gold	100,207	34.1%	1.3343	1.0426	\$3,280,915	\$32.74
Platinum	157,507	53.7%	1.5613	1.0620	\$8,068,916	\$51.23
<b>Total</b>	<b>293,521</b>	<b>100.0%</b>	<b>1.4258</b>	<b>1.0601</b>	<b>\$10,739,474</b>	<b>\$36.59</b>

**Statewide 2018**

**Statewide PMPM 2018**

Small Group	1,122,143		1.2892	1.0469	\$	414.41
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**2020**

Metallic Tier	Member Months	Distribution	PLRS	ARF	Transfer \$	PMPM
Bronze	-	0.0%	-	-	\$0	\$0.00
Silver	26,502	10.5%	0.9704	1.1316	-\$1,343,830	-\$50.71
Gold	79,934	31.6%	1.2047	1.0448	\$1,409,349	\$17.63
Platinum	146,468	57.9%	1.4273	1.0744	\$5,322,159	\$36.34
<b>Total</b>	<b>252,904</b>	<b>100.0%</b>	<b>1.3091</b>	<b>1.0710</b>	<b>\$5,387,678</b>	<b>\$21.30</b>

**Statewide 2020**

**Statewide PMPM 2020**

Small Group	1,127,169		1.1760	1.0532	\$	490.96
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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*
\$736.53	\$23.90	\$ 0.18	0.9678

\*Adjustment Factor = (\$736.53 - \$23.90 + \$0.18) / \$736.53



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

	1Q 2020		2Q 2020		3Q 2020		4Q 2020		Total 2020	
	PMPM	% of Revenue	PMPM	% of Revenue	PMPM	% of Revenue	PMPM	% of Revenue	PMPM	% of Revenue
Allowed Claims	\$727.60		\$742.42		\$757.54		\$772.98		\$ 751.59	
Paid/Allowed Ratio	88.11%		88.11%		88.11%		88.11%		88.1%	
Paid Claims & Capitations	\$ 641.11		\$ 654.16		\$ 667.49		\$ 681.09		\$ 662.25	
Risk Adjustment Transfer (Paid Basis)	\$ 21.30		\$ 21.30		\$ 21.30		\$ 21.30		\$ 21.30	
<b>Paid Claims &amp; Capitations (Post-3Rs)</b>	<b>\$ 619.80</b>	<b>80.8%</b>	<b>\$ 632.86</b>	<b>81.0%</b>	<b>\$ 646.19</b>	<b>81.2%</b>	<b>\$ 659.79</b>	<b>81.3%</b>	<b>\$ 640.94</b>	<b>81.1%</b>
Administrative Expense	\$ 51.27	6.7%	\$ 51.27	6.6%	\$ 51.27	6.4%	\$ 51.27	6.3%	\$ 51.27	6.5%
Broker Commissions & Fee	\$ 23.80	3.1%	\$ 23.80	3.0%	\$ 23.80	3.0%	\$ 23.80	2.9%	\$ 23.80	3.0%
Contribution to Reserve (Post-Tax)	\$ 26.08	3.4%	\$ 26.57	3.4%	\$ 27.07	3.4%	\$ 27.58	3.4%	\$ 26.88	3.4%
Investment Income Credit	\$ (0.77)	-0.1%	\$ (0.78)	-0.1%	\$ (0.80)	-0.1%	\$ (0.81)	-0.1%	\$ (0.79)	-0.1%
Risk Charge	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%
<b><u>Non-ACA Taxes &amp; Fees</u></b>										
State Premium Tax	\$ 15.34	2.0%	\$ 15.63	2.0%	\$ 15.93	2.0%	\$ 16.23	2.0%	\$ 15.81	2.0%
State Assessment Fee	\$ 0.77	0.1%	\$ 0.78	0.1%	\$ 0.80	0.1%	\$ 0.81	0.1%	\$ 0.79	0.1%
Reinsurance Program Fee	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%
State Income Tax	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%
Federal Income Tax	\$ 4.60	0.6%	\$ 4.69	0.6%	\$ 4.78	0.6%	\$ 4.87	0.6%	\$ 4.74	0.6%
<b><u>ACA Taxes &amp; Fees</u></b>										
Health Insurer Tax	\$ 18.05	2.4%	\$ 18.39	2.4%	\$ 18.74	2.4%	\$ 19.09	2.4%	\$ 18.60	2.4%
Risk Adjustment User Fee	\$ 0.18	0.0%	\$ 0.18	0.0%	\$ 0.18	0.0%	\$ 0.18	0.0%	\$ 0.18	0.0%
Exchange Assessment Fee	\$ 7.67	1.0%	\$ 7.82	1.0%	\$ 7.96	1.0%	\$ 8.11	1.0%	\$ 7.90	1.0%
Federal Exchange User Fee	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%
BlueRewards/Incentive Program	\$ 0.35	0.0%	\$ 0.35	0.0%	\$ 0.35	0.0%	\$ 0.35	0.0%	\$ 0.35	0.0%
<b>Total Revenue</b>	<b>\$ 767.15</b>	<b>100.0%</b>	<b>\$ 781.55</b>	<b>100.0%</b>	<b>\$ 796.25</b>	<b>100.0%</b>	<b>\$ 811.26</b>	<b>100.0%</b>	<b>\$ 790.47</b>	<b>100.0%</b>
Plan Level Admin Load Adjustment	1.2374		1.2346		1.2319		1.2292			
Projected Member Months	82,972		36,954		33,297		99,681		252,904	
Average Members	6,914		3,080		2,775		8,307		21,075	
% Total 2020	32.8%		14.6%		13.2%		39.4%		100.0%	

**Exhibit 10B - Federal MLR**

	<b>Total 2020</b>	
	<b>PMPM / %</b>	
<b><u>Traditional MLR Development</u></b>		
Paid Claims & Capitations (Post-3Rs)	\$	640.94
<b>Total Revenue</b>	\$	790.47
<b>Traditional MLR (i.e. DICR)</b>		81.1%
<b><u>Federal MLR Development</u></b>		
<b>Numerator Adjustments</b>		
BlueRewards/Incentive Program	\$	0.35
Quality Improvement Expenses	\$	3.55
Removal of non-care costs under MLR guidelines	\$	(8.30)
<b>Denominator Adjustments</b>		
Non-ACA Taxes & Fees	\$	21.34
ACA Taxes & Fees	\$	26.68
<b>Federal MLR Numerator</b>	\$	636.54
<b>Federal MLR Denominator</b>	\$	742.44
<b>Federal MLR</b>		85.7%
<b>Projected Member Months</b>		252,904

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

**Total 2020  
PMPM / %**

**Traditional MLR Development**

Paid Claims & Capitations (Post-3Rs)	\$	570.05
<b>Total Revenue</b>	<b>\$</b>	<b>707.72</b>
<b>Traditional MLR (i.e. DICR)</b>		<b>80.5%</b>

**Federal MLR Development**

**Numerator Adjustments**

BlueRewards/Incentive Program	\$	0.35
Quality Improvement Expenses	\$	3.41
removal of non-care costs under MLR guidelines	\$	(6.95)

**Denominator Adjustments**

Non-ACA Taxes & Fees	\$	18.71
ACA Taxes & Fees	\$	23.91

<b>Federal MLR Numerator</b>	<b>\$</b>	<b>566.86</b>
<b>Federal MLR Denominator</b>	<b>\$</b>	<b>665.11</b>
<b>Federal MLR</b>		<b>85.2%</b>

**Projected Member Months**      348,236

**Exhibit 11 - Plan Adjusted Index Rates**

HIOS Plan ID	Plan Name	Plan Type	Metallic Tier	Exchange	Network	Market Adjusted Index Rate	Internal Pricing AV	Network Factor	Induced Utilization	Non-EHB	Admin	Plan Adjusted Index Rate
78079DC0220020	BluePreferred PPO Gold 1000	PPO	GOLD	On	Regional Preferred (RPN)	\$696.14	0.8316	1.0000	0.9790	1.0002	1.2374	\$701.39
78079DC0220021	BluePreferred PPO Gold 500	PPO	GOLD	On	Regional Preferred (RPN)	\$696.14	0.8522	1.0000	0.9790	1.0002	1.2374	\$718.75
78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500	PPO	SILVER	On	Regional Preferred (RPN)	\$696.14	0.7593	1.0000	0.9340	1.0002	1.2374	\$610.96
78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	PPO	SILVER	On	Regional Preferred (RPN)	\$696.14	0.7407	1.0000	0.9340	1.0002	1.2374	\$596.05
78079DC0220024	BluePreferred PPO Platinum 0	PPO	PLATINUM	On	Regional Preferred (RPN)	\$696.14	0.9393	1.0000	1.0430	1.0002	1.2374	\$844.04
78079DC0220025	BluePreferred PPO Platinum 500	PPO	PLATINUM	On	Regional Preferred (RPN)	\$696.14	0.8999	1.0000	1.0430	1.0002	1.2374	\$808.68
78079DC0220026	BluePreferred PPO Silver 1500	PPO	SILVER	On	Regional Preferred (RPN)	\$696.14	0.7195	1.0000	0.9340	1.0002	1.2374	\$579.00
78079DC0220031	BluePreferred PPO Gold 1500	PPO	GOLD	On	Regional Preferred (RPN)	\$696.14	0.8167	1.0000	0.9790	1.0002	1.2374	\$688.83
78079DC0220032	BluePreferred PPO 1000 90%/70%	PPO	GOLD	On	Regional Preferred (RPN)	\$696.14	0.8046	1.0000	0.9790	1.0002	1.2374	\$678.67
78079DC0220033	BluePreferred PPO HSA/HRA 2300 80%/60%	PPO	SILVER	On	Regional Preferred (RPN)	\$696.14	0.7052	1.0000	0.9340	1.0002	1.2374	\$567.43
78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	PPO	SILVER	On	Regional Preferred (RPN)	\$696.14	0.7604	1.0000	0.9340	1.0002	1.2374	\$611.85
78079DC0220035	BluePreferred PPO HSA/HRA Silver 2000 70	PPO	SILVER	On	Regional Preferred (RPN)	\$696.14	0.7081	1.0000	0.9340	1.0002	1.2374	\$569.78

**Exhibit 12 - AV Values**

<b>HIOS Plan ID</b>	<b>HIOS Plan Name</b>	<b>HHS AV</b>
78079DC0220020	BluePreferred PPO Gold 1000	0.8197
78079DC0220021	BluePreferred PPO Gold 500	0.8199
78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500	0.7176
78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	0.7194
78079DC0220024	BluePreferred PPO Platinum 0	0.9198
78079DC0220025	BluePreferred PPO Platinum 500	0.9108
78079DC0220026	BluePreferred PPO Silver 1500	0.7190
78079DC0220031	BluePreferred PPO Gold 1500	0.8197
78079DC0220032	BluePreferred PPO 1000 90%/70%	0.8127
78079DC0220033	BluePreferred PPO HSA/HRA 2300 80%/60%	0.7191
78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	0.7198
78079DC0220035	BluePreferred PPO HSA/HRA Silver 2000 70	0.7187

**Exhibit 13 - Age Calibration**

Age Curve Calibration					
	Period	Cohort	Rating Factor*	Weight	Average Age**
(1)	Rating Period	Existing	1.0771	90.2%	
		New	0.9787	7.8%	
		Transfer	0.9404	2.0%	
(2)	<b>Rating Period</b>	<b>All</b>	<b>1.0667</b>	<b>100.0%</b>	<b>42.3</b>
(3)	<b>Nearest Rounded</b>	<b>All</b>	<b>1.0530</b>		<b>42.0</b>
(4)	<b>Calibration***</b>	<b>All</b>	<b>0.9871</b>		

(3)/(2)

Premium Rate Demonstration		
	HIOS Plan Name	BluePreferred PPO Gold 1000
(5)	Plan Adjusted Index Rate	\$692.37
(6)	Calibration	0.9871
(7)	Calibrated Rate	\$683.46
(8)	Age 40 Factor/Rounded Avg Age Factor = (0.975/1.053)	0.9259
(9)	<b>Age 40 Premium Rate</b>	<b>\$632.84</b>

(4)

(5)\*(6)

(7)\*(8)

\*Rating factors by cohort for the rating period are based on average factors for each cohort from the current year to date. 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	34,622	1.0000	1.0000
Non-CDH	313,614	1.0000	1.0000
	<b>348,236</b>	<b>1.000</b>	

Metal Level	Projected Member		
	Months	Relative to Bronze	Relative to Average*
Catastrophic	0	1.0000	0.9069
Bronze	17,825	1.0000	0.9069
Silver	52,264	1.0300	0.9341
Gold	107,554	1.0800	0.9794
Platinum	170,593	1.1500	1.0429
<b>Total</b>	<b>348,236</b>	<b>1.1027</b>	

\*Factors are applied as plan level adjustments



Appendix - Experience Period to Rating Period Plan Mappings

Exp. Period		Current Period		Rating Period			
2017 Base HIOS Plan ID	2017 HIOS Plan Name	2018 Base HIOS Plan ID	2018 HIOS Plan Name	2019 Base HIOS Plan ID	2019 HIOS Plan Name	2020 Base HIOS Plan ID	2020 HIOS Plan Name
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 1500
78079DC0220027	HealthyBlue PPO Gold 1500	78079DC0220027	HealthyBlue PPO Gold 1500	78079DC0220027	HealthyBlue PPO Gold 1500	78079DC0220025	BluePreferred PPO Platinum 500
78079DC0220028	HealthyBlue PPO HSA/HRA Silver 2000	78079DC0220028	HealthyBlue PPO HSA/HRA Silver 2000	78079DC0220028	HealthyBlue PPO HSA/HRA Silver 2000	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000
78079DC0220029	HealthyBlue PPO Platinum 1000	78079DC0220029	HealthyBlue PPO Platinum 1000	78079DC0220030	HealthyBlue PPO Platinum 500	78079DC0220024	BluePreferred PPO Platinum 0
78079DC0220030	HealthyBlue PPO Platinum 500	78079DC0220030	HealthyBlue PPO Platinum 500	78079DC0220030	HealthyBlue PPO Platinum 500	78079DC0220024	BluePreferred PPO Platinum 0
78079DC0220031	BluePreferred PPO Gold 1500	78079DC0220031	BluePreferred PPO Gold 1500	78079DC0220031	BluePreferred PPO Gold 1500	78079DC0220031	BluePreferred PPO Gold 1500
78079DC0220032	BluePreferred PPO 1000 90%/70%	78079DC0220032	BluePreferred PPO 1000 90%/70%	78079DC0220032	BluePreferred PPO 1000 90%/70%	78079DC0220032	BluePreferred PPO 1000 90%/70%
78079DC0220033	BluePreferred PPO HSA/HRA 2000 80%/60%	78079DC0220033	BluePreferred PPO HSA/HRA 2000 80%/60%	78079DC0220033	BluePreferred PPO HSA/HRA 2250 80%/60%	78079DC0220033	BluePreferred PPO HSA/HRA 2300 80%/60%
78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA
						78079DC0220035	BluePreferred PPO HSA/HRA Silver 2000 70

Appendix - Annual Rate Change Based on Mapping

Base Rate	Bronze Members/Avg Renewal	-	-	n/a
Base Rate	Silver Members/Avg Renewal	2,332	2,244	20.9%
Base Rate	Gold Members/Avg Renewal	7,974	7,916	23.3%
Base Rate	Platinum Members/Avg Renewal	12,250	11,703	20.7%
Base Rate	<b>All Members/Avg Renewal</b>	<b>22,556</b>	<b>21,863</b>	<b>21.6%</b>
Base Rate	<b>Minimum Renewal</b>			<b>17.7%</b>
Base Rate	<b>Maximum Renewal</b>			<b>36.3%</b>

2019 HIOS Plan ID	2019 HIOS Plan Name	2019 Metal Level	2019 Marketplace Indicator	2020 HIOS Plan ID	2020 HIOS Plan Name	2020 Metal Level	2020 Marketplace Indicator	Current Month Member Count	Projected 2019 EOY Members	1Q2019 Base Rate	1Q2020 Base Rate	Annual Rate Change
78079DC0220020	BluePreferred PPO Gold 1000	GOLD	On	78079DC0220020	BluePreferred PPO Gold 1000	GOLD	On	2,310.00	2,256	\$542.30	\$657.52	21.2%
78079DC0220021	BluePreferred PPO Gold 500	GOLD	On	78079DC0220021	BluePreferred PPO Gold 500	GOLD	On	2,909.00	2,952	\$556.58	\$673.79	21.1%
78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500	SILVER	On	78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500	SILVER	On	611.00	580	\$471.08	\$572.74	21.6%
78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	SILVER	On	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	SILVER	On	673.00	646	\$456.95	\$558.77	22.3%
78079DC0220024	BluePreferred PPO Platinum 0	PLATINUM	On	78079DC0220024	BluePreferred PPO Platinum 0	PLATINUM	On	8,498.00	8,135	\$656.16	\$791.25	20.6%
78079DC0220025	BluePreferred PPO Platinum 500	PLATINUM	On	78079DC0220025	BluePreferred PPO Platinum 500	PLATINUM	On	3,269.00	3,092	\$630.22	\$758.10	20.3%
78079DC0220026	BluePreferred PPO Silver 1000	SILVER	On	78079DC0220026	BluePreferred PPO Silver 1500	SILVER	On	416.00	416	\$461.24	\$542.79	17.7%
78079DC0220027	HealthyBlue PPO Gold 1500	GOLD	On	78079DC0220025	BluePreferred PPO Platinum 500	PLATINUM	On	1,171.00	1,140	\$556.37	\$758.10	36.3%
78079DC0220028	HealthyBlue PPO HSA/HRA Silver 2000	SILVER	On	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	SILVER	On	166.00	152	\$467.74	\$558.77	19.5%
78079DC0220030	HealthyBlue PPO Platinum 500	PLATINUM	On	78079DC0220024	BluePreferred PPO Platinum 0	PLATINUM	On	483.00	476	\$637.46	\$791.25	24.1%
78079DC0220031	BluePreferred PPO Gold 1500	GOLD	On	78079DC0220031	BluePreferred PPO Gold 1500	GOLD	On	1,288.00	1,265	\$534.44	\$645.75	20.8%
78079DC0220032	BluePreferred PPO 1000 90%/70%	GOLD	On	78079DC0220032	BluePreferred PPO 1000 90%/70%	GOLD	On	296.00	303	\$522.60	\$636.22	21.7%
78079DC0220033	BluePreferred PPO HSA/HRA 2250 80%/60%	SILVER	On	78079DC0220033	BluePreferred PPO HSA/HRA 2300 80%/60%	SILVER	On	98.00	100	\$435.73	\$531.94	22.1%
78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	SILVER	On	78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	SILVER	On	368.00	350	\$471.57	\$573.58	21.6%

**Appendix - Quarterly Rate Change Adjustment Factors**

	(1)	(2)	(3) = (1 + (1))*(1 + (2)) -1
<b>Quarter</b>	<b>Market Adj. Index Rate</b>	<b>Admin Load Factor</b>	<b>Plan Adjusted Index Rates</b>
2Q20	2.0%	-0.2%	1.8%
3Q20	2.0%	-0.2%	1.8%
4Q20	2.0%	-0.2%	1.8%

**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

	2019	2020	% Change
Base Rate	\$556.37	\$758.10	36.3%
Age Factor	0.654	0.727	11.2%
Geographic Factor	1.000	1.000	0.0%
Tobacco Factor	1.000	1.000	0.0%
<b>Total</b>	<b>\$363.87</b>	<b>\$551.14</b>	<b>51.5%</b>

	HealthyBlue PPO	BluePreferred PPO
Base Rate/Product(s)	Gold 1500	Platinum 500
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:

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This list contains the applicable forms for the new 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-131927480

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### ON-Exchange

#### Product: BluePreferred

#### Network: Regional Preferred (RPN)

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DC/CF/SHOP/GC (R. 1/19)  
DC/CF/SHOP/PPO/EOC (R. 1/20)  
DC/GHMSI/DOL APPEAL (R. 1/17)  
DC/CF/SHOP/PPO/DOCS (R. 1/20)  
DC/CF/BP PPO/1000 90-70 (1/20)  
DC/CF/BP PPO BF HSA/SIL 1500 (1/20)  
DC/CF/BP PPO CDH/2300 80-60 (1/20)  
DC/CF/BP PPO CDH/SIL 1500 (1/20)  
DC/CF/BP PPO CDH/SIL 2000 (1/20)  
DC/CF/BP PPO CDH/SIL 2000 70 (1/20)  
DC/CF/BP PPO/GOLD 500 (1/20)  
DC/CF/BP PPO/GOLD 1000 (1/20)  
DC/CF/BP PPO/GOLD 1500 (1/20)  
DC/CF/BP PPO/PLAT 0 (1/20)  
DC/CF/BP PPO/PLAT 500 (1/20)  
DC/CF/BP PPO/SIL 1500 (1/20)  
DC/CF/SHOP/ELIG (R. 1/20)  
DC/CF/FAM PLAN/FED (R. 1/20)  
DC/CF/BLCRD (R. 6/18)  
DC/CF/MEM/BLCRD (R. 6/18)  
DC/CF/ANCILLARY AMEND (10/12)  
DC/CF/SG/AUTH AMEND/PPO (1/20)  
DC/CF/PT PROTECT (9/10)  
DC/GHMSI-HEALTH GUARANTEE 6/18  
DC/CF/SG/INCENT (R. 1/20)  
DC/CF/PARTNER (R. 7/09)

### Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201601	37,936	Inpatient Hospital	\$4,127,745	\$0	Admits	245
201602	38,265	Inpatient Hospital	\$3,417,288	\$0	Admits	166
201603	38,703	Inpatient Hospital	\$4,841,680	\$0	Admits	213
201604	38,577	Inpatient Hospital	\$3,121,911	\$0	Admits	209
201605	38,594	Inpatient Hospital	\$3,404,926	\$0	Admits	220
201606	38,590	Inpatient Hospital	\$3,724,703	\$0	Admits	209
201607	38,433	Inpatient Hospital	\$3,712,606	\$0	Admits	212
201608	37,664	Inpatient Hospital	\$4,755,472	\$0	Admits	229
201609	37,088	Inpatient Hospital	\$4,189,536	\$0	Admits	240
201610	37,022	Inpatient Hospital	\$4,045,847	\$0	Admits	235
201611	36,181	Inpatient Hospital	\$3,452,924	\$0	Admits	219
201612	33,439	Inpatient Hospital	\$2,200,133	\$0	Admits	160
201701	34,634	Inpatient Hospital	\$5,559,295	\$0	Admits	184
201702	35,060	Inpatient Hospital	\$2,633,354	\$0	Admits	155
201703	35,518	Inpatient Hospital	\$3,626,691	\$0	Admits	188
201704	35,484	Inpatient Hospital	\$3,820,784	\$0	Admits	193
201705	35,621	Inpatient Hospital	\$3,080,398	\$0	Admits	182
201706	35,341	Inpatient Hospital	\$3,966,545	\$0	Admits	198
201707	35,409	Inpatient Hospital	\$2,730,444	\$0	Admits	176
201708	35,596	Inpatient Hospital	\$3,425,404	\$0	Admits	193
201709	35,575	Inpatient Hospital	\$3,038,097	\$0	Admits	223
201710	35,395	Inpatient Hospital	\$2,498,591	\$0	Admits	179
201711	35,242	Inpatient Hospital	\$3,003,601	\$0	Admits	237
201712	34,727	Inpatient Hospital	\$2,842,676	\$0	Admits	158
201801	34,450	Inpatient Hospital	\$3,917,134	\$0	Admits	223
201802	34,315	Inpatient Hospital	\$3,905,650	\$0	Admits	249
201803	34,168	Inpatient Hospital	\$3,760,983	\$0	Admits	242
201804	33,858	Inpatient Hospital	\$3,575,961	\$0	Admits	286
201805	33,816	Inpatient Hospital	\$2,997,459	\$0	Admits	329
201806	33,246	Inpatient Hospital	\$3,403,618	\$0	Admits	240
201807	32,849	Inpatient Hospital	\$3,494,788	\$0	Admits	299
201808	32,747	Inpatient Hospital	\$3,214,704	\$0	Admits	225
201809	32,524	Inpatient Hospital	\$2,795,780	\$0	Admits	263
201810	32,341	Inpatient Hospital	\$4,016,932	\$0	Admits	383
201811	31,817	Inpatient Hospital	\$3,339,762	\$0	Admits	299
201812	30,539	Inpatient Hospital	\$2,418,149	\$0	Admits	177
201901	31,131	Inpatient Hospital	\$2,999,030	\$0	Admits	207
201902	31,166	Inpatient Hospital	\$1,692,955	\$0	Admits	167

### Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201601	37,936	Outpatient Hospital	\$4,496,040	\$0	Visits	3,113
201602	38,265	Outpatient Hospital	\$4,331,267	\$0	Visits	3,238
201603	38,703	Outpatient Hospital	\$4,810,896	\$0	Visits	3,334
201604	38,577	Outpatient Hospital	\$4,401,255	\$0	Visits	3,236
201605	38,594	Outpatient Hospital	\$4,249,581	\$0	Visits	3,251
201606	38,590	Outpatient Hospital	\$4,454,837	\$0	Visits	3,330
201607	38,433	Outpatient Hospital	\$3,960,707	\$0	Visits	3,087
201608	37,664	Outpatient Hospital	\$4,096,714	\$0	Visits	3,258
201609	37,088	Outpatient Hospital	\$4,008,749	\$0	Visits	3,135
201610	37,022	Outpatient Hospital	\$3,941,051	\$0	Visits	3,137
201611	36,181	Outpatient Hospital	\$4,459,207	\$0	Visits	3,098
201612	33,439	Outpatient Hospital	\$3,739,120	\$0	Visits	2,781
201701	34,634	Outpatient Hospital	\$4,057,349	\$0	Visits	2,895
201702	35,060	Outpatient Hospital	\$4,190,752	\$0	Visits	2,674
201703	35,518	Outpatient Hospital	\$4,524,402	\$0	Visits	2,947
201704	35,484	Outpatient Hospital	\$3,896,380	\$0	Visits	2,618
201705	35,621	Outpatient Hospital	\$4,116,207	\$0	Visits	2,796
201706	35,341	Outpatient Hospital	\$4,023,159	\$0	Visits	2,608
201707	35,409	Outpatient Hospital	\$3,619,244	\$0	Visits	2,406
201708	35,596	Outpatient Hospital	\$3,811,604	\$0	Visits	2,630
201709	35,575	Outpatient Hospital	\$3,392,730	\$0	Visits	2,498
201710	35,395	Outpatient Hospital	\$3,907,081	\$0	Visits	2,766
201711	35,242	Outpatient Hospital	\$3,873,352	\$0	Visits	2,623
201712	34,727	Outpatient Hospital	\$3,821,853	\$0	Visits	2,544
201801	34,450	Outpatient Hospital	\$4,145,249	\$0	Visits	2,766
201802	34,315	Outpatient Hospital	\$3,530,796	\$0	Visits	2,559
201803	34,168	Outpatient Hospital	\$4,432,796	\$0	Visits	2,833
201804	33,858	Outpatient Hospital	\$4,059,990	\$0	Visits	2,887
201805	33,816	Outpatient Hospital	\$4,279,555	\$0	Visits	3,018
201806	33,246	Outpatient Hospital	\$3,899,027	\$0	Visits	2,709
201807	32,849	Outpatient Hospital	\$3,768,547	\$0	Visits	2,627
201808	32,747	Outpatient Hospital	\$4,175,602	\$0	Visits	2,808
201809	32,524	Outpatient Hospital	\$3,884,221	\$0	Visits	2,561
201810	32,341	Outpatient Hospital	\$4,594,827	\$0	Visits	2,904
201811	31,817	Outpatient Hospital	\$4,376,472	\$0	Visits	2,763
201812	30,539	Outpatient Hospital	\$3,766,843	\$0	Visits	2,672
201901	31,131	Outpatient Hospital	\$5,102,979	\$0	Visits	3,363
201902	31,166	Outpatient Hospital	\$4,292,168	\$0	Visits	3,594

### Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201601	37,936	Professional	\$6,361,447	\$0	Visits	33,584
201602	38,265	Professional	\$6,263,374	\$0	Visits	35,866
201603	38,703	Professional	\$6,758,237	\$0	Visits	39,276
201604	38,577	Professional	\$6,270,273	\$0	Visits	36,871
201605	38,594	Professional	\$6,512,000	\$0	Visits	37,220
201606	38,590	Professional	\$6,716,130	\$0	Visits	37,757
201607	38,433	Professional	\$5,841,690	\$0	Visits	33,628
201608	37,664	Professional	\$6,630,488	\$0	Visits	37,457
201609	37,088	Professional	\$6,356,858	\$0	Visits	36,008
201610	37,022	Professional	\$6,344,014	\$0	Visits	37,081
201611	36,181	Professional	\$6,082,871	\$0	Visits	35,201
201612	33,439	Professional	\$5,170,920	\$0	Visits	30,263
201701	34,634	Professional	\$6,282,912	\$0	Visits	34,080
201702	35,060	Professional	\$5,890,052	\$0	Visits	32,495
201703	35,518	Professional	\$6,375,824	\$0	Visits	36,568
201704	35,484	Professional	\$5,911,904	\$0	Visits	32,506
201705	35,621	Professional	\$6,307,231	\$0	Visits	36,120
201706	35,341	Professional	\$6,248,359	\$0	Visits	34,718
201707	35,409	Professional	\$5,620,862	\$0	Visits	31,554
201708	35,596	Professional	\$6,514,631	\$0	Visits	35,766
201709	35,575	Professional	\$5,853,789	\$0	Visits	33,408
201710	35,395	Professional	\$6,160,207	\$0	Visits	36,864
201711	35,242	Professional	\$6,150,975	\$0	Visits	35,104
201712	34,727	Professional	\$5,550,245	\$0	Visits	31,969
201801	34,450	Professional	\$7,262,253	\$0	Visits	37,013
201802	34,315	Professional	\$5,974,340	\$0	Visits	32,931
201803	34,168	Professional	\$6,427,030	\$0	Visits	34,562
201804	33,858	Professional	\$6,317,220	\$0	Visits	33,944
201805	33,816	Professional	\$6,459,284	\$0	Visits	35,450
201806	33,246	Professional	\$5,924,674	\$0	Visits	32,633
201807	32,849	Professional	\$5,758,870	\$0	Visits	31,667
201808	32,747	Professional	\$6,105,128	\$0	Visits	34,038
201809	32,524	Professional	\$5,556,646	\$0	Visits	31,707
201810	32,341	Professional	\$7,001,787	\$0	Visits	40,270
201811	31,817	Professional	\$5,980,789	\$0	Visits	34,411
201812	30,539	Professional	\$5,253,159	\$0	Visits	30,488
201901	31,131	Professional	\$7,191,889	\$0	Visits	40,982
201902	31,166	Professional	\$8,796,467	\$0	Visits	54,695



### Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201601	37,936	Other Medical	\$1,054,241	\$0	Services	4,714
201602	38,265	Other Medical	\$1,137,985	\$0	Services	4,888
201603	38,703	Other Medical	\$1,290,472	\$0	Services	5,543
201604	38,577	Other Medical	\$1,092,431	\$0	Services	5,225
201605	38,594	Other Medical	\$1,257,315	\$0	Services	5,420
201606	38,590	Other Medical	\$1,532,198	\$0	Services	5,635
201607	38,433	Other Medical	\$1,205,923	\$0	Services	4,851
201608	37,664	Other Medical	\$1,383,881	\$0	Services	6,057
201609	37,088	Other Medical	\$1,216,169	\$0	Services	4,588
201610	37,022	Other Medical	\$1,055,667	\$0	Services	4,729
201611	36,181	Other Medical	\$1,248,924	\$0	Services	4,575
201612	33,439	Other Medical	\$1,280,818	\$0	Services	4,265
201701	34,634	Other Medical	\$1,130,211	\$0	Services	4,368
201702	35,060	Other Medical	\$993,630	\$0	Services	4,275
201703	35,518	Other Medical	\$990,037	\$0	Services	4,656
201704	35,484	Other Medical	\$969,583	\$0	Services	4,195
201705	35,621	Other Medical	\$1,150,882	\$0	Services	4,453
201706	35,341	Other Medical	\$1,040,706	\$0	Services	4,638
201707	35,409	Other Medical	\$1,052,573	\$0	Services	4,047
201708	35,596	Other Medical	\$1,108,749	\$0	Services	5,038
201709	35,575	Other Medical	\$896,704	\$0	Services	4,130
201710	35,395	Other Medical	\$1,109,492	\$0	Services	4,425
201711	35,242	Other Medical	\$1,173,715	\$0	Services	4,268
201712	34,727	Other Medical	\$1,116,738	\$0	Services	4,451
201801	34,450	Other Medical	\$1,200,430	\$0	Services	5,008
201802	34,315	Other Medical	\$1,065,688	\$0	Services	4,485
201803	34,168	Other Medical	\$1,268,262	\$0	Services	4,796
201804	33,858	Other Medical	\$1,423,775	\$0	Services	4,569
201805	33,816	Other Medical	\$1,487,415	\$0	Services	4,541
201806	33,246	Other Medical	\$1,215,345	\$0	Services	4,455
201807	32,849	Other Medical	\$1,337,617	\$0	Services	4,679
201808	32,747	Other Medical	\$1,357,603	\$0	Services	4,989
201809	32,524	Other Medical	\$1,348,440	\$0	Services	4,141
201810	32,341	Other Medical	\$1,270,027	\$0	Services	4,595
201811	31,817	Other Medical	\$1,316,678	\$0	Services	4,265
201812	30,539	Other Medical	\$959,859	\$0	Services	3,946
201901	31,131	Other Medical	\$1,132,306	\$0	Services	4,851
201902	31,166	Other Medical	\$1,482,880	\$0	Services	6,188

### Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201601	37,936	Prescription Drug	\$4,649,261	\$690,399	Scripts	29,223
201602	38,265	Prescription Drug	\$5,016,477	\$693,409	Scripts	30,874
201603	38,703	Prescription Drug	\$5,818,341	\$698,107	Scripts	33,709
201604	38,577	Prescription Drug	\$5,531,525	\$718,089	Scripts	31,487
201605	38,594	Prescription Drug	\$5,508,276	\$718,470	Scripts	32,149
201606	38,590	Prescription Drug	\$6,129,693	\$718,485	Scripts	31,697
201607	38,433	Prescription Drug	\$5,907,597	\$749,972	Scripts	30,176
201608	37,664	Prescription Drug	\$6,087,857	\$734,809	Scripts	31,609
201609	37,088	Prescription Drug	\$5,244,426	\$724,506	Scripts	29,768
201610	37,022	Prescription Drug	\$5,659,659	\$674,586	Scripts	30,018
201611	36,181	Prescription Drug	\$5,283,439	\$655,166	Scripts	30,101
201612	33,439	Prescription Drug	\$5,400,705	\$611,538	Scripts	29,430
201701	34,634	Prescription Drug	\$5,371,178	\$701,226	Scripts	29,438
201702	35,060	Prescription Drug	\$5,309,336	\$710,546	Scripts	27,622
201703	35,518	Prescription Drug	\$6,012,900	\$719,893	Scripts	30,935
201704	35,484	Prescription Drug	\$5,446,277	\$820,510	Scripts	28,544
201705	35,621	Prescription Drug	\$6,420,769	\$823,327	Scripts	30,919
201706	35,341	Prescription Drug	\$5,987,107	\$819,105	Scripts	29,399
201707	35,409	Prescription Drug	\$5,666,465	\$805,808	Scripts	28,583
201708	35,596	Prescription Drug	\$6,648,886	\$809,751	Scripts	30,004
201709	35,575	Prescription Drug	\$5,831,784	\$809,199	Scripts	28,261
201710	35,395	Prescription Drug	\$6,184,202	\$788,438	Scripts	30,314
201711	35,242	Prescription Drug	\$5,932,303	\$783,775	Scripts	29,707
201712	34,727	Prescription Drug	\$5,865,938	\$773,343	Scripts	30,272
201801	34,450	Prescription Drug	\$6,042,499	\$790,249	Scripts	30,380
201802	34,315	Prescription Drug	\$5,529,807	\$786,044	Scripts	26,674
201803	34,168	Prescription Drug	\$6,060,368	\$782,434	Scripts	28,682
201804	33,858	Prescription Drug	\$6,102,508	\$816,433	Scripts	27,735
201805	33,816	Prescription Drug	\$6,332,155	\$816,263	Scripts	29,371
201806	33,246	Prescription Drug	\$5,948,600	\$802,829	Scripts	26,878
201807	32,849	Prescription Drug	\$5,988,397	\$773,496	Scripts	26,565
201808	32,747	Prescription Drug	\$6,286,527	\$771,235	Scripts	27,241
201809	32,524	Prescription Drug	\$5,567,124	\$766,494	Scripts	24,809
201810	32,341	Prescription Drug	\$6,690,711	\$739,875	Scripts	28,347
201811	31,817	Prescription Drug	\$5,915,216	\$728,098	Scripts	26,420
201812	30,539	Prescription Drug	\$5,789,188	\$699,449	Scripts	25,424
201901	31,131	Prescription Drug	\$5,911,954		Scripts	26,736
201902	31,166	Prescription Drug	\$5,495,593		Scripts	24,562

### Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201601	37,936	Capitations	\$43,916	\$0	Benefit Period	37,936
201602	38,265	Capitations	\$45,051	\$0	Benefit Period	38,265
201603	38,703	Capitations	\$46,272	\$0	Benefit Period	38,703
201604	38,577	Capitations	\$46,139	\$0	Benefit Period	38,577
201605	38,594	Capitations	\$46,300	\$0	Benefit Period	38,594
201606	38,590	Capitations	\$46,377	\$0	Benefit Period	38,590
201607	38,433	Capitations	\$46,278	\$0	Benefit Period	38,433
201608	37,664	Capitations	\$45,684	\$0	Benefit Period	37,664
201609	37,088	Capitations	\$45,317	\$0	Benefit Period	37,088
201610	37,022	Capitations	\$45,380	\$0	Benefit Period	37,022
201611	36,181	Capitations	\$44,549	\$0	Benefit Period	36,181
201612	33,439	Capitations	\$41,799	\$0	Benefit Period	33,439
201701	34,634	Capitations	\$43,370	\$0	Benefit Period	34,634
201702	35,060	Capitations	\$44,804	\$0	Benefit Period	35,060
201703	35,518	Capitations	\$46,237	\$0	Benefit Period	35,518
201704	35,484	Capitations	\$46,080	\$0	Benefit Period	35,484
201705	35,621	Capitations	\$46,147	\$0	Benefit Period	35,621
201706	35,341	Capitations	\$45,868	\$0	Benefit Period	35,341
201707	35,409	Capitations	\$45,851	\$0	Benefit Period	35,409
201708	35,596	Capitations	\$45,956	\$0	Benefit Period	35,596
201709	35,575	Capitations	\$45,955	\$0	Benefit Period	35,575
201710	35,395	Capitations	\$45,636	\$0	Benefit Period	35,395
201711	35,242	Capitations	\$45,299	\$0	Benefit Period	35,242
201712	34,727	Capitations	\$44,580	\$0	Benefit Period	34,727
201801	34,450	Capitations	\$37,340	\$0	Benefit Period	34,450
201802	34,315	Capitations	\$37,280	\$0	Benefit Period	34,315
201803	34,168	Capitations	\$37,247	\$0	Benefit Period	34,168
201804	33,858	Capitations	\$36,849	\$0	Benefit Period	33,858
201805	33,816	Capitations	\$36,429	\$0	Benefit Period	33,816
201806	33,246	Capitations	\$35,980	\$0	Benefit Period	33,246
201807	32,849	Capitations	\$35,624	\$0	Benefit Period	32,849
201808	32,747	Capitations	\$35,423	\$0	Benefit Period	32,747
201809	32,524	Capitations	\$35,102	\$0	Benefit Period	32,524
201810	32,341	Capitations	\$34,807	\$0	Benefit Period	32,341
201811	31,817	Capitations	\$34,240	\$0	Benefit Period	31,817
201812	30,539	Capitations	\$33,263	\$0	Benefit Period	30,539
201901	31,131	Capitations	\$40,271	\$0	Benefit Period	31,131
201902	31,166	Capitations	\$40,098	\$0	Benefit Period	31,166

**Appendix - Total Experience**

Month	Members	Contracts	Ultimate Allowed	Drug Rebates	Post-Rx Rebate Ultimate Allowed	Ultimate Incurred	Premium	Loss Ratio
201601	37,936	22,355	\$20,732,649	\$690,399	\$20,042,250	\$16,728,055	\$19,448,623	86.0%
201602	38,265	22,688	\$20,211,442	\$693,409	\$19,518,033	\$16,668,336	\$19,693,775	84.6%
201603	38,703	23,059	\$23,565,899	\$698,107	\$22,867,792	\$20,040,406	\$19,812,738	101.1%
201604	38,577	23,008	\$20,463,534	\$718,089	\$19,745,445	\$17,198,678	\$19,815,763	86.8%
201605	38,594	23,046	\$20,978,398	\$718,470	\$20,259,927	\$17,846,952	\$19,755,680	90.3%
201606	38,590	23,045	\$22,603,939	\$718,485	\$21,885,454	\$19,510,240	\$19,841,586	98.3%
201607	38,433	22,956	\$20,674,800	\$749,972	\$19,924,827	\$17,812,077	\$19,708,089	90.4%
201608	37,664	22,606	\$23,000,097	\$734,809	\$22,265,288	\$20,088,543	\$19,289,455	104.1%
201609	37,088	22,256	\$21,061,055	\$724,506	\$20,336,549	\$18,248,928	\$19,027,046	95.9%
201610	37,022	22,245	\$21,091,618	\$674,586	\$20,417,033	\$18,427,936	\$18,944,496	97.3%
201611	36,181	21,750	\$20,571,915	\$655,166	\$19,916,748	\$17,977,544	\$18,622,472	96.5%
201612	33,439	20,363	\$17,833,495	\$611,538	\$17,221,957	\$15,219,439	\$17,528,299	86.8%
201701	34,634	21,490	\$22,444,315	\$701,226	\$21,743,088	\$18,710,262	\$17,762,165	105.3%
201702	35,060	21,882	\$19,061,928	\$710,546	\$18,351,382	\$15,918,664	\$17,915,231	88.9%
201703	35,518	22,301	\$21,576,091	\$719,893	\$20,856,197	\$18,244,058	\$18,081,461	100.9%
201704	35,484	22,245	\$20,091,008	\$820,510	\$19,270,498	\$17,029,999	\$18,194,385	93.6%
201705	35,621	22,351	\$21,121,634	\$823,327	\$20,298,306	\$17,977,154	\$18,064,635	99.5%
201706	35,341	22,149	\$21,311,745	\$819,105	\$20,492,640	\$18,228,171	\$17,988,169	101.3%
201707	35,409	22,091	\$18,735,440	\$805,808	\$17,929,632	\$15,811,319	\$17,988,136	87.9%
201708	35,596	22,151	\$21,555,231	\$809,751	\$20,745,479	\$18,551,198	\$18,117,121	102.4%
201709	35,575	22,178	\$19,059,059	\$809,199	\$18,249,859	\$16,202,134	\$18,145,275	89.3%
201710	35,395	22,069	\$19,905,209	\$788,438	\$19,116,771	\$16,947,172	\$17,989,450	94.2%
201711	35,242	21,906	\$20,179,245	\$783,775	\$19,395,469	\$17,279,474	\$17,951,225	96.3%
201712	34,727	21,591	\$19,242,030	\$773,343	\$18,468,687	\$16,314,244	\$17,783,963	91.7%
201801	34,450	21,572	\$22,604,906	\$790,249	\$21,814,657	\$18,598,592	\$18,734,165	99.3%
201802	34,315	21,464	\$20,043,561	\$786,044	\$19,257,517	\$16,780,560	\$18,618,596	90.1%
201803	34,168	21,364	\$21,986,688	\$782,434	\$21,204,254	\$18,678,420	\$18,629,851	100.3%
201804	33,858	21,190	\$21,516,304	\$816,433	\$20,699,871	\$18,297,982	\$18,648,531	98.1%
201805	33,816	21,060	\$21,592,297	\$816,263	\$20,776,034	\$18,382,077	\$18,593,910	98.9%
201806	33,246	20,721	\$20,427,243	\$802,829	\$19,624,414	\$17,509,772	\$18,550,209	94.4%
201807	32,849	20,479	\$20,383,843	\$773,496	\$19,610,347	\$17,636,854	\$18,302,388	96.4%
201808	32,747	20,324	\$21,174,989	\$771,235	\$20,403,753	\$18,366,182	\$18,332,555	100.2%
201809	32,524	20,092	\$19,187,313	\$766,494	\$18,420,819	\$16,543,855	\$18,476,110	89.5%
201810	32,341	20,014	\$23,609,091	\$739,875	\$22,869,217	\$20,690,002	\$18,316,593	113.0%
201811	31,817	19,703	\$20,963,157	\$728,098	\$20,235,059	\$18,344,918	\$18,223,069	100.7%
201812	30,539	18,966	\$18,220,461	\$699,449	\$17,521,012	\$15,673,798	\$18,273,317	85.8%
201901	31,131	19,606	\$22,378,428		\$22,378,428	\$19,305,493	\$18,948,090	101.9%
201902	31,166	19,608	\$21,800,160		\$21,800,160	\$18,629,346	\$18,848,930	98.8%

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

		2020	2019	% Change
(1)	Base Period Total Allowed	\$611.18	\$554.90	10.1%
(2)	Base Period Non-EHB PMPM	\$0.63	\$3.02	-79.3%
(3)	Experience Period Index Rate	\$610.55	\$551.87	10.6%
(4)	Change in Morbidity	1.006	1.007	0.0%
(5)	Additional Population Adjustment	1.000	1.000	0.0%
(6)	Induced Demand	1.010	1.005	0.5%
(7)	Projection Period Utilization and Network Adjustment	1.000	1.000	0.0%
(8)	Demographic Adjustment	0.990	0.981	0.9%
(9)	Area Adjustment	1.000	1.000	0.0%
(10)	Additional "Other" Adjustments	0.996	0.998	-0.2%
(11)	Annualized Trend	8.4%	7.5%	
(12)	Months of Trend	24.0	24.0	
(13)	Unit cost & Utilization/1,000 Trend Factor	1.175	1.156	1.7%
(14)	Projection Period Index Rate	\$ 719.31	\$ 631.82	13.8%
(15)	Risk Adjustment Program	0.940	0.936	0.3%
(16)	Federal Exchange User Fee	1.000	1.000	0.0%
(17)	Market Adjusted Index Rate	\$ 675.84	\$ 591.58	14.2%
	Without Risk Adjustment	\$ 719.31	\$ 631.82	13.8%

2020 DC Small Group GHMSI  
Plan Adjusted Index Rate Changes

Index	2019 HIQS Plan ID	2019 Plan Name	Type	Metallic	Tier	On/Off	Projected Members - 12/2019	Market Adjusted Index Rate			Benefits			Network			Induced Utilization			HSA Factor			Non-EHB			Admin			Age Calibration			Total Change		
								2020	2019	Change	2020	2019	Change	2020	2019	Change	2020	2019	Change	2020	2019	Change	2020	2019	Change	2020	2019	Change	2020	2019	Change	2020	2019	Change
1	78079DC0220020	BluePreferred PPO Gold 1000	PPO	GOLD	On		2,256	\$675.84	\$591.58	14.24%	0.832	0.824	0.92%	1.000	1.000	0.00%	0.979	0.982	-0.31%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.242	1.190	4.35%	0.937	0.947	-1.04%	\$640.48	\$542.30	18.10%
2	78079DC0220021	BluePreferred PPO Gold 500	PPO	GOLD	On		2,952	\$675.84	\$591.58	14.24%	0.852	0.846	0.76%	1.000	1.000	0.00%	0.979	0.982	-0.31%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.242	1.190	4.35%	0.937	0.947	-1.04%	\$656.33	\$556.58	17.92%
3	78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500	PPO	SILVER	On		580	\$675.84	\$591.58	14.24%	0.759	0.750	1.21%	1.000	1.000	0.00%	0.934	0.937	-0.32%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.242	1.190	4.35%	0.937	0.947	-1.04%	\$557.90	\$471.08	18.43%
4	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	PPO	SILVER	On		646	\$675.84	\$591.58	14.24%	0.741	0.728	1.80%	1.000	1.000	0.00%	0.934	0.937	-0.32%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.242	1.190	4.35%	0.937	0.947	-1.04%	\$544.29	\$456.95	19.11%
5	78079DC0220024	BluePreferred PPO Platinum 0	PPO	PLATINUM	On		8,135	\$675.84	\$591.58	14.24%	0.939	0.936	0.35%	1.000	1.000	0.00%	1.043	1.046	-0.29%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.242	1.190	4.35%	0.937	0.947	-1.04%	\$770.74	\$656.16	17.46%
6	78079DC0220025	BluePreferred PPO Platinum 500	PPO	PLATINUM	On		3,092	\$675.84	\$591.58	14.24%	0.900	0.899	0.11%	1.000	1.000	0.00%	1.043	1.046	-0.29%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.242	1.190	4.35%	0.937	0.947	-1.04%	\$738.45	\$630.22	17.17%
7	78079DC0220026	BluePreferred PPO Silver 1000	PPO	SILVER	On		416	\$675.84	\$591.58	14.24%	0.720	0.734	-2.03%	1.000	1.000	0.00%	0.934	0.937	-0.32%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.242	1.190	4.35%	0.937	0.947	-1.04%	\$528.72	\$461.24	14.63%
8	78079DC0220027	HealthyBlue PPO Gold 1500	PPO	GOLD	On		1,140	\$675.84	\$591.58	14.24%	0.900	0.845	6.46%	1.000	1.000	0.00%	1.043	0.982	6.21%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.242	1.190	4.35%	0.937	0.947	-1.04%	\$738.45	\$556.37	32.73%
9	78079DC0220028	HealthyBlue PPO HSA/HRA Silver 2000	PPO	SILVER	On		152	\$675.84	\$591.58	14.24%	0.741	0.745	-0.55%	1.000	1.000	0.00%	0.934	0.937	-0.32%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.242	1.190	4.35%	0.937	0.947	-1.04%	\$544.29	\$467.74	16.37%
10	78079DC0220030	HealthyBlue PPO Platinum 500	PPO	PLATINUM	On		476	\$675.84	\$591.58	14.24%	0.939	0.909	3.30%	1.000	1.000	0.00%	1.043	1.046	-0.29%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.242	1.190	4.35%	0.937	0.947	-1.04%	\$770.74	\$637.46	20.91%
11	78079DC0220031	BluePreferred PPO Gold 1500	PPO	GOLD	On		1,265	\$675.84	\$591.58	14.24%	0.817	0.812	0.57%	1.000	1.000	0.00%	0.979	0.982	-0.31%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.242	1.190	4.35%	0.937	0.947	-1.04%	\$629.01	\$534.44	17.70%
12	78079DC0220032	BluePreferred PPO 1000 90%/70%	PPO	GOLD	On		303	\$675.84	\$591.58	14.24%	0.805	0.794	1.33%	1.000	1.000	0.00%	0.979	0.982	-0.31%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.242	1.190	4.35%	0.937	0.947	-1.04%	\$619.73	\$522.60	18.59%
13	78079DC0220033	BluePreferred PPO HSA/HRA 2250 80%/60%	PPO	SILVER	On		100	\$675.84	\$591.58	14.24%	0.705	0.694	1.63%	1.000	1.000	0.00%	0.934	0.937	-0.32%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.242	1.190	4.35%	0.937	0.947	-1.04%	\$518.15	\$435.73	18.92%
14	78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	PPO	SILVER	On		350	\$675.84	\$591.58	14.24%	0.760	0.751	1.26%	1.000	1.000	0.00%	0.934	0.937	-0.32%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.242	1.190	4.35%	0.937	0.947	-1.04%	\$558.71	\$471.57	18.48%
							21,863	\$675.84	\$591.58	14.24%	0.880	0.872	0.88%	1.000	1.000	0.00%	1.012	1.012	0.04%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.242	1.190	4.35%	0.937	0.947	-1.04%	\$702.24	\$593.01	18.49%

#### Key Drivers

- 1.) Deterioration in the base period experience of the combined pool.
- 2.) Trend of 8.4%.
- 3.) Re-introduction of the Health Insurer Fee in 2020.
- 4.) Increase in the contribution to reserve.

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

		2020	2019	% Change
(1)	Base Period Total Allowed	\$611.18	\$554.90	10.1%
(2)	Base Period Non-EHB PMPM	\$0.63	\$3.02	-79.3%
(3)	Experience Period Index Rate	\$610.55	\$551.87	10.6%
(4)	Change in Morbidity	1.006	1.007	0.0%
(5)	Additional Population Adjustment	1.000	1.000	0.0%
(6)	Induced Demand	1.010	1.005	0.5%
(7)	Projection Period Utilization and Network Adjustment	1.000	1.000	0.0%
(8)	Demographic Adjustment	0.990	0.981	0.9%
(9)	Area Adjustment	1.000	1.000	0.0%
(10)	Additional "Other" Adjustments	0.996	0.998	-0.2%
(11)	Annualized Trend	8.4%	7.5%	
(12)	Months of Trend	24.0	24.0	
(13)	Unit cost & Utilization/1,000 Trend Factor	1.175	1.156	1.7%
(14)	Projection Period Index Rate	\$ 719.31	\$ 631.82	13.8%
(15)	Risk Adjustment Program	0.968	0.936	3.4%
(16)	Federal Exchange User Fee	1.000	1.000	0.0%
(17)	Market Adjusted Index Rate	\$ 696.14	\$ 591.58	17.7%
	Without Risk Adjustment	\$ 719.31	\$ 631.82	13.8%



2020 DC Small Group GHMSI  
Plan Adjusted Index Rate Changes

Index	2019 HIQS Plan ID	2019 Plan Name	Type	Metallic	Tier	On/Off	Projected Members - 12/2019	Market Adjusted Index Rate			Benefits			Network			Induced Utilization			HSA Factor			Non-EHB			Admin			Age Calibration			Total Change		
								2020	2019	Change	2020	2019	Change	2020	2019	Change	2020	2019	Change	2020	2019	Change	2020	2019	Change	2020	2019	Change	2020	2019	Change	2020	2019	Change
1	78079DC0220020	BluePreferred PPO Gold 1000	PPO	GOLD	On		2,256	\$696.14	\$591.58	17.67%	0.832	0.824	0.92%	1.000	1.000	0.00%	0.979	0.982	-0.31%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.237	1.190	4.00%	0.937	0.947	-1.04%	\$657.52	\$542.30	21.25%
2	78079DC0220021	BluePreferred PPO Gold 500	PPO	GOLD	On		2,952	\$696.14	\$591.58	17.67%	0.852	0.846	0.76%	1.000	1.000	0.00%	0.979	0.982	-0.31%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.237	1.190	4.00%	0.937	0.947	-1.04%	\$673.79	\$556.58	21.06%
3	78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500	PPO	SILVER	On		580	\$696.14	\$591.58	17.67%	0.759	0.750	1.21%	1.000	1.000	0.00%	0.934	0.937	-0.32%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.237	1.190	4.00%	0.937	0.947	-1.04%	\$572.74	\$471.08	21.58%
4	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	PPO	SILVER	On		646	\$696.14	\$591.58	17.67%	0.741	0.728	1.80%	1.000	1.000	0.00%	0.934	0.937	-0.32%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.237	1.190	4.00%	0.937	0.947	-1.04%	\$558.77	\$456.95	22.28%
5	78079DC0220024	BluePreferred PPO Platinum 0	PPO	PLATINUM	On		8,135	\$696.14	\$591.58	17.67%	0.939	0.936	0.35%	1.000	1.000	0.00%	1.043	1.046	-0.29%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.237	1.190	4.00%	0.937	0.947	-1.04%	\$791.25	\$656.16	20.59%
6	78079DC0220025	BluePreferred PPO Platinum 500	PPO	PLATINUM	On		3,092	\$696.14	\$591.58	17.67%	0.900	0.899	0.11%	1.000	1.000	0.00%	1.043	1.046	-0.29%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.237	1.190	4.00%	0.937	0.947	-1.04%	\$758.10	\$630.22	20.29%
7	78079DC0220026	BluePreferred PPO Silver 1000	PPO	SILVER	On		416	\$696.14	\$591.58	17.67%	0.720	0.734	-2.03%	1.000	1.000	0.00%	0.934	0.937	-0.32%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.237	1.190	4.00%	0.937	0.947	-1.04%	\$542.79	\$461.24	17.68%
8	78079DC0220027	HealthyBlue PPO Gold 1500	PPO	GOLD	On		1,140	\$696.14	\$591.58	17.67%	0.900	0.845	6.46%	1.000	1.000	0.00%	1.043	0.982	6.21%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.237	1.190	4.00%	0.937	0.947	-1.04%	\$758.10	\$556.37	36.26%
9	78079DC0220028	HealthyBlue PPO HSA/HRA Silver 2000	PPO	SILVER	On		152	\$696.14	\$591.58	17.67%	0.741	0.745	-0.55%	1.000	1.000	0.00%	0.934	0.937	-0.32%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.237	1.190	4.00%	0.937	0.947	-1.04%	\$558.77	\$467.74	19.46%
10	78079DC0220030	HealthyBlue PPO Platinum 500	PPO	PLATINUM	On		476	\$696.14	\$591.58	17.67%	0.939	0.909	3.30%	1.000	1.000	0.00%	1.043	1.046	-0.29%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.237	1.190	4.00%	0.937	0.947	-1.04%	\$791.25	\$637.46	24.13%
11	78079DC0220031	BluePreferred PPO Gold 1500	PPO	GOLD	On		1,265	\$696.14	\$591.58	17.67%	0.817	0.812	0.57%	1.000	1.000	0.00%	0.979	0.982	-0.31%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.237	1.190	4.00%	0.937	0.947	-1.04%	\$645.75	\$534.44	20.83%
12	78079DC0220032	BluePreferred PPO 1000 90%/70%	PPO	GOLD	On		303	\$696.14	\$591.58	17.67%	0.805	0.794	1.33%	1.000	1.000	0.00%	0.979	0.982	-0.31%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.237	1.190	4.00%	0.937	0.947	-1.04%	\$636.22	\$522.60	21.74%
13	78079DC0220033	BluePreferred PPO HSA/HRA 2250 80%/60%	PPO	SILVER	On		100	\$696.14	\$591.58	17.67%	0.705	0.694	1.63%	1.000	1.000	0.00%	0.934	0.937	-0.32%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.237	1.190	4.00%	0.937	0.947	-1.04%	\$531.94	\$435.73	22.08%
14	78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	PPO	SILVER	On		350	\$696.14	\$591.58	17.67%	0.760	0.751	1.26%	1.000	1.000	0.00%	0.934	0.937	-0.32%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.237	1.190	4.00%	0.937	0.947	-1.04%	\$573.58	\$471.57	21.63%
							21,863	\$696.14	\$591.58	17.67%	0.880	0.872	0.88%	1.000	1.000	0.00%	1.012	1.012	0.04%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.237	1.190	4.00%	0.937	0.947	-1.04%	\$720.93	\$593.01	21.64%

#### Key Drivers

- 1.) Deterioration in the base period experience of the combined pool.
- 2.) Trend of 8.4%.
- 3.) Re-introduction of the Health Insurer Fee in 2020.
- 4.) Increase in the contribution to reserve.
- 5.) Combined Risk Adjustment

# CareFirst BlueCross BlueShield

## Part III Actuarial Memorandum

### 4.1 Redacted Actuarial Memorandum

CareFirst is making no redactions so both Actuarial Memorandum submissions are the same.

