

State: District of Columbia **Filing Company:** CareFirst BlueChoice, Inc.
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only
- Other
Product Name: 2343 - DC ACA Small Group BlueChoice
Project Name/Number: 2343 - DC BC SG ACA ON-EXCHANGE/2343

Filing at a Glance

Company: CareFirst BlueChoice, Inc.
Product Name: 2343 - DC ACA Small Group BlueChoice
State: District of Columbia
TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)
Sub-TOI: HOrg02G.004E Small Group Only - Other
Filing Type: Rate
Date Submitted: 05/24/2019
SERFF Tr Num: CFAP-131941447
SERFF Status: Assigned
State Tr Num:
State Status:
Co Tr Num: 2343

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), John Morgan, Efren Tanhehco, Dave Dillon
Disposition Date:
Disposition Status:
Implementation Date:

State Filing Description:

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

General Information

Project Name: 2343 - DC BC SG ACA ON-EXCHANGE

Project Number: 2343

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Employer

Filing Status Changed: 05/28/2019

State Status Changed:

Created By: Shane Kontir

Corresponding Filing Tracking Number:

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Small

Overall Rate Impact: 13.5%

Deemer Date:

Submitted By: Shane Kontir

PPACA: Non-Grandfathered Immed Mkt Reforms

PPACA Notes: null

Include Exchange Intentions:

No

Filing Description:

This filing contains the rate proposal for the portfolio of benefits to be offered by CareFirst BlueChoice, Inc. to Small Groups on the D.C. Exchange. We are submitting 48 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
10455 Mill Run Circle
Owings Mills, MD 21117

cory.bream@carefirst.com
410-998-5308 [Phone]
410-998-7704 [FAX]

Filing Company Information

CareFirst BlueChoice, Inc.
840 First Street NE
Washington, DC 20065
(410) 581-3000 ext. [Phone]

CoCode: 96202
Group Code:
Group Name:
FEIN Number: 52-1358219

State of Domicile: District of
Columbia
Company Type: Health
Maintenance Organization
State ID Number:

Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

SERFF Tracking #:	CFAP-131941447	State Tracking #:		Company Tracking #:	2343
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Rate Information

Rate data applies to filing.

Filing Method:	SERFF
Rate Change Type:	Increase
Overall Percentage of Last Rate Revision:	1.900%
Effective Date of Last Rate Revision:	01/01/2019
Filing Method of Last Filing:	SERFF
SERFF Tracking Number of Last Filing:	CFAP-131468251

Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
CareFirst BlueChoice, Inc.	Increase	13.500%	13.500%	\$28,286,262	23,337	\$209,579,690	49.600%	3.900%

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Rate Review Detail

COMPANY:

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

PRODUCTS:

Product Name	HIOS Product ID	HIOS Submission ID	Number of Covered Lives
BlueChoice Advantage	86052DC044		17656
BlueChoice HMO	86052DC046		6281
BlueChoice HMO Referral	86052DC048		4813
HealthyBlue Plus	86052DC050		5596
HealthyBlue Plus Opt Out	86052DC058		3719

Trend Factors:

FORMS:

New Policy Forms:

DC CF SG BC ADV OON BF HSA SIL 1500 (1/20), DC CF SG POS OON BRZ 6500 (1/20), DC CF SG POS OON CDH BRZ 6000 (1/20), DC CF SG POS OON CDH GOLD 1500 (1/20), DC CF SG POS OON CDH GOLD 1500 90 (1/20), DC CF SG POS OON CDH SIL 1500 (1/20), DC CF SG POS OON CDH SIL 2000 (1/20), DC CF SG POS OON CDH SIL 2000 70 (1/20), DC CF SG POS OON CDH SIL 2500 (1/20), DC CF SG POS OON CDH SIL 3000 (1/20), DC CF SG POS OON CDH SIL 3000 70 (1/20), DC CF SG POS OON GOLD 1000 (1/20), DC CF SG POS OON GOLD 3000 (1/20), DC CF SG POS OON GOLD 500 (1/20), DC CF SG POS OON PLAT 0 (1/20), DC CF SG POS OON PLAT 500 (1/20), DC CF SG POS OON SIL 4000 (1/20), DC CF SG POS OON SIL 5000 (1/20), DC CFBC SG BC ADV IN BF HSA SIL 1500 (1/20), DC CFBC SG BC+OO PLAT 0 (1/20), DC CFBC SG HMO OA CDH BRZ 6000 (1/20), DC CFBC SG HMO OA CDH BRZ 6000 90 (1/20), DC CFBC SG HMO OA CDH GOLD 1500 (1/20), DC CFBC SG HMO OA CDH GOLD 1500 90 (1/20), DC CFBC SG HMO OA CDH SIL 1500 (1/20), DC CFBC SG HMO OA CDH SIL 2000 (1/20), DC CFBC SG HMO OA CDH SIL 2000 70 (1/20), DC CFBC SG HMO OA CDH SIL 2500 (1/20), DC CFBC SG HMO OA CDH SIL 3000 (1/20), DC CFBC SG HMO OA CDH SIL 3000 70 (1/20), DC CFBC SG HMO OA GOLD 1500 (1/20), DC CFBC SG HMO OA GOLD 3000 (1/20), DC CFBC SG HMO OA GOLD 500 (1/20), DC CFBC SG HMO OA PLAT 0 (1/20), DC CFBC SG HMO OA SIL 1500 (1/20), DC CFBC SG HMO OA SIL 5000 (1/20), DC CFBC SG HMO REF BRZ 6500 (1/20), DC CFBC SG HMO REF BRZ 8150 (1/20), DC CFBC SG HMO REF GOLD 0 (1/20), DC CFBC SG HMO REF GOLD 500 (1/20), DC CFBC SG HMO REF PLAT 0 (1/20), DC CFBC SG HMO REF SIL 4000 (1/20), DC CFBC SG POS IN BRZ 6500 (1/20), DC CFBC SG POS IN CDH BRZ 6000 (1/20), DC CFBC SG POS IN CDH GOLD 1500 (1/20), DC CFBC SG POS IN CDH GOLD 1500 90 (1/20), DC CFBC SG POS IN CDH SIL 1500 (1/20), DC CFBC SG POS IN CDH SIL 2000 (1/20), DC CFBC SG POS IN CDH SIL 2000 70 (1/20), DC CFBC SG POS IN CDH SIL 2500 (1/20), DC CFBC SG POS IN CDH SIL 3000 (1/20), DC CFBC SG POS IN CDH SIL 3000 70 (1/20), DC CFBC SG POS IN GOLD 1000 (1/20), DC CFBC SG POS IN GOLD 3000

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Project Name/Number: 2343 - DC BC SG ACA ON-EXCHANGE/2343

(1/20), DC CFBC SG POS IN GOLD 500 (1/20), DC CFBC SG POS IN PLAT 0 (1/20), DC CFBC SG POS IN PLAT 500 (1/20), DC CFBC SG POS IN SIL 4000 (1/20), DC CFBC SG POS IN SIL 5000 (1/20), DC/CF/FAM PLAN/FED (R. 1/20), DC/CF/SG/AUTH AMEND/POS OON (1/20), DC/CF/SHOP/ELIG (R. 1/20), DC/CF/SHOP/POS OON/DOCS (R. 1/20), DC/CF/SHOP/POS OON/EOC (R. 1/20), DC/CFBC/FAM PLAN/FED (R. 1/20), DC/CFBC/SG/AUTH AMEND/ADV (1/20), DC/CFBC/SG/AUTH AMEND/BCOO (1/20), DC/CFBC/SG/AUTH AMEND/HMO (1/20), DC/CFBC/SG/AUTH AMEND/PLUS (1/20), DC/CFBC/SG/INCENT (R. 1/20), DC/CFBC/SHOP/ADV IN/DOCS (R. 1/20), DC/CFBC/SHOP/BC+OOOA/DOCS (R. 1/20), DC/CFBC/SHOP/ELIG (R. 1/20), DC/CFBC/SHOP/HMO POS/EOC (R. 1/20), DC/CFBC/SHOP/HMO/DOCS (R. 1/20), DC/CFBC/SHOP/PLUS IN/DOCS (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/CFBC/ADV/BLCRD (R. 6/18), DC/CFBC/ADV/MEM/BLCRD (R. 6/18), DC/CFBC/ANCILLARY AMEND (10/12), DC/CFBC/BLCRD (R. 6/18), DC/CFBC/DOL APPEAL (R. 1/17), DC/CFBC/MEM/BLCRD (R. 6/18), DC/CFBC/PARTNER (R. 7/09), DC/CFBC/PT PROTECT (9/10), DC/CFBC/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: 459,894
 Benefit Change: Increase
 Percent Change Requested: Min: 3.9 Max: 49.6 Avg: 13.5

PRIOR RATE:

Total Earned Premium: 209,579,690.00
 Total Incurred Claims: 163,066,624.00
 Annual \$: Min: 245.07 Max: 566.47 Avg: 441.43

REQUESTED RATE:

Projected Earned Premium: 240,038,975.00
 Projected Incurred Claims: 182,472,505.00
 Annual \$: Min: 269.22 Max: 632.30 Avg: 501.40

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Project Name/Number:	2343 - DC BC SG ACA ON-EXCHANGE/2343				

Rate/Rule Schedule

State: District of Columbia
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other
Product Name: 2343 - DC ACA Small Group BlueChoice
Project Name/Number: 2343 - DC BC SG ACA ON-EXCHANGE/2343

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		2343 - DC BlueChoice - 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/CFBC/ADV/BLCRD (R. 6/18), DC/CFBC/ADV/MEM/BLCRD (R. 6/18), DC/CFBC/ANCILLARY AMEND (10/12), DC/CFBC/BLCRD (R. 6/18), DC/CFBC/DOL APPEAL (R. 1/17), DC/CFBC/MEM/BLCRD (R. 6/18), DC/CFBC/PARTNER (R. 7/09), DC/CFBC/PT PROTECT (9/10), DC/CFBC/SHOP/GC (R. 1/19), DC/GHMSI/DOL APPEAL (R. 1/17), DC/GHMSI-HEALTH GUARANTEE 6/18, DC CF SG BC ADV OON BF HSA SIL 1500 (1/20), DC CF SG POS OON BRZ 6500 (1/20), DC CF SG POS OON CDH BRZ 6000 (1/20), DC CF SG POS OON CDH GOLD 1500 (1/20), DC CF SG POS OON CDH GOLD 1500 90 (1/20), DC CF SG POS OON CDH SIL 1500 (1/20), DC CF SG POS OON CDH SIL 2000 (1/20), DC CF SG POS OON CDH SIL 2000 70 (1/20), DC CF SG POS OON CDH SIL 2500 (1/20), DC CF SG POS OON CDH SIL 3000 (1/20), DC CF SG POS OON CDH SIL 3000 70 (1/20), DC CF SG POS OON GOLD 1000 (1/20), DC CF SG POS	Revised	Previous State Filing Number: CFAP-131468251 Percent Rate Change Request: 13.5	2343 - DC BlueChoice - SG - Rate Sheets.pdf, 2343 - DC BlueChoice - SG - Rate Sheets - COMB RA.pdf,

SERFF Tracking #:

CFAP-131941447

State Tracking #:

Company Tracking #:

2343

State:

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Filing Company:

CareFirst BlueChoice, Inc.

TOI/Sub-TOI:

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

Product Name:

2343 - DC ACA Small Group BlueChoice

Project Name/Number:

2343 - DC BC SG ACA ON-EXCHANGE/2343

OON GOLD 3000 (1/20), DC
 CF SG POS OON GOLD 500
 (1/20), DC CF SG POS OON
 PLAT 0 (1/20), DC CF SG
 POS OON PLAT 500 (1/20),
 DC CF SG POS OON SIL
 4000 (1/20), DC CF SG POS
 OON SIL 5000 (1/20), DC
 CFBC SG BC ADV IN BF HSA
 SIL 1500 (1/20), DC CFBC SG
 BC+ OO PLAT 0 (1/20), DC
 CFBC SG HMO OA CDH BRZ
 6000 (1/20), DC CFBC SG
 HMO OA CDH BRZ 6000 90
 (1/20), DC CFBC SG HMO OA
 CDH GOLD 1500 (1/20), DC
 CFBC SG HMO OA CDH
 GOLD 1500 90 (1/20), DC
 CFBC SG HMO OA CDH SIL
 1500 (1/20), DC CFBC SG
 HMO OA CDH SIL 2000
 (1/20), DC CFBC SG HMO OA
 CDH SIL 2000 70 (1/20), DC
 CFBC SG HMO OA CDH SIL
 2500 (1/20), DC CFBC SG
 HMO OA CDH SIL 3000
 (1/20), DC CFBC SG HMO OA
 CDH SIL 3000 70 (1/20), DC
 CFBC SG HMO OA GOLD
 1500 (1/20), DC CFBC SG
 HMO OA GOLD 3000 (1/20),
 DC CFBC SG HMO OA GOLD
 500 (1/20), DC CFBC SG HMO
 OA PLAT 0 (1/20), DC CFBC
 SG HMO OA SIL 1500 (1/20),
 DC CFBC SG HMO OA SIL
 5000 (1/20), DC CFBC SG
 HMO REF BRZ 6500 (1/20),
 DC CFBC SG HMO REF BRZ
 8150 (1/20), DC CFBC SG
 HMO REF GOLD 0 (1/20), DC
 CFBC SG HMO REF GOLD
 500 (1/20), DC CFBC SG HMO
 REF PLAT 0 (1/20), DC CFBC
 SG HMO REF SIL 4000 (1/20),
 DC CFBC SG POS IN BRZ
 6500 (1/20), DC CFBC SG

SERFF Tracking #:

CFAP-131941447

State Tracking #:

Company Tracking #:

2343

State:

District of Columbia

Filing Company:

CareFirst BlueChoice, Inc.

TOI/Sub-TOI:

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

Product Name:

2343 - DC ACA Small Group BlueChoice

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2343 - DC BC SG ACA ON-EXCHANGE/2343

POS IN CDH BRZ 6000 (1/20),
 DC CFBC SG POS IN CDH
 GOLD 1500 (1/20), DC CFBC
 SG POS IN CDH GOLD 1500
 90 (1/20), DC CFBC SG POS
 IN CDH SIL 1500 (1/20), DC
 CFBC SG POS IN CDH SIL
 2000 (1/20), DC CFBC SG
 POS IN CDH SIL 2000 70
 (1/20), DC CFBC SG POS IN
 CDH SIL 2500 (1/20), DC
 CFBC SG POS IN CDH SIL
 3000 (1/20), DC CFBC SG
 POS IN CDH SIL 3000 70
 (1/20), DC CFBC SG POS IN
 GOLD 1000 (1/20), DC CFBC
 SG POS IN GOLD 3000 (1/20),
 DC CFBC SG POS IN GOLD
 500 (1/20), DC CFBC SG POS
 IN PLAT 0 (1/20), DC CFBC
 SG POS IN PLAT 500 (1/20),
 DC CFBC SG POS IN SIL
 4000 (1/20), DC CFBC SG
 POS IN SIL 5000 (1/20),
 DC/CF/FAM PLAN/FED (R.
 1/20), DC/CF/SG/AUTH
 AMEND/POS OON (1/20),
 DC/CF/SHOP/ELIG (R. 1/20),
 DC/CF/SHOP/POS
 OON/DOCS (R. 1/20),
 DC/CF/SHOP/POS OON/EOC
 (R. 1/20), DC/CFBC/FAM
 PLAN/FED (R. 1/20),
 DC/CFBC/SG/AUTH
 AMEND/ADV (1/20),
 DC/CFBC/SG/AUTH
 AMEND/BCOO (1/20),
 DC/CFBC/SG/AUTH
 AMEND/HMO (1/20),
 DC/CFBC/SG/AUTH
 AMEND/PLUS (1/20),
 DC/CFBC/SG/INCENT (R.
 1/20), DC/CFBC/SHOP/ADV
 IN/DOCS (R. 1/20),
 DC/CFBC/SHOP/BC+OOOA/D
 OCS (R. 1/20),
 DC/CFBC/SHOP/ELIG (R.

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			1/20), DC/CFBC/SHOP/HMO POS/EOC (R. 1/20), DC/CFBC/SHOP/HMO/DOCS (R. 1/20), DC/CFBC/SHOP/PLUS IN/DOCS (R. 1/20)			
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CareFirst BlueCross BlueShield (BlueChoice)
DC Small Group On/Off 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	Deductible	OOP	Individual Base Rate				Incremental Base Rate % Change		
				Benefit**	Description*		Max	01/2020	04/2020	07/2020	10/2020	04/2020	07/2020	10/2020
86052DC0460009	BlueChoice HMO	BlueChoice HMO Gold 1500	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	\$15 PCP/\$30 Spec/\$250 ER/\$400 IP	\$1,500 Med / \$250 Rx	\$3,900	\$443.51	\$450.32	\$457.26	\$464.35	1.5%	1.5%	1.6%
86052DC0460010	BlueChoice HMO	BlueChoice HMO Gold 500	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	\$15 PCP/\$30 Spec/\$250 ER/\$400 IP	\$500 Med / \$250 Rx	\$5,750	\$466.27	\$473.44	\$480.74	\$488.18	1.5%	1.5%	1.5%
86052DC0460014	BlueChoice HMO	BlueChoice HMO HSA/HRA Bronze 6000	On	Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	\$50 PCP/\$100 Spec/\$250 ER/\$500 IP	\$6,000 (Integrated)	\$6,550	\$280.80	\$285.11	\$289.51	\$293.99	1.5%	1.5%	1.5%
86052DC0460012	BlueChoice HMO	BlueChoice HMO HSA/HRA Silver 1500	On	Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	\$25 PCP/\$50 Spec/\$250 ER/\$500 IP	\$1,500 (Integrated)	\$6,750	\$379.97	\$385.81	\$391.76	\$397.82	1.5%	1.5%	1.5%
86052DC0460019	BlueChoice HMO	BlueChoice HMO HSA/HRA Silver 3000	On	Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	\$25 PCP/\$50 Spec/\$250 ER/\$500 IP	\$3,000 (Integrated)	\$4,750	\$340.14	\$345.36	\$350.69	\$356.12	1.5%	1.5%	1.5%
86052DC0460011	BlueChoice HMO	BlueChoice HMO Platinum 0	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	\$10 PCP/\$20 Spec/\$100 ER/\$200 IP	\$0 Med / \$0 Rx	\$1,550	\$563.40	\$572.06	\$580.88	\$589.87	1.5%	1.5%	1.5%
86052DC0460020	BlueChoice HMO	BlueChoice HMO Silver 1500	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	\$40 PCP/\$100 Spec/\$400 ER/\$500 IP	\$1,500 Med / \$250 Rx	\$8,150	\$357.67	\$363.16	\$368.76	\$374.47	1.5%	1.5%	1.5%
86052DC0460013	BlueChoice HMO	BlueChoice HMO HSA/HRA Silver 2000	On	Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	\$25 PCP/\$50 Spec/\$250 ER/\$500 IP	\$2,000 (Integrated)	\$5,550	\$360.18	\$365.71	\$371.35	\$377.10	1.5%	1.5%	1.5%
86052DC0460021	BlueChoice HMO	BlueChoice HMO HSA/HRA Gold 1500	On	Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	\$10 PCP/\$20 Spec/\$100 ER/\$200 IP	\$1,500 (Integrated)	\$3,000	\$430.71	\$437.33	\$444.07	\$450.95	1.5%	1.5%	1.5%
86052DC0460022	BlueChoice HMO	BlueChoice HMO HSA/HRA Silver 2500	On	Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	\$20 PCP/\$40 Spec/\$150 ER/\$500 IP	\$2,500 (Integrated)	\$6,000	\$358.66	\$364.17	\$369.79	\$375.51	1.5%	1.5%	1.5%
86052DC0460023	BlueChoice HMO	BlueChoice HMO Silver 5000	On	Int: \$10/\$40/\$70/\$100/\$150	\$0 PCP/\$50 Spec/\$250 ER/\$500 IP	\$5,000 Med / \$450 Rx	\$8,150	\$360.76	\$366.30	\$371.95	\$377.71	1.5%	1.5%	1.5%
86052DC0460024	BlueChoice HMO	BlueChoice HMO Gold 3000	On	Int: \$10/\$40/\$70/\$100/\$150	\$15 PCP/\$30 Spec/\$150 ER/\$200 IP	\$3,000 Med / \$250 Rx	\$7,000	\$417.99	\$424.41	\$430.95	\$437.63	1.5%	1.5%	1.6%
86052DC0440010	BlueChoice Advantage	BlueChoice Advantage Gold 1000	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$15 PCP/\$30 Spec/\$250 ER/\$400 IP; OON: \$50 PCP/Spec/\$500 IP	IN: \$1,000 Med / \$250 Rx; OON: \$2,000	IN: \$4,400; OON: \$8,800	\$508.96	\$516.78	\$524.75	\$532.87	1.5%	1.5%	1.5%
86052DC0440011	BlueChoice Advantage	BlueChoice Advantage Gold 500	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$15 PCP/\$30 Spec/\$250 ER/\$400 IP; OON: \$50 PCP/Spec/\$500 IP	IN: \$500 Med / \$250 Rx; OON: \$1,000	IN: \$5,750; OON: \$11,500	\$526.89	\$534.98	\$543.23	\$551.65	1.5%	1.5%	1.5%
86052DC0440018	BlueChoice Advantage	BlueChoice Advantage HSA/HRA Bronze 6000	On	Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$50 PCP/\$100 Spec/\$250 ER/\$500 IP; OON: \$120 PCP/Spec/\$600 IP	IN: \$6,000 (Integrated); OON: \$12,000	IN: \$6,550; OON: \$13,100	\$329.03	\$334.09	\$339.24	\$344.49	1.5%	1.5%	1.5%
86052DC0440013	BlueChoice Advantage	BlueChoice Advantage HSA/HRA Silver 1500	On	Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$25 PCP/\$50 Spec/\$250 ER/\$500 IP; OON: \$70 PCP/Spec/\$600 IP	IN: \$1,500 (Integrated); OON: \$3,000	IN: \$6,750; OON: \$9,000	\$434.50	\$441.17	\$447.97	\$454.91	1.5%	1.5%	1.5%
86052DC0440019	BlueChoice Advantage	BlueChoice Advantage HSA/HRA Silver 3000	On	Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$25 PCP/\$50 Spec/\$250 ER/\$500 IP; OON: \$70 PCP/Spec/\$600 IP	IN: \$3,000 (Integrated); OON: \$6,000	IN: \$4,750; OON: \$9,000	\$393.94	\$399.99	\$406.16	\$412.45	1.5%	1.5%	1.5%
86052DC0440012	BlueChoice Advantage	BlueChoice Advantage Platinum 0	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$10 PCP/\$20 Spec/\$100 ER/\$200 IP; OON: \$40 PCP/Spec/\$300 IP	IN: \$0 Med / \$0 Rx; OON: \$1,500	IN: \$1,550; OON: \$3,100	\$632.30	\$642.01	\$651.91	\$662.01	1.5%	1.5%	1.5%
86052DC0440015	BlueChoice Advantage	HealthyBlue Advantage Platinum 500	On	Non-Int: \$0/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$0 PCP/\$30 Spec/\$200 ER/\$500 IP; OON: \$50 PCP/Spec/\$600 IP	IN: \$500 Med / \$0 Rx; OON: \$1,000	IN: \$1,500; OON: \$3,000	\$610.19	\$619.56	\$629.12	\$638.86	1.5%	1.5%	1.5%
86052DC0440020	BlueChoice Advantage	BlueChoice Advantage Bronze 6500	On	Non-Int: \$30/\$75/\$150/\$100/\$150	IN: \$40 PCP/\$80 Spec/\$500 ER/\$500 IP; OON: \$100 PCP/Spec/\$600 IP	IN: \$6,500 Med / \$500 Rx; OON: \$13,000	IN: \$8,150; OON: \$16,300	\$335.07	\$340.22	\$345.47	\$350.82	1.5%	1.5%	1.5%
86052DC0440021	BlueChoice Advantage	BlueChoice Advantage HSA/HRA Gold 1500	On	Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$10 PCP/\$20 Spec/\$100 ER/\$200 IP; OON: \$40 PCP/Spec/\$300 IP	IN: \$1,500 (Integrated); OON: \$3,000	IN: \$3,000; OON: \$6,000	\$492.20	\$499.76	\$507.47	\$515.33	1.5%	1.5%	1.5%
86052DC0440022	BlueChoice Advantage	BlueChoice Advantage Silver 4000	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$25 PCP/\$50 Spec/\$250 ER/\$500 IP; OON: \$70 PCP/Spec/\$600 IP	IN: \$4,000 Med / \$400 Rx; OON: \$8,000	IN: \$8,150; OON: \$16,300	\$405.17	\$411.39	\$417.73	\$424.20	1.5%	1.5%	1.5%

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

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

CareFirst BlueCross BlueShield (BlueChoice)
DC Small Group On/Off 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	Deductible	OOP Max	Individual Base Rate				Incremental Base Rate % Change		
				Benefit**	Description*			01/2020	04/2020	07/2020	10/2020	04/2020	07/2020	10/2020
86052DC0440023	BlueChoice Advantage	BlueChoice Advantage Silver 1500 BlueFund HSA	On	Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$10 PCP/\$20 Spec/\$250 ER/\$500 IP; OON: \$70 PCP/Spec/\$600 IP	IN: \$1,500 (Integrated); OON: \$3,000	IN: \$6,550; OON: \$9,000	\$433.96	\$440.63	\$447.43	\$454.35	1.5%	1.5%	1.5%
86052DC0440024	BlueChoice Advantage	BlueChoice Advantage HSA/HRA Silver 2500	On	Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$20 PCP/\$40 Spec/\$150 ER/\$500 IP; OON: \$60 PCP/Spec/\$600 IP	IN: \$2,500 (Integrated); OON: \$5,000	IN: \$6,000; OON: \$12,000	\$412.68	\$419.02	\$425.48	\$432.07	1.5%	1.5%	1.5%
86052DC0440025	BlueChoice Advantage	BlueChoice Advantage Silver 5000	On	Int: \$10/\$40/\$70/\$100/\$150	IN: \$0 PCP/\$50 Spec/\$250 ER/\$500 IP; OON: \$70 PCP/Spec/\$600 IP	IN: \$5,000 Med / \$450 Rx; OON: \$10,000	IN: \$8,150; OON: \$16,300	\$413.24	\$419.58	\$426.05	\$432.65	1.5%	1.5%	1.5%
86052DC0440026	BlueChoice Advantage	BlueChoice Advantage Gold 3000	On	Int: \$10/\$40/\$70/\$100/\$150	IN: \$15 PCP/\$30 Spec/\$150 ER/\$200 IP; OON: \$50 PCP/Spec/\$300 IP	IN: \$3,000 Med / \$250 Rx; OON: \$6,000	IN: \$7,000; OON: \$14,000	\$475.31	\$482.61	\$490.06	\$497.65	1.5%	1.5%	1.5%
86052DC0500015	BlueChoice Plus	BlueChoice Plus Gold 1000	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$15 PCP/\$30 Spec/\$250 ER/\$400 IP; OON: \$50 PCP/Spec/\$500 IP	IN: \$1,000 Med / \$250 Rx; OON: \$2,000	IN: \$4,400; OON: \$8,800	\$459.42	\$466.47	\$473.67	\$481.00	1.5%	1.5%	1.5%
86052DC0500016	BlueChoice Plus	BlueChoice Plus Gold 500	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$15 PCP/\$30 Spec/\$250 ER/\$400 IP; OON: \$50 PCP/Spec/\$500 IP	IN: \$500 Med / \$250 Rx; OON: \$1,000	IN: \$5,750; OON: \$11,500	\$476.87	\$484.20	\$491.66	\$499.28	1.5%	1.5%	1.5%
86052DC0500017	BlueChoice Plus	BlueChoice Plus HSA/HRA Bronze 6000	On	Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$50 PCP/\$100 Spec/\$250 ER/\$500 IP; OON: \$120 PCP/Spec/\$600 IP	IN: \$6,000 (Integrated); OON: \$12,000	IN: \$6,550; OON: \$13,100	\$289.31	\$293.76	\$298.29	\$302.90	1.5%	1.5%	1.5%
86052DC0500009	BlueChoice Plus	BlueChoice Plus HSA/HRA Silver 1500	On	Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$25 PCP/\$50 Spec/\$250 ER/\$500 IP; OON: \$70 PCP/Spec/\$600 IP	IN: \$1,500 (Integrated); OON: \$3,000	IN: \$6,750; OON: \$9,000	\$389.48	\$395.47	\$401.56	\$407.78	1.5%	1.5%	1.5%
86052DC0500010	BlueChoice Plus	BlueChoice Plus HSA/HRA Silver 3000	On	Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$25 PCP/\$50 Spec/\$250 ER/\$500 IP; OON: \$70 PCP/Spec/\$600 IP	IN: \$3,000 (Integrated); OON: \$6,000	IN: \$4,750; OON: \$9,000	\$349.53	\$354.90	\$360.37	\$365.95	1.5%	1.5%	1.5%
86052DC0500012	BlueChoice Plus	HealthyBlue Plus Platinum 500	On	Non-Int: \$0/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$0 PCP/\$30 Spec/\$200 ER/\$500 IP; OON: \$50 PCP/Spec/\$600 IP	IN: \$500 Med / \$0 Rx; OON: \$1,000	IN: \$1,500; OON: \$3,000	\$552.61	\$561.10	\$569.75	\$578.57	1.5%	1.5%	1.5%
86052DC0500018	BlueChoice Plus	BlueChoice Plus HSA/HRA Silver 2500	On	Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$20 PCP/\$40 Spec/\$150 ER/\$500 IP; OON: \$60 PCP/Spec/\$600 IP	IN: \$2,500 (Integrated); OON: \$5,000	IN: \$6,000; OON: \$12,000	\$368.32	\$373.97	\$379.74	\$385.62	1.5%	1.5%	1.5%
86052DC0580001	BlueChoice Plus	BlueChoice Plus Opt-Out Platinum 0	On	Non-Int: \$0/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$10 PCP/\$20 Spec/\$100 ER/\$200 IP; OON: \$40 PCP/Spec/\$300 IP	IN: \$0 Med / \$0 Rx; OON: \$1,500	IN: \$1,550; OON: \$3,100	\$569.44	\$578.18	\$587.10	\$596.19	1.5%	1.5%	1.5%
86052DC0480009	BlueChoice HMO Referral	BlueChoice HMO Referral Bronze 6500	On	Non-Int: \$30/\$75/\$150/\$100/\$150	\$40 PCP/\$80 Spec/\$500 ER/\$500 IP	\$6,500 Med / \$500 Rx	\$8,150	\$269.22	\$273.35	\$277.57	\$281.87	1.5%	1.5%	1.5%
86052DC0480010	BlueChoice HMO Referral	BlueChoice HMO Referral Gold 0	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	\$30 PCP/\$40 Spec/\$250 ER/\$500 IP	\$0 Med / \$0 Rx	\$5,350	\$470.52	\$477.75	\$485.12	\$492.63	1.5%	1.5%	1.5%
86052DC0480008	BlueChoice HMO Referral	BlueChoice HMO Referral Gold 500	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	\$15 PCP/\$30 Spec/\$250 ER/\$400 IP	\$500 Med / \$250 Rx	\$5,750	\$441.93	\$448.71	\$455.64	\$462.69	1.5%	1.5%	1.5%
86052DC0480007	BlueChoice HMO Referral	BlueChoice HMO Referral Platinum 0	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	\$10 PCP/\$20 Spec/\$100 ER/\$200 IP	\$0 Med / \$0 Rx	\$1,550	\$535.64	\$543.86	\$552.25	\$560.80	1.5%	1.5%	1.5%
86052DC0480014	BlueChoice HMO Referral	BlueChoice HMO Referral Silver 4000	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	\$25 PCP/\$50 Spec/\$250 ER/\$500 IP	\$4,000 Med / \$400 Rx	\$8,150	\$333.46	\$338.59	\$343.81	\$349.13	1.5%	1.5%	1.5%
86052DC0460025	BlueChoice HMO	BlueChoice HMO HSA/HRA Gold 1500 90	On	Int: \$10/\$45/\$65/\$100/\$150	\$10 PCP/\$20 Spec	\$1500 (Integrated)	\$3,000	\$428.73	\$435.32	\$442.03	\$448.88	1.5%	1.5%	1.5%
86052DC0460026	BlueChoice HMO	BlueChoice HMO HSA/HRA Bronze 6000 90	On	Int: \$10/\$45/\$65/\$100/\$150	10%	\$6000 (Integrated)	\$6,550	\$288.10	\$292.53	\$297.04	\$301.64	1.5%	1.5%	1.5%
86052DC0460027	BlueChoice HMO	BlueChoice HMO HSA/HRA Silver 2000 70	On	Int: \$10/\$45/\$65/\$100/\$150	30%	\$2000 (Integrated)	\$6,750	\$347.84	\$353.19	\$358.63	\$364.19	1.5%	1.5%	1.6%

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

CareFirst BlueCross BlueShield (BlueChoice)
DC Small Group On/Off 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	Deductible	OOP	Individual Base Rate				Incremental Base Rate % Change		
				Benefit**	Description*		Max	01/2020	04/2020	07/2020	10/2020	04/2020	07/2020	10/2020
86052DC0460028	BlueChoice HMO	BlueChoice HMO HSA/HRA Silver 3000 70	On	Int: \$10/\$45/\$65/\$100/\$150	\$25 PCP/\$50 Spec	\$3000 (Integrated)	\$6,000	\$332.99	\$338.10	\$343.32	\$348.63	1.5%	1.5%	1.5%
86052DC0440027	BlueChoice Advantage	BlueChoice Advantage HSA/HRA Silver 2000	On	Int: \$10/\$45/\$65/\$100/\$150	\$25 PCP/\$50 Spec/\$250 ER/\$500 IP	IN: \$2000 (Integrated) ; OON: \$4,000	INN: \$5,550 ; OON: \$9,000	\$414.05	\$420.41	\$426.89	\$433.50	1.5%	1.5%	1.5%
86052DC0440028	BlueChoice Advantage	BlueChoice Advantage HSA/HRA Gold 1500 90	On	Int: \$10/\$45/\$65/\$100/\$150	\$10 PCP/\$20 Spec	IN: \$1500 (Integrated); OON: \$3,000	IN: 3,000; OON: \$6,000	\$490.48	\$498.02	\$505.70	\$513.53	1.5%	1.5%	1.5%
86052DC0440029	BlueChoice Advantage	BlueChoice Advantage HSA/HRA Silver 2000 70	On	Int: \$10/\$45/\$65/\$100/\$150	30%	IN: \$2000 (Integrated) ; OON: \$4,000	IN: 6,750; OON: \$13,500	\$401.10	\$407.26	\$413.54	\$419.94	1.5%	1.5%	1.5%
86052DC0440030	BlueChoice Advantage	BlueChoice Advantage HSA/HRA Silver 3000 70	On	Int: \$10/\$45/\$65/\$100/\$150	\$25 PCP/\$50 Spec	IN: \$3,000 (Integrated); OON: \$6,000	IN: 6,000; OON: \$12,000	\$385.91	\$391.83	\$397.88	\$404.04	1.5%	1.5%	1.5%
86052DC0480015	BlueChoice HMO Referral	BlueChoice HMO Referral Bronze 8150	On	Int: No Charge	0%	\$8,150 (Integrated)	\$8,150 (Integrated)	\$245.81	\$249.58	\$253.43	\$257.36	1.5%	1.5%	1.6%

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

CareFirst BlueCross BlueShield (BlueChoice)
DC Small Group On/Off 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	Deductible	OOP	Individual Base Rate				Incremental Base Rate % Change		
				Benefit**	Description*		Max	01/2020	04/2020	07/2020	10/2020	04/2020	07/2020	10/2020
86052DC0460009	BlueChoice HMO	BlueChoice HMO Gold 1500	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	\$15 PCP/\$30 Spec/\$250 ER/\$400 IP	\$1,500 Med / \$250 Rx	\$3,900	\$457.65	\$464.77	\$472.03	\$479.43	1.6%	1.6%	1.6%
86052DC0460010	BlueChoice HMO	BlueChoice HMO Gold 500	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	\$15 PCP/\$30 Spec/\$250 ER/\$400 IP	\$500 Med / \$250 Rx	\$5,750	\$481.14	\$488.63	\$496.26	\$504.04	1.6%	1.6%	1.6%
86052DC0460014	BlueChoice HMO	BlueChoice HMO HSA/HRA Bronze 6000	On	Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	\$50 PCP/\$100 Spec/\$250 ER/\$500 IP	\$6,000 (Integrated)	\$6,550	\$289.75	\$294.26	\$298.86	\$303.54	1.6%	1.6%	1.6%
86052DC0460012	BlueChoice HMO	BlueChoice HMO HSA/HRA Silver 1500	On	Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	\$25 PCP/\$50 Spec/\$250 ER/\$500 IP	\$1,500 (Integrated)	\$6,750	\$392.08	\$398.19	\$404.41	\$410.75	1.6%	1.6%	1.6%
86052DC0460019	BlueChoice HMO	BlueChoice HMO HSA/HRA Silver 3000	On	Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	\$25 PCP/\$50 Spec/\$250 ER/\$500 IP	\$3,000 (Integrated)	\$4,750	\$350.98	\$356.44	\$362.01	\$367.69	1.6%	1.6%	1.6%
86052DC0460011	BlueChoice HMO	BlueChoice HMO Platinum 0	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	\$10 PCP/\$20 Spec/\$100 ER/\$200 IP	\$0 Med / \$0 Rx	\$1,550	\$581.36	\$590.41	\$599.64	\$609.04	1.6%	1.6%	1.6%
86052DC0460020	BlueChoice HMO	BlueChoice HMO Silver 1500	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	\$40 PCP/\$100 Spec/\$400 ER/\$500 IP	\$1,500 Med / \$250 Rx	\$8,150	\$369.07	\$374.81	\$380.67	\$386.64	1.6%	1.6%	1.6%
86052DC0460013	BlueChoice HMO	BlueChoice HMO HSA/HRA Silver 2000	On	Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	\$25 PCP/\$50 Spec/\$250 ER/\$500 IP	\$2,000 (Integrated)	\$5,550	\$371.66	\$377.45	\$383.35	\$389.36	1.6%	1.6%	1.6%
86052DC0460021	BlueChoice HMO	BlueChoice HMO HSA/HRA Gold 1500	On	Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	\$10 PCP/\$20 Spec/\$100 ER/\$200 IP	\$1,500 (Integrated)	\$3,000	\$444.44	\$451.36	\$458.41	\$465.60	1.6%	1.6%	1.6%
86052DC0460022	BlueChoice HMO	BlueChoice HMO HSA/HRA Silver 2500	On	Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	\$20 PCP/\$40 Spec/\$150 ER/\$500 IP	\$2,500 (Integrated)	\$6,000	\$370.09	\$375.85	\$381.73	\$387.71	1.6%	1.6%	1.6%
86052DC0460023	BlueChoice HMO	BlueChoice HMO Silver 5000	On	Int: \$10/\$40/\$70/\$100/\$150	\$0 PCP/\$50 Spec/\$250 ER/\$500 IP	\$5,000 Med / \$450 Rx	\$8,150	\$372.26	\$378.05	\$383.96	\$389.98	1.6%	1.6%	1.6%
86052DC0460024	BlueChoice HMO	BlueChoice HMO Gold 3000	On	Int: \$10/\$40/\$70/\$100/\$150	\$15 PCP/\$30 Spec/\$150 ER/\$200 IP	\$3,000 Med / \$250 Rx	\$7,000	\$431.31	\$438.02	\$444.87	\$451.84	1.6%	1.6%	1.6%
86052DC0440010	BlueChoice Advantage	BlueChoice Advantage Gold 1000	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$15 PCP/\$30 Spec/\$250 ER/\$400 IP; OON: \$50 PCP/Spec/\$500 IP	IN: \$1,000 Med / \$250 Rx; OON: \$2,000	IN: \$4,400; OON: \$8,800	\$525.19	\$533.36	\$541.69	\$550.19	1.6%	1.6%	1.6%
86052DC0440011	BlueChoice Advantage	BlueChoice Advantage Gold 500	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$15 PCP/\$30 Spec/\$250 ER/\$400 IP; OON: \$50 PCP/Spec/\$500 IP	IN: \$500 Med / \$250 Rx; OON: \$1,000	IN: \$5,750; OON: \$11,500	\$543.69	\$552.15	\$560.78	\$569.57	1.6%	1.6%	1.6%
86052DC0440018	BlueChoice Advantage	BlueChoice Advantage HSA/HRA Bronze 6000	On	Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$50 PCP/\$100 Spec/\$250 ER/\$500 IP; OON: \$120 PCP/Spec/\$600 IP	IN: \$6,000 (Integrated); OON: \$12,000	IN: \$6,550; OON: \$13,100	\$339.52	\$344.81	\$350.20	\$355.69	1.6%	1.6%	1.6%
86052DC0440013	BlueChoice Advantage	BlueChoice Advantage HSA/HRA Silver 1500	On	Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$25 PCP/\$50 Spec/\$250 ER/\$500 IP; OON: \$70 PCP/Spec/\$600 IP	IN: \$1,500 (Integrated); OON: \$3,000	IN: \$6,750; OON: \$9,000	\$448.35	\$455.33	\$462.44	\$469.69	1.6%	1.6%	1.6%
86052DC0440019	BlueChoice Advantage	BlueChoice Advantage HSA/HRA Silver 3000	On	Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$25 PCP/\$50 Spec/\$250 ER/\$500 IP; OON: \$70 PCP/Spec/\$600 IP	IN: \$3,000 (Integrated); OON: \$6,000	IN: \$4,750; OON: \$9,000	\$406.50	\$412.83	\$419.28	\$425.85	1.6%	1.6%	1.6%
86052DC0440012	BlueChoice Advantage	BlueChoice Advantage Platinum 0	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$10 PCP/\$20 Spec/\$100 ER/\$200 IP; OON: \$40 PCP/Spec/\$300 IP	IN: \$0 Med / \$0 Rx; OON: \$1,500	IN: \$1,550; OON: \$3,100	\$652.46	\$662.61	\$672.97	\$683.52	1.6%	1.6%	1.6%
86052DC0440015	BlueChoice Advantage	HealthyBlue Advantage Platinum 500	On	Non-Int: \$0/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$0 PCP/\$30 Spec/\$200 ER/\$500 IP; OON: \$50 PCP/Spec/\$600 IP	IN: \$500 Med / \$0 Rx; OON: \$1,000	IN: \$1,500; OON: \$3,000	\$629.64	\$639.44	\$649.43	\$659.62	1.6%	1.6%	1.6%
86052DC0440020	BlueChoice Advantage	BlueChoice Advantage Bronze 6500	On	Non-Int: \$30/\$75/\$150/\$100/\$150	IN: \$40 PCP/\$80 Spec/\$500 ER/\$500 IP; OON: \$100 PCP/Spec/\$600 IP	IN: \$6,500 Med / \$500 Rx; OON: \$13,000	IN: \$8,150; OON: \$16,300	\$345.75	\$351.14	\$356.62	\$362.22	1.6%	1.6%	1.6%
86052DC0440021	BlueChoice Advantage	BlueChoice Advantage HSA/HRA Gold 1500	On	Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$10 PCP/\$20 Spec/\$100 ER/\$200 IP; OON: \$40 PCP/Spec/\$300 IP	IN: \$1,500 (Integrated); OON: \$3,000	IN: \$3,000; OON: \$6,000	\$507.89	\$515.80	\$523.86	\$532.07	1.6%	1.6%	1.6%
86052DC0440022	BlueChoice Advantage	BlueChoice Advantage Silver 4000	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$25 PCP/\$50 Spec/\$250 ER/\$500 IP; OON: \$70 PCP/Spec/\$600 IP	IN: \$4,000 Med / \$400 Rx; OON: \$8,000	IN: \$8,150; OON: \$16,300	\$418.08	\$424.59	\$431.22	\$437.99	1.6%	1.6%	1.6%

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

CareFirst BlueCross BlueShield (BlueChoice)
DC Small Group On/Off 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	Deductible	OOP Max	Individual Base Rate				Incremental Base Rate % Change		
				Benefit**	Description*			01/2020	04/2020	07/2020	10/2020	04/2020	07/2020	10/2020
86052DC0440023	BlueChoice Advantage	BlueChoice Advantage Silver 1500 BlueFund HSA	On	Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$10 PCP/\$20 Spec/\$250 ER/\$500 IP; OON: \$70 PCP/Spec/\$600 IP	IN: \$1,500 (Integrated); OON: \$3,000	IN: \$6,550; OON: \$9,000	\$447.80	\$454.77	\$461.87	\$469.12	1.6%	1.6%	1.6%
86052DC0440024	BlueChoice Advantage	BlueChoice Advantage HSA/HRA Silver 2500	On	Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$20 PCP/\$40 Spec/\$150 ER/\$500 IP; OON: \$60 PCP/Spec/\$600 IP	IN: \$2,500 (Integrated); OON: \$5,000	IN: \$6,000; OON: \$12,000	\$425.83	\$432.46	\$439.22	\$446.11	1.6%	1.6%	1.6%
86052DC0440025	BlueChoice Advantage	BlueChoice Advantage Silver 5000	On	Int: \$10/\$40/\$70/\$100/\$150	IN: \$0 PCP/\$50 Spec/\$250 ER/\$500 IP; OON: \$70 PCP/Spec/\$600 IP	IN: \$5,000 Med / \$450 Rx; OON: \$10,000	IN: \$8,150; OON: \$16,300	\$426.41	\$433.05	\$439.81	\$446.71	1.6%	1.6%	1.6%
86052DC0440026	BlueChoice Advantage	BlueChoice Advantage Gold 3000	On	Int: \$10/\$40/\$70/\$100/\$150	IN: \$15 PCP/\$30 Spec/\$150 ER/\$200 IP; OON: \$50 PCP/Spec/\$300 IP	IN: \$3,000 Med / \$250 Rx; OON: \$6,000	IN: \$7,000; OON: \$14,000	\$490.47	\$498.10	\$505.88	\$513.82	1.6%	1.6%	1.6%
86052DC0500015	BlueChoice Plus	BlueChoice Plus Gold 1000	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$15 PCP/\$30 Spec/\$250 ER/\$400 IP; OON: \$50 PCP/Spec/\$500 IP	IN: \$1,000 Med / \$250 Rx; OON: \$2,000	IN: \$4,400; OON: \$8,800	\$474.06	\$481.44	\$488.96	\$496.63	1.6%	1.6%	1.6%
86052DC0500016	BlueChoice Plus	BlueChoice Plus Gold 500	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$15 PCP/\$30 Spec/\$250 ER/\$400 IP; OON: \$50 PCP/Spec/\$500 IP	IN: \$500 Med / \$250 Rx; OON: \$1,000	IN: \$5,750; OON: \$11,500	\$492.07	\$499.73	\$507.54	\$515.50	1.6%	1.6%	1.6%
86052DC0500017	BlueChoice Plus	BlueChoice Plus HSA/HRA Bronze 6000	On	Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$50 PCP/\$100 Spec/\$250 ER/\$500 IP; OON: \$120 PCP/Spec/\$600 IP	IN: \$6,000 (Integrated); OON: \$12,000	IN: \$6,550; OON: \$13,100	\$298.53	\$303.18	\$307.92	\$312.75	1.6%	1.6%	1.6%
86052DC0500009	BlueChoice Plus	BlueChoice Plus HSA/HRA Silver 1500	On	Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$25 PCP/\$50 Spec/\$250 ER/\$500 IP; OON: \$70 PCP/Spec/\$600 IP	IN: \$1,500 (Integrated); OON: \$3,000	IN: \$6,750; OON: \$9,000	\$401.90	\$408.16	\$414.53	\$421.03	1.6%	1.6%	1.6%
86052DC0500010	BlueChoice Plus	BlueChoice Plus HSA/HRA Silver 3000	On	Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$25 PCP/\$50 Spec/\$250 ER/\$500 IP; OON: \$70 PCP/Spec/\$600 IP	IN: \$3,000 (Integrated); OON: \$6,000	IN: \$4,750; OON: \$9,000	\$360.67	\$366.29	\$372.01	\$377.84	1.6%	1.6%	1.6%
86052DC0500012	BlueChoice Plus	HealthyBlue Plus Platinum 500	On	Non-Int: \$0/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$0 PCP/\$30 Spec/\$200 ER/\$500 IP; OON: \$50 PCP/Spec/\$600 IP	IN: \$500 Med / \$0 Rx; OON: \$1,000	IN: \$1,500; OON: \$3,000	\$570.22	\$579.10	\$588.15	\$597.37	1.6%	1.6%	1.6%
86052DC0500018	BlueChoice Plus	BlueChoice Plus HSA/HRA Silver 2500	On	Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$20 PCP/\$40 Spec/\$150 ER/\$500 IP; OON: \$60 PCP/Spec/\$600 IP	IN: \$2,500 (Integrated); OON: \$5,000	IN: \$6,000; OON: \$12,000	\$380.06	\$385.97	\$392.01	\$398.15	1.6%	1.6%	1.6%
86052DC0580001	BlueChoice Plus	BlueChoice Plus Opt-Out Platinum 0	On	Non-Int: \$0/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$10 PCP/\$20 Spec/\$100 ER/\$200 IP; OON: \$40 PCP/Spec/\$300 IP	IN: \$0 Med / \$0 Rx; OON: \$1,500	IN: \$1,550; OON: \$3,100	\$587.59	\$596.73	\$606.06	\$615.56	1.6%	1.6%	1.6%
86052DC0480009	BlueChoice HMO Referral	BlueChoice HMO Referral Bronze 6500	On	Non-Int: \$30/\$75/\$150/\$100/\$150	\$40 PCP/\$80 Spec/\$500 ER/\$500 IP	\$6,500 Med / \$500 Rx	\$8,150	\$277.80	\$282.12	\$286.53	\$291.02	1.6%	1.6%	1.6%
86052DC0480010	BlueChoice HMO Referral	BlueChoice HMO Referral Gold 0	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	\$30 PCP/\$40 Spec/\$250 ER/\$500 IP	\$0 Med / \$0 Rx	\$5,350	\$485.52	\$493.08	\$500.78	\$508.63	1.6%	1.6%	1.6%
86052DC0480008	BlueChoice HMO Referral	BlueChoice HMO Referral Gold 500	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	\$15 PCP/\$30 Spec/\$250 ER/\$400 IP	\$500 Med / \$250 Rx	\$5,750	\$456.02	\$463.11	\$470.35	\$477.73	1.6%	1.6%	1.6%
86052DC0480007	BlueChoice HMO Referral	BlueChoice HMO Referral Platinum 0	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	\$10 PCP/\$20 Spec/\$100 ER/\$200 IP	\$0 Med / \$0 Rx	\$1,550	\$552.71	\$561.32	\$570.08	\$579.02	1.6%	1.6%	1.6%
86052DC0480014	BlueChoice HMO Referral	BlueChoice HMO Referral Silver 4000	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	\$25 PCP/\$50 Spec/\$250 ER/\$500 IP	\$4,000 Med / \$400 Rx	\$8,150	\$344.10	\$349.45	\$354.91	\$360.48	1.6%	1.6%	1.6%
86052DC0460025	BlueChoice HMO	BlueChoice HMO HSA/HRA Gold 1500 90	On	Int: \$10/\$45/\$65/\$100/\$150	\$10 PCP/\$20 Spec	\$1500 (Integrated)	\$3,000	\$442.40	\$449.29	\$456.31	\$463.46	1.6%	1.6%	1.6%
86052DC0460026	BlueChoice HMO	BlueChoice HMO HSA/HRA Bronze 6000 90	On	Int: \$10/\$45/\$65/\$100/\$150	10%	\$6000 (Integrated)	\$6,550	\$297.29	\$301.91	\$306.63	\$311.44	1.6%	1.6%	1.6%
86052DC0460027	BlueChoice HMO	BlueChoice HMO HSA/HRA Silver 2000 70	On	Int: \$10/\$45/\$65/\$100/\$150	30%	\$2000 (Integrated)	\$6,750	\$358.93	\$364.52	\$370.21	\$376.02	1.6%	1.6%	1.6%