### 4.2 General Information Section

#### Company Identifying Information:

- **Company Legal Name:** Group Hospitalization and Medical Services, Inc. (GHMSI) - NAIC # 53007
- **State:** District of Columbia
- **HIOS Issuer ID:** 78079
- **Market:** Small Groups (On Exchange)
- **Effective Date:** 1/1/20 and quarterly incremental "trend" increases effective 4/1/20, 7/1/20 and 10/1/20.
- **Company Filing Number:** 2344
- **SERFF Filing Number:** CFAP-131941267

#### Company Contact Information:

- **Primary Contact Name:** Mr. Dwayne Lucado, FSA, MAAA
- **Primary Contact Telephone Number:** 410-998-7519
- **Primary Contact E-Mail Address:** Dwayne.Lucado@CareFirst.com

### 4.3 Proposed Rate Changes (Small Group market)

Base rates are changing 18.5% on average for 1Q20. The range is 14.6% to 32.7%. The estimated average base rate changes for 2Q20, 3Q20, and 4Q20 are 17.6%, 17.2% and 16.5%, respectively. This filing applies to all new and renewing, in-force business in the guaranteed renewable, non-grandfathered, ACA, metaled benefit plans. The number of policyholders affected by this rate change is 12,574.

#### Reason for Rate Change(s):

The main drivers supporting the rate change are the deterioration in the base period experience of the combined pool, the re-introduction of the Health Insurer Fee in 2020, and the increase in contribution to reserve.

### 4.4 Market Experience (Combined Individual/Small Group market)

Our SRP reflects all covered lives for every non-grandfathered product in our market per 45 CFR Part § 156.80 (d).

#### 4.4.1 Experience and Current Period Premium, Claims, and Enrollment

The incurred period is 1/1/18 through 12/31/18, as required.

**Paid Through Date:** 2/28/19

**Current Date:** 2/28/19

**Premiums (prior to MLR rebates) in Experience Period:** \$221,699,296

**Experience Period Member Months:** 396,670

**Current Date Members:** 31,164

#### Allowed and Incurred Claims Incurred During the Experience Period

**Allowed Claims**

- **Processed through issuer's claim system:** \$242,436,955
- **Processed outside issuer's claim system:** \$0
- **IBNR:** \$2,919,239

**Incurred Claims**

- **Processed through issuer's claim system:** \$215,503,011
- **Processed outside issuer's claim system:** \$0
- **IBNR:** \$2,593,187

**Method used for determining Allowed Claims**

The allowed claims come directly from our claim records and account for capitations by applying contracted PMPM amounts directly to enrollment from the experience period. Drug rebates from the experience period are also included.

**Support for IBNR estimates**

Our estimates of IBNR paid claims were derived using a "chain and ladder" model based on the most recent 36 months to derive the completion factor and IBNR for each incurred month. Estimates of IBNR allowed claims were derived using the same completion factors as those estimated based on paid claims.

**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***4.4.3.1 Trend Factors***Trend Factors (Cost/Utilization):**

Exhibit 8 in the Memorandum contains our selected annual utilization and unit cost trends by service category. Unit cost and utilization trends were set by service category to produce the overall anticipated trend of 8.4%, which is less than a point increase compared to the 7.5% trend assumed in our prior filing. Current observed medical trends as of 201812 are 10.5%, up from -1.1% in 201712. The current observed drug trends are 9.2% as of 201812, down from 13.5% in 201712.

We note that the current drug observed trend as of 201812 is artificially depressed due to a structural formulary change effective 201801. The adjusted observed drug trend as of 201812 is 12.0%. The adjusted aggregate medical and drug trend is 10.9%.

When normalized for induced demand, network, and demographics, the composite 10.9% observed trend decreases to 10.3%.

In addition, we sought industry data to help inform our trend assumption. The table below was developed from two different industry surveys from national consultants. The medical and drug trends reported were blended using our base period experience to estimate composite trends.

Percentile	2019 OW Carrier Trend Report			2019 Aon Carrier Trend Survey			Average
	HMO	PPO	CDH	HMO	PPO	CDH	
75th	8.2%	9.5%	9.9%	8.8%	9.2%	9.2%	9.1%
50th	7.5%	8.0%	8.3%	8.1%	7.6%	7.9%	7.9%
25th	5.3%	6.7%	6.7%	6.5%	6.1%	6.1%	6.2%

Based on this information we believe that our assumed 8.4% composite trend is well within the reasonable range of trend assumptions.

#### 4.4.3.2 Adjustments to Trended EHB Allowed Claims PMPM

##### **Morbidity Adjustment:**

Exhibit 4 in our memorandum contains support for this adjustment. To measure the projected morbidity of our population, we split our projected population into cohorts defined by metal tier and membership type. Membership type is defined as new member, existing member, or transfer from other lines of business. Consistent with the rules in the 2020 Unified Rate Review Instructions, we began our morbidity projection by normalizing allowed claims for each of the cohorts outlined above for projected changes in age, gender, network and induced utilization.

We have not reflected any morbidity adjustments to the base period normalized allowed PMPMs by metal tier for the existing and transfer membership types. Exhibit 4 demonstrates how these PMPMs are unchanged from the current year YTD to remainder of current year. For the new membership type we have assumed a claims PMPM by metal equal to that of the existing members.

The resulting morbidity calculation is completed in steps split by year:

- Once the remainder of current year (2019) is completed, the membership and claims by metal are combined to derive a total estimate for the year.
- This result carries over to the rating year (2020) as the metal specific normalized PMPMs for the existing members.
- The assumed claims PMPMs by metal for the new members are again assumed to equal those for the existing members.
- Transfer members PMPMs are treated separately and reflect base period amounts projected forward. Our projection factor for these members is 1.000.
- Once these PMPMs are set, the final morbidity calculation is driven by the projected member months at these levels.

The total morbidity change from 2018 to 2020 is expected to be 0.6%, which is the factor used in Exhibit 1 in the calculation of the market adjustment index rate.

##### **Demographic Shift:**

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. Our methodology measures the change in average demographic factor between the base and rating periods. The demographic factors used are from an internal age/gender curve with an approximate 4.5:1 ratio (age 64+ to age 21 factors). Factors for both time periods are weighted using member months and the ratio of the two is applied as our market level adjustment.

##### **Plan Design Changes:**

Exhibit 5 in the Memorandum details our support for 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. Our methodology measures the change in the average induced utilization factor between the base and rating periods. The factors used are the metal level factors from the

federal risk adjustment program. Once the average internal pricing AV, weighted by member months, is determined for both the experience and rating periods the linearly interpolated factor is determined. The ratio of these two factors is applied as our market level adjustment.

#### **Other Adjustments:**

Exhibit 7 in the Memorandum details our support for these adjustments. We are proposing additional other adjustments for changes to our capitation fees and drug rebates.

##### *4.4.3.3 Manual Rate Adjustments*

Not applicable, as experience was determined to be fully credible. The Unified Rate Review Template (URRT) forces the use of a projection period ending twelve months after the effective date. This presumes all rates change on the effective date. This is inconsistent with our understanding of the DC small group market post-1/1/14. In this filing we are using a projection period ending with 3/31/2021 for our first quarter 2020 Index Rate Projection since business may be sold with this rate through 3/31/2020 and a one-year rate guarantee applies. The trends used in the URRT therefore will not produce the correct projected allowed amount PMPM. As such, we have assigned this projected amount a credibility factor of 0% and have entered the projected amounts corresponding to those in our rate filing using the Manual Rate section.

##### *4.4.3.4 Credibility of Experience*

Exhibit 2 in the Memorandum contains a summary of our base period experience, including member months. We have assigned full credibility to this experience.

##### *4.4.3.5 Establishing the Index Rate*

The experience period index rate for this filing is \$610.55 and the projection period index rate is \$719.31. Both rates and the adjustments made to develop the projected amount from the experience period amount can be found on Exhibit 1 of the Memorandum. Specifically, these adjustments correspond to those outlined in sections 4.4.3.1 and 4.4.3.2.

##### *4.4.3.6 Development of the Market-wide Adjusted Index Rate*

The Market-wide Adjusted Index Rate for the Small Group market is \$675.84 and is derived by multiplying the projection period index rate with the market level adjustments for the risk adjustment program. Details for the risk adjustment program can be found below.

#### **Reinsurance**

There are no reinsurance recoveries applicable to this market.

#### ***Risk Adjustment Payment/Charge:***

The Experience Period Risk Adjustment transfers in the URRT are based on the most recent Wakely results.

Our projected 2020 risk adjustment transfers, found in Exhibit 9, have been calculated consistent with our membership and morbidity projections found elsewhere in this filing. To project the risk adjustment factors from 2018 to 2020, we have assumed an increase in the statewide premium of 17.1% which reflects an estimate of an average 3.0% increase in 2019 and 13.7% increase in 2020. We have assumed that our market share will decrease from 77.9% in 2018 to 75.5% in 2020. We have assumed that our PLRS ratio to the state will improve from 1.018 in 2018 to 1.004 in 2020. The resultant estimate of risk adjustment is that the GHMSI receivable transfer PMPM for the Small Group market will increase from \$36.59 in 2018 to \$39.83 in 2020.

#### **Exchange User Fees:**

There are no applicable exchange user fees since the rates in this filing are not offered on the Federal Marketplace.

#### 4.4.4 Plan Adjusted Index Rate

Exhibit 11 in the Memorandum displays the adjustments made for each plan. Every plan adjusted index rate is developed from the market adjusted index rate using only the allowable plan level modifiers as follows:

- **Actuarial value and cost-sharing design of the plan:** The actuarial value for each plan was determined using our own internal model and estimates the ratio of paid to allowed dollars given that plan's benefit design and the assumed allowed amount consistent with the projection period index rate. The URRT instructions state that this adjustment may "...take into account the benefit differences and *utilization differences due to differences in cost-sharing.*" As a result, our plan adjusted index rates also include adjustments to account for the impact the metal level has on utilization.
- **Provider network:** All plans offered use the PPO network.
- **Benefits in addition to EHBs:** There is an adjustment to account for abortion coverage (which are offered in addition to EHBs).
- **Administrative costs:** See Exhibit 10A in the Memorandum for the assumed values of the following additional items.
  1. Administrative Expense (G&A)
  2. Broker Commissions & Fees
  3. Federal Income Tax (FIT)
  4. Contribution to Reserve (Post-Tax)
  5. State Premium Tax
  6. Health Insurer Fee (HIF)
  7. Risk Adjustment User Fee
  8. Exchange Assessment Fee

For each plan, we have taken the applicable adjustment factor from each category above and multiplied them by the market adjusted index rate to derive each plan adjusted index rate.

#### 4.4.5 Calibration

##### 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. We have used the standard DC age curve factors and weighted them using member months in our calculation.

A demonstration of how the plan adjusted index rates and the age curve are used to generate the schedule of premium rates for each plan can be found on Exhibit 13.

##### Geographic Factor Calibration

We have elected not to rate for geographic region.

##### Tobacco Use Rating Factor Calibration

We have elected not to rate for tobacco usage.

#### **4.4.6 Consumer Adjusted Premium Rate Development**

The premium rate that a given consumer will be charged is calculated by first taking the plan adjusted index rate for that member's chosen plan and dividing by the projected average age rating factor. The resulting value is the base rate for that plan. The final step in determining a consumer adjusted premium rate is to take the rate from the first step and multiply it by the corresponding factor for that member's age from the standard DC age curve. Rate charts are provided for all the consumer adjusted premiums.

#### **4.5 Projected Loss Ratio**

The projected loss ratio for the rates provided in this file, using the Federally-prescribed MLR methodology, is 85.5% for the Small Group market and 85.5% for the combined Individual/Small Group market. Details behind this calculation can be found in Exhibit 10B.

#### **4.6 Plan Product Information**

##### **4.6.1 AV Metal Values**

The majority of our 2020 plans include varying cost share levels for some services that depend on the setting in which care is delivered. The HHS AV calculator was used to compute two separate AVs for each impacted plan – one which applied the higher level of cost-share, and one which applied the lower level of cost-share. 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 experience from our small group and individual markets. Plans without these features used the AV calculator without modification.

Additional details regarding the unique plan designs not accommodated by the HHS AV Calculator along with printouts for each plan are provided in the "Actuarial Memorandum" section of the Supporting Documentation tab of the SERFF filing.

##### **4.6.2 Membership Projections**

The membership projections found in Worksheet 2 of the URRT were developed from enrollment as of 2/28/19 using assumptions for termination rates, new sales and transfers. The projections also incorporate any plan mappings anticipated between that month and the rating period. For new plan offerings where no plans are being uniformly modified into them, a minimum level of enrollment was assumed.

Also, Section III on Worksheet 2 of the URRT is out of balance with worksheet 1. 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 Small Group plans. Therefore, because of Individual being included at the pool level but not on the plan level, there is a large difference between the 2 worksheets.

##### **4.6.3 Plan Type**

Each plan in Worksheet 2, Section I of the URRT contains a plan type that describes the plan exactly.

#### **4.7 Miscellaneous Instructions**

##### **4.7.1 Effective Rate Review Information (Optional)**

We have no additional exhibits.

##### **4.7.2 Reliance**

We do not have any reliance to state.

##### **4.7.3 Actuarial Certification**



Included in the Memorandum.

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

**Rate Filing # 2344  
D.C. Small Group Products  
Rate Filing Effective 1/1/2020**

**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 1/1/2020**

**Actuarial Certification**

I, Dwayne Lucado, am a(n) Sr. Actuary 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(d)(1) 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. Consistent with 45 CFR § 156.135, the 2020 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: 2019.05.24 11:15:56 -04'00'

Dwayne Lucado, FSA, MAAA  
Sr. Actuary  
CareFirst BlueCross BlueShield  
Mail Drop-Point 01-720  
10455 Mill Run Circle  
Owings Mills, MD 21117

### Exhibit 1 - Market Adjusted Index Rate Summary

	2020	Exhibit
(1) Base Period Total Allowed	\$ 611.18	2
(2) Base Period Non-EHB PMPM	\$ 0.63	2
(3) Experience Period Index Rate	\$ 610.55	
(4) Change in Morbidity	1.0063	4
(5) Additional Population Adjustment	1.0000	
(6) Induced Demand	1.0104	5
(7) Projection Period Utilization and Network Adjustment	1.0000	
(8) Demographic Adjustment	0.9900	6
(9) Area Adjustment	1.0000	
(10) Additional "Other" Adjustments	0.9962	7
(11) Annualized Trend	8.4%	8
(12) Months of Trend	24.0	
(13) Unit cost & Utilization/1,000 Trend Factor	1.1750	
(14) Projection Period Index Rate	\$ 719.31	
(15) Risk Adjustment Program	0.9396	9
(16) Federal Exchange User Fee	1.0000	
(17) Market Adjusted Index Rate	\$ 675.84	
Without Risk Adjustment	\$ 719.31	

**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	\$ 40,840,921	\$ 102.96		Admits	97.23	\$ 12,707.31
Outpatient Hospital	\$ 48,913,925	\$ 123.31		Visits	1,001.55	\$ 1,477.45
Professional	\$ 74,021,182	\$ 186.61		Visits	12,376.47	\$ 180.93
Other Medical	\$ 15,251,140	\$ 38.45		Services	1,647.78	\$ 280.00
Capitation	\$ 429,583	\$ 1.08		Benefit Period	1,000	\$ 13.00
Prescription Drug	\$ 62,980,204	\$ 158.77		Prescriptions	9,938.52	\$ 191.71
<b>Total (EHB &amp; Non-EHB)</b>	<b>\$ 242,436,955</b>	<b>\$ 611.18</b>				
<b>EHB Allowed</b>	<b>\$ 242,188,128</b>	<b>\$ 610.55</b>				
<b>Non-EHB Allowed</b>	<b>\$ 248,827</b>	<b>\$ 0.63</b>				
<b>Incurred Net</b>	<b>\$ 215,503,011</b>	<b>\$ 543.28</b>				
<b>Net/Allowed</b>		<b>88.89%</b>				
<b>Experience Period Member Months</b>		<b>396,670</b>				
<b>Experience Period Revenue</b>	<b>\$ 221,699,296</b>					

### Exhibit 3 - Non-EHB Adjustment

		2020 On-Exchange	2020 Off-Exchange	
(1)	Blended Index Rate	\$ 736.53	\$ 736.53	
(2)	Non-EHB PMPM	\$ 0.13	\$ 0.13	
(3)	Total	\$ 736.66	\$ 736.66	
(4)	<b>Plan Level Adjustment</b>	<b>1.000</b>	<b>1.000</b>	(3)/(1)

Exhibit 4 - Morbidity Adjustment Factor

Base Year

Metal Level	Member Months	2018 Normalized Allowed PMPM
Catastrophic	-	\$ -
Bronze	22,490	\$ 199.24
Silver	64,807	\$ 255.43
Gold	126,784	\$ 342.59
Platinum	182,536	\$ 375.60
<b>Subtotal</b>	<b>396,617</b>	<b>\$ 335.42</b>

Current Year YTD

Existing				
Metal Level	Member Months	2018 Normalized Allowed PMPM	Morbidity Adjustment	2019 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -	1.000	\$ -
Bronze	2,889	\$ 184.99	1.000	\$ 184.99
Silver	8,023	\$ 265.56	1.000	\$ 265.56
Gold	17,203	\$ 342.74	1.000	\$ 342.74
Platinum	24,727	\$ 378.71	1.000	\$ 378.71
<b>Subtotal</b>	<b>52,842</b>	<b>\$ 339.23</b>	<b>1.000</b>	<b>\$ 339.23</b>

New				
Metal Level	Member Months	Existing Cohort Adjusted Normalized Allowed PMPM	Morbidity Adjustment	2019 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -	1.000	\$ -
Bronze	351	\$ 184.99	1.000	\$ 184.99
Silver	1,105	\$ 265.56	1.000	\$ 265.56
Gold	2,823	\$ 342.74	1.000	\$ 342.74
Platinum	3,467	\$ 378.71	1.000	\$ 378.71
<b>Subtotal</b>	<b>7,746</b>	<b>\$ 340.68</b>	<b>1.000</b>	<b>\$ 340.68</b>

Transfer				
Metal Level	Member Months	2018 Normalized Allowed PMPM	Morbidity Adjustment	2019 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -	1.000	\$ -
Bronze	122	\$ 98.60	1.000	\$ 98.60
Silver	351	\$ 212.42	1.000	\$ 212.42
Gold	653	\$ 242.98	1.000	\$ 242.98
Platinum	629	\$ 341.05	1.000	\$ 341.05
<b>Subtotal</b>	<b>1,755</b>	<b>\$ 261.98</b>	<b>1.000</b>	<b>\$ 261.98</b>

Total				
Metal Level	Member Months	2018 Normalized Allowed PMPM	Morbidity Adjustment	2019 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -	-	\$ -
Bronze	3,362	\$ 181.85	1.000	\$ 181.85
Silver	9,479	\$ 263.60	1.000	\$ 263.60
Gold	20,679	\$ 339.59	1.000	\$ 339.59
Platinum	28,823	\$ 377.89	1.000	\$ 377.89
<b>Subtotal</b>	<b>62,343</b>	<b>\$ 337.24</b>	<b>1.000</b>	<b>\$ 337.24</b>

Remainder of Current Year

Existing				
Metal Level	Member Months	2019 Adjusted Normalized Allowed PMPM	Morbidity Adjustment	2019 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -	1.000	\$ -
Bronze	12,539	\$ 184.99	1.000	\$ 184.99
Silver	38,182	\$ 265.56	1.000	\$ 265.56
Gold	83,242	\$ 342.74	1.000	\$ 342.74
Platinum	124,113	\$ 378.71	1.000	\$ 378.71
<b>Subtotal</b>	<b>258,076</b>	<b>\$ 340.96</b>	<b>1.000</b>	<b>\$ 340.96</b>

New				
Metal Level	Member Months	2019 Adjusted Normalized Allowed PMPM	Morbidity Adjustment	2019 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -	1.000	\$ -
Bronze	2,504	\$ 184.99	1.000	\$ 184.99
Silver	5,822	\$ 265.56	1.000	\$ 265.56
Gold	15,748	\$ 342.74	1.000	\$ 342.74
Platinum	13,352	\$ 378.71	1.000	\$ 378.71
<b>Subtotal</b>	<b>37,426</b>	<b>\$ 333.01</b>	<b>1.000</b>	<b>\$ 333.01</b>

Transfer				
Metal Level	Member Months	2019 Adjusted Normalized Allowed PMPM	Morbidity Adjustment	2019 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -	1.000	\$ -
Bronze	590	\$ 98.60	1.000	\$ 98.60
Silver	1,612	\$ 212.42	1.000	\$ 212.42
Gold	3,120	\$ 242.98	1.000	\$ 242.98
Platinum	2,762	\$ 341.05	1.000	\$ 341.05
<b>Subtotal</b>	<b>8,084</b>	<b>\$ 259.85</b>	<b>1.000</b>	<b>\$ 259.85</b>

Total				
Metal Level	Member Months	2019 Adjusted Normalized Allowed PMPM	Morbidity Adjustment	2019 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -	-	\$ -
Bronze	15,633	\$ 181.73	1.000	\$ 181.73
Silver	45,616	\$ 263.69	1.000	\$ 263.69
Gold	102,110	\$ 339.69	1.000	\$ 339.69
Platinum	140,227	\$ 377.97	1.000	\$ 377.97
<b>Subtotal</b>	<b>303,586</b>	<b>\$ 337.82</b>	<b>1.000</b>	<b>\$ 337.82</b>

Total Current Year

Total	Member Months	2019 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -
Bronze	18,995	\$ 181.75
Silver	55,095	\$ 263.67
Gold	122,789	\$ 339.68
Platinum	169,050	\$ 377.96
<b>Subtotal</b>	<b>365,929</b>	<b>\$ 337.72</b>

Rating Year

Existing				
Metal Level	Member Months	2019 Normalized Allowed PMPM	Morbidity Adjustment	2020 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -	1.000	\$ -
Bronze	15,063	\$ 181.75	1.000	\$ 181.75
Silver	46,036	\$ 263.67	1.000	\$ 263.67
Gold	95,947	\$ 339.68	1.000	\$ 339.68
Platinum	157,108	\$ 377.96	1.000	\$ 377.96
<b>Subtotal</b>	<b>314,154</b>	<b>\$ 340.11</b>	<b>1.000</b>	<b>\$ 340.11</b>

New				
Metal Level	Member Months	Existing Cohort Adjusted Normalized Allowed PMPM	Morbidity Adjustment	2020 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -	1.000	\$ -
Bronze	2,450	\$ 181.75	1.000	\$ 181.75
Silver	5,363	\$ 263.67	1.000	\$ 263.67
Gold	9,051	\$ 339.68	1.000	\$ 339.68
Platinum	10,210	\$ 377.96	1.000	\$ 377.96
<b>Subtotal</b>	<b>27,074</b>	<b>\$ 324.77</b>	<b>1.000</b>	<b>\$ 324.77</b>

Transfer				
Metal Level	Member Months	2019 Normalized Allowed PMPM	Morbidity Adjustment	2020 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -	1.000	\$ -
Bronze	312	\$ 98.60	1.000	\$ 98.60
Silver	1,272	\$ 212.42	1.000	\$ 212.42
Gold	2,556	\$ 242.98	1.000	\$ 242.98
Platinum	2,868	\$ 341.05	1.000	\$ 341.05
<b>Subtotal</b>	<b>7,008</b>	<b>\$ 271.14</b>	<b>1.000</b>	<b>\$ 271.14</b>

Total				
Metal Level	Member Months	2019 Normalized Allowed PMPM	Morbidity Adjustment	2020 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -	-	\$ -
Bronze	17,825	\$ 180.29	1.000	\$ 180.29
Silver	52,671	\$ 262.43	1.000	\$ 262.43
Gold	107,554	\$ 337.38	1.000	\$ 337.38
Platinum	170,186	\$ 377.33	1.000	\$ 377.33
<b>Subtotal</b>	<b>348,236</b>	<b>\$ 337.53</b>	<b>1.000</b>	<b>\$ 337.53</b>

Year	Adjusted Normalized PMPM	Year over Year Change
2018	\$ 335.42	n/a
2019	\$ 337.72	0.7%
2020	\$ 337.53	-0.1%

Morbidity Adjustment Change	0.6%
Morbidity Adjustment Factor	1.0063

**Exhibit 5 - Induced Utilization Adjustment Factor**

<b>Year</b>	<b>Actuarial Value</b>	<b>Induced Demand Factor</b>	
(1) 2018	84.13%	1.1089	
(2) Projected 2020	85.77%	1.1204	
<b>(3) Adjustment*</b>		<b>1.0104</b>	<b>(2)/(1)</b>

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



**Exhibit 6 - Demographic Adjustment**

	<b>Period</b>	<b>Cohort</b>	<b>Demo Factor*</b>	<b>Weight</b>	<b>Average Age**</b>
(1)	Base Period	All	1.7147	100.0%	34.9
(2)	Rating Period	Existing	1.7185	90.2%	
		New	1.5115	7.8%	
		Transfer	1.4755	2.0%	
(3)	Rating Period	All	1.6975	100.0%	34.6
(4)	<b>Demographic Adjustment***</b>	<b>All</b>	<b>0.9900</b>		

(3) / (1)

**\*Demo factors by cohort for the rating period are based on average factors for each cohort from the current year to date. Weights are based on expected distribution of member months.**

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

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

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

<b>Capitation adjustment</b>			
(1) EP Capitation PMPM	\$	0.55	
(2) Projected Capitations PMPM	\$	0.75	
<b>(3) Adjustment to Capitation Category</b>		<b>1.3459</b>	(2)/(1)
<b>Drug Rebates adjustment</b>			
(4) Experience Period Allowed Rx PMPM (Pre-Rebate)	\$	182.15	
(5) Experience Pharmacy Rebates PMPM	\$	23.38	
(6) Projected Pharmacy Rebates PMPM	\$	22.89	
(7) Post-Rebate Rx PMPM (using Experience Rebates)	\$	158.77	
(8) Post-Rebate Rx PMPM (using Projected Rebates)	\$	159.26	
<b>(9) Adjustment to Drug Category</b>		<b>1.0031</b>	(8)/(7)
<b>Formulary Adjustments</b>			
(10) Experience Period Allowed Rx PMPM (Pre-Rebate, existing formulary)	\$	182.15	
(11) Ingredient cost Adjustment Factor		0.9840	
(12) Experience Period Allowed Rx PMPM (Pre-Rebate, new formulary)	\$	179.24	(10)*(11)
(13) Projection Period Pharmacy Rebates PMPM	\$	22.89	
<b>(14) Adjustment to Drug Category</b>		<b>0.9817</b>	[(12) - (13)]/[(10) - (13)]

	<b>PMPM</b>	<b>Adjustment</b>	
Inpatient Hospital	\$ 120.88	1.0000	
Outpatient Hospital	\$ 143.39	1.0000	
Professional	\$ 219.50	1.0000	
Other Medical	\$ 44.38	1.0000	
Capitation	\$ 0.55	1.3459	(3)
Prescription Drug	\$ 193.37	0.9847	(9)*(14)
<b>Total</b>	<b>\$ 722.07</b>	<b>0.9962</b>	

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

### Exhibit 8 - Annual Trend Assumptions

	2018 PMPM	Weight	Utilization/1,000	Unit Cost	Composite
<b>Inpatient Hospital</b>	\$ 102.96	16.8%	1.0800	1.0000	1.0800
<b>Outpatient Hospital</b>	\$ 123.31	20.2%	1.0750	1.0000	1.0750
<b>Professional</b>	\$ 186.61	30.5%	1.0600	1.0200	1.0812
<b>Other Medical</b>	\$ 38.45	6.3%	1.0200	1.0500	1.0710
<b>Capitation</b>	\$ 1.08	0.2%	1.0000	1.0000	1.0000
<b>Prescription Drug</b>	\$ 158.77	26.0%	1.0000	1.1000	1.1000
<b>Total</b>	\$ 611.18	100.0%			1.0838
 <b>Proposed Trend</b>					 <b>1.0840</b>

**Exhibit 9 - Risk Adjustment**

**2018**

Metallic Tier	Member Months	Distribution	PLRS	ARF	Transfer \$	PMPM
Bronze	-	0.0%	-	-	\$0	\$0.00
Silver	35,807	12.2%	1.0861	1.1011	-\$610,357	-\$17.05
Gold	100,207	34.1%	1.3343	1.0426	\$3,280,915	\$32.74
Platinum	157,507	53.7%	1.5613	1.0620	\$8,068,916	\$51.23
<b>Total</b>	<b>293,521</b>	<b>100.0%</b>	<b>1.4258</b>	<b>1.0601</b>	<b>\$10,739,474</b>	<b>\$36.59</b>

**Statewide 2018**

**Statewide PMPM 2018**

Small Group	928,580		1.2585	1.0374	\$	422.87
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**2020**

Metallic Tier	Member Months	Distribution	PLRS	ARF	Transfer \$	PMPM
Bronze	-	0.0%	-	-	\$0	\$0.00
Silver	26,502	10.5%	0.9704	1.1316	-\$987,962	-\$37.28
Gold	79,934	31.6%	1.2047	1.0448	\$2,724,327	\$34.08
Platinum	146,468	57.9%	1.4273	1.0744	\$8,336,608	\$56.92
<b>Total</b>	<b>252,904</b>	<b>100.0%</b>	<b>1.3091</b>	<b>1.0710</b>	<b>\$10,072,972</b>	<b>\$39.83</b>

**Statewide 2020**

**Statewide PMPM 2020**

Small Group	944,103		1.1559	1.0458	\$	495.22
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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*
\$736.53	\$44.69	\$ 0.18	0.9396

\*Adjustment Factor =  $(\$736.53 - \$44.69 + \$0.18) / \$736.53$

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

	1Q 2020		2Q 2020		3Q 2020		4Q 2020		Total 2020	
	PMPM	% of Revenue	PMPM	% of Revenue	PMPM	% of Revenue	PMPM	% of Revenue	PMPM	% of Revenue
Allowed Claims	\$ 727.60		\$ 742.42		\$ 757.54		\$ 772.98		\$ 751.59	
Paid/Allowed Ratio	88.11%		88.11%		88.11%		88.11%		88.1%	
Paid Claims & Capitations	\$ 641.11		\$ 654.16		\$ 667.49		\$ 681.09		\$ 662.25	
Risk Adjustment Transfer (Paid Basis)	\$ 39.83		\$ 39.83		\$ 39.83		\$ 39.83		\$ 39.83	
<b>Paid Claims &amp; Capitations (Post-3Rs)</b>	<b>\$ 601.28</b>	<b>80.5%</b>	<b>\$ 614.33</b>	<b>80.7%</b>	<b>\$ 627.66</b>	<b>80.9%</b>	<b>\$ 641.26</b>	<b>81.1%</b>	<b>\$ 622.42</b>	<b>80.8%</b>
Administrative Expense	\$ 51.27	6.9%	\$ 51.27	6.7%	\$ 51.27	6.6%	\$ 51.27	6.5%	\$ 51.27	6.7%
Broker Commissions & Fee	\$ 23.80	3.2%	\$ 23.80	3.1%	\$ 23.80	3.1%	\$ 23.80	3.0%	\$ 23.80	3.1%
Contribution to Reserve (Post-Tax)	\$ 25.39	3.4%	\$ 25.88	3.4%	\$ 26.38	3.4%	\$ 26.89	3.4%	\$ 26.18	3.4%
Investment Income Credit	\$ (0.75)	-0.1%	\$ (0.76)	-0.1%	\$ (0.78)	-0.1%	\$ (0.79)	-0.1%	\$ (0.77)	-0.1%
Risk Charge	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%
<b><u>Non-ACA Taxes &amp; Fees</u></b>										
State Premium Tax	\$ 14.93	2.0%	\$ 15.22	2.0%	\$ 15.52	2.0%	\$ 15.82	2.0%	\$ 15.40	2.0%
State Assessment Fee	\$ 0.75	0.1%	\$ 0.76	0.1%	\$ 0.78	0.1%	\$ 0.79	0.1%	\$ 0.77	0.1%
Reinsurance Program Fee	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%
State Income Tax	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%
Federal Income Tax	\$ 4.48	0.6%	\$ 4.57	0.6%	\$ 4.65	0.6%	\$ 4.74	0.6%	\$ 4.62	0.6%
<b><u>ACA Taxes &amp; Fees</u></b>										
Health Insurer Tax	\$ 17.57	2.4%	\$ 17.91	2.4%	\$ 18.25	2.4%	\$ 18.61	2.4%	\$ 18.12	2.4%
Risk Adjustment User Fee	\$ 0.18	0.0%	\$ 0.18	0.0%	\$ 0.18	0.0%	\$ 0.18	0.0%	\$ 0.18	0.0%
Exchange Assessment Fee	\$ 7.47	1.0%	\$ 7.61	1.0%	\$ 7.76	1.0%	\$ 7.91	1.0%	\$ 7.70	1.0%
Federal Exchange User Fee	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%
BlueRewards/Incentive Program	\$ 0.35	0.0%	\$ 0.35	0.0%	\$ 0.35	0.0%	\$ 0.35	0.0%	\$ 0.35	0.0%
<b>Total Revenue</b>	<b>\$ 746.71</b>	<b>100.0%</b>	<b>\$ 761.11</b>	<b>100.0%</b>	<b>\$ 775.82</b>	<b>100.0%</b>	<b>\$ 790.82</b>	<b>100.0%</b>	<b>\$ 770.03</b>	<b>100.0%</b>
Plan Level Admin Load Adjustment	1.2415		1.2386		1.2357		1.2329			
Projected Member Months	82,972		36,954		33,297		99,681		252,904	
Average Members	6,914		3,080		2,775		8,307		21,075	
% Total 2020	32.8%		14.6%		13.2%		39.4%		100.0%	

## Exhibit 10B - Federal MLR

	<b>Total 2020</b>
	<b>PMPM / %</b>
<b><u>Traditional MLR Development</u></b>	
Paid Claims & Capitations (Post-3Rs)	\$ 622.42
<b>Total Revenue</b>	<b>\$ 770.03</b>
<b>Traditional MLR (i.e. DICR)</b>	<b>80.8%</b>
<b><u>Federal MLR Development</u></b>	
<b>Numerator Adjustments</b>	
BlueRewards/Incentive Program	\$ 0.35
Quality Improvement Expenses	\$ 3.55
Removal of non-care costs under MLR guidelines	\$ (8.30)
<b>Denominator Adjustments</b>	
Non-ACA Taxes & Fees	\$ 20.79
ACA Taxes & Fees	\$ 26.00
<b>Federal MLR Numerator</b>	<b>\$ 618.02</b>
<b>Federal MLR Denominator</b>	<b>\$ 723.24</b>
<b>Federal MLR</b>	<b>85.5%</b>
<b>Projected Member Months</b>	<b>252,904</b>

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

	<b>Total 2020</b>	
	<b>PMPM / %</b>	
<b><u>Traditional MLR Development</u></b>		
Paid Claims & Capitations (Post-3Rs)	\$	584.14
<b>Total Revenue</b>	\$	<b>722.60</b>
<b>Traditional MLR (i.e. DICR)</b>		<b>80.8%</b>
<b><u>Federal MLR Development</u></b>		
<b>Numerator Adjustments</b>		
BlueRewards/Incentive Program	\$	0.35
Quality Improvement Expenses	\$	3.41
removal of non-care costs under MLR guidelines	\$	(6.95)
<b>Denominator Adjustments</b>		
Non-ACA Taxes & Fees	\$	19.02
ACA Taxes & Fees	\$	24.41
<b>Federal MLR Numerator</b>	\$	<b>580.94</b>
<b>Federal MLR Denominator</b>	\$	<b>679.17</b>
<b>Federal MLR</b>		<b>85.5%</b>
<b>Projected Member Months</b>		<b>348,236</b>

**Exhibit 11 - Plan Adjusted Index Rates**

HIOS Plan ID	Plan Name	Plan Type	Metallic Tier	Exchange	Network	Market Adjusted Index Rate	Internal Pricing AV	Network Factor	Induced Utilization	Non-EHB	Admin	Plan Adjusted Index Rate
78079DC0220020	BluePreferred PPO Gold 1000	PPO	GOLD	On	Regional Preferred (RPN)	\$675.84	0.8316	1.0000	0.9790	1.0002	1.2415	\$683.21
78079DC0220021	BluePreferred PPO Gold 500	PPO	GOLD	On	Regional Preferred (RPN)	\$675.84	0.8522	1.0000	0.9790	1.0002	1.2415	\$700.12
78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500	PPO	SILVER	On	Regional Preferred (RPN)	\$675.84	0.7593	1.0000	0.9340	1.0002	1.2415	\$595.12
78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	PPO	SILVER	On	Regional Preferred (RPN)	\$675.84	0.7407	1.0000	0.9340	1.0002	1.2415	\$580.61
78079DC0220024	BluePreferred PPO Platinum 0	PPO	PLATINUM	On	Regional Preferred (RPN)	\$675.84	0.9393	1.0000	1.0430	1.0002	1.2415	\$822.17
78079DC0220025	BluePreferred PPO Platinum 500	PPO	PLATINUM	On	Regional Preferred (RPN)	\$675.84	0.8999	1.0000	1.0430	1.0002	1.2415	\$787.72
78079DC0220026	BluePreferred PPO Silver 1500	PPO	SILVER	On	Regional Preferred (RPN)	\$675.84	0.7195	1.0000	0.9340	1.0002	1.2415	\$564.00
78079DC0220031	BluePreferred PPO Gold 1500	PPO	GOLD	On	Regional Preferred (RPN)	\$675.84	0.8167	1.0000	0.9790	1.0002	1.2415	\$670.98
78079DC0220032	BluePreferred PPO 1000 90%/70%	PPO	GOLD	On	Regional Preferred (RPN)	\$675.84	0.8046	1.0000	0.9790	1.0002	1.2415	\$661.08
78079DC0220033	BluePreferred PPO HSA/HRA 2300 80%/60%	PPO	SILVER	On	Regional Preferred (RPN)	\$675.84	0.7052	1.0000	0.9340	1.0002	1.2415	\$552.72
78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	PPO	SILVER	On	Regional Preferred (RPN)	\$675.84	0.7604	1.0000	0.9340	1.0002	1.2415	\$595.99
78079DC0220035	BluePreferred PPO HSA/HRA Silver 2000 70	PPO	SILVER	On	Regional Preferred (RPN)	\$675.84	0.7081	1.0000	0.9340	1.0002	1.2415	\$555.02



**Exhibit 12 - AV Values**

<b>HIOS Plan ID</b>	<b>HIOS Plan Name</b>	<b>HHS AV</b>
78079DC0220020	BluePreferred PPO Gold 1000	0.8197
78079DC0220021	BluePreferred PPO Gold 500	0.8199
78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500	0.7176
78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	0.7194
78079DC0220024	BluePreferred PPO Platinum 0	0.9198
78079DC0220025	BluePreferred PPO Platinum 500	0.9108
78079DC0220026	BluePreferred PPO Silver 1500	0.7190
78079DC0220031	BluePreferred PPO Gold 1500	0.8197
78079DC0220032	BluePreferred PPO 1000 90%/70%	0.8127
78079DC0220033	BluePreferred PPO HSA/HRA 2300 80%/60%	0.7191
78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	0.7198
78079DC0220035	BluePreferred PPO HSA/HRA Silver 2000 70	0.7187

**Exhibit 13 - Age Calibration**

Age Curve Calibration					
	Period	Cohort	Rating Factor*	Weight	Average Age**
(1)	Rating Period	Existing	1.0771	90.2%	
		New	0.9787	7.8%	
		Transfer	0.9404	2.0%	
(2)	<b>Rating Period</b>	<b>All</b>	<b>1.0667</b>	<b>100.0%</b>	<b>42.3</b>
(3)	<b>Nearest Rounded</b>	<b>All</b>	<b>1.0530</b>		<b>42.0</b>
(4)	<b>Calibration***</b>	<b>All</b>	<b>0.9871</b>		

(3)/(2)

Premium Rate Demonstration		
	HIOS Plan Name	BluePreferred PPO Gold 1000
(5)	Plan Adjusted Index Rate	\$674.43
(6)	Calibration	0.9871
(7)	Calibrated Rate	\$665.75
(8)	Age 40 Factor/Rounded Avg Age Factor = (0.975/1.053)	0.9259
(9)	<b>Age 40 Premium Rate</b>	<b>\$616.44</b>

(4)

(5)\*(6)

(7)\*(8)

\*Rating factors by cohort for the rating period are based on average factors for each cohort from the current year to date. Weights are based on expected distribution of member months.

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

\*\*\*Applied uniformly to all plans

### Exhibit 14 - Age Factors

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

**Exhibit 15 - Induced Utilization Factors**

<b>CDH/Non-CDH</b>	<b>Projected Member Months</b>	<b>Relative to HSA/HRA</b>	<b>Relative to Average*</b>
HSA/HRA	34,622	1.0000	1.0000
Non-CDH	313,614	1.0000	1.0000
	<b>348,236</b>	<b>1.0000</b>	

<b>Metal Level</b>	<b>Projected Member Months</b>	<b>Relative to Bronze</b>	<b>Relative to Average*</b>
Catastrophic	0	1.0000	0.9069
Bronze	17,825	1.0000	0.9069
Silver	52,264	1.0300	0.9341
Gold	107,554	1.0800	0.9794
Platinum	170,593	1.1500	1.0429
<b>Total</b>	<b>348,236</b>	<b>1.1027</b>	

**\*Factors are applied as plan level adjustments**

Appendix - Experience Period to Rating Period Plan Mappings

Exp. Period		Current Period		Rating Period			
2017 Base HIOS Plan ID	2017 HIOS Plan Name	2018 Base HIOS Plan ID	2018 HIOS Plan Name	2019 Base HIOS Plan ID	2019 HIOS Plan Name	2020 Base HIOS Plan ID	2020 HIOS Plan Name
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 1500
78079DC0220027	HealthyBlue PPO Gold 1500	78079DC0220027	HealthyBlue PPO Gold 1500	78079DC0220027	HealthyBlue PPO Gold 1500	78079DC0220025	BluePreferred PPO Platinum 500
78079DC0220028	HealthyBlue PPO HSA/HRA Silver 2000	78079DC0220028	HealthyBlue PPO HSA/HRA Silver 2000	78079DC0220028	HealthyBlue PPO HSA/HRA Silver 2000	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000
78079DC0220029	HealthyBlue PPO Platinum 1000	78079DC0220029	HealthyBlue PPO Platinum 1000	78079DC0220030	HealthyBlue PPO Platinum 500	78079DC0220024	BluePreferred PPO Platinum 0
78079DC0220030	HealthyBlue PPO Platinum 500	78079DC0220030	HealthyBlue PPO Platinum 500	78079DC0220030	HealthyBlue PPO Platinum 500	78079DC0220024	BluePreferred PPO Platinum 0
78079DC0220031	BluePreferred PPO Gold 1500	78079DC0220031	BluePreferred PPO Gold 1500	78079DC0220031	BluePreferred PPO Gold 1500	78079DC0220031	BluePreferred PPO Gold 1500
78079DC0220032	BluePreferred PPO 1000 90%/70%	78079DC0220032	BluePreferred PPO 1000 90%/70%	78079DC0220032	BluePreferred PPO 1000 90%/70%	78079DC0220032	BluePreferred PPO 1000 90%/70%
78079DC0220033	BluePreferred PPO HSA/HRA 2000 80%/60%	78079DC0220033	BluePreferred PPO HSA/HRA 2000 80%/60%	78079DC0220033	BluePreferred PPO HSA/HRA 2250 80%/60%	78079DC0220033	BluePreferred PPO HSA/HRA 2300 80%/60%
78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA
						78079DC0220035	BluePreferred PPO HSA/HRA Silver 2000 70

Appendix - Annual Rate Change Based on Mapping

Base Rate	Bronze Members/Avg Renewal	-	-	n/a
Base Rate	Silver Members/Avg Renewal	2,332	2,244	17.8%
Base Rate	Gold Members/Avg Renewal	7,974	7,916	20.1%
Base Rate	Platinum Members/Avg Renewal	12,250	11,703	17.5%
Base Rate	<b>All Members/Avg Renewal</b>	<b>22,556</b>	<b>21,863</b>	<b>18.5%</b>
Base Rate	<b>Minimum Renewal</b>			<b>14.6%</b>
Base Rate	<b>Maximum Renewal</b>			<b>32.7%</b>

2019 HIOS Plan ID	2019 HIOS Plan Name	2019 Metal Level	2019 Marketplace Indicator	2020 HIOS Plan ID	2020 HIOS Plan Name	2020 Metal Level	2020 Marketplace Indicator	Current Month Member Count	Projected 2019 EOY Members	1Q2019 Base Rate	1Q2020 Base Rate	Annual Rate Change
78079DC0220020	BluePreferred PPO Gold 1000	GOLD	On	78079DC0220020	BluePreferred PPO Gold 1000	GOLD	On	2,310.00	2,256	\$542.30	\$640.48	18.1%
78079DC0220021	BluePreferred PPO Gold 500	GOLD	On	78079DC0220021	BluePreferred PPO Gold 500	GOLD	On	2,909.00	2,952	\$556.58	\$656.33	17.9%
78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500	SILVER	On	78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500	SILVER	On	611.00	580	\$471.08	\$557.90	18.4%
78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	SILVER	On	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	SILVER	On	673.00	646	\$456.95	\$544.29	19.1%
78079DC0220024	BluePreferred PPO Platinum 0	PLATINUM	On	78079DC0220024	BluePreferred PPO Platinum 0	PLATINUM	On	8,498.00	8,135	\$656.16	\$770.74	17.5%
78079DC0220025	BluePreferred PPO Platinum 500	PLATINUM	On	78079DC0220025	BluePreferred PPO Platinum 500	PLATINUM	On	3,269.00	3,092	\$630.22	\$738.45	17.2%
78079DC0220026	BluePreferred PPO Silver 1000	SILVER	On	78079DC0220026	BluePreferred PPO Silver 1500	SILVER	On	416.00	416	\$461.24	\$528.72	14.6%
78079DC0220027	HealthyBlue PPO Gold 1500	GOLD	On	78079DC0220025	BluePreferred PPO Platinum 500	PLATINUM	On	1,171.00	1,140	\$556.37	\$738.45	32.7%
78079DC0220028	HealthyBlue PPO HSA/HRA Silver 2000	SILVER	On	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	SILVER	On	166.00	152	\$467.74	\$544.29	16.4%
78079DC0220030	HealthyBlue PPO Platinum 500	PLATINUM	On	78079DC0220024	BluePreferred PPO Platinum 0	PLATINUM	On	483.00	476	\$637.46	\$770.74	20.9%
78079DC0220031	BluePreferred PPO Gold 1500	GOLD	On	78079DC0220031	BluePreferred PPO Gold 1500	GOLD	On	1,288.00	1,265	\$534.44	\$629.01	17.7%
78079DC0220032	BluePreferred PPO 1000 90%/70%	GOLD	On	78079DC0220032	BluePreferred PPO 1000 90%/70%	GOLD	On	296.00	303	\$522.60	\$619.73	18.6%
78079DC0220033	BluePreferred PPO HSA/HRA 2250 80%/60%	SILVER	On	78079DC0220033	BluePreferred PPO HSA/HRA 2300 80%/60%	SILVER	On	98.00	100	\$435.73	\$518.15	18.9%
78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	SILVER	On	78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	SILVER	On	368.00	350	\$471.57	\$558.71	18.5%

**Appendix - Quarterly Rate Change Adjustment Factors**

	(1)	(2)	(3) = (1 + (1))*(1 + (2)) -1
<b>Quarter</b>	<b>Market Adj. Index Rate</b>	<b>Admin Load Factor</b>	<b>Plan Adjusted Index Rates</b>
2Q20	2.0%	-0.2%	1.8%
3Q20	2.0%	-0.2%	1.8%
4Q20	2.0%	-0.2%	1.8%

**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

	2019	2020	% Change
Base Rate	\$556.37	\$738.45	32.7%
Age Factor	0.654	0.727	11.2%
Geographic Factor	1.000	1.000	0.0%
Tobacco Factor	1.000	1.000	0.0%
<b>Total</b>	<b>\$363.87</b>	<b>\$536.85</b>	<b>47.5%</b>

	HealthyBlue PPO	BluePreferred PPO
Base Rate/Product(s)	Gold 1500	Platinum 500
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:

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This list contains the applicable forms for the new 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-131927480

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### ON-Exchange

#### Product: BluePreferred

#### Network: Regional Preferred (RPN)

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DC/CF/SHOP/GC (R. 1/19)  
DC/CF/SHOP/PPO/EOC (R. 1/20)  
DC/GHMSI/DOL APPEAL (R. 1/17)  
DC/CF/SHOP/PPO/DOCS (R. 1/20)  
DC/CF/BP PPO/1000 90-70 (1/20)  
DC/CF/BP PPO BF HSA/SIL 1500 (1/20)  
DC/CF/BP PPO CDH/2300 80-60 (1/20)  
DC/CF/BP PPO CDH/SIL 1500 (1/20)  
DC/CF/BP PPO CDH/SIL 2000 (1/20)  
DC/CF/BP PPO CDH/SIL 2000 70 (1/20)  
DC/CF/BP PPO/GOLD 500 (1/20)  
DC/CF/BP PPO/GOLD 1000 (1/20)  
DC/CF/BP PPO/GOLD 1500 (1/20)  
DC/CF/BP PPO/PLAT 0 (1/20)  
DC/CF/BP PPO/PLAT 500 (1/20)  
DC/CF/BP PPO/SIL 1500 (1/20)  
DC/CF/SHOP/ELIG (R. 1/20)  
DC/CF/FAM PLAN/FED (R. 1/20)  
DC/CF/BLCRD (R. 6/18)  
DC/CF/MEM/BLCRD (R. 6/18)  
DC/CF/ANCILLARY AMEND (10/12)  
DC/CF/SG/AUTH AMEND/PPO (1/20)  
DC/CF/PT PROTECT (9/10)  
DC/GHMSI-HEALTH GUARANTEE 6/18  
DC/CF/SG/INCENT (R. 1/20)  
DC/CF/PARTNER (R. 7/09)

### Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201601	37,936	Inpatient Hospital	\$4,127,745	\$0	Admits	245
201602	38,265	Inpatient Hospital	\$3,417,288	\$0	Admits	166
201603	38,703	Inpatient Hospital	\$4,841,680	\$0	Admits	213
201604	38,577	Inpatient Hospital	\$3,121,911	\$0	Admits	209
201605	38,594	Inpatient Hospital	\$3,404,926	\$0	Admits	220
201606	38,590	Inpatient Hospital	\$3,724,703	\$0	Admits	209
201607	38,433	Inpatient Hospital	\$3,712,606	\$0	Admits	212
201608	37,664	Inpatient Hospital	\$4,755,472	\$0	Admits	229
201609	37,088	Inpatient Hospital	\$4,189,536	\$0	Admits	240
201610	37,022	Inpatient Hospital	\$4,045,847	\$0	Admits	235
201611	36,181	Inpatient Hospital	\$3,452,924	\$0	Admits	219
201612	33,439	Inpatient Hospital	\$2,200,133	\$0	Admits	160
201701	34,634	Inpatient Hospital	\$5,559,295	\$0	Admits	184
201702	35,060	Inpatient Hospital	\$2,633,354	\$0	Admits	155
201703	35,518	Inpatient Hospital	\$3,626,691	\$0	Admits	188
201704	35,484	Inpatient Hospital	\$3,820,784	\$0	Admits	193
201705	35,621	Inpatient Hospital	\$3,080,398	\$0	Admits	182
201706	35,341	Inpatient Hospital	\$3,966,545	\$0	Admits	198
201707	35,409	Inpatient Hospital	\$2,730,444	\$0	Admits	176
201708	35,596	Inpatient Hospital	\$3,425,404	\$0	Admits	193
201709	35,575	Inpatient Hospital	\$3,038,097	\$0	Admits	223
201710	35,395	Inpatient Hospital	\$2,498,591	\$0	Admits	179
201711	35,242	Inpatient Hospital	\$3,003,601	\$0	Admits	237
201712	34,727	Inpatient Hospital	\$2,842,676	\$0	Admits	158
201801	34,450	Inpatient Hospital	\$3,917,134	\$0	Admits	223
201802	34,315	Inpatient Hospital	\$3,905,650	\$0	Admits	249
201803	34,168	Inpatient Hospital	\$3,760,983	\$0	Admits	242
201804	33,858	Inpatient Hospital	\$3,575,961	\$0	Admits	286
201805	33,816	Inpatient Hospital	\$2,997,459	\$0	Admits	329
201806	33,246	Inpatient Hospital	\$3,403,618	\$0	Admits	240
201807	32,849	Inpatient Hospital	\$3,494,788	\$0	Admits	299
201808	32,747	Inpatient Hospital	\$3,214,704	\$0	Admits	225
201809	32,524	Inpatient Hospital	\$2,795,780	\$0	Admits	263
201810	32,341	Inpatient Hospital	\$4,016,932	\$0	Admits	383
201811	31,817	Inpatient Hospital	\$3,339,762	\$0	Admits	299
201812	30,539	Inpatient Hospital	\$2,418,149	\$0	Admits	177
201901	31,131	Inpatient Hospital	\$2,999,030	\$0	Admits	207
201902	31,166	Inpatient Hospital	\$1,692,955	\$0	Admits	167

### Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201601	37,936	Outpatient Hospital	\$4,496,040	\$0	Visits	3,113
201602	38,265	Outpatient Hospital	\$4,331,267	\$0	Visits	3,238
201603	38,703	Outpatient Hospital	\$4,810,896	\$0	Visits	3,334
201604	38,577	Outpatient Hospital	\$4,401,255	\$0	Visits	3,236
201605	38,594	Outpatient Hospital	\$4,249,581	\$0	Visits	3,251
201606	38,590	Outpatient Hospital	\$4,454,837	\$0	Visits	3,330
201607	38,433	Outpatient Hospital	\$3,960,707	\$0	Visits	3,087
201608	37,664	Outpatient Hospital	\$4,096,714	\$0	Visits	3,258
201609	37,088	Outpatient Hospital	\$4,008,749	\$0	Visits	3,135
201610	37,022	Outpatient Hospital	\$3,941,051	\$0	Visits	3,137
201611	36,181	Outpatient Hospital	\$4,459,207	\$0	Visits	3,098
201612	33,439	Outpatient Hospital	\$3,739,120	\$0	Visits	2,781
201701	34,634	Outpatient Hospital	\$4,057,349	\$0	Visits	2,895
201702	35,060	Outpatient Hospital	\$4,190,752	\$0	Visits	2,674
201703	35,518	Outpatient Hospital	\$4,524,402	\$0	Visits	2,947
201704	35,484	Outpatient Hospital	\$3,896,380	\$0	Visits	2,618
201705	35,621	Outpatient Hospital	\$4,116,207	\$0	Visits	2,796
201706	35,341	Outpatient Hospital	\$4,023,159	\$0	Visits	2,608
201707	35,409	Outpatient Hospital	\$3,619,244	\$0	Visits	2,406
201708	35,596	Outpatient Hospital	\$3,811,604	\$0	Visits	2,630
201709	35,575	Outpatient Hospital	\$3,392,730	\$0	Visits	2,498
201710	35,395	Outpatient Hospital	\$3,907,081	\$0	Visits	2,766
201711	35,242	Outpatient Hospital	\$3,873,352	\$0	Visits	2,623
201712	34,727	Outpatient Hospital	\$3,821,853	\$0	Visits	2,544
201801	34,450	Outpatient Hospital	\$4,145,249	\$0	Visits	2,766
201802	34,315	Outpatient Hospital	\$3,530,796	\$0	Visits	2,559
201803	34,168	Outpatient Hospital	\$4,432,796	\$0	Visits	2,833
201804	33,858	Outpatient Hospital	\$4,059,990	\$0	Visits	2,887
201805	33,816	Outpatient Hospital	\$4,279,555	\$0	Visits	3,018
201806	33,246	Outpatient Hospital	\$3,899,027	\$0	Visits	2,709
201807	32,849	Outpatient Hospital	\$3,768,547	\$0	Visits	2,627
201808	32,747	Outpatient Hospital	\$4,175,602	\$0	Visits	2,808
201809	32,524	Outpatient Hospital	\$3,884,221	\$0	Visits	2,561
201810	32,341	Outpatient Hospital	\$4,594,827	\$0	Visits	2,904
201811	31,817	Outpatient Hospital	\$4,376,472	\$0	Visits	2,763
201812	30,539	Outpatient Hospital	\$3,766,843	\$0	Visits	2,672
201901	31,131	Outpatient Hospital	\$5,102,979	\$0	Visits	3,363
201902	31,166	Outpatient Hospital	\$4,292,168	\$0	Visits	3,594

## Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201601	37,936	Professional	\$6,361,447	\$0	Visits	33,584
201602	38,265	Professional	\$6,263,374	\$0	Visits	35,866
201603	38,703	Professional	\$6,758,237	\$0	Visits	39,276
201604	38,577	Professional	\$6,270,273	\$0	Visits	36,871
201605	38,594	Professional	\$6,512,000	\$0	Visits	37,220
201606	38,590	Professional	\$6,716,130	\$0	Visits	37,757
201607	38,433	Professional	\$5,841,690	\$0	Visits	33,628
201608	37,664	Professional	\$6,630,488	\$0	Visits	37,457
201609	37,088	Professional	\$6,356,858	\$0	Visits	36,008
201610	37,022	Professional	\$6,344,014	\$0	Visits	37,081
201611	36,181	Professional	\$6,082,871	\$0	Visits	35,201
201612	33,439	Professional	\$5,170,920	\$0	Visits	30,263
201701	34,634	Professional	\$6,282,912	\$0	Visits	34,080
201702	35,060	Professional	\$5,890,052	\$0	Visits	32,495
201703	35,518	Professional	\$6,375,824	\$0	Visits	36,568
201704	35,484	Professional	\$5,911,904	\$0	Visits	32,506
201705	35,621	Professional	\$6,307,231	\$0	Visits	36,120
201706	35,341	Professional	\$6,248,359	\$0	Visits	34,718
201707	35,409	Professional	\$5,620,862	\$0	Visits	31,554
201708	35,596	Professional	\$6,514,631	\$0	Visits	35,766
201709	35,575	Professional	\$5,853,789	\$0	Visits	33,408
201710	35,395	Professional	\$6,160,207	\$0	Visits	36,864
201711	35,242	Professional	\$6,150,975	\$0	Visits	35,104
201712	34,727	Professional	\$5,550,245	\$0	Visits	31,969
201801	34,450	Professional	\$7,262,253	\$0	Visits	37,013
201802	34,315	Professional	\$5,974,340	\$0	Visits	32,931
201803	34,168	Professional	\$6,427,030	\$0	Visits	34,562
201804	33,858	Professional	\$6,317,220	\$0	Visits	33,944
201805	33,816	Professional	\$6,459,284	\$0	Visits	35,450
201806	33,246	Professional	\$5,924,674	\$0	Visits	32,633
201807	32,849	Professional	\$5,758,870	\$0	Visits	31,667
201808	32,747	Professional	\$6,105,128	\$0	Visits	34,038
201809	32,524	Professional	\$5,556,646	\$0	Visits	31,707
201810	32,341	Professional	\$7,001,787	\$0	Visits	40,270
201811	31,817	Professional	\$5,980,789	\$0	Visits	34,411
201812	30,539	Professional	\$5,253,159	\$0	Visits	30,488
201901	31,131	Professional	\$7,191,889	\$0	Visits	40,982
201902	31,166	Professional	\$8,796,467	\$0	Visits	54,695

### Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201601	37,936	Other Medical	\$1,054,241	\$0	Services	4,714
201602	38,265	Other Medical	\$1,137,985	\$0	Services	4,888
201603	38,703	Other Medical	\$1,290,472	\$0	Services	5,543
201604	38,577	Other Medical	\$1,092,431	\$0	Services	5,225
201605	38,594	Other Medical	\$1,257,315	\$0	Services	5,420
201606	38,590	Other Medical	\$1,532,198	\$0	Services	5,635
201607	38,433	Other Medical	\$1,205,923	\$0	Services	4,851
201608	37,664	Other Medical	\$1,383,881	\$0	Services	6,057
201609	37,088	Other Medical	\$1,216,169	\$0	Services	4,588
201610	37,022	Other Medical	\$1,055,667	\$0	Services	4,729
201611	36,181	Other Medical	\$1,248,924	\$0	Services	4,575
201612	33,439	Other Medical	\$1,280,818	\$0	Services	4,265
201701	34,634	Other Medical	\$1,130,211	\$0	Services	4,368
201702	35,060	Other Medical	\$993,630	\$0	Services	4,275
201703	35,518	Other Medical	\$990,037	\$0	Services	4,656
201704	35,484	Other Medical	\$969,583	\$0	Services	4,195
201705	35,621	Other Medical	\$1,150,882	\$0	Services	4,453
201706	35,341	Other Medical	\$1,040,706	\$0	Services	4,638
201707	35,409	Other Medical	\$1,052,573	\$0	Services	4,047
201708	35,596	Other Medical	\$1,108,749	\$0	Services	5,038
201709	35,575	Other Medical	\$896,704	\$0	Services	4,130
201710	35,395	Other Medical	\$1,109,492	\$0	Services	4,425
201711	35,242	Other Medical	\$1,173,715	\$0	Services	4,268
201712	34,727	Other Medical	\$1,116,738	\$0	Services	4,451
201801	34,450	Other Medical	\$1,200,430	\$0	Services	5,008
201802	34,315	Other Medical	\$1,065,688	\$0	Services	4,485
201803	34,168	Other Medical	\$1,268,262	\$0	Services	4,796
201804	33,858	Other Medical	\$1,423,775	\$0	Services	4,569
201805	33,816	Other Medical	\$1,487,415	\$0	Services	4,541
201806	33,246	Other Medical	\$1,215,345	\$0	Services	4,455
201807	32,849	Other Medical	\$1,337,617	\$0	Services	4,679
201808	32,747	Other Medical	\$1,357,603	\$0	Services	4,989
201809	32,524	Other Medical	\$1,348,440	\$0	Services	4,141
201810	32,341	Other Medical	\$1,270,027	\$0	Services	4,595
201811	31,817	Other Medical	\$1,316,678	\$0	Services	4,265
201812	30,539	Other Medical	\$959,859	\$0	Services	3,946
201901	31,131	Other Medical	\$1,132,306	\$0	Services	4,851
201902	31,166	Other Medical	\$1,482,880	\$0	Services	6,188

### Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201601	37,936	Prescription Drug	\$4,649,261	\$690,399	Scripts	29,223
201602	38,265	Prescription Drug	\$5,016,477	\$693,409	Scripts	30,874
201603	38,703	Prescription Drug	\$5,818,341	\$698,107	Scripts	33,709
201604	38,577	Prescription Drug	\$5,531,525	\$718,089	Scripts	31,487
201605	38,594	Prescription Drug	\$5,508,276	\$718,470	Scripts	32,149
201606	38,590	Prescription Drug	\$6,129,693	\$718,485	Scripts	31,697
201607	38,433	Prescription Drug	\$5,907,597	\$749,972	Scripts	30,176
201608	37,664	Prescription Drug	\$6,087,857	\$734,809	Scripts	31,609
201609	37,088	Prescription Drug	\$5,244,426	\$724,506	Scripts	29,768
201610	37,022	Prescription Drug	\$5,659,659	\$674,586	Scripts	30,018
201611	36,181	Prescription Drug	\$5,283,439	\$655,166	Scripts	30,101
201612	33,439	Prescription Drug	\$5,400,705	\$611,538	Scripts	29,430
201701	34,634	Prescription Drug	\$5,371,178	\$701,226	Scripts	29,438
201702	35,060	Prescription Drug	\$5,309,336	\$710,546	Scripts	27,622
201703	35,518	Prescription Drug	\$6,012,900	\$719,893	Scripts	30,935
201704	35,484	Prescription Drug	\$5,446,277	\$820,510	Scripts	28,544
201705	35,621	Prescription Drug	\$6,420,769	\$823,327	Scripts	30,919
201706	35,341	Prescription Drug	\$5,987,107	\$819,105	Scripts	29,399
201707	35,409	Prescription Drug	\$5,666,465	\$805,808	Scripts	28,583
201708	35,596	Prescription Drug	\$6,648,886	\$809,751	Scripts	30,004
201709	35,575	Prescription Drug	\$5,831,784	\$809,199	Scripts	28,261
201710	35,395	Prescription Drug	\$6,184,202	\$788,438	Scripts	30,314
201711	35,242	Prescription Drug	\$5,932,303	\$783,775	Scripts	29,707
201712	34,727	Prescription Drug	\$5,865,938	\$773,343	Scripts	30,272
201801	34,450	Prescription Drug	\$6,042,499	\$790,249	Scripts	30,380
201802	34,315	Prescription Drug	\$5,529,807	\$786,044	Scripts	26,674
201803	34,168	Prescription Drug	\$6,060,368	\$782,434	Scripts	28,682
201804	33,858	Prescription Drug	\$6,102,508	\$816,433	Scripts	27,735
201805	33,816	Prescription Drug	\$6,332,155	\$816,263	Scripts	29,371
201806	33,246	Prescription Drug	\$5,948,600	\$802,829	Scripts	26,878
201807	32,849	Prescription Drug	\$5,988,397	\$773,496	Scripts	26,565
201808	32,747	Prescription Drug	\$6,286,527	\$771,235	Scripts	27,241
201809	32,524	Prescription Drug	\$5,567,124	\$766,494	Scripts	24,809
201810	32,341	Prescription Drug	\$6,690,711	\$739,875	Scripts	28,347
201811	31,817	Prescription Drug	\$5,915,216	\$728,098	Scripts	26,420
201812	30,539	Prescription Drug	\$5,789,188	\$699,449	Scripts	25,424
201901	31,131	Prescription Drug	\$5,911,954		Scripts	26,736
201902	31,166	Prescription Drug	\$5,495,593		Scripts	24,562

### Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201601	37,936	Capitations	\$43,916	\$0	Benefit Period	37,936
201602	38,265	Capitations	\$45,051	\$0	Benefit Period	38,265
201603	38,703	Capitations	\$46,272	\$0	Benefit Period	38,703
201604	38,577	Capitations	\$46,139	\$0	Benefit Period	38,577
201605	38,594	Capitations	\$46,300	\$0	Benefit Period	38,594
201606	38,590	Capitations	\$46,377	\$0	Benefit Period	38,590
201607	38,433	Capitations	\$46,278	\$0	Benefit Period	38,433
201608	37,664	Capitations	\$45,684	\$0	Benefit Period	37,664
201609	37,088	Capitations	\$45,317	\$0	Benefit Period	37,088
201610	37,022	Capitations	\$45,380	\$0	Benefit Period	37,022
201611	36,181	Capitations	\$44,549	\$0	Benefit Period	36,181
201612	33,439	Capitations	\$41,799	\$0	Benefit Period	33,439
201701	34,634	Capitations	\$43,370	\$0	Benefit Period	34,634
201702	35,060	Capitations	\$44,804	\$0	Benefit Period	35,060
201703	35,518	Capitations	\$46,237	\$0	Benefit Period	35,518
201704	35,484	Capitations	\$46,080	\$0	Benefit Period	35,484
201705	35,621	Capitations	\$46,147	\$0	Benefit Period	35,621
201706	35,341	Capitations	\$45,868	\$0	Benefit Period	35,341
201707	35,409	Capitations	\$45,851	\$0	Benefit Period	35,409
201708	35,596	Capitations	\$45,956	\$0	Benefit Period	35,596
201709	35,575	Capitations	\$45,955	\$0	Benefit Period	35,575
201710	35,395	Capitations	\$45,636	\$0	Benefit Period	35,395
201711	35,242	Capitations	\$45,299	\$0	Benefit Period	35,242
201712	34,727	Capitations	\$44,580	\$0	Benefit Period	34,727
201801	34,450	Capitations	\$37,340	\$0	Benefit Period	34,450
201802	34,315	Capitations	\$37,280	\$0	Benefit Period	34,315
201803	34,168	Capitations	\$37,247	\$0	Benefit Period	34,168
201804	33,858	Capitations	\$36,849	\$0	Benefit Period	33,858
201805	33,816	Capitations	\$36,429	\$0	Benefit Period	33,816
201806	33,246	Capitations	\$35,980	\$0	Benefit Period	33,246
201807	32,849	Capitations	\$35,624	\$0	Benefit Period	32,849
201808	32,747	Capitations	\$35,423	\$0	Benefit Period	32,747
201809	32,524	Capitations	\$35,102	\$0	Benefit Period	32,524
201810	32,341	Capitations	\$34,807	\$0	Benefit Period	32,341
201811	31,817	Capitations	\$34,240	\$0	Benefit Period	31,817
201812	30,539	Capitations	\$33,263	\$0	Benefit Period	30,539
201901	31,131	Capitations	\$40,271	\$0	Benefit Period	31,131
201902	31,166	Capitations	\$40,098	\$0	Benefit Period	31,166

**Appendix - Total Experience**

Month	Members	Contracts	Ultimate Allowed	Drug Rebates	Post-Rx Rebate Ultimate Allowed	Ultimate Incurred	Premium	Loss Ratio
201601	37,936	22,355	\$20,732,649	\$690,399	\$20,042,250	\$16,728,055	\$19,448,623	86.0%
201602	38,265	22,688	\$20,211,442	\$693,409	\$19,518,033	\$16,668,336	\$19,693,775	84.6%
201603	38,703	23,059	\$23,565,899	\$698,107	\$22,867,792	\$20,040,406	\$19,812,738	101.1%
201604	38,577	23,008	\$20,463,534	\$718,089	\$19,745,445	\$17,198,678	\$19,815,763	86.8%
201605	38,594	23,046	\$20,978,398	\$718,470	\$20,259,927	\$17,846,952	\$19,755,680	90.3%
201606	38,590	23,045	\$22,603,939	\$718,485	\$21,885,454	\$19,510,240	\$19,841,586	98.3%
201607	38,433	22,956	\$20,674,800	\$749,972	\$19,924,827	\$17,812,077	\$19,708,089	90.4%
201608	37,664	22,606	\$23,000,097	\$734,809	\$22,265,288	\$20,088,543	\$19,289,455	104.1%
201609	37,088	22,256	\$21,061,055	\$724,506	\$20,336,549	\$18,248,928	\$19,027,046	95.9%
201610	37,022	22,245	\$21,091,618	\$674,586	\$20,417,033	\$18,427,936	\$18,944,496	97.3%
201611	36,181	21,750	\$20,571,915	\$655,166	\$19,916,748	\$17,977,544	\$18,622,472	96.5%
201612	33,439	20,363	\$17,833,495	\$611,538	\$17,221,957	\$15,219,439	\$17,528,299	86.8%
201701	34,634	21,490	\$22,444,315	\$701,226	\$21,743,088	\$18,710,262	\$17,762,165	105.3%
201702	35,060	21,882	\$19,061,928	\$710,546	\$18,351,382	\$15,918,664	\$17,915,231	88.9%
201703	35,518	22,301	\$21,576,091	\$719,893	\$20,856,197	\$18,244,058	\$18,081,461	100.9%
201704	35,484	22,245	\$20,091,008	\$820,510	\$19,270,498	\$17,029,999	\$18,194,385	93.6%
201705	35,621	22,351	\$21,121,634	\$823,327	\$20,298,306	\$17,977,154	\$18,064,635	99.5%
201706	35,341	22,149	\$21,311,745	\$819,105	\$20,492,640	\$18,228,171	\$17,988,169	101.3%
201707	35,409	22,091	\$18,735,440	\$805,808	\$17,929,632	\$15,811,319	\$17,988,136	87.9%
201708	35,596	22,151	\$21,555,231	\$809,751	\$20,745,479	\$18,551,198	\$18,117,121	102.4%
201709	35,575	22,178	\$19,059,059	\$809,199	\$18,249,859	\$16,202,134	\$18,145,275	89.3%
201710	35,395	22,069	\$19,905,209	\$788,438	\$19,116,771	\$16,947,172	\$17,989,450	94.2%
201711	35,242	21,906	\$20,179,245	\$783,775	\$19,395,469	\$17,279,474	\$17,951,225	96.3%
201712	34,727	21,591	\$19,242,030	\$773,343	\$18,468,687	\$16,314,244	\$17,783,963	91.7%
201801	34,450	21,572	\$22,604,906	\$790,249	\$21,814,657	\$18,598,592	\$18,734,165	99.3%
201802	34,315	21,464	\$20,043,561	\$786,044	\$19,257,517	\$16,780,560	\$18,618,596	90.1%
201803	34,168	21,364	\$21,986,688	\$782,434	\$21,204,254	\$18,678,420	\$18,629,851	100.3%
201804	33,858	21,190	\$21,516,304	\$816,433	\$20,699,871	\$18,297,982	\$18,648,531	98.1%
201805	33,816	21,060	\$21,592,297	\$816,263	\$20,776,034	\$18,382,077	\$18,593,910	98.9%
201806	33,246	20,721	\$20,427,243	\$802,829	\$19,624,414	\$17,509,772	\$18,550,209	94.4%
201807	32,849	20,479	\$20,383,843	\$773,496	\$19,610,347	\$17,636,854	\$18,302,388	96.4%
201808	32,747	20,324	\$21,174,989	\$771,235	\$20,403,753	\$18,366,182	\$18,332,555	100.2%
201809	32,524	20,092	\$19,187,313	\$766,494	\$18,420,819	\$16,543,855	\$18,476,110	89.5%
201810	32,341	20,014	\$23,609,091	\$739,875	\$22,869,217	\$20,690,002	\$18,316,593	113.0%
201811	31,817	19,703	\$20,963,157	\$728,098	\$20,235,059	\$18,344,918	\$18,223,069	100.7%
201812	30,539	18,966	\$18,220,461	\$699,449	\$17,521,012	\$15,673,798	\$18,273,317	85.8%
201901	31,131	19,606	\$22,378,428		\$22,378,428	\$19,305,493	\$18,948,090	101.9%
201902	31,166	19,608	\$21,800,160		\$21,800,160	\$18,629,346	\$18,848,930	98.8%



# CareFirst BlueCross BlueShield

## Part III Actuarial Memorandum

### 4.1 Redacted Actuarial Memorandum

CareFirst is making no redactions so both Actuarial Memorandum submissions are the same.

### 4.2 General Information Section

#### Company Identifying Information:

- **Company Legal Name:** Group Hospitalization and Medical Services, Inc. (GHMSI) - NAIC # 53007
- **State:** District of Columbia
- **HIOS Issuer ID:** 78079
- **Market:** Small Groups (On Exchange)
- **Effective Date:** 1/1/20 and quarterly incremental "trend" increases effective 4/1/20, 7/1/20 and 10/1/20.
- **Company Filing Number:** 2344
- **SERFF Filing Number:** CFAP-131941267

#### Company Contact Information:

- **Primary Contact Name:** Mr. Dwayne Lucado, FSA, MAAA
- **Primary Contact Telephone Number:** 410-998-7519
- **Primary Contact E-Mail Address:** Dwayne.Lucado@CareFirst.com

### 4.3 Proposed Rate Changes (Small Group market)

Base rates are changing 21.6% on average for 1Q20. The range is 17.7% to 36.3%. The estimated average base rate changes for 2Q20, 3Q20, and 4Q20 are 20.8%, 20.4% and 19.7%, respectively. This filing applies to all new and renewing, in-force business in the guaranteed renewable, non-grandfathered, ACA, metaled benefit plans. The number of policyholders affected by this rate change is 12,574.

#### Reason for Rate Change(s):

The main drivers supporting the rate change are the deterioration in the base period experience of the combined pool, the re-introduction of the Health Insurer Fee in 2020, and the increase in contribution to reserve. But the main impact is due to this filing containing combined risk adjustment, with the State average factors being the same for both Individual and Small Group.

### 4.4 Market Experience (Combined Individual/Small Group market)

Our SRP reflects all covered lives for every non-grandfathered product in our market per 45 CFR Part § 156.80 (d).

#### 4.4.1 Experience and Current Period Premium, Claims, and Enrollment

The incurred period is 1/1/18 through 12/31/18, as required.

**Paid Through Date:** 2/28/19

**Current Date:** 2/28/19

**Premiums (prior to MLR rebates) in Experience Period:** \$221,699,296

**Experience Period Member Months:** 396,670

**Current Date Members:** 31,164

#### Allowed and Incurred Claims Incurred During the Experience Period

**Allowed Claims**

- **Processed through issuer's claim system:** \$242,436,955
- **Processed outside issuer's claim system:** \$0
- **IBNR:** \$2,919,239

**Incurred Claims**

- **Processed through issuer's claim system:** \$215,503,011
- **Processed outside issuer's claim system:** \$0
- **IBNR:** \$2,593,187

**Method used for determining Allowed Claims**

The allowed claims come directly from our claim records and account for capitations by applying contracted PMPM amounts directly to enrollment from the experience period. Drug rebates from the experience period are also included.

**Support for IBNR estimates**

Our estimates of IBNR paid claims were derived using a "chain and ladder" model based on the most recent 36 months to derive the completion factor and IBNR for each incurred month. Estimates of IBNR allowed claims were derived using the same completion factors as those estimated based on paid claims.

**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***4.4.3.1 Trend Factors***Trend Factors (Cost/Utilization):**

Exhibit 8 in the Memorandum contains our selected annual utilization and unit cost trends by service category. Unit cost and utilization trends were set by service category to produce the overall anticipated trend of 8.4%, which is less than a point increase compared to the 7.5% trend assumed in our prior filing. Current observed medical trends as of 201812 are 10.5%, up from -1.1% in 201712. The current observed drug trends are 9.2% as of 201812, down from 13.5% in 201712.

We note that the current drug observed trend as of 201812 is artificially depressed due to a structural formulary change effective 201801. The adjusted observed drug trend as of 201812 is 12.0%. The adjusted aggregate medical and drug trend is 10.9%.

When normalized for induced demand, network, and demographics, the composite 10.9% observed trend decreases to 10.3%.

In addition, we sought industry data to help inform our trend assumption. The table below was developed from two different industry surveys from national consultants. The medical and drug trends reported were blended using our base period experience to estimate composite trends.

Percentile	2019 OW Carrier Trend Report			2019 Aon Carrier Trend Survey			Average
	HMO	PPO	CDH	HMO	PPO	CDH	
75th	8.2%	9.5%	9.9%	8.8%	9.2%	9.2%	9.1%
50th	7.5%	8.0%	8.3%	8.1%	7.6%	7.9%	7.9%
25th	5.3%	6.7%	6.7%	6.5%	6.1%	6.1%	6.2%

Based on this information we believe that our assumed 8.4% composite trend is well within the reasonable range of trend assumptions.

#### 4.4.3.2 Adjustments to Trended EHB Allowed Claims PMPM

##### **Morbidity Adjustment:**

Exhibit 4 in our memorandum contains support for this adjustment. To measure the projected morbidity of our population, we split our projected population into cohorts defined by metal tier and membership type. Membership type is defined as new member, existing member, or transfer from other lines of business. Consistent with the rules in the 2020 Unified Rate Review Instructions, we began our morbidity projection by normalizing allowed claims for each of the cohorts outlined above for projected changes in age, gender, network and induced utilization.

We have not reflected any morbidity adjustments to the base period normalized allowed PMPMs by metal tier for the existing and transfer membership types. Exhibit 4 demonstrates how these PMPMs are unchanged from the current year YTD to remainder of current year. For the new membership type we have assumed a claims PMPM by metal equal to that of the existing members.

The resulting morbidity calculation is completed in steps split by year:

- Once the remainder of current year (2019) is completed, the membership and claims by metal are combined to derive a total estimate for the year.
- This result carries over to the rating year (2020) as the metal specific normalized PMPMs for the existing members.
- The assumed claims PMPMs by metal for the new members are again assumed to equal those for the existing members.
- Transfer members PMPMs are treated separately and reflect base period amounts projected forward. Our projection factor for these members is 1.000.
- Once these PMPMs are set, the final morbidity calculation is driven by the projected member months at these levels.

The total morbidity change from 2018 to 2020 is expected to be 0.6%, which is the factor used in Exhibit 1 in the calculation of the market adjustment index rate.

##### **Demographic Shift:**

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. Our methodology measures the change in average demographic factor between the base and rating periods. The demographic factors used are from an internal age/gender curve with an approximate 4.5:1 ratio (age 64+ to age 21 factors). Factors for both time periods are weighted using member months and the ratio of the two is applied as our market level adjustment.

##### **Plan Design Changes:**

Exhibit 5 in the Memorandum details our support for 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. Our methodology measures the change in the average induced utilization factor between the base and rating periods. The factors used are the metal level factors from the

federal risk adjustment program. Once the average internal pricing AV, weighted by member months, is determined for both the experience and rating periods the linearly interpolated factor is determined. The ratio of these two factors is applied as our market level adjustment.

#### **Other Adjustments:**

Exhibit 7 in the Memorandum details our support for these adjustments. We are proposing additional other adjustments for changes to our capitation fees and drug rebates.

##### *4.4.3.3 Manual Rate Adjustments*

Not applicable, as experience was determined to be fully credible. The Unified Rate Review Template (URRT) forces the use of a projection period ending twelve months after the effective date. This presumes all rates change on the effective date. This is inconsistent with our understanding of the DC small group market post-1/1/14. In this filing we are using a projection period ending with 3/31/2021 for our first quarter 2020 Index Rate Projection since business may be sold with this rate through 3/31/2020 and a one-year rate guarantee applies. The trends used in the URRT therefore will not produce the correct projected allowed amount PMPM. As such, we have assigned this projected amount a credibility factor of 0% and have entered the projected amounts corresponding to those in our rate filing using the Manual Rate section.

##### *4.4.3.4 Credibility of Experience*

Exhibit 2 in the Memorandum contains a summary of our base period experience, including member months. We have assigned full credibility to this experience.

##### *4.4.3.5 Establishing the Index Rate*

The experience period index rate for this filing is \$610.55 and the projection period index rate is \$719.31. Both rates and the adjustments made to develop the projected amount from the experience period amount can be found on Exhibit 1 of the Memorandum. Specifically, these adjustments correspond to those outlined in sections 4.4.3.1 and 4.4.3.2.

##### *4.4.3.6 Development of the Market-wide Adjusted Index Rate*

The Market-wide Adjusted Index Rate for the Small Group market is \$696.14 and is derived by multiplying the projection period index rate with the market level adjustments for the risk adjustment program. Details for the risk adjustment program can be found below.

#### **Reinsurance**

There are no reinsurance recoveries applicable to this market.

#### **Risk Adjustment Payment/Charge:**

The Experience Period Risk Adjustment transfers in the URRT are based on the most recent Wakely results.

Our projected 2020 risk adjustment transfers, found in Exhibit 9, have been calculated consistent with our membership and morbidity projections found elsewhere in this filing. The risk adjustment in this version of the filing is calculated on a "Combined" basis. We combined the Statewide elements, including members, Premium (PMPM), PLRS, ARF, GCF, IDF and AV. The PMPM and factors are weighted by members. Prior to this combination, the Small Group market had an expected increase in the Statewide PMPM of 17.1% (\$495.22/\$422.87) between 2020 and 2018. On a combined basis, the Statewide PMPM is expected to increase 16.1%, when compared to the Small Group market (\$490.96/\$422.87). The 2020 Statewide PLRS increases on a combined basis, from 1.156 (Statewide Small Group) to 1.176 (Statewide Combined). The PLRS for GHMSI Small Group remains the same at 1.309, and when compared to the combined statewide PLRS of 1.176 the segment is 11% sicker than the State (it was 13% sicker under separate risk

adjustment). The lower Statewide PMPM and higher statewide PLRS causes GHMSI Small Group to receive 47% less in risk adjustment dollars. The resultant estimate of combined risk adjustment is that the GHMSI receivable transfer PMPM for the Small Group market will decrease from \$36.59 in 2018 to \$21.30 in 2020, vs. \$39.83 (non-combined).  $\$21.30/\$39.83 = -47\%$ . Based on the resulting change in combined risk adjustment and its effect on the rates we have made no adjustments to other assumptions in the filing.

#### **Exchange User Fees:**

There are no applicable exchange user fees since the rates in this filing are not offered on the Federal Marketplace.

#### **4.4.4 Plan Adjusted Index Rate**

Exhibit 11 in the Memorandum displays the adjustments made for each plan. Every plan adjusted index rate is developed from the market adjusted index rate using only the allowable plan level modifiers as follows:

- **Actuarial value and cost-sharing design of the plan:** The actuarial value for each plan was determined using our own internal model and estimates the ratio of paid to allowed dollars given that plan's benefit design and the assumed allowed amount consistent with the projection period index rate. The URRT instructions state that this adjustment may "...take into account the benefit differences and *utilization differences due to differences in cost-sharing.*" As a result, our plan adjusted index rates also include adjustments to account for the impact the metal level has on utilization.
- **Provider network:** All plans offered use the PPO network.
- **Benefits in addition to EHBs:** There is an adjustment to account for abortion coverage (which are offered in addition to EHBs).
- **Administrative costs:** See Exhibit 10A in the Memorandum for the assumed values of the following additional items.
  1. Administrative Expense (G&A)
  2. Broker Commissions & Fees
  3. Federal Income Tax (FIT)
  4. Contribution to Reserve (Post-Tax)
  5. State Premium Tax
  6. Health Insurer Fee (HIF)
  7. Risk Adjustment User Fee
  8. Exchange Assessment Fee

For each plan, we have taken the applicable adjustment factor from each category above and multiplied them by the market adjusted index rate to derive each plan adjusted index rate.

#### **4.4.5 Calibration**

##### **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. We have used the standard DC age curve factors and weighted them using member months in our calculation.

A demonstration of how the plan adjusted index rates and the age curve are used to generate the schedule of premium rates for each plan can be found on Exhibit 13.

##### **Geographic Factor Calibration**

We have elected not to rate for geographic region.

#### **Tobacco Use Rating Factor Calibration**

We have elected not to rate for tobacco usage.