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

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

CareFirst BlueCross BlueShield (BlueChoice)
DC Small Group On/Off 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	Deductible	OOP	Individual Base Rate				Incremental Base Rate % Change		
				Benefit**	Description*		Max	01/2020	04/2020	07/2020	10/2020	04/2020	07/2020	10/2020
86052DC0460028	BlueChoice HMO	BlueChoice HMO HSA/HRA Silver 3000 70	On	Int: \$10/\$45/\$65/\$100/\$150	\$25 PCP/\$50 Spec	\$3000 (Integrated)	\$6,000	\$343.60	\$348.95	\$354.40	\$359.96	1.6%	1.6%	1.6%
86052DC0440027	BlueChoice Advantage	BlueChoice Advantage HSA/HRA Silver 2000	On	Int: \$10/\$45/\$65/\$100/\$150	\$25 PCP/\$50 Spec/\$250 ER/\$500 IP	IN: \$2000 (Integrated) ; OON: \$4,000	INN: \$5,550 ; OON: \$9,000	\$427.25	\$433.90	\$440.68	\$447.59	1.6%	1.6%	1.6%
86052DC0440028	BlueChoice Advantage	BlueChoice Advantage HSA/HRA Gold 1500 90	On	Int: \$10/\$45/\$65/\$100/\$150	\$10 PCP/\$20 Spec	IN: \$1500 (Integrated); OON: \$3,000	IN: 3,000; OON: \$6,000	\$506.12	\$514.00	\$522.03	\$530.21	1.6%	1.6%	1.6%
86052DC0440029	BlueChoice Advantage	BlueChoice Advantage HSA/HRA Silver 2000 70	On	Int: \$10/\$45/\$65/\$100/\$150	30%	IN: \$2000 (Integrated) ; OON: \$4,000	IN: 6,750; OON: \$13,500	\$413.89	\$420.33	\$426.89	\$433.59	1.6%	1.6%	1.6%
86052DC0440030	BlueChoice Advantage	BlueChoice Advantage HSA/HRA Silver 3000 70	On	Int: \$10/\$45/\$65/\$100/\$150	\$25 PCP/\$50 Spec	IN: \$3,000 (Integrated); OON: \$6,000	IN: 6,000; OON: \$12,000	\$398.21	\$404.41	\$410.73	\$417.17	1.6%	1.6%	1.6%
86052DC0480015	BlueChoice HMO Referral	BlueChoice HMO Referral Bronze 8150	On	Int: No Charge	0%	\$8,150 (Integrated)	\$8,150 (Integrated)	\$253.64	\$257.59	\$261.62	\$265.72	1.6%	1.6%	1.6%

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

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

State:	District of Columbia	Filing Company:	CareFirst BlueChoice, Inc.
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other		
Product Name:	2343 - DC ACA Small Group BlueChoice		
Project Name/Number:	2343 - DC BC SG ACA ON-EXCHANGE/2343		

Supporting Document Schedules

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

Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	2343 AV Screenshots - DC Small Group BlueChoice.pdf 2343 BC SG - DISB rate filing checklist.pdf 2343_SmallGroup_DC_BlueChoice_ActuarialMemorandum.pdf 2343_SmallGroup_DC_BlueChoice_ActuarialMemorandum - COMB RA.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	2343 DC SG - BlueChoice - Index & Plan Comparison.pdf 2343 DC SG - BlueChoice - Index & Plan Comparison - COMB RA.pdf 2343_SmallGroup_DC_BlueChoice_ActuarialMemorandum.pdf 2343_SmallGroup_DC_BlueChoice_ActuarialMemorandum - COMB RA.pdf
Item Status:	
Status Date:	

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

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

State:	District of Columbia	Filing Company:	CareFirst BlueChoice, Inc.
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other		
Product Name:	2343 - DC ACA Small Group BlueChoice		
Project Name/Number:	2343 - DC BC SG ACA ON-EXCHANGE/2343		

Satisfied - Item:	Cover Letter
Comments:	
Attachment(s):	2343 ACA_Cover Letter_SG_DC_BlueChoice.pdf 2343 ACA_Cover Letter_SG_DC_BlueChoice - COMB RA.pdf
Item Status:	
Status Date:	

Satisfied - Item:	DISB Actuarial Memorandum Dataset
Comments:	
Attachment(s):	2343 - DC BC SG - Dataset.xlsx 2343 - DC BC SG - Dataset - COMB RA.xlsx DC BC Trend Analysis.xlsx
Item Status:	
Status Date:	

Bypassed - Item:	District of Columbia and Countrywide Experience for the Last 5 Years (P&C)
Bypass Reason:	Not Applicable
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	District of Columbia and Countrywide Loss Ratio Analysis (P&C)
Bypass Reason:	Not applicable
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Unified Rate Review Template
Comments:	
Attachment(s):	2343 DC BlueChoice SG URRT - SERFF.pdf 2343 DC BlueChoice SG URRT SERFF.xlsm 2343 DC BlueChoice SG URRT - COMB RA.pdf 2343 DC BlueChoice SG URRT SERFF - COMB RA.xlsm
Item Status:	
Status Date:	

Satisfied - Item:	District of Columbia Plain Language Summary
Comments:	

State:	District of Columbia	Filing Company:	CareFirst BlueChoice, Inc.
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other		
Product Name:	2343 - DC ACA Small Group BlueChoice		
Project Name/Number:	2343 - DC BC SG ACA ON-EXCHANGE/2343		

Attachment(s):	2343 - DC SG - BlueChoice - PartII Rate Justification.pdf 2343 - DC SG - BlueChoice - PartII Rate Justification - COMB RA.pdf
Item Status:	
Status Date:	

Satisfied - Item:	RateE File
Comments:	
Attachment(s):	86052_DC_SmallGroup_BC_RATEE_050119.xlsx
Item Status:	
Status Date:	

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

State:	District of Columbia	Filing Company:	CareFirst BlueChoice, Inc.
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other		
Product Name:	2343 - DC ACA Small Group BlueChoice		
Project Name/Number:	2343 - DC BC SG ACA ON-EXCHANGE/2343		

Attachment 2343 - DC BC SG - Dataset.xlsx is not a PDF document and cannot be reproduced here.

Attachment 2343 - DC BC SG - Dataset - COMB RA.xlsx is not a PDF document and cannot be reproduced here.

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

Attachment 2343 DC BlueChoice SG URRT SERFF.xlsm is not a PDF document and cannot be reproduced here.

Attachment 2343 DC BlueChoice SG URRT SERFF - COMB RA.xlsm is not a PDF document and cannot be reproduced here.

Attachment 86052_DC_SmallGroup_BC_RATEE_050119.xlsx is not a PDF document and cannot be reproduced here.

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

**Rate Filing # 2343
DC Small Group On/Off Exchange Products
Rate Filing Effective 1/1/2020**

Actuarial Value Calculations

CareFirst BlueCross BlueShield (BlueChoice)

DC Small Group

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22	Silver - \$2000 Ded, \$5550 OOP, \$25/\$50 - Hospital
23	Silver - \$2000 Ded, \$5550 OOP, \$25/\$50 - Freestanding
24	Silver - \$2500 Ded, \$6000 OOP, \$20/\$40 - Hospital
25	Silver - \$2500 Ded, \$6000 OOP, \$20/\$40 - Freestanding
26	Silver - \$3000 Ded, \$4750 OOP, \$25/\$50 - Hospital
27	Silver - \$3000 Ded, \$4750 OOP, \$25/\$50 - Freestanding
28	Silver - \$4000/\$400 Ded, \$8150 OOP, \$25/\$50 - Hospital
29	Silver - \$4000/\$400 Ded, \$8150 OOP, \$25/\$50 - Freestanding
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CareFirst BlueCross BlueShield (BlueChoice)
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>
BlueChoice HMO Platinum 0	Platinum	91.98%	4, 5	Yes
BlueChoice HMO Gold 500	Gold	81.99%	8, 9	Yes
BlueChoice HMO Silver 1500	Silver	71.90%	18, 19	Yes
BlueChoice HMO Gold 1500	Gold	81.97%	12, 13	Yes
BlueChoice HMO Gold 3000	Gold	77.38%	16, 17	Yes
BlueChoice HMO Silver 5000	Silver	71.94%	30, 31	Yes
BlueChoice HMO HSA/HRA Silver 1500	Silver	71.76%	20, 21	Yes
BlueChoice HMO HSA/HRA Gold 1500	Gold	80.32%	14, 15	Yes
BlueChoice HMO HSA/HRA 2300	Silver	71.91%	43	No
BlueChoice HMO HSA/HRA Silver 2000	Silver	71.94%	22, 23	Yes
BlueChoice HMO HSA/HRA Silver 2500	Silver	70.93%	24, 25	Yes
BlueChoice HMO HSA/HRA Silver 3000	Silver	71.09%	26, 27	Yes
BlueChoice HMO HSA/HRA Bronze 6000	Bronze	63.13%	32, 33	Yes
BlueChoice HMO Referral Platinum 0	Platinum	91.98%	4, 5	Yes
BlueChoice HMO Referral Gold 0	Gold	81.99%	6, 7	Yes
BlueChoice HMO Referral Gold 500	Gold	81.99%	8, 9	Yes
BlueChoice HMO Referral Silver 4000	Silver	71.48%	28, 29	Yes
BlueChoice HMO Referral Bronze 6500	Bronze	64.99%	34, 35	Yes
BlueChoice Advantage Silver 1500 BlueFund HSA	Bronze	71.98%	36, 37	No
BlueChoice Plus Opt-Out Platinum 0	Platinum	91.98%	4, 5	Yes
BlueChoice Plus Gold 500	Gold	81.99%	8, 9	Yes
BlueChoice Plus Gold 1000	Gold	81.97%	10, 11	Yes
BlueChoice Plus HSA/HRA Silver 1500	Silver	71.76%	20, 21	Yes
BlueChoice Plus HSA/HRA Silver 2500	Silver	70.93%	24, 25	Yes
BlueChoice Plus HSA/HRA Silver 3000	Silver	71.09%	26, 27	Yes
BlueChoice Plus HSA/HRA Bronze 6000	Bronze	63.13%	32, 33	Yes
BlueChoice Advantage Platinum 0	Platinum	91.98%	4, 5	Yes
BlueChoice Advantage Gold 500	Gold	81.99%	8, 9	Yes
BlueChoice Advantage Gold 1000	Gold	81.97%	10, 11	Yes
BlueChoice Advantage Gold 3000	Gold	77.38%	16, 17	Yes
BlueChoice Advantage Silver 4000	Silver	71.48%	28, 29	Yes
BlueChoice Advantage Silver 5000	Silver	71.94%	30, 31	Yes
BlueChoice Advantage Bronze 6500	Bronze	64.99%	34, 35	Yes
BlueChoice Advantage HSA/HRA Gold 1500	Gold	80.32%	14, 15	Yes
BlueChoice Advantage HSA/HRA Silver 1500	Silver	71.76%	20, 21	Yes
BlueChoice Advantage HSA/HRA Silver 2500	Silver	70.93%	24, 25	Yes
BlueChoice Advantage HSA/HRA Silver 3000	Silver	71.09%	26, 27	Yes
BlueChoice Advantage HSA/HRA Bronze 6000	Bronze	63.13%	32, 33	Yes
BlueChoice HMO HSA/HRA Bronze 6000 90	Bronze	63.34%	38	No
BlueChoice Advantage HSA/HRA Silver 2000 70	Silver	71.87%	39	No
BlueChoice HMO HSA/HRA Silver 2000 70	Silver	71.87%	39	No
BlueChoice HMO HSA/HRA Silver 3000 70	Silver	69.56%	40	No
BlueChoice Advantage HSA/HRA Silver 3000 70	Silver	69.56%	40	No
BlueChoice HMO HSA/HRA Gold 1500 90	Gold	81.32%	41	No
BlueChoice Advantage HSA/HRA Gold 1500 90	Gold	81.32%	41	No
BlueChoice HMO Referral Bronze 8200	Bronze	59.29%	42	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.

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

AV Calculator - BlueChoice Platinum 0 (Products: HMO, HMO Referral, Plus Opt-Out, Advantage)

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

[Click Here for Important Instructions](#)

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

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 - BlueChoice Platinum 0 (Products: HMO, HMO Referral, Plus Opt-Out, Advantage)

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

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

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

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

92.33%

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

0.0781 seconds

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	

AV Calculator - BlueChoice HMO Referral Gold 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: Gold

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$0.00	\$0.00
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%
MOOP (\$)	\$5,350.00	
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<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"/>		\$30.00	<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"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<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"/>		\$40.00	<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"/>		\$80.00	<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"/>		\$40.00	<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"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

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:

Actuarial Value:
 Metal Tier:

Calculation Successful.

81.83%
 Gold

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

	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%	81.83%
Freestanding	19%	82.65%
		81.99%

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:

	Medical	Drug	Combined
Deductible (\$)	\$0.00	\$0.00	
Coinurance (%; Insurer's Cost Share)	100.00%	100.00%	
MOOP (\$)	\$5,350.00		
MOOP if Separate (\$)			

	Medical	Drug	Combined

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	Tier 1				Tier 2				Tier 1	Tier 2
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<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 type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input 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/Coinurance 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:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2020 AV Calculator

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

82.65%

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

0.0625 seconds

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		

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:

	Medical	Drug	Combined
Deductible (\$)	\$500.00	\$250.00	
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%	
MOOP (\$)	\$5,750.00		
MOOP if Separate (\$)			

Medical	Drug	Combined

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

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%

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			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$500.00	\$250.00				
Coinurance (%; Insurer's Cost Share)	100.00%	100.00%				
MOOP (\$)	\$5,750.00					
MOOP if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<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 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 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 type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input 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 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 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 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 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 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 type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input 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"/>	50%		<input checked="" type="checkbox"/>	<input 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/Coinurance 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%
\$ 200.00	

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

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.

83.13%

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).

0.0781 seconds

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

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

Deductible (\$)

Coinsurance (%; Insurer's Cost Share)

MOOP (\$)

MOOP if Separate (\$)

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
\$1,000.00	\$250.00	
100.00%	100.00%	
\$4,400.00		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<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 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 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 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 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 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 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 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 type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input 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 type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e., high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

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%	81.50%
Freestanding	19%	84.00%
		81.97%

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2020 AV Calculator

Calculation Successful.

81.50%

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).

0.125 seconds

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:

	Medical	Drug	Combined
Deductible (\$)	\$1,000.00	\$250.00	
Coinurance (% , Insurer's Cost Share)	100.00%	100.00%	
MOOP (\$)	\$4,400.00		
MOOP if Separate (\$)			

	Medical	Drug	Combined

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

84.00%

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).

0.0938 seconds

	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		

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

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

Calculate

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

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

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

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

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

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

AV Calculator - BlueChoice HSA/HRA Gold 1500 (Products: HMO, Advantage)

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
Coinsurance (% Insurer's Cost Share)		100.00%
MOOP (\$)		\$3,000.00
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input 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 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 type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<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"/>		\$20.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.09	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

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.

80.23%
 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).

0.0938 seconds

Copays		Weighting
OP Facility	\$ 100	20%
OP Facility	\$ 50	80%
	\$ 60.09	

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

Blending of Site-of-Service AVs

Hospital	81%	80.23%
Freestanding	19%	80.71%
		80.32%

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 (\$)
		Coinsurance (%; Insurer's Cost Share)
		MOOP (\$)
		MOOP if Separate (\$)

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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

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.

80.71%

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).

0.0938 seconds

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	

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:

	Medical	Drug	Combined
Deductible (\$)	\$3,000.00	\$250.00	
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%	
MOOP (\$)	\$7,000.00		
MOOP if Separate (\$)			

	Medical	Drug	Combined

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	Tier 1				Tier 2				Tier 1	Tier 2
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input 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"/>		\$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"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$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"/>		\$80.27	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$110.85	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

Plan Description:

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

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2020 AV Calculator

Calculation Successful.

76.48%

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).

0.1406 seconds

	Copays	Weighting
OP Facility	\$ 200	20%
OP Facility	\$ 50	80%
	\$ 80.27	

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

Blending of Site-of-Service AVs

Hospital	81%	76.48%
Freestanding	19%	81.23%
		77.38%

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 (\$)	\$3,000.00	\$250.00	
Coinurance (% Insurer's Cost Share)	100.00%	100.00%	
MOOP (\$)	\$7,000.00		
MOOP if Separate (\$)			

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$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"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$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"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$110.85	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

81.23%

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).

0.125 seconds

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

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

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

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/Coinurance 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.

71.67%

Silver

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

0.0977 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%	71.67%
Freestanding	19%	72.87%
		71.90%

AV Calculator - BlueChoice HMO 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
Coinurance (% , 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 Coinurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$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 checked="" type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input 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/Coinurance 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:

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

72.87%

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

Additional Notes:

Calculation Time:

Final 2020 AV Calculator

0.1094 seconds

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

AV Calculator - BlueChoice HSA/HRA Silver 1500 (Products: HMO, Plus, Advantage)

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?	
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$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"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

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:

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%
Freestanding	19%	72.72%
		71.76%

AV Calculator - BlueChoice HSA/HRA Silver 1500 (Products: HMO, Plus, Advantage)

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

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

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$1,500.00
		100.00%
		\$6,750.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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

Options for Additional Benefit Design Limits:

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

Plan Description:

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

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.

72.72%

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

0.0781 seconds

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 - BlueChoice HMO 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 (\$)
		Coinsurance (%; Insurer's Cost Share)
		MOOP (\$)
		MOOP if Separate (\$)

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$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 checked="" 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"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

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

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%
	\$ 120.63	

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

Blending of Site-of-Service AVs

Hospital	81%	71.85%
Freestanding	19%	72.30%
		71.94%

AV Calculator - BlueChoice HMO 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 (\$)
		Coinurance (% Insurer's Cost Share)
		MOOP (\$)
		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?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<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"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

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): 3
 Begin Primary Care Cost-Sharing After a Set Number of Visits? ☐
 # Visits (1-10):
 Begin Primary Care Deductible/Coinurance After a Set Number of Copays? ☐
 # Copays (1-10):

Plan Description:

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

Output

Calculate

Status/Error Messages:

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

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 (\$)
		Coinurance (%; Insurer's Cost Share)
		MOOP (\$)
		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?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$90.36	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

70.30%

Silver

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	\$ 250	20%
OP Facility	\$ 50	80%
	\$ 90.36	

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

Blending of Site-of-Service AVs

Hospital	81%	70.30%
Freestanding	19%	73.62%
		70.93%

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 (\$)
		Coinurance (% Insurer's Cost Share)
		MOOP (\$)
		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?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input 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"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<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"/>		\$20.00	<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"/>		\$40.00	<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"/>		\$40.00	<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"/>			<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"/>			<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"/>			<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"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

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/Coinurance 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.

73.62%

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

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

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 (\$)		\$3,000.00
Coinsurance (% Insurer's Cost Share)		100.00%
MOOP (\$)		\$4,750.00
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?
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$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 checked="" 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"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

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

Status/Error Messages:

Actuarial Value:
 Metal Tier:

Additional Notes:

Calculation Time:

Final 2020 AV Calculator

Calculation Successful.

71.06%
 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).

0.0781 seconds

	Copays	Weighting
OP Facility	\$ 400	20%
OP Facility	\$ 50	80%
	\$ 120.63	

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

Blending of Site-of-Service AVs

Hospital	81%	71.06%
Freestanding	19%	71.23%
		71.09%

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			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$3,000.00			
Coinurance (%; Insurer's Cost Share)			100.00%			
MOOP (\$)			\$4,750.00			
MOOP if Separate (\$)						

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

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input 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/Coinurance 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.

71.23%

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).

0.0781 seconds

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

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

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 (\$)	\$4,000.00	\$400.00
Coinurance (%; 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?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<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"/>		\$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"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input 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 type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input 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"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$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/Coinurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

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

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

70.78%

Silver

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

Additional Notes:

Calculation Time:

Final 2020 AV Calculator

9.5625 seconds

Copays		Weighting
OP Facility	\$ 400	20%
OP Facility	\$ 50	80%
	\$ 120.63	

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

Blending of Site-of-Service AVs		
Hospital	81%	70.78%
Freestanding	19%	74.48%
		71.48%

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 (\$)	\$4,000.00	\$400.00
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?	
Medical	<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"/>		\$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"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input 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 type="checkbox"/>	<input type="checkbox"/>		\$300.00	<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"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$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:

Actuarial Value:

Metal Tier:

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

74.48%

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:

9.2344 seconds

Final 2020 AV Calculator

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

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

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 (\$)	\$5,000.00	\$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?	
Medical	<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"/>		\$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"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input 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"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input 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"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$110.85	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

Plan Description:

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

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2020 AV Calculator

Calculation Successful.

71.19%

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%
	\$ 120.63	

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

Blending of Site-of-Service AVs

Hospital	81%	71.19%
Freestanding	19%	75.15%
		71.94%

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 (\$)	\$5,000.00	\$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?	
Medical	<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"/>		\$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"/>		\$15.00	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input checked="" 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"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input 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 type="checkbox"/>	<input type="checkbox"/>		\$300.00	<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"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$110.85	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

Plan Description:

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

Output

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.
 75.15%

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

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: Bronze

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$6,500.00	\$500.00
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?	
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<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"/>		\$80.00	<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"/>		\$750.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.00	<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"/>		\$80.00	<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"/>		\$80.00	<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"/>		\$130.72	<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"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.00	<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"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$110.85	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

Plan Description:

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

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Draft 2020 AV Calculator

Expanded Bronze Standard (56% to 65%), Calculation Successful.

64.94%

Bronze

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

0.1875 seconds

	Copays	Weighting
OP Facility	\$ 450	20%
OP Facility	\$ 50	80%
	\$ 130.72	

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

Blending of Site-of-Service AVs

Hospital	81%	64.94%
Freestanding	19%	65.18%
		64.99%

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: Bronze

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$6,500.00	\$500.00
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%
MOOP (\$)	\$8,150.00	\$6,150.00
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?	
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.00	<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"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.00	<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"/>		\$80.00	<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 type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$160.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.00	<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"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.00	<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"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e., high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$110.85	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

Plan Description:

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

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

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

65.18%

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:

Draft 2020 AV Calculator

0.1719 seconds

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

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: **Bronze**

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

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

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$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 checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<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"/>		\$400.00	<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"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$125.00	<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"/>		\$130.72	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input 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

Expanded Bronze Standard (56% to 65%), Calculation Successful.

63.13%

Bronze

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	\$ 450	20%
OP Facility	\$ 50	80%
	\$ 130.72	

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

Blending of Site-of-Service AVs

Hospital	81%	63.13%
Freestanding	19%	63.15%
		63.13%

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: Bronze

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		Deductible (\$)
		Coinurance (% Insurer's Cost Share)
		MOOP (\$)
		MOOP if Separate (\$)

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 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?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$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 checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<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"/>		\$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"/>		\$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"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input 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/Coinurance 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

Expanded Bronze Standard (56% to 65%), Calculation Successful.

63.15%

Bronze

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

0.0918 seconds

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

Specialty Dr Coins Max		Weighting
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 (\$)		\$1,500.00
Coinsurance (%; Insurer's Cost Share)		100.00%
MOOP (\$)		\$6,550.00
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$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 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"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

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:

Calculation Successful.

71.76%
 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:

Final 2020 AV Calculator

0.125 seconds

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

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

Blending of Site-of-Service AVs

Hospital	81%	71.76%
Freestanding	19%	72.94%
		0.7198

User Inputs for Plan Parameters

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

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$1,500.00
		100.00%
		\$6,550.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input 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	100%
OP Facility	\$ -	0%
	\$ 300	

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

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

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

72.94%

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

Additional Notes:

Calculation Time:

Final 2020 AV Calculator

0.1074 seconds

User Inputs for Plan Parameters

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

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

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

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	Tier 1				Tier 2				Tier 1	Tier 2
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input 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 type="checkbox"/>		\$110.85	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

Plan Description:

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

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2020 AV Calculator

Expanded Bronze Standard (56% to 65%), Calculation Successful.

63.34%

Bronze

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.

0.0898 seconds

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			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$2,000.00			
		70.00%			
		\$6,750.00			

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

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	Tier 2 Plan Benefit Design
Medical	Medical
Drug	Drug
Combined	Combined
Deductible (\$)	
Coinurance (% , 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?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (Inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input 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 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"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$110.85	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2020 AV Calculator

Calculation Successful.

69.56%

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: Office-visit-specific cost-sharing is applying to x-rays in office settings.

0.1094 seconds

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	Tier 2 Plan Benefit Design
Medical	Medical
Drug	Drug
Combined	Combined
Deductible (\$)	
Coinurance (% , 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?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (Inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input 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 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"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$110.85	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2020 AV Calculator

Calculation Successful.

81.32%

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: Office-visit-specific cost-sharing is applying to x-rays in office settings.

0.0781 seconds

AV Calculator - BlueChoice HMO Referral Bronze 8200

User Inputs for Plan Parameters

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

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

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$8,150.00			
		100.00%			
		\$8,150.00			

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<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 type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input 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 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"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input 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 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 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 type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<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 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 type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

59.29%

Bronze

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:

0.0791 seconds

AV Calculator - BlueChoice HMO HSA/HRA 2300 (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			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$2,300.00			
		80.00%			
		\$6,750.00			

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

**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. In the small group market, please also provide weighted average rate increase requested for 2016Q1 over 2015Q1; etc.	Yes	Appendix - Rate Change_SG
9	Maximum Rate Increase Requested	The maximum rate increase that could be applied to a policyholder based on changes to the base rate and rating factors, incremental and year-over-year renewal. (Does not include changes in the demographics of the covered members.)	Yes	Appendix - Rate Change_SG

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

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

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
26	Administrative Costs of Programs that Improve Health Care Quality	Show the amount of administrative costs included with claims in the numerator of the MLR calculation . Show that the amount is consistent with the most recently filed Supplemental Health Care Exhibit or provide support for the difference.	Yes	Exhibit10A - DICR SG and Exhibit 10B - Fed MLR_SG
27	Taxes and Licensing or Regulatory Fees	Show the amount of taxes, licenses, and fees subtracted from premium in the denominator of your medical loss ratio calculation(c). Show that the amount is consistent with the most recently filed Supplemental Health Care Exhibit or provide support for the difference.	Yes	Exhibit10A - DICR SG and Exhibit 10B - Fed MLR_SG
28	Medical Loss Ratio (MLR)	Demonstrate that the projected loss ratio, including the requested rate change, meets the minimum MLR. Show the premium, claims, and adjustments separately with the development of the projected premium and projected claims (if not provided in the rate development section). If the loss ratio falls below the minimum for the subset of policy forms in the filing, show that when combined with all other policy forms in the market segment in District of Columbia, the loss ratio meets the minimum.	Yes	Exhibit10A - DICR SG and Exhibit 10B - Fed MLR_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	<p>Indicate the expense assumptions used in the development of proposed rates. Demonstrate how this assumption was derived. Show how this assumption has changed from prior filings, and provide support for any change.</p> <p>Provide the assumed administrative costs in the following categories:</p> <ul style="list-style-type: none"> • Salaries, wages, employment taxes, and other employee benefits • Commissions • Taxes, licenses, and other regulatory fees • Cost containment programs / quality improvement activities • All other administrative expenses • Total 	Yes	Exhibit10A - DICR SG and Exhibit 10B - Fed MLR_SG
33	Any Other Relevant Factors Within and Outside the State	Show any other relevant factors that have been considered in the development of the proposed rates. Demonstrate how any related assumptions were derived. Show how these assumptions have changed from prior filings, and provide support for any change.	Yes	Actuarial Memorandum
34	Other	Any other information needed to support the requested rates or to comply with Actuarial Standard of Practice No. 8.	Yes	Actuarial Memorandum

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
35	Actuarial Certification	Signed and dated certification by a qualified actuary that the anticipated loss ratio meets the minimum requirement, the rates are reasonable in relation to benefits, the filing complies with the laws and regulations of the District of Columbia and all applicable Actuarial Standards of Practice, including ASOP No. 8, and that the rates are not unfairly discriminatory.	Yes	Actuarial Certification is included in the Actuarial Memorandum
36	Part I Preliminary Justification (Grandfathered Plan Filings)	Rate Summary Worksheet --- Provide this document with all Grandfathered plan filings. Provide in Excel and PDF format.	No	This is not a Grandfathered Filing, so a PRJ is not provided
36.1	Unified Rate Review Template (Non-Grandfathered Filings)	Unified Rate Review Template as specified in the proposed Federal Rate Review regulation. Provide this document with all Non-Grandfathered plan filings. Provide in Excel and PDF format.	Yes	See the URRT included as a separate document in SERFF
37	Part II Preliminary Justification	Written description justifying the rate increase as specified by 45 CFR § 154.215(f). Provide for <i>all</i> individual and small employer group filings (whether or not they are “subject to review” as defined by HHS).	Yes	See the Part II included as a separate document in SERFF
38	DISB Actuarial Memorandum Dataset	Summarizes data elements contained in Actuarial Memorandum. Provide this document with all Non- Grandfathered plan filings. Provide in Excel format only.	Yes	See the Dataset included as a separate document in SERFF
39	District of Columbia Plain Language Summary	Similar to the Part II Preliminary Justification, this is a written description of the rate increase as specified by 45 CFR § 154.215, but as a simple and brief narrative describing the data and assumptions that were used to develop the proposed rates. Provide this document for all individual and small employer group filings.	Yes	See the 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 th of the current year, whichever is first.	Yes	See the Rate 'E' file included as a separate document in SERFF
42	Additional Requirements for Stand-Alone Dental Plan Filings	Provide the following for stand-alone dental plan filings: <ul style="list-style-type: none"> • Identification of the level of coverage (i.e. low or high), including the actuarial value of the plan determined in accordance with the proposed rule; • Certification of the level of coverage by a member of the American Academy of Actuaries using generally accepted actuarial principles; and • Demonstration that the plan has a reasonable annual limitation on cost-sharing. 	No	Not applicable

CERTIFYING SIGNATURE

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

Dwayne Lucado
(Print Name)

Dwayne Lucado
(Signature)

Digitally signed by Dwayne Lucado
Date: 2019.05.24 11:10:32 -04'00'

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:** CareFirst BlueChoice, Inc. (CFBC) - NAIC # 96202
- **State:** District of Columbia
- **HIOS Issuer ID:** 86052
- **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:** 2343
- **SERFF Filing Number:** CFAP-131941447

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 13.5% on average for 1Q20. The range is 3.9% to 49.6%. The estimated average base rate changes for 2Q20, 3Q20, and 4Q20 are 12.1%, 11.2% and 10.0%, respectively. This filing applies to all new and renewing, in-force business in the guaranteed renewable, non-grandfathered, ACA, metal benefit plans. The number of policyholders affected by this rate change is 23,337.

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 an increase in the 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: \$210,277,846

Experience Period Member Months: 483,210

Current Date Members: 42,697

Allowed and Incurred Claims Incurred During the Experience Period

Allowed Claims

- **Processed through issuer's claim system:** \$188,625,834
- **Processed outside issuer's claim system:** \$0
- **IBNR:** \$1,940,530

Incurred Claims

- **Processed through issuer's claim system:** \$160,837,637
- **Processed outside issuer's claim system:** \$0
- **IBNR:** \$1,644,119

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 7.5%, which is a slight decrease compared to the 8.1% trend assumed in our prior filing. Current observed medical trends as of 201812 are 9.5%, down from 9.6% in 201712. The current observed drug trends are 7.4% as of 201812, down from 11.5% 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 9.7%. The adjusted aggregate medical and drug trend is 9.6%.

When normalized for induced demand, network, and demographics, the composite 9.6% observed trend decreases to 6.6%.

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	7.4%	7.9%	8.3%	8.1%	7.6%	7.8%	7.9%
25th	5.3%	6.6%	6.7%	6.5%	6.1%	6.1%	6.2%

Based on this information we believe that our assumed 7.5% 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. The formulary adjustment is needed given the change from a 4-tier to a 5-tier benefit design that occurred on a group's renewal in 2018. As a result, each incurred month's experience must be adjusted to account for the proportion of groups still using the prior tier structure at that time.

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 \$390.02 and the projection period index rate is \$451.52. 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.

Small Group Quarterly Rate Filings

This filing is an annual submission and includes scheduled quarterly trend increases.

4.4.3.6 Development of the Market-wide Adjusted Index Rate

The Market-wide Adjusted Index Rate for the Small Group market is \$474.96 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 BlueChoice payable transfer PMPM for the Small Group market will increase from -\$12.97 in 2018 to -\$19.83 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:** There are 5 types of network factors: Lock In/Referral, Open Access, Open Access Opt-Out, Open Access Plus, and Open Access Advantage.
- **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 80.6% for the Small Group market and 80.5% 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 Individual plans. Therefore, because of Small Group 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.

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

**Rate Filing # 2343
D.C. Small Group Products
Rate Filing Effective 1/1/2020**

Actuarial Memorandum

BlueChoice Inc.
(NAIC # 96202)
H.R. 3950 - Public Law 111-148 - Patient Protection and Affordable Care Act (ACA)
D.C. Small Group Products
Rate Filing Effective 1/1/2020
Actuarial Certification

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

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

I have been involved in the development of these rates, and to the best of my knowledge and understanding, the rates in this filing 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 11:11:32 -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	\$ 390.36	2
(2)	Base Period Non-EHB PMPM	\$ 0.34	2
(3)	Experience Period Index Rate	\$ 390.02	
(4)	Change in Morbidity	1.0057	4
(5)	Additional Population Adjustment	1.0000	
(6)	Induced Demand	1.0036	5
(7)	Projection Period Utilization and Network Adjustment	1.0000	
(8)	Demographic Adjustment	0.9923	6
(9)	Area Adjustment	1.0000	
(10)	Additional "Other" Adjustments	1.0001	7
(11)	Annualized Trend	7.5%	8
(12)	Months of Trend	24.0	
(13)	Unit cost & Utilization/1,000 Trend Factor	1.1558	
(14)	Projection Period Index Rate	\$ 451.52	
(15)	Risk Adjustment Program	1.0519	9
(16)	Federal Exchange User Fee	1.0000	
(17)	Market Adjusted Index Rate	\$ 474.96	
	Without Risk Adjustment	\$ 451.52	

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	\$	31,263,298	\$	64.70	Admits	51.67	\$	15,025.01
Outpatient Hospital	\$	34,081,924	\$	70.53	Visits	593.91	\$	1,425.12
Professional	\$	64,435,276	\$	133.35	Visits	9,954.65	\$	160.75
Other Medical	\$	11,719,373	\$	24.25	Services	1,336.37	\$	217.78
Capitation	\$	379,254	\$	0.78	Benefit Period	1,000	\$	9.42
Prescription Drug	\$	46,746,709	\$	96.74	Prescriptions	7,753.00	\$	149.74
Total (EHB & Non-EHB)	\$	188,625,834	\$	390.36				
EHB Allowed	\$	188,460,839	\$	390.02				
Non-EHB Allowed	\$	164,996	\$	0.34				
Incurred Net	\$	160,837,637	\$	332.85				
Net/Allowed		85.27%						
Experience Period Member Months		483,210						
Experience Period Revenue	\$	210,277,846						

Exhibit 3 - Non-EHB Adjustment

		2020 On-Exchange	2020 Off-Exchange	
(1)	Blended Index Rate	\$ 464.95	\$ 464.95	
(2)	Non-EHB PMPM	\$ 0.12	\$ 0.12	
(3)	Total	\$ 465.07	\$ 465.07	
(4)	Plan Level Adjustment	1.0003	1.0003	(3)/(1)

Exhibit 4 - Morbidity Adjustment Factor

Base Year

Metal Level	Member Months	2018 Normalized Allowed PMPM
Catastrophic	8,314	\$ 80.94
Bronze	39,683	\$ 131.73
Silver	111,862	\$ 191.07
Gold	169,283	\$ 210.46
Platinum	153,964	\$ 236.35
Subtotal	483,106	\$ 205.52

Current Year YTD

Existing				
Metal Level	Member Months	2018 Normalized Allowed PMPM	Morbidity Adjustment	2019 Adjusted Normalized Allowed PMPM
Catastrophic	903	\$ 87.07	1.000	\$ 87.07
Bronze	5,219	\$ 125.51	1.000	\$ 125.51
Silver	15,115	\$ 190.25	1.000	\$ 190.25
Gold	23,249	\$ 205.55	1.000	\$ 205.55
Platinum	20,575	\$ 238.16	1.000	\$ 238.16
Subtotal	65,061	\$ 204.24	1.000	\$ 204.24

New				
Metal Level	Member Months	Existing Cohort Adjusted Normalized Allowed PMPM	Morbidity Adjustment	2019 Adjusted Normalized Allowed PMPM
Catastrophic	348	\$ 87.07	1.000	\$ 87.07
Bronze	1,428	\$ 125.51	1.000	\$ 125.51
Silver	2,943	\$ 190.25	1.000	\$ 190.25
Gold	4,470	\$ 205.55	1.000	\$ 205.55
Platinum	3,507	\$ 238.16	1.000	\$ 238.16
Subtotal	12,696	\$ 198.76	1.000	\$ 198.76

Transfer				
Metal Level	Member Months	2018 Normalized Allowed PMPM	Morbidity Adjustment	2019 Adjusted Normalized Allowed PMPM
Catastrophic	70	\$ 91.21	1.000	\$ 91.21
Bronze	603	\$ 169.89	1.000	\$ 169.89
Silver	1,945	\$ 198.66	1.000	\$ 198.66
Gold	2,451	\$ 266.27	1.000	\$ 266.27
Platinum	2,207	\$ 231.76	1.000	\$ 231.76
Subtotal	7,276	\$ 228.05	1.000	\$ 228.05

Total				
Metal Level	Member Months	2018 Normalized Allowed PMPM	Morbidity Adjustment	2019 Adjusted Normalized Allowed PMPM
Catastrophic	1,321	\$ 87.29	1.000	\$ 87.29
Bronze	7,250	\$ 129.20	1.000	\$ 129.20
Silver	20,003	\$ 191.07	1.000	\$ 191.07
Gold	30,170	\$ 210.48	1.000	\$ 210.48
Platinum	26,289	\$ 237.62	1.000	\$ 237.62
Subtotal	85,033	\$ 205.46	1.000	\$ 205.46

Remainder of Current Year

Existing			
Metal Level	Member Months	2019 Adjusted Normalized Allowed PMPM	
Catastrophic	3,743	\$ 87.07	
Bronze	24,090	\$ 125.51	
Silver	79,441	\$ 190.25	
Gold	119,749	\$ 205.55	
Platinum	109,114	\$ 238.16	
Subtotal	336,137	\$ 205.46	

New			
Metal Level	Member Months	2019 Adjusted Normalized Allowed PMPM	
Catastrophic	2,585	\$ 87.07	
Bronze	8,897	\$ 125.51	
Silver	13,352	\$ 190.25	
Gold	21,812	\$ 205.55	
Platinum	13,638	\$ 238.16	
Subtotal	60,284	\$ 192.65	

Transfer			
Metal Level	Member Months	2019 Adjusted Normalized Allowed PMPM	
Catastrophic	340	\$ 91.21	
Bronze	2,704	\$ 169.89	
Silver	6,703	\$ 198.66	
Gold	9,174	\$ 266.27	
Platinum	7,246	\$ 231.76	
Subtotal	26,167	\$ 227.16	

Total			
Metal Level	Member Months	2019 Adjusted Normalized Allowed PMPM	
Catastrophic	6,668	\$ 87.28	
Bronze	35,691	\$ 128.87	
Silver	99,496	\$ 190.82	
Gold	150,735	\$ 209.24	
Platinum	129,998	\$ 237.80	
Subtotal	422,588	\$ 204.98	

Total Current Year

Total	Member Months	2019 Adjusted Normalized Allowed PMPM
Catastrophic	7,989	\$ 87.28
Bronze	42,941	\$ 128.93
Silver	119,499	\$ 190.86
Gold	180,905	\$ 209.45
Platinum	156,287	\$ 237.77
Subtotal	507,621	\$ 205.06

Rating Year

Existing				
Metal Level	Member Months	2019 Normalized Allowed PMPM	Morbidity Adjustment	2020 Adjusted Normalized Allowed PMPM
Catastrophic	6,169	\$ 87.28	1.000	\$ 87.28
Bronze	35,159	\$ 128.93	1.000	\$ 128.93
Silver	104,278	\$ 190.86	1.000	\$ 190.86
Gold	122,399	\$ 209.45	1.000	\$ 209.45
Platinum	178,100	\$ 237.77	1.000	\$ 237.77
Subtotal	446,105	\$ 208.38	1.000	\$ 208.38

New				
Metal Level	Member Months	Existing Cohort Adjusted Normalized Allowed PMPM	Morbidity Adjustment	2020 Adjusted Normalized Allowed PMPM
Catastrophic	2,918	\$ 87.28	1.000	\$ 87.28
Bronze	9,972	\$ 128.93	1.000	\$ 128.93
Silver	14,742	\$ 190.86	1.000	\$ 190.86
Gold	16,206	\$ 209.45	1.000	\$ 209.45
Platinum	17,038	\$ 237.77	1.000	\$ 237.77
Subtotal	60,876	\$ 193.83	1.000	\$ 193.83

Transfer				
Metal Level	Member Months	2019 Normalized Allowed PMPM	Morbidity Adjustment	2020 Adjusted Normalized Allowed PMPM
Catastrophic	300	\$ 91.21	1.000	\$ 91.21
Bronze	2,052	\$ 169.89	1.000	\$ 169.89
Silver	2,724	\$ 198.66	1.000	\$ 198.66
Gold	2,028	\$ 266.27	1.000	\$ 266.27
Platinum	1,740	\$ 231.76	1.000	\$ 231.76
Subtotal	8,844	\$ 210.35	1.000	\$ 210.35

Total				
Metal Level	Member Months	2019 Normalized Allowed PMPM	Morbidity Adjustment	2020 Adjusted Normalized Allowed PMPM
Catastrophic	9,387	\$ 87.41	1.000	\$ 87.41
Bronze	47,183	\$ 130.71	1.000	\$ 130.71
Silver	121,744	\$ 191.03	1.000	\$ 191.03
Gold	140,633	\$ 210.27	1.000	\$ 210.27
Platinum	196,878	\$ 237.72	1.000	\$ 237.72
Subtotal	515,825	\$ 206.69	1.000	\$ 206.69

Year	Adjusted Normalized PMPM	Year over Year Change
2018	\$ 205.52	n/a
2019	\$ 205.06	-0.2%
2020	\$ 206.69	0.8%

Morbidity Adjustment Change	0.6%
Morbidity Adjustment Factor	1.0057

Exhibit 5 - Induced Utilization Adjustment Factor

Year	Actuarial Value	Induced Demand Factor	
(1) 2018	78.33%	1.0716	
(2) Projected 2020	79.10%	1.0755	
(3) Adjustment*		1.0036	(2)/(1)

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

Exhibit 6 - Demographic Adjustment

	Period	Cohort	Demo Factor*	Weight	Average Age**
(1)	Base Period	All	1.6526	100.0%	34.0
(2)	Rating Period	Existing	1.6594	86.5%	
		New	1.5005	11.8%	
		Transfer	1.6150	1.7%	
(3)	Rating Period	All	1.6399	100.0%	33.8
(4)	Demographic Adjustment***	All	0.9923		

(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

Capitation adjustment

(1)	EP Capitation PMPM	\$	0.54	
(2)	Projected Capitations PMPM	\$	0.79	
(3)	Adjustment to Capitation Category		1.4615	(2)/(1)

Drug Rebates adjustment

(4)	Experience Period Allowed Rx PMPM (Pre-Rebate)	\$	113.95	
(5)	Experience Pharmacy Rebates PMPM	\$	17.21	
(6)	Projected Pharmacy Rebates PMPM	\$	15.27	
(7)	Post-Rebate Rx PMPM (using Experience Rebates)	\$	96.74	
(8)	Post-Rebate Rx PMPM (using Projected Rebates)	\$	98.69	
(9)	Adjustment to Drug Category		1.0201	(8)/(7)

Formulary Adjustments

(10)	Experience Period Allowed Rx PMPM (Pre-Rebate, existing formulary)	\$	113.95	
(11)	Ingredient cost Adjustment Factor		0.9812	
(12)	Experience Period Allowed Rx PMPM (Pre-Rebate, new formulary)	\$	111.81	(10)*(11)
(13)	Projection Period Pharmacy Rebates PMPM	\$	15.27	
(14)	Adjustment to Drug Category		0.9783	[(12) - (13)]/[(10) - (13)]

	PMPM	Adjustment	
Inpatient Hospital	\$ 72.81	1.0000	
Outpatient Hospital	\$ 77.92	1.0000	
Professional	\$ 159.12	1.0000	
Other Medical	\$ 31.20	1.0000	
Capitation	\$ 0.54	1.4615	(3)
Prescription Drug	\$ 109.90	0.9980	(9)*(14)
Total	\$ 451.49	1.0001	

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

Exhibit 8 - Annual Trend Assumptions

	2018 PMPM	Weight	Utilization/1,000	Unit Cost	Composite
Inpatient Hospital	\$ 64.70	16.6%	1.0600	1.0000	1.0600
Outpatient Hospital	\$ 70.53	18.1%	1.0400	1.0100	1.0504
Professional	\$ 133.35	34.2%	1.0600	1.0300	1.0918
Other Medical	\$ 24.25	6.2%	1.0900	1.0400	1.1336
Capitation	\$ 0.78	0.2%	1.0000	1.0000	1.0000
Prescription Drug	\$ 96.74	24.8%	1.0000	1.0650	1.0650
Total	\$ 390.36	100.0%			1.0748
Proposed Trend					1.0751

Exhibit 9 - Risk Adjustment

2018

Metallic Tier	Member Months	Distribution	PLRS	ARF	Transfer \$	PMPM
Bronze	16,837	3.9%	0.6271	1.0302	-\$1,469,111	-\$87.25
Silver	98,469	22.9%	1.0024	1.0525	-\$2,703,042	-\$27.45
Gold	162,785	37.9%	1.1147	1.0179	-\$4,822,127	-\$29.62
Platinum	151,382	35.2%	1.4335	1.0276	\$3,423,564	\$22.62
Total	429,474	100.0%	1.1822	1.0297	-\$5,570,716	-\$12.97

Statewide 2018

Statewide PMPM 2018

Small Group	928,580		1.2585	1.0374	\$ 422.87

2020

Metallic Tier	Member Months	Distribution	PLRS	ARF	Transfer \$	PMPM
Bronze	20,587	4.5%	0.5253	1.0409	-\$2,493,045	-\$121.10
Silver	108,913	23.7%	0.9046	1.0598	-\$3,985,558	-\$36.59
Gold	135,967	29.6%	0.9908	1.0246	-\$6,261,708	-\$46.05
Platinum	194,427	42.3%	1.2964	1.0375	\$3,619,536	\$18.62
Total	459,894	100.0%	1.0788	1.0392	-\$9,120,775	-\$19.83

Statewide 2020

Statewide PMPM 2020

Small Group	944,103		1.1559	1.0458	\$ 495.22

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*
\$464.95	-\$23.96	\$ 0.18	1.0519

*Adjustment Factor = (\$464.95 - \$-23.96+ \$0.18) / \$464.95

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	\$ 457.40		\$ 465.81		\$ 474.38		\$ 483.13		\$ 472.66	
Paid/Allowed Ratio	81.70%		81.70%		81.70%		81.70%		81.7%	
Paid Claims & Capitulations	\$ 373.72		\$ 380.59		\$ 387.59		\$ 394.74		\$ 386.18	
Risk Adjustment Transfer (Paid Basis)	\$ (19.83)		\$ (19.83)		\$ (19.83)		\$ (19.83)		\$ (19.83)	
Paid Claims & Capitulations (Post-3Rs)	\$ 393.55	75.6%	\$ 400.42	75.8%	\$ 407.42	76.1%	\$ 414.57	76.3%	\$ 406.02	76.0%
Administrative Expense	\$ 51.97	10.0%	\$ 51.97	9.8%	\$ 51.97	9.7%	\$ 51.97	9.6%	\$ 51.97	9.7%
Broker Commissions & Fee	\$ 30.03	5.8%	\$ 30.03	5.7%	\$ 30.03	5.6%	\$ 30.03	5.5%	\$ 30.03	5.6%
Contribution to Reserve (Post-Tax)	\$ 12.49	2.4%	\$ 12.67	2.4%	\$ 12.86	2.4%	\$ 13.04	2.4%	\$ 12.82	2.4%
Investment Income Credit	\$ (0.52)	-0.1%	\$ (0.53)	-0.1%	\$ (0.54)	-0.1%	\$ (0.54)	-0.1%	\$ (0.53)	-0.1%
Risk Charge	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%
<u>Non-ACA Taxes & Fees</u>										
State Premium Tax	\$ 10.41	2.0%	\$ 10.56	2.0%	\$ 10.71	2.0%	\$ 10.87	2.0%	\$ 10.68	2.0%
State Assessment Fee	\$ 0.52	0.1%	\$ 0.53	0.1%	\$ 0.54	0.1%	\$ 0.54	0.1%	\$ 0.53	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	\$ 3.12	0.6%	\$ 3.17	0.6%	\$ 3.21	0.6%	\$ 3.26	0.6%	\$ 3.20	0.6%
<u>ACA Taxes & Fees</u>										
Health Insurer Tax	\$ 13.18	2.5%	\$ 13.37	2.5%	\$ 13.56	2.5%	\$ 13.76	2.5%	\$ 13.52	2.5%
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	\$ 5.20	1.0%	\$ 5.28	1.0%	\$ 5.36	1.0%	\$ 5.43	1.0%	\$ 5.34	1.0%
Federal Exchange User Fee	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%
BlueRewards/Incentive Program	\$ 0.35	0.1%	\$ 0.35	0.1%	\$ 0.35	0.1%	\$ 0.35	0.1%	\$ 0.35	0.1%
Total Revenue	\$ 520.48	100.0%	\$ 527.99	100.0%	\$ 535.65	100.0%	\$ 543.46	100.0%	\$ 534.11	100.0%
Plan Level Admin Load Adjustment	1.3219		1.3180		1.3141		1.3103			
Projected Member Months	116,169		67,119		75,766		200,840		459,894	
Average Members	9,681		5,593		6,314		16,737		38,325	
% Total 2020	25.3%		14.6%		16.5%		43.7%		100.0%	

Exhibit 10B - Federal MLR

	Total 2020 PMPM / %
<u>Traditional MLR Development</u>	
Paid Claims & Capitations (Post-3Rs)	\$ 406.02
Total Revenue	\$ 534.11
Traditional MLR (i.e. DICR)	76.0%
<u>Federal MLR Development</u>	
Numerator Adjustments	
BlueRewards/Incentive Program	\$ 0.35
Quality Improvement Expenses	\$ 2.96
Removal of non-care costs under MLR guidelines	\$ (6.02)
Denominator Adjustments	
Non-ACA Taxes & Fees	\$ 14.42
ACA Taxes & Fees	\$ 19.04
Federal MLR Numerator	\$ 403.30
Federal MLR Denominator	\$ 500.64
Federal MLR	80.6%
Projected Member Months	459,894

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

	Total 2020 PMPM / %
<u>Traditional MLR Development</u>	
Paid Claims & Capitations (Post-3Rs)	\$ 393.75
Total Revenue	\$ 517.66
Traditional MLR (i.e. DICR)	76.1%
<u>Federal MLR Development</u>	
Numerator Adjustments	
BlueRewards/Incentive Program	\$ 0.35
Quality Improvement Expenses	\$ 2.82
removal of non-care costs under MLR guidelines	\$ (5.99)
Denominator Adjustments	
Non-ACA Taxes & Fees	\$ 13.77
ACA Taxes & Fees	\$ 18.46
Federal MLR Numerator	\$ 390.93
Federal MLR Denominator	\$ 485.43
Federal MLR	80.5%
Projected Member Months	515,825

Exhibit 11 - Plan Adjusted Index Rates

HIOS Plan ID	Plan Name	Plan Type	Metallic Tier	Exchange	Network	Market Adjusted Index Rate	Internal Pricing AV	Network Factor	Induced Utilization	Non-EHB	Admin	Plan Adjusted Index Rate
86052DC0440010	BlueChoice Advantage Gold 1000	POS	GOLD	On	Open Access Advantage	\$474.96	0.7947	1.0680	0.9940	1.0003	1.3219	\$529.82
86052DC0440011	BlueChoice Advantage Gold 500	POS	GOLD	On	Open Access Advantage	\$474.96	0.8227	1.0680	0.9940	1.0003	1.3219	\$548.48
86052DC0440012	BlueChoice Advantage Platinum 0	POS	PLATINUM	On	Open Access Advantage	\$474.96	0.9267	1.0680	1.0590	1.0003	1.3219	\$658.21
86052DC0440013	BlueChoice Advantage HSA/HRA Silver 1500	POS	SILVER	On	Open Access Advantage	\$474.96	0.7113	1.0680	0.9480	1.0003	1.3219	\$452.30
86052DC0440015	HealthyBlue Advantage Platinum 500	POS	PLATINUM	On	Open Access Advantage	\$474.96	0.8943	1.0680	1.0590	1.0003	1.3219	\$635.19
86052DC0440018	BlueChoice Advantage HSA/HRA Bronze 6000	POS	BRONZE	On	Open Access Advantage	\$474.96	0.5545	1.0680	0.9210	1.0003	1.3219	\$342.52
86052DC0440019	BlueChoice Advantage HSA/HRA Silver 3000	POS	SILVER	On	Open Access Advantage	\$474.96	0.6449	1.0680	0.9480	1.0003	1.3219	\$410.08
86052DC0440020	BlueChoice Advantage Bronze 6500	POS	BRONZE	On	Open Access Advantage	\$474.96	0.5646	1.0680	0.9210	1.0003	1.3219	\$348.80
86052DC0440021	BlueChoice Advantage HSA/HRA Gold 1500	POS	GOLD	On	Open Access Advantage	\$474.96	0.7685	1.0680	0.9940	1.0003	1.3219	\$512.37
86052DC0440022	BlueChoice Advantage Silver 4000	POS	SILVER	On	Open Access Advantage	\$474.96	0.6633	1.0680	0.9480	1.0003	1.3219	\$421.77
86052DC0440023	BlueChoice Advantage Silver 1500 BlueFund HSA	POS	SILVER	On	Open Access Advantage	\$474.96	0.7105	1.0680	0.9480	1.0003	1.3219	\$451.75
86052DC0440024	BlueChoice Advantage HSA/HRA Silver 2500	POS	SILVER	On	Open Access Advantage	\$474.96	0.6756	1.0680	0.9480	1.0003	1.3219	\$429.59
86052DC0440025	BlueChoice Advantage Silver 5000	POS	SILVER	On	Open Access Advantage	\$474.96	0.6765	1.0680	0.9480	1.0003	1.3219	\$430.17
86052DC0440026	BlueChoice Advantage Gold 3000	POS	GOLD	On	Open Access Advantage	\$474.96	0.7421	1.0680	0.9940	1.0003	1.3219	\$494.79
86052DC0440027	BlueChoice Advantage HSA/HRA Silver 2000	POS	SILVER	On	Open Access Advantage	\$474.96	0.6779	1.0680	0.9480	1.0003	1.3219	\$431.02
86052DC0440028	BlueChoice Advantage HSA/HRA Gold 1500 90	POS	GOLD	On	Open Access Advantage	\$474.96	0.7658	1.0680	0.9940	1.0003	1.3219	\$510.58
86052DC0440029	BlueChoice Advantage HSA/HRA Silver 2000 70	POS	SILVER	On	Open Access Advantage	\$474.96	0.6566	1.0680	0.9480	1.0003	1.3219	\$417.53
86052DC0440030	BlueChoice Advantage HSA/HRA Silver 3000 70	POS	SILVER	On	Open Access Advantage	\$474.96	0.6318	1.0680	0.9480	1.0003	1.3219	\$401.72
86052DC0460009	BlueChoice HMO Gold 1500	HMO	GOLD	On	Open Access	\$474.96	0.7752	0.9540	0.9940	1.0003	1.3219	\$461.68
86052DC0460010	BlueChoice HMO Gold 500	HMO	GOLD	On	Open Access	\$474.96	0.8150	0.9540	0.9940	1.0003	1.3219	\$485.38
86052DC0460011	BlueChoice HMO Platinum 0	HMO	PLATINUM	On	Open Access	\$474.96	0.9243	0.9540	1.0590	1.0003	1.3219	\$586.49
86052DC0460012	BlueChoice HMO HSA/HRA Silver 1500	HMO	SILVER	On	Open Access	\$474.96	0.6964	0.9540	0.9480	1.0003	1.3219	\$395.54
86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000	HMO	SILVER	On	Open Access	\$474.96	0.6601	0.9540	0.9480	1.0003	1.3219	\$374.94
86052DC0460014	BlueChoice HMO HSA/HRA Bronze 6000	HMO	BRONZE	On	Open Access	\$474.96	0.5297	0.9540	0.9210	1.0003	1.3219	\$292.31
86052DC0460019	BlueChoice HMO HSA/HRA Silver 3000	HMO	SILVER	On	Open Access	\$474.96	0.6234	0.9540	0.9480	1.0003	1.3219	\$354.07
86052DC0460020	BlueChoice HMO Silver 1500	HMO	SILVER	On	Open Access	\$474.96	0.6555	0.9540	0.9480	1.0003	1.3219	\$372.32
86052DC0460021	BlueChoice HMO HSA/HRA Gold 1500	HMO	GOLD	On	Open Access	\$474.96	0.7529	0.9540	0.9940	1.0003	1.3219	\$448.36
86052DC0460022	BlueChoice HMO HSA/HRA Silver 2500	HMO	SILVER	On	Open Access	\$474.96	0.6573	0.9540	0.9480	1.0003	1.3219	\$373.36
86052DC0460023	BlueChoice HMO Silver 5000	HMO	SILVER	On	Open Access	\$474.96	0.6612	0.9540	0.9480	1.0003	1.3219	\$375.54
86052DC0460024	BlueChoice HMO Gold 3000	HMO	GOLD	On	Open Access	\$474.96	0.7306	0.9540	0.9940	1.0003	1.3219	\$435.11
86052DC0460025	BlueChoice HMO HSA/HRA Gold 1500 90	HMO	GOLD	On	Open Access	\$474.96	0.7494	0.9540	0.9940	1.0003	1.3219	\$446.30
86052DC0460026	BlueChoice HMO HSA/HRA Bronze 6000 90	HMO	BRONZE	On	Open Access	\$474.96	0.5435	0.9540	0.9210	1.0003	1.3219	\$299.91
86052DC0460027	BlueChoice HMO HSA/HRA Silver 2000 70	HMO	SILVER	On	Open Access	\$474.96	0.6375	0.9540	0.9480	1.0003	1.3219	\$362.10
86052DC0460028	BlueChoice HMO HSA/HRA Silver 3000 70	HMO	SILVER	On	Open Access	\$474.96	0.6103	0.9540	0.9480	1.0003	1.3219	\$346.63
86052DC0480007	BlueChoice HMO Referral Platinum 0	HMO	PLATINUM	On	Lock In / Referral	\$474.96	0.9233	0.9080	1.0590	1.0003	1.3219	\$557.59
86052DC0480008	BlueChoice HMO Referral Gold 500	HMO	GOLD	On	Lock In / Referral	\$474.96	0.8116	0.9080	0.9940	1.0003	1.3219	\$460.04
86052DC0480009	BlueChoice HMO Referral Bronze 6500	HMO	BRONZE	On	Lock In / Referral	\$474.96	0.5336	0.9080	0.9210	1.0003	1.3219	\$280.25
86052DC0480010	BlueChoice HMO Referral Gold 0	HMO	GOLD	On	Lock In / Referral	\$474.96	0.8641	0.9080	0.9940	1.0003	1.3219	\$489.80
86052DC0480014	BlueChoice HMO Referral Silver 4000	HMO	SILVER	On	Lock In / Referral	\$474.96	0.6421	0.9080	0.9480	1.0003	1.3219	\$347.13
86052DC0480015	BlueChoice HMO Referral Bronze 8150	HMO	BRONZE	On	Lock In / Referral	\$474.96	0.4872	0.9080	0.9210	1.0003	1.3219	\$255.88
86052DC0500009	BlueChoice Plus HSA/HRA Silver 1500	POS	SILVER	On	Open Access Plus	\$474.96	0.6992	0.9740	0.9480	1.0003	1.3219	\$405.44
86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000	POS	SILVER	On	Open Access Plus	\$474.96	0.6274	0.9740	0.9480	1.0003	1.3219	\$363.85
86052DC0500012	HealthyBlue Plus Platinum 500	POS	PLATINUM	On	Open Access Plus	\$474.96	0.8880	0.9740	1.0590	1.0003	1.3219	\$575.25
86052DC0500015	BlueChoice Plus Gold 1000	POS	GOLD	On	Open Access Plus	\$474.96	0.7865	0.9740	0.9940	1.0003	1.3219	\$478.24
86052DC0500016	BlueChoice Plus Gold 500	POS	GOLD	On	Open Access Plus	\$474.96	0.8164	0.9740	0.9940	1.0003	1.3219	\$496.41
86052DC0500017	BlueChoice Plus HSA/HRA Bronze 6000	POS	BRONZE	On	Open Access Plus	\$474.96	0.5346	0.9740	0.9210	1.0003	1.3219	\$301.17
86052DC0500018	BlueChoice Plus HSA/HRA Silver 2500	POS	SILVER	On	Open Access Plus	\$474.96	0.6612	0.9740	0.9480	1.0003	1.3219	\$383.41
86052DC0580001	BlueChoice Plus Opt-Out Platinum 0	HMO	PLATINUM	On	Open Access Opt-Out	\$474.96	0.9246	0.9640	1.0590	1.0003	1.3219	\$592.77

Exhibit 12 - AV Values

HIOS Plan ID	HIOS Plan Name	HHS AV
86052DC0440010	BlueChoice Advantage Gold 1000	0.8197
86052DC0440011	BlueChoice Advantage Gold 500	0.8199
86052DC0440012	BlueChoice Advantage Platinum 0	0.9198
86052DC0440013	BlueChoice Advantage HSA/HRA Silver 1500	0.7176
86052DC0440015	HealthyBlue Advantage Platinum 500	0.9135
86052DC0440018	BlueChoice Advantage HSA/HRA Bronze 6000	0.6313
86052DC0440019	BlueChoice Advantage HSA/HRA Silver 3000	0.7109
86052DC0440020	BlueChoice Advantage Bronze 6500	0.6499
86052DC0440021	BlueChoice Advantage HSA/HRA Gold 1500	0.8032
86052DC0440022	BlueChoice Advantage Silver 4000	0.7148
86052DC0440023	BlueChoice Advantage Silver 1500 BlueFund HSA	0.7198
86052DC0440024	BlueChoice Advantage HSA/HRA Silver 2500	0.7093
86052DC0440025	BlueChoice Advantage Silver 5000	0.7194
86052DC0440026	BlueChoice Advantage Gold 3000	0.7738
86052DC0440027	BlueChoice Advantage HSA/HRA Silver 2000	0.7194
86052DC0440028	BlueChoice Advantage HSA/HRA Gold 1500 90	0.8132
86052DC0440029	BlueChoice Advantage HSA/HRA Silver 2000 70	0.7187
86052DC0440030	BlueChoice Advantage HSA/HRA Silver 3000 70	0.6956
86052DC0460009	BlueChoice HMO Gold 1500	0.8197
86052DC0460010	BlueChoice HMO Gold 500	0.8199
86052DC0460011	BlueChoice HMO Platinum 0	0.9198
86052DC0460012	BlueChoice HMO HSA/HRA Silver 1500	0.7176
86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000	0.7194
86052DC0460014	BlueChoice HMO HSA/HRA Bronze 6000	0.6313
86052DC0460019	BlueChoice HMO HSA/HRA Silver 3000	0.7109
86052DC0460020	BlueChoice HMO Silver 1500	0.7190
86052DC0460021	BlueChoice HMO HSA/HRA Gold 1500	0.8032
86052DC0460022	BlueChoice HMO HSA/HRA Silver 2500	0.7093
86052DC0460023	BlueChoice HMO Silver 5000	0.7194
86052DC0460024	BlueChoice HMO Gold 3000	0.7738
86052DC0460025	BlueChoice HMO HSA/HRA Gold 1500 90	0.8132
86052DC0460026	BlueChoice HMO HSA/HRA Bronze 6000 90	0.6334
86052DC0460027	BlueChoice HMO HSA/HRA Silver 2000 70	0.7187
86052DC0460028	BlueChoice HMO HSA/HRA Silver 3000 70	0.6956
86052DC0480007	BlueChoice HMO Referral Platinum 0	0.9198
86052DC0480008	BlueChoice HMO Referral Gold 500	0.8199
86052DC0480009	BlueChoice HMO Referral Bronze 6500	0.6499
86052DC0480010	BlueChoice HMO Referral Gold 0	0.8199
86052DC0480014	BlueChoice HMO Referral Silver 4000	0.7148
86052DC0480015	BlueChoice HMO Referral Bronze 8150	0.5929
86052DC0500009	BlueChoice Plus HSA/HRA Silver 1500	0.7176
86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000	0.7109
86052DC0500012	HealthyBlue Plus Platinum 500	0.9135
86052DC0500015	BlueChoice Plus Gold 1000	0.8197
86052DC0500016	BlueChoice Plus Gold 500	0.8199
86052DC0500017	BlueChoice Plus HSA/HRA Bronze 6000	0.6313
86052DC0500018	BlueChoice Plus HSA/HRA Silver 2500	0.7093
86052DC0580001	BlueChoice Plus Opt-Out Platinum 0	0.9198

Exhibit 13 - Age Calibration

Age Curve Calibration					
	Period	Cohort	Rating Factor*	Weight	Average Age**
(1)	Rating Period	Existing	1.0502	86.5%	
		New	0.9751	11.8%	
		Transfer	1.0296	1.7%	
(2)	Rating Period	All	1.0410	100.0%	41.7
(3)	Nearest Rounded	All	1.0530		42.0
(4)	Calibration***	All	1.0115		

(3)/(2)

Premium Rate Demonstration					
	HIOS Plan Name	BlueChoice Advantage Gold 1000			
(5)	Plan Adjusted Index Rate				\$535.94
(6)	Calibration				1.0115
(7)	Calibrated Rate				\$542.13
(8)	Age 40 Factor/Rounded Avg Age Factor = (0.975/1.053)				0.9259
(9)	Age 40 Premium Rate				\$501.97

(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	153,085	1.0000	1.0000
Non-CDH	362,740	1.0000	1.0000
	515,825	1.0000	

Metal Level	Projected Member		
	Months	Relative to Bronze	Relative to Average*
Catastrophic	9,387	1.0000	0.9206
Bronze	47,183	1.0000	0.9206
Silver	121,212	1.0300	0.9482
Gold	140,633	1.0800	0.9942
Platinum	197,410	1.1500	1.0587
Total	515,825	1.0863	

*Factors are applied as plan level adjustments

Appendix - Network Factors

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

Network Type	Projected Member Months	Relative to Lock In / Referral	Relative to Average
Lock In / Referral	57,470	1.0000	0.9084
Open Access	133,984	1.0500	0.9539
Open Access Opt-Out	43,063	1.0612	0.9640
Open Access Plus	65,472	1.0724	0.9742
Open Access Advantage	215,836	1.1757	1.0680
Total	515,825	1.1008	

Factors are applied as plan level adjustments

[illegible]

Appendix - Annual Rate Change Based on Mapping

Base Rate	Bronze Members/Avg Renewal	1,503	1,564	10.6%
Base Rate	Silver Members/Avg Renewal	8,926	8,901	10.6%
Base Rate	Gold Members/Avg Renewal	14,679	14,835	17.4%
Base Rate	Platinum Members/Avg Renewal	12,931	12,765	11.3%
Base Rate	All Members/Avg Renewal	38,039	38,065	13.5%
Base Rate	Minimum Renewal			3.9%
Base Rate	Maximum Renewal			49.6%

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
86052DC0440010	BlueChoice Advantage Gold 1000	GOLD	On	86052DC0440010	BlueChoice Advantage Gold 1000	GOLD	On	1,873.00	1,879	\$458.08	\$508.96	11.1%
86052DC0440011	BlueChoice Advantage Gold 500	GOLD	On	86052DC0440011	BlueChoice Advantage Gold 500	GOLD	On	2,501.00	2,574	\$471.66	\$526.89	11.7%
86052DC0440012	BlueChoice Advantage Platinum 0	PLATINUM	On	86052DC0440012	BlueChoice Advantage Platinum 0	PLATINUM	On	2,878.00	2,949	\$566.47	\$632.30	11.6%
86052DC0440013	BlueChoice Advantage HSA/HRA Silver 1500	SILVER	On	86052DC0440013	BlueChoice Advantage HSA/HRA Silver 1500	SILVER	On	1,560.00	1,558	\$388.76	\$434.50	11.8%
86052DC0440014	HealthyBlue Advantage Gold 1500	GOLD	On	86052DC0440014	BlueChoice Advantage Platinum 0	PLATINUM	On	2,185.00	2,135	\$476.55	\$632.30	32.7%
86052DC0440015	HealthyBlue Advantage Platinum 500	PLATINUM	On	86052DC0440015	HealthyBlue Advantage Platinum 500	PLATINUM	On	1,500.00	1,508	\$546.79	\$610.19	11.6%
86052DC0440017	HealthyBlue Advantage HSA/HRA Silver 2000	SILVER	On	86052DC0440027	BlueChoice Advantage HSA/HRA Silver 2000	SILVER	On	942.00	950	\$385.44	\$414.05	7.4%
86052DC0440018	BlueChoice Advantage HSA/HRA Bronze 6000	BRONZE	On	86052DC0440018	BlueChoice Advantage HSA/HRA Bronze 6000	BRONZE	On	352.00	362	\$295.88	\$329.03	11.2%
86052DC0440019	BlueChoice Advantage HSA/HRA Silver 3000	SILVER	On	86052DC0440019	BlueChoice Advantage HSA/HRA Silver 3000	SILVER	On	452.00	472	\$355.08	\$393.94	10.9%
86052DC0440020	BlueChoice Advantage Bronze 5750	BRONZE	On	86052DC0440020	BlueChoice Advantage Bronze 6500	BRONZE	On	97.00	117	\$303.30	\$335.07	10.5%
86052DC0440021	BlueChoice Advantage HSA/HRA Gold 1500	GOLD	On	86052DC0440021	BlueChoice Advantage HSA/HRA Gold 1500	GOLD	On	763.00	827	\$437.35	\$492.20	12.5%
86052DC0440022	BlueChoice Advantage Silver 4000	SILVER	On	86052DC0440022	BlueChoice Advantage Silver 4000	SILVER	On	154.00	160	\$377.03	\$405.17	7.5%
86052DC0440023	BlueChoice Advantage Silver 1500 BlueFund HSA	SILVER	On	86052DC0440023	BlueChoice Advantage Silver 1500 BlueFund HSA	SILVER	On	772.00	798	\$389.16	\$433.96	11.5%
86052DC0440024	BlueChoice Advantage HSA/HRA Silver 2500	SILVER	On	86052DC0440024	BlueChoice Advantage HSA/HRA Silver 2500	SILVER	On	241.00	259	\$367.02	\$412.68	12.4%
86052DC0440025	BlueChoice Advantage Silver 5000	SILVER	On	86052DC0440025	BlueChoice Advantage Silver 5000	SILVER	On	10.00	11	\$374.50	\$413.24	10.3%
86052DC0440026	BlueChoice Advantage Gold 3000	GOLD	On	86052DC0440026	BlueChoice Advantage Gold 3000	GOLD	On	84.00	99	\$423.70	\$475.31	12.2%
86052DC0460009	BlueChoice HMO Gold 1500	GOLD	On	86052DC0460009	BlueChoice HMO Gold 1500	GOLD	On	492.00	500	\$397.69	\$443.51	11.5%
86052DC0460010	BlueChoice HMO Gold 500	GOLD	On	86052DC0460010	BlueChoice HMO Gold 500	GOLD	On	1,302.00	1,301	\$417.88	\$466.27	11.6%
86052DC0460011	BlueChoice HMO Platinum 0	PLATINUM	On	86052DC0460011	BlueChoice HMO Platinum 0	PLATINUM	On	1,419.00	1,396	\$505.47	\$563.40	11.5%
86052DC0460012	BlueChoice HMO HSA/HRA Silver 1500	SILVER	On	86052DC0460012	BlueChoice HMO HSA/HRA Silver 1500	SILVER	On	709.00	685	\$340.37	\$379.97	11.6%
86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000	SILVER	On	86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000	SILVER	On	551.00	532	\$326.17	\$360.18	10.4%
86052DC0460014	BlueChoice HMO HSA/HRA Bronze 6000	BRONZE	On	86052DC0460014	BlueChoice HMO HSA/HRA Bronze 6000	BRONZE	On	470.00	479	\$253.32	\$280.80	10.8%
86052DC0460015	HealthyBlue HMO Gold 1500	GOLD	On	86052DC0460012	BlueChoice Advantage Platinum 0	PLATINUM	On	743.00	740	\$422.77	\$632.30	49.6%
86052DC0460016	HealthyBlue HMO Platinum 500	PLATINUM	On	86052DC0480007	BlueChoice HMO Referral Platinum 0	PLATINUM	On	365.00	359	\$485.53	\$535.64	10.3%
86052DC0460018	HealthyBlue HMO HSA/HRA Silver 2000	SILVER	On	86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000	SILVER	On	428.00	407	\$336.53	\$349.53	3.9%
86052DC0460019	BlueChoice HMO HSA/HRA Silver 3000	SILVER	On	86052DC0460019	BlueChoice HMO HSA/HRA Silver 3000	SILVER	On	236.00	237	\$307.63	\$340.14	10.6%
86052DC0460020	BlueChoice HMO Silver 1000	SILVER	On	86052DC0460020	BlueChoice HMO Silver 1500	SILVER	On	454.00	452	\$333.26	\$357.67	7.3%
86052DC0460021	BlueChoice HMO HSA/HRA Gold 1500	GOLD	On	86052DC0460021	BlueChoice HMO HSA/HRA Gold 1500	GOLD	On	273.00	296	\$383.19	\$430.71	12.4%
86052DC0460022	BlueChoice HMO HSA/HRA Silver 2500	SILVER	On	86052DC0460022	BlueChoice HMO HSA/HRA Silver 2500	SILVER	On	99.00	105	\$319.54	\$358.66	12.2%
86052DC0460023	BlueChoice HMO Silver 5000	SILVER	On	86052DC0460023	BlueChoice HMO Silver 5000	SILVER	On	14.00	15	\$327.49	\$360.76	10.2%
86052DC0460024	BlueChoice HMO Gold 3000	GOLD	On	86052DC0460024	BlueChoice HMO Gold 3000	GOLD	On	36.00	43	\$373.08	\$417.99	12.0%
86052DC0480007	BlueChoice HMO Referral Platinum 0	PLATINUM	On	86052DC0480007	BlueChoice HMO Referral Platinum 0	PLATINUM	On	1,511.00	1,465	\$480.70	\$535.64	11.4%
86052DC0480008	BlueChoice HMO Referral Gold 500	GOLD	On	86052DC0480008	BlueChoice HMO Referral Gold 500	GOLD	On	1,007.00	999	\$396.07	\$441.93	11.6%
86052DC0480009	BlueChoice HMO Referral Bronze 5750	BRONZE	On	86052DC0480009	BlueChoice HMO Referral Bronze 6500	BRONZE	On	266.00	287	\$245.07	\$269.22	9.9%
86052DC0480010	BlueChoice HMO Referral Gold 0	GOLD	On	86052DC0480010	BlueChoice HMO Referral Gold 0	GOLD	On	725.00	740	\$425.41	\$470.52	10.6%
86052DC0480011	BlueChoice HMO Referral Gold 80	GOLD	On	86052DC0440021	BlueChoice Advantage HSA/HRA Gold 1500	GOLD	On	248.00	258	\$379.29	\$492.20	29.8%
86052DC0480013	BlueChoice HMO Referral Silver 70	SILVER	On	86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000	SILVER	On	224.00	240	\$297.50	\$360.18	21.1%
86052DC0480014	BlueChoice HMO Referral Silver 4000	SILVER	On	86052DC0480014	BlueChoice HMO Referral Silver 4000	SILVER	On	78.00	79	\$311.30	\$333.46	7.1%
86052DC0500009	BlueChoice Plus HSA/HRA Silver 1500	SILVER	On	86052DC0500009	BlueChoice Plus HSA/HRA Silver 1500	SILVER	On	1,028.00	996	\$351.02	\$389.48	11.0%
86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000	SILVER	On	86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000	SILVER	On	235.00	228	\$318.05	\$349.53	9.9%
86052DC0500011	HealthyBlue Plus Gold 1500	GOLD	On	86052DC0480007	BlueChoice HMO Referral Platinum 0	PLATINUM	On	907.00	884	\$434.66	\$535.64	23.2%
86052DC0500012	HealthyBlue Plus Platinum 500	PLATINUM	On	86052DC0500012	HealthyBlue Plus Platinum 500	PLATINUM	On	1,426.00	1,369	\$499.06	\$552.61	10.7%
86052DC0500014	HealthyBlue Plus HSA/HRA Silver 2000	SILVER	On	86052DC0500009	BlueChoice Plus HSA/HRA Silver 1500	SILVER	On	654.00	628	\$347.30	\$389.48	12.1%
86052DC0500015	BlueChoice Plus Gold 1000	GOLD	On	86052DC0500015	BlueChoice Plus Gold 1000	GOLD	On	447.00	445	\$416.54	\$459.42	10.3%
86052DC0500016	BlueChoice Plus Gold 500	GOLD	On	86052DC0500016	BlueChoice Plus Gold 500	GOLD	On	1,093.00	1,115	\$429.77	\$476.87	11.0%
86052DC0500017	BlueChoice Plus HSA/HRA Bronze 6000	BRONZE	On	86052DC0500017	BlueChoice Plus HSA/HRA Bronze 6000	BRONZE	On	318.00	319	\$262.67	\$289.31	10.1%
86052DC0500018	BlueChoice Plus HSA/HRA Silver 2500	SILVER	On	86052DC0500018	BlueChoice Plus HSA/HRA Silver 2500	SILVER	On	85.00	89	\$329.98	\$368.32	11.6%
86052DC0580001	BlueChoice Plus Opt-Out Platinum 0	PLATINUM	On	86052DC0580001	BlueChoice Plus Opt-Out Platinum 0	PLATINUM	On	3,832.00	3,719	\$511.94	\$569.44	11.2%

Appendix - Quarterly Rate Change Adjustment Factors

Quarter	(1)	(2)	(3) = (1 + (1)) * (1 + (2)) - 1
	Market Adj. Index Rate	Admin Load Factor	Plan Adjusted Index Rates
2Q20	1.8%	-0.3%	1.5%
3Q20	1.8%	-0.3%	1.5%
4Q20	1.8%	-0.3%	1.5%

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	\$422.77	\$632.30	49.6%
Age Factor	0.654	0.727	11.2%
Geographic Factor	1.000	1.000	0.0%
Tobacco Factor	1.000	1.000	0.0%
Total	\$276.49	\$459.68	66.3%

	HealthyBlue HMO	BlueChoice Advantage
Base Rate/Product(s)	Gold 1500	Platinum 0
Age Change	20	21
Geo Change*	N/A	N/A
Tobacco Change**	N/A	N/A

*we did not geo rate

**we did not tobacco rate

Appendix - Form Numbers

Form Numbers Associated With This Filing:

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-131927871

	ON-Exchange
Forms Used for ALL ON-Exchange BlueChoice Group Products	Forms Used for ALL ON-Exchange BlueChoice Group Products--Out-of-Network Forms for Point of Service Plans (GHMSI)
DC/CFBC/SHOP/GC (R. 1/19) DC/CFBC/DOL APPEAL (R. 1/17) DC/CFBC/SHOP/ELIG (R. 1/20) DC/CFBC/FAM PLAN/FED (R. 1/20) DC/CFBC/PARTNER (R. 7/09) DC/CFBC/PT PROTECT (9/10) DC/CFBC/SG/INCENT (R. 1/20)	DC/CF/SHOP/GC (R. 1/19) DC/CF/SHOP/POS OON/EOC (R. 1/20) DC/GHMSI/DOL APPEAL (R. 1/17) DC/CF/SHOP/POS OON/DOCS (R. 1/20) DC/CF/FAM PLAN/FED (R. 1/20) DC/CF/PARTNER (R. 7/09) DC/CF/BLCRD (R. 6/18) DC/CF/MEM/BLCRD (R. 6/18) DC/CF/ANCILLARY AMEND (10/12) DC/CF/PT PROTECT (9/10) DC/GHMSI-HEALTH GUARANTEE 6/18 DC/CF/SHOP/ELIG (R. 1/20) DC/CF/SG/AUTH AMEND/POS OON (1/20)
Product: BlueChoice HMO and BlueChoice HMO Open Access Network: Lock In / Referral (HMO), Open Access (HMO Open Access)	Product: BlueChoice Plus Network: Open Access
DC/CFBC/SHOP/HMO POS/EOC (R. 1/20) DC/CFBC/SHOP/HMO/DOCS (R. 1/20) DC/CFBC/BLCRD (R. 6/18) DC/CFBC/MEM/BLCRD (R. 6/18) DC/CFBC/SG/AUTH AMEND/HMO (1/20) DC CFBC SG HMO OA CDH BRZ 6000 (1/20) DC CFBC SG HMO OA CDH BRZ 6000 90 (1/20) DC CFBC SG HMO OA CDH GOLD 1500 (1/20) DC CFBC SG HMO OA CDH GOLD 1500 90 (1/20) DC CFBC SG HMO OA CDH SIL 1500 (1/20) DC CFBC SG HMO OA CDH SIL 2000 (1/20) DC CFBC SG HMO OA CDH SIL 2000 70 (1/20) DC CFBC SG HMO OA CDH SIL 2500 (1/20) DC CFBC SG HMO OA CDH SIL 3000 (1/20) DC CFBC SG HMO OA CDH SIL 3000 70 (1/20) DC CFBC SG HMO OA GOLD 500 (1/20) DC CFBC SG HMO OA GOLD 1500 (1/20) DC CFBC SG HMO OA GOLD 3000 (1/20) DC CFBC SG HMO OA PLAT 0 (1/20) DC CFBC SG HMO OA SIL 1500 (1/20) DC CFBC SG HMO OA SIL 5000 (1/20) DC CFBC SG HMO REF BRZ 6500 (1/20) DC CFBC SG HMO REF GOLD 0 (1/20) DC CFBC SG HMO REF GOLD 500 (1/20) DC CFBC SG HMO REF PLAT 0 (1/20) DC CFBC SG HMO REF SIL 4000 (1/20) DC CFBC SG HMO REF BRZ 8150 (1/20)	DC/CFBC/SHOP/HMO POS/EOC (R. 1/20) DC/CFBC/SHOP/BC+OOOA/DOCS (R. 1/20) DC/CFBC/BLCRD (R. 6/18) DC/CFBC/MEM/BLCRD (R. 6/18) DC CFBC SG BC+ OO PLAT 0 (1/20) DC/CFBC/SG/AUTH AMEND/BCOO (1/20)

Product: BlueChoice Advantage**In-Network**

DC/CFBC/SHOP/HMO POS/EOC (R. 1/20)
 DC/CFBC/SHOP/ADV IN/DOCS (R. 1/20)
 DC/CFBC/ADV/BLCRD (R. 6/18)
 DC/CFBC/ADV/MEM/BLCRD (R. 6/18)
 DC/CFBC/ANCILLARY AMEND (10/12)
 DC/CFBC/SG/AUTH AMEND/ADV (1/20)
 DC CFBC SG BC ADV IN BF HSA SIL 1500 (1/20)
 DC CFBC SG POS IN BRZ 6500 (1/20)
 DC CFBC SG POS IN CDH BRZ 6000 (1/20)
 DC CFBC SG POS IN CDH GOLD 1500 (1/20)
 DC CFBC SG POS IN CDH GOLD 1500 90 (1/20)
 DC CFBC SG POS IN CDH SIL 1500 (1/20)
 DC CFBC SG POS IN CDH SIL 2000 (1/20)
 DC CFBC SG POS IN CDH SIL 2000 70 (1/20)
 DC CFBC SG POS IN CDH SIL 2500 (1/20)
 DC CFBC SG POS IN CDH SIL 3000 (1/20)
 DC CFBC SG POS IN CDH SIL 3000 70 (1/20)
 DC CFBC SG POS IN GOLD 500 (1/20)
 DC CFBC SG POS IN GOLD 1000 (1/20)
 DC CFBC SG POS IN GOLD 3000 (1/20)
 DC CFBC SG POS IN PLAT 0 (1/20)
 DC CFBC SG POS IN SIL 4000 (1/20)
 DC CFBC SG POS IN SIL 5000 (1/20)

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

DC/CFBC/SHOP/HMO POS/EOC (R. 1/20)
 DC/CFBC/SHOP/PLUS IN/DOCS (R. 1/20)
 DC/CFBC/BLCRD (R. 6/18)
 DC/CFBC/MEM/BLCRD (R. 6/18)
 DC/CFBC/SG/AUTH AMEND/PLUS (1/20)
 DC CFBC SG POS IN CDH BRZ 6000 (1/20)
 DC CFBC SG POS IN CDH SIL 1500 (1/20)
 DC CFBC SG POS IN CDH SIL 2500 (1/20)
 DC CFBC SG POS IN CDH SIL 3000 (1/20)
 DC CFBC SG POS IN GOLD 500 (1/20)
 DC CFBC SG POS IN GOLD 1000 (1/20)

Product: HealthyBlue Plus**In-Network**

DC/CFBC/SHOP/HMO POS/EOC (R. 1/20)
 DC/CFBC/SHOP/PLUS IN/DOCS (R. 1/20)
 DC CFBC SG POS IN PLAT 500 (1/20)
 DC/CFBC/BLCRD (R. 6/18)
 DC/CFBC/MEM/BLCRD (R. 6/18)
 DC/CFBC/SG/AUTH AMEND/PLUS (1/20)

Product: HealthyBlue Advantage**In-Network**

DC/CFBC/SHOP/HMO POS/EOC (R. 1/20)
 DC/CFBC/SHOP/ADV IN/DOCS (R. 1/20)
 DC CFBC SG POS IN PLAT 500 (1/20)
 DC/CFBC/ADV/BLCRD (R. 6/18)
 DC/CFBC/ADV/MEM/BLCRD (R. 6/18)
 DC/CFBC/ANCILLARY AMEND (10/12)
 DC/CFBC/SG/AUTH AMEND/ADV (1/20)

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

DC CF SG BC ADV OON BF HSA SIL 1500 (1/20)
 DC CF SG POS OON BRZ 6500 (1/20)
 DC CF SG POS OON CDH BRZ 6000 (1/20)
 DC CF SG POS OON CDH GOLD 1500 (1/20)
 DC CF SG POS OON CDH GOLD 1500 90 (1/20)
 DC CF SG POS OON CDH SIL 1500 (1/20)
 DC CF SG POS OON CDH SIL 2000 (1/20)
 DC CF SG POS OON CDH SIL 2000 70 (1/20)
 DC CF SG POS OON CDH SIL 2500 (1/20)
 DC CF SG POS OON CDH SIL 3000 (1/20)
 DC CF SG POS OON GOLD 500 (1/20)
 DC CF SG POS OON GOLD 1000 (1/20)
 DC CF SG POS OON GOLD 3000 (1/20)
 DC CF SG POS OON CDH SIL 3000 70 (1/20)
 DC CF SG POS OON PLAT 0 (1/20)
 DC CF SG POS OON SIL 4000 (1/20)
 DC CF SG POS OON SIL 5000 (1/20)

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

DC CF SG POS OON CDH BRZ 6000 (1/20)
 DC CF SG POS OON CDH SIL 1500 (1/20)
 DC CF SG POS OON CDH SIL 2500 (1/20)
 DC CF SG POS OON CDH SIL 3000 (1/20)
 DC CF SG POS OON GOLD 500 (1/20)
 DC CF SG POS OON GOLD 1000 (1/20)

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

DC CF SG POS OON PLAT 500 (1/20)

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

DC CF SG POS OON PLAT 500 (1/20)

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201601	44,297	Inpatient Hospital	\$2,321,588	\$0	Admits	162
201602	44,642	Inpatient Hospital	\$2,567,657	\$0	Admits	176
201603	44,852	Inpatient Hospital	\$2,732,545	\$0	Admits	214
201604	44,745	Inpatient Hospital	\$2,630,914	\$0	Admits	168
201605	44,584	Inpatient Hospital	\$2,216,761	\$0	Admits	166
201606	44,519	Inpatient Hospital	\$2,328,635	\$0	Admits	177
201607	44,235	Inpatient Hospital	\$2,303,125	\$0	Admits	169
201608	43,933	Inpatient Hospital	\$2,320,198	\$0	Admits	188
201609	43,584	Inpatient Hospital	\$2,433,006	\$0	Admits	196
201610	43,338	Inpatient Hospital	\$2,557,933	\$0	Admits	188
201611	43,046	Inpatient Hospital	\$2,873,453	\$0	Admits	164
201612	42,186	Inpatient Hospital	\$2,372,606	\$0	Admits	172
201701	41,362	Inpatient Hospital	\$3,379,183	\$0	Admits	192
201702	40,960	Inpatient Hospital	\$1,951,018	\$0	Admits	145
201703	40,733	Inpatient Hospital	\$3,152,883	\$0	Admits	152
201704	40,448	Inpatient Hospital	\$2,103,924	\$0	Admits	124
201705	40,383	Inpatient Hospital	\$2,122,786	\$0	Admits	124
201706	40,116	Inpatient Hospital	\$2,876,038	\$0	Admits	208
201707	39,855	Inpatient Hospital	\$2,485,595	\$0	Admits	190
201708	39,736	Inpatient Hospital	\$3,079,700	\$0	Admits	173
201709	39,764	Inpatient Hospital	\$2,641,304	\$0	Admits	175
201710	39,827	Inpatient Hospital	\$1,962,406	\$0	Admits	197
201711	39,597	Inpatient Hospital	\$1,604,559	\$0	Admits	125
201712	39,346	Inpatient Hospital	\$2,323,500	\$0	Admits	176
201801	39,818	Inpatient Hospital	\$2,806,835	\$0	Admits	218
201802	39,872	Inpatient Hospital	\$2,357,579	\$0	Admits	143
201803	39,866	Inpatient Hospital	\$2,496,053	\$0	Admits	143
201804	39,781	Inpatient Hospital	\$2,454,458	\$0	Admits	209
201805	39,765	Inpatient Hospital	\$2,117,319	\$0	Admits	178
201806	40,182	Inpatient Hospital	\$2,003,741	\$0	Admits	158
201807	40,386	Inpatient Hospital	\$3,480,868	\$0	Admits	193
201808	40,701	Inpatient Hospital	\$2,379,598	\$0	Admits	161
201809	40,326	Inpatient Hospital	\$2,513,338	\$0	Admits	165
201810	40,569	Inpatient Hospital	\$2,448,763	\$0	Admits	162
201811	40,509	Inpatient Hospital	\$3,465,332	\$0	Admits	184
201812	41,435	Inpatient Hospital	\$2,739,415	\$0	Admits	168
201901	42,431	Inpatient Hospital	\$2,292,739	\$0	Admits	194
201902	42,697	Inpatient Hospital	\$1,468,548	\$0	Admits	153

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201601	44,297	Outpatient Hospital	\$2,295,558	\$0	Visits	1,784
201602	44,642	Outpatient Hospital	\$2,692,865	\$0	Visits	1,873
201603	44,852	Outpatient Hospital	\$2,558,059	\$0	Visits	2,080
201604	44,745	Outpatient Hospital	\$2,551,668	\$0	Visits	2,009
201605	44,584	Outpatient Hospital	\$2,884,607	\$0	Visits	2,026
201606	44,519	Outpatient Hospital	\$2,862,456	\$0	Visits	2,026
201607	44,235	Outpatient Hospital	\$2,636,627	\$0	Visits	1,843
201608	43,933	Outpatient Hospital	\$2,900,115	\$0	Visits	2,048
201609	43,584	Outpatient Hospital	\$2,356,373	\$0	Visits	1,852
201610	43,338	Outpatient Hospital	\$2,609,971	\$0	Visits	1,952
201611	43,046	Outpatient Hospital	\$2,682,055	\$0	Visits	1,867
201612	42,186	Outpatient Hospital	\$2,460,260	\$0	Visits	1,818
201701	41,362	Outpatient Hospital	\$2,251,288	\$0	Visits	1,794
201702	40,960	Outpatient Hospital	\$2,392,887	\$0	Visits	1,720
201703	40,733	Outpatient Hospital	\$2,792,857	\$0	Visits	1,940
201704	40,448	Outpatient Hospital	\$2,881,785	\$0	Visits	1,899
201705	40,383	Outpatient Hospital	\$2,891,714	\$0	Visits	1,900
201706	40,116	Outpatient Hospital	\$2,838,085	\$0	Visits	1,881
201707	39,855	Outpatient Hospital	\$2,492,592	\$0	Visits	1,795
201708	39,736	Outpatient Hospital	\$2,689,556	\$0	Visits	1,990
201709	39,764	Outpatient Hospital	\$2,265,887	\$0	Visits	1,797
201710	39,827	Outpatient Hospital	\$2,799,866	\$0	Visits	2,049
201711	39,597	Outpatient Hospital	\$2,568,634	\$0	Visits	1,967
201712	39,346	Outpatient Hospital	\$2,476,526	\$0	Visits	1,933
201801	39,818	Outpatient Hospital	\$2,761,264	\$0	Visits	2,130
201802	39,872	Outpatient Hospital	\$2,533,354	\$0	Visits	1,889
201803	39,866	Outpatient Hospital	\$2,897,596	\$0	Visits	1,958
201804	39,781	Outpatient Hospital	\$2,827,744	\$0	Visits	1,946
201805	39,765	Outpatient Hospital	\$2,660,529	\$0	Visits	2,018
201806	40,182	Outpatient Hospital	\$2,828,813	\$0	Visits	1,985
201807	40,386	Outpatient Hospital	\$2,709,745	\$0	Visits	1,892
201808	40,701	Outpatient Hospital	\$2,779,233	\$0	Visits	1,999
201809	40,326	Outpatient Hospital	\$2,396,595	\$0	Visits	1,829
201810	40,569	Outpatient Hospital	\$3,467,639	\$0	Visits	2,120
201811	40,509	Outpatient Hospital	\$2,927,080	\$0	Visits	2,008
201812	41,435	Outpatient Hospital	\$3,292,331	\$0	Visits	2,140
201901	42,431	Outpatient Hospital	\$3,783,335	\$0	Visits	2,425
201902	42,697	Outpatient Hospital	\$2,912,461	\$0	Visits	2,460

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201601	44,297	Professional	\$4,425,723	\$0	Visits	28,913
201602	44,642	Professional	\$4,719,168	\$0	Visits	31,938
201603	44,852	Professional	\$5,305,861	\$0	Visits	35,821
201604	44,745	Professional	\$4,939,434	\$0	Visits	33,378
201605	44,584	Professional	\$4,994,091	\$0	Visits	32,674
201606	44,519	Professional	\$5,230,281	\$0	Visits	33,549
201607	44,235	Professional	\$4,523,441	\$0	Visits	30,173
201608	43,933	Professional	\$5,245,862	\$0	Visits	33,944
201609	43,584	Professional	\$4,884,312	\$0	Visits	32,170
201610	43,338	Professional	\$4,859,563	\$0	Visits	33,492
201611	43,046	Professional	\$4,804,026	\$0	Visits	32,352
201612	42,186	Professional	\$4,610,788	\$0	Visits	30,630
201701	41,362	Professional	\$4,827,579	\$0	Visits	30,897
201702	40,960	Professional	\$4,549,729	\$0	Visits	29,596
201703	40,733	Professional	\$5,077,721	\$0	Visits	33,327
201704	40,448	Professional	\$4,490,134	\$0	Visits	29,117
201705	40,383	Professional	\$5,003,296	\$0	Visits	32,281
201706	40,116	Professional	\$4,973,427	\$0	Visits	31,502
201707	39,855	Professional	\$4,606,423	\$0	Visits	29,050
201708	39,736	Professional	\$5,150,369	\$0	Visits	32,636
201709	39,764	Professional	\$4,951,096	\$0	Visits	30,792
201710	39,827	Professional	\$5,291,656	\$0	Visits	34,469
201711	39,597	Professional	\$4,966,044	\$0	Visits	32,061
201712	39,346	Professional	\$4,669,811	\$0	Visits	28,975
201801	39,818	Professional	\$5,735,298	\$0	Visits	34,122
201802	39,872	Professional	\$4,962,050	\$0	Visits	31,051
201803	39,866	Professional	\$5,316,982	\$0	Visits	32,414
201804	39,781	Professional	\$5,134,744	\$0	Visits	32,111
201805	39,765	Professional	\$5,381,443	\$0	Visits	33,356
201806	40,182	Professional	\$5,453,414	\$0	Visits	32,032
201807	40,386	Professional	\$5,155,231	\$0	Visits	31,605
201808	40,701	Professional	\$5,578,213	\$0	Visits	34,565
201809	40,326	Professional	\$4,904,502	\$0	Visits	31,619
201810	40,569	Professional	\$6,053,980	\$0	Visits	39,652
201811	40,509	Professional	\$5,540,079	\$0	Visits	35,372
201812	41,435	Professional	\$5,219,341	\$0	Visits	32,949
201901	42,431	Professional	\$6,448,431	\$0	Visits	41,606
201902	42,697	Professional	\$7,782,063	\$0	Visits	50,775