#### **4.4.6 Consumer Adjusted Premium Rate Development**

The premium rate that a given consumer will be charged is calculated by first taking the plan adjusted index rate for that member's chosen plan and dividing by the projected average age rating factor. The resulting value is the base rate for that plan. The final step in determining a consumer adjusted premium rate is to take the rate from the first step and multiply it by the corresponding factor for that member's age from the standard DC age curve. Rate charts are provided for all the consumer adjusted premiums.

### **4.5 Projected Loss Ratio**

The projected loss ratio for the rates provided in this file, using the Federally-prescribed MLR methodology, is 85.7% for the Small Group market and 85.2% for the combined Individual/Small Group market. Details behind this calculation can be found in Exhibit 10B.

### **4.6 Plan Product Information**

#### **4.6.1 AV Metal Values**

The majority of our 2020 plans include varying cost share levels for some services that depend on the setting in which care is delivered. The HHS AV calculator was used to compute two separate AVs for each impacted plan – one which applied the higher level of cost-share, and one which applied the lower level of cost-share. 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 experience from our small group and individual markets. Plans without these features used the AV calculator without modification.

Additional details regarding the unique plan designs not accommodated by the HHS AV Calculator along with printouts for each plan are provided in the "Actuarial Memorandum" section of the Supporting Documentation tab of the SERFF filing.

#### **4.6.2 Membership Projections**

The membership projections found in Worksheet 2 of the URRT were developed from enrollment as of 2/28/19 using assumptions for termination rates, new sales and transfers. The projections also incorporate any plan mappings anticipated between that month and the rating period. For new plan offerings where no plans are being uniformly modified into them, a minimum level of enrollment was assumed.

Also, Section III on Worksheet 2 of the URRT is out of balance with worksheet 1. 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 Small Group plans. Therefore, because of Individual being included at the pool level but not on the plan level, there is a large difference between the 2 worksheets.

#### **4.6.3 Plan Type**

Each plan in Worksheet 2, Section I of the URRT contains a plan type that describes the plan exactly.

### **4.7 Miscellaneous Instructions**

#### **4.7.1 Effective Rate Review Information (Optional)**

We have no additional exhibits.

#### **4.7.2 Reliance**

We do not have any reliance to state.

#### **4.7.3 Actuarial Certification**

Included in the Memorandum.

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

**Rate Filing # 2344  
D.C. Small Group Products  
Rate Filing Effective 1/1/2020**

**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 1/1/2020**  
**Actuarial Certification**

I, Dwayne Lucado, am a(n) Sr. Actuary 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(d)(1) 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. Consistent with 45 CFR § 156.135, the 2020 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: 2019.05.24 11:17:11 -04'00'

Dwayne Lucado, FSA, MAAA  
Sr. Actuary  
CareFirst BlueCross BlueShield  
Mail Drop-Point 01-720  
10455 Mill Run Circle  
Owings Mills, MD 21117

### Exhibit 1 - Market Adjusted Index Rate Summary

	2020	Exhibit
(1) Base Period Total Allowed	\$ 611.18	2
(2) Base Period Non-EHB PMPM	\$ 0.63	2
(3) Experience Period Index Rate	\$ 610.55	
(4) Change in Morbidity	1.0063	4
(5) Additional Population Adjustment	1.0000	
(6) Induced Demand	1.0104	5
(7) Projection Period Utilization and Network Adjustment	1.0000	
(8) Demographic Adjustment	0.9900	6
(9) Area Adjustment	1.0000	
(10) Additional "Other" Adjustments	0.9962	7
(11) Annualized Trend	8.4%	8
(12) Months of Trend	24.0	
(13) Unit cost & Utilization/1,000 Trend Factor	1.1750	
(14) Projection Period Index Rate	\$ 719.31	
(15) Risk Adjustment Program	0.9678	9
(16) Federal Exchange User Fee	1.0000	
(17) Market Adjusted Index Rate	\$ 696.14	
Without Risk Adjustment	\$ 719.31	

**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	\$ 40,840,921	\$ 102.96		Admits	97.23	\$ 12,707.31
Outpatient Hospital	\$ 48,913,925	\$ 123.31		Visits	1,001.55	\$ 1,477.45
Professional	\$ 74,021,182	\$ 186.61		Visits	12,376.47	\$ 180.93
Other Medical	\$ 15,251,140	\$ 38.45		Services	1,647.78	\$ 280.00
Capitation	\$ 429,583	\$ 1.08		Benefit Period	1,000	\$ 13.00
Prescription Drug	\$ 62,980,204	\$ 158.77		Prescriptions	9,938.52	\$ 191.71
<b>Total (EHB &amp; Non-EHB)</b>	<b>\$ 242,436,955</b>	<b>\$ 611.18</b>				
<b>EHB Allowed</b>	<b>\$ 242,188,128</b>	<b>\$ 610.55</b>				
<b>Non-EHB Allowed</b>	<b>\$ 248,827</b>	<b>\$ 0.63</b>				
<b>Incurred Net</b>	<b>\$ 215,503,011</b>	<b>\$ 543.28</b>				
<b>Net/Allowed</b>	<b>88.89%</b>					
<b>Experience Period Member Months</b>	<b>396,670</b>					
<b>Experience Period Revenue</b>	<b>\$ 221,699,296</b>					

### Exhibit 3 - Non-EHB Adjustment

		2020 On-Exchange	2020 Off-Exchange	
(1)	Blended Index Rate	\$ 736.53	\$ 736.53	
(2)	Non-EHB PMPM	\$ 0.13	\$ 0.13	
(3)	Total	\$ 736.66	\$ 736.66	
(4)	<b>Plan Level Adjustment</b>	<b>1.000</b>	<b>1.000</b>	(3)/(1)

Exhibit 4 - Morbidity Adjustment Factor

Base Year

Metal Level	Member Months	2018 Normalized Allowed PMPM
Catastrophic	-	\$ -
Bronze	22,490	\$ 199.24
Silver	64,807	\$ 255.43
Gold	126,784	\$ 342.59
Platinum	182,536	\$ 375.60
<b>Subtotal</b>	<b>396,617</b>	<b>\$ 335.42</b>

Current Year YTD

Existing				
Metal Level	Member Months	2018 Normalized Allowed PMPM	Morbidity Adjustment	2019 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -	1.000	\$ -
Bronze	2,889	\$ 184.99	1.000	\$ 184.99
Silver	8,023	\$ 265.56	1.000	\$ 265.56
Gold	17,203	\$ 342.74	1.000	\$ 342.74
Platinum	24,727	\$ 378.71	1.000	\$ 378.71
<b>Subtotal</b>	<b>52,842</b>	<b>\$ 339.23</b>	<b>1.000</b>	<b>\$ 339.23</b>

New				
Metal Level	Member Months	Existing Cohort Adjusted Normalized Allowed PMPM	Morbidity Adjustment	2019 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -	1.000	\$ -
Bronze	351	\$ 184.99	1.000	\$ 184.99
Silver	1,105	\$ 265.56	1.000	\$ 265.56
Gold	2,823	\$ 342.74	1.000	\$ 342.74
Platinum	3,467	\$ 378.71	1.000	\$ 378.71
<b>Subtotal</b>	<b>7,746</b>	<b>\$ 340.68</b>	<b>1.000</b>	<b>\$ 340.68</b>

Transfer				
Metal Level	Member Months	2018 Normalized Allowed PMPM	Morbidity Adjustment	2019 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -	1.000	\$ -
Bronze	122	\$ 98.60	1.000	\$ 98.60
Silver	351	\$ 212.42	1.000	\$ 212.42
Gold	653	\$ 242.98	1.000	\$ 242.98
Platinum	629	\$ 341.05	1.000	\$ 341.05
<b>Subtotal</b>	<b>1,755</b>	<b>\$ 261.98</b>	<b>1.000</b>	<b>\$ 261.98</b>

Total				
Metal Level	Member Months	2018 Normalized Allowed PMPM	Morbidity Adjustment	2019 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -	-	\$ -
Bronze	3,362	\$ 181.85	1.000	\$ 181.85
Silver	9,479	\$ 263.60	1.000	\$ 263.60
Gold	20,679	\$ 339.59	1.000	\$ 339.59
Platinum	28,823	\$ 377.89	1.000	\$ 377.89
<b>Subtotal</b>	<b>62,343</b>	<b>\$ 337.24</b>	<b>1.000</b>	<b>\$ 337.24</b>

Remainder of Current Year

Existing				
Metal Level	Member Months	2019 Adjusted Normalized Allowed PMPM	Morbidity Adjustment	2019 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -	1.000	\$ -
Bronze	12,539	\$ 184.99	1.000	\$ 184.99
Silver	38,182	\$ 265.56	1.000	\$ 265.56
Gold	83,242	\$ 342.74	1.000	\$ 342.74
Platinum	124,113	\$ 378.71	1.000	\$ 378.71
<b>Subtotal</b>	<b>258,076</b>	<b>\$ 340.96</b>	<b>1.000</b>	<b>\$ 340.96</b>

New				
Metal Level	Member Months	2019 Adjusted Normalized Allowed PMPM	Morbidity Adjustment	2019 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -	1.000	\$ -
Bronze	2,504	\$ 184.99	1.000	\$ 184.99
Silver	5,822	\$ 265.56	1.000	\$ 265.56
Gold	15,748	\$ 342.74	1.000	\$ 342.74
Platinum	13,352	\$ 378.71	1.000	\$ 378.71
<b>Subtotal</b>	<b>37,426</b>	<b>\$ 333.01</b>	<b>1.000</b>	<b>\$ 333.01</b>

Transfer				
Metal Level	Member Months	2019 Adjusted Normalized Allowed PMPM	Morbidity Adjustment	2019 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -	1.000	\$ -
Bronze	590	\$ 98.60	1.000	\$ 98.60
Silver	1,612	\$ 212.42	1.000	\$ 212.42
Gold	3,120	\$ 242.98	1.000	\$ 242.98
Platinum	2,762	\$ 341.05	1.000	\$ 341.05
<b>Subtotal</b>	<b>8,084</b>	<b>\$ 259.85</b>	<b>1.000</b>	<b>\$ 259.85</b>

Total				
Metal Level	Member Months	2019 Adjusted Normalized Allowed PMPM	Morbidity Adjustment	2019 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -	-	\$ -
Bronze	15,633	\$ 181.73	1.000	\$ 181.73
Silver	45,616	\$ 263.69	1.000	\$ 263.69
Gold	102,110	\$ 339.69	1.000	\$ 339.69
Platinum	140,227	\$ 377.97	1.000	\$ 377.97
<b>Subtotal</b>	<b>303,586</b>	<b>\$ 337.82</b>	<b>1.000</b>	<b>\$ 337.82</b>

Total Current Year

Total	Member Months	2019 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -
Bronze	18,995	\$ 181.75
Silver	55,095	\$ 263.67
Gold	122,789	\$ 339.68
Platinum	169,050	\$ 377.96
<b>Subtotal</b>	<b>365,929</b>	<b>\$ 337.72</b>

Rating Year

Existing				
Metal Level	Member Months	2019 Normalized Allowed PMPM	Morbidity Adjustment	2020 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -	1.000	\$ -
Bronze	15,063	\$ 181.75	1.000	\$ 181.75
Silver	46,036	\$ 263.67	1.000	\$ 263.67
Gold	95,947	\$ 339.68	1.000	\$ 339.68
Platinum	157,108	\$ 377.96	1.000	\$ 377.96
<b>Subtotal</b>	<b>314,154</b>	<b>\$ 340.11</b>	<b>1.000</b>	<b>\$ 340.11</b>

New				
Metal Level	Member Months	Existing Cohort Adjusted Normalized Allowed PMPM	Morbidity Adjustment	2020 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -	1.000	\$ -
Bronze	2,450	\$ 181.75	1.000	\$ 181.75
Silver	5,363	\$ 263.67	1.000	\$ 263.67
Gold	9,051	\$ 339.68	1.000	\$ 339.68
Platinum	10,210	\$ 377.96	1.000	\$ 377.96
<b>Subtotal</b>	<b>27,074</b>	<b>\$ 324.77</b>	<b>1.000</b>	<b>\$ 324.77</b>

Transfer				
Metal Level	Member Months	2019 Normalized Allowed PMPM	Morbidity Adjustment	2020 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -	1.000	\$ -
Bronze	312	\$ 98.60	1.000	\$ 98.60
Silver	1,272	\$ 212.42	1.000	\$ 212.42
Gold	2,556	\$ 242.98	1.000	\$ 242.98
Platinum	2,868	\$ 341.05	1.000	\$ 341.05
<b>Subtotal</b>	<b>7,008</b>	<b>\$ 271.14</b>	<b>1.000</b>	<b>\$ 271.14</b>

Total				
Metal Level	Member Months	2019 Normalized Allowed PMPM	Morbidity Adjustment	2020 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -	-	\$ -
Bronze	17,825	\$ 180.29	1.000	\$ 180.29
Silver	52,671	\$ 262.43	1.000	\$ 262.43
Gold	107,554	\$ 337.38	1.000	\$ 337.38
Platinum	170,186	\$ 377.33	1.000	\$ 377.33
<b>Subtotal</b>	<b>348,236</b>	<b>\$ 337.53</b>	<b>1.000</b>	<b>\$ 337.53</b>

Year	Adjusted Normalized PMPM	Year over Year Change
2018	\$ 335.42	n/a
2019	\$ 337.72	0.7%
2020	\$ 337.53	-0.1%

Morbidity Adjustment Change	0.6%
Morbidity Adjustment Factor	1.0063

**Exhibit 5 - Induced Utilization Adjustment Factor**

<b>Year</b>	<b>Actuarial Value</b>	<b>Induced Demand Factor</b>	
(1) 2018	84.13%	1.1089	
(2) Projected 2020	85.77%	1.1204	
<b>(3) Adjustment*</b>		<b>1.0104</b>	<b>(2)/(1)</b>

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

**Exhibit 6 - Demographic Adjustment**

	<b>Period</b>	<b>Cohort</b>	<b>Demo Factor*</b>	<b>Weight</b>	<b>Average Age**</b>
(1)	Base Period	All	1.7147	100.0%	34.9
(2)	Rating Period	Existing	1.7185	90.2%	
		New	1.5115	7.8%	
		Transfer	1.4755	2.0%	
(3)	Rating Period	All	1.6975	100.0%	34.6
(4)	<b>Demographic Adjustment***</b>	<b>All</b>	<b>0.9900</b>		

(3) / (1)

**\*Demo factors by cohort for the rating period are based on average factors for each cohort from the current year to date. Weights are based on expected distribution of member months.**

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

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

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

<b>Capitation adjustment</b>			
(1) EP Capitation PMPM	\$	0.55	
(2) Projected Capitations PMPM	\$	0.75	
<b>(3) Adjustment to Capitation Category</b>		<b>1.3459</b>	(2)/(1)
<b>Drug Rebates adjustment</b>			
(4) Experience Period Allowed Rx PMPM (Pre-Rebate)	\$	182.15	
(5) Experience Pharmacy Rebates PMPM	\$	23.38	
(6) Projected Pharmacy Rebates PMPM	\$	22.89	
(7) Post-Rebate Rx PMPM (using Experience Rebates)	\$	158.77	
(8) Post-Rebate Rx PMPM (using Projected Rebates)	\$	159.26	
<b>(9) Adjustment to Drug Category</b>		<b>1.0031</b>	(8)/(7)
<b>Formulary Adjustments</b>			
(10) Experience Period Allowed Rx PMPM (Pre-Rebate, existing formulary)	\$	182.15	
(11) Ingredient cost Adjustment Factor		0.9840	
(12) Experience Period Allowed Rx PMPM (Pre-Rebate, new formulary)	\$	179.24	(10)*(11)
(13) Projection Period Pharmacy Rebates PMPM	\$	22.89	
<b>(14) Adjustment to Drug Category</b>		<b>0.9817</b>	[(12) - (13)]/[(10) - (13)]

	<b>PMPM</b>	<b>Adjustment</b>	
Inpatient Hospital	\$ 120.88	1.0000	
Outpatient Hospital	\$ 143.39	1.0000	
Professional	\$ 219.50	1.0000	
Other Medical	\$ 44.38	1.0000	
Capitation	\$ 0.55	1.3459	(3)
Prescription Drug	\$ 193.37	0.9847	(9)*(14)
<b>Total</b>	<b>\$ 722.07</b>	<b>0.9962</b>	

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



### Exhibit 8 - Annual Trend Assumptions

	2018 PMPM	Weight	Utilization/1,000	Unit Cost	Composite
<b>Inpatient Hospital</b>	\$ 102.96	16.8%	1.0800	1.0000	1.0800
<b>Outpatient Hospital</b>	\$ 123.31	20.2%	1.0750	1.0000	1.0750
<b>Professional</b>	\$ 186.61	30.5%	1.0600	1.0200	1.0812
<b>Other Medical</b>	\$ 38.45	6.3%	1.0200	1.0500	1.0710
<b>Capitation</b>	\$ 1.08	0.2%	1.0000	1.0000	1.0000
<b>Prescription Drug</b>	\$ 158.77	26.0%	1.0000	1.1000	1.1000
<b>Total</b>	\$ 611.18	100.0%			1.0838
 <b>Proposed Trend</b>					 <b>1.0840</b>

**Exhibit 9 - Risk Adjustment**

**2018**

Metallic Tier	Member Months	Distribution	PLRS	ARF	Transfer \$	PMPM
Bronze	-	0.0%	-	-	\$0	\$0.00
Silver	35,807	12.2%	1.0861	1.1011	-\$610,357	-\$17.05
Gold	100,207	34.1%	1.3343	1.0426	\$3,280,915	\$32.74
Platinum	157,507	53.7%	1.5613	1.0620	\$8,068,916	\$51.23
<b>Total</b>	<b>293,521</b>	<b>100.0%</b>	<b>1.4258</b>	<b>1.0601</b>	<b>\$10,739,474</b>	<b>\$36.59</b>

**Statewide 2018**

**Statewide PMPM 2018**

Small Group	1,122,143		1.2892	1.0469	\$	414.41
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**2020**

Metallic Tier	Member Months	Distribution	PLRS	ARF	Transfer \$	PMPM
Bronze	-	0.0%	-	-	\$0	\$0.00
Silver	26,502	10.5%	0.9704	1.1316	-\$1,343,830	-\$50.71
Gold	79,934	31.6%	1.2047	1.0448	\$1,409,349	\$17.63
Platinum	146,468	57.9%	1.4273	1.0744	\$5,322,159	\$36.34
<b>Total</b>	<b>252,904</b>	<b>100.0%</b>	<b>1.3091</b>	<b>1.0710</b>	<b>\$5,387,678</b>	<b>\$21.30</b>

**Statewide 2020**

**Statewide PMPM 2020**

Small Group	1,127,169		1.1760	1.0532	\$	490.96
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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*
\$736.53	\$23.90	\$ 0.18	0.9678

\*Adjustment Factor = (\$736.53 - \$23.90 + \$0.18) / \$736.53

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

	1Q 2020		2Q 2020		3Q 2020		4Q 2020		Total 2020	
	PMPM	% of Revenue	PMPM	% of Revenue	PMPM	% of Revenue	PMPM	% of Revenue	PMPM	% of Revenue
Allowed Claims	\$727.60		\$742.42		\$757.54		\$772.98		\$ 751.59	
Paid/Allowed Ratio	88.11%		88.11%		88.11%		88.11%		88.1%	
Paid Claims & Capitations	\$ 641.11		\$ 654.16		\$ 667.49		\$ 681.09		\$ 662.25	
Risk Adjustment Transfer (Paid Basis)	\$ 21.30		\$ 21.30		\$ 21.30		\$ 21.30		\$ 21.30	
<b>Paid Claims &amp; Capitations (Post-3Rs)</b>	<b>\$ 619.80</b>	<b>80.8%</b>	<b>\$ 632.86</b>	<b>81.0%</b>	<b>\$ 646.19</b>	<b>81.2%</b>	<b>\$ 659.79</b>	<b>81.3%</b>	<b>\$ 640.94</b>	<b>81.1%</b>
Administrative Expense	\$ 51.27	6.7%	\$ 51.27	6.6%	\$ 51.27	6.4%	\$ 51.27	6.3%	\$ 51.27	6.5%
Broker Commissions & Fee	\$ 23.80	3.1%	\$ 23.80	3.0%	\$ 23.80	3.0%	\$ 23.80	2.9%	\$ 23.80	3.0%
Contribution to Reserve (Post-Tax)	\$ 26.08	3.4%	\$ 26.57	3.4%	\$ 27.07	3.4%	\$ 27.58	3.4%	\$ 26.88	3.4%
Investment Income Credit	\$ (0.77)	-0.1%	\$ (0.78)	-0.1%	\$ (0.80)	-0.1%	\$ (0.81)	-0.1%	\$ (0.79)	-0.1%
Risk Charge	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%
<b><u>Non-ACA Taxes &amp; Fees</u></b>										
State Premium Tax	\$ 15.34	2.0%	\$ 15.63	2.0%	\$ 15.93	2.0%	\$ 16.23	2.0%	\$ 15.81	2.0%
State Assessment Fee	\$ 0.77	0.1%	\$ 0.78	0.1%	\$ 0.80	0.1%	\$ 0.81	0.1%	\$ 0.79	0.1%
Reinsurance Program Fee	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%
State Income Tax	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%
Federal Income Tax	\$ 4.60	0.6%	\$ 4.69	0.6%	\$ 4.78	0.6%	\$ 4.87	0.6%	\$ 4.74	0.6%
<b><u>ACA Taxes &amp; Fees</u></b>										
Health Insurer Tax	\$ 18.05	2.4%	\$ 18.39	2.4%	\$ 18.74	2.4%	\$ 19.09	2.4%	\$ 18.60	2.4%
Risk Adjustment User Fee	\$ 0.18	0.0%	\$ 0.18	0.0%	\$ 0.18	0.0%	\$ 0.18	0.0%	\$ 0.18	0.0%
Exchange Assessment Fee	\$ 7.67	1.0%	\$ 7.82	1.0%	\$ 7.96	1.0%	\$ 8.11	1.0%	\$ 7.90	1.0%
Federal Exchange User Fee	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%
BlueRewards/Incentive Program	\$ 0.35	0.0%	\$ 0.35	0.0%	\$ 0.35	0.0%	\$ 0.35	0.0%	\$ 0.35	0.0%
<b>Total Revenue</b>	<b>\$ 767.15</b>	<b>100.0%</b>	<b>\$ 781.55</b>	<b>100.0%</b>	<b>\$ 796.25</b>	<b>100.0%</b>	<b>\$ 811.26</b>	<b>100.0%</b>	<b>\$ 790.47</b>	<b>100.0%</b>
Plan Level Admin Load Adjustment	1.2374		1.2346		1.2319		1.2292			
Projected Member Months	82,972		36,954		33,297		99,681		252,904	
Average Members	6,914		3,080		2,775		8,307		21,075	
% Total 2020	32.8%		14.6%		13.2%		39.4%		100.0%	

## Exhibit 10B - Federal MLR

	<b>Total 2020</b>
	<b>PMPM / %</b>
<b><u>Traditional MLR Development</u></b>	
Paid Claims & Capitations (Post-3Rs)	\$ 640.94
<b>Total Revenue</b>	<b>\$ 790.47</b>
<b>Traditional MLR (i.e. DICR)</b>	<b>81.1%</b>
<b><u>Federal MLR Development</u></b>	
<b>Numerator Adjustments</b>	
BlueRewards/Incentive Program	\$ 0.35
Quality Improvement Expenses	\$ 3.55
Removal of non-care costs under MLR guidelines	\$ (8.30)
<b>Denominator Adjustments</b>	
Non-ACA Taxes & Fees	\$ 21.34
ACA Taxes & Fees	\$ 26.68
<b>Federal MLR Numerator</b>	<b>\$ 636.54</b>
<b>Federal MLR Denominator</b>	<b>\$ 742.44</b>
<b>Federal MLR</b>	<b>85.7%</b>
<b>Projected Member Months</b>	<b>252,904</b>

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

**Total 2020  
PMPM / %**

**Traditional MLR Development**

Paid Claims & Capitations (Post-3Rs)	\$	570.05
<b>Total Revenue</b>	<b>\$</b>	<b>707.72</b>
<b>Traditional MLR (i.e. DICR)</b>		<b>80.5%</b>

**Federal MLR Development**

**Numerator Adjustments**

BlueRewards/Incentive Program	\$	0.35
Quality Improvement Expenses	\$	3.41
removal of non-care costs under MLR guidelines	\$	(6.95)

**Denominator Adjustments**

Non-ACA Taxes & Fees	\$	18.71
ACA Taxes & Fees	\$	23.91

<b>Federal MLR Numerator</b>	<b>\$</b>	<b>566.86</b>
<b>Federal MLR Denominator</b>	<b>\$</b>	<b>665.11</b>
<b>Federal MLR</b>		<b>85.2%</b>

**Projected Member Months**      348,236

**Exhibit 11 - Plan Adjusted Index Rates**

HIOS Plan ID	Plan Name	Plan Type	Metallic Tier	Exchange	Network	Market Adjusted Index Rate	Internal Pricing AV	Network Factor	Induced Utilization	Non-EHB	Admin	Plan Adjusted Index Rate
78079DC0220020	BluePreferred PPO Gold 1000	PPO	GOLD	On	Regional Preferred (RPN)	\$696.14	0.8316	1.0000	0.9790	1.0002	1.2374	\$701.39
78079DC0220021	BluePreferred PPO Gold 500	PPO	GOLD	On	Regional Preferred (RPN)	\$696.14	0.8522	1.0000	0.9790	1.0002	1.2374	\$718.75
78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500	PPO	SILVER	On	Regional Preferred (RPN)	\$696.14	0.7593	1.0000	0.9340	1.0002	1.2374	\$610.96
78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	PPO	SILVER	On	Regional Preferred (RPN)	\$696.14	0.7407	1.0000	0.9340	1.0002	1.2374	\$596.05
78079DC0220024	BluePreferred PPO Platinum 0	PPO	PLATINUM	On	Regional Preferred (RPN)	\$696.14	0.9393	1.0000	1.0430	1.0002	1.2374	\$844.04
78079DC0220025	BluePreferred PPO Platinum 500	PPO	PLATINUM	On	Regional Preferred (RPN)	\$696.14	0.8999	1.0000	1.0430	1.0002	1.2374	\$808.68
78079DC0220026	BluePreferred PPO Silver 1500	PPO	SILVER	On	Regional Preferred (RPN)	\$696.14	0.7195	1.0000	0.9340	1.0002	1.2374	\$579.00
78079DC0220031	BluePreferred PPO Gold 1500	PPO	GOLD	On	Regional Preferred (RPN)	\$696.14	0.8167	1.0000	0.9790	1.0002	1.2374	\$688.83
78079DC0220032	BluePreferred PPO 1000 90%/70%	PPO	GOLD	On	Regional Preferred (RPN)	\$696.14	0.8046	1.0000	0.9790	1.0002	1.2374	\$678.67
78079DC0220033	BluePreferred PPO HSA/HRA 2300 80%/60%	PPO	SILVER	On	Regional Preferred (RPN)	\$696.14	0.7052	1.0000	0.9340	1.0002	1.2374	\$567.43
78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	PPO	SILVER	On	Regional Preferred (RPN)	\$696.14	0.7604	1.0000	0.9340	1.0002	1.2374	\$611.85
78079DC0220035	BluePreferred PPO HSA/HRA Silver 2000 70	PPO	SILVER	On	Regional Preferred (RPN)	\$696.14	0.7081	1.0000	0.9340	1.0002	1.2374	\$569.78

**Exhibit 12 - AV Values**

<b>HIOS Plan ID</b>	<b>HIOS Plan Name</b>	<b>HHS AV</b>
78079DC0220020	BluePreferred PPO Gold 1000	0.8197
78079DC0220021	BluePreferred PPO Gold 500	0.8199
78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500	0.7176
78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	0.7194
78079DC0220024	BluePreferred PPO Platinum 0	0.9198
78079DC0220025	BluePreferred PPO Platinum 500	0.9108
78079DC0220026	BluePreferred PPO Silver 1500	0.7190
78079DC0220031	BluePreferred PPO Gold 1500	0.8197
78079DC0220032	BluePreferred PPO 1000 90%/70%	0.8127
78079DC0220033	BluePreferred PPO HSA/HRA 2300 80%/60%	0.7191
78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	0.7198
78079DC0220035	BluePreferred PPO HSA/HRA Silver 2000 70	0.7187

**Exhibit 13 - Age Calibration**

Age Curve Calibration					
	Period	Cohort	Rating Factor*	Weight	Average Age**
(1)	Rating Period	Existing	1.0771	90.2%	
		New	0.9787	7.8%	
		Transfer	0.9404	2.0%	
(2)	<b>Rating Period</b>	<b>All</b>	<b>1.0667</b>	<b>100.0%</b>	<b>42.3</b>
(3)	<b>Nearest Rounded</b>	<b>All</b>	<b>1.0530</b>		<b>42.0</b>
(4)	<b>Calibration***</b>	<b>All</b>	<b>0.9871</b>		

(3)/(2)

Premium Rate Demonstration		
	HIOS Plan Name	BluePreferred PPO Gold 1000
(5)	Plan Adjusted Index Rate	\$692.37
(6)	Calibration	0.9871
(7)	Calibrated Rate	\$683.46
(8)	Age 40 Factor/Rounded Avg Age Factor = (0.975/1.053)	0.9259
(9)	<b>Age 40 Premium Rate</b>	<b>\$632.84</b>

(4)

(5)\*(6)

(7)\*(8)

\*Rating factors by cohort for the rating period are based on average factors for each cohort from the current year to date. Weights are based on expected distribution of member months.