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201601	44,297	Other Medical	\$619,982	\$0	Services	3,865
201602	44,642	Other Medical	\$717,504	\$0	Services	4,240
201603	44,852	Other Medical	\$859,390	\$0	Services	5,072
201604	44,745	Other Medical	\$722,231	\$0	Services	4,421
201605	44,584	Other Medical	\$817,737	\$0	Services	4,275
201606	44,519	Other Medical	\$841,444	\$0	Services	4,880
201607	44,235	Other Medical	\$744,364	\$0	Services	4,406
201608	43,933	Other Medical	\$755,840	\$0	Services	5,288
201609	43,584	Other Medical	\$749,511	\$0	Services	3,735
201610	43,338	Other Medical	\$696,548	\$0	Services	4,062
201611	43,046	Other Medical	\$744,134	\$0	Services	3,706
201612	42,186	Other Medical	\$853,669	\$0	Services	3,734
201701	41,362	Other Medical	\$624,521	\$0	Services	3,407
201702	40,960	Other Medical	\$797,804	\$0	Services	3,467
201703	40,733	Other Medical	\$818,480	\$0	Services	3,755
201704	40,448	Other Medical	\$736,727	\$0	Services	3,652
201705	40,383	Other Medical	\$751,800	\$0	Services	3,461
201706	40,116	Other Medical	\$753,383	\$0	Services	3,653
201707	39,855	Other Medical	\$761,707	\$0	Services	3,381
201708	39,736	Other Medical	\$827,086	\$0	Services	4,694
201709	39,764	Other Medical	\$751,076	\$0	Services	3,821
201710	39,827	Other Medical	\$890,925	\$0	Services	4,401
201711	39,597	Other Medical	\$809,479	\$0	Services	4,221
201712	39,346	Other Medical	\$809,730	\$0	Services	4,405
201801	39,818	Other Medical	\$911,275	\$0	Services	4,471
201802	39,872	Other Medical	\$811,785	\$0	Services	4,170
201803	39,866	Other Medical	\$954,920	\$0	Services	4,595
201804	39,781	Other Medical	\$875,999	\$0	Services	4,843
201805	39,765	Other Medical	\$922,637	\$0	Services	3,991
201806	40,182	Other Medical	\$1,002,856	\$0	Services	4,446
201807	40,386	Other Medical	\$960,187	\$0	Services	4,332
201808	40,701	Other Medical	\$1,080,034	\$0	Services	5,075
201809	40,326	Other Medical	\$1,084,957	\$0	Services	4,206
201810	40,569	Other Medical	\$1,086,671	\$0	Services	4,887
201811	40,509	Other Medical	\$1,124,751	\$0	Services	4,564
201812	41,435	Other Medical	\$903,300	\$0	Services	4,233
201901	42,431	Other Medical	\$1,129,983	\$0	Services	5,002
201902	42,697	Other Medical	\$1,208,764	\$0	Services	5,673

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201601	44,297	Prescription Drug	\$3,573,818	\$574,938	Scripts	27,259
201602	44,642	Prescription Drug	\$4,098,908	\$578,275	Scripts	27,763
201603	44,852	Prescription Drug	\$4,689,888	\$578,676	Scripts	30,308
201604	44,745	Prescription Drug	\$4,492,841	\$636,645	Scripts	28,545
201605	44,584	Prescription Drug	\$4,247,146	\$634,642	Scripts	28,541
201606	44,519	Prescription Drug	\$4,625,721	\$632,429	Scripts	28,832
201607	44,235	Prescription Drug	\$4,115,253	\$562,691	Scripts	26,930
201608	43,933	Prescription Drug	\$4,277,487	\$559,917	Scripts	28,450
201609	43,584	Prescription Drug	\$4,033,482	\$556,687	Scripts	26,400
201610	43,338	Prescription Drug	\$4,049,085	\$523,644	Scripts	27,078
201611	43,046	Prescription Drug	\$4,044,559	\$523,073	Scripts	27,347
201612	42,186	Prescription Drug	\$3,981,850	\$516,913	Scripts	27,697
201701	41,362	Prescription Drug	\$3,875,247	\$572,245	Scripts	26,505
201702	40,960	Prescription Drug	\$3,906,154	\$567,557	Scripts	24,799
201703	40,733	Prescription Drug	\$4,530,786	\$564,859	Scripts	27,531
201704	40,448	Prescription Drug	\$3,903,078	\$620,928	Scripts	25,074
201705	40,383	Prescription Drug	\$4,516,391	\$620,228	Scripts	26,893
201706	40,116	Prescription Drug	\$4,594,031	\$617,982	Scripts	25,791
201707	39,855	Prescription Drug	\$4,119,164	\$620,900	Scripts	24,732
201708	39,736	Prescription Drug	\$4,516,048	\$619,242	Scripts	25,960
201709	39,764	Prescription Drug	\$4,244,062	\$619,692	Scripts	24,326
201710	39,827	Prescription Drug	\$4,401,515	\$613,390	Scripts	26,140
201711	39,597	Prescription Drug	\$4,258,453	\$610,461	Scripts	25,803
201712	39,346	Prescription Drug	\$4,287,646	\$606,625	Scripts	25,611
201801	39,818	Prescription Drug	\$4,578,309	\$717,551	Scripts	27,313
201802	39,872	Prescription Drug	\$4,275,121	\$720,015	Scripts	24,423
201803	39,866	Prescription Drug	\$4,627,338	\$719,721	Scripts	26,268
201804	39,781	Prescription Drug	\$4,378,934	\$729,545	Scripts	25,561
201805	39,765	Prescription Drug	\$4,893,774	\$730,377	Scripts	26,513
201806	40,182	Prescription Drug	\$4,800,098	\$737,707	Scripts	25,861
201807	40,386	Prescription Drug	\$4,643,270	\$693,029	Scripts	25,632
201808	40,701	Prescription Drug	\$4,884,545	\$698,782	Scripts	26,569
201809	40,326	Prescription Drug	\$4,134,671	\$694,619	Scripts	24,065
201810	40,569	Prescription Drug	\$4,774,480	\$620,751	Scripts	27,425
201811	40,509	Prescription Drug	\$4,593,005	\$619,823	Scripts	26,079
201812	41,435	Prescription Drug	\$4,479,685	\$634,600	Scripts	26,485
201901	42,431	Prescription Drug	\$4,831,335		Scripts	27,976
201902	42,697	Prescription Drug	\$4,429,106		Scripts	26,245

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201601	44,297	Capitations	\$62,564	\$0	Benefit Period	44,297
201602	44,642	Capitations	\$63,387	\$0	Benefit Period	44,642
201603	44,852	Capitations	\$64,455	\$0	Benefit Period	44,852
201604	44,745	Capitations	\$64,131	\$0	Benefit Period	44,745
201605	44,584	Capitations	\$63,922	\$0	Benefit Period	44,584
201606	44,519	Capitations	\$63,605	\$0	Benefit Period	44,519
201607	44,235	Capitations	\$63,174	\$0	Benefit Period	44,235
201608	43,933	Capitations	\$62,566	\$0	Benefit Period	43,933
201609	43,584	Capitations	\$62,139	\$0	Benefit Period	43,584
201610	43,338	Capitations	\$61,668	\$0	Benefit Period	43,338
201611	43,046	Capitations	\$60,948	\$0	Benefit Period	43,046
201612	42,186	Capitations	\$59,439	\$0	Benefit Period	42,186
201701	41,362	Capitations	\$52,854	\$0	Benefit Period	41,362
201702	40,960	Capitations	\$51,779	\$0	Benefit Period	40,960
201703	40,733	Capitations	\$51,213	\$0	Benefit Period	40,733
201704	40,448	Capitations	\$50,462	\$0	Benefit Period	40,448
201705	40,383	Capitations	\$50,023	\$0	Benefit Period	40,383
201706	40,116	Capitations	\$49,428	\$0	Benefit Period	40,116
201707	39,855	Capitations	\$48,823	\$0	Benefit Period	39,855
201708	39,736	Capitations	\$48,451	\$0	Benefit Period	39,736
201709	39,764	Capitations	\$48,179	\$0	Benefit Period	39,764
201710	39,827	Capitations	\$47,915	\$0	Benefit Period	39,827
201711	39,597	Capitations	\$47,365	\$0	Benefit Period	39,597
201712	39,346	Capitations	\$46,775	\$0	Benefit Period	39,346
201801	39,818	Capitations	\$32,395	\$0	Benefit Period	39,818
201802	39,872	Capitations	\$32,238	\$0	Benefit Period	39,872
201803	39,866	Capitations	\$32,197	\$0	Benefit Period	39,866
201804	39,781	Capitations	\$31,907	\$0	Benefit Period	39,781
201805	39,765	Capitations	\$31,535	\$0	Benefit Period	39,765
201806	40,182	Capitations	\$31,641	\$0	Benefit Period	40,182
201807	40,386	Capitations	\$31,643	\$0	Benefit Period	40,386
201808	40,701	Capitations	\$31,709	\$0	Benefit Period	40,701
201809	40,326	Capitations	\$31,178	\$0	Benefit Period	40,326
201810	40,569	Capitations	\$31,079	\$0	Benefit Period	40,569
201811	40,509	Capitations	\$30,722	\$0	Benefit Period	40,509
201812	41,435	Capitations	\$31,011	\$0	Benefit Period	41,435
201901	42,431	Capitations	\$42,767	\$0	Benefit Period	42,431
201902	42,697	Capitations	\$42,880	\$0	Benefit Period	42,697

Appendix - Total Experience

Month	Members	Contracts	Ultimate Allowed	Drug Rebates	Post-Rx Rebate Ultimate Allowed	Ultimate Incurred	Premium	Loss Ratio
201601	44,297	29,097	\$13,299,234	\$574,938	\$12,724,296	\$10,190,229	\$17,313,359	58.9%
201602	44,642	29,431	\$14,859,490	\$578,275	\$14,281,215	\$11,750,012	\$17,242,028	68.1%
201603	44,852	29,682	\$16,210,199	\$578,676	\$15,631,523	\$12,998,777	\$17,192,928	75.6%
201604	44,745	29,599	\$15,401,219	\$636,645	\$14,764,575	\$12,439,632	\$17,129,614	72.6%
201605	44,584	29,441	\$15,224,263	\$634,642	\$14,589,621	\$12,379,580	\$16,989,924	72.9%
201606	44,519	29,367	\$15,952,142	\$632,429	\$15,319,713	\$13,011,777	\$17,000,744	76.5%
201607	44,235	29,147	\$14,385,985	\$562,691	\$13,823,294	\$11,824,750	\$16,846,726	70.2%
201608	43,933	28,911	\$15,562,068	\$559,917	\$15,002,151	\$12,806,860	\$16,671,517	76.8%
201609	43,584	28,613	\$14,518,822	\$556,687	\$13,962,135	\$11,941,793	\$16,582,020	72.0%
201610	43,338	28,403	\$14,834,768	\$523,644	\$14,311,123	\$12,277,249	\$16,437,827	74.7%
201611	43,046	28,180	\$15,209,175	\$523,073	\$14,686,102	\$12,690,091	\$16,450,494	77.1%
201612	42,186	27,650	\$14,338,612	\$516,913	\$13,821,699	\$11,501,338	\$16,134,990	71.3%
201701	41,362	26,983	\$15,010,673	\$572,245	\$14,438,428	\$11,889,350	\$16,528,153	71.9%
201702	40,960	26,681	\$13,649,371	\$567,557	\$13,081,815	\$10,854,612	\$16,373,825	66.3%
201703	40,733	26,498	\$16,423,938	\$564,859	\$15,859,079	\$13,447,779	\$16,322,528	82.4%
201704	40,448	26,275	\$14,166,110	\$620,928	\$13,545,182	\$11,534,135	\$16,283,519	70.8%
201705	40,383	26,205	\$15,336,009	\$620,228	\$14,715,781	\$12,578,368	\$16,256,857	77.4%
201706	40,116	25,975	\$16,084,393	\$617,982	\$15,466,411	\$13,373,251	\$16,224,835	82.4%
201707	39,855	25,733	\$14,514,305	\$620,900	\$13,893,405	\$11,932,866	\$16,175,145	73.8%
201708	39,736	25,607	\$16,311,210	\$619,242	\$15,691,968	\$13,630,653	\$16,172,684	84.3%
201709	39,764	25,542	\$14,901,604	\$619,692	\$14,281,912	\$12,394,135	\$16,210,400	76.5%
201710	39,827	25,549	\$15,394,283	\$613,390	\$14,780,893	\$12,702,532	\$16,279,955	78.0%
201711	39,597	25,409	\$14,254,533	\$610,461	\$13,644,072	\$11,627,449	\$16,233,195	71.6%
201712	39,346	25,177	\$14,613,988	\$606,625	\$14,007,362	\$11,772,785	\$16,391,622	71.8%
201801	39,818	25,624	\$16,825,376	\$717,551	\$16,107,825	\$13,203,694	\$16,853,982	78.3%
201802	39,872	25,653	\$14,972,129	\$720,015	\$14,252,113	\$11,868,919	\$17,138,373	69.3%
201803	39,866	25,659	\$16,325,084	\$719,721	\$15,605,363	\$13,274,836	\$17,147,843	77.4%
201804	39,781	25,616	\$15,703,786	\$729,545	\$14,974,241	\$12,700,866	\$17,162,881	74.0%
201805	39,765	25,544	\$16,007,237	\$730,377	\$15,276,860	\$13,012,995	\$17,184,119	75.7%
201806	40,182	25,708	\$16,120,564	\$737,707	\$15,382,857	\$13,192,605	\$17,518,975	75.3%
201807	40,386	25,747	\$16,980,943	\$693,029	\$16,287,914	\$14,168,900	\$17,624,109	80.4%
201808	40,701	25,903	\$16,733,333	\$698,782	\$16,034,551	\$13,808,586	\$17,793,210	77.6%
201809	40,326	25,672	\$15,065,240	\$694,619	\$14,370,622	\$12,329,893	\$17,657,556	69.8%
201810	40,569	25,807	\$17,862,612	\$620,751	\$17,241,861	\$14,904,558	\$17,837,252	83.6%
201811	40,509	25,772	\$17,680,969	\$619,823	\$17,061,146	\$14,828,136	\$17,920,010	82.7%
201812	41,435	26,200	\$16,665,082	\$634,600	\$16,030,482	\$13,543,649	\$18,439,538	73.4%
201901	42,431	27,057	\$18,528,591		\$18,528,591	\$15,321,352	\$19,194,784	79.8%
201902	42,697	27,248	\$17,843,821		\$17,843,821	\$14,508,979	\$19,260,383	75.3%

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:** CareFirst BlueChoice, Inc. (CFBC) - NAIC # 96202
- **State:** District of Columbia
- **HIOS Issuer ID:** 86052
- **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:** 2343
- **SERFF Filing Number:** CFAP-131941447

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 17.1% on average for 1Q20. The range is 7.2% to 54.3%. The estimated average base rate changes for 2Q20, 3Q20, and 4Q20 are 15.7%, 14.8% and 13.6%, 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 23,337.

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 an increase in the 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: \$210,277,846

Experience Period Member Months: 483,210

Current Date Members: 42,697

Allowed and Incurred Claims Incurred During the Experience Period

Allowed Claims

- **Processed through issuer's claim system:** \$188,625,834
- **Processed outside issuer's claim system:** \$0
- **IBNR:** \$1,940,530

Incurred Claims

- **Processed through issuer's claim system:** \$160,837,637
- **Processed outside issuer's claim system:** \$0
- **IBNR:** \$1,644,119

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 7.5%, which is a slight decrease compared to the 8.1% trend assumed in our prior filing. Current observed medical trends as of 201812 are 9.5%, down from 9.6% in 201712. The current observed drug trends are 7.4% as of 201812, down from 11.5% 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 9.7%. The adjusted aggregate medical and drug trend is 9.6%.

When normalized for induced demand, network, and demographics, the composite 9.6% observed trend decreases to 6.6%.

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	7.4%	7.9%	8.3%	8.1%	7.6%	7.8%	7.9%
25th	5.3%	6.6%	6.7%	6.5%	6.1%	6.1%	6.2%

Based on this information we believe that our assumed 7.5% 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. The formulary adjustment is needed given the change from a 4-tier to a 5-tier benefit design that occurred on a group's renewal in 2018. As a result, each incurred month's experience must be adjusted to account for the proportion of groups still using the prior tier structure at that time.

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 \$390.02 and the projection period index rate is \$451.52. 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.

Small Group Quarterly Rate Filings

This filing is an annual submission and includes scheduled quarterly trend increases.

4.4.3.6 Development of the Market-wide Adjusted Index Rate

The Market-wide Adjusted Index Rate for the Small Group market is \$493.37 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 BlueChoice Small Group remains the same at 1.079, and when compared to the combined statewide PLRS of 1.176 the segment is 8.3% healthier than the State (it was 6.7% healthier under separate risk adjustment). The lower Statewide PMPM and higher statewide PLRS causes BlueChoice to pay 79% more in risk adjustment dollars. The resultant estimate of combined risk adjustment is that the BlueChoice payable transfer PMPM for the Small Group market will increase from \$-12.97 in 2018 to \$-35.52 in 2020, vs. \$-19.83 (non-combined). $\$-35.52/\$-19.83 = 79\%$. 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:** There are 5 types of network factors: Lock In/Referral, Open Access, Open Access Opt-Out, Open Access Plus, and Open Access Advantage.
- **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 81.1% for the Small Group market and 80.8% 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 Individual plans. Therefore, because of Small Group 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.

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

**Rate Filing # 2343
D.C. Small Group Products
Rate Filing Effective 1/1/2020**

Actuarial Memorandum

BlueChoice Inc.

(NAIC # 96202)

H.R. 3950 - Public Law 111-148 - Patient Protection and Affordable Care Act (ACA)

D.C. Small Group Products

Rate Filing Effective 1/1/2020

Actuarial Certification

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

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

I have been involved in the development of these rates, and to the best of my knowledge and understanding, the rates in this filing 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 11:13:42 -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	\$ 390.36	2
(2)	Base Period Non-EHB PMPM	\$ 0.34	2
(3)	Experience Period Index Rate	\$ 390.02	
(4)	Change in Morbidity	1.0057	4
(5)	Additional Population Adjustment	1.0000	
(6)	Induced Demand	1.0036	5
(7)	Projection Period Utilization and Network Adjustment	1.0000	
(8)	Demographic Adjustment	0.9923	6
(9)	Area Adjustment	1.0000	
(10)	Additional "Other" Adjustments	1.0001	7
(11)	Annualized Trend	7.5%	8
(12)	Months of Trend	24.0	
(13)	Unit cost & Utilization/1,000 Trend Factor	1.1558	
(14)	Projection Period Index Rate	\$ 451.52	
(15)	Risk Adjustment Program	1.0927	9
(16)	Federal Exchange User Fee	1.0000	
(17)	Market Adjusted Index Rate	\$ 493.37	
	Without Risk Adjustment	\$ 451.52	

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	\$	31,263,298	\$	64.70	Admits	51.67	\$	15,025.01
Outpatient Hospital	\$	34,081,924	\$	70.53	Visits	593.91	\$	1,425.12
Professional	\$	64,435,276	\$	133.35	Visits	9,954.65	\$	160.75
Other Medical	\$	11,719,373	\$	24.25	Services	1,336.37	\$	217.78
Capitation	\$	379,254	\$	0.78	Benefit Period	1,000	\$	9.42
Prescription Drug	\$	46,746,709	\$	96.74	Prescriptions	7,753.00	\$	149.74
Total (EHB & Non-EHB)	\$	188,625,834	\$	390.36				
EHB Allowed	\$	188,460,839	\$	390.02				
Non-EHB Allowed	\$	164,996	\$	0.34				
Incurred Net	\$	160,837,637	\$	332.85				
Net/Allowed		85.27%						
Experience Period Member Months		483,210						
Experience Period Revenue	\$	210,277,846						

Exhibit 3 - Non-EHB Adjustment

		2020 On-Exchange	2020 Off-Exchange	
(1)	Blended Index Rate	\$ 464.95	\$ 464.95	
(2)	Non-EHB PMPM	\$ 0.12	\$ 0.12	
(3)	Total	\$ 465.07	\$ 465.07	
(4)	Plan Level Adjustment	1.0003	1.0003	(3)/(1)

Exhibit 4 - Morbidity Adjustment Factor

Base Year

Metal Level	Member Months	2018 Normalized Allowed PMPM
Catastrophic	8,314	\$ 80.94
Bronze	39,683	\$ 131.73
Silver	111,862	\$ 191.07
Gold	169,283	\$ 210.46
Platinum	153,964	\$ 236.35
Subtotal	483,106	\$ 205.52

Current Year YTD

Existing				
Metal Level	Member Months	2018 Normalized Allowed PMPM	Morbidity Adjustment	2019 Adjusted Normalized Allowed PMPM
Catastrophic	903	\$ 87.07	1.000	\$ 87.07
Bronze	5,219	\$ 125.51	1.000	\$ 125.51
Silver	15,115	\$ 190.25	1.000	\$ 190.25
Gold	23,249	\$ 205.55	1.000	\$ 205.55
Platinum	20,575	\$ 238.16	1.000	\$ 238.16
Subtotal	65,061	\$ 204.24	1.000	\$ 204.24

New				
Metal Level	Member Months	Existing Cohort Adjusted Normalized Allowed PMPM	Morbidity Adjustment	2019 Adjusted Normalized Allowed PMPM
Catastrophic	348	\$ 87.07	1.000	\$ 87.07
Bronze	1,428	\$ 125.51	1.000	\$ 125.51
Silver	2,943	\$ 190.25	1.000	\$ 190.25
Gold	4,470	\$ 205.55	1.000	\$ 205.55
Platinum	3,507	\$ 238.16	1.000	\$ 238.16
Subtotal	12,696	\$ 198.76	1.000	\$ 198.76

Transfer				
Metal Level	Member Months	2018 Normalized Allowed PMPM	Morbidity Adjustment	2019 Adjusted Normalized Allowed PMPM
Catastrophic	70	\$ 91.21	1.000	\$ 91.21
Bronze	603	\$ 169.89	1.000	\$ 169.89
Silver	1,945	\$ 198.66	1.000	\$ 198.66
Gold	2,451	\$ 266.27	1.000	\$ 266.27
Platinum	2,207	\$ 231.76	1.000	\$ 231.76
Subtotal	7,276	\$ 228.05	1.000	\$ 228.05

Total				
Metal Level	Member Months	2018 Normalized Allowed PMPM	Morbidity Adjustment	2019 Adjusted Normalized Allowed PMPM
Catastrophic	1,321	\$ 87.29	1.000	\$ 87.29
Bronze	7,250	\$ 129.20	1.000	\$ 129.20
Silver	20,003	\$ 191.07	1.000	\$ 191.07
Gold	30,170	\$ 210.48	1.000	\$ 210.48
Platinum	26,289	\$ 237.62	1.000	\$ 237.62
Subtotal	85,033	\$ 205.46	1.000	\$ 205.46

Remainder of Current Year

Existing				
Metal Level	Member Months	2019 Adjusted Normalized Allowed PMPM		
Catastrophic	3,743	\$ 87.07		
Bronze	24,090	\$ 125.51		
Silver	79,441	\$ 190.25		
Gold	119,749	\$ 205.55		
Platinum	109,114	\$ 238.16		
Subtotal	336,137	\$ 205.46		

New				
Metal Level	Member Months	2019 Adjusted Normalized Allowed PMPM		
Catastrophic	2,585	\$ 87.07		
Bronze	8,897	\$ 125.51		
Silver	13,352	\$ 190.25		
Gold	21,812	\$ 205.55		
Platinum	13,638	\$ 238.16		
Subtotal	60,284	\$ 192.65		

Transfer				
Metal Level	Member Months	2019 Adjusted Normalized Allowed PMPM		
Catastrophic	340	\$ 91.21		
Bronze	2,704	\$ 169.89		
Silver	6,703	\$ 198.66		
Gold	9,174	\$ 266.27		
Platinum	7,246	\$ 231.76		
Subtotal	26,167	\$ 227.16		

Total				
Metal Level	Member Months	2019 Adjusted Normalized Allowed PMPM		
Catastrophic	6,668	\$ 87.28		
Bronze	35,691	\$ 128.87		
Silver	99,496	\$ 190.82		
Gold	150,735	\$ 209.24		
Platinum	129,998	\$ 237.80		
Subtotal	422,588	\$ 204.98		

Total Current Year

Total	Member Months	2019 Adjusted Normalized Allowed PMPM
Catastrophic	7,989	\$ 87.28
Bronze	42,941	\$ 128.93
Silver	119,499	\$ 190.86
Gold	180,905	\$ 209.45
Platinum	156,287	\$ 237.77
Subtotal	507,621	\$ 205.06

Rating Year

Existing				
Metal Level	Member Months	2019 Normalized Allowed PMPM	Morbidity Adjustment	2020 Adjusted Normalized Allowed PMPM
Catastrophic	6,169	\$ 87.28	1.000	\$ 87.28
Bronze	35,159	\$ 128.93	1.000	\$ 128.93
Silver	104,278	\$ 190.86	1.000	\$ 190.86
Gold	122,399	\$ 209.45	1.000	\$ 209.45
Platinum	178,100	\$ 237.77	1.000	\$ 237.77
Subtotal	446,105	\$ 208.38	1.000	\$ 208.38

New				
Metal Level	Member Months	Existing Cohort Adjusted Normalized Allowed PMPM	Morbidity Adjustment	2020 Adjusted Normalized Allowed PMPM
Catastrophic	2,918	\$ 87.28	1.000	\$ 87.28
Bronze	9,972	\$ 128.93	1.000	\$ 128.93
Silver	14,742	\$ 190.86	1.000	\$ 190.86
Gold	16,206	\$ 209.45	1.000	\$ 209.45
Platinum	17,038	\$ 237.77	1.000	\$ 237.77
Subtotal	60,876	\$ 193.83	1.000	\$ 193.83

Transfer				
Metal Level	Member Months	2019 Normalized Allowed PMPM	Morbidity Adjustment	2020 Adjusted Normalized Allowed PMPM
Catastrophic	300	\$ 91.21	1.000	\$ 91.21
Bronze	2,052	\$ 169.89	1.000	\$ 169.89
Silver	2,724	\$ 198.66	1.000	\$ 198.66
Gold	2,028	\$ 266.27	1.000	\$ 266.27
Platinum	1,740	\$ 231.76	1.000	\$ 231.76
Subtotal	8,844	\$ 210.35	1.000	\$ 210.35

Total				
Metal Level	Member Months	2019 Normalized Allowed PMPM	Morbidity Adjustment	2020 Adjusted Normalized Allowed PMPM
Catastrophic	9,387	\$ 87.41	1.000	\$ 87.41
Bronze	47,183	\$ 130.71	1.000	\$ 130.71
Silver	121,744	\$ 191.03	1.000	\$ 191.03
Gold	140,633	\$ 210.27	1.000	\$ 210.27
Platinum	196,878	\$ 237.72	1.000	\$ 237.72
Subtotal	515,825	\$ 206.69	1.000	\$ 206.69

Year	Adjusted Normalized PMPM	Year over Year Change
2018	\$ 205.52	n/a
2019	\$ 205.06	-0.2%
2020	\$ 206.69	0.8%

Morbidity Adjustment Change	0.6%
Morbidity Adjustment Factor	1.0057

Exhibit 5 - Induced Utilization Adjustment Factor

Year	Actuarial Value	Induced Demand Factor	
(1) 2018	78.33%	1.0716	
(2) Projected 2020	79.10%	1.0755	
(3) Adjustment*		1.0036	(2)/(1)

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

Exhibit 6 - Demographic Adjustment

	Period	Cohort	Demo Factor*	Weight	Average Age**
(1)	Base Period	All	1.6526	100.0%	34.0
(2)	Rating Period	Existing	1.6594	86.5%	
		New	1.5005	11.8%	
		Transfer	1.6150	1.7%	
(3)	Rating Period	All	1.6399	100.0%	33.8
(4)	Demographic Adjustment***	All	0.9923		

(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

Capitation adjustment

(1)	EP Capitation PMPM	\$	0.54	
(2)	Projected Capitations PMPM	\$	0.79	
(3)	Adjustment to Capitation Category		1.4615	(2)/(1)

Drug Rebates adjustment

(4)	Experience Period Allowed Rx PMPM (Pre-Rebate)	\$	113.95	
(5)	Experience Pharmacy Rebates PMPM	\$	17.21	
(6)	Projected Pharmacy Rebates PMPM	\$	15.27	
(7)	Post-Rebate Rx PMPM (using Experience Rebates)	\$	96.74	
(8)	Post-Rebate Rx PMPM (using Projected Rebates)	\$	98.69	
(9)	Adjustment to Drug Category		1.0201	(8)/(7)

Formulary Adjustments

(10)	Experience Period Allowed Rx PMPM (Pre-Rebate, existing formulary)	\$	113.95	
(11)	Ingredient cost Adjustment Factor		0.9812	
(12)	Experience Period Allowed Rx PMPM (Pre-Rebate, new formulary)	\$	111.81	(10)*(11)
(13)	Projection Period Pharmacy Rebates PMPM	\$	15.27	
(14)	Adjustment to Drug Category		0.9783	[(12) - (13)]/[(10) - (13)]

	PMPM	Adjustment	
Inpatient Hospital	\$ 72.81	1.0000	
Outpatient Hospital	\$ 77.92	1.0000	
Professional	\$ 159.12	1.0000	
Other Medical	\$ 31.20	1.0000	
Capitation	\$ 0.54	1.4615	(3)
Prescription Drug	\$ 109.90	0.9980	(9)*(14)
Total	\$ 451.49	1.0001	

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

Exhibit 8 - Annual Trend Assumptions

	2018 PMPM	Weight	Utilization/1,000	Unit Cost	Composite
Inpatient Hospital	\$ 64.70	16.6%	1.0600	1.0000	1.0600
Outpatient Hospital	\$ 70.53	18.1%	1.0400	1.0100	1.0504
Professional	\$ 133.35	34.2%	1.0600	1.0300	1.0918
Other Medical	\$ 24.25	6.2%	1.0900	1.0400	1.1336
Capitation	\$ 0.78	0.2%	1.0000	1.0000	1.0000
Prescription Drug	\$ 96.74	24.8%	1.0000	1.0650	1.0650
Total	\$ 390.36	100.0%			1.0748
Proposed Trend					1.0751

Exhibit 9 - Risk Adjustment

2018

Metallic Tier	Member Months	Distribution	PLRS	ARF	Transfer \$	PMPM
Bronze	16,837	3.9%	0.6271	1.0302	-\$1,469,111	-\$87.25
Silver	98,469	22.9%	1.0024	1.0525	-\$2,703,042	-\$27.45
Gold	162,785	37.9%	1.1147	1.0179	-\$4,822,127	-\$29.62
Platinum	151,382	35.2%	1.4335	1.0276	\$3,423,564	\$22.62
Total	429,474	100.0%	1.1822	1.0297	-\$5,570,716	-\$12.97

Statewide 2018

Statewide PMPM 2018

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

2020

Metallic Tier	Member Months	Distribution	PLRS	ARF	Transfer \$	PMPM
Bronze	20,587	4.5%	0.5253	1.0409	-\$2,664,361	-\$129.42
Silver	108,913	23.7%	0.9046	1.0598	-\$5,351,444	-\$49.14
Gold	135,967	29.6%	0.9908	1.0246	-\$8,226,734	-\$60.51
Platinum	194,427	42.3%	1.2964	1.0375	-\$95,163	-\$0.49
Total	459,894	100.0%	1.0788	1.0392	-\$16,337,702	-\$35.52

Statewide 2020

Statewide PMPM 2020

Small Group	1,127,169		1.1760	1.0532	\$ 490.96

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*
\$464.95	-\$42.92	\$ 0.18	1.0927

*Adjustment Factor = (\$464.95 - \$-42.92+ \$0.18) / \$464.95

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	\$ 457.40		\$ 465.81		\$ 474.38		\$ 483.13		\$ 472.66	
Paid/Allowed Ratio	81.70%		81.70%		81.70%		81.70%		81.7%	
Paid Claims & Capitulations	\$ 373.72		\$ 380.59		\$ 387.59		\$ 394.74		\$ 386.18	
Risk Adjustment Transfer (Paid Basis)	\$ (35.52)		\$ (35.52)		\$ (35.52)		\$ (35.52)		\$ (35.52)	
Paid Claims & Capitulations (Post-3Rs)	\$ 409.24	76.1%	\$ 416.11	76.3%	\$ 423.12	76.5%	\$ 430.26	76.7%	\$ 421.71	76.5%
Administrative Expense	\$ 51.97	9.7%	\$ 51.97	9.5%	\$ 51.97	9.4%	\$ 51.97	9.3%	\$ 51.97	9.4%
Broker Commissions & Fee	\$ 30.03	5.6%	\$ 30.03	5.5%	\$ 30.03	5.4%	\$ 30.03	5.4%	\$ 30.03	5.4%
Contribution to Reserve (Post-Tax)	\$ 12.90	2.4%	\$ 13.08	2.4%	\$ 13.27	2.4%	\$ 13.45	2.4%	\$ 13.23	2.4%
Investment Income Credit	\$ (0.54)	-0.1%	\$ (0.55)	-0.1%	\$ (0.55)	-0.1%	\$ (0.56)	-0.1%	\$ (0.55)	-0.1%
Risk Charge	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%
<u>Non-ACA Taxes & Fees</u>										
State Premium Tax	\$ 10.75	2.0%	\$ 10.90	2.0%	\$ 11.06	2.0%	\$ 11.21	2.0%	\$ 11.03	2.0%
State Assessment Fee	\$ 0.54	0.1%	\$ 0.55	0.1%	\$ 0.55	0.1%	\$ 0.56	0.1%	\$ 0.55	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	\$ 3.23	0.6%	\$ 3.27	0.6%	\$ 3.32	0.6%	\$ 3.36	0.6%	\$ 3.31	0.6%
<u>ACA Taxes & Fees</u>										
Health Insurer Tax	\$ 13.61	2.5%	\$ 13.80	2.5%	\$ 13.99	2.5%	\$ 14.19	2.5%	\$ 13.96	2.5%
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	\$ 5.38	1.0%	\$ 5.45	1.0%	\$ 5.53	1.0%	\$ 5.61	1.0%	\$ 5.51	1.0%
Federal Exchange User Fee	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%
BlueRewards/Incentive Program	\$ 0.35	0.1%	\$ 0.35	0.1%	\$ 0.35	0.1%	\$ 0.35	0.1%	\$ 0.35	0.1%
Total Revenue	\$ 537.63	100.0%	\$ 545.14	100.0%	\$ 552.80	100.0%	\$ 560.61	100.0%	\$ 551.26	100.0%
Plan Level Admin Load Adjustment	1.3132		1.3095		1.3059		1.3024			
Projected Member Months	116,169		67,119		75,766		200,840		459,894	
Average Members	9,681		5,593		6,314		16,737		38,325	
% Total 2020	25.3%		14.6%		16.5%		43.7%		100.0%	

Exhibit 10B - Federal MLR

	Total 2020 PMPM / %
<u>Traditional MLR Development</u>	
Paid Claims & Capitations (Post-3Rs)	\$ 421.71
Total Revenue	\$ 551.26
Traditional MLR (i.e. DICR)	76.5%
<u>Federal MLR Development</u>	
Numerator Adjustments	
BlueRewards/Incentive Program	\$ 0.35
Quality Improvement Expenses	\$ 2.96
Removal of non-care costs under MLR guidelines	\$ (6.02)
Denominator Adjustments	
Non-ACA Taxes & Fees	\$ 14.88
ACA Taxes & Fees	\$ 19.65
Federal MLR Numerator	\$ 419.00
Federal MLR Denominator	\$ 516.73
Federal MLR	81.1%
Projected Member Months	459,894

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

**Total 2020
PMPM / %**

Traditional MLR Development

Paid Claims & Capitations (Post-3Rs)	\$	401.34
Total Revenue	\$	526.14
Traditional MLR (i.e. DICR)		76.3%

Federal MLR Development

Numerator Adjustments

BlueRewards/Incentive Program	\$	0.35
Quality Improvement Expenses	\$	2.82
Removal of non-care costs under MLR guidelines	\$	(5.99)

Denominator Adjustments

Non-ACA Taxes & Fees	\$	14.03
ACA Taxes & Fees	\$	18.76

Federal MLR Numerator	\$	398.52
Federal MLR Denominator	\$	493.35
Federal MLR		80.8%

Projected Member Months **515,825**

Exhibit 11 - Plan Adjusted Index Rates

HIOS Plan ID	Plan Name	Plan Type	Metallic Tier	Exchange	Network	Market Adjusted Index Rate	Internal Pricing AV	Network Factor	Induced Utilization	Non-EHB	Admin	Plan Adjusted Index Rate
86052DC0440010	BlueChoice Advantage Gold 1000	POS	GOLD	On	Open Access Advantage	\$493.37	0.7947	1.0680	0.9940	1.0003	1.3132	\$546.71
86052DC0440011	BlueChoice Advantage Gold 500	POS	GOLD	On	Open Access Advantage	\$493.37	0.8227	1.0680	0.9940	1.0003	1.3132	\$565.96
86052DC0440012	BlueChoice Advantage Platinum 0	POS	PLATINUM	On	Open Access Advantage	\$493.37	0.9267	1.0680	1.0590	1.0003	1.3132	\$679.19
86052DC0440013	BlueChoice Advantage HSA/HRA Silver 1500	POS	SILVER	On	Open Access Advantage	\$493.37	0.7113	1.0680	0.9480	1.0003	1.3132	\$466.72
86052DC0440015	HealthyBlue Advantage Platinum 500	POS	PLATINUM	On	Open Access Advantage	\$493.37	0.8943	1.0680	1.0590	1.0003	1.3132	\$655.44
86052DC0440018	BlueChoice Advantage HSA/HRA Bronze 6000	POS	BRONZE	On	Open Access Advantage	\$493.37	0.5545	1.0680	0.9210	1.0003	1.3132	\$353.44
86052DC0440019	BlueChoice Advantage HSA/HRA Silver 3000	POS	SILVER	On	Open Access Advantage	\$493.37	0.6449	1.0680	0.9480	1.0003	1.3132	\$423.16
86052DC0440020	BlueChoice Advantage Bronze 6500	POS	BRONZE	On	Open Access Advantage	\$493.37	0.5646	1.0680	0.9210	1.0003	1.3132	\$359.92
86052DC0440021	BlueChoice Advantage HSA/HRA Gold 1500	POS	GOLD	On	Open Access Advantage	\$493.37	0.7685	1.0680	0.9940	1.0003	1.3132	\$528.70
86052DC0440022	BlueChoice Advantage Silver 4000	POS	SILVER	On	Open Access Advantage	\$493.37	0.6633	1.0680	0.9480	1.0003	1.3132	\$435.21
86052DC0440023	BlueChoice Advantage Silver 1500 BlueFund HSA	POS	SILVER	On	Open Access Advantage	\$493.37	0.7105	1.0680	0.9480	1.0003	1.3132	\$466.15
86052DC0440024	BlueChoice Advantage HSA/HRA Silver 2500	POS	SILVER	On	Open Access Advantage	\$493.37	0.6756	1.0680	0.9480	1.0003	1.3132	\$443.28
86052DC0440025	BlueChoice Advantage Silver 5000	POS	SILVER	On	Open Access Advantage	\$493.37	0.6765	1.0680	0.9480	1.0003	1.3132	\$443.88
86052DC0440026	BlueChoice Advantage Gold 3000	POS	GOLD	On	Open Access Advantage	\$493.37	0.7421	1.0680	0.9940	1.0003	1.3132	\$510.56
86052DC0440027	BlueChoice Advantage HSA/HRA Silver 2000	POS	SILVER	On	Open Access Advantage	\$493.37	0.6779	1.0680	0.9480	1.0003	1.3132	\$444.76
86052DC0440028	BlueChoice Advantage HSA/HRA Gold 1500 90	POS	GOLD	On	Open Access Advantage	\$493.37	0.7658	1.0680	0.9940	1.0003	1.3132	\$526.86
86052DC0440029	BlueChoice Advantage HSA/HRA Silver 2000 70	POS	SILVER	On	Open Access Advantage	\$493.37	0.6566	1.0680	0.9480	1.0003	1.3132	\$430.84
86052DC0440030	BlueChoice Advantage HSA/HRA Silver 3000 70	POS	SILVER	On	Open Access Advantage	\$493.37	0.6318	1.0680	0.9480	1.0003	1.3132	\$414.53
86052DC0460009	BlueChoice HMO Gold 1500	HMO	GOLD	On	Open Access	\$493.37	0.7752	0.9540	0.9940	1.0003	1.3132	\$476.40
86052DC0460010	BlueChoice HMO Gold 500	HMO	GOLD	On	Open Access	\$493.37	0.8150	0.9540	0.9940	1.0003	1.3132	\$500.85
86052DC0460011	BlueChoice HMO Platinum 0	HMO	PLATINUM	On	Open Access	\$493.37	0.9243	0.9540	1.0590	1.0003	1.3132	\$605.19
86052DC0460012	BlueChoice HMO HSA/HRA Silver 1500	HMO	SILVER	On	Open Access	\$493.37	0.6964	0.9540	0.9480	1.0003	1.3132	\$408.15
86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000	HMO	SILVER	On	Open Access	\$493.37	0.6601	0.9540	0.9480	1.0003	1.3132	\$386.89
86052DC0460014	BlueChoice HMO HSA/HRA Bronze 6000	HMO	BRONZE	On	Open Access	\$493.37	0.5297	0.9540	0.9210	1.0003	1.3132	\$301.62
86052DC0460019	BlueChoice HMO HSA/HRA Silver 3000	HMO	SILVER	On	Open Access	\$493.37	0.6234	0.9540	0.9480	1.0003	1.3132	\$365.36
86052DC0460020	BlueChoice HMO Silver 1500	HMO	SILVER	On	Open Access	\$493.37	0.6555	0.9540	0.9480	1.0003	1.3132	\$384.19
86052DC0460021	BlueChoice HMO HSA/HRA Gold 1500	HMO	GOLD	On	Open Access	\$493.37	0.7529	0.9540	0.9940	1.0003	1.3132	\$462.65
86052DC0460022	BlueChoice HMO HSA/HRA Silver 2500	HMO	SILVER	On	Open Access	\$493.37	0.6573	0.9540	0.9480	1.0003	1.3132	\$385.26
86052DC0460023	BlueChoice HMO Silver 5000	HMO	SILVER	On	Open Access	\$493.37	0.6612	0.9540	0.9480	1.0003	1.3132	\$387.51
86052DC0460024	BlueChoice HMO Gold 3000	HMO	GOLD	On	Open Access	\$493.37	0.7306	0.9540	0.9940	1.0003	1.3132	\$448.98
86052DC0460025	BlueChoice HMO HSA/HRA Gold 1500 90	HMO	GOLD	On	Open Access	\$493.37	0.7494	0.9540	0.9940	1.0003	1.3132	\$460.53
86052DC0460026	BlueChoice HMO HSA/HRA Bronze 6000 90	HMO	BRONZE	On	Open Access	\$493.37	0.5435	0.9540	0.9210	1.0003	1.3132	\$309.47
86052DC0460027	BlueChoice HMO HSA/HRA Silver 2000 70	HMO	SILVER	On	Open Access	\$493.37	0.6375	0.9540	0.9480	1.0003	1.3132	\$373.64
86052DC0460028	BlueChoice HMO HSA/HRA Silver 3000 70	HMO	SILVER	On	Open Access	\$493.37	0.6103	0.9540	0.9480	1.0003	1.3132	\$357.68
86052DC0480007	BlueChoice HMO Referral Platinum 0	HMO	PLATINUM	On	Lock In / Referral	\$493.37	0.9233	0.9080	1.0590	1.0003	1.3132	\$575.36
86052DC0480008	BlueChoice HMO Referral Gold 500	HMO	GOLD	On	Lock In / Referral	\$493.37	0.8116	0.9080	0.9940	1.0003	1.3132	\$474.70
86052DC0480009	BlueChoice HMO Referral Bronze 6500	HMO	BRONZE	On	Lock In / Referral	\$493.37	0.5336	0.9080	0.9210	1.0003	1.3132	\$289.18
86052DC0480010	BlueChoice HMO Referral Gold 0	HMO	GOLD	On	Lock In / Referral	\$493.37	0.8641	0.9080	0.9940	1.0003	1.3132	\$505.42
86052DC0480014	BlueChoice HMO Referral Silver 4000	HMO	SILVER	On	Lock In / Referral	\$493.37	0.6421	0.9080	0.9480	1.0003	1.3132	\$358.20
86052DC0480015	BlueChoice HMO Referral Bronze 8150	HMO	BRONZE	On	Lock In / Referral	\$493.37	0.4872	0.9080	0.9210	1.0003	1.3132	\$264.04
86052DC0500009	BlueChoice Plus HSA/HRA Silver 1500	POS	SILVER	On	Open Access Plus	\$493.37	0.6992	0.9740	0.9480	1.0003	1.3132	\$418.37
86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000	POS	SILVER	On	Open Access Plus	\$493.37	0.6274	0.9740	0.9480	1.0003	1.3132	\$375.45
86052DC0500012	HealthyBlue Plus Platinum 500	POS	PLATINUM	On	Open Access Plus	\$493.37	0.8880	0.9740	1.0590	1.0003	1.3132	\$593.59
86052DC0500015	BlueChoice Plus Gold 1000	POS	GOLD	On	Open Access Plus	\$493.37	0.7865	0.9740	0.9940	1.0003	1.3132	\$493.49
86052DC0500016	BlueChoice Plus Gold 500	POS	GOLD	On	Open Access Plus	\$493.37	0.8164	0.9740	0.9940	1.0003	1.3132	\$512.24
86052DC0500017	BlueChoice Plus HSA/HRA Bronze 6000	POS	BRONZE	On	Open Access Plus	\$493.37	0.5346	0.9740	0.9210	1.0003	1.3132	\$310.77
86052DC0500018	BlueChoice Plus HSA/HRA Silver 2500	POS	SILVER	On	Open Access Plus	\$493.37	0.6612	0.9740	0.9480	1.0003	1.3132	\$395.63
86052DC0580001	BlueChoice Plus Opt-Out Platinum 0	HMO	PLATINUM	On	Open Access Opt-Out	\$493.37	0.9246	0.9640	1.0590	1.0003	1.3132	\$611.67

Exhibit 12 - AV Values

HIOS Plan ID	HIOS Plan Name	HHS AV
86052DC0440010	BlueChoice Advantage Gold 1000	0.8197
86052DC0440011	BlueChoice Advantage Gold 500	0.8199
86052DC0440012	BlueChoice Advantage Platinum 0	0.9198
86052DC0440013	BlueChoice Advantage HSA/HRA Silver 1500	0.7176
86052DC0440015	HealthyBlue Advantage Platinum 500	0.9135
86052DC0440018	BlueChoice Advantage HSA/HRA Bronze 6000	0.6313
86052DC0440019	BlueChoice Advantage HSA/HRA Silver 3000	0.7109
86052DC0440020	BlueChoice Advantage Bronze 6500	0.6499
86052DC0440021	BlueChoice Advantage HSA/HRA Gold 1500	0.8032
86052DC0440022	BlueChoice Advantage Silver 4000	0.7148
86052DC0440023	BlueChoice Advantage Silver 1500 BlueFund HSA	0.7198
86052DC0440024	BlueChoice Advantage HSA/HRA Silver 2500	0.7093
86052DC0440025	BlueChoice Advantage Silver 5000	0.7194
86052DC0440026	BlueChoice Advantage Gold 3000	0.7738
86052DC0440027	BlueChoice Advantage HSA/HRA Silver 2000	0.7194
86052DC0440028	BlueChoice Advantage HSA/HRA Gold 1500 90	0.8132
86052DC0440029	BlueChoice Advantage HSA/HRA Silver 2000 70	0.7187
86052DC0440030	BlueChoice Advantage HSA/HRA Silver 3000 70	0.6956
86052DC0460009	BlueChoice HMO Gold 1500	0.8197
86052DC0460010	BlueChoice HMO Gold 500	0.8199
86052DC0460011	BlueChoice HMO Platinum 0	0.9198
86052DC0460012	BlueChoice HMO HSA/HRA Silver 1500	0.7176
86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000	0.7194
86052DC0460014	BlueChoice HMO HSA/HRA Bronze 6000	0.6313
86052DC0460019	BlueChoice HMO HSA/HRA Silver 3000	0.7109
86052DC0460020	BlueChoice HMO Silver 1500	0.7190
86052DC0460021	BlueChoice HMO HSA/HRA Gold 1500	0.8032
86052DC0460022	BlueChoice HMO HSA/HRA Silver 2500	0.7093
86052DC0460023	BlueChoice HMO Silver 5000	0.7194
86052DC0460024	BlueChoice HMO Gold 3000	0.7738
86052DC0460025	BlueChoice HMO HSA/HRA Gold 1500 90	0.8132
86052DC0460026	BlueChoice HMO HSA/HRA Bronze 6000 90	0.6334
86052DC0460027	BlueChoice HMO HSA/HRA Silver 2000 70	0.7187
86052DC0460028	BlueChoice HMO HSA/HRA Silver 3000 70	0.6956
86052DC0480007	BlueChoice HMO Referral Platinum 0	0.9198
86052DC0480008	BlueChoice HMO Referral Gold 500	0.8199
86052DC0480009	BlueChoice HMO Referral Bronze 6500	0.6499
86052DC0480010	BlueChoice HMO Referral Gold 0	0.8199
86052DC0480014	BlueChoice HMO Referral Silver 4000	0.7148
86052DC0480015	BlueChoice HMO Referral Bronze 8150	0.5929
86052DC0500009	BlueChoice Plus HSA/HRA Silver 1500	0.7176
86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000	0.7109
86052DC0500012	HealthyBlue Plus Platinum 500	0.9135
86052DC0500015	BlueChoice Plus Gold 1000	0.8197
86052DC0500016	BlueChoice Plus Gold 500	0.8199
86052DC0500017	BlueChoice Plus HSA/HRA Bronze 6000	0.6313
86052DC0500018	BlueChoice Plus HSA/HRA Silver 2500	0.7093
86052DC0580001	BlueChoice Plus Opt-Out Platinum 0	0.9198

Exhibit 13 - Age Calibration

Age Curve Calibration					
	Period	Cohort	Rating Factor*	Weight	Average Age**
(1)	Rating Period	Existing	1.0502	86.5%	
		New	0.9751	11.8%	
		Transfer	1.0296	1.7%	
(2)	Rating Period	All	1.0410	100.0%	41.7
(3)	Nearest Rounded	All	1.0530		42.0
(4)	Calibration***	All	1.0115		

(3)/(2)

Premium Rate Demonstration		
	HIOS Plan Name	BlueChoice Advantage Gold 1000
(5)	Plan Adjusted Index Rate	\$553.02
(6)	Calibration	1.0115
(7)	Calibrated Rate	\$559.41
(8)	Age 40 Factor/Rounded Avg Age Factor = (0.975/1.053)	0.9259
(9)	Age 40 Premium Rate	\$517.97

(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	153,085	1.0000	1.0000
Non-CDH	362,740	1.0000	1.0000
	515,825	1.0000	

Metal Level	Projected Member		
	Months	Relative to Bronze	Relative to Average*
Catastrophic	9,387	1.0000	0.9206
Bronze	47,183	1.0000	0.9206
Silver	121,212	1.0300	0.9482
Gold	140,633	1.0800	0.9942
Platinum	197,410	1.1500	1.0587
Total	515,825	1.0863	

*Factors are applied as plan level adjustments

Appendix - Network Factors

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

Network Type	Projected Member Months	Relative to Lock In / Referral	Relative to Average
Lock In / Referral	57,470	1.0000	0.9084
Open Access	133,984	1.0500	0.9539
Open Access Opt-Out	43,063	1.0612	0.9640
Open Access Plus	65,472	1.0724	0.9742
Open Access Advantage	215,836	1.1757	1.0680
Total	515,825	1.1008	

Factors are applied as plan level adjustments

[illegible]

Appendix - Annual Rate Change Based on Mapping

Base Rate	Bronze Members/Avg Renewal	1,503	1,564	14.1%
Base Rate	Silver Members/Avg Renewal	8,926	8,901	14.1%
Base Rate	Gold Members/Avg Renewal	14,679	14,835	21.2%
Base Rate	Platinum Members/Avg Renewal	12,931	12,765	14.9%
Base Rate	All Members/Avg Renewal	38,039	38,065	17.1%
Base Rate	Minimum Renewal			7.2%
Base Rate	Maximum Renewal			54.3%

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
86052DC0440010	BlueChoice Advantage Gold 1000	GOLD	On	86052DC0440010	BlueChoice Advantage Gold 1000	GOLD	On	1,873.00	1,879	\$458.08	\$525.19	14.7%
86052DC0440011	BlueChoice Advantage Gold 500	GOLD	On	86052DC0440011	BlueChoice Advantage Gold 500	GOLD	On	2,501.00	2,574	\$471.66	\$543.69	15.3%
86052DC0440012	BlueChoice Advantage Platinum 0	PLATINUM	On	86052DC0440012	BlueChoice Advantage Platinum 0	PLATINUM	On	2,878.00	2,949	\$566.47	\$652.46	15.2%
86052DC0440013	BlueChoice Advantage HSA/HRA Silver 1500	SILVER	On	86052DC0440013	BlueChoice Advantage HSA/HRA Silver 1500	SILVER	On	1,560.00	1,558	\$388.76	\$448.35	15.3%
86052DC0440014	HealthyBlue Advantage Gold 1500	GOLD	On	86052DC0440012	BlueChoice Advantage Platinum 0	PLATINUM	On	2,185.00	2,135	\$476.55	\$652.46	36.9%
86052DC0440015	HealthyBlue Advantage Platinum 500	PLATINUM	On	86052DC0440015	HealthyBlue Advantage Platinum 500	PLATINUM	On	1,500.00	1,508	\$546.79	\$629.64	15.2%
86052DC0440017	HealthyBlue Advantage HSA/HRA Silver 2000	SILVER	On	86052DC0440027	BlueChoice Advantage HSA/HRA Silver 2000	SILVER	On	942.00	950	\$385.44	\$427.25	10.8%
86052DC0440018	BlueChoice Advantage HSA/HRA Bronze 6000	BRONZE	On	86052DC0440018	BlueChoice Advantage HSA/HRA Bronze 6000	BRONZE	On	352.00	362	\$295.88	\$339.52	14.7%
86052DC0440019	BlueChoice Advantage HSA/HRA Silver 3000	SILVER	On	86052DC0440019	BlueChoice Advantage HSA/HRA Silver 3000	SILVER	On	452.00	472	\$355.08	\$406.50	14.5%
86052DC0440020	BlueChoice Advantage Bronze 5750	BRONZE	On	86052DC0440020	BlueChoice Advantage Bronze 6500	BRONZE	On	97.00	117	\$303.30	\$345.75	14.0%
86052DC0440021	BlueChoice Advantage HSA/HRA Gold 1500	GOLD	On	86052DC0440021	BlueChoice Advantage HSA/HRA Gold 1500	GOLD	On	763.00	827	\$437.35	\$507.89	16.1%
86052DC0440022	BlueChoice Advantage Silver 4000	SILVER	On	86052DC0440022	BlueChoice Advantage Silver 4000	SILVER	On	154.00	160	\$377.03	\$418.08	10.9%
86052DC0440023	BlueChoice Advantage Silver 1500 BlueFund HSA	SILVER	On	86052DC0440023	BlueChoice Advantage Silver 1500 BlueFund HSA	SILVER	On	772.00	798	\$389.16	\$447.80	15.1%
86052DC0440024	BlueChoice Advantage HSA/HRA Silver 2500	SILVER	On	86052DC0440024	BlueChoice Advantage HSA/HRA Silver 2500	SILVER	On	241.00	259	\$367.02	\$425.83	16.0%
86052DC0440025	BlueChoice Advantage Silver 5000	SILVER	On	86052DC0440025	BlueChoice Advantage Silver 5000	SILVER	On	10.00	11	\$374.50	\$426.41	13.9%
86052DC0440026	BlueChoice Advantage Gold 3000	GOLD	On	86052DC0440026	BlueChoice Advantage Gold 3000	GOLD	On	84.00	99	\$423.70	\$490.47	15.8%
86052DC0460009	BlueChoice HMO Gold 1500	GOLD	On	86052DC0460009	BlueChoice HMO Gold 1500	GOLD	On	492.00	500	\$397.69	\$457.65	15.1%
86052DC0460010	BlueChoice HMO Gold 500	GOLD	On	86052DC0460010	BlueChoice HMO Gold 500	GOLD	On	1,302.00	1,301	\$417.88	\$481.14	15.1%
86052DC0460011	BlueChoice HMO Platinum 0	PLATINUM	On	86052DC0460011	BlueChoice HMO Platinum 0	PLATINUM	On	1,419.00	1,396	\$505.47	\$581.36	15.0%
86052DC0460012	BlueChoice HMO HSA/HRA Silver 1500	SILVER	On	86052DC0460012	BlueChoice HMO HSA/HRA Silver 1500	SILVER	On	709.00	685	\$340.37	\$392.08	15.2%
86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000	SILVER	On	86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000	SILVER	On	551.00	532	\$326.17	\$371.66	13.9%
86052DC0460014	BlueChoice HMO HSA/HRA Bronze 6000	BRONZE	On	86052DC0460014	BlueChoice HMO HSA/HRA Bronze 6000	BRONZE	On	470.00	479	\$253.32	\$289.75	14.4%
86052DC0460015	HealthyBlue HMO Gold 1500	GOLD	On	86052DC0460012	BlueChoice Advantage Platinum 0	PLATINUM	On	743.00	780	\$422.77	\$652.46	54.3%
86052DC0460016	HealthyBlue HMO Platinum 500	PLATINUM	On	86052DC0480007	BlueChoice HMO Referral Platinum 0	PLATINUM	On	365.00	359	\$485.53	\$552.71	13.8%
86052DC0460018	HealthyBlue HMO HSA/HRA Silver 2000	SILVER	On	86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000	SILVER	On	428.00	407	\$336.53	\$360.67	7.2%
86052DC0460019	BlueChoice HMO HSA/HRA Silver 3000	SILVER	On	86052DC0460019	BlueChoice HMO HSA/HRA Silver 3000	SILVER	On	236.00	237	\$307.63	\$350.98	14.1%
86052DC0460020	BlueChoice HMO Silver 1000	SILVER	On	86052DC0460020	BlueChoice HMO Silver 1500	SILVER	On	454.00	452	\$333.26	\$369.07	10.7%
86052DC0460021	BlueChoice HMO HSA/HRA Gold 1500	GOLD	On	86052DC0460021	BlueChoice HMO HSA/HRA Gold 1500	GOLD	On	273.00	296	\$383.19	\$444.44	16.0%
86052DC0460022	BlueChoice HMO HSA/HRA Silver 2500	SILVER	On	86052DC0460022	BlueChoice HMO HSA/HRA Silver 2500	SILVER	On	99.00	105	\$319.54	\$370.09	15.8%
86052DC0460023	BlueChoice HMO Silver 5000	SILVER	On	86052DC0460023	BlueChoice HMO Silver 5000	SILVER	On	14.00	15	\$327.49	\$372.26	13.7%
86052DC0460024	BlueChoice HMO Gold 3000	GOLD	On	86052DC0460024	BlueChoice HMO Gold 3000	GOLD	On	36.00	43	\$373.08	\$431.31	15.6%
86052DC0480007	BlueChoice HMO Referral Platinum 0	PLATINUM	On	86052DC0480007	BlueChoice HMO Referral Platinum 0	PLATINUM	On	1,511.00	1,465	\$480.70	\$552.71	15.0%
86052DC0480008	BlueChoice HMO Referral Gold 500	GOLD	On	86052DC0480008	BlueChoice HMO Referral Gold 500	GOLD	On	1,007.00	999	\$395.07	\$456.02	15.1%
86052DC0480009	BlueChoice HMO Referral Bronze 5750	BRONZE	On	86052DC0480009	BlueChoice HMO Referral Bronze 6500	BRONZE	On	266.00	287	\$245.07	\$277.80	13.4%
86052DC0480010	BlueChoice HMO Referral Gold 0	GOLD	On	86052DC0480010	BlueChoice HMO Referral Gold 0	GOLD	On	725.00	740	\$425.41	\$485.52	14.1%
86052DC0480011	BlueChoice HMO Referral Gold 80	GOLD	On	86052DC0440021	BlueChoice Advantage HSA/HRA Gold 1500	GOLD	On	248.00	258	\$379.29	\$507.89	33.9%
86052DC0480013	BlueChoice HMO Referral Silver 70	SILVER	On	86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000	SILVER	On	224.00	240	\$297.50	\$371.66	24.9%
86052DC0480014	BlueChoice HMO Referral Silver 4000	SILVER	On	86052DC0480014	BlueChoice HMO Referral Silver 4000	SILVER	On	78.00	79	\$311.30	\$344.10	10.5%
86052DC0500009	BlueChoice Plus HSA/HRA Silver 1500	SILVER	On	86052DC0500009	BlueChoice Plus HSA/HRA Silver 1500	SILVER	On	1,028.00	996	\$351.02	\$401.90	14.5%
86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000	SILVER	On	86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000	SILVER	On	235.00	228	\$318.05	\$360.67	13.4%
86052DC0500011	HealthyBlue Plus Gold 1500	GOLD	On	86052DC0480007	BlueChoice HMO Referral Platinum 0	PLATINUM	On	907.00	884	\$434.66	\$552.71	27.2%
86052DC0500012	HealthyBlue Plus Platinum 500	PLATINUM	On	86052DC0500012	HealthyBlue Plus Platinum 500	PLATINUM	On	1,426.00	1,369	\$499.06	\$570.22	14.3%
86052DC0500014	HealthyBlue Plus HSA/HRA Silver 2000	SILVER	On	86052DC0500009	BlueChoice Plus HSA/HRA Silver 1500	SILVER	On	654.00	628	\$347.30	\$401.90	15.7%
86052DC0500015	BlueChoice Plus Gold 1000	GOLD	On	86052DC0500015	BlueChoice Plus Gold 1000	GOLD	On	447.00	445	\$416.54	\$474.06	13.8%
86052DC0500016	BlueChoice Plus Gold 500	GOLD	On	86052DC0500016	BlueChoice Plus Gold 500	GOLD	On	1,093.00	1,115	\$429.77	\$492.07	14.5%
86052DC0500017	BlueChoice Plus HSA/HRA Bronze 6000	BRONZE	On	86052DC0500017	BlueChoice Plus HSA/HRA Bronze 6000	BRONZE	On	318.00	319	\$262.67	\$298.53	13.7%
86052DC0500018	BlueChoice Plus HSA/HRA Silver 2500	SILVER	On	86052DC0500018	BlueChoice Plus HSA/HRA Silver 2500	SILVER	On	85.00	89	\$329.98	\$380.06	15.2%
86052DC0580001	BlueChoice Plus Opt-Out Platinum 0	PLATINUM	On	86052DC0580001	BlueChoice Plus Opt-Out Platinum 0	PLATINUM	On	3,832.00	3,719	\$511.94	\$587.59	14.8%

Appendix - Quarterly Rate Change Adjustment Factors

Quarter	(1)	(2)	(3) = (1 + (1)) * (1 + (2)) - 1
	Market Adj. Index Rate	Admin Load Factor	Plan Adjusted Index Rates
2Q20	1.8%	-0.3%	1.6%
3Q20	1.8%	-0.3%	1.6%
4Q20	1.8%	-0.3%	1.6%

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	\$422.77	\$652.46	54.3%
Age Factor	0.654	0.727	11.2%
Geographic Factor	1.000	1.000	0.0%
Tobacco Factor	1.000	1.000	0.0%
Total	\$276.49	\$474.34	71.6%

	HealthyBlue HMO	BlueChoice Advantage
Base Rate/Product(s)	Gold 1500	Platinum 0
Age Change	20	21
Geo Change*	N/A	N/A
Tobacco Change**	N/A	N/A

*we did not geo rate

**we did not tobacco rate

Appendix - Form Numbers

Form Numbers Associated With This Filing:

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-131927871

	ON-Exchange
Forms Used for ALL ON-Exchange BlueChoice Group Products	Forms Used for ALL ON-Exchange BlueChoice Group Products--Out-of-Network Forms for Point of Service Plans (GHMSI)
DC/CFBC/SHOP/GC (R. 1/19) DC/CFBC/DOL APPEAL (R. 1/17) DC/CFBC/SHOP/ELIG (R. 1/20) DC/CFBC/FAM PLAN/FED (R. 1/20) DC/CFBC/PARTNER (R. 7/09) DC/CFBC/PT PROTECT (9/10) DC/CFBC/SG/INCENT (R. 1/20)	DC/CF/SHOP/GC (R. 1/19) DC/CF/SHOP/POS OON/EOC (R. 1/20) DC/GHMSI/DOL APPEAL (R. 1/17) DC/CF/SHOP/POS OON/DOCS (R. 1/20) DC/CF/FAM PLAN/FED (R. 1/20) DC/CF/PARTNER (R. 7/09) DC/CF/BLCRD (R. 6/18) DC/CF/MEM/BLCRD (R. 6/18) DC/CF/ANCILLARY AMEND (10/12) DC/CF/PT PROTECT (9/10) DC/GHMSI-HEALTH GUARANTEE 6/18 DC/CF/SHOP/ELIG (R. 1/20) DC/CF/SG/AUTH AMEND/POS OON (1/20)
Product: BlueChoice HMO and BlueChoice HMO Open Access Network: Lock In / Referral (HMO), Open Access (HMO Open Access)	Product: BlueChoice Plus Network: Open Access
DC/CFBC/SHOP/HMO POS/EOC (R. 1/20) DC/CFBC/SHOP/HMO/DOCS (R. 1/20) DC/CFBC/BLCRD (R. 6/18) DC/CFBC/MEM/BLCRD (R. 6/18) DC/CFBC/SG/AUTH AMEND/HMO (1/20) DC CFBC SG HMO OA CDH BRZ 6000 (1/20) DC CFBC SG HMO OA CDH BRZ 6000 90 (1/20) DC CFBC SG HMO OA CDH GOLD 1500 (1/20) DC CFBC SG HMO OA CDH GOLD 1500 90 (1/20) DC CFBC SG HMO OA CDH SIL 1500 (1/20) DC CFBC SG HMO OA CDH SIL 2000 (1/20) DC CFBC SG HMO OA CDH SIL 2000 70 (1/20) DC CFBC SG HMO OA CDH SIL 2500 (1/20) DC CFBC SG HMO OA CDH SIL 3000 (1/20) DC CFBC SG HMO OA CDH SIL 3000 70 (1/20) DC CFBC SG HMO OA GOLD 500 (1/20) DC CFBC SG HMO OA GOLD 1500 (1/20) DC CFBC SG HMO OA GOLD 3000 (1/20) DC CFBC SG HMO OA PLAT 0 (1/20) DC CFBC SG HMO OA SIL 1500 (1/20) DC CFBC SG HMO OA SIL 5000 (1/20) DC CFBC SG HMO REF BRZ 6500 (1/20) DC CFBC SG HMO REF GOLD 0 (1/20) DC CFBC SG HMO REF GOLD 500 (1/20) DC CFBC SG HMO REF PLAT 0 (1/20) DC CFBC SG HMO REF SIL 4000 (1/20) DC CFBC SG HMO REF BRZ 8150 (1/20)	DC/CFBC/SHOP/HMO POS/EOC (R. 1/20) DC/CFBC/SHOP/BC+OOOA/DOCS (R. 1/20) DC/CFBC/BLCRD (R. 6/18) DC/CFBC/MEM/BLCRD (R. 6/18) DC CFBC SG BC+ OO PLAT 0 (1/20) DC/CFBC/SG/AUTH AMEND/BCOO (1/20)

Product: BlueChoice Advantage

In-Network

DC/CFBC/SHOP/HMO POS/EOC (R. 1/20)
 DC/CFBC/SHOP/ADV IN/DOCS (R. 1/20)
 DC/CFBC/ADV/BLCRD (R. 6/18)
 DC/CFBC/ADV/MEM/BLCRD (R. 6/18)
 DC/CFBC/ANCILLARY AMEND (10/12)
 DC/CFBC/SG/AUTH AMEND/ADV (1/20)
 DC CFBC SG BC ADV IN BF HSA SIL 1500 (1/20)
 DC CFBC SG POS IN BRZ 6500 (1/20)
 DC CFBC SG POS IN CDH BRZ 6000 (1/20)
 DC CFBC SG POS IN CDH GOLD 1500 (1/20)
 DC CFBC SG POS IN CDH GOLD 1500 90 (1/20)
 DC CFBC SG POS IN CDH SIL 1500 (1/20)
 DC CFBC SG POS IN CDH SIL 2000 (1/20)
 DC CFBC SG POS IN CDH SIL 2000 70 (1/20)
 DC CFBC SG POS IN CDH SIL 2500 (1/20)
 DC CFBC SG POS IN CDH SIL 3000 (1/20)
 DC CFBC SG POS IN CDH SIL 3000 70 (1/20)
 DC CFBC SG POS IN GOLD 500 (1/20)
 DC CFBC SG POS IN GOLD 1000 (1/20)
 DC CFBC SG POS IN GOLD 3000 (1/20)
 DC CFBC SG POS IN PLAT 0 (1/20)
 DC CFBC SG POS IN SIL 4000 (1/20)
 DC CFBC SG POS IN SIL 5000 (1/20)

Product: BlueChoice Plus (All Other Plans)

In-Network

DC/CFBC/SHOP/HMO POS/EOC (R. 1/20)
 DC/CFBC/SHOP/PLUS IN/DOCS (R. 1/20)
 DC/CFBC/BLCRD (R. 6/18)
 DC/CFBC/MEM/BLCRD (R. 6/18)
 DC/CFBC/SG/AUTH AMEND/PLUS (1/20)
 DC CFBC SG POS IN CDH BRZ 6000 (1/20)
 DC CFBC SG POS IN CDH SIL 1500 (1/20)
 DC CFBC SG POS IN CDH SIL 2500 (1/20)
 DC CFBC SG POS IN CDH SIL 3000 (1/20)
 DC CFBC SG POS IN GOLD 500 (1/20)
 DC CFBC SG POS IN GOLD 1000 (1/20)

Product: HealthyBlue Plus

In-Network

DC/CFBC/SHOP/HMO POS/EOC (R. 1/20)
 DC/CFBC/SHOP/PLUS IN/DOCS (R. 1/20)
 DC CFBC SG POS IN PLAT 500 (1/20)
 DC/CFBC/BLCRD (R. 6/18)
 DC/CFBC/MEM/BLCRD (R. 6/18)
 DC/CFBC/SG/AUTH AMEND/PLUS (1/20)

Product: HealthyBlue Advantage

In-Network

DC/CFBC/SHOP/HMO POS/EOC (R. 1/20)
 DC/CFBC/SHOP/ADV IN/DOCS (R. 1/20)
 DC CFBC SG POS IN PLAT 500 (1/20)
 DC/CFBC/ADV/BLCRD (R. 6/18)
 DC/CFBC/ADV/MEM/BLCRD (R. 6/18)
 DC/CFBC/ANCILLARY AMEND (10/12)
 DC/CFBC/SG/AUTH AMEND/ADV (1/20)

Product: BlueChoice Advantage

Out-of-Network (GHMSI)

DC CF SG BC ADV OON BF HSA SIL 1500 (1/20)
 DC CF SG POS OON BRZ 6500 (1/20)
 DC CF SG POS OON CDH BRZ 6000 (1/20)
 DC CF SG POS OON CDH GOLD 1500 (1/20)
 DC CF SG POS OON CDH GOLD 1500 90 (1/20)
 DC CF SG POS OON CDH SIL 1500 (1/20)
 DC CF SG POS OON CDH SIL 2000 (1/20)
 DC CF SG POS OON CDH SIL 2000 70 (1/20)
 DC CF SG POS OON CDH SIL 2500 (1/20)
 DC CF SG POS OON CDH SIL 3000 (1/20)
 DC CF SG POS OON GOLD 500 (1/20)
 DC CF SG POS OON GOLD 1000 (1/20)
 DC CF SG POS OON GOLD 3000 (1/20)
 DC CF SG POS OON CDH SIL 3000 70 (1/20)
 DC CF SG POS OON PLAT 0 (1/20)
 DC CF SG POS OON SIL 4000 (1/20)
 DC CF SG POS OON SIL 5000 (1/20)

Product: BlueChoice Plus (All Other Plans)

Out-of-Network (GHMSI)

DC CF SG POS OON CDH BRZ 6000 (1/20)
 DC CF SG POS OON CDH SIL 1500 (1/20)
 DC CF SG POS OON CDH SIL 2500 (1/20)
 DC CF SG POS OON CDH SIL 3000 (1/20)
 DC CF SG POS OON GOLD 500 (1/20)
 DC CF SG POS OON GOLD 1000 (1/20)

Product: HealthyBlue Plus

Out-of-Network (GHMSI)

DC CF SG POS OON PLAT 500 (1/20)

Product: HealthyBlue Advantage

Out-of-Network (GHMSI)

DC CF SG POS OON PLAT 500 (1/20)

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201601	44,297	Inpatient Hospital	\$2,321,588	\$0	Admits	162
201602	44,642	Inpatient Hospital	\$2,567,657	\$0	Admits	176
201603	44,852	Inpatient Hospital	\$2,732,545	\$0	Admits	214
201604	44,745	Inpatient Hospital	\$2,630,914	\$0	Admits	168
201605	44,584	Inpatient Hospital	\$2,216,761	\$0	Admits	166
201606	44,519	Inpatient Hospital	\$2,328,635	\$0	Admits	177
201607	44,235	Inpatient Hospital	\$2,303,125	\$0	Admits	169
201608	43,933	Inpatient Hospital	\$2,320,198	\$0	Admits	188
201609	43,584	Inpatient Hospital	\$2,433,006	\$0	Admits	196
201610	43,338	Inpatient Hospital	\$2,557,933	\$0	Admits	188
201611	43,046	Inpatient Hospital	\$2,873,453	\$0	Admits	164
201612	42,186	Inpatient Hospital	\$2,372,606	\$0	Admits	172
201701	41,362	Inpatient Hospital	\$3,379,183	\$0	Admits	192
201702	40,960	Inpatient Hospital	\$1,951,018	\$0	Admits	145
201703	40,733	Inpatient Hospital	\$3,152,883	\$0	Admits	152
201704	40,448	Inpatient Hospital	\$2,103,924	\$0	Admits	124
201705	40,383	Inpatient Hospital	\$2,122,786	\$0	Admits	124
201706	40,116	Inpatient Hospital	\$2,876,038	\$0	Admits	208
201707	39,855	Inpatient Hospital	\$2,485,595	\$0	Admits	190
201708	39,736	Inpatient Hospital	\$3,079,700	\$0	Admits	173
201709	39,764	Inpatient Hospital	\$2,641,304	\$0	Admits	175
201710	39,827	Inpatient Hospital	\$1,962,406	\$0	Admits	197
201711	39,597	Inpatient Hospital	\$1,604,559	\$0	Admits	125
201712	39,346	Inpatient Hospital	\$2,323,500	\$0	Admits	176
201801	39,818	Inpatient Hospital	\$2,806,835	\$0	Admits	218
201802	39,872	Inpatient Hospital	\$2,357,579	\$0	Admits	143
201803	39,866	Inpatient Hospital	\$2,496,053	\$0	Admits	143
201804	39,781	Inpatient Hospital	\$2,454,458	\$0	Admits	209
201805	39,765	Inpatient Hospital	\$2,117,319	\$0	Admits	178
201806	40,182	Inpatient Hospital	\$2,003,741	\$0	Admits	158
201807	40,386	Inpatient Hospital	\$3,480,868	\$0	Admits	193
201808	40,701	Inpatient Hospital	\$2,379,598	\$0	Admits	161
201809	40,326	Inpatient Hospital	\$2,513,338	\$0	Admits	165
201810	40,569	Inpatient Hospital	\$2,448,763	\$0	Admits	162
201811	40,509	Inpatient Hospital	\$3,465,332	\$0	Admits	184
201812	41,435	Inpatient Hospital	\$2,739,415	\$0	Admits	168
201901	42,431	Inpatient Hospital	\$2,292,739	\$0	Admits	194
201902	42,697	Inpatient Hospital	\$1,468,548	\$0	Admits	153

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201601	44,297	Outpatient Hospital	\$2,295,558	\$0	Visits	1,784
201602	44,642	Outpatient Hospital	\$2,692,865	\$0	Visits	1,873
201603	44,852	Outpatient Hospital	\$2,558,059	\$0	Visits	2,080
201604	44,745	Outpatient Hospital	\$2,551,668	\$0	Visits	2,009
201605	44,584	Outpatient Hospital	\$2,884,607	\$0	Visits	2,026
201606	44,519	Outpatient Hospital	\$2,862,456	\$0	Visits	2,026
201607	44,235	Outpatient Hospital	\$2,636,627	\$0	Visits	1,843
201608	43,933	Outpatient Hospital	\$2,900,115	\$0	Visits	2,048
201609	43,584	Outpatient Hospital	\$2,356,373	\$0	Visits	1,852
201610	43,338	Outpatient Hospital	\$2,609,971	\$0	Visits	1,952
201611	43,046	Outpatient Hospital	\$2,682,055	\$0	Visits	1,867
201612	42,186	Outpatient Hospital	\$2,460,260	\$0	Visits	1,818
201701	41,362	Outpatient Hospital	\$2,251,288	\$0	Visits	1,794
201702	40,960	Outpatient Hospital	\$2,392,887	\$0	Visits	1,720
201703	40,733	Outpatient Hospital	\$2,792,857	\$0	Visits	1,940
201704	40,448	Outpatient Hospital	\$2,881,785	\$0	Visits	1,899
201705	40,383	Outpatient Hospital	\$2,891,714	\$0	Visits	1,900
201706	40,116	Outpatient Hospital	\$2,838,085	\$0	Visits	1,881
201707	39,855	Outpatient Hospital	\$2,492,592	\$0	Visits	1,795
201708	39,736	Outpatient Hospital	\$2,689,556	\$0	Visits	1,990
201709	39,764	Outpatient Hospital	\$2,265,887	\$0	Visits	1,797
201710	39,827	Outpatient Hospital	\$2,799,866	\$0	Visits	2,049
201711	39,597	Outpatient Hospital	\$2,568,634	\$0	Visits	1,967
201712	39,346	Outpatient Hospital	\$2,476,526	\$0	Visits	1,933
201801	39,818	Outpatient Hospital	\$2,761,264	\$0	Visits	2,130
201802	39,872	Outpatient Hospital	\$2,533,354	\$0	Visits	1,889
201803	39,866	Outpatient Hospital	\$2,897,596	\$0	Visits	1,958
201804	39,781	Outpatient Hospital	\$2,827,744	\$0	Visits	1,946
201805	39,765	Outpatient Hospital	\$2,660,529	\$0	Visits	2,018
201806	40,182	Outpatient Hospital	\$2,828,813	\$0	Visits	1,985
201807	40,386	Outpatient Hospital	\$2,709,745	\$0	Visits	1,892
201808	40,701	Outpatient Hospital	\$2,779,233	\$0	Visits	1,999
201809	40,326	Outpatient Hospital	\$2,396,595	\$0	Visits	1,829
201810	40,569	Outpatient Hospital	\$3,467,639	\$0	Visits	2,120
201811	40,509	Outpatient Hospital	\$2,927,080	\$0	Visits	2,008
201812	41,435	Outpatient Hospital	\$3,292,331	\$0	Visits	2,140
201901	42,431	Outpatient Hospital	\$3,783,335	\$0	Visits	2,425
201902	42,697	Outpatient Hospital	\$2,912,461	\$0	Visits	2,460

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201601	44,297	Professional	\$4,425,723	\$0	Visits	28,913
201602	44,642	Professional	\$4,719,168	\$0	Visits	31,938
201603	44,852	Professional	\$5,305,861	\$0	Visits	35,821
201604	44,745	Professional	\$4,939,434	\$0	Visits	33,378
201605	44,584	Professional	\$4,994,091	\$0	Visits	32,674
201606	44,519	Professional	\$5,230,281	\$0	Visits	33,549
201607	44,235	Professional	\$4,523,441	\$0	Visits	30,173
201608	43,933	Professional	\$5,245,862	\$0	Visits	33,944
201609	43,584	Professional	\$4,884,312	\$0	Visits	32,170
201610	43,338	Professional	\$4,859,563	\$0	Visits	33,492
201611	43,046	Professional	\$4,804,026	\$0	Visits	32,352
201612	42,186	Professional	\$4,610,788	\$0	Visits	30,630
201701	41,362	Professional	\$4,827,579	\$0	Visits	30,897
201702	40,960	Professional	\$4,549,729	\$0	Visits	29,596
201703	40,733	Professional	\$5,077,721	\$0	Visits	33,327
201704	40,448	Professional	\$4,490,134	\$0	Visits	29,117
201705	40,383	Professional	\$5,003,296	\$0	Visits	32,281
201706	40,116	Professional	\$4,973,427	\$0	Visits	31,502
201707	39,855	Professional	\$4,606,423	\$0	Visits	29,050
201708	39,736	Professional	\$5,150,369	\$0	Visits	32,636
201709	39,764	Professional	\$4,951,096	\$0	Visits	30,792
201710	39,827	Professional	\$5,291,656	\$0	Visits	34,469
201711	39,597	Professional	\$4,966,044	\$0	Visits	32,061
201712	39,346	Professional	\$4,669,811	\$0	Visits	28,975
201801	39,818	Professional	\$5,735,298	\$0	Visits	34,122
201802	39,872	Professional	\$4,962,050	\$0	Visits	31,051
201803	39,866	Professional	\$5,316,982	\$0	Visits	32,414
201804	39,781	Professional	\$5,134,744	\$0	Visits	32,111
201805	39,765	Professional	\$5,381,443	\$0	Visits	33,356
201806	40,182	Professional	\$5,453,414	\$0	Visits	32,032
201807	40,386	Professional	\$5,155,231	\$0	Visits	31,605
201808	40,701	Professional	\$5,578,213	\$0	Visits	34,565
201809	40,326	Professional	\$4,904,502	\$0	Visits	31,619
201810	40,569	Professional	\$6,053,980	\$0	Visits	39,652
201811	40,509	Professional	\$5,540,079	\$0	Visits	35,372
201812	41,435	Professional	\$5,219,341	\$0	Visits	32,949
201901	42,431	Professional	\$6,448,431	\$0	Visits	41,606
201902	42,697	Professional	\$7,782,063	\$0	Visits	50,775

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201601	44,297	Other Medical	\$619,982	\$0	Services	3,865
201602	44,642	Other Medical	\$717,504	\$0	Services	4,240
201603	44,852	Other Medical	\$859,390	\$0	Services	5,072
201604	44,745	Other Medical	\$722,231	\$0	Services	4,421
201605	44,584	Other Medical	\$817,737	\$0	Services	4,275
201606	44,519	Other Medical	\$841,444	\$0	Services	4,880
201607	44,235	Other Medical	\$744,364	\$0	Services	4,406
201608	43,933	Other Medical	\$755,840	\$0	Services	5,288
201609	43,584	Other Medical	\$749,511	\$0	Services	3,735
201610	43,338	Other Medical	\$696,548	\$0	Services	4,062
201611	43,046	Other Medical	\$744,134	\$0	Services	3,706
201612	42,186	Other Medical	\$853,669	\$0	Services	3,734
201701	41,362	Other Medical	\$624,521	\$0	Services	3,407
201702	40,960	Other Medical	\$797,804	\$0	Services	3,467
201703	40,733	Other Medical	\$818,480	\$0	Services	3,755
201704	40,448	Other Medical	\$736,727	\$0	Services	3,652
201705	40,383	Other Medical	\$751,800	\$0	Services	3,461
201706	40,116	Other Medical	\$753,383	\$0	Services	3,653
201707	39,855	Other Medical	\$761,707	\$0	Services	3,381
201708	39,736	Other Medical	\$827,086	\$0	Services	4,694
201709	39,764	Other Medical	\$751,076	\$0	Services	3,821
201710	39,827	Other Medical	\$890,925	\$0	Services	4,401
201711	39,597	Other Medical	\$809,479	\$0	Services	4,221
201712	39,346	Other Medical	\$809,730	\$0	Services	4,405
201801	39,818	Other Medical	\$911,275	\$0	Services	4,471
201802	39,872	Other Medical	\$811,785	\$0	Services	4,170
201803	39,866	Other Medical	\$954,920	\$0	Services	4,595
201804	39,781	Other Medical	\$875,999	\$0	Services	4,843
201805	39,765	Other Medical	\$922,637	\$0	Services	3,991
201806	40,182	Other Medical	\$1,002,856	\$0	Services	4,446
201807	40,386	Other Medical	\$960,187	\$0	Services	4,332
201808	40,701	Other Medical	\$1,080,034	\$0	Services	5,075
201809	40,326	Other Medical	\$1,084,957	\$0	Services	4,206
201810	40,569	Other Medical	\$1,086,671	\$0	Services	4,887
201811	40,509	Other Medical	\$1,124,751	\$0	Services	4,564
201812	41,435	Other Medical	\$903,300	\$0	Services	4,233
201901	42,431	Other Medical	\$1,129,983	\$0	Services	5,002
201902	42,697	Other Medical	\$1,208,764	\$0	Services	5,673

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201601	44,297	Prescription Drug	\$3,573,818	\$574,938	Scripts	27,259
201602	44,642	Prescription Drug	\$4,098,908	\$578,275	Scripts	27,763
201603	44,852	Prescription Drug	\$4,689,888	\$578,676	Scripts	30,308
201604	44,745	Prescription Drug	\$4,492,841	\$636,645	Scripts	28,545
201605	44,584	Prescription Drug	\$4,247,146	\$634,642	Scripts	28,541
201606	44,519	Prescription Drug	\$4,625,721	\$632,429	Scripts	28,832
201607	44,235	Prescription Drug	\$4,115,253	\$562,691	Scripts	26,930
201608	43,933	Prescription Drug	\$4,277,487	\$559,917	Scripts	28,450
201609	43,584	Prescription Drug	\$4,033,482	\$556,687	Scripts	26,400
201610	43,338	Prescription Drug	\$4,049,085	\$523,644	Scripts	27,078
201611	43,046	Prescription Drug	\$4,044,559	\$523,073	Scripts	27,347
201612	42,186	Prescription Drug	\$3,981,850	\$516,913	Scripts	27,697
201701	41,362	Prescription Drug	\$3,875,247	\$572,245	Scripts	26,505
201702	40,960	Prescription Drug	\$3,906,154	\$567,557	Scripts	24,799
201703	40,733	Prescription Drug	\$4,530,786	\$564,859	Scripts	27,531
201704	40,448	Prescription Drug	\$3,903,078	\$620,928	Scripts	25,074
201705	40,383	Prescription Drug	\$4,516,391	\$620,228	Scripts	26,893
201706	40,116	Prescription Drug	\$4,594,031	\$617,982	Scripts	25,791
201707	39,855	Prescription Drug	\$4,119,164	\$620,900	Scripts	24,732
201708	39,736	Prescription Drug	\$4,516,048	\$619,242	Scripts	25,960
201709	39,764	Prescription Drug	\$4,244,062	\$619,692	Scripts	24,326
201710	39,827	Prescription Drug	\$4,401,515	\$613,390	Scripts	26,140
201711	39,597	Prescription Drug	\$4,258,453	\$610,461	Scripts	25,803
201712	39,346	Prescription Drug	\$4,287,646	\$606,625	Scripts	25,611
201801	39,818	Prescription Drug	\$4,578,309	\$717,551	Scripts	27,313
201802	39,872	Prescription Drug	\$4,275,121	\$720,015	Scripts	24,423
201803	39,866	Prescription Drug	\$4,627,338	\$719,721	Scripts	26,268
201804	39,781	Prescription Drug	\$4,378,934	\$729,545	Scripts	25,561
201805	39,765	Prescription Drug	\$4,893,774	\$730,377	Scripts	26,513
201806	40,182	Prescription Drug	\$4,800,098	\$737,707	Scripts	25,861
201807	40,386	Prescription Drug	\$4,643,270	\$693,029	Scripts	25,632
201808	40,701	Prescription Drug	\$4,884,545	\$698,782	Scripts	26,569
201809	40,326	Prescription Drug	\$4,134,671	\$694,619	Scripts	24,065
201810	40,569	Prescription Drug	\$4,774,480	\$620,751	Scripts	27,425
201811	40,509	Prescription Drug	\$4,593,005	\$619,823	Scripts	26,079
201812	41,435	Prescription Drug	\$4,479,685	\$634,600	Scripts	26,485
201901	42,431	Prescription Drug	\$4,831,335		Scripts	27,976
201902	42,697	Prescription Drug	\$4,429,106		Scripts	26,245

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201601	44,297	Capitations	\$62,564	\$0	Benefit Period	44,297
201602	44,642	Capitations	\$63,387	\$0	Benefit Period	44,642
201603	44,852	Capitations	\$64,455	\$0	Benefit Period	44,852
201604	44,745	Capitations	\$64,131	\$0	Benefit Period	44,745
201605	44,584	Capitations	\$63,922	\$0	Benefit Period	44,584
201606	44,519	Capitations	\$63,605	\$0	Benefit Period	44,519
201607	44,235	Capitations	\$63,174	\$0	Benefit Period	44,235
201608	43,933	Capitations	\$62,566	\$0	Benefit Period	43,933
201609	43,584	Capitations	\$62,139	\$0	Benefit Period	43,584
201610	43,338	Capitations	\$61,668	\$0	Benefit Period	43,338
201611	43,046	Capitations	\$60,948	\$0	Benefit Period	43,046
201612	42,186	Capitations	\$59,439	\$0	Benefit Period	42,186
201701	41,362	Capitations	\$52,854	\$0	Benefit Period	41,362
201702	40,960	Capitations	\$51,779	\$0	Benefit Period	40,960
201703	40,733	Capitations	\$51,213	\$0	Benefit Period	40,733
201704	40,448	Capitations	\$50,462	\$0	Benefit Period	40,448
201705	40,383	Capitations	\$50,023	\$0	Benefit Period	40,383
201706	40,116	Capitations	\$49,428	\$0	Benefit Period	40,116
201707	39,855	Capitations	\$48,823	\$0	Benefit Period	39,855
201708	39,736	Capitations	\$48,451	\$0	Benefit Period	39,736
201709	39,764	Capitations	\$48,179	\$0	Benefit Period	39,764
201710	39,827	Capitations	\$47,915	\$0	Benefit Period	39,827
201711	39,597	Capitations	\$47,365	\$0	Benefit Period	39,597
201712	39,346	Capitations	\$46,775	\$0	Benefit Period	39,346
201801	39,818	Capitations	\$32,395	\$0	Benefit Period	39,818
201802	39,872	Capitations	\$32,238	\$0	Benefit Period	39,872
201803	39,866	Capitations	\$32,197	\$0	Benefit Period	39,866
201804	39,781	Capitations	\$31,907	\$0	Benefit Period	39,781
201805	39,765	Capitations	\$31,535	\$0	Benefit Period	39,765
201806	40,182	Capitations	\$31,641	\$0	Benefit Period	40,182
201807	40,386	Capitations	\$31,643	\$0	Benefit Period	40,386
201808	40,701	Capitations	\$31,709	\$0	Benefit Period	40,701
201809	40,326	Capitations	\$31,178	\$0	Benefit Period	40,326
201810	40,569	Capitations	\$31,079	\$0	Benefit Period	40,569
201811	40,509	Capitations	\$30,722	\$0	Benefit Period	40,509
201812	41,435	Capitations	\$31,011	\$0	Benefit Period	41,435
201901	42,431	Capitations	\$42,767	\$0	Benefit Period	42,431
201902	42,697	Capitations	\$42,880	\$0	Benefit Period	42,697

Appendix - Total Experience

Month	Members	Contracts	Ultimate Allowed	Drug Rebates	Post-Rx Rebate Ultimate Allowed	Ultimate Incurred	Premium	Loss Ratio
201601	44,297	29,097	\$13,299,234	\$574,938	\$12,724,296	\$10,190,229	\$17,313,359	58.9%
201602	44,642	29,431	\$14,859,490	\$578,275	\$14,281,215	\$11,750,012	\$17,242,028	68.1%
201603	44,852	29,682	\$16,210,199	\$578,676	\$15,631,523	\$12,998,777	\$17,192,928	75.6%
201604	44,745	29,599	\$15,401,219	\$636,645	\$14,764,575	\$12,439,632	\$17,129,614	72.6%
201605	44,584	29,441	\$15,224,263	\$634,642	\$14,589,621	\$12,379,580	\$16,989,924	72.9%
201606	44,519	29,367	\$15,952,142	\$632,429	\$15,319,713	\$13,011,777	\$17,000,744	76.5%
201607	44,235	29,147	\$14,385,985	\$562,691	\$13,823,294	\$11,824,750	\$16,846,726	70.2%
201608	43,933	28,911	\$15,562,068	\$559,917	\$15,002,151	\$12,806,860	\$16,671,517	76.8%
201609	43,584	28,613	\$14,518,822	\$556,687	\$13,962,135	\$11,941,793	\$16,582,020	72.0%
201610	43,338	28,403	\$14,834,768	\$523,644	\$14,311,123	\$12,277,249	\$16,437,827	74.7%
201611	43,046	28,180	\$15,209,175	\$523,073	\$14,686,102	\$12,690,091	\$16,450,494	77.1%
201612	42,186	27,650	\$14,338,612	\$516,913	\$13,821,699	\$11,501,338	\$16,134,990	71.3%
201701	41,362	26,983	\$15,010,673	\$572,245	\$14,438,428	\$11,889,350	\$16,528,153	71.9%
201702	40,960	26,681	\$13,649,371	\$567,557	\$13,081,815	\$10,854,612	\$16,373,825	66.3%
201703	40,733	26,498	\$16,423,938	\$564,859	\$15,859,079	\$13,447,779	\$16,322,528	82.4%
201704	40,448	26,275	\$14,166,110	\$620,928	\$13,545,182	\$11,534,135	\$16,283,519	70.8%
201705	40,383	26,205	\$15,336,009	\$620,228	\$14,715,781	\$12,578,368	\$16,256,857	77.4%
201706	40,116	25,975	\$16,084,393	\$617,982	\$15,466,411	\$13,373,251	\$16,224,835	82.4%
201707	39,855	25,733	\$14,514,305	\$620,900	\$13,893,405	\$11,932,866	\$16,175,145	73.8%
201708	39,736	25,607	\$16,311,210	\$619,242	\$15,691,968	\$13,630,653	\$16,172,684	84.3%
201709	39,764	25,542	\$14,901,604	\$619,692	\$14,281,912	\$12,394,135	\$16,210,400	76.5%
201710	39,827	25,549	\$15,394,283	\$613,390	\$14,780,893	\$12,702,532	\$16,279,955	78.0%
201711	39,597	25,409	\$14,254,533	\$610,461	\$13,644,072	\$11,627,449	\$16,233,195	71.6%
201712	39,346	25,177	\$14,613,988	\$606,625	\$14,007,362	\$11,772,785	\$16,391,622	71.8%
201801	39,818	25,624	\$16,825,376	\$717,551	\$16,107,825	\$13,203,694	\$16,853,982	78.3%
201802	39,872	25,653	\$14,972,129	\$720,015	\$14,252,113	\$11,868,919	\$17,138,373	69.3%
201803	39,866	25,659	\$16,325,084	\$719,721	\$15,605,363	\$13,274,836	\$17,147,843	77.4%
201804	39,781	25,616	\$15,703,786	\$729,545	\$14,974,241	\$12,700,866	\$17,162,881	74.0%
201805	39,765	25,544	\$16,007,237	\$730,377	\$15,276,860	\$13,012,995	\$17,184,119	75.7%
201806	40,182	25,708	\$16,120,564	\$737,707	\$15,382,857	\$13,192,605	\$17,518,975	75.3%
201807	40,386	25,747	\$16,980,943	\$693,029	\$16,287,914	\$14,168,900	\$17,624,109	80.4%
201808	40,701	25,903	\$16,733,333	\$698,782	\$16,034,551	\$13,808,586	\$17,793,210	77.6%
201809	40,326	25,672	\$15,065,240	\$694,619	\$14,370,622	\$12,329,893	\$17,657,556	69.8%
201810	40,569	25,807	\$17,862,612	\$620,751	\$17,241,861	\$14,904,558	\$17,837,252	83.6%
201811	40,509	25,772	\$17,680,969	\$619,823	\$17,061,146	\$14,828,136	\$17,920,010	82.7%
201812	41,435	26,200	\$16,665,082	\$634,600	\$16,030,482	\$13,543,649	\$18,439,538	73.4%
201901	42,431	27,057	\$18,528,591		\$18,528,591	\$15,321,352	\$19,194,784	79.8%
201902	42,697	27,248	\$17,843,821		\$17,843,821	\$14,508,979	\$19,260,383	75.3%

DC BlueChoice Small Group & Individual Combined (Small Group)

Exhibit 1 - Market Adjusted Index Rate Summary

		2020	2019	% Change
(1)	Base Period Total Allowed	\$ 390.36	\$ 358.89	8.8%
(2)	Base Period Non-EHB PMPM	\$ 0.34	\$ 2.07	-83.5%
(3)	Experience Period Index Rate	\$ 390.02	\$ 356.82	9.3%
(4)	Change in Morbidity	1.006	0.988	1.8%
(5)	Additional Population Adjustment	1.000	1.000	0.0%
(6)	Induced Demand	1.0036	1.004	0.0%
(7)	Projection Period Utilization and Network Adjustment	1.000	1.000	0.0%
(8)	Demographic Adjustment	0.992	0.989	0.4%
(9)	Area Adjustment	1.000	1.000	0.0%
(10)	Additional "Other" Adjustments	1.000	1.002	-0.2%
(11)	Annualized Trend	7.5%	8.1%	
(12)	Months of Trend	24.0	24.0	
(13)	Unit cost & Utilization/1,000 Trend Factor	1.156	1.168	-1.0%
(14)	Projection Period Index Rate	\$ 451.52	\$ 409.38	10.3%
(15)	Risk Adjustment Program	1.052	1.065	-1.2%
(16)	Federal Exchange User Fee	1.000	1.000	0.0%
(17)	Market Adjusted Index Rate	\$ 474.96	\$ 436.02	8.9%
	Without Risk Adjustment	\$ 451.52	\$ 409.38	10.3%