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

\*\*\*Applied uniformly to all plans



## Exhibit 14 - Age Factors

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

**Exhibit 15 - Induced Utilization Factors**

<b>CDH/Non-CDH</b>	<b>Projected Member Months</b>	<b>Relative to HSA/HRA</b>	<b>Relative to Average*</b>
HSA/HRA	34,622	1.0000	1.0000
Non-CDH	313,614	1.0000	1.0000
	<b>348,236</b>	<b>1.000</b>	

<b>Metal Level</b>	<b>Projected Member Months</b>	<b>Relative to Bronze</b>	<b>Relative to Average*</b>
Catastrophic	0	1.0000	0.9069
Bronze	17,825	1.0000	0.9069
Silver	52,264	1.0300	0.9341
Gold	107,554	1.0800	0.9794
Platinum	170,593	1.1500	1.0429
<b>Total</b>	<b>348,236</b>	<b>1.1027</b>	

**\*Factors are applied as plan level adjustments**

**Appendix - Experience Period to Rating Period Plan Mappings**

Exp. Period		Current Period		Rating Period			
2017 Base HIOS Plan ID	2017 HIOS Plan Name	2018 Base HIOS Plan ID	2018 HIOS Plan Name	2019 Base HIOS Plan ID	2019 HIOS Plan Name	2020 Base HIOS Plan ID	2020 HIOS Plan Name
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 1500
78079DC0220027	HealthyBlue PPO Gold 1500	78079DC0220027	HealthyBlue PPO Gold 1500	78079DC0220027	HealthyBlue PPO Gold 1500	78079DC0220025	BluePreferred PPO Platinum 500
78079DC0220028	HealthyBlue PPO HSA/HRA Silver 2000	78079DC0220028	HealthyBlue PPO HSA/HRA Silver 2000	78079DC0220028	HealthyBlue PPO HSA/HRA Silver 2000	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000
78079DC0220029	HealthyBlue PPO Platinum 1000	78079DC0220029	HealthyBlue PPO Platinum 1000	78079DC0220030	HealthyBlue PPO Platinum 500	78079DC0220024	BluePreferred PPO Platinum 0
78079DC0220030	HealthyBlue PPO Platinum 500	78079DC0220030	HealthyBlue PPO Platinum 500	78079DC0220030	HealthyBlue PPO Platinum 500	78079DC0220024	BluePreferred PPO Platinum 0
78079DC0220031	BluePreferred PPO Gold 1500	78079DC0220031	BluePreferred PPO Gold 1500	78079DC0220031	BluePreferred PPO Gold 1500	78079DC0220031	BluePreferred PPO Gold 1500
78079DC0220032	BluePreferred PPO 1000 90%/70%	78079DC0220032	BluePreferred PPO 1000 90%/70%	78079DC0220032	BluePreferred PPO 1000 90%/70%	78079DC0220032	BluePreferred PPO 1000 90%/70%
78079DC0220033	BluePreferred PPO HSA/HRA 2000 80%/60%	78079DC0220033	BluePreferred PPO HSA/HRA 2000 80%/60%	78079DC0220033	BluePreferred PPO HSA/HRA 2250 80%/60%	78079DC0220033	BluePreferred PPO HSA/HRA 2300 80%/60%
78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA
						78079DC0220035	BluePreferred PPO HSA/HRA Silver 2000 70

Appendix - Annual Rate Change Based on Mapping

Base Rate	Bronze Members/Avg Renewal	-	-	n/a
Base Rate	Silver Members/Avg Renewal	2,332	2,244	20.9%
Base Rate	Gold Members/Avg Renewal	7,974	7,916	23.3%
Base Rate	Platinum Members/Avg Renewal	12,250	11,703	20.7%
Base Rate	<b>All Members/Avg Renewal</b>	<b>22,556</b>	<b>21,863</b>	<b>21.6%</b>
Base Rate	<b>Minimum Renewal</b>			<b>17.7%</b>
Base Rate	<b>Maximum Renewal</b>			<b>36.3%</b>

2019 HIOS Plan ID	2019 HIOS Plan Name	2019 Metal Level	2019 Marketplace Indicator	2020 HIOS Plan ID	2020 HIOS Plan Name	2020 Metal Level	2020 Marketplace Indicator	Current Month Member Count	Projected 2019 EOY Members	1Q2019 Base Rate	1Q2020 Base Rate	Annual Rate Change
78079DC0220020	BluePreferred PPO Gold 1000	GOLD	On	78079DC0220020	BluePreferred PPO Gold 1000	GOLD	On	2,310.00	2,256	\$542.30	\$657.52	21.2%
78079DC0220021	BluePreferred PPO Gold 500	GOLD	On	78079DC0220021	BluePreferred PPO Gold 500	GOLD	On	2,909.00	2,952	\$556.58	\$673.79	21.1%
78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500	SILVER	On	78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500	SILVER	On	611.00	580	\$471.08	\$572.74	21.6%
78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	SILVER	On	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	SILVER	On	673.00	646	\$456.95	\$558.77	22.3%
78079DC0220024	BluePreferred PPO Platinum 0	PLATINUM	On	78079DC0220024	BluePreferred PPO Platinum 0	PLATINUM	On	8,498.00	8,135	\$656.16	\$791.25	20.6%
78079DC0220025	BluePreferred PPO Platinum 500	PLATINUM	On	78079DC0220025	BluePreferred PPO Platinum 500	PLATINUM	On	3,269.00	3,092	\$630.22	\$758.10	20.3%
78079DC0220026	BluePreferred PPO Silver 1000	SILVER	On	78079DC0220026	BluePreferred PPO Silver 1500	SILVER	On	416.00	416	\$461.24	\$542.79	17.7%
78079DC0220027	HealthyBlue PPO Gold 1500	GOLD	On	78079DC0220025	BluePreferred PPO Platinum 500	PLATINUM	On	1,171.00	1,140	\$556.37	\$758.10	36.3%
78079DC0220028	HealthyBlue PPO HSA/HRA Silver 2000	SILVER	On	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	SILVER	On	166.00	152	\$467.74	\$558.77	19.5%
78079DC0220030	HealthyBlue PPO Platinum 500	PLATINUM	On	78079DC0220024	BluePreferred PPO Platinum 0	PLATINUM	On	483.00	476	\$637.46	\$791.25	24.1%
78079DC0220031	BluePreferred PPO Gold 1500	GOLD	On	78079DC0220031	BluePreferred PPO Gold 1500	GOLD	On	1,288.00	1,265	\$534.44	\$645.75	20.8%
78079DC0220032	BluePreferred PPO 1000 90%/70%	GOLD	On	78079DC0220032	BluePreferred PPO 1000 90%/70%	GOLD	On	296.00	303	\$522.60	\$636.22	21.7%
78079DC0220033	BluePreferred PPO HSA/HRA 2250 80%/60%	SILVER	On	78079DC0220033	BluePreferred PPO HSA/HRA 2300 80%/60%	SILVER	On	98.00	100	\$435.73	\$531.94	22.1%
78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	SILVER	On	78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	SILVER	On	368.00	350	\$471.57	\$573.58	21.6%

**Appendix - Quarterly Rate Change Adjustment Factors**

	(1)	(2)	(3) = (1 + (1))*(1 + (2)) -1
<b>Quarter</b>	<b>Market Adj. Index Rate</b>	<b>Admin Load Factor</b>	<b>Plan Adjusted Index Rates</b>
2Q20	2.0%	-0.2%	1.8%
3Q20	2.0%	-0.2%	1.8%
4Q20	2.0%	-0.2%	1.8%

**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

	2019	2020	% Change
Base Rate	\$556.37	\$758.10	36.3%
Age Factor	0.654	0.727	11.2%
Geographic Factor	1.000	1.000	0.0%
Tobacco Factor	1.000	1.000	0.0%
<b>Total</b>	<b>\$363.87</b>	<b>\$551.14</b>	<b>51.5%</b>

	HealthyBlue PPO	BluePreferred PPO
Base Rate/Product(s)	Gold 1500	Platinum 500
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:

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This list contains the applicable forms for the new 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-131927480

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### ON-Exchange

#### Product: BluePreferred

#### Network: Regional Preferred (RPN)

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DC/CF/SHOP/GC (R. 1/19)  
DC/CF/SHOP/PPO/EOC (R. 1/20)  
DC/GHMSI/DOL APPEAL (R. 1/17)  
DC/CF/SHOP/PPO/DOCS (R. 1/20)  
DC/CF/BP PPO/1000 90-70 (1/20)  
DC/CF/BP PPO BF HSA/SIL 1500 (1/20)  
DC/CF/BP PPO CDH/2300 80-60 (1/20)  
DC/CF/BP PPO CDH/SIL 1500 (1/20)  
DC/CF/BP PPO CDH/SIL 2000 (1/20)  
DC/CF/BP PPO CDH/SIL 2000 70 (1/20)  
DC/CF/BP PPO/GOLD 500 (1/20)  
DC/CF/BP PPO/GOLD 1000 (1/20)  
DC/CF/BP PPO/GOLD 1500 (1/20)  
DC/CF/BP PPO/PLAT 0 (1/20)  
DC/CF/BP PPO/PLAT 500 (1/20)  
DC/CF/BP PPO/SIL 1500 (1/20)  
DC/CF/SHOP/ELIG (R. 1/20)  
DC/CF/FAM PLAN/FED (R. 1/20)  
DC/CF/BLCRD (R. 6/18)  
DC/CF/MEM/BLCRD (R. 6/18)  
DC/CF/ANCILLARY AMEND (10/12)  
DC/CF/SG/AUTH AMEND/PPO (1/20)  
DC/CF/PT PROTECT (9/10)  
DC/GHMSI-HEALTH GUARANTEE 6/18  
DC/CF/SG/INCENT (R. 1/20)  
DC/CF/PARTNER (R. 7/09)

### Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201601	37,936	Inpatient Hospital	\$4,127,745	\$0	Admits	245
201602	38,265	Inpatient Hospital	\$3,417,288	\$0	Admits	166
201603	38,703	Inpatient Hospital	\$4,841,680	\$0	Admits	213
201604	38,577	Inpatient Hospital	\$3,121,911	\$0	Admits	209
201605	38,594	Inpatient Hospital	\$3,404,926	\$0	Admits	220
201606	38,590	Inpatient Hospital	\$3,724,703	\$0	Admits	209
201607	38,433	Inpatient Hospital	\$3,712,606	\$0	Admits	212
201608	37,664	Inpatient Hospital	\$4,755,472	\$0	Admits	229
201609	37,088	Inpatient Hospital	\$4,189,536	\$0	Admits	240
201610	37,022	Inpatient Hospital	\$4,045,847	\$0	Admits	235
201611	36,181	Inpatient Hospital	\$3,452,924	\$0	Admits	219
201612	33,439	Inpatient Hospital	\$2,200,133	\$0	Admits	160
201701	34,634	Inpatient Hospital	\$5,559,295	\$0	Admits	184
201702	35,060	Inpatient Hospital	\$2,633,354	\$0	Admits	155
201703	35,518	Inpatient Hospital	\$3,626,691	\$0	Admits	188
201704	35,484	Inpatient Hospital	\$3,820,784	\$0	Admits	193
201705	35,621	Inpatient Hospital	\$3,080,398	\$0	Admits	182
201706	35,341	Inpatient Hospital	\$3,966,545	\$0	Admits	198
201707	35,409	Inpatient Hospital	\$2,730,444	\$0	Admits	176
201708	35,596	Inpatient Hospital	\$3,425,404	\$0	Admits	193
201709	35,575	Inpatient Hospital	\$3,038,097	\$0	Admits	223
201710	35,395	Inpatient Hospital	\$2,498,591	\$0	Admits	179
201711	35,242	Inpatient Hospital	\$3,003,601	\$0	Admits	237
201712	34,727	Inpatient Hospital	\$2,842,676	\$0	Admits	158
201801	34,450	Inpatient Hospital	\$3,917,134	\$0	Admits	223
201802	34,315	Inpatient Hospital	\$3,905,650	\$0	Admits	249
201803	34,168	Inpatient Hospital	\$3,760,983	\$0	Admits	242
201804	33,858	Inpatient Hospital	\$3,575,961	\$0	Admits	286
201805	33,816	Inpatient Hospital	\$2,997,459	\$0	Admits	329
201806	33,246	Inpatient Hospital	\$3,403,618	\$0	Admits	240
201807	32,849	Inpatient Hospital	\$3,494,788	\$0	Admits	299
201808	32,747	Inpatient Hospital	\$3,214,704	\$0	Admits	225
201809	32,524	Inpatient Hospital	\$2,795,780	\$0	Admits	263
201810	32,341	Inpatient Hospital	\$4,016,932	\$0	Admits	383
201811	31,817	Inpatient Hospital	\$3,339,762	\$0	Admits	299
201812	30,539	Inpatient Hospital	\$2,418,149	\$0	Admits	177
201901	31,131	Inpatient Hospital	\$2,999,030	\$0	Admits	207
201902	31,166	Inpatient Hospital	\$1,692,955	\$0	Admits	167



### Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201601	37,936	Outpatient Hospital	\$4,496,040	\$0	Visits	3,113
201602	38,265	Outpatient Hospital	\$4,331,267	\$0	Visits	3,238
201603	38,703	Outpatient Hospital	\$4,810,896	\$0	Visits	3,334
201604	38,577	Outpatient Hospital	\$4,401,255	\$0	Visits	3,236
201605	38,594	Outpatient Hospital	\$4,249,581	\$0	Visits	3,251
201606	38,590	Outpatient Hospital	\$4,454,837	\$0	Visits	3,330
201607	38,433	Outpatient Hospital	\$3,960,707	\$0	Visits	3,087
201608	37,664	Outpatient Hospital	\$4,096,714	\$0	Visits	3,258
201609	37,088	Outpatient Hospital	\$4,008,749	\$0	Visits	3,135
201610	37,022	Outpatient Hospital	\$3,941,051	\$0	Visits	3,137
201611	36,181	Outpatient Hospital	\$4,459,207	\$0	Visits	3,098
201612	33,439	Outpatient Hospital	\$3,739,120	\$0	Visits	2,781
201701	34,634	Outpatient Hospital	\$4,057,349	\$0	Visits	2,895
201702	35,060	Outpatient Hospital	\$4,190,752	\$0	Visits	2,674
201703	35,518	Outpatient Hospital	\$4,524,402	\$0	Visits	2,947
201704	35,484	Outpatient Hospital	\$3,896,380	\$0	Visits	2,618
201705	35,621	Outpatient Hospital	\$4,116,207	\$0	Visits	2,796
201706	35,341	Outpatient Hospital	\$4,023,159	\$0	Visits	2,608
201707	35,409	Outpatient Hospital	\$3,619,244	\$0	Visits	2,406
201708	35,596	Outpatient Hospital	\$3,811,604	\$0	Visits	2,630
201709	35,575	Outpatient Hospital	\$3,392,730	\$0	Visits	2,498
201710	35,395	Outpatient Hospital	\$3,907,081	\$0	Visits	2,766
201711	35,242	Outpatient Hospital	\$3,873,352	\$0	Visits	2,623
201712	34,727	Outpatient Hospital	\$3,821,853	\$0	Visits	2,544
201801	34,450	Outpatient Hospital	\$4,145,249	\$0	Visits	2,766
201802	34,315	Outpatient Hospital	\$3,530,796	\$0	Visits	2,559
201803	34,168	Outpatient Hospital	\$4,432,796	\$0	Visits	2,833
201804	33,858	Outpatient Hospital	\$4,059,990	\$0	Visits	2,887
201805	33,816	Outpatient Hospital	\$4,279,555	\$0	Visits	3,018
201806	33,246	Outpatient Hospital	\$3,899,027	\$0	Visits	2,709
201807	32,849	Outpatient Hospital	\$3,768,547	\$0	Visits	2,627
201808	32,747	Outpatient Hospital	\$4,175,602	\$0	Visits	2,808
201809	32,524	Outpatient Hospital	\$3,884,221	\$0	Visits	2,561
201810	32,341	Outpatient Hospital	\$4,594,827	\$0	Visits	2,904
201811	31,817	Outpatient Hospital	\$4,376,472	\$0	Visits	2,763
201812	30,539	Outpatient Hospital	\$3,766,843	\$0	Visits	2,672
201901	31,131	Outpatient Hospital	\$5,102,979	\$0	Visits	3,363
201902	31,166	Outpatient Hospital	\$4,292,168	\$0	Visits	3,594

### Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201601	37,936	Professional	\$6,361,447	\$0	Visits	33,584
201602	38,265	Professional	\$6,263,374	\$0	Visits	35,866
201603	38,703	Professional	\$6,758,237	\$0	Visits	39,276
201604	38,577	Professional	\$6,270,273	\$0	Visits	36,871
201605	38,594	Professional	\$6,512,000	\$0	Visits	37,220
201606	38,590	Professional	\$6,716,130	\$0	Visits	37,757
201607	38,433	Professional	\$5,841,690	\$0	Visits	33,628
201608	37,664	Professional	\$6,630,488	\$0	Visits	37,457
201609	37,088	Professional	\$6,356,858	\$0	Visits	36,008
201610	37,022	Professional	\$6,344,014	\$0	Visits	37,081
201611	36,181	Professional	\$6,082,871	\$0	Visits	35,201
201612	33,439	Professional	\$5,170,920	\$0	Visits	30,263
201701	34,634	Professional	\$6,282,912	\$0	Visits	34,080
201702	35,060	Professional	\$5,890,052	\$0	Visits	32,495
201703	35,518	Professional	\$6,375,824	\$0	Visits	36,568
201704	35,484	Professional	\$5,911,904	\$0	Visits	32,506
201705	35,621	Professional	\$6,307,231	\$0	Visits	36,120
201706	35,341	Professional	\$6,248,359	\$0	Visits	34,718
201707	35,409	Professional	\$5,620,862	\$0	Visits	31,554
201708	35,596	Professional	\$6,514,631	\$0	Visits	35,766
201709	35,575	Professional	\$5,853,789	\$0	Visits	33,408
201710	35,395	Professional	\$6,160,207	\$0	Visits	36,864
201711	35,242	Professional	\$6,150,975	\$0	Visits	35,104
201712	34,727	Professional	\$5,550,245	\$0	Visits	31,969
201801	34,450	Professional	\$7,262,253	\$0	Visits	37,013
201802	34,315	Professional	\$5,974,340	\$0	Visits	32,931
201803	34,168	Professional	\$6,427,030	\$0	Visits	34,562
201804	33,858	Professional	\$6,317,220	\$0	Visits	33,944
201805	33,816	Professional	\$6,459,284	\$0	Visits	35,450
201806	33,246	Professional	\$5,924,674	\$0	Visits	32,633
201807	32,849	Professional	\$5,758,870	\$0	Visits	31,667
201808	32,747	Professional	\$6,105,128	\$0	Visits	34,038
201809	32,524	Professional	\$5,556,646	\$0	Visits	31,707
201810	32,341	Professional	\$7,001,787	\$0	Visits	40,270
201811	31,817	Professional	\$5,980,789	\$0	Visits	34,411
201812	30,539	Professional	\$5,253,159	\$0	Visits	30,488
201901	31,131	Professional	\$7,191,889	\$0	Visits	40,982
201902	31,166	Professional	\$8,796,467	\$0	Visits	54,695

### Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201601	37,936	Other Medical	\$1,054,241	\$0	Services	4,714
201602	38,265	Other Medical	\$1,137,985	\$0	Services	4,888
201603	38,703	Other Medical	\$1,290,472	\$0	Services	5,543
201604	38,577	Other Medical	\$1,092,431	\$0	Services	5,225
201605	38,594	Other Medical	\$1,257,315	\$0	Services	5,420
201606	38,590	Other Medical	\$1,532,198	\$0	Services	5,635
201607	38,433	Other Medical	\$1,205,923	\$0	Services	4,851
201608	37,664	Other Medical	\$1,383,881	\$0	Services	6,057
201609	37,088	Other Medical	\$1,216,169	\$0	Services	4,588
201610	37,022	Other Medical	\$1,055,667	\$0	Services	4,729
201611	36,181	Other Medical	\$1,248,924	\$0	Services	4,575
201612	33,439	Other Medical	\$1,280,818	\$0	Services	4,265
201701	34,634	Other Medical	\$1,130,211	\$0	Services	4,368
201702	35,060	Other Medical	\$993,630	\$0	Services	4,275
201703	35,518	Other Medical	\$990,037	\$0	Services	4,656
201704	35,484	Other Medical	\$969,583	\$0	Services	4,195
201705	35,621	Other Medical	\$1,150,882	\$0	Services	4,453
201706	35,341	Other Medical	\$1,040,706	\$0	Services	4,638
201707	35,409	Other Medical	\$1,052,573	\$0	Services	4,047
201708	35,596	Other Medical	\$1,108,749	\$0	Services	5,038
201709	35,575	Other Medical	\$896,704	\$0	Services	4,130
201710	35,395	Other Medical	\$1,109,492	\$0	Services	4,425
201711	35,242	Other Medical	\$1,173,715	\$0	Services	4,268
201712	34,727	Other Medical	\$1,116,738	\$0	Services	4,451
201801	34,450	Other Medical	\$1,200,430	\$0	Services	5,008
201802	34,315	Other Medical	\$1,065,688	\$0	Services	4,485
201803	34,168	Other Medical	\$1,268,262	\$0	Services	4,796
201804	33,858	Other Medical	\$1,423,775	\$0	Services	4,569
201805	33,816	Other Medical	\$1,487,415	\$0	Services	4,541
201806	33,246	Other Medical	\$1,215,345	\$0	Services	4,455
201807	32,849	Other Medical	\$1,337,617	\$0	Services	4,679
201808	32,747	Other Medical	\$1,357,603	\$0	Services	4,989
201809	32,524	Other Medical	\$1,348,440	\$0	Services	4,141
201810	32,341	Other Medical	\$1,270,027	\$0	Services	4,595
201811	31,817	Other Medical	\$1,316,678	\$0	Services	4,265
201812	30,539	Other Medical	\$959,859	\$0	Services	3,946
201901	31,131	Other Medical	\$1,132,306	\$0	Services	4,851
201902	31,166	Other Medical	\$1,482,880	\$0	Services	6,188

### Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201601	37,936	Prescription Drug	\$4,649,261	\$690,399	Scripts	29,223
201602	38,265	Prescription Drug	\$5,016,477	\$693,409	Scripts	30,874
201603	38,703	Prescription Drug	\$5,818,341	\$698,107	Scripts	33,709
201604	38,577	Prescription Drug	\$5,531,525	\$718,089	Scripts	31,487
201605	38,594	Prescription Drug	\$5,508,276	\$718,470	Scripts	32,149
201606	38,590	Prescription Drug	\$6,129,693	\$718,485	Scripts	31,697
201607	38,433	Prescription Drug	\$5,907,597	\$749,972	Scripts	30,176
201608	37,664	Prescription Drug	\$6,087,857	\$734,809	Scripts	31,609
201609	37,088	Prescription Drug	\$5,244,426	\$724,506	Scripts	29,768
201610	37,022	Prescription Drug	\$5,659,659	\$674,586	Scripts	30,018
201611	36,181	Prescription Drug	\$5,283,439	\$655,166	Scripts	30,101
201612	33,439	Prescription Drug	\$5,400,705	\$611,538	Scripts	29,430
201701	34,634	Prescription Drug	\$5,371,178	\$701,226	Scripts	29,438
201702	35,060	Prescription Drug	\$5,309,336	\$710,546	Scripts	27,622
201703	35,518	Prescription Drug	\$6,012,900	\$719,893	Scripts	30,935
201704	35,484	Prescription Drug	\$5,446,277	\$820,510	Scripts	28,544
201705	35,621	Prescription Drug	\$6,420,769	\$823,327	Scripts	30,919
201706	35,341	Prescription Drug	\$5,987,107	\$819,105	Scripts	29,399
201707	35,409	Prescription Drug	\$5,666,465	\$805,808	Scripts	28,583
201708	35,596	Prescription Drug	\$6,648,886	\$809,751	Scripts	30,004
201709	35,575	Prescription Drug	\$5,831,784	\$809,199	Scripts	28,261
201710	35,395	Prescription Drug	\$6,184,202	\$788,438	Scripts	30,314
201711	35,242	Prescription Drug	\$5,932,303	\$783,775	Scripts	29,707
201712	34,727	Prescription Drug	\$5,865,938	\$773,343	Scripts	30,272
201801	34,450	Prescription Drug	\$6,042,499	\$790,249	Scripts	30,380
201802	34,315	Prescription Drug	\$5,529,807	\$786,044	Scripts	26,674
201803	34,168	Prescription Drug	\$6,060,368	\$782,434	Scripts	28,682
201804	33,858	Prescription Drug	\$6,102,508	\$816,433	Scripts	27,735
201805	33,816	Prescription Drug	\$6,332,155	\$816,263	Scripts	29,371
201806	33,246	Prescription Drug	\$5,948,600	\$802,829	Scripts	26,878
201807	32,849	Prescription Drug	\$5,988,397	\$773,496	Scripts	26,565
201808	32,747	Prescription Drug	\$6,286,527	\$771,235	Scripts	27,241
201809	32,524	Prescription Drug	\$5,567,124	\$766,494	Scripts	24,809
201810	32,341	Prescription Drug	\$6,690,711	\$739,875	Scripts	28,347
201811	31,817	Prescription Drug	\$5,915,216	\$728,098	Scripts	26,420
201812	30,539	Prescription Drug	\$5,789,188	\$699,449	Scripts	25,424
201901	31,131	Prescription Drug	\$5,911,954		Scripts	26,736
201902	31,166	Prescription Drug	\$5,495,593		Scripts	24,562

### Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201601	37,936	Capitations	\$43,916	\$0	Benefit Period	37,936
201602	38,265	Capitations	\$45,051	\$0	Benefit Period	38,265
201603	38,703	Capitations	\$46,272	\$0	Benefit Period	38,703
201604	38,577	Capitations	\$46,139	\$0	Benefit Period	38,577
201605	38,594	Capitations	\$46,300	\$0	Benefit Period	38,594
201606	38,590	Capitations	\$46,377	\$0	Benefit Period	38,590
201607	38,433	Capitations	\$46,278	\$0	Benefit Period	38,433
201608	37,664	Capitations	\$45,684	\$0	Benefit Period	37,664
201609	37,088	Capitations	\$45,317	\$0	Benefit Period	37,088
201610	37,022	Capitations	\$45,380	\$0	Benefit Period	37,022
201611	36,181	Capitations	\$44,549	\$0	Benefit Period	36,181
201612	33,439	Capitations	\$41,799	\$0	Benefit Period	33,439
201701	34,634	Capitations	\$43,370	\$0	Benefit Period	34,634
201702	35,060	Capitations	\$44,804	\$0	Benefit Period	35,060
201703	35,518	Capitations	\$46,237	\$0	Benefit Period	35,518
201704	35,484	Capitations	\$46,080	\$0	Benefit Period	35,484
201705	35,621	Capitations	\$46,147	\$0	Benefit Period	35,621
201706	35,341	Capitations	\$45,868	\$0	Benefit Period	35,341
201707	35,409	Capitations	\$45,851	\$0	Benefit Period	35,409
201708	35,596	Capitations	\$45,956	\$0	Benefit Period	35,596
201709	35,575	Capitations	\$45,955	\$0	Benefit Period	35,575
201710	35,395	Capitations	\$45,636	\$0	Benefit Period	35,395
201711	35,242	Capitations	\$45,299	\$0	Benefit Period	35,242
201712	34,727	Capitations	\$44,580	\$0	Benefit Period	34,727
201801	34,450	Capitations	\$37,340	\$0	Benefit Period	34,450
201802	34,315	Capitations	\$37,280	\$0	Benefit Period	34,315
201803	34,168	Capitations	\$37,247	\$0	Benefit Period	34,168
201804	33,858	Capitations	\$36,849	\$0	Benefit Period	33,858
201805	33,816	Capitations	\$36,429	\$0	Benefit Period	33,816
201806	33,246	Capitations	\$35,980	\$0	Benefit Period	33,246
201807	32,849	Capitations	\$35,624	\$0	Benefit Period	32,849
201808	32,747	Capitations	\$35,423	\$0	Benefit Period	32,747
201809	32,524	Capitations	\$35,102	\$0	Benefit Period	32,524
201810	32,341	Capitations	\$34,807	\$0	Benefit Period	32,341
201811	31,817	Capitations	\$34,240	\$0	Benefit Period	31,817
201812	30,539	Capitations	\$33,263	\$0	Benefit Period	30,539
201901	31,131	Capitations	\$40,271	\$0	Benefit Period	31,131
201902	31,166	Capitations	\$40,098	\$0	Benefit Period	31,166