2020 DC Small Group BlueChoice
Plan Adjusted Index Rate Changes

Index	2019 HIOS Plan ID	2019 Plan Name	Type	Metallic Tier	On/Off	December 2019 Projected Members	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	2020	2019	Change
1	86052DC04C00410	BlueChoice Advantage Gold 1000	POS	GOLD	On	1,879	\$474.96	\$436.02	8.93%	0.795	0.796	-0.20%	1.068	1.071	-0.28%	0.994	0.996	-0.20%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.322	1.270	4.08%	0.961	0.969	-0.83%	\$508.96	\$458.08	11.1%			
2	86052DC04C00411	BlueChoice Advantage Gold 500	POS	GOLD	On	2,574	\$474.96	\$436.02	8.93%	0.823	0.820	0.34%	1.068	1.071	-0.28%	0.994	0.996	-0.20%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.322	1.270	4.08%	0.961	0.969	-0.83%	\$526.89	\$471.66	11.7%			
3	86052DC04C00412	BlueChoice Advantage Platinum 0	POS	PLATINUM	On	2,949	\$474.96	\$436.02	8.93%	0.927	0.925	0.16%	1.068	1.071	-0.28%	1.059	1.060	-0.09%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.322	1.270	4.08%	0.961	0.969	-0.83%	\$632.30	\$566.47	11.6%			
4	86052DC04C00413	BlueChoice Advantage HSA/HRA Silver 1500	POS	SILVER	On	1,558	\$474.96	\$436.02	8.93%	0.711	0.708	0.40%	1.068	1.071	-0.28%	0.948	0.950	-0.21%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.322	1.270	4.08%	0.961	0.969	-0.83%	\$434.50	\$388.76	11.8%			
5	86052DC04C00414	HealthyBlue Advantage Gold 1500	POS	GOLD	On	2,135	\$474.96	\$436.02	8.93%	0.927	0.828	11.87%	1.068	1.071	-0.28%	1.059	0.996	6.33%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.322	1.270	4.08%	0.961	0.969	-0.83%	\$632.30	\$476.55	32.7%			
6	86052DC04C00415	HealthyBlue Advantage Platinum 500	POS	PLATINUM	On	1,508	\$474.96	\$436.02	8.93%	0.894	0.893	0.13%	1.068	1.071	-0.28%	1.059	1.060	-0.09%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.322	1.270	4.08%	0.961	0.969	-0.83%	\$610.19	\$546.79	11.6%			
7	86052DC04C00417	HealthyBlue Advantage HSA/HRA Silver 2000	POS	SILVER	On	950	\$474.96	\$436.02	8.93%	0.678	0.702	-3.50%	1.068	1.071	-0.28%	0.948	0.950	-0.21%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.322	1.270	4.08%	0.961	0.969	-0.83%	\$414.05	\$385.44	7.4%			
8	86052DC04C00418	BlueChoice Advantage HSA/HRA Bronze 6000	POS	BRONZE	On	362	\$474.96	\$436.02	8.93%	0.554	0.556	-0.20%	1.068	1.071	-0.28%	0.921	0.922	-0.11%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.322	1.270	4.08%	0.961	0.969	-0.83%	\$329.03	\$295.88	11.2%			
9	86052DC04C00419	BlueChoice Advantage HSA/HRA Silver 3000	POS	SILVER	On	472	\$474.96	\$436.02	8.93%	0.645	0.647	-0.33%	1.068	1.071	-0.28%	0.948	0.950	-0.21%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.322	1.270	4.08%	0.961	0.969	-0.83%	\$393.94	\$355.08	10.9%			
10	86052DC04C00420	BlueChoice Advantage Bronze 5750	POS	BRONZE	On	117	\$474.96	\$436.02	8.93%	0.565	0.570	-0.86%	1.068	1.071	-0.28%	0.921	0.922	-0.11%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.322	1.270	4.08%	0.961	0.969	-0.83%	\$335.07	\$303.30	10.5%			
11	86052DC04C00421	BlueChoice Advantage HSA/HRA Gold 1500	POS	GOLD	On	827	\$474.96	\$436.02	8.93%	0.769	0.760	1.09%	1.068	1.071	-0.28%	0.994	0.996	-0.20%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.322	1.270	4.08%	0.961	0.969	-0.83%	\$492.20	\$437.35	12.5%			
12	86052DC04C00422	BlueChoice Advantage Silver 4000	POS	SILVER	On	160	\$474.96	\$436.02	8.93%	0.663	0.687	-3.46%	1.068	1.071	-0.28%	0.948	0.950	-0.21%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.322	1.270	4.08%	0.961	0.969	-0.83%	\$405.17	\$377.03	7.5%			
13	86052DC04C00423	BlueChoice Advantage Silver 1500 BlueFund HSA	POS	SILVER	On	798	\$474.96	\$436.02	8.93%	0.710	0.709	0.18%	1.068	1.071	-0.28%	0.948	0.950	-0.21%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.322	1.270	4.08%	0.961	0.969	-0.83%	\$433.96	\$389.16	11.5%			
14	86052DC04C00424	BlueChoice Advantage HSA/HRA Silver 2500	POS	SILVER	On	259	\$474.96	\$436.02	8.93%	0.676	0.669	1.01%	1.068	1.071	-0.28%	0.948	0.950	-0.21%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.322	1.270	4.08%	0.961	0.969	-0.83%	\$412.68	\$367.02	12.4%			
15	86052DC04C00425	BlueChoice Advantage Silver 5000	POS	SILVER	On	11	\$474.96	\$436.02	8.93%	0.677	0.682	-0.87%	1.068	1.071	-0.28%	0.948	0.950	-0.21%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.322	1.270	4.08%	0.961	0.969	-0.83%	\$413.24	\$374.50	10.3%			
16	86052DC04C00426	BlueChoice Advantage Gold 3000	POS	GOLD	On	99	\$474.96	\$436.02	8.93%	0.742	0.736	0.77%	1.068	1.071	-0.28%	0.994	0.996	-0.20%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.322	1.270	4.08%	0.961	0.969	-0.83%	\$475.31	\$423.70	12.2%			
17	86052DC04C006009	BlueChoice HMO Gold 1500	HMO	GOLD	On	500	\$474.96	\$436.02	8.93%	0.775	0.773	0.31%	0.954	0.958	-0.42%	0.994	0.996	-0.20%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.322	1.270	4.08%	0.961	0.969	-0.83%	\$443.51	\$397.69	11.5%			
18	86052DC04C006010	BlueChoice HMO Gold 500	HMO	GOLD	On	1,301	\$474.96	\$436.02	8.93%	0.815	0.812	0.37%	0.954	0.958	-0.42%	0.994	0.996	-0.20%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.322	1.270	4.08%	0.961	0.969	-0.83%	\$466.27	\$417.88	11.6%			
19	86052DC04C006011	BlueChoice HMO Platinum 0	HMO	PLATINUM	On	1,396	\$474.96	\$436.02	8.93%	0.924	0.923	0.15%	0.954	0.958	-0.42%	1.059	1.060	-0.09%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.322	1.270	4.08%	0.961	0.969	-0.83%	\$563.40	\$505.47	11.5%			
20	86052DC04C006012	BlueChoice HMO HSA/HRA Silver 1500	HMO	SILVER	On	685	\$474.96	\$436.02	8.93%	0.696	0.693	0.43%	0.954	0.958	-0.42%	0.948	0.950	-0.21%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.322	1.270	4.08%	0.961	0.969	-0.83%	\$379.97	\$340.37	11.6%			
21	86052DC04C006013	BlueChoice HMO HSA/HRA Silver 2000	HMO	SILVER	On	532	\$474.96	\$436.02	8.93%	0.660	0.665	-0.66%	0.954	0.958	-0.42%	0.948	0.950	-0.21%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.322	1.270	4.08%	0.961	0.969	-0.83%	\$360.18	\$326.17	10.4%			
22	86052DC04C006014	BlueChoice HMO HSA/HRA Bronze 6000	HMO	BRONZE	On	479	\$474.96	\$436.02	8.93%	0.530	0.532	-0.38%	0.954	0.958	-0.42%	0.921	0.922	-0.11%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.322	1.270	4.08%	0.961	0.969	-0.83%	\$280.80	\$253.32	10.8%			
23	86052DC04C006015	HealthyBlue HMO Gold 1500	HMO	GOLD	On	740	\$474.96	\$436.02	8.93%	0.927	0.822	12.79%	1.068	0.958	11.48%	1.059	0.996	6.33%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.322	1.270	4.08%	0.961	0.969	-0.83%	\$632.30	\$422.77	49.6%			
24	86052DC04C006016	BlueChoice HMO Platinum 500	HMO	PLATINUM	On	359	\$474.96	\$436.02	8.93%	0.923	0.887	4.15%	0.908	0.958	-5.22%	1.059	1.060	-0.09%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.322	1.270	4.08%	0.961	0.969	-0.83%	\$535.64	\$485.53	10.3%			
25	86052DC04C006018	HealthyBlue HMO HSA/HRA Silver 2000	HMO	SILVER	On	407	\$474.96	\$436.02	8.93%	0.627	0.686	-8.49%	0.974	0.958	1.67%	0.948	0.950	-0.21%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.322	1.270	4.08%	0.961	0.969	-0.83%	\$349.53	\$336.53	3.9%			
26	86052DC04C006019	BlueChoice HMO HSA/HRA Silver 3000	HMO	SILVER	On	237	\$474.96	\$436.02	8.93%	0.623	0.627	-0.54%	0.954	0.958	-0.42%	0.948	0.950	-0.21%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.322	1.270	4.08%	0.961	0.969	-0.83%	\$340.14	\$307.63	10.6%			
27	86052DC04C006020	BlueChoice HMO Silver 1000	HMO	SILVER	On	452	\$474.96	\$436.02	8.93%	0.656	0.679	-3.45%	0.954	0.958	-0.42%	0.948	0.950	-0.21%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.322	1.270	4.08%	0.961	0.969	-0.83%	\$357.67	\$333.26	7.3%			
28	86052DC04C006021	BlueChoice HMO HSA/HRA Gold 1500	HMO	GOLD	On	296	\$474.96	\$436.02	8.93%	0.753	0.745	1.11%	0.954	0.958	-0.42%	0.994	0.996	-0.20%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.322	1.270	4.08%	0.961	0.969	-0.83%	\$430.71	\$383.19	12.4%			
29	86052DC04C006022	BlueChoice HMO HSA/HRA Silver 2500	HMO	SILVER	On	105	\$474.96	\$436.02	8.93%	0.657	0.651	0.97%	0.954	0.958	-0.42%	0.948	0.950	-0.21%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.322	1.270	4.08%	0.961	0.969	-0.83%	\$358.66	\$319.54	12.2%			
30	86052DC04C006023	BlueChoice HMO Silver 5000	HMO	SILVER	On	15	\$474.96	\$436.02	8.93%	0.661	0.667	-0.90%	0.954	0.958	-0.42%	0.948	0.950	-0.21%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.322	1.270	4.08%	0.961	0.969	-0.83%	\$360.76	\$327.49	10.2%			
31	86052DC04C006024	BlueChoice HMO Gold 3000	HMO	GOLD	On	43	\$474.96	\$436.02	8.93%	0.731	0.725	0.78%	0.954	0.958	-0.42%	0.994	0.996	-0.20%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.322	1.270	4.08%	0.961	0.969	-0.83%	\$417.99	\$373.08	12.0%			
32	86052DC04C008007	BlueChoice HMO Referral Platinum 0	HMO	PLATINUM	On	1,465	\$474.96	\$436.02	8.93%	0.923	0.922	0.14%	0.908	0.912	-0.44%	1.059	1.060	-0.09%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.322	1.270	4.08%	0.961	0.969	-0.83%	\$535.64	\$480.70	11.4%			
33	86052DC04C008008	BlueChoice HMO Referral Gold 500	HMO	GOLD	On	999	\$474.96	\$436.02	8.93%	0.812	0.808	0.39%	0.908	0.912	-0.44%	0.994	0.996	-0.20%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.322	1.270	4.08%	0.961	0.969	-0.83%	\$441.93	\$396.07	11.6%			
34	86052DC04C008009	BlueChoice HMO Referral Bronze 5750	HMO	BRONZE	On	287	\$474.96	\$436.02	8.93%	0.534	0.540	-1.26%	0.908	0.912	-0.44%	0.921	0.922	-0.11%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.322	1.270	4.08%	0.961	0.969	-0.83%	\$269.22	\$245.07	9.9%			
35	86052DC04C008010	BlueChoice HMO Referral Gold 0	HMO	GOLD	On	740	\$474.96	\$436.02	8.93%	0.864	0.868	-0.49%	0.908	0.912	-0.44%	0.994	0.996	-0.20%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.322	1.270	4.08%	0.961	0.969	-0.83%	\$470					

Key Drivers:

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

DC BlueChoice Small Group & Individual Combined (Small Group)

Exhibit 1 - Market Adjusted Index Rate Summary

		2020	2019	% Change
(1)	Base Period Total Allowed	\$ 390.36	\$ 358.89	8.8%
(2)	Base Period Non-EHB PMPM	\$ 0.34	\$ 2.07	-83.5%
(3)	Experience Period Index Rate	\$ 390.02	\$ 356.82	9.3%
(4)	Change in Morbidity	1.006	0.988	1.8%
(5)	Additional Population Adjustment	1.000	1.000	0.0%
(6)	Induced Demand	1.0036	1.004	0.0%
(7)	Projection Period Utilization and Network Adjustment	1.000	1.000	0.0%
(8)	Demographic Adjustment	0.992	0.989	0.4%
(9)	Area Adjustment	1.000	1.000	0.0%
(10)	Additional "Other" Adjustments	1.000	1.002	-0.2%
(11)	Annualized Trend	7.5%	8.1%	
(12)	Months of Trend	24.0	24.0	
(13)	Unit cost & Utilization/1,000 Trend Factor	1.156	1.168	-1.0%
(14)	Projection Period Index Rate	\$ 451.52	\$ 409.38	10.3%
(15)	Risk Adjustment Program	1.093	1.065	2.6%
(16)	Federal Exchange User Fee	1.000	1.000	0.0%
(17)	Market Adjusted Index Rate	\$ 493.37	\$ 436.02	13.2%
	Without Risk Adjustment	\$ 451.52	\$ 409.38	10.3%

2020 DC Small Group BlueChoice
Plan Adjusted Index Rate Changes

Index		2019 HIOS Plan ID		2019 Plan Name		Type		Metallic Tier		On/Off		December 2019 Projected Members		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	2020	2019	Change
1	86052DC0440010	BlueChoice Advantage Gold 1000	POS	GOLD	On	1,879	\$493.37	\$436.02	13.15%	0.795	0.796	-0.20%	1.068	1.071	-0.28%	0.994	0.996	-0.20%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.313	1.270	3.39%	0.961	0.969	-0.83%	\$525.19	\$458.08	14.7%										
2	86052DC0440011	BlueChoice Advantage Gold 500	POS	GOLD	On	2,574	\$493.37	\$436.02	13.15%	0.823	0.820	0.34%	1.068	1.071	-0.28%	0.994	0.996	-0.20%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.313	1.270	3.39%	0.961	0.969	-0.83%	\$543.69	\$471.66	15.3%										
3	86052DC0440012	BlueChoice Advantage Platinum 0	POS	PLATINUM	On	2,949	\$493.37	\$436.02	13.15%	0.927	0.925	0.16%	1.068	1.071	-0.28%	1.059	1.060	-0.09%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.313	1.270	3.39%	0.961	0.969	-0.83%	\$652.46	\$566.47	15.2%										
4	86052DC0440013	BlueChoice Advantage HSA/HRA Silver 1500	POS	SILVER	On	1,558	\$493.37	\$436.02	13.15%	0.711	0.708	0.40%	1.068	1.071	-0.28%	0.948	0.950	-0.21%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.313	1.270	3.39%	0.961	0.969	-0.83%	\$448.35	\$388.76	15.3%										
5	86052DC0440014	HealthyBlue Advantage Gold 1500	POS	GOLD	On	2,135	\$493.37	\$436.02	13.15%	0.927	0.828	11.87%	1.068	1.071	-0.28%	1.059	0.996	6.33%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.313	1.270	3.39%	0.961	0.969	-0.83%	\$652.46	\$476.55	36.9%										
6	86052DC0440015	HealthyBlue Advantage Platinum 500	POS	PLATINUM	On	1,508	\$493.37	\$436.02	13.15%	0.894	0.893	0.13%	1.068	1.071	-0.28%	1.059	1.060	-0.09%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.313	1.270	3.39%	0.961	0.969	-0.83%	\$629.64	\$546.79	15.2%										
7	86052DC0440017	HealthyBlue Advantage HSA/HRA Silver 2000	POS	SILVER	On	950	\$493.37	\$436.02	13.15%	0.678	0.702	-3.50%	1.068	1.071	-0.28%	0.948	0.950	-0.21%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.313	1.270	3.39%	0.961	0.969	-0.83%	\$427.25	\$385.44	10.8%										
8	86052DC0440018	BlueChoice Advantage HSA/HRA Bronze 6000	POS	BRONZE	On	362	\$493.37	\$436.02	13.15%	0.554	0.556	-0.20%	1.068	1.071	-0.28%	0.921	0.922	-0.11%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.313	1.270	3.39%	0.961	0.969	-0.83%	\$339.52	\$295.88	14.7%										
9	86052DC0440019	BlueChoice Advantage HSA/HRA Silver 3000	POS	SILVER	On	472	\$493.37	\$436.02	13.15%	0.645	0.647	-0.33%	1.068	1.071	-0.28%	0.948	0.950	-0.21%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.313	1.270	3.39%	0.961	0.969	-0.83%	\$406.50	\$355.08	14.5%										
10	86052DC0440020	BlueChoice Advantage Bronze 5750	POS	BRONZE	On	117	\$493.37	\$436.02	13.15%	0.565	0.570	-0.86%	1.068	1.071	-0.28%	0.921	0.922	-0.11%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.313	1.270	3.39%	0.961	0.969	-0.83%	\$345.75	\$303.30	14.0%										
11	86052DC0440021	BlueChoice Advantage HSA/HRA Gold 1500	POS	GOLD	On	827	\$493.37	\$436.02	13.15%	0.769	0.760	1.09%	1.068	1.071	-0.28%	0.994	0.996	-0.20%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.313	1.270	3.39%	0.961	0.969	-0.83%	\$507.89	\$437.35	16.1%										
12	86052DC0440022	BlueChoice Advantage Silver 4000	POS	SILVER	On	160	\$493.37	\$436.02	13.15%	0.663	0.687	-3.46%	1.068	1.071	-0.28%	0.948	0.950	-0.21%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.313	1.270	3.39%	0.961	0.969	-0.83%	\$418.08	\$377.03	10.9%										
13	86052DC0440023	BlueChoice Advantage Silver 1500 BlueFund HSA	POS	SILVER	On	798	\$493.37	\$436.02	13.15%	0.710	0.709	0.18%	1.068	1.071	-0.28%	0.948	0.950	-0.21%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.313	1.270	3.39%	0.961	0.969	-0.83%	\$447.80	\$389.16	15.1%										
14	86052DC0440024	BlueChoice Advantage HSA/HRA Silver 2500	POS	SILVER	On	259	\$493.37	\$436.02	13.15%	0.676	0.669	1.01%	1.068	1.071	-0.28%	0.948	0.950	-0.21%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.313	1.270	3.39%	0.961	0.969	-0.83%	\$425.83	\$367.02	16.0%										
15	86052DC0440025	BlueChoice Advantage Silver 5000	POS	SILVER	On	11	\$493.37	\$436.02	13.15%	0.677	0.682	-0.87%	1.068	1.071	-0.28%	0.948	0.950	-0.21%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.313	1.270	3.39%	0.961	0.969	-0.83%	\$426.41	\$374.50	13.9%										
16	86052DC0440026	BlueChoice Advantage Gold 3000	POS	GOLD	On	99	\$493.37	\$436.02	13.15%	0.742	0.736	0.77%	1.068	1.071	-0.28%	0.994	0.996	-0.20%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.313	1.270	3.39%	0.961	0.969	-0.83%	\$490.47	\$423.70	15.8%										
17	86052DC0460009	BlueChoice HMO Gold 1500	HMO	GOLD	On	500	\$493.37	\$436.02	13.15%	0.775	0.773	0.31%	0.954	0.958	-0.42%	0.994	0.996	-0.20%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.313	1.270	3.39%	0.961	0.969	-0.83%	\$457.65	\$397.69	15.1%										
18	86052DC0460010	BlueChoice HMO Gold 500	HMO	GOLD	On	1,301	\$493.37	\$436.02	13.15%	0.815	0.812	0.37%	0.954	0.958	-0.42%	0.994	0.996	-0.20%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.313	1.270	3.39%	0.961	0.969	-0.83%	\$481.14	\$417.88	15.1%										
19	86052DC0460011	BlueChoice HMO Platinum 0	HMO	PLATINUM	On	1,396	\$493.37	\$436.02	13.15%	0.924	0.923	0.15%	0.954	0.958	-0.42%	1.059	1.060	-0.09%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.313	1.270	3.39%	0.961	0.969	-0.83%	\$581.36	\$505.47	15.0%										
20	86052DC0460012	BlueChoice HMO HSA/HRA Silver 1500	HMO	SILVER	On	685	\$493.37	\$436.02	13.15%	0.696	0.693	0.43%	0.954	0.958	-0.42%	0.948	0.950	-0.21%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.313	1.270	3.39%	0.961	0.969	-0.83%	\$392.08	\$340.37	15.2%										
21	86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000	HMO	SILVER	On	532	\$493.37	\$436.02	13.15%	0.660	0.665	-0.66%	0.954	0.958	-0.42%	0.948	0.950	-0.21%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.313	1.270	3.39%	0.961	0.969	-0.83%	\$371.66	\$326.17	13.9%										
22	86052DC0460014	BlueChoice HMO HSA/HRA Bronze 6000	HMO	BRONZE	On	479	\$493.37	\$436.02	13.15%	0.530	0.532	-0.38%	0.954	0.958	-0.42%	0.921	0.922	-0.11%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.313	1.270	3.39%	0.961	0.969	-0.83%	\$289.75	\$253.32	14.4%										
23	86052DC0460015	HealthyBlue HMO Gold 1500	HMO	GOLD	On	740	\$493.37	\$436.02	13.15%	0.927	0.822	12.79%	1.068	0.958	11.48%	1.059	0.996	6.33%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.313	1.270	3.39%	0.961	0.969	-0.83%	\$652.46	\$422.77	54.3%										
24	86052DC0460016	HealthyBlue HMO Platinum 500	HMO	PLATINUM	On	359	\$493.37	\$436.02	13.15%	0.923	0.887	4.15%	0.908	0.958	-5.22%	1.059	1.060	-0.09%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.313	1.270	3.39%	0.961	0.969	-0.83%	\$552.71	\$485.53	13.8%										
25	86052DC0460018	HealthyBlue HMO HSA/HRA Silver 2000	HMO	SILVER	On	407	\$493.37	\$436.02	13.15%	0.627	0.686	-8.49%	0.974	0.958	1.67%	0.948	0.950	-0.21%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.313	1.270	3.39%	0.961	0.969	-0.83%	\$360.67	\$336.53	7.2%										
26	86052DC0460019	BlueChoice HMO HSA/HRA Silver 3000	HMO	SILVER	On	237	\$493.37	\$436.02	13.15%	0.623	0.627	-0.54%	0.954	0.958	-0.42%	0.948	0.950	-0.21%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.313	1.270	3.39%	0.961	0.969	-0.83%	\$350.98	\$307.63	14.1%										
27	86052DC0460020	BlueChoice HMO Silver 1000	HMO	SILVER	On	452	\$493.37	\$436.02	13.15%	0.656	0.679	-3.45%	0.954	0.958	-0.42%	0.948	0.950	-0.21%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.313	1.270	3.39%	0.961	0.969	-0.83%	\$369.07	\$333.26	10.7%										
28	86052DC0460021	BlueChoice HMO HSA/HRA Gold 1500	HMO	GOLD	On	296	\$493.37	\$436.02	13.15%	0.753	0.745	1.11%	0.954	0.958	-0.42%	0.994	0.996	-0.20%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.313	1.270	3.39%	0.961	0.969	-0.83%	\$444.44	\$389.19	16.0%										
29	86052DC0460022	BlueChoice HMO HSA/HRA Silver 2500	HMO	SILVER	On	105	\$493.37	\$436.02	13.15%	0.657	0.651	0.97%	0.954	0.958	-0.42%	0.948	0.950	-0.21%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.313	1.270	3.39%	0.961	0.969	-0.83%	\$370.09	\$319.54	15.8%										
30	86052DC0460023	BlueChoice HMO Silver 5000	HMO	SILVER	On	15	\$493.37	\$436.02	13.15%	0.661	0.667	-0.90%	0.954	0.958	-0.42%	0.948	0.950	-0.21%	1.000	1.000	0.00%	1.000	1.005	-0.50%	1.313	1.270	3.39%	0.961	0.969	-0.83%	\$372.26	\$327.49	15.7%										
31	86052DC0460024	BlueChoice HMO Gold 3000	HMO	GOLD	On	43	\$493.37	\$436.02	13.15%</																																		

Key Drivers:

- 1.) Deterioration in the base period experience of the combined pool.
- 2.) Re-introduction of the Health Insurer Fee in 2020.
- 3.) Increase in the contribution to reserve.
- 4.) 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:** CareFirst BlueChoice, Inc. (CFBC) - NAIC # 96202
- **State:** District of Columbia
- **HIOS Issuer ID:** 86052
- **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:** 2343
- **SERFF Filing Number:** CFAP-131941447

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 13.5% on average for 1Q20. The range is 3.9% to 49.6%. The estimated average base rate changes for 2Q20, 3Q20, and 4Q20 are 12.1%, 11.2% and 10.0%, respectively. This filing applies to all new and renewing, in-force business in the guaranteed renewable, non-grandfathered, ACA, metal benefit plans. The number of policyholders affected by this rate change is 23,337.

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 an increase in the 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: \$210,277,846

Experience Period Member Months: 483,210

Current Date Members: 42,697

Allowed and Incurred Claims Incurred During the Experience Period

Allowed Claims

- **Processed through issuer's claim system:** \$188,625,834
- **Processed outside issuer's claim system:** \$0
- **IBNR:** \$1,940,530

Incurred Claims

- **Processed through issuer's claim system:** \$160,837,637
- **Processed outside issuer's claim system:** \$0
- **IBNR:** \$1,644,119

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 7.5%, which is a slight decrease compared to the 8.1% trend assumed in our prior filing. Current observed medical trends as of 201812 are 9.5%, down from 9.6% in 201712. The current observed drug trends are 7.4% as of 201812, down from 11.5% 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 9.7%. The adjusted aggregate medical and drug trend is 9.6%.

When normalized for induced demand, network, and demographics, the composite 9.6% observed trend decreases to 6.6%.

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	7.4%	7.9%	8.3%	8.1%	7.6%	7.8%	7.9%
25th	5.3%	6.6%	6.7%	6.5%	6.1%	6.1%	6.2%

Based on this information we believe that our assumed 7.5% 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. The formulary adjustment is needed given the change from a 4-tier to a 5-tier benefit design that occurred on a group's renewal in 2018. As a result, each incurred month's experience must be adjusted to account for the proportion of groups still using the prior tier structure at that time.

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 \$390.02 and the projection period index rate is \$451.52. 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.

Small Group Quarterly Rate Filings

This filing is an annual submission and includes scheduled quarterly trend increases.

4.4.3.6 Development of the Market-wide Adjusted Index Rate

The Market-wide Adjusted Index Rate for the Small Group market is \$474.96 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 BlueChoice payable transfer PMPM for the Small Group market will increase from -\$12.97 in 2018 to -\$19.83 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:** There are 5 types of network factors: Lock In/Referral, Open Access, Open Access Opt-Out, Open Access Plus, and Open Access Advantage.
- **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 80.6% for the Small Group market and 80.5% 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 Individual plans. Therefore, because of Small Group 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.

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

**Rate Filing # 2343
D.C. Small Group Products
Rate Filing Effective 1/1/2020**

Actuarial Memorandum

BlueChoice Inc.
(NAIC # 96202)
H.R. 3950 - Public Law 111-148 - Patient Protection and Affordable Care Act (ACA)
D.C. Small Group Products
Rate Filing Effective 1/1/2020
Actuarial Certification

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

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

I have been involved in the development of these rates, and to the best of my knowledge and understanding, the rates in this filing 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 11:11:32 -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	\$ 390.36	2
(2)	Base Period Non-EHB PMPM	\$ 0.34	2
(3)	Experience Period Index Rate	\$ 390.02	
(4)	Change in Morbidity	1.0057	4
(5)	Additional Population Adjustment	1.0000	
(6)	Induced Demand	1.0036	5
(7)	Projection Period Utilization and Network Adjustment	1.0000	
(8)	Demographic Adjustment	0.9923	6
(9)	Area Adjustment	1.0000	
(10)	Additional "Other" Adjustments	1.0001	7
(11)	Annualized Trend	7.5%	8
(12)	Months of Trend	24.0	
(13)	Unit cost & Utilization/1,000 Trend Factor	1.1558	
(14)	Projection Period Index Rate	\$ 451.52	
(15)	Risk Adjustment Program	1.0519	9
(16)	Federal Exchange User Fee	1.0000	
(17)	Market Adjusted Index Rate	\$ 474.96	
	Without Risk Adjustment	\$ 451.52	

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	\$	31,263,298	\$	64.70	Admits	51.67	\$	15,025.01
Outpatient Hospital	\$	34,081,924	\$	70.53	Visits	593.91	\$	1,425.12
Professional	\$	64,435,276	\$	133.35	Visits	9,954.65	\$	160.75
Other Medical	\$	11,719,373	\$	24.25	Services	1,336.37	\$	217.78
Capitation	\$	379,254	\$	0.78	Benefit Period	1,000	\$	9.42
Prescription Drug	\$	46,746,709	\$	96.74	Prescriptions	7,753.00	\$	149.74
Total (EHB & Non-EHB)	\$	188,625,834	\$	390.36				
EHB Allowed	\$	188,460,839	\$	390.02				
Non-EHB Allowed	\$	164,996	\$	0.34				
Incurred Net	\$	160,837,637	\$	332.85				
Net/Allowed		85.27%						
Experience Period Member Months		483,210						
Experience Period Revenue	\$	210,277,846						

Exhibit 3 - Non-EHB Adjustment

		2020 On-Exchange	2020 Off-Exchange	
(1)	Blended Index Rate	\$ 464.95	\$ 464.95	
(2)	Non-EHB PMPM	\$ 0.12	\$ 0.12	
(3)	Total	\$ 465.07	\$ 465.07	
(4)	Plan Level Adjustment	1.0003	1.0003	(3)/(1)

Exhibit 4 - Morbidity Adjustment Factor

Base Year

Metal Level	Member Months	2018 Normalized Allowed PMPM
Catastrophic	8,314	\$ 80.94
Bronze	39,683	\$ 131.73
Silver	111,862	\$ 191.07
Gold	169,283	\$ 210.46
Platinum	153,964	\$ 236.35
Subtotal	483,106	\$ 205.52

Current Year YTD

Existing				
Metal Level	Member Months	2018 Normalized Allowed PMPM	Morbidity Adjustment	2019 Adjusted Normalized Allowed PMPM
Catastrophic	903	\$ 87.07	1.000	\$ 87.07
Bronze	5,219	\$ 125.51	1.000	\$ 125.51
Silver	15,115	\$ 190.25	1.000	\$ 190.25
Gold	23,249	\$ 205.55	1.000	\$ 205.55
Platinum	20,575	\$ 238.16	1.000	\$ 238.16
Subtotal	65,061	\$ 204.24	1.000	\$ 204.24

New				
Metal Level	Member Months	Existing Cohort Adjusted Normalized Allowed PMPM	Morbidity Adjustment	2019 Adjusted Normalized Allowed PMPM
Catastrophic	348	\$ 87.07	1.000	\$ 87.07
Bronze	1,428	\$ 125.51	1.000	\$ 125.51
Silver	2,943	\$ 190.25	1.000	\$ 190.25
Gold	4,470	\$ 205.55	1.000	\$ 205.55
Platinum	3,507	\$ 238.16	1.000	\$ 238.16
Subtotal	12,696	\$ 198.76	1.000	\$ 198.76

Transfer				
Metal Level	Member Months	2018 Normalized Allowed PMPM	Morbidity Adjustment	2019 Adjusted Normalized Allowed PMPM
Catastrophic	70	\$ 91.21	1.000	\$ 91.21
Bronze	603	\$ 169.89	1.000	\$ 169.89
Silver	1,945	\$ 198.66	1.000	\$ 198.66
Gold	2,451	\$ 266.27	1.000	\$ 266.27
Platinum	2,207	\$ 231.76	1.000	\$ 231.76
Subtotal	7,276	\$ 228.05	1.000	\$ 228.05

Total				
Metal Level	Member Months	2018 Normalized Allowed PMPM	Morbidity Adjustment	2019 Adjusted Normalized Allowed PMPM
Catastrophic	1,321	\$ 87.29	1.000	\$ 87.29
Bronze	7,250	\$ 129.20	1.000	\$ 129.20
Silver	20,003	\$ 191.07	1.000	\$ 191.07
Gold	30,170	\$ 210.48	1.000	\$ 210.48
Platinum	26,289	\$ 237.62	1.000	\$ 237.62
Subtotal	85,033	\$ 205.46	1.000	\$ 205.46

Remainder of Current Year

Existing		
Metal Level	Member Months	2019 Adjusted Normalized Allowed PMPM
Catastrophic	3,743	\$ 87.07
Bronze	24,090	\$ 125.51
Silver	79,441	\$ 190.25
Gold	119,749	\$ 205.55
Platinum	109,114	\$ 238.16
Subtotal	336,137	\$ 205.46

New		
Metal Level	Member Months	2019 Adjusted Normalized Allowed PMPM
Catastrophic	2,585	\$ 87.07
Bronze	8,897	\$ 125.51
Silver	13,352	\$ 190.25
Gold	21,812	\$ 205.55
Platinum	13,638	\$ 238.16
Subtotal	60,284	\$ 192.65

Transfer		
Metal Level	Member Months	2019 Adjusted Normalized Allowed PMPM
Catastrophic	340	\$ 91.21
Bronze	2,704	\$ 169.89
Silver	6,703	\$ 198.66
Gold	9,174	\$ 266.27
Platinum	7,246	\$ 231.76
Subtotal	26,167	\$ 227.16

Total		
Metal Level	Member Months	2019 Adjusted Normalized Allowed PMPM
Catastrophic	6,668	\$ 87.28
Bronze	35,691	\$ 128.87
Silver	99,496	\$ 190.82
Gold	150,735	\$ 209.24
Platinum	129,998	\$ 237.80
Subtotal	422,588	\$ 204.98

Total Current Year

Total	Member Months	2019 Adjusted Normalized Allowed PMPM
Catastrophic	7,989	\$ 87.28
Bronze	42,941	\$ 128.93
Silver	119,499	\$ 190.86
Gold	180,905	\$ 209.45
Platinum	156,287	\$ 237.77
Subtotal	507,621	\$ 205.06

Rating Year

Existing				
Metal Level	Member Months	2019 Normalized Allowed PMPM	Morbidity Adjustment	2020 Adjusted Normalized Allowed PMPM
Catastrophic	6,169	\$ 87.28	1.000	\$ 87.28
Bronze	35,159	\$ 128.93	1.000	\$ 128.93
Silver	104,278	\$ 190.86	1.000	\$ 190.86
Gold	122,399	\$ 209.45	1.000	\$ 209.45
Platinum	178,100	\$ 237.77	1.000	\$ 237.77
Subtotal	446,105	\$ 208.38	1.000	\$ 208.38

New				
Metal Level	Member Months	Existing Cohort Adjusted Normalized Allowed PMPM	Morbidity Adjustment	2020 Adjusted Normalized Allowed PMPM
Catastrophic	2,918	\$ 87.28	1.000	\$ 87.28
Bronze	9,972	\$ 128.93	1.000	\$ 128.93
Silver	14,742	\$ 190.86	1.000	\$ 190.86
Gold	16,206	\$ 209.45	1.000	\$ 209.45
Platinum	17,038	\$ 237.77	1.000	\$ 237.77
Subtotal	60,876	\$ 193.83	1.000	\$ 193.83

Transfer				
Metal Level	Member Months	2019 Normalized Allowed PMPM	Morbidity Adjustment	2020 Adjusted Normalized Allowed PMPM
Catastrophic	300	\$ 91.21	1.000	\$ 91.21
Bronze	2,052	\$ 169.89	1.000	\$ 169.89
Silver	2,724	\$ 198.66	1.000	\$ 198.66
Gold	2,028	\$ 266.27	1.000	\$ 266.27
Platinum	1,740	\$ 231.76	1.000	\$ 231.76
Subtotal	8,844	\$ 210.35	1.000	\$ 210.35

Total				
Metal Level	Member Months	2019 Normalized Allowed PMPM	Morbidity Adjustment	2020 Adjusted Normalized Allowed PMPM
Catastrophic	9,387	\$ 87.41	1.000	\$ 87.41
Bronze	47,183	\$ 130.71	1.000	\$ 130.71
Silver	121,744	\$ 191.03	1.000	\$ 191.03
Gold	140,633	\$ 210.27	1.000	\$ 210.27
Platinum	196,878	\$ 237.72	1.000	\$ 237.72
Subtotal	515,825	\$ 206.69	1.000	\$ 206.69

Year	Adjusted Normalized PMPM	Year over Year Change
2018	\$ 205.52	n/a
2019	\$ 205.06	-0.2%
2020	\$ 206.69	0.8%

Morbidity Adjustment Change	0.6%
Morbidity Adjustment Factor	1.0057

Exhibit 5 - Induced Utilization Adjustment Factor

Year	Actuarial Value	Induced Demand Factor	
(1) 2018	78.33%	1.0716	
(2) Projected 2020	79.10%	1.0755	
(3) Adjustment*		1.0036	(2)/(1)

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

Exhibit 6 - Demographic Adjustment

	Period	Cohort	Demo Factor*	Weight	Average Age**
(1)	Base Period	All	1.6526	100.0%	34.0
(2)	Rating Period	Existing	1.6594	86.5%	
		New	1.5005	11.8%	
		Transfer	1.6150	1.7%	
(3)	Rating Period	All	1.6399	100.0%	33.8
(4)	Demographic Adjustment***	All	0.9923		

(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

Capitation adjustment

(1)	EP Capitation PMPM	\$ 0.54	
(2)	Projected Capitations PMPM	\$ 0.79	
(3)	Adjustment to Capitation Category	1.4615	(2)/(1)

Drug Rebates adjustment

(4)	Experience Period Allowed Rx PMPM (Pre-Rebate)	\$ 113.95	
(5)	Experience Pharmacy Rebates PMPM	\$ 17.21	
(6)	Projected Pharmacy Rebates PMPM	\$ 15.27	
(7)	Post-Rebate Rx PMPM (using Experience Rebates)	\$ 96.74	
(8)	Post-Rebate Rx PMPM (using Projected Rebates)	\$ 98.69	
(9)	Adjustment to Drug Category	1.0201	(8)/(7)

Formulary Adjustments

(10)	Experience Period Allowed Rx PMPM (Pre-Rebate, existing formulary)	\$ 113.95	
(11)	Ingredient cost Adjustment Factor	0.9812	
(12)	Experience Period Allowed Rx PMPM (Pre-Rebate, new formulary)	\$ 111.81	(10)*(11)
(13)	Projection Period Pharmacy Rebates PMPM	\$ 15.27	
(14)	Adjustment to Drug Category	0.9783	[(12) - (13)]/[(10) - (13)]

	PMPM	Adjustment	
Inpatient Hospital	\$ 72.81	1.0000	
Outpatient Hospital	\$ 77.92	1.0000	
Professional	\$ 159.12	1.0000	
Other Medical	\$ 31.20	1.0000	
Capitation	\$ 0.54	1.4615	(3)
Prescription Drug	\$ 109.90	0.9980	(9)*(14)
Total	\$ 451.49	1.0001	

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

Exhibit 8 - Annual Trend Assumptions

	2018 PMPM	Weight	Utilization/1,000	Unit Cost	Composite
Inpatient Hospital	\$ 64.70	16.6%	1.0600	1.0000	1.0600
Outpatient Hospital	\$ 70.53	18.1%	1.0400	1.0100	1.0504
Professional	\$ 133.35	34.2%	1.0600	1.0300	1.0918
Other Medical	\$ 24.25	6.2%	1.0900	1.0400	1.1336
Capitation	\$ 0.78	0.2%	1.0000	1.0000	1.0000
Prescription Drug	\$ 96.74	24.8%	1.0000	1.0650	1.0650
Total	\$ 390.36	100.0%			1.0748
Proposed Trend					1.0751

Exhibit 9 - Risk Adjustment

2018

Metallic Tier	Member Months	Distribution	PLRS	ARF	Transfer \$	PMPM
Bronze	16,837	3.9%	0.6271	1.0302	-\$1,469,111	-\$87.25
Silver	98,469	22.9%	1.0024	1.0525	-\$2,703,042	-\$27.45
Gold	162,785	37.9%	1.1147	1.0179	-\$4,822,127	-\$29.62
Platinum	151,382	35.2%	1.4335	1.0276	\$3,423,564	\$22.62
Total	429,474	100.0%	1.1822	1.0297	-\$5,570,716	-\$12.97

Statewide 2018

Statewide PMPM 2018

Small Group	928,580		1.2585	1.0374	\$ 422.87

2020

Metallic Tier	Member Months	Distribution	PLRS	ARF	Transfer \$	PMPM
Bronze	20,587	4.5%	0.5253	1.0409	-\$2,493,045	-\$121.10
Silver	108,913	23.7%	0.9046	1.0598	-\$3,985,558	-\$36.59
Gold	135,967	29.6%	0.9908	1.0246	-\$6,261,708	-\$46.05
Platinum	194,427	42.3%	1.2964	1.0375	\$3,619,536	\$18.62
Total	459,894	100.0%	1.0788	1.0392	-\$9,120,775	-\$19.83

Statewide 2020

Statewide PMPM 2020

Small Group	944,103		1.1559	1.0458	\$ 495.22

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*
\$464.95	-\$23.96	\$ 0.18	1.0519

*Adjustment Factor = (\$464.95 - \$-23.96+ \$0.18) / \$464.95

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	\$ 457.40		\$ 465.81		\$ 474.38		\$ 483.13		\$ 472.66	
Paid/Allowed Ratio	81.70%		81.70%		81.70%		81.70%		81.7%	
Paid Claims & Capitulations	\$ 373.72		\$ 380.59		\$ 387.59		\$ 394.74		\$ 386.18	
Risk Adjustment Transfer (Paid Basis)	\$ (19.83)		\$ (19.83)		\$ (19.83)		\$ (19.83)		\$ (19.83)	
Paid Claims & Capitulations (Post-3Rs)	\$ 393.55	75.6%	\$ 400.42	75.8%	\$ 407.42	76.1%	\$ 414.57	76.3%	\$ 406.02	76.0%
Administrative Expense	\$ 51.97	10.0%	\$ 51.97	9.8%	\$ 51.97	9.7%	\$ 51.97	9.6%	\$ 51.97	9.7%
Broker Commissions & Fee	\$ 30.03	5.8%	\$ 30.03	5.7%	\$ 30.03	5.6%	\$ 30.03	5.5%	\$ 30.03	5.6%
Contribution to Reserve (Post-Tax)	\$ 12.49	2.4%	\$ 12.67	2.4%	\$ 12.86	2.4%	\$ 13.04	2.4%	\$ 12.82	2.4%
Investment Income Credit	\$ (0.52)	-0.1%	\$ (0.53)	-0.1%	\$ (0.54)	-0.1%	\$ (0.54)	-0.1%	\$ (0.53)	-0.1%
Risk Charge	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%
<u>Non-ACA Taxes & Fees</u>										
State Premium Tax	\$ 10.41	2.0%	\$ 10.56	2.0%	\$ 10.71	2.0%	\$ 10.87	2.0%	\$ 10.68	2.0%
State Assessment Fee	\$ 0.52	0.1%	\$ 0.53	0.1%	\$ 0.54	0.1%	\$ 0.54	0.1%	\$ 0.53	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	\$ 3.12	0.6%	\$ 3.17	0.6%	\$ 3.21	0.6%	\$ 3.26	0.6%	\$ 3.20	0.6%
<u>ACA Taxes & Fees</u>										
Health Insurer Tax	\$ 13.18	2.5%	\$ 13.37	2.5%	\$ 13.56	2.5%	\$ 13.76	2.5%	\$ 13.52	2.5%
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	\$ 5.20	1.0%	\$ 5.28	1.0%	\$ 5.36	1.0%	\$ 5.43	1.0%	\$ 5.34	1.0%
Federal Exchange User Fee	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%
BlueRewards/Incentive Program	\$ 0.35	0.1%	\$ 0.35	0.1%	\$ 0.35	0.1%	\$ 0.35	0.1%	\$ 0.35	0.1%
Total Revenue	\$ 520.48	100.0%	\$ 527.99	100.0%	\$ 535.65	100.0%	\$ 543.46	100.0%	\$ 534.11	100.0%
Plan Level Admin Load Adjustment	1.3219		1.3180		1.3141		1.3103			
Projected Member Months	116,169		67,119		75,766		200,840		459,894	
Average Members	9,681		5,593		6,314		16,737		38,325	
% Total 2020	25.3%		14.6%		16.5%		43.7%		100.0%	

Exhibit 10B - Federal MLR

	Total 2020 PMPM / %
<u>Traditional MLR Development</u>	
Paid Claims & Capitations (Post-3Rs)	\$ 406.02
Total Revenue	\$ 534.11
Traditional MLR (i.e. DICR)	76.0%
<u>Federal MLR Development</u>	
Numerator Adjustments	
BlueRewards/Incentive Program	\$ 0.35
Quality Improvement Expenses	\$ 2.96
Removal of non-care costs under MLR guidelines	\$ (6.02)
Denominator Adjustments	
Non-ACA Taxes & Fees	\$ 14.42
ACA Taxes & Fees	\$ 19.04
Federal MLR Numerator	\$ 403.30
Federal MLR Denominator	\$ 500.64
Federal MLR	80.6%
Projected Member Months	459,894

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

	Total 2020 PMPM / %
<u>Traditional MLR Development</u>	
Paid Claims & Capitations (Post-3Rs)	\$ 393.75
Total Revenue	\$ 517.66
Traditional MLR (i.e. DICR)	76.1%
<u>Federal MLR Development</u>	
Numerator Adjustments	
BlueRewards/Incentive Program	\$ 0.35
Quality Improvement Expenses	\$ 2.82
removal of non-care costs under MLR guidelines	\$ (5.99)
Denominator Adjustments	
Non-ACA Taxes & Fees	\$ 13.77
ACA Taxes & Fees	\$ 18.46
Federal MLR Numerator	\$ 390.93
Federal MLR Denominator	\$ 485.43
Federal MLR	80.5%
Projected Member Months	515,825

Exhibit 11 - Plan Adjusted Index Rates

HIOS Plan ID	Plan Name	Plan Type	Metallic Tier	Exchange	Network	Market Adjusted Index Rate	Internal Pricing AV	Network Factor	Induced Utilization	Non-EHB	Admin	Plan Adjusted Index Rate
86052DC0440010	BlueChoice Advantage Gold 1000	POS	GOLD	On	Open Access Advantage	\$474.96	0.7947	1.0680	0.9940	1.0003	1.3219	\$529.82
86052DC0440011	BlueChoice Advantage Gold 500	POS	GOLD	On	Open Access Advantage	\$474.96	0.8227	1.0680	0.9940	1.0003	1.3219	\$548.48
86052DC0440012	BlueChoice Advantage Platinum 0	POS	PLATINUM	On	Open Access Advantage	\$474.96	0.9267	1.0680	1.0590	1.0003	1.3219	\$658.21
86052DC0440013	BlueChoice Advantage HSA/HRA Silver 1500	POS	SILVER	On	Open Access Advantage	\$474.96	0.7113	1.0680	0.9480	1.0003	1.3219	\$452.30
86052DC0440015	HealthyBlue Advantage Platinum 500	POS	PLATINUM	On	Open Access Advantage	\$474.96	0.8943	1.0680	1.0590	1.0003	1.3219	\$635.19
86052DC0440018	BlueChoice Advantage HSA/HRA Bronze 6000	POS	BRONZE	On	Open Access Advantage	\$474.96	0.5545	1.0680	0.9210	1.0003	1.3219	\$342.52
86052DC0440019	BlueChoice Advantage HSA/HRA Silver 3000	POS	SILVER	On	Open Access Advantage	\$474.96	0.6449	1.0680	0.9480	1.0003	1.3219	\$410.08
86052DC0440020	BlueChoice Advantage Bronze 6500	POS	BRONZE	On	Open Access Advantage	\$474.96	0.5646	1.0680	0.9210	1.0003	1.3219	\$348.80
86052DC0440021	BlueChoice Advantage HSA/HRA Gold 1500	POS	GOLD	On	Open Access Advantage	\$474.96	0.7685	1.0680	0.9940	1.0003	1.3219	\$512.37
86052DC0440022	BlueChoice Advantage Silver 4000	POS	SILVER	On	Open Access Advantage	\$474.96	0.6633	1.0680	0.9480	1.0003	1.3219	\$421.77
86052DC0440023	BlueChoice Advantage Silver 1500 BlueFund HSA	POS	SILVER	On	Open Access Advantage	\$474.96	0.7105	1.0680	0.9480	1.0003	1.3219	\$451.75
86052DC0440024	BlueChoice Advantage HSA/HRA Silver 2500	POS	SILVER	On	Open Access Advantage	\$474.96	0.6756	1.0680	0.9480	1.0003	1.3219	\$429.59
86052DC0440025	BlueChoice Advantage Silver 5000	POS	SILVER	On	Open Access Advantage	\$474.96	0.6765	1.0680	0.9480	1.0003	1.3219	\$430.17
86052DC0440026	BlueChoice Advantage Gold 3000	POS	GOLD	On	Open Access Advantage	\$474.96	0.7421	1.0680	0.9940	1.0003	1.3219	\$494.79
86052DC0440027	BlueChoice Advantage HSA/HRA Silver 2000	POS	SILVER	On	Open Access Advantage	\$474.96	0.6779	1.0680	0.9480	1.0003	1.3219	\$431.02
86052DC0440028	BlueChoice Advantage HSA/HRA Gold 1500 90	POS	GOLD	On	Open Access Advantage	\$474.96	0.7658	1.0680	0.9940	1.0003	1.3219	\$510.58
86052DC0440029	BlueChoice Advantage HSA/HRA Silver 2000 70	POS	SILVER	On	Open Access Advantage	\$474.96	0.6566	1.0680	0.9480	1.0003	1.3219	\$417.53
86052DC0440030	BlueChoice Advantage HSA/HRA Silver 3000 70	POS	SILVER	On	Open Access Advantage	\$474.96	0.6318	1.0680	0.9480	1.0003	1.3219	\$401.72
86052DC0460009	BlueChoice HMO Gold 1500	HMO	GOLD	On	Open Access	\$474.96	0.7752	0.9540	0.9940	1.0003	1.3219	\$461.68
86052DC0460010	BlueChoice HMO Gold 500	HMO	GOLD	On	Open Access	\$474.96	0.8150	0.9540	0.9940	1.0003	1.3219	\$485.38
86052DC0460011	BlueChoice HMO Platinum 0	HMO	PLATINUM	On	Open Access	\$474.96	0.9243	0.9540	1.0590	1.0003	1.3219	\$586.49
86052DC0460012	BlueChoice HMO HSA/HRA Silver 1500	HMO	SILVER	On	Open Access	\$474.96	0.6964	0.9540	0.9480	1.0003	1.3219	\$395.54
86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000	HMO	SILVER	On	Open Access	\$474.96	0.6601	0.9540	0.9480	1.0003	1.3219	\$374.94
86052DC0460014	BlueChoice HMO HSA/HRA Bronze 6000	HMO	BRONZE	On	Open Access	\$474.96	0.5297	0.9540	0.9210	1.0003	1.3219	\$292.31
86052DC0460019	BlueChoice HMO HSA/HRA Silver 3000	HMO	SILVER	On	Open Access	\$474.96	0.6234	0.9540	0.9480	1.0003	1.3219	\$354.07
86052DC0460020	BlueChoice HMO Silver 1500	HMO	SILVER	On	Open Access	\$474.96	0.6555	0.9540	0.9480	1.0003	1.3219	\$372.32
86052DC0460021	BlueChoice HMO HSA/HRA Gold 1500	HMO	GOLD	On	Open Access	\$474.96	0.7529	0.9540	0.9940	1.0003	1.3219	\$448.36
86052DC0460022	BlueChoice HMO HSA/HRA Silver 2500	HMO	SILVER	On	Open Access	\$474.96	0.6573	0.9540	0.9480	1.0003	1.3219	\$373.36
86052DC0460023	BlueChoice HMO Silver 5000	HMO	SILVER	On	Open Access	\$474.96	0.6612	0.9540	0.9480	1.0003	1.3219	\$375.54
86052DC0460024	BlueChoice HMO Gold 3000	HMO	GOLD	On	Open Access	\$474.96	0.7306	0.9540	0.9940	1.0003	1.3219	\$435.11
86052DC0460025	BlueChoice HMO HSA/HRA Gold 1500 90	HMO	GOLD	On	Open Access	\$474.96	0.7494	0.9540	0.9940	1.0003	1.3219	\$446.30
86052DC0460026	BlueChoice HMO HSA/HRA Bronze 6000 90	HMO	BRONZE	On	Open Access	\$474.96	0.5435	0.9540	0.9210	1.0003	1.3219	\$299.91
86052DC0460027	BlueChoice HMO HSA/HRA Silver 2000 70	HMO	SILVER	On	Open Access	\$474.96	0.6375	0.9540	0.9480	1.0003	1.3219	\$362.10
86052DC0460028	BlueChoice HMO HSA/HRA Silver 3000 70	HMO	SILVER	On	Open Access	\$474.96	0.6103	0.9540	0.9480	1.0003	1.3219	\$346.63
86052DC0480007	BlueChoice HMO Referral Platinum 0	HMO	PLATINUM	On	Lock In / Referral	\$474.96	0.9233	0.9080	1.0590	1.0003	1.3219	\$557.59
86052DC0480008	BlueChoice HMO Referral Gold 500	HMO	GOLD	On	Lock In / Referral	\$474.96	0.8116	0.9080	0.9940	1.0003	1.3219	\$460.04
86052DC0480009	BlueChoice HMO Referral Bronze 6500	HMO	BRONZE	On	Lock In / Referral	\$474.96	0.5336	0.9080	0.9210	1.0003	1.3219	\$280.25
86052DC0480010	BlueChoice HMO Referral Gold 0	HMO	GOLD	On	Lock In / Referral	\$474.96	0.8641	0.9080	0.9940	1.0003	1.3219	\$489.80
86052DC0480014	BlueChoice HMO Referral Silver 4000	HMO	SILVER	On	Lock In / Referral	\$474.96	0.6421	0.9080	0.9480	1.0003	1.3219	\$347.13
86052DC0480015	BlueChoice HMO Referral Bronze 8150	HMO	BRONZE	On	Lock In / Referral	\$474.96	0.4872	0.9080	0.9210	1.0003	1.3219	\$255.88
86052DC0500009	BlueChoice Plus HSA/HRA Silver 1500	POS	SILVER	On	Open Access Plus	\$474.96	0.6992	0.9740	0.9480	1.0003	1.3219	\$405.44
86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000	POS	SILVER	On	Open Access Plus	\$474.96	0.6274	0.9740	0.9480	1.0003	1.3219	\$363.85
86052DC0500012	HealthyBlue Plus Platinum 500	POS	PLATINUM	On	Open Access Plus	\$474.96	0.8880	0.9740	1.0590	1.0003	1.3219	\$575.25
86052DC0500015	BlueChoice Plus Gold 1000	POS	GOLD	On	Open Access Plus	\$474.96	0.7865	0.9740	0.9940	1.0003	1.3219	\$478.24
86052DC0500016	BlueChoice Plus Gold 500	POS	GOLD	On	Open Access Plus	\$474.96	0.8164	0.9740	0.9940	1.0003	1.3219	\$496.41
86052DC0500017	BlueChoice Plus HSA/HRA Bronze 6000	POS	BRONZE	On	Open Access Plus	\$474.96	0.5346	0.9740	0.9210	1.0003	1.3219	\$301.17
86052DC0500018	BlueChoice Plus HSA/HRA Silver 2500	POS	SILVER	On	Open Access Plus	\$474.96	0.6612	0.9740	0.9480	1.0003	1.3219	\$383.41
86052DC0580001	BlueChoice Plus Opt-Out Platinum 0	HMO	PLATINUM	On	Open Access Opt-Out	\$474.96	0.9246	0.9640	1.0590	1.0003	1.3219	\$592.77

Exhibit 12 - AV Values

HIOS Plan ID	HIOS Plan Name	HHS AV
86052DC0440010	BlueChoice Advantage Gold 1000	0.8197
86052DC0440011	BlueChoice Advantage Gold 500	0.8199
86052DC0440012	BlueChoice Advantage Platinum 0	0.9198
86052DC0440013	BlueChoice Advantage HSA/HRA Silver 1500	0.7176
86052DC0440015	HealthyBlue Advantage Platinum 500	0.9135
86052DC0440018	BlueChoice Advantage HSA/HRA Bronze 6000	0.6313
86052DC0440019	BlueChoice Advantage HSA/HRA Silver 3000	0.7109
86052DC0440020	BlueChoice Advantage Bronze 6500	0.6499
86052DC0440021	BlueChoice Advantage HSA/HRA Gold 1500	0.8032
86052DC0440022	BlueChoice Advantage Silver 4000	0.7148
86052DC0440023	BlueChoice Advantage Silver 1500 BlueFund HSA	0.7198
86052DC0440024	BlueChoice Advantage HSA/HRA Silver 2500	0.7093
86052DC0440025	BlueChoice Advantage Silver 5000	0.7194
86052DC0440026	BlueChoice Advantage Gold 3000	0.7738
86052DC0440027	BlueChoice Advantage HSA/HRA Silver 2000	0.7194
86052DC0440028	BlueChoice Advantage HSA/HRA Gold 1500 90	0.8132
86052DC0440029	BlueChoice Advantage HSA/HRA Silver 2000 70	0.7187
86052DC0440030	BlueChoice Advantage HSA/HRA Silver 3000 70	0.6956
86052DC0460009	BlueChoice HMO Gold 1500	0.8197
86052DC0460010	BlueChoice HMO Gold 500	0.8199
86052DC0460011	BlueChoice HMO Platinum 0	0.9198
86052DC0460012	BlueChoice HMO HSA/HRA Silver 1500	0.7176
86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000	0.7194
86052DC0460014	BlueChoice HMO HSA/HRA Bronze 6000	0.6313
86052DC0460019	BlueChoice HMO HSA/HRA Silver 3000	0.7109
86052DC0460020	BlueChoice HMO Silver 1500	0.7190
86052DC0460021	BlueChoice HMO HSA/HRA Gold 1500	0.8032
86052DC0460022	BlueChoice HMO HSA/HRA Silver 2500	0.7093
86052DC0460023	BlueChoice HMO Silver 5000	0.7194
86052DC0460024	BlueChoice HMO Gold 3000	0.7738
86052DC0460025	BlueChoice HMO HSA/HRA Gold 1500 90	0.8132
86052DC0460026	BlueChoice HMO HSA/HRA Bronze 6000 90	0.6334
86052DC0460027	BlueChoice HMO HSA/HRA Silver 2000 70	0.7187
86052DC0460028	BlueChoice HMO HSA/HRA Silver 3000 70	0.6956
86052DC0480007	BlueChoice HMO Referral Platinum 0	0.9198
86052DC0480008	BlueChoice HMO Referral Gold 500	0.8199
86052DC0480009	BlueChoice HMO Referral Bronze 6500	0.6499
86052DC0480010	BlueChoice HMO Referral Gold 0	0.8199
86052DC0480014	BlueChoice HMO Referral Silver 4000	0.7148
86052DC0480015	BlueChoice HMO Referral Bronze 8150	0.5929
86052DC0500009	BlueChoice Plus HSA/HRA Silver 1500	0.7176
86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000	0.7109
86052DC0500012	HealthyBlue Plus Platinum 500	0.9135
86052DC0500015	BlueChoice Plus Gold 1000	0.8197
86052DC0500016	BlueChoice Plus Gold 500	0.8199
86052DC0500017	BlueChoice Plus HSA/HRA Bronze 6000	0.6313
86052DC0500018	BlueChoice Plus HSA/HRA Silver 2500	0.7093
86052DC0580001	BlueChoice Plus Opt-Out Platinum 0	0.9198

Exhibit 13 - Age Calibration

Age Curve Calibration					
	Period	Cohort	Rating Factor*	Weight	Average Age**
(1)	Rating Period	Existing	1.0502	86.5%	
		New	0.9751	11.8%	
		Transfer	1.0296	1.7%	
(2)	Rating Period	All	1.0410	100.0%	41.7
(3)	Nearest Rounded	All	1.0530		42.0
(4)	Calibration***	All	1.0115		

(3)/(2)

Premium Rate Demonstration					
	HIOS Plan Name	BlueChoice Advantage Gold 1000			
(5)	Plan Adjusted Index Rate				\$535.94
(6)	Calibration				1.0115
(7)	Calibrated Rate				\$542.13
(8)	Age 40 Factor/Rounded Avg Age Factor = (0.975/1.053)				0.9259
(9)	Age 40 Premium Rate				\$501.97

(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	153,085	1.0000	1.0000
Non-CDH	362,740	1.0000	1.0000
	515,825	1.0000	

Metal Level	Projected Member		
	Months	Relative to Bronze	Relative to Average*
Catastrophic	9,387	1.0000	0.9206
Bronze	47,183	1.0000	0.9206
Silver	121,212	1.0300	0.9482
Gold	140,633	1.0800	0.9942
Platinum	197,410	1.1500	1.0587
Total	515,825	1.0863	

*Factors are applied as plan level adjustments

Appendix - Network Factors

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

Network Type	Projected Member Months	Relative to Lock In / Referral	Relative to Average
Lock In / Referral	57,470	1.0000	0.9084
Open Access	133,984	1.0500	0.9539
Open Access Opt-Out	43,063	1.0612	0.9640
Open Access Plus	65,472	1.0724	0.9742
Open Access Advantage	215,836	1.1757	1.0680
Total	515,825	1.1008	

Factors are applied as plan level adjustments

[illegible]

Appendix - Annual Rate Change Based on Mapping

Base Rate	Bronze Members/Avg Renewal	1,503	1,564	10.6%
Base Rate	Silver Members/Avg Renewal	8,926	8,901	10.6%
Base Rate	Gold Members/Avg Renewal	14,679	14,835	17.4%
Base Rate	Platinum Members/Avg Renewal	12,931	12,765	11.3%
Base Rate	All Members/Avg Renewal	38,039	38,065	13.5%
Base Rate	Minimum Renewal			3.9%
Base Rate	Maximum Renewal			49.6%

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
86052DC0440010	BlueChoice Advantage Gold 1000	GOLD	On	86052DC0440010	BlueChoice Advantage Gold 1000	GOLD	On	1,873.00	1,879	\$458.08	\$508.96	11.1%
86052DC0440011	BlueChoice Advantage Gold 500	GOLD	On	86052DC0440011	BlueChoice Advantage Gold 500	GOLD	On	2,501.00	2,574	\$471.66	\$526.89	11.7%
86052DC0440012	BlueChoice Advantage Platinum 0	PLATINUM	On	86052DC0440012	BlueChoice Advantage Platinum 0	PLATINUM	On	2,878.00	2,949	\$566.47	\$632.30	11.6%
86052DC0440013	BlueChoice Advantage HSA/HRA Silver 1500	SILVER	On	86052DC0440013	BlueChoice Advantage HSA/HRA Silver 1500	SILVER	On	1,560.00	1,558	\$388.76	\$434.50	11.8%
86052DC0440014	HealthyBlue Advantage Gold 1500	GOLD	On	86052DC0440014	BlueChoice Advantage Platinum 0	PLATINUM	On	2,185.00	2,135	\$476.55	\$632.30	32.7%
86052DC0440015	HealthyBlue Advantage Platinum 500	PLATINUM	On	86052DC0440015	HealthyBlue Advantage Platinum 500	PLATINUM	On	1,500.00	1,508	\$546.79	\$610.19	11.6%
86052DC0440017	HealthyBlue Advantage HSA/HRA Silver 2000	SILVER	On	86052DC0440027	BlueChoice Advantage HSA/HRA Silver 2000	SILVER	On	942.00	950	\$385.44	\$414.05	7.4%
86052DC0440018	BlueChoice Advantage HSA/HRA Bronze 6000	BRONZE	On	86052DC0440018	BlueChoice Advantage HSA/HRA Bronze 6000	BRONZE	On	352.00	362	\$295.88	\$329.03	11.2%
86052DC0440019	BlueChoice Advantage HSA/HRA Silver 3000	SILVER	On	86052DC0440019	BlueChoice Advantage HSA/HRA Silver 3000	SILVER	On	452.00	472	\$355.08	\$393.94	10.9%
86052DC0440020	BlueChoice Advantage Bronze 5750	BRONZE	On	86052DC0440020	BlueChoice Advantage Bronze 6500	BRONZE	On	97.00	117	\$303.30	\$335.07	10.5%
86052DC0440021	BlueChoice Advantage HSA/HRA Gold 1500	GOLD	On	86052DC0440021	BlueChoice Advantage HSA/HRA Gold 1500	GOLD	On	763.00	827	\$437.35	\$492.20	12.5%
86052DC0440022	BlueChoice Advantage Silver 4000	SILVER	On	86052DC0440022	BlueChoice Advantage Silver 4000	SILVER	On	154.00	160	\$377.03	\$405.17	7.5%
86052DC0440023	BlueChoice Advantage Silver 1500 BlueFund HSA	SILVER	On	86052DC0440023	BlueChoice Advantage Silver 1500 BlueFund HSA	SILVER	On	772.00	798	\$389.16	\$433.96	11.5%
86052DC0440024	BlueChoice Advantage HSA/HRA Silver 2500	SILVER	On	86052DC0440024	BlueChoice Advantage HSA/HRA Silver 2500	SILVER	On	241.00	259	\$367.02	\$412.68	12.4%
86052DC0440025	BlueChoice Advantage Silver 5000	SILVER	On	86052DC0440025	BlueChoice Advantage Silver 5000	SILVER	On	10.00	11	\$374.50	\$413.24	10.3%
86052DC0440026	BlueChoice Advantage Gold 3000	GOLD	On	86052DC0440026	BlueChoice Advantage Gold 3000	GOLD	On	84.00	99	\$423.70	\$475.31	12.2%
86052DC0460009	BlueChoice HMO Gold 1500	GOLD	On	86052DC0460009	BlueChoice HMO Gold 1500	GOLD	On	492.00	500	\$397.69	\$443.51	11.5%
86052DC0460010	BlueChoice HMO Gold 500	GOLD	On	86052DC0460010	BlueChoice HMO Gold 500	GOLD	On	1,302.00	1,301	\$417.88	\$466.27	11.6%
86052DC0460011	BlueChoice HMO Platinum 0	PLATINUM	On	86052DC0460011	BlueChoice HMO Platinum 0	PLATINUM	On	1,419.00	1,396	\$505.47	\$563.40	11.5%
86052DC0460012	BlueChoice HMO HSA/HRA Silver 1500	SILVER	On	86052DC0460012	BlueChoice HMO HSA/HRA Silver 1500	SILVER	On	709.00	685	\$340.37	\$379.97	11.6%
86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000	SILVER	On	86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000	SILVER	On	551.00	532	\$326.17	\$360.18	10.4%
86052DC0460014	BlueChoice HMO HSA/HRA Bronze 6000	BRONZE	On	86052DC0460014	BlueChoice HMO HSA/HRA Bronze 6000	BRONZE	On	470.00	479	\$253.32	\$280.80	10.8%
86052DC0460015	HealthyBlue HMO Gold 1500	GOLD	On	86052DC0460015	BlueChoice Advantage Platinum 0	PLATINUM	On	743.00	740	\$422.77	\$632.30	49.6%
86052DC0460016	HealthyBlue HMO Platinum 500	PLATINUM	On	86052DC0480007	BlueChoice HMO Referral Platinum 0	PLATINUM	On	365.00	359	\$485.53	\$535.64	10.3%
86052DC0460018	HealthyBlue HMO HSA/HRA Silver 2000	SILVER	On	86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000	SILVER	On	428.00	407	\$336.53	\$349.53	3.9%
86052DC0460019	BlueChoice HMO HSA/HRA Silver 3000	SILVER	On	86052DC0460019	BlueChoice HMO HSA/HRA Silver 3000	SILVER	On	236.00	237	\$307.63	\$340.14	10.6%
86052DC0460020	BlueChoice HMO Silver 1000	SILVER	On	86052DC0460020	BlueChoice HMO Silver 1500	SILVER	On	454.00	452	\$333.26	\$357.67	7.3%
86052DC0460021	BlueChoice HMO HSA/HRA Gold 1500	GOLD	On	86052DC0460021	BlueChoice HMO HSA/HRA Gold 1500	GOLD	On	273.00	296	\$383.19	\$430.71	12.4%
86052DC0460022	BlueChoice HMO HSA/HRA Silver 2500	SILVER	On	86052DC0460022	BlueChoice HMO HSA/HRA Silver 2500	SILVER	On	99.00	105	\$319.54	\$358.66	12.2%
86052DC0460023	BlueChoice HMO Silver 5000	SILVER	On	86052DC0460023	BlueChoice HMO Silver 5000	SILVER	On	14.00	15	\$327.49	\$360.76	10.2%
86052DC0460024	BlueChoice HMO Gold 3000	GOLD	On	86052DC0460024	BlueChoice HMO Gold 3000	GOLD	On	36.00	43	\$373.08	\$417.99	12.0%
86052DC0480007	BlueChoice HMO Referral Platinum 0	PLATINUM	On	86052DC0480007	BlueChoice HMO Referral Platinum 0	PLATINUM	On	1,511.00	1,465	\$480.70	\$535.64	11.4%
86052DC0480008	BlueChoice HMO Referral Gold 500	GOLD	On	86052DC0480008	BlueChoice HMO Referral Gold 500	GOLD	On	1,007.00	999	\$396.07	\$441.93	11.6%
86052DC0480009	BlueChoice HMO Referral Bronze 5750	BRONZE	On	86052DC0480009	BlueChoice HMO Referral Bronze 6500	BRONZE	On	266.00	287	\$245.07	\$269.22	9.9%
86052DC0480010	BlueChoice HMO Referral Gold 0	GOLD	On	86052DC0480010	BlueChoice HMO Referral Gold 0	GOLD	On	725.00	740	\$425.41	\$470.52	10.6%
86052DC0480011	BlueChoice HMO Referral Gold 80	GOLD	On	86052DC0440021	BlueChoice Advantage HSA/HRA Gold 1500	GOLD	On	248.00	258	\$379.29	\$492.20	29.8%
86052DC0480013	BlueChoice HMO Referral Silver 70	SILVER	On	86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000	SILVER	On	224.00	240	\$297.50	\$360.18	21.1%
86052DC0480014	BlueChoice HMO Referral Silver 4000	SILVER	On	86052DC0480014	BlueChoice HMO Referral Silver 4000	SILVER	On	78.00	79	\$311.30	\$333.46	7.1%
86052DC0500009	BlueChoice Plus HSA/HRA Silver 1500	SILVER	On	86052DC0500009	BlueChoice Plus HSA/HRA Silver 1500	SILVER	On	1,028.00	996	\$351.02	\$389.48	11.0%
86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000	SILVER	On	86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000	SILVER	On	235.00	228	\$318.05	\$349.53	9.9%
86052DC0500011	HealthyBlue Plus Gold 1500	GOLD	On	86052DC0480007	BlueChoice HMO Referral Platinum 0	PLATINUM	On	907.00	884	\$434.66	\$535.64	23.2%
86052DC0500012	HealthyBlue Plus Platinum 500	PLATINUM	On	86052DC0500012	HealthyBlue Plus Platinum 500	PLATINUM	On	1,426.00	1,369	\$499.06	\$552.61	10.7%
86052DC0500014	HealthyBlue Plus HSA/HRA Silver 2000	SILVER	On	86052DC0500009	BlueChoice Plus HSA/HRA Silver 1500	SILVER	On	654.00	628	\$347.30	\$389.48	12.1%
86052DC0500015	BlueChoice Plus Gold 1000	GOLD	On	86052DC0500015	BlueChoice Plus Gold 1000	GOLD	On	447.00	445	\$416.54	\$459.42	10.3%
86052DC0500016	BlueChoice Plus Gold 500	GOLD	On	86052DC0500016	BlueChoice Plus Gold 500	GOLD	On	1,093.00	1,115	\$429.77	\$476.87	11.0%
86052DC0500017	BlueChoice Plus HSA/HRA Bronze 6000	BRONZE	On	86052DC0500017	BlueChoice Plus HSA/HRA Bronze 6000	BRONZE	On	318.00	319	\$262.67	\$289.31	10.1%
86052DC0500018	BlueChoice Plus HSA/HRA Silver 2500	SILVER	On	86052DC0500018	BlueChoice Plus HSA/HRA Silver 2500	SILVER	On	85.00	89	\$329.98	\$368.32	11.6%
86052DC0580001	BlueChoice Plus Opt-Out Platinum 0	PLATINUM	On	86052DC0580001	BlueChoice Plus Opt-Out Platinum 0	PLATINUM	On	3,832.00	3,719	\$511.94	\$569.44	11.2%

Appendix - Quarterly Rate Change Adjustment Factors

Quarter	(1)	(2)	(3) = (1 + (1)) * (1 + (2)) - 1
	Market Adj. Index Rate	Admin Load Factor	Plan Adjusted Index Rates
2Q20	1.8%	-0.3%	1.5%
3Q20	1.8%	-0.3%	1.5%
4Q20	1.8%	-0.3%	1.5%

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	\$422.77	\$632.30	49.6%
Age Factor	0.654	0.727	11.2%
Geographic Factor	1.000	1.000	0.0%
Tobacco Factor	1.000	1.000	0.0%
Total	\$276.49	\$459.68	66.3%

	HealthyBlue HMO	BlueChoice Advantage
Base Rate/Product(s)	Gold 1500	Platinum 0
Age Change	20	21
Geo Change*	N/A	N/A
Tobacco Change**	N/A	N/A

*we did not geo rate

**we did not tobacco rate

Appendix - Form Numbers

Form Numbers Associated With This Filing:

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-131927871

	ON-Exchange
Forms Used for ALL ON-Exchange BlueChoice Group Products	Forms Used for ALL ON-Exchange BlueChoice Group Products--Out-of-Network Forms for Point of Service Plans (GHMSI)
DC/CFBC/SHOP/GC (R. 1/19) DC/CFBC/DOL APPEAL (R. 1/17) DC/CFBC/SHOP/ELIG (R. 1/20) DC/CFBC/FAM PLAN/FED (R. 1/20) DC/CFBC/PARTNER (R. 7/09) DC/CFBC/PT PROTECT (9/10) DC/CFBC/SG/INCENT (R. 1/20)	DC/CF/SHOP/GC (R. 1/19) DC/CF/SHOP/POS OON/EOC (R. 1/20) DC/GHMSI/DOL APPEAL (R. 1/17) DC/CF/SHOP/POS OON/DOCS (R. 1/20) DC/CF/FAM PLAN/FED (R. 1/20) DC/CF/PARTNER (R. 7/09) DC/CF/BLCRD (R. 6/18) DC/CF/MEM/BLCRD (R. 6/18) DC/CF/ANCILLARY AMEND (10/12) DC/CF/PT PROTECT (9/10) DC/GHMSI-HEALTH GUARANTEE 6/18 DC/CF/SHOP/ELIG (R. 1/20) DC/CF/SG/AUTH AMEND/POS OON (1/20)
Product: BlueChoice HMO and BlueChoice HMO Open Access Network: Lock In / Referral (HMO), Open Access (HMO Open Access)	Product: BlueChoice Plus Network: Open Access
DC/CFBC/SHOP/HMO POS/EOC (R. 1/20) DC/CFBC/SHOP/HMO/DOCS (R. 1/20) DC/CFBC/BLCRD (R. 6/18) DC/CFBC/MEM/BLCRD (R. 6/18) DC/CFBC/SG/AUTH AMEND/HMO (1/20) DC CFBC SG HMO OA CDH BRZ 6000 (1/20) DC CFBC SG HMO OA CDH BRZ 6000 90 (1/20) DC CFBC SG HMO OA CDH GOLD 1500 (1/20) DC CFBC SG HMO OA CDH GOLD 1500 90 (1/20) DC CFBC SG HMO OA CDH SIL 1500 (1/20) DC CFBC SG HMO OA CDH SIL 2000 (1/20) DC CFBC SG HMO OA CDH SIL 2000 70 (1/20) DC CFBC SG HMO OA CDH SIL 2500 (1/20) DC CFBC SG HMO OA CDH SIL 3000 (1/20) DC CFBC SG HMO OA CDH SIL 3000 70 (1/20) DC CFBC SG HMO OA GOLD 500 (1/20) DC CFBC SG HMO OA GOLD 1500 (1/20) DC CFBC SG HMO OA GOLD 3000 (1/20) DC CFBC SG HMO OA PLAT 0 (1/20) DC CFBC SG HMO OA SIL 1500 (1/20) DC CFBC SG HMO OA SIL 5000 (1/20) DC CFBC SG HMO REF BRZ 6500 (1/20) DC CFBC SG HMO REF GOLD 0 (1/20) DC CFBC SG HMO REF GOLD 500 (1/20) DC CFBC SG HMO REF PLAT 0 (1/20) DC CFBC SG HMO REF SIL 4000 (1/20) DC CFBC SG HMO REF BRZ 8150 (1/20)	DC/CFBC/SHOP/HMO POS/EOC (R. 1/20) DC/CFBC/SHOP/BC+OOOA/DOCS (R. 1/20) DC/CFBC/BLCRD (R. 6/18) DC/CFBC/MEM/BLCRD (R. 6/18) DC CFBC SG BC+ OO PLAT 0 (1/20) DC/CFBC/SG/AUTH AMEND/BCOO (1/20)

Product: BlueChoice Advantage**In-Network**

DC/CFBC/SHOP/HMO POS/EOC (R. 1/20)
 DC/CFBC/SHOP/ADV IN/DOCS (R. 1/20)
 DC/CFBC/ADV/BLCRD (R. 6/18)
 DC/CFBC/ADV/MEM/BLCRD (R. 6/18)
 DC/CFBC/ANCILLARY AMEND (10/12)
 DC/CFBC/SG/AUTH AMEND/ADV (1/20)
 DC CFBC SG BC ADV IN BF HSA SIL 1500 (1/20)
 DC CFBC SG POS IN BRZ 6500 (1/20)
 DC CFBC SG POS IN CDH BRZ 6000 (1/20)
 DC CFBC SG POS IN CDH GOLD 1500 (1/20)
 DC CFBC SG POS IN CDH GOLD 1500 90 (1/20)
 DC CFBC SG POS IN CDH SIL 1500 (1/20)
 DC CFBC SG POS IN CDH SIL 2000 (1/20)
 DC CFBC SG POS IN CDH SIL 2000 70 (1/20)
 DC CFBC SG POS IN CDH SIL 2500 (1/20)
 DC CFBC SG POS IN CDH SIL 3000 (1/20)
 DC CFBC SG POS IN CDH SIL 3000 70 (1/20)
 DC CFBC SG POS IN GOLD 500 (1/20)
 DC CFBC SG POS IN GOLD 1000 (1/20)
 DC CFBC SG POS IN GOLD 3000 (1/20)
 DC CFBC SG POS IN PLAT 0 (1/20)
 DC CFBC SG POS IN SIL 4000 (1/20)
 DC CFBC SG POS IN SIL 5000 (1/20)

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

DC/CFBC/SHOP/HMO POS/EOC (R. 1/20)
 DC/CFBC/SHOP/PLUS IN/DOCS (R. 1/20)
 DC/CFBC/BLCRD (R. 6/18)
 DC/CFBC/MEM/BLCRD (R. 6/18)
 DC/CFBC/SG/AUTH AMEND/PLUS (1/20)
 DC CFBC SG POS IN CDH BRZ 6000 (1/20)
 DC CFBC SG POS IN CDH SIL 1500 (1/20)
 DC CFBC SG POS IN CDH SIL 2500 (1/20)
 DC CFBC SG POS IN CDH SIL 3000 (1/20)
 DC CFBC SG POS IN GOLD 500 (1/20)
 DC CFBC SG POS IN GOLD 1000 (1/20)

Product: HealthyBlue Plus**In-Network**

DC/CFBC/SHOP/HMO POS/EOC (R. 1/20)
 DC/CFBC/SHOP/PLUS IN/DOCS (R. 1/20)
 DC CFBC SG POS IN PLAT 500 (1/20)
 DC/CFBC/BLCRD (R. 6/18)
 DC/CFBC/MEM/BLCRD (R. 6/18)
 DC/CFBC/SG/AUTH AMEND/PLUS (1/20)

Product: HealthyBlue Advantage**In-Network**

DC/CFBC/SHOP/HMO POS/EOC (R. 1/20)
 DC/CFBC/SHOP/ADV IN/DOCS (R. 1/20)
 DC CFBC SG POS IN PLAT 500 (1/20)
 DC/CFBC/ADV/BLCRD (R. 6/18)
 DC/CFBC/ADV/MEM/BLCRD (R. 6/18)
 DC/CFBC/ANCILLARY AMEND (10/12)
 DC/CFBC/SG/AUTH AMEND/ADV (1/20)

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

DC CF SG BC ADV OON BF HSA SIL 1500 (1/20)
 DC CF SG POS OON BRZ 6500 (1/20)
 DC CF SG POS OON CDH BRZ 6000 (1/20)
 DC CF SG POS OON CDH GOLD 1500 (1/20)
 DC CF SG POS OON CDH GOLD 1500 90 (1/20)
 DC CF SG POS OON CDH SIL 1500 (1/20)
 DC CF SG POS OON CDH SIL 2000 (1/20)
 DC CF SG POS OON CDH SIL 2000 70 (1/20)
 DC CF SG POS OON CDH SIL 2500 (1/20)
 DC CF SG POS OON CDH SIL 3000 (1/20)
 DC CF SG POS OON GOLD 500 (1/20)
 DC CF SG POS OON GOLD 1000 (1/20)
 DC CF SG POS OON GOLD 3000 (1/20)
 DC CF SG POS OON CDH SIL 3000 70 (1/20)
 DC CF SG POS OON PLAT 0 (1/20)
 DC CF SG POS OON SIL 4000 (1/20)
 DC CF SG POS OON SIL 5000 (1/20)

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

DC CF SG POS OON CDH BRZ 6000 (1/20)
 DC CF SG POS OON CDH SIL 1500 (1/20)
 DC CF SG POS OON CDH SIL 2500 (1/20)
 DC CF SG POS OON CDH SIL 3000 (1/20)
 DC CF SG POS OON GOLD 500 (1/20)
 DC CF SG POS OON GOLD 1000 (1/20)

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

DC CF SG POS OON PLAT 500 (1/20)

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

DC CF SG POS OON PLAT 500 (1/20)

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201601	44,297	Inpatient Hospital	\$2,321,588	\$0	Admits	162
201602	44,642	Inpatient Hospital	\$2,567,657	\$0	Admits	176
201603	44,852	Inpatient Hospital	\$2,732,545	\$0	Admits	214
201604	44,745	Inpatient Hospital	\$2,630,914	\$0	Admits	168
201605	44,584	Inpatient Hospital	\$2,216,761	\$0	Admits	166
201606	44,519	Inpatient Hospital	\$2,328,635	\$0	Admits	177
201607	44,235	Inpatient Hospital	\$2,303,125	\$0	Admits	169
201608	43,933	Inpatient Hospital	\$2,320,198	\$0	Admits	188
201609	43,584	Inpatient Hospital	\$2,433,006	\$0	Admits	196
201610	43,338	Inpatient Hospital	\$2,557,933	\$0	Admits	188
201611	43,046	Inpatient Hospital	\$2,873,453	\$0	Admits	164
201612	42,186	Inpatient Hospital	\$2,372,606	\$0	Admits	172
201701	41,362	Inpatient Hospital	\$3,379,183	\$0	Admits	192
201702	40,960	Inpatient Hospital	\$1,951,018	\$0	Admits	145
201703	40,733	Inpatient Hospital	\$3,152,883	\$0	Admits	152
201704	40,448	Inpatient Hospital	\$2,103,924	\$0	Admits	124
201705	40,383	Inpatient Hospital	\$2,122,786	\$0	Admits	124
201706	40,116	Inpatient Hospital	\$2,876,038	\$0	Admits	208
201707	39,855	Inpatient Hospital	\$2,485,595	\$0	Admits	190
201708	39,736	Inpatient Hospital	\$3,079,700	\$0	Admits	173
201709	39,764	Inpatient Hospital	\$2,641,304	\$0	Admits	175
201710	39,827	Inpatient Hospital	\$1,962,406	\$0	Admits	197
201711	39,597	Inpatient Hospital	\$1,604,559	\$0	Admits	125
201712	39,346	Inpatient Hospital	\$2,323,500	\$0	Admits	176
201801	39,818	Inpatient Hospital	\$2,806,835	\$0	Admits	218
201802	39,872	Inpatient Hospital	\$2,357,579	\$0	Admits	143
201803	39,866	Inpatient Hospital	\$2,496,053	\$0	Admits	143
201804	39,781	Inpatient Hospital	\$2,454,458	\$0	Admits	209
201805	39,765	Inpatient Hospital	\$2,117,319	\$0	Admits	178
201806	40,182	Inpatient Hospital	\$2,003,741	\$0	Admits	158
201807	40,386	Inpatient Hospital	\$3,480,868	\$0	Admits	193
201808	40,701	Inpatient Hospital	\$2,379,598	\$0	Admits	161
201809	40,326	Inpatient Hospital	\$2,513,338	\$0	Admits	165
201810	40,569	Inpatient Hospital	\$2,448,763	\$0	Admits	162
201811	40,509	Inpatient Hospital	\$3,465,332	\$0	Admits	184
201812	41,435	Inpatient Hospital	\$2,739,415	\$0	Admits	168
201901	42,431	Inpatient Hospital	\$2,292,739	\$0	Admits	194
201902	42,697	Inpatient Hospital	\$1,468,548	\$0	Admits	153

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201601	44,297	Outpatient Hospital	\$2,295,558	\$0	Visits	1,784
201602	44,642	Outpatient Hospital	\$2,692,865	\$0	Visits	1,873
201603	44,852	Outpatient Hospital	\$2,558,059	\$0	Visits	2,080
201604	44,745	Outpatient Hospital	\$2,551,668	\$0	Visits	2,009
201605	44,584	Outpatient Hospital	\$2,884,607	\$0	Visits	2,026
201606	44,519	Outpatient Hospital	\$2,862,456	\$0	Visits	2,026
201607	44,235	Outpatient Hospital	\$2,636,627	\$0	Visits	1,843
201608	43,933	Outpatient Hospital	\$2,900,115	\$0	Visits	2,048
201609	43,584	Outpatient Hospital	\$2,356,373	\$0	Visits	1,852
201610	43,338	Outpatient Hospital	\$2,609,971	\$0	Visits	1,952
201611	43,046	Outpatient Hospital	\$2,682,055	\$0	Visits	1,867
201612	42,186	Outpatient Hospital	\$2,460,260	\$0	Visits	1,818
201701	41,362	Outpatient Hospital	\$2,251,288	\$0	Visits	1,794
201702	40,960	Outpatient Hospital	\$2,392,887	\$0	Visits	1,720
201703	40,733	Outpatient Hospital	\$2,792,857	\$0	Visits	1,940
201704	40,448	Outpatient Hospital	\$2,881,785	\$0	Visits	1,899
201705	40,383	Outpatient Hospital	\$2,891,714	\$0	Visits	1,900
201706	40,116	Outpatient Hospital	\$2,838,085	\$0	Visits	1,881
201707	39,855	Outpatient Hospital	\$2,492,592	\$0	Visits	1,795
201708	39,736	Outpatient Hospital	\$2,689,556	\$0	Visits	1,990
201709	39,764	Outpatient Hospital	\$2,265,887	\$0	Visits	1,797
201710	39,827	Outpatient Hospital	\$2,799,866	\$0	Visits	2,049
201711	39,597	Outpatient Hospital	\$2,568,634	\$0	Visits	1,967
201712	39,346	Outpatient Hospital	\$2,476,526	\$0	Visits	1,933
201801	39,818	Outpatient Hospital	\$2,761,264	\$0	Visits	2,130
201802	39,872	Outpatient Hospital	\$2,533,354	\$0	Visits	1,889
201803	39,866	Outpatient Hospital	\$2,897,596	\$0	Visits	1,958
201804	39,781	Outpatient Hospital	\$2,827,744	\$0	Visits	1,946
201805	39,765	Outpatient Hospital	\$2,660,529	\$0	Visits	2,018
201806	40,182	Outpatient Hospital	\$2,828,813	\$0	Visits	1,985
201807	40,386	Outpatient Hospital	\$2,709,745	\$0	Visits	1,892
201808	40,701	Outpatient Hospital	\$2,779,233	\$0	Visits	1,999
201809	40,326	Outpatient Hospital	\$2,396,595	\$0	Visits	1,829
201810	40,569	Outpatient Hospital	\$3,467,639	\$0	Visits	2,120
201811	40,509	Outpatient Hospital	\$2,927,080	\$0	Visits	2,008
201812	41,435	Outpatient Hospital	\$3,292,331	\$0	Visits	2,140
201901	42,431	Outpatient Hospital	\$3,783,335	\$0	Visits	2,425
201902	42,697	Outpatient Hospital	\$2,912,461	\$0	Visits	2,460

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201601	44,297	Professional	\$4,425,723	\$0	Visits	28,913
201602	44,642	Professional	\$4,719,168	\$0	Visits	31,938
201603	44,852	Professional	\$5,305,861	\$0	Visits	35,821
201604	44,745	Professional	\$4,939,434	\$0	Visits	33,378
201605	44,584	Professional	\$4,994,091	\$0	Visits	32,674
201606	44,519	Professional	\$5,230,281	\$0	Visits	33,549
201607	44,235	Professional	\$4,523,441	\$0	Visits	30,173
201608	43,933	Professional	\$5,245,862	\$0	Visits	33,944
201609	43,584	Professional	\$4,884,312	\$0	Visits	32,170
201610	43,338	Professional	\$4,859,563	\$0	Visits	33,492
201611	43,046	Professional	\$4,804,026	\$0	Visits	32,352
201612	42,186	Professional	\$4,610,788	\$0	Visits	30,630
201701	41,362	Professional	\$4,827,579	\$0	Visits	30,897
201702	40,960	Professional	\$4,549,729	\$0	Visits	29,596
201703	40,733	Professional	\$5,077,721	\$0	Visits	33,327
201704	40,448	Professional	\$4,490,134	\$0	Visits	29,117
201705	40,383	Professional	\$5,003,296	\$0	Visits	32,281
201706	40,116	Professional	\$4,973,427	\$0	Visits	31,502
201707	39,855	Professional	\$4,606,423	\$0	Visits	29,050
201708	39,736	Professional	\$5,150,369	\$0	Visits	32,636
201709	39,764	Professional	\$4,951,096	\$0	Visits	30,792
201710	39,827	Professional	\$5,291,656	\$0	Visits	34,469
201711	39,597	Professional	\$4,966,044	\$0	Visits	32,061
201712	39,346	Professional	\$4,669,811	\$0	Visits	28,975
201801	39,818	Professional	\$5,735,298	\$0	Visits	34,122
201802	39,872	Professional	\$4,962,050	\$0	Visits	31,051
201803	39,866	Professional	\$5,316,982	\$0	Visits	32,414
201804	39,781	Professional	\$5,134,744	\$0	Visits	32,111
201805	39,765	Professional	\$5,381,443	\$0	Visits	33,356
201806	40,182	Professional	\$5,453,414	\$0	Visits	32,032
201807	40,386	Professional	\$5,155,231	\$0	Visits	31,605
201808	40,701	Professional	\$5,578,213	\$0	Visits	34,565
201809	40,326	Professional	\$4,904,502	\$0	Visits	31,619
201810	40,569	Professional	\$6,053,980	\$0	Visits	39,652
201811	40,509	Professional	\$5,540,079	\$0	Visits	35,372
201812	41,435	Professional	\$5,219,341	\$0	Visits	32,949
201901	42,431	Professional	\$6,448,431	\$0	Visits	41,606
201902	42,697	Professional	\$7,782,063	\$0	Visits	50,775

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201601	44,297	Other Medical	\$619,982	\$0	Services	3,865
201602	44,642	Other Medical	\$717,504	\$0	Services	4,240
201603	44,852	Other Medical	\$859,390	\$0	Services	5,072
201604	44,745	Other Medical	\$722,231	\$0	Services	4,421
201605	44,584	Other Medical	\$817,737	\$0	Services	4,275
201606	44,519	Other Medical	\$841,444	\$0	Services	4,880
201607	44,235	Other Medical	\$744,364	\$0	Services	4,406
201608	43,933	Other Medical	\$755,840	\$0	Services	5,288
201609	43,584	Other Medical	\$749,511	\$0	Services	3,735
201610	43,338	Other Medical	\$696,548	\$0	Services	4,062
201611	43,046	Other Medical	\$744,134	\$0	Services	3,706
201612	42,186	Other Medical	\$853,669	\$0	Services	3,734
201701	41,362	Other Medical	\$624,521	\$0	Services	3,407
201702	40,960	Other Medical	\$797,804	\$0	Services	3,467
201703	40,733	Other Medical	\$818,480	\$0	Services	3,755
201704	40,448	Other Medical	\$736,727	\$0	Services	3,652
201705	40,383	Other Medical	\$751,800	\$0	Services	3,461
201706	40,116	Other Medical	\$753,383	\$0	Services	3,653
201707	39,855	Other Medical	\$761,707	\$0	Services	3,381
201708	39,736	Other Medical	\$827,086	\$0	Services	4,694
201709	39,764	Other Medical	\$751,076	\$0	Services	3,821
201710	39,827	Other Medical	\$890,925	\$0	Services	4,401
201711	39,597	Other Medical	\$809,479	\$0	Services	4,221
201712	39,346	Other Medical	\$809,730	\$0	Services	4,405
201801	39,818	Other Medical	\$911,275	\$0	Services	4,471
201802	39,872	Other Medical	\$811,785	\$0	Services	4,170
201803	39,866	Other Medical	\$954,920	\$0	Services	4,595
201804	39,781	Other Medical	\$875,999	\$0	Services	4,843
201805	39,765	Other Medical	\$922,637	\$0	Services	3,991
201806	40,182	Other Medical	\$1,002,856	\$0	Services	4,446
201807	40,386	Other Medical	\$960,187	\$0	Services	4,332
201808	40,701	Other Medical	\$1,080,034	\$0	Services	5,075
201809	40,326	Other Medical	\$1,084,957	\$0	Services	4,206
201810	40,569	Other Medical	\$1,086,671	\$0	Services	4,887
201811	40,509	Other Medical	\$1,124,751	\$0	Services	4,564
201812	41,435	Other Medical	\$903,300	\$0	Services	4,233
201901	42,431	Other Medical	\$1,129,983	\$0	Services	5,002
201902	42,697	Other Medical	\$1,208,764	\$0	Services	5,673

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201601	44,297	Prescription Drug	\$3,573,818	\$574,938	Scripts	27,259
201602	44,642	Prescription Drug	\$4,098,908	\$578,275	Scripts	27,763
201603	44,852	Prescription Drug	\$4,689,888	\$578,676	Scripts	30,308
201604	44,745	Prescription Drug	\$4,492,841	\$636,645	Scripts	28,545
201605	44,584	Prescription Drug	\$4,247,146	\$634,642	Scripts	28,541
201606	44,519	Prescription Drug	\$4,625,721	\$632,429	Scripts	28,832
201607	44,235	Prescription Drug	\$4,115,253	\$562,691	Scripts	26,930
201608	43,933	Prescription Drug	\$4,277,487	\$559,917	Scripts	28,450
201609	43,584	Prescription Drug	\$4,033,482	\$556,687	Scripts	26,400
201610	43,338	Prescription Drug	\$4,049,085	\$523,644	Scripts	27,078
201611	43,046	Prescription Drug	\$4,044,559	\$523,073	Scripts	27,347
201612	42,186	Prescription Drug	\$3,981,850	\$516,913	Scripts	27,697
201701	41,362	Prescription Drug	\$3,875,247	\$572,245	Scripts	26,505
201702	40,960	Prescription Drug	\$3,906,154	\$567,557	Scripts	24,799
201703	40,733	Prescription Drug	\$4,530,786	\$564,859	Scripts	27,531
201704	40,448	Prescription Drug	\$3,903,078	\$620,928	Scripts	25,074
201705	40,383	Prescription Drug	\$4,516,391	\$620,228	Scripts	26,893
201706	40,116	Prescription Drug	\$4,594,031	\$617,982	Scripts	25,791
201707	39,855	Prescription Drug	\$4,119,164	\$620,900	Scripts	24,732
201708	39,736	Prescription Drug	\$4,516,048	\$619,242	Scripts	25,960
201709	39,764	Prescription Drug	\$4,244,062	\$619,692	Scripts	24,326
201710	39,827	Prescription Drug	\$4,401,515	\$613,390	Scripts	26,140
201711	39,597	Prescription Drug	\$4,258,453	\$610,461	Scripts	25,803
201712	39,346	Prescription Drug	\$4,287,646	\$606,625	Scripts	25,611
201801	39,818	Prescription Drug	\$4,578,309	\$717,551	Scripts	27,313
201802	39,872	Prescription Drug	\$4,275,121	\$720,015	Scripts	24,423
201803	39,866	Prescription Drug	\$4,627,338	\$719,721	Scripts	26,268
201804	39,781	Prescription Drug	\$4,378,934	\$729,545	Scripts	25,561
201805	39,765	Prescription Drug	\$4,893,774	\$730,377	Scripts	26,513
201806	40,182	Prescription Drug	\$4,800,098	\$737,707	Scripts	25,861
201807	40,386	Prescription Drug	\$4,643,270	\$693,029	Scripts	25,632
201808	40,701	Prescription Drug	\$4,884,545	\$698,782	Scripts	26,569
201809	40,326	Prescription Drug	\$4,134,671	\$694,619	Scripts	24,065
201810	40,569	Prescription Drug	\$4,774,480	\$620,751	Scripts	27,425
201811	40,509	Prescription Drug	\$4,593,005	\$619,823	Scripts	26,079
201812	41,435	Prescription Drug	\$4,479,685	\$634,600	Scripts	26,485
201901	42,431	Prescription Drug	\$4,831,335		Scripts	27,976
201902	42,697	Prescription Drug	\$4,429,106		Scripts	26,245

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201601	44,297	Capitations	\$62,564	\$0	Benefit Period	44,297
201602	44,642	Capitations	\$63,387	\$0	Benefit Period	44,642
201603	44,852	Capitations	\$64,455	\$0	Benefit Period	44,852
201604	44,745	Capitations	\$64,131	\$0	Benefit Period	44,745
201605	44,584	Capitations	\$63,922	\$0	Benefit Period	44,584
201606	44,519	Capitations	\$63,605	\$0	Benefit Period	44,519
201607	44,235	Capitations	\$63,174	\$0	Benefit Period	44,235
201608	43,933	Capitations	\$62,566	\$0	Benefit Period	43,933
201609	43,584	Capitations	\$62,139	\$0	Benefit Period	43,584
201610	43,338	Capitations	\$61,668	\$0	Benefit Period	43,338
201611	43,046	Capitations	\$60,948	\$0	Benefit Period	43,046
201612	42,186	Capitations	\$59,439	\$0	Benefit Period	42,186
201701	41,362	Capitations	\$52,854	\$0	Benefit Period	41,362
201702	40,960	Capitations	\$51,779	\$0	Benefit Period	40,960
201703	40,733	Capitations	\$51,213	\$0	Benefit Period	40,733
201704	40,448	Capitations	\$50,462	\$0	Benefit Period	40,448
201705	40,383	Capitations	\$50,023	\$0	Benefit Period	40,383
201706	40,116	Capitations	\$49,428	\$0	Benefit Period	40,116
201707	39,855	Capitations	\$48,823	\$0	Benefit Period	39,855
201708	39,736	Capitations	\$48,451	\$0	Benefit Period	39,736
201709	39,764	Capitations	\$48,179	\$0	Benefit Period	39,764
201710	39,827	Capitations	\$47,915	\$0	Benefit Period	39,827
201711	39,597	Capitations	\$47,365	\$0	Benefit Period	39,597
201712	39,346	Capitations	\$46,775	\$0	Benefit Period	39,346
201801	39,818	Capitations	\$32,395	\$0	Benefit Period	39,818
201802	39,872	Capitations	\$32,238	\$0	Benefit Period	39,872
201803	39,866	Capitations	\$32,197	\$0	Benefit Period	39,866
201804	39,781	Capitations	\$31,907	\$0	Benefit Period	39,781
201805	39,765	Capitations	\$31,535	\$0	Benefit Period	39,765
201806	40,182	Capitations	\$31,641	\$0	Benefit Period	40,182
201807	40,386	Capitations	\$31,643	\$0	Benefit Period	40,386
201808	40,701	Capitations	\$31,709	\$0	Benefit Period	40,701
201809	40,326	Capitations	\$31,178	\$0	Benefit Period	40,326
201810	40,569	Capitations	\$31,079	\$0	Benefit Period	40,569
201811	40,509	Capitations	\$30,722	\$0	Benefit Period	40,509
201812	41,435	Capitations	\$31,011	\$0	Benefit Period	41,435
201901	42,431	Capitations	\$42,767	\$0	Benefit Period	42,431
201902	42,697	Capitations	\$42,880	\$0	Benefit Period	42,697

Appendix - Total Experience

Month	Members	Contracts	Ultimate Allowed	Drug Rebates	Post-Rx Rebate Ultimate Allowed	Ultimate Incurred	Premium	Loss Ratio
201601	44,297	29,097	\$13,299,234	\$574,938	\$12,724,296	\$10,190,229	\$17,313,359	58.9%
201602	44,642	29,431	\$14,859,490	\$578,275	\$14,281,215	\$11,750,012	\$17,242,028	68.1%
201603	44,852	29,682	\$16,210,199	\$578,676	\$15,631,523	\$12,998,777	\$17,192,928	75.6%
201604	44,745	29,599	\$15,401,219	\$636,645	\$14,764,575	\$12,439,632	\$17,129,614	72.6%
201605	44,584	29,441	\$15,224,263	\$634,642	\$14,589,621	\$12,379,580	\$16,989,924	72.9%
201606	44,519	29,367	\$15,952,142	\$632,429	\$15,319,713	\$13,011,777	\$17,000,744	76.5%
201607	44,235	29,147	\$14,385,985	\$562,691	\$13,823,294	\$11,824,750	\$16,846,726	70.2%
201608	43,933	28,911	\$15,562,068	\$559,917	\$15,002,151	\$12,806,860	\$16,671,517	76.8%
201609	43,584	28,613	\$14,518,822	\$556,687	\$13,962,135	\$11,941,793	\$16,582,020	72.0%
201610	43,338	28,403	\$14,834,768	\$523,644	\$14,311,123	\$12,277,249	\$16,437,827	74.7%
201611	43,046	28,180	\$15,209,175	\$523,073	\$14,686,102	\$12,690,091	\$16,450,494	77.1%
201612	42,186	27,650	\$14,338,612	\$516,913	\$13,821,699	\$11,501,338	\$16,134,990	71.3%
201701	41,362	26,983	\$15,010,673	\$572,245	\$14,438,428	\$11,889,350	\$16,528,153	71.9%
201702	40,960	26,681	\$13,649,371	\$567,557	\$13,081,815	\$10,854,612	\$16,373,825	66.3%
201703	40,733	26,498	\$16,423,938	\$564,859	\$15,859,079	\$13,447,779	\$16,322,528	82.4%
201704	40,448	26,275	\$14,166,110	\$620,928	\$13,545,182	\$11,534,135	\$16,283,519	70.8%
201705	40,383	26,205	\$15,336,009	\$620,228	\$14,715,781	\$12,578,368	\$16,256,857	77.4%
201706	40,116	25,975	\$16,084,393	\$617,982	\$15,466,411	\$13,373,251	\$16,224,835	82.4%
201707	39,855	25,733	\$14,514,305	\$620,900	\$13,893,405	\$11,932,866	\$16,175,145	73.8%
201708	39,736	25,607	\$16,311,210	\$619,242	\$15,691,968	\$13,630,653	\$16,172,684	84.3%
201709	39,764	25,542	\$14,901,604	\$619,692	\$14,281,912	\$12,394,135	\$16,210,400	76.5%
201710	39,827	25,549	\$15,394,283	\$613,390	\$14,780,893	\$12,702,532	\$16,279,955	78.0%
201711	39,597	25,409	\$14,254,533	\$610,461	\$13,644,072	\$11,627,449	\$16,233,195	71.6%
201712	39,346	25,177	\$14,613,988	\$606,625	\$14,007,362	\$11,772,785	\$16,391,622	71.8%
201801	39,818	25,624	\$16,825,376	\$717,551	\$16,107,825	\$13,203,694	\$16,853,982	78.3%
201802	39,872	25,653	\$14,972,129	\$720,015	\$14,252,113	\$11,868,919	\$17,138,373	69.3%
201803	39,866	25,659	\$16,325,084	\$719,721	\$15,605,363	\$13,274,836	\$17,147,843	77.4%
201804	39,781	25,616	\$15,703,786	\$729,545	\$14,974,241	\$12,700,866	\$17,162,881	74.0%
201805	39,765	25,544	\$16,007,237	\$730,377	\$15,276,860	\$13,012,995	\$17,184,119	75.7%
201806	40,182	25,708	\$16,120,564	\$737,707	\$15,382,857	\$13,192,605	\$17,518,975	75.3%
201807	40,386	25,747	\$16,980,943	\$693,029	\$16,287,914	\$14,168,900	\$17,624,109	80.4%
201808	40,701	25,903	\$16,733,333	\$698,782	\$16,034,551	\$13,808,586	\$17,793,210	77.6%
201809	40,326	25,672	\$15,065,240	\$694,619	\$14,370,622	\$12,329,893	\$17,657,556	69.8%
201810	40,569	25,807	\$17,862,612	\$620,751	\$17,241,861	\$14,904,558	\$17,837,252	83.6%
201811	40,509	25,772	\$17,680,969	\$619,823	\$17,061,146	\$14,828,136	\$17,920,010	82.7%
201812	41,435	26,200	\$16,665,082	\$634,600	\$16,030,482	\$13,543,649	\$18,439,538	73.4%
201901	42,431	27,057	\$18,528,591		\$18,528,591	\$15,321,352	\$19,194,784	79.8%
201902	42,697	27,248	\$17,843,821		\$17,843,821	\$14,508,979	\$19,260,383	75.3%

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:** CareFirst BlueChoice, Inc. (CFBC) - NAIC # 96202
- **State:** District of Columbia
- **HIOS Issuer ID:** 86052
- **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:** 2343
- **SERFF Filing Number:** CFAP-131941447

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 17.1% on average for 1Q20. The range is 7.2% to 54.3%. The estimated average base rate changes for 2Q20, 3Q20, and 4Q20 are 15.7%, 14.8% and 13.6%, 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 23,337.