**Appendix - Total Experience**

Month	Members	Contracts	Ultimate Allowed	Drug Rebates	Post-Rx Rebate Ultimate Allowed	Ultimate Incurred	Premium	Loss Ratio
201601	37,936	22,355	\$20,732,649	\$690,399	\$20,042,250	\$16,728,055	\$19,448,623	86.0%
201602	38,265	22,688	\$20,211,442	\$693,409	\$19,518,033	\$16,668,336	\$19,693,775	84.6%
201603	38,703	23,059	\$23,565,899	\$698,107	\$22,867,792	\$20,040,406	\$19,812,738	101.1%
201604	38,577	23,008	\$20,463,534	\$718,089	\$19,745,445	\$17,198,678	\$19,815,763	86.8%
201605	38,594	23,046	\$20,978,398	\$718,470	\$20,259,927	\$17,846,952	\$19,755,680	90.3%
201606	38,590	23,045	\$22,603,939	\$718,485	\$21,885,454	\$19,510,240	\$19,841,586	98.3%
201607	38,433	22,956	\$20,674,800	\$749,972	\$19,924,827	\$17,812,077	\$19,708,089	90.4%
201608	37,664	22,606	\$23,000,097	\$734,809	\$22,265,288	\$20,088,543	\$19,289,455	104.1%
201609	37,088	22,256	\$21,061,055	\$724,506	\$20,336,549	\$18,248,928	\$19,027,046	95.9%
201610	37,022	22,245	\$21,091,618	\$674,586	\$20,417,033	\$18,427,936	\$18,944,496	97.3%
201611	36,181	21,750	\$20,571,915	\$655,166	\$19,916,748	\$17,977,544	\$18,622,472	96.5%
201612	33,439	20,363	\$17,833,495	\$611,538	\$17,221,957	\$15,219,439	\$17,528,299	86.8%
201701	34,634	21,490	\$22,444,315	\$701,226	\$21,743,088	\$18,710,262	\$17,762,165	105.3%
201702	35,060	21,882	\$19,061,928	\$710,546	\$18,351,382	\$15,918,664	\$17,915,231	88.9%
201703	35,518	22,301	\$21,576,091	\$719,893	\$20,856,197	\$18,244,058	\$18,081,461	100.9%
201704	35,484	22,245	\$20,091,008	\$820,510	\$19,270,498	\$17,029,999	\$18,194,385	93.6%
201705	35,621	22,351	\$21,121,634	\$823,327	\$20,298,306	\$17,977,154	\$18,064,635	99.5%
201706	35,341	22,149	\$21,311,745	\$819,105	\$20,492,640	\$18,228,171	\$17,988,169	101.3%
201707	35,409	22,091	\$18,735,440	\$805,808	\$17,929,632	\$15,811,319	\$17,988,136	87.9%
201708	35,596	22,151	\$21,555,231	\$809,751	\$20,745,479	\$18,551,198	\$18,117,121	102.4%
201709	35,575	22,178	\$19,059,059	\$809,199	\$18,249,859	\$16,202,134	\$18,145,275	89.3%
201710	35,395	22,069	\$19,905,209	\$788,438	\$19,116,771	\$16,947,172	\$17,989,450	94.2%
201711	35,242	21,906	\$20,179,245	\$783,775	\$19,395,469	\$17,279,474	\$17,951,225	96.3%
201712	34,727	21,591	\$19,242,030	\$773,343	\$18,468,687	\$16,314,244	\$17,783,963	91.7%
201801	34,450	21,572	\$22,604,906	\$790,249	\$21,814,657	\$18,598,592	\$18,734,165	99.3%
201802	34,315	21,464	\$20,043,561	\$786,044	\$19,257,517	\$16,780,560	\$18,618,596	90.1%
201803	34,168	21,364	\$21,986,688	\$782,434	\$21,204,254	\$18,678,420	\$18,629,851	100.3%
201804	33,858	21,190	\$21,516,304	\$816,433	\$20,699,871	\$18,297,982	\$18,648,531	98.1%
201805	33,816	21,060	\$21,592,297	\$816,263	\$20,776,034	\$18,382,077	\$18,593,910	98.9%
201806	33,246	20,721	\$20,427,243	\$802,829	\$19,624,414	\$17,509,772	\$18,550,209	94.4%
201807	32,849	20,479	\$20,383,843	\$773,496	\$19,610,347	\$17,636,854	\$18,302,388	96.4%
201808	32,747	20,324	\$21,174,989	\$771,235	\$20,403,753	\$18,366,182	\$18,332,555	100.2%
201809	32,524	20,092	\$19,187,313	\$766,494	\$18,420,819	\$16,543,855	\$18,476,110	89.5%
201810	32,341	20,014	\$23,609,091	\$739,875	\$22,869,217	\$20,690,002	\$18,316,593	113.0%
201811	31,817	19,703	\$20,963,157	\$728,098	\$20,235,059	\$18,344,918	\$18,223,069	100.7%
201812	30,539	18,966	\$18,220,461	\$699,449	\$17,521,012	\$15,673,798	\$18,273,317	85.8%
201901	31,131	19,606	\$22,378,428		\$22,378,428	\$19,305,493	\$18,948,090	101.9%
201902	31,166	19,608	\$21,800,160		\$21,800,160	\$18,629,346	\$18,848,930	98.8%

May 24, 2019

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 2020 ACA plan rate filing submitted 5/24/2019. 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:** 2344
- d. **Date Submitted:** 5/24/2019
- e. **Proposed Effective Date:** 1/1/2020
- 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-131468322).
- 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 2020 is 18.5%.
- l. **Contact Information:**
  - a. Name: Dwayne Lucado, FSA, MAAA
  - b. Telephone Number: 410-998-7519
  - c. Email: [Dwayne.Lucado@Carefirst.com](mailto: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 5/24/2019.

Sincerely,

Dwayne  
Lucado



Digitally signed by Dwayne  
Lucado  
Date: 2019.05.24 11:14:40 -04'00'

Dwayne Lucado, FSA, MAAA  
Senior Actuary

May 24, 2019

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 2020 ACA plan rate filing submitted 5/24/2019. 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:** 2344
- d. **Date Submitted:** 5/24/2019
- e. **Proposed Effective Date:** 1/1/2020
- 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-131468322).
- 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 2020 is 21.6%.
- l. **Contact Information:**
  - a. Name: Dwayne Lucado, FSA, MAAA
  - b. Telephone Number: 410-998-7519
  - c. Email: [Dwayne.Lucado@Carefirst.com](mailto: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 5/24/2019.

Sincerely,

Dwayne  
Lucado

Digitally signed by  
Dwayne Lucado  
Date: 2019.05.24  
11:16:34 -04'00'

Dwayne Lucado, FSA, MAAA  
Senior Actuary



**Unified Rate Review v5.0**

Company Legal Name:	GHMSI, Inc.		State:	DC
HIOS Issuer ID:	78079		Market:	Small Group
Effective Date of Rate Change(s):	1/1/2020			

**Market Level Calculations (Same for all Plans)**

**Section I: Experience Period Data**

Experience Period:	1/1/2018	to	12/31/2018
		Total	PMPM
Allowed Claims		\$242,436,954.82	\$828.80
Reinsurance		\$0.00	\$0.00
Incurred Claims in Experience Period		\$215,503,011.18	\$736.72
Risk Adjustment		\$16,349,753.83	\$55.89
Experience Period Premium		\$221,699,295.97	\$757.91
Experience Period Member Months		292,515	

**Section II: Projections**

Benefit Category	Experience Period Index Rate PMPM	Year 1 Trend		Year 2 Trend		Trended EHB Allowed Claims PMPM
		Cost	Utilization	Cost	Utilization	
Inpatient Hospital	\$102.96	1.000	1.080	1.000	1.080	\$120.09
Outpatient Hospital	\$123.27	1.000	1.075	1.000	1.075	\$142.45
Professional	\$186.55	1.020	1.060	1.020	1.060	\$218.08
Other Medical	\$38.44	1.050	1.020	1.050	1.020	\$44.09
Capitation	\$0.55	1.000	1.000	1.000	1.000	\$0.55
Prescription Drug	\$158.77	1.100	1.000	1.100	1.000	\$192.11
<b>Total</b>	<b>\$610.54</b>					<b>\$717.38</b>

Morbidity Adjustment	1.006
Demographic Shift	0.990
Plan Design Changes	1.010
Other	0.996
Adjusted Trended EHB Allowed Claims PMPM for 1/1/2020	\$718.72

Manual EHB Allowed Claims PMPM	\$719.31
Applied Credibility %	0.00%

Projected Period Totals		
Projected Index Rate for 1/1/2020	\$719.31	\$181,873,217.64
Reinsurance	\$0.00	\$0.00
Risk Adjustment Payment/Charge	\$43.47	\$10,991,128.68
Exchange User Fees	0.00%	\$0.00
Market Adjusted Index Rate	\$675.84	\$170,882,088.96
Projected Member Months	252,844	

**Product-Plan Data Collection**

Company Legal Name: GHMSI, Inc.  
 HIOS Issuer ID: 78079  
 Effective Date of Rate Change(s): 1/1/2020

State: DC  
 Market: Small Group

To add a product to Worksheet 2 - Plan Product Info, select the Add Product button or Ctrl + Shift + P.  
 To add a plan to Worksheet 2 - Plan Product Info, select the Add Plan button or Ctrl + Shift + L.  
 To validate, select the Validate button or Ctrl + Shift + I.  
 To finalize, select the Finalize button or Ctrl + Shift + F.

**Product/Plan Level Calculations**

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

1.1 Product Name	BluePreferred PPO															
1.2 Product ID	78079DC022															
1.3 Plan Name	BluePreferred PPO Gold 1000	BluePreferred PPO Gold 500	BluePreferred PPO HSA/WFA Silver	BluePreferred PPO HSA/WFA Silver	BluePreferred PPO Platinum 0	BluePreferred PPO Platinum 500	BluePreferred PPO Silver 1500	HealthyBlue PPO Gold 1500	HealthyBlue PPO HSA/WFA Silver	HealthyBlue PPO Platinum 1000	HealthyBlue PPO Platinum 500	BluePreferred PPO Gold 1500	BluePreferred PPO Gold 1000/80%/70%	BluePreferred PPO HSA/WFA 2300	BluePreferred PPO Silver 1500	
1.4 Plan ID (Standard Component ID)	78079DC0220020	78079DC0220021	78079DC0220022	78079DC0220023	78079DC0220024	78079DC0220025	78079DC0220026	78079DC0220027	78079DC0220028	78079DC0220029	78079DC0220030	78079DC0220031	78079DC0220032	78079DC0220033	78079DC0220034	78079DC0220035
1.5 Metal	Gold	Gold	Silver	Silver	Platinum	Platinum	Silver	Gold	Silver	Platinum	Platinum	Gold	Gold	Silver	Silver	Silver
1.6 AV Metal Value	0.820	0.820	0.718	0.719	0.920	0.911	0.719	0.812	0.699	0.898	0.903	0.820	0.813	0.719	0.720	0.719
1.7 Plan Category	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Terminated	Terminated	Terminated	Terminated	Renewing	Renewing	Renewing	Renewing	New
1.8 Plan Type	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO
1.9 Exchange Plan?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	No	Yes	Yes	Yes	Yes	Yes
1.10 Effective Date of Proposed Rates	1/1/2020	1/1/2020	1/1/2020	1/1/2020	1/1/2020	1/1/2020	1/1/2020	1/1/2020	1/1/2020	1/1/2020	1/1/2020	1/1/2020	1/1/2020	1/1/2020	1/1/2020	1/1/2020
1.11 Cumulative Rate Change % (over 12 mos prior)	17.02%	16.84%	17.35%	18.02%	16.39%	16.10%	13.58%	0.00%	0.00%	0.00%	0.00%	16.62%	17.50%	17.83%	17.40%	0.00%
1.12 Product Rate Increase %	16.52%															
1.13 Submission Level Rate Increase %	16.52%															

**Worksheet 1 Totals**

**Section II: Experience Period and Current Plan Level Information**

2.1 Plan ID (Standard Component ID)	Total	78079DC0220020	78079DC0220021	78079DC0220022	78079DC0220023	78079DC0220024	78079DC0220025	78079DC0220026	78079DC0220027	78079DC0220028	78079DC0220029	78079DC0220030	78079DC0220031	78079DC0220032	78079DC0220033	78079DC0220034	78079DC0220035
2.2 Allowed Claims	\$242,436,955	\$162,350,378	\$20,400,672	\$17,026,454	\$4,072,446	\$5,775,235	\$64,729,079	\$23,254,315	\$2,042,779	\$5,992,488	\$1,137,015	\$812,622	\$2,219,302	\$10,713,247	\$909,051	\$298,906	\$2,866,166
2.3 Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2.4 Member Cost Sharing	\$16,863,964	\$2,249,874	\$1,962,391	\$978,879	\$1,317,723	\$4,168,282	\$1,972,362	\$473,711	\$768,399	\$137,229	\$90,130	\$172,494	\$1,305,348	\$256,947	\$103,529	\$706,165	\$0
2.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2.6 Incurred Claims	\$215,503,011	\$145,486,414	\$18,150,798	\$15,064,062	\$3,093,567	\$4,457,512	\$60,560,796	\$21,281,954	\$1,569,068	\$5,224,088	\$799,286	\$722,492	\$2,046,808	\$9,407,899	\$652,704	\$195,376	\$2,260,001
2.7 Risk Adjustment Transfer Amount	\$16,349,754	\$10,739,474	\$1,095,461	\$1,032,752	-\$154,411	-\$183,699	\$5,320,169	\$2,246,499	-\$96,381	\$515,965	-\$49,052	\$97,596	\$204,653	\$74,562	\$102,174	-\$17,119	-\$109,694
2.8 Premium	\$221,699,265	\$173,271,876	\$18,952,700	\$16,115,146	\$4,387,690	\$4,953,191	\$71,348,586	\$27,975,573	\$2,513,406	\$7,980,943	\$1,286,199	\$1,144,238	\$2,500,156	\$9,823,890	\$1,681,856	\$348,247	\$2,854,034
2.9 Experience Period Member Months	292,515	32,116	2,310	9,047	10,763	407,354	43,689	5,647	15,700	2,874	1,898	3,980	17,483	3,109	1,003	6,427	0
2.10 Current Enrollment	22,556	2,310	2,909	611	763	3,269	416	171	166	150	333	1,288	368	368	368	0	0
2.11 Current Premium PMPM	\$626.75	\$572.48	\$587.55	\$497.29	\$482.38	\$692.68	\$665.29	\$486.91	\$587.34	\$493.77	\$672.94	\$672.94	\$564.18	\$551.68	\$459.98	\$497.81	\$0.00
2.12 Loss Ratio	79.06%	91.17%	87.85%	74.85%	91.46%	78.78%	71.36%	64.92%	61.42%	64.61%	58.32%	90.47%	36.59%	59.00%	82.35%	#DIV/0!	#DIV/0!
<b>Per Member Per Month</b>																	
2.13 Allowed Claims	\$555.02	\$635.22	\$541.81	\$450.14	\$536.58	\$602.95	\$532.27	\$361.75	\$381.69	\$395.62	\$428.15	\$557.61	\$612.78	\$292.59	\$298.01	\$461.52	#DIV/0!
2.14 Reinsurance	\$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
2.15 Member Cost Sharing	\$57.65	\$70.05	\$62.45	\$108.20	\$122.43	\$38.83	\$45.15	\$83.89	\$48.94	\$117.51	\$47.49	\$43.34	\$74.66	\$82.65	\$103.22	\$109.87	#DIV/0!
2.16 Cost Sharing Reduction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!
2.17 Incurred Claims	\$497.36	\$477.37	\$477.37	\$341.94	\$414.15	\$564.12	\$487.12	\$277.86	\$332.74	\$278.11	\$380.66	\$514.27	\$329.94	\$194.79	\$311.54	\$311.54	#DIV/0!
2.18 Risk Adjustment Transfer Amount	\$36.71	\$32.86	\$32.86	-\$17.07	-\$17.07	\$51.42	\$51.42	-\$17.07	\$12.86	-\$17.07	\$51.42	\$51.42	\$32.86	\$32.86	-\$17.07	-\$17.07	#DIV/0!
2.19 Premium	\$592.35	\$587.02	\$512.81	\$473.94	\$460.21	\$664.61	\$631.18	\$445.09	\$508.91	\$447.53	\$601.28	\$628.18	\$561.91	\$540.96	\$347.21	\$444.07	#DIV/0!

**Section III: Plan Adjustment Factors**

3.1 Plan ID (Standard Component ID)	78079DC0220020	78079DC0220021	78079DC0220022	78079DC0220023	78079DC0220024	78079DC0220025	78079DC0220026	78079DC0220027	78079DC0220028	78079DC0220029	78079DC0220030	78079DC0220031	78079DC0220032	78079DC0220033	78079DC0220034	78079DC0220035	
3.2 Market Adjusted Index Rate	5675.84																
3.3 AV and Cost Sharing Design of Plan	0.8141	0.8343	0.7091	0.6919	0.9797	0.9386	0.6721	1.0000	1.0000	1.0000	1.0000	0.7995	0.7877	0.6586	0.7102	0.6614	
3.4 Provider Network Adjustment	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	
3.5 Benefits in Addition to FHB	1.0002	1.0002	1.0002	1.0002	1.0002	1.0002	1.0002	1.0002	1.0002	1.0002	1.0002	1.0002	1.0002	1.0002	1.0002	1.0002	
<b>Administrative Costs</b>																	
3.6 Administrative Expense	0.97%	0.97%	0.97%	0.97%	0.97%	0.97%	0.97%	0.97%	0.97%	0.97%	0.97%	0.97%	0.97%	0.97%	0.97%	0.97%	
3.7 Taxes and Fees	6.08%	6.08%	6.08%	6.08%	6.08%	6.08%	6.08%	6.08%	6.08%	6.08%	6.08%	6.08%	6.08%	6.08%	6.08%	6.08%	
3.8 Profit & Risk Load	3.40%	3.40%	3.40%	3.40%	3.40%	3.40%	3.40%	3.40%	3.40%	3.40%	3.40%	3.40%	3.40%	3.40%	3.40%	3.40%	
3.9 Catastrophic Adjustment	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	
3.10 Plan Adjusted Index Rate	\$683.19	\$700.14	\$595.08	\$580.64	\$822.16	\$787.67	\$564.03	\$839.03	\$839.03	\$839.03	\$839.03	\$670.94	\$661.04	\$552.70	\$596.00	\$555.05	
3.11 Age Calibration Factor	0.9375																
3.12 Geographic Calibration Factor	1.0000																
3.13 Tobacco Calibration Factor	1.0000																
3.14 Calibrated Plan Adjusted Index Rate	\$640.49	\$656.39	\$557.88	\$544.35	\$770.78	\$738.44	\$528.77	\$786.59	\$786.59	\$786.59	\$786.59	\$629.01	\$619.72	\$518.15	\$558.75	\$520.36	

**Section IV: Projected Plan Level Information**

4.1 Plan ID (Standard Component ID)	Total	78079DC0220020	78079DC0220021	78079DC0220022	78079DC0220023	78079DC0220024	78079DC0220025	78079DC0220026	78079DC0220027	78079DC0220028	78079DC0220029	78079DC0220030	78079DC0220031	78079DC0220032	78079DC0220033	78079DC0220034	78079DC0220035
4.2 Allowed Claims	\$183,973,836	\$18,300,187	\$24,992,876	\$4,453,947	\$6,098,215	\$73,962,990	\$35,919,101	\$3,360,957	\$0	\$0	\$0	\$0	\$10,424,372	\$2,565,215	\$859,375	\$2,641,463	\$395,139
4.3 Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.4 Member Cost Sharing	\$21,870,444	\$3,081,751	\$3,693,947	\$1,072,065	\$1,581,267	\$4,489,554	\$3,595,502	\$942,748	\$0	\$0	\$0	\$0	\$1,910,787	\$501,243	\$253,344	\$632,895	\$115,341
4.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.6 Incurred Claims	\$162,103,392	\$15,218,435	\$21,298,929	\$3,381,882	\$4,516,948	\$69,473,437	\$32,323,599	\$2,418,208	\$0	\$0	\$0	\$0	\$8,513,585	\$2,063,972	\$606,032	\$2,008,569	\$279,798
4.7 Risk Adjustment Transfer Amount	\$10,070,105	\$885,558	\$1,209,373	-\$247,121	-\$338,268	\$5,610,084	\$2,724,475	-\$186,431	\$0	\$0	\$0	\$0	\$504,451	\$124,127	-\$47,680	-\$146,543	-\$21,920
4.8 Premium	\$180,083,813	\$12,751,385	\$24,843,914	\$3,944,761	\$5,268,747	\$81,036,567	\$37,703,525	\$2,820,894	\$0	\$0	\$0	\$0	\$9,930,583	\$2,407,498	\$706,899	\$2,342,874	\$326,367
4.9 Projected Member Months	252,844	25,983	35,484	6,629	9,074	98,565	47,867	5,001	0	0	0	0	14,801	3,642	1,279	3,931	588
4.10 Loss Ratio	81.40%	81.66%	81.75%	91.46%	91.61%	80.18%	79.95%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	81.59%	81.53%	91.45%	91.45%	91.90%
<b>Per Member Per Month</b>																	
4.11 Allowed Claims	\$727.62	\$704.31	\$704.34	\$671.89	\$672.05	\$750.40	\$750.39	\$672.06	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$704.30	\$704.34	\$671.91	\$671.96	\$672.01
4.12 Reinsurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4.13 Member Cost Sharing	\$86.50	\$118.61	\$104.10	\$161.72	\$174.26	\$455.55	\$75.11	\$188.51	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$129.10	\$137.63	\$198.08	\$161.00	\$196.16
4.14 Cost Sharing Reduction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4.15 Incurred Claims	\$641.12	\$585.71	\$600.24	\$510.16	\$497.79	\$704.85	\$675.28	\$483.54									

## Rating Area Data Collection

Rating Area	Rating Factor
Rating Area 1	1.0000

A	B	C	D	E	F	G	H	I	J	
1	<b>Unified Rate Review v5.0</b>									
2										
3	Company Legal Name:	GHMSI, Inc.						State:	DC	
4	HIOS Issuer ID:	78079						Market:	Small Group	
5	Effective Date of Rate Change(s):	1/1/2020								
6										
7										
8	<b>Market Level Calculations (Same for all Plans)</b>									
9										
10										
11	<b>Section I: Experience Period Data</b>									
12	Experience Period:	1/1/2018			to	12/31/2018				
13		Total			PMPM					
14	Allowed Claims	\$242,436,954.82			\$828.80					
15	Reinsurance	\$0.00			\$0.00					
16	Incurred Claims in Experience Period	\$215,503,011.18			\$736.72					
17	Risk Adjustment	\$16,349,753.83			\$55.89					
18	Experience Period Premium	\$221,699,295.97			\$757.91					
19	Experience Period Member Months	292,515								
20										
21	<b>Section II: Projections</b>									
22		Experience Period Index		Year 1 Trend		Year 2 Trend		Trended EHB Allowed Claims		
23	<b>Benefit Category</b>	<b>Rate PMPM</b>	<b>Cost</b>	<b>Utilization</b>	<b>Cost</b>	<b>Utilization</b>	<b>PMPM</b>			
24	Inpatient Hospital	\$102.96	1.000	1.080	1.000	1.080	\$120.09			
25	Outpatient Hospital	\$123.27	1.000	1.075	1.000	1.075	\$142.45			
26	Professional	\$186.55	1.020	1.060	1.020	1.060	\$218.08			
27	Other Medical	\$38.44	1.050	1.020	1.050	1.020	\$44.09			
28	Capitation	\$0.55	1.000	1.000	1.000	1.000	\$0.55			
29	Prescription Drug	\$158.77	1.100	1.000	1.100	1.000	\$192.11			
30	Total	\$610.54					\$717.38			
31										
32	Morbidity Adjustment				1.006					
33	Demographic Shift				0.990					
34	Plan Design Changes				1.010					
35	Other				0.996					
36	Adjusted Trended EHB Allowed Claims PMPM for	1/1/2020			\$718.72					
37										
38	Manual EHB Allowed Claims PMPM				\$719.31					
39	Applied Credibility %				0.00%					
40										
41										
42	Projected Index Rate for	1/1/2020			\$719.31		<b>Projected Period Totals</b>			
43	Reinsurance				\$0.00		\$181,873,217.64			
44	Risk Adjustment Payment/Charge				\$23.17		\$0.00			
45	Exchange User Fees				0.00%		\$5,858,395.48			
46	Market Adjusted Index Rate				\$696.14		\$0.00			
47										
48	Projected Member Months				252,844					
49										



## Rating Area Data Collection

Rating Area	Rating Factor
Rating Area 1	1.0000

# 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-131941267
Submission Date	5/24/2019
Product Name	BluePreferred

Market Type:  Individual  Small Group

Rate Filing Type:  Rate Increase  New Filing

### Scope and Range of the Increase:

The 18.5 % increase is requested because:

The main drivers of the 2020 rate increase are a) deterioration in the base period experience of the combined pool, b) trend of 8.4%, c) the re-introduction of the Health Insurer Fee and d) increase in the contribution to reserve.

This filing will impact:

# of policyholder's 12,574 # of covered lives 21,863

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 18.5 %
- Minimum Rate Change: The smallest premium increase (or largest decrease), by percentage, that any one policy holder would experience if the filing is approved 14.6 %
- Maximum Rate Change: The largest premium increase, by percentage, that any one policy holder would experience if the filing is approved 47.5 %

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 2018, a total of \$173.3 million in premium was collected and \$145.5 million in claims were paid out. We received \$10.7 million in risk adjustment, for a loss ratio of 77.8%. However, the rate increase of the product is driven partially by the combined Individual and Small group experience, which collected \$221.7 million in premium and paid out \$215.5 million in claims and received \$16.3 million in risk adjustment for a loss ratio of 89.8%.

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 85.5%.

### Components of Increase

The request is made up of the following components:

<b>Trend Increases</b> –	8.4	% of the	18.5	% total filed increase
1. Medical Utilization Changes – Defined as the increase in total plan claim costs not attributable to changes in the unit cost of underlying services, or renegotiation of provider contracts. Examples include changes in the mix of services utilized, or an increase/decrease in the frequency of service utilization.				
This component is	4.8	% of the	18.5	% total filed increase.
2. Medical Price Changes – Defined as the increase in total plan claim costs attributable to changes in the unit cost of underlying services, or renegotiation of provider contracts.				
This component is	3.5	% of the	18.5	% total filed increase.

<b>Other Increases</b> –	9.3	% of the	18.5	% total filed increase
1. Medical Benefit Changes Required by Law – Defined as any new mandated plan benefit changes, as mandated by either State or Federal Regulation.				
This component is	0.0	% of the	18.5	% total filed increase.
2. Medical Benefit Changes Not Required by Law – Defined as changes in plan benefit design made by the company, which are not required by either State or Federal Regulation.				
This component is	0.9	% of the	18.5	% total filed increase.
3. Changes to Administration Costs – Defined as increases in the costs of providing insurance coverage. Examples include claims payment expenses, distribution costs, taxes, and general business expenses such as rent, salaries, and overhead.				
This component is	-1.4	% of the	18.5	% total filed increase.
4. Changes to Profit Margin – Defined as increases to company surplus or changes as an additional margin to cover the risk of the company.				
This component is	4.0	% of the	18.5	% total filed increase.
5. Other – Defined as: Re-introduction of the Health Insurer Tax in 2020.				
This component is	5.7	% of the	18.5	% total filed increase.



# 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-131941267
Submission Date	5/24/2019
Product Name	BluePreferred

Market Type:  Individual  Small Group

Rate Filing Type:  Rate Increase  New Filing

### Scope and Range of the Increase:

The 21.6 % increase is requested because:

The main drivers of the 2020 rate increase are a) deterioration in the base period experience of the combined pool, b) trend of 8.4%, c) the re-introduction of the Health Insurer Fee and d) increase in the contribution to reserve.

This filing will impact:

# of policyholder's 12,574 # of covered lives 21,863

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 21.6 %
- Minimum Rate Change: The smallest premium increase (or largest decrease), by percentage, that any one policy holder would experience if the filing is approved 17.7 %
- Maximum Rate Change: The largest premium increase, by percentage, that any one policy holder would experience if the filing is approved 51.5 %

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 2018, a total of \$173.3 million in premium was collected and \$145.5 million in claims were paid out. We received \$10.7 million in risk adjustment, for a loss ratio of 77.8%. However, the rate increase of the product is driven partially by the combined Individual and Small group experience, which collected \$221.7 million in premium and paid out \$215.5 million in claims and received \$16.3 million in risk adjustment for a loss ratio of 89.8%.

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:

<b>Trend Increases –</b>	8.4	% of the	21.6	% 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	4.8	% of the	21.6	% 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	3.5	% of the	21.6	% total filed increase.

<b>Other Increases –</b>	12.2	% of the	21.6	% 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	21.6	% total filed increase.
2. Medical Benefit Changes Not Required by Law – Defined as changes in plan benefit design made by the company, which are not required by either State or Federal Regulation.				
This component is	0.9	% of the	21.6	% 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	-1.6	% of the	21.6	% 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	4.0	% of the	21.6	% total filed increase.
5. Other – Defined as: Re-introduction of the Health Insurer Tax in 2020.				
This component is	8.7	% of the	21.6	% total filed increase.