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 an increase in the 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: \$210,277,846

Experience Period Member Months: 483,210

Current Date Members: 42,697

Allowed and Incurred Claims Incurred During the Experience Period

Allowed Claims

- **Processed through issuer's claim system:** \$188,625,834
- **Processed outside issuer's claim system:** \$0
- **IBNR:** \$1,940,530

Incurred Claims

- **Processed through issuer's claim system:** \$160,837,637
- **Processed outside issuer's claim system:** \$0
- **IBNR:** \$1,644,119

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 7.5%, which is a slight decrease compared to the 8.1% trend assumed in our prior filing. Current observed medical trends as of 201812 are 9.5%, down from 9.6% in 201712. The current observed drug trends are 7.4% as of 201812, down from 11.5% 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 9.7%. The adjusted aggregate medical and drug trend is 9.6%.

When normalized for induced demand, network, and demographics, the composite 9.6% observed trend decreases to 6.6%.

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	7.4%	7.9%	8.3%	8.1%	7.6%	7.8%	7.9%
25th	5.3%	6.6%	6.7%	6.5%	6.1%	6.1%	6.2%

Based on this information we believe that our assumed 7.5% 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. The formulary adjustment is needed given the change from a 4-tier to a 5-tier benefit design that occurred on a group's renewal in 2018. As a result, each incurred month's experience must be adjusted to account for the proportion of groups still using the prior tier structure at that time.

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 \$390.02 and the projection period index rate is \$451.52. 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.

Small Group Quarterly Rate Filings

This filing is an annual submission and includes scheduled quarterly trend increases.

4.4.3.6 Development of the Market-wide Adjusted Index Rate

The Market-wide Adjusted Index Rate for the Small Group market is \$493.37 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 BlueChoice Small Group remains the same at 1.079, and when compared to the combined statewide PLRS of 1.176 the segment is 8.3% healthier than the State (it was 6.7% healthier under separate risk adjustment). The lower Statewide PMPM and higher statewide PLRS causes BlueChoice to pay 79% more in risk adjustment dollars. The resultant estimate of combined risk adjustment is that the BlueChoice payable transfer PMPM for the Small Group market will increase from \$-12.97 in 2018 to \$-35.52 in 2020, vs. \$-19.83 (non-combined). $\$-35.52/\$-19.83 = 79\%$. 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:** There are 5 types of network factors: Lock In/Referral, Open Access, Open Access Opt-Out, Open Access Plus, and Open Access Advantage.
- **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 81.1% for the Small Group market and 80.8% 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 Individual plans. Therefore, because of Small Group 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.

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

**Rate Filing # 2343
D.C. Small Group Products
Rate Filing Effective 1/1/2020**

Actuarial Memorandum

BlueChoice Inc.

(NAIC # 96202)

H.R. 3950 - Public Law 111-148 - Patient Protection and Affordable Care Act (ACA)

D.C. Small Group Products

Rate Filing Effective 1/1/2020

Actuarial Certification

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

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

I have been involved in the development of these rates, and to the best of my knowledge and understanding, the rates in this filing 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 11:13:42 -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	\$ 390.36	2
(2)	Base Period Non-EHB PMPM	\$ 0.34	2
(3)	Experience Period Index Rate	\$ 390.02	
(4)	Change in Morbidity	1.0057	4
(5)	Additional Population Adjustment	1.0000	
(6)	Induced Demand	1.0036	5
(7)	Projection Period Utilization and Network Adjustment	1.0000	
(8)	Demographic Adjustment	0.9923	6
(9)	Area Adjustment	1.0000	
(10)	Additional "Other" Adjustments	1.0001	7
(11)	Annualized Trend	7.5%	8
(12)	Months of Trend	24.0	
(13)	Unit cost & Utilization/1,000 Trend Factor	1.1558	
(14)	Projection Period Index Rate	\$ 451.52	
(15)	Risk Adjustment Program	1.0927	9
(16)	Federal Exchange User Fee	1.0000	
(17)	Market Adjusted Index Rate	\$ 493.37	
	Without Risk Adjustment	\$ 451.52	

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	\$	31,263,298	\$	64.70	Admits	51.67	\$	15,025.01
Outpatient Hospital	\$	34,081,924	\$	70.53	Visits	593.91	\$	1,425.12
Professional	\$	64,435,276	\$	133.35	Visits	9,954.65	\$	160.75
Other Medical	\$	11,719,373	\$	24.25	Services	1,336.37	\$	217.78
Capitation	\$	379,254	\$	0.78	Benefit Period	1,000	\$	9.42
Prescription Drug	\$	46,746,709	\$	96.74	Prescriptions	7,753.00	\$	149.74
Total (EHB & Non-EHB)	\$	188,625,834	\$	390.36				
EHB Allowed	\$	188,460,839	\$	390.02				
Non-EHB Allowed	\$	164,996	\$	0.34				
Incurred Net	\$	160,837,637	\$	332.85				
Net/Allowed		85.27%						
Experience Period Member Months		483,210						
Experience Period Revenue	\$	210,277,846						

Exhibit 3 - Non-EHB Adjustment

		2020 On-Exchange	2020 Off-Exchange	
(1)	Blended Index Rate	\$ 464.95	\$ 464.95	
(2)	Non-EHB PMPM	\$ 0.12	\$ 0.12	
(3)	Total	\$ 465.07	\$ 465.07	
(4)	Plan Level Adjustment	1.0003	1.0003	(3)/(1)

Exhibit 4 - Morbidity Adjustment Factor

Base Year

Metal Level	Member Months	2018 Normalized Allowed PMPM
Catastrophic	8,314	\$ 80.94
Bronze	39,683	\$ 131.73
Silver	111,862	\$ 191.07
Gold	169,283	\$ 210.46
Platinum	153,964	\$ 236.35
Subtotal	483,106	\$ 205.52

Current Year YTD

Existing				
Metal Level	Member Months	2018 Normalized Allowed PMPM	Morbidity Adjustment	2019 Adjusted Normalized Allowed PMPM
Catastrophic	903	\$ 87.07	1.000	\$ 87.07
Bronze	5,219	\$ 125.51	1.000	\$ 125.51
Silver	15,115	\$ 190.25	1.000	\$ 190.25
Gold	23,249	\$ 205.55	1.000	\$ 205.55
Platinum	20,575	\$ 238.16	1.000	\$ 238.16
Subtotal	65,061	\$ 204.24	1.000	\$ 204.24

New				
Metal Level	Member Months	Existing Cohort Adjusted Normalized Allowed PMPM	Morbidity Adjustment	2019 Adjusted Normalized Allowed PMPM
Catastrophic	348	\$ 87.07	1.000	\$ 87.07
Bronze	1,428	\$ 125.51	1.000	\$ 125.51
Silver	2,943	\$ 190.25	1.000	\$ 190.25
Gold	4,470	\$ 205.55	1.000	\$ 205.55
Platinum	3,507	\$ 238.16	1.000	\$ 238.16
Subtotal	12,696	\$ 198.76	1.000	\$ 198.76

Transfer				
Metal Level	Member Months	2018 Normalized Allowed PMPM	Morbidity Adjustment	2019 Adjusted Normalized Allowed PMPM
Catastrophic	70	\$ 91.21	1.000	\$ 91.21
Bronze	603	\$ 169.89	1.000	\$ 169.89
Silver	1,945	\$ 198.66	1.000	\$ 198.66
Gold	2,451	\$ 266.27	1.000	\$ 266.27
Platinum	2,207	\$ 231.76	1.000	\$ 231.76
Subtotal	7,276	\$ 228.05	1.000	\$ 228.05

Total				
Metal Level	Member Months	2018 Normalized Allowed PMPM	Morbidity Adjustment	2019 Adjusted Normalized Allowed PMPM
Catastrophic	1,321	\$ 87.29	1.000	\$ 87.29
Bronze	7,250	\$ 129.20	1.000	\$ 129.20
Silver	20,003	\$ 191.07	1.000	\$ 191.07
Gold	30,170	\$ 210.48	1.000	\$ 210.48
Platinum	26,289	\$ 237.62	1.000	\$ 237.62
Subtotal	85,033	\$ 205.46	1.000	\$ 205.46

Remainder of Current Year

Existing			
Metal Level	Member Months	2019 Adjusted Normalized Allowed PMPM	
Catastrophic	3,743	\$ 87.07	
Bronze	24,090	\$ 125.51	
Silver	79,441	\$ 190.25	
Gold	119,749	\$ 205.55	
Platinum	109,114	\$ 238.16	
Subtotal	336,137	\$ 205.46	

New			
Metal Level	Member Months	2019 Adjusted Normalized Allowed PMPM	
Catastrophic	2,585	\$ 87.07	
Bronze	8,897	\$ 125.51	
Silver	13,352	\$ 190.25	
Gold	21,812	\$ 205.55	
Platinum	13,638	\$ 238.16	
Subtotal	60,284	\$ 192.65	

Transfer			
Metal Level	Member Months	2019 Adjusted Normalized Allowed PMPM	
Catastrophic	340	\$ 91.21	
Bronze	2,704	\$ 169.89	
Silver	6,703	\$ 198.66	
Gold	9,174	\$ 266.27	
Platinum	7,246	\$ 231.76	
Subtotal	26,167	\$ 227.16	

Total			
Metal Level	Member Months	2019 Adjusted Normalized Allowed PMPM	
Catastrophic	6,668	\$ 87.28	
Bronze	35,691	\$ 128.87	
Silver	99,496	\$ 190.82	
Gold	150,735	\$ 209.24	
Platinum	129,998	\$ 237.80	
Subtotal	422,588	\$ 204.98	

Total Current Year

Total	Member Months	2019 Adjusted Normalized Allowed PMPM
Catastrophic	7,989	\$ 87.28
Bronze	42,941	\$ 128.93
Silver	119,499	\$ 190.86
Gold	180,905	\$ 209.45
Platinum	156,287	\$ 237.77
Subtotal	507,621	\$ 205.06

Rating Year

Existing				
Metal Level	Member Months	2019 Normalized Allowed PMPM	Morbidity Adjustment	2020 Adjusted Normalized Allowed PMPM
Catastrophic	6,169	\$ 87.28	1.000	\$ 87.28
Bronze	35,159	\$ 128.93	1.000	\$ 128.93
Silver	104,278	\$ 190.86	1.000	\$ 190.86
Gold	122,399	\$ 209.45	1.000	\$ 209.45
Platinum	178,100	\$ 237.77	1.000	\$ 237.77
Subtotal	446,105	\$ 208.38	1.000	\$ 208.38

New				
Metal Level	Member Months	Existing Cohort Adjusted Normalized Allowed PMPM	Morbidity Adjustment	2020 Adjusted Normalized Allowed PMPM
Catastrophic	2,918	\$ 87.28	1.000	\$ 87.28
Bronze	9,972	\$ 128.93	1.000	\$ 128.93
Silver	14,742	\$ 190.86	1.000	\$ 190.86
Gold	16,206	\$ 209.45	1.000	\$ 209.45
Platinum	17,038	\$ 237.77	1.000	\$ 237.77
Subtotal	60,876	\$ 193.83	1.000	\$ 193.83

Transfer				
Metal Level	Member Months	2019 Normalized Allowed PMPM	Morbidity Adjustment	2020 Adjusted Normalized Allowed PMPM
Catastrophic	300	\$ 91.21	1.000	\$ 91.21
Bronze	2,052	\$ 169.89	1.000	\$ 169.89
Silver	2,724	\$ 198.66	1.000	\$ 198.66
Gold	2,028	\$ 266.27	1.000	\$ 266.27
Platinum	1,740	\$ 231.76	1.000	\$ 231.76
Subtotal	8,844	\$ 210.35	1.000	\$ 210.35

Total				
Metal Level	Member Months	2019 Normalized Allowed PMPM	Morbidity Adjustment	2020 Adjusted Normalized Allowed PMPM
Catastrophic	9,387	\$ 87.41	1.000	\$ 87.41
Bronze	47,183	\$ 130.71	1.000	\$ 130.71
Silver	121,744	\$ 191.03	1.000	\$ 191.03
Gold	140,633	\$ 210.27	1.000	\$ 210.27
Platinum	196,878	\$ 237.72	1.000	\$ 237.72
Subtotal	515,825	\$ 206.69	1.000	\$ 206.69

Year	Adjusted Normalized PMPM	Year over Year Change
2018	\$ 205.52	n/a
2019	\$ 205.06	-0.2%
2020	\$ 206.69	0.8%

Morbidity Adjustment Change	0.6%
Morbidity Adjustment Factor	1.0057

Exhibit 5 - Induced Utilization Adjustment Factor

Year	Actuarial Value	Induced Demand Factor	
(1) 2018	78.33%	1.0716	
(2) Projected 2020	79.10%	1.0755	
(3) Adjustment*		1.0036	(2)/(1)

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

Exhibit 6 - Demographic Adjustment

	Period	Cohort	Demo Factor*	Weight	Average Age**
(1)	Base Period	All	1.6526	100.0%	34.0
(2)	Rating Period	Existing	1.6594	86.5%	
		New	1.5005	11.8%	
		Transfer	1.6150	1.7%	
(3)	Rating Period	All	1.6399	100.0%	33.8
(4)	Demographic Adjustment***	All	0.9923		

(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

Capitation adjustment

(1)	EP Capitation PMPM	\$	0.54	
(2)	Projected Capitations PMPM	\$	0.79	
(3)	Adjustment to Capitation Category		1.4615	(2)/(1)

Drug Rebates adjustment

(4)	Experience Period Allowed Rx PMPM (Pre-Rebate)	\$	113.95	
(5)	Experience Pharmacy Rebates PMPM	\$	17.21	
(6)	Projected Pharmacy Rebates PMPM	\$	15.27	
(7)	Post-Rebate Rx PMPM (using Experience Rebates)	\$	96.74	
(8)	Post-Rebate Rx PMPM (using Projected Rebates)	\$	98.69	
(9)	Adjustment to Drug Category		1.0201	(8)/(7)

Formulary Adjustments

(10)	Experience Period Allowed Rx PMPM (Pre-Rebate, existing formulary)	\$	113.95	
(11)	Ingredient cost Adjustment Factor		0.9812	
(12)	Experience Period Allowed Rx PMPM (Pre-Rebate, new formulary)	\$	111.81	(10)*(11)
(13)	Projection Period Pharmacy Rebates PMPM	\$	15.27	
(14)	Adjustment to Drug Category		0.9783	[(12) - (13)]/[(10) - (13)]

	PMPM	Adjustment	
Inpatient Hospital	\$ 72.81	1.0000	
Outpatient Hospital	\$ 77.92	1.0000	
Professional	\$ 159.12	1.0000	
Other Medical	\$ 31.20	1.0000	
Capitation	\$ 0.54	1.4615	(3)
Prescription Drug	\$ 109.90	0.9980	(9)*(14)
Total	\$ 451.49	1.0001	

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

Exhibit 8 - Annual Trend Assumptions

	2018 PMPM	Weight	Utilization/1,000	Unit Cost	Composite
Inpatient Hospital	\$ 64.70	16.6%	1.0600	1.0000	1.0600
Outpatient Hospital	\$ 70.53	18.1%	1.0400	1.0100	1.0504
Professional	\$ 133.35	34.2%	1.0600	1.0300	1.0918
Other Medical	\$ 24.25	6.2%	1.0900	1.0400	1.1336
Capitation	\$ 0.78	0.2%	1.0000	1.0000	1.0000
Prescription Drug	\$ 96.74	24.8%	1.0000	1.0650	1.0650
Total	\$ 390.36	100.0%			1.0748
Proposed Trend					1.0751

Exhibit 9 - Risk Adjustment

2018

Metallic Tier	Member Months	Distribution	PLRS	ARF	Transfer \$	PMPM
Bronze	16,837	3.9%	0.6271	1.0302	-\$1,469,111	-\$87.25
Silver	98,469	22.9%	1.0024	1.0525	-\$2,703,042	-\$27.45
Gold	162,785	37.9%	1.1147	1.0179	-\$4,822,127	-\$29.62
Platinum	151,382	35.2%	1.4335	1.0276	\$3,423,564	\$22.62
Total	429,474	100.0%	1.1822	1.0297	-\$5,570,716	-\$12.97

Statewide 2018

Statewide PMPM 2018

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

2020

Metallic Tier	Member Months	Distribution	PLRS	ARF	Transfer \$	PMPM
Bronze	20,587	4.5%	0.5253	1.0409	-\$2,664,361	-\$129.42
Silver	108,913	23.7%	0.9046	1.0598	-\$5,351,444	-\$49.14
Gold	135,967	29.6%	0.9908	1.0246	-\$8,226,734	-\$60.51
Platinum	194,427	42.3%	1.2964	1.0375	-\$95,163	-\$0.49
Total	459,894	100.0%	1.0788	1.0392	-\$16,337,702	-\$35.52

Statewide 2020

Statewide PMPM 2020

Small Group	1,127,169		1.1760	1.0532	\$ 490.96

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*
\$464.95	-\$42.92	\$ 0.18	1.0927

*Adjustment Factor = (\$464.95 - \$-42.92+ \$0.18) / \$464.95

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	\$ 457.40		\$ 465.81		\$ 474.38		\$ 483.13		\$ 472.66	
Paid/Allowed Ratio	81.70%		81.70%		81.70%		81.70%		81.7%	
Paid Claims & Capitulations	\$ 373.72		\$ 380.59		\$ 387.59		\$ 394.74		\$ 386.18	
Risk Adjustment Transfer (Paid Basis)	\$ (35.52)		\$ (35.52)		\$ (35.52)		\$ (35.52)		\$ (35.52)	
Paid Claims & Capitulations (Post-3Rs)	\$ 409.24	76.1%	\$ 416.11	76.3%	\$ 423.12	76.5%	\$ 430.26	76.7%	\$ 421.71	76.5%
Administrative Expense	\$ 51.97	9.7%	\$ 51.97	9.5%	\$ 51.97	9.4%	\$ 51.97	9.3%	\$ 51.97	9.4%
Broker Commissions & Fee	\$ 30.03	5.6%	\$ 30.03	5.5%	\$ 30.03	5.4%	\$ 30.03	5.4%	\$ 30.03	5.4%
Contribution to Reserve (Post-Tax)	\$ 12.90	2.4%	\$ 13.08	2.4%	\$ 13.27	2.4%	\$ 13.45	2.4%	\$ 13.23	2.4%
Investment Income Credit	\$ (0.54)	-0.1%	\$ (0.55)	-0.1%	\$ (0.55)	-0.1%	\$ (0.56)	-0.1%	\$ (0.55)	-0.1%
Risk Charge	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%
<u>Non-ACA Taxes & Fees</u>										
State Premium Tax	\$ 10.75	2.0%	\$ 10.90	2.0%	\$ 11.06	2.0%	\$ 11.21	2.0%	\$ 11.03	2.0%
State Assessment Fee	\$ 0.54	0.1%	\$ 0.55	0.1%	\$ 0.55	0.1%	\$ 0.56	0.1%	\$ 0.55	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	\$ 3.23	0.6%	\$ 3.27	0.6%	\$ 3.32	0.6%	\$ 3.36	0.6%	\$ 3.31	0.6%
<u>ACA Taxes & Fees</u>										
Health Insurer Tax	\$ 13.61	2.5%	\$ 13.80	2.5%	\$ 13.99	2.5%	\$ 14.19	2.5%	\$ 13.96	2.5%
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	\$ 5.38	1.0%	\$ 5.45	1.0%	\$ 5.53	1.0%	\$ 5.61	1.0%	\$ 5.51	1.0%
Federal Exchange User Fee	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%
BlueRewards/Incentive Program	\$ 0.35	0.1%	\$ 0.35	0.1%	\$ 0.35	0.1%	\$ 0.35	0.1%	\$ 0.35	0.1%
Total Revenue	\$ 537.63	100.0%	\$ 545.14	100.0%	\$ 552.80	100.0%	\$ 560.61	100.0%	\$ 551.26	100.0%
Plan Level Admin Load Adjustment	1.3132		1.3095		1.3059		1.3024			
Projected Member Months	116,169		67,119		75,766		200,840		459,894	
Average Members	9,681		5,593		6,314		16,737		38,325	
% Total 2020	25.3%		14.6%		16.5%		43.7%		100.0%	

Exhibit 10B - Federal MLR

	Total 2020 PMPM / %
<u>Traditional MLR Development</u>	
Paid Claims & Capitations (Post-3Rs)	\$ 421.71
Total Revenue	\$ 551.26
Traditional MLR (i.e. DICR)	76.5%
<u>Federal MLR Development</u>	
Numerator Adjustments	
BlueRewards/Incentive Program	\$ 0.35
Quality Improvement Expenses	\$ 2.96
Removal of non-care costs under MLR guidelines	\$ (6.02)
Denominator Adjustments	
Non-ACA Taxes & Fees	\$ 14.88
ACA Taxes & Fees	\$ 19.65
Federal MLR Numerator	\$ 419.00
Federal MLR Denominator	\$ 516.73
Federal MLR	81.1%
Projected Member Months	459,894

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

**Total 2020
PMPM / %**

Traditional MLR Development

Paid Claims & Capitations (Post-3Rs)	\$ 401.34
Total Revenue	\$ 526.14
Traditional MLR (i.e. DICR)	76.3%

Federal MLR Development

Numerator Adjustments

BlueRewards/Incentive Program	\$ 0.35
Quality Improvement Expenses	\$ 2.82
Removal of non-care costs under MLR guidelines	\$ (5.99)

Denominator Adjustments

Non-ACA Taxes & Fees	\$ 14.03
ACA Taxes & Fees	\$ 18.76

Federal MLR Numerator	\$ 398.52
Federal MLR Denominator	\$ 493.35
Federal MLR	80.8%

Projected Member Months 515,825

Exhibit 11 - Plan Adjusted Index Rates

HIOS Plan ID	Plan Name	Plan Type	Metallic Tier	Exchange	Network	Market Adjusted Index Rate	Internal Pricing AV	Network Factor	Induced Utilization	Non-EHB	Admin	Plan Adjusted Index Rate
86052DC0440010	BlueChoice Advantage Gold 1000	POS	GOLD	On	Open Access Advantage	\$493.37	0.7947	1.0680	0.9940	1.0003	1.3132	\$546.71
86052DC0440011	BlueChoice Advantage Gold 500	POS	GOLD	On	Open Access Advantage	\$493.37	0.8227	1.0680	0.9940	1.0003	1.3132	\$565.96
86052DC0440012	BlueChoice Advantage Platinum 0	POS	PLATINUM	On	Open Access Advantage	\$493.37	0.9267	1.0680	1.0590	1.0003	1.3132	\$679.19
86052DC0440013	BlueChoice Advantage HSA/HRA Silver 1500	POS	SILVER	On	Open Access Advantage	\$493.37	0.7113	1.0680	0.9480	1.0003	1.3132	\$466.72
86052DC0440015	HealthyBlue Advantage Platinum 500	POS	PLATINUM	On	Open Access Advantage	\$493.37	0.8943	1.0680	1.0590	1.0003	1.3132	\$655.44
86052DC0440018	BlueChoice Advantage HSA/HRA Bronze 6000	POS	BRONZE	On	Open Access Advantage	\$493.37	0.5545	1.0680	0.9210	1.0003	1.3132	\$353.44
86052DC0440019	BlueChoice Advantage HSA/HRA Silver 3000	POS	SILVER	On	Open Access Advantage	\$493.37	0.6449	1.0680	0.9480	1.0003	1.3132	\$423.16
86052DC0440020	BlueChoice Advantage Bronze 6500	POS	BRONZE	On	Open Access Advantage	\$493.37	0.5646	1.0680	0.9210	1.0003	1.3132	\$359.92
86052DC0440021	BlueChoice Advantage HSA/HRA Gold 1500	POS	GOLD	On	Open Access Advantage	\$493.37	0.7685	1.0680	0.9940	1.0003	1.3132	\$528.70
86052DC0440022	BlueChoice Advantage Silver 4000	POS	SILVER	On	Open Access Advantage	\$493.37	0.6633	1.0680	0.9480	1.0003	1.3132	\$435.21
86052DC0440023	BlueChoice Advantage Silver 1500 BlueFund HSA	POS	SILVER	On	Open Access Advantage	\$493.37	0.7105	1.0680	0.9480	1.0003	1.3132	\$466.15
86052DC0440024	BlueChoice Advantage HSA/HRA Silver 2500	POS	SILVER	On	Open Access Advantage	\$493.37	0.6756	1.0680	0.9480	1.0003	1.3132	\$443.28
86052DC0440025	BlueChoice Advantage Silver 5000	POS	SILVER	On	Open Access Advantage	\$493.37	0.6765	1.0680	0.9480	1.0003	1.3132	\$443.88
86052DC0440026	BlueChoice Advantage Gold 3000	POS	GOLD	On	Open Access Advantage	\$493.37	0.7421	1.0680	0.9940	1.0003	1.3132	\$510.56
86052DC0440027	BlueChoice Advantage HSA/HRA Silver 2000	POS	SILVER	On	Open Access Advantage	\$493.37	0.6779	1.0680	0.9480	1.0003	1.3132	\$444.76
86052DC0440028	BlueChoice Advantage HSA/HRA Gold 1500 90	POS	GOLD	On	Open Access Advantage	\$493.37	0.7658	1.0680	0.9940	1.0003	1.3132	\$526.86
86052DC0440029	BlueChoice Advantage HSA/HRA Silver 2000 70	POS	SILVER	On	Open Access Advantage	\$493.37	0.6566	1.0680	0.9480	1.0003	1.3132	\$430.84
86052DC0440030	BlueChoice Advantage HSA/HRA Silver 3000 70	POS	SILVER	On	Open Access Advantage	\$493.37	0.6318	1.0680	0.9480	1.0003	1.3132	\$414.53
86052DC0460009	BlueChoice HMO Gold 1500	HMO	GOLD	On	Open Access	\$493.37	0.7752	0.9540	0.9940	1.0003	1.3132	\$476.40
86052DC0460010	BlueChoice HMO Gold 500	HMO	GOLD	On	Open Access	\$493.37	0.8150	0.9540	0.9940	1.0003	1.3132	\$500.85
86052DC0460011	BlueChoice HMO Platinum 0	HMO	PLATINUM	On	Open Access	\$493.37	0.9243	0.9540	1.0590	1.0003	1.3132	\$605.19
86052DC0460012	BlueChoice HMO HSA/HRA Silver 1500	HMO	SILVER	On	Open Access	\$493.37	0.6964	0.9540	0.9480	1.0003	1.3132	\$408.15
86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000	HMO	SILVER	On	Open Access	\$493.37	0.6601	0.9540	0.9480	1.0003	1.3132	\$386.89
86052DC0460014	BlueChoice HMO HSA/HRA Bronze 6000	HMO	BRONZE	On	Open Access	\$493.37	0.5297	0.9540	0.9210	1.0003	1.3132	\$301.62
86052DC0460019	BlueChoice HMO HSA/HRA Silver 3000	HMO	SILVER	On	Open Access	\$493.37	0.6234	0.9540	0.9480	1.0003	1.3132	\$365.36
86052DC0460020	BlueChoice HMO Silver 1500	HMO	SILVER	On	Open Access	\$493.37	0.6555	0.9540	0.9480	1.0003	1.3132	\$384.19
86052DC0460021	BlueChoice HMO HSA/HRA Gold 1500	HMO	GOLD	On	Open Access	\$493.37	0.7529	0.9540	0.9940	1.0003	1.3132	\$462.65
86052DC0460022	BlueChoice HMO HSA/HRA Silver 2500	HMO	SILVER	On	Open Access	\$493.37	0.6573	0.9540	0.9480	1.0003	1.3132	\$385.26
86052DC0460023	BlueChoice HMO Silver 5000	HMO	SILVER	On	Open Access	\$493.37	0.6612	0.9540	0.9480	1.0003	1.3132	\$387.51
86052DC0460024	BlueChoice HMO Gold 3000	HMO	GOLD	On	Open Access	\$493.37	0.7306	0.9540	0.9940	1.0003	1.3132	\$448.98
86052DC0460025	BlueChoice HMO HSA/HRA Gold 1500 90	HMO	GOLD	On	Open Access	\$493.37	0.7494	0.9540	0.9940	1.0003	1.3132	\$460.53
86052DC0460026	BlueChoice HMO HSA/HRA Bronze 6000 90	HMO	BRONZE	On	Open Access	\$493.37	0.5435	0.9540	0.9210	1.0003	1.3132	\$309.47
86052DC0460027	BlueChoice HMO HSA/HRA Silver 2000 70	HMO	SILVER	On	Open Access	\$493.37	0.6375	0.9540	0.9480	1.0003	1.3132	\$373.64
86052DC0460028	BlueChoice HMO HSA/HRA Silver 3000 70	HMO	SILVER	On	Open Access	\$493.37	0.6103	0.9540	0.9480	1.0003	1.3132	\$357.68
86052DC0480007	BlueChoice HMO Referral Platinum 0	HMO	PLATINUM	On	Lock In / Referral	\$493.37	0.9233	0.9080	1.0590	1.0003	1.3132	\$575.36
86052DC0480008	BlueChoice HMO Referral Gold 500	HMO	GOLD	On	Lock In / Referral	\$493.37	0.8116	0.9080	0.9940	1.0003	1.3132	\$474.70
86052DC0480009	BlueChoice HMO Referral Bronze 6500	HMO	BRONZE	On	Lock In / Referral	\$493.37	0.5336	0.9080	0.9210	1.0003	1.3132	\$289.18
86052DC0480010	BlueChoice HMO Referral Gold 0	HMO	GOLD	On	Lock In / Referral	\$493.37	0.8641	0.9080	0.9940	1.0003	1.3132	\$505.42
86052DC0480014	BlueChoice HMO Referral Silver 4000	HMO	SILVER	On	Lock In / Referral	\$493.37	0.6421	0.9080	0.9480	1.0003	1.3132	\$358.20
86052DC0480015	BlueChoice HMO Referral Bronze 8150	HMO	BRONZE	On	Lock In / Referral	\$493.37	0.4872	0.9080	0.9210	1.0003	1.3132	\$264.04
86052DC0500009	BlueChoice Plus HSA/HRA Silver 1500	POS	SILVER	On	Open Access Plus	\$493.37	0.6992	0.9740	0.9480	1.0003	1.3132	\$418.37
86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000	POS	SILVER	On	Open Access Plus	\$493.37	0.6274	0.9740	0.9480	1.0003	1.3132	\$375.45
86052DC0500012	HealthyBlue Plus Platinum 500	POS	PLATINUM	On	Open Access Plus	\$493.37	0.8880	0.9740	1.0590	1.0003	1.3132	\$593.59
86052DC0500015	BlueChoice Plus Gold 1000	POS	GOLD	On	Open Access Plus	\$493.37	0.7865	0.9740	0.9940	1.0003	1.3132	\$493.49
86052DC0500016	BlueChoice Plus Gold 500	POS	GOLD	On	Open Access Plus	\$493.37	0.8164	0.9740	0.9940	1.0003	1.3132	\$512.24
86052DC0500017	BlueChoice Plus HSA/HRA Bronze 6000	POS	BRONZE	On	Open Access Plus	\$493.37	0.5346	0.9740	0.9210	1.0003	1.3132	\$310.77
86052DC0500018	BlueChoice Plus HSA/HRA Silver 2500	POS	SILVER	On	Open Access Plus	\$493.37	0.6612	0.9740	0.9480	1.0003	1.3132	\$395.63
86052DC0580001	BlueChoice Plus Opt-Out Platinum 0	HMO	PLATINUM	On	Open Access Opt-Out	\$493.37	0.9246	0.9640	1.0590	1.0003	1.3132	\$611.67

Exhibit 12 - AV Values

HIOS Plan ID	HIOS Plan Name	HHS AV
86052DC0440010	BlueChoice Advantage Gold 1000	0.8197
86052DC0440011	BlueChoice Advantage Gold 500	0.8199
86052DC0440012	BlueChoice Advantage Platinum 0	0.9198
86052DC0440013	BlueChoice Advantage HSA/HRA Silver 1500	0.7176
86052DC0440015	HealthyBlue Advantage Platinum 500	0.9135
86052DC0440018	BlueChoice Advantage HSA/HRA Bronze 6000	0.6313
86052DC0440019	BlueChoice Advantage HSA/HRA Silver 3000	0.7109
86052DC0440020	BlueChoice Advantage Bronze 6500	0.6499
86052DC0440021	BlueChoice Advantage HSA/HRA Gold 1500	0.8032
86052DC0440022	BlueChoice Advantage Silver 4000	0.7148
86052DC0440023	BlueChoice Advantage Silver 1500 BlueFund HSA	0.7198
86052DC0440024	BlueChoice Advantage HSA/HRA Silver 2500	0.7093
86052DC0440025	BlueChoice Advantage Silver 5000	0.7194
86052DC0440026	BlueChoice Advantage Gold 3000	0.7738
86052DC0440027	BlueChoice Advantage HSA/HRA Silver 2000	0.7194
86052DC0440028	BlueChoice Advantage HSA/HRA Gold 1500 90	0.8132
86052DC0440029	BlueChoice Advantage HSA/HRA Silver 2000 70	0.7187
86052DC0440030	BlueChoice Advantage HSA/HRA Silver 3000 70	0.6956
86052DC0460009	BlueChoice HMO Gold 1500	0.8197
86052DC0460010	BlueChoice HMO Gold 500	0.8199
86052DC0460011	BlueChoice HMO Platinum 0	0.9198
86052DC0460012	BlueChoice HMO HSA/HRA Silver 1500	0.7176
86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000	0.7194
86052DC0460014	BlueChoice HMO HSA/HRA Bronze 6000	0.6313
86052DC0460019	BlueChoice HMO HSA/HRA Silver 3000	0.7109
86052DC0460020	BlueChoice HMO Silver 1500	0.7190
86052DC0460021	BlueChoice HMO HSA/HRA Gold 1500	0.8032
86052DC0460022	BlueChoice HMO HSA/HRA Silver 2500	0.7093
86052DC0460023	BlueChoice HMO Silver 5000	0.7194
86052DC0460024	BlueChoice HMO Gold 3000	0.7738
86052DC0460025	BlueChoice HMO HSA/HRA Gold 1500 90	0.8132
86052DC0460026	BlueChoice HMO HSA/HRA Bronze 6000 90	0.6334
86052DC0460027	BlueChoice HMO HSA/HRA Silver 2000 70	0.7187
86052DC0460028	BlueChoice HMO HSA/HRA Silver 3000 70	0.6956
86052DC0480007	BlueChoice HMO Referral Platinum 0	0.9198
86052DC0480008	BlueChoice HMO Referral Gold 500	0.8199
86052DC0480009	BlueChoice HMO Referral Bronze 6500	0.6499
86052DC0480010	BlueChoice HMO Referral Gold 0	0.8199
86052DC0480014	BlueChoice HMO Referral Silver 4000	0.7148
86052DC0480015	BlueChoice HMO Referral Bronze 8150	0.5929
86052DC0500009	BlueChoice Plus HSA/HRA Silver 1500	0.7176
86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000	0.7109
86052DC0500012	HealthyBlue Plus Platinum 500	0.9135
86052DC0500015	BlueChoice Plus Gold 1000	0.8197
86052DC0500016	BlueChoice Plus Gold 500	0.8199
86052DC0500017	BlueChoice Plus HSA/HRA Bronze 6000	0.6313
86052DC0500018	BlueChoice Plus HSA/HRA Silver 2500	0.7093
86052DC0580001	BlueChoice Plus Opt-Out Platinum 0	0.9198

Exhibit 13 - Age Calibration

Age Curve Calibration					
	Period	Cohort	Rating Factor*	Weight	Average Age**
(1)	Rating Period	Existing	1.0502	86.5%	
		New	0.9751	11.8%	
		Transfer	1.0296	1.7%	
(2)	Rating Period	All	1.0410	100.0%	41.7
(3)	Nearest Rounded	All	1.0530		42.0
(4)	Calibration***	All	1.0115		

(3)/(2)

Premium Rate Demonstration		
	HIOS Plan Name	BlueChoice Advantage Gold 1000
(5)	Plan Adjusted Index Rate	\$553.02
(6)	Calibration	1.0115
(7)	Calibrated Rate	\$559.41
(8)	Age 40 Factor/Rounded Avg Age Factor = (0.975/1.053)	0.9259
(9)	Age 40 Premium Rate	\$517.97

(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	153,085	1.0000	1.0000
Non-CDH	362,740	1.0000	1.0000
	515,825	1.0000	

Metal Level	Projected Member		
	Months	Relative to Bronze	Relative to Average*
Catastrophic	9,387	1.0000	0.9206
Bronze	47,183	1.0000	0.9206
Silver	121,212	1.0300	0.9482
Gold	140,633	1.0800	0.9942
Platinum	197,410	1.1500	1.0587
Total	515,825	1.0863	

*Factors are applied as plan level adjustments

Appendix - Network Factors

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

Network Type	Projected Member Months	Relative to Lock In / Referral	Relative to Average
Lock In / Referral	57,470	1.0000	0.9084
Open Access	133,984	1.0500	0.9539
Open Access Opt-Out	43,063	1.0612	0.9640
Open Access Plus	65,472	1.0724	0.9742
Open Access Advantage	215,836	1.1757	1.0680
Total	515,825	1.1008	

Factors are applied as plan level adjustments

[illegible]

Appendix - Annual Rate Change Based on Mapping

Base Rate	Bronze Members/Avg Renewal	1,503	1,564	14.1%
Base Rate	Silver Members/Avg Renewal	8,926	8,901	14.1%
Base Rate	Gold Members/Avg Renewal	14,679	14,835	21.2%
Base Rate	Platinum Members/Avg Renewal	12,931	12,765	14.9%
Base Rate	All Members/Avg Renewal	38,039	38,065	17.1%
Base Rate	Minimum Renewal			7.2%
Base Rate	Maximum Renewal			54.3%

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
86052DC0440010	BlueChoice Advantage Gold 1000	GOLD	On	86052DC0440010	BlueChoice Advantage Gold 1000	GOLD	On	1,873.00	1,879	\$458.08	\$525.19	14.7%
86052DC0440011	BlueChoice Advantage Gold 500	GOLD	On	86052DC0440011	BlueChoice Advantage Gold 500	GOLD	On	2,501.00	2,574	\$471.66	\$543.69	15.3%
86052DC0440012	BlueChoice Advantage Platinum 0	PLATINUM	On	86052DC0440012	BlueChoice Advantage Platinum 0	PLATINUM	On	2,878.00	2,949	\$566.47	\$652.46	15.2%
86052DC0440013	BlueChoice Advantage HSA/HRA Silver 1500	SILVER	On	86052DC0440013	BlueChoice Advantage HSA/HRA Silver 1500	SILVER	On	1,560.00	1,558	\$388.76	\$448.35	15.3%
86052DC0440014	HealthyBlue Advantage Gold 1500	GOLD	On	86052DC0440012	BlueChoice Advantage Platinum 0	PLATINUM	On	2,185.00	2,135	\$476.55	\$652.46	36.9%
86052DC0440015	HealthyBlue Advantage Platinum 500	PLATINUM	On	86052DC0440015	HealthyBlue Advantage Platinum 500	PLATINUM	On	1,500.00	1,508	\$546.79	\$629.64	15.2%
86052DC0440017	HealthyBlue Advantage HSA/HRA Silver 2000	SILVER	On	86052DC0440027	BlueChoice Advantage HSA/HRA Silver 2000	SILVER	On	942.00	950	\$385.44	\$427.25	10.8%
86052DC0440018	BlueChoice Advantage HSA/HRA Bronze 6000	BRONZE	On	86052DC0440018	BlueChoice Advantage HSA/HRA Bronze 6000	BRONZE	On	352.00	362	\$295.88	\$339.52	14.7%
86052DC0440019	BlueChoice Advantage HSA/HRA Silver 3000	SILVER	On	86052DC0440019	BlueChoice Advantage HSA/HRA Silver 3000	SILVER	On	452.00	472	\$355.08	\$406.50	14.5%
86052DC0440020	BlueChoice Advantage Bronze 5750	BRONZE	On	86052DC0440020	BlueChoice Advantage Bronze 6500	BRONZE	On	97.00	117	\$303.30	\$345.75	14.0%
86052DC0440021	BlueChoice Advantage HSA/HRA Gold 1500	GOLD	On	86052DC0440021	BlueChoice Advantage HSA/HRA Gold 1500	GOLD	On	763.00	827	\$437.35	\$507.89	16.1%
86052DC0440022	BlueChoice Advantage Silver 4000	SILVER	On	86052DC0440022	BlueChoice Advantage Silver 4000	SILVER	On	154.00	160	\$377.03	\$418.08	10.9%
86052DC0440023	BlueChoice Advantage Silver 1500 BlueFund HSA	SILVER	On	86052DC0440023	BlueChoice Advantage Silver 1500 BlueFund HSA	SILVER	On	772.00	798	\$389.16	\$447.80	15.1%
86052DC0440024	BlueChoice Advantage HSA/HRA Silver 2500	SILVER	On	86052DC0440024	BlueChoice Advantage HSA/HRA Silver 2500	SILVER	On	241.00	259	\$367.02	\$425.83	16.0%
86052DC0440025	BlueChoice Advantage Silver 5000	SILVER	On	86052DC0440025	BlueChoice Advantage Silver 5000	SILVER	On	10.00	11	\$374.50	\$426.41	13.9%
86052DC0440026	BlueChoice Advantage Gold 3000	GOLD	On	86052DC0440026	BlueChoice Advantage Gold 3000	GOLD	On	84.00	99	\$423.70	\$490.47	15.8%
86052DC0460009	BlueChoice HMO Gold 1500	GOLD	On	86052DC0460009	BlueChoice HMO Gold 1500	GOLD	On	492.00	500	\$397.69	\$457.65	15.1%
86052DC0460010	BlueChoice HMO Gold 500	GOLD	On	86052DC0460010	BlueChoice HMO Gold 500	GOLD	On	1,302.00	1,301	\$417.88	\$481.14	15.1%
86052DC0460011	BlueChoice HMO Platinum 0	PLATINUM	On	86052DC0460011	BlueChoice HMO Platinum 0	PLATINUM	On	1,419.00	1,396	\$505.47	\$581.36	15.0%
86052DC0460012	BlueChoice HMO HSA/HRA Silver 1500	SILVER	On	86052DC0460012	BlueChoice HMO HSA/HRA Silver 1500	SILVER	On	709.00	685	\$340.37	\$392.08	15.2%
86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000	SILVER	On	86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000	SILVER	On	551.00	532	\$326.17	\$371.66	13.9%
86052DC0460014	BlueChoice HMO HSA/HRA Bronze 6000	BRONZE	On	86052DC0460014	BlueChoice HMO HSA/HRA Bronze 6000	BRONZE	On	470.00	479	\$253.32	\$289.75	14.4%
86052DC0460015	HealthyBlue HMO Gold 1500	GOLD	On	86052DC0440012	BlueChoice Advantage Platinum 0	PLATINUM	On	743.00	780	\$422.77	\$652.46	54.3%
86052DC0460016	HealthyBlue HMO Platinum 500	PLATINUM	On	86052DC0480007	BlueChoice HMO Referral Platinum 0	PLATINUM	On	365.00	359	\$485.53	\$552.71	13.8%
86052DC0460018	HealthyBlue HMO HSA/HRA Silver 2000	SILVER	On	86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000	SILVER	On	428.00	407	\$336.53	\$360.67	7.2%
86052DC0460019	BlueChoice HMO HSA/HRA Silver 3000	SILVER	On	86052DC0460019	BlueChoice HMO HSA/HRA Silver 3000	SILVER	On	236.00	237	\$307.63	\$350.98	14.1%
86052DC0460020	BlueChoice HMO Silver 1000	SILVER	On	86052DC0460020	BlueChoice HMO Silver 1500	SILVER	On	454.00	452	\$333.26	\$369.07	10.7%
86052DC0460021	BlueChoice HMO HSA/HRA Gold 1500	GOLD	On	86052DC0460021	BlueChoice HMO HSA/HRA Gold 1500	GOLD	On	273.00	296	\$383.19	\$444.44	16.0%
86052DC0460022	BlueChoice HMO HSA/HRA Silver 2500	SILVER	On	86052DC0460022	BlueChoice HMO HSA/HRA Silver 2500	SILVER	On	99.00	105	\$319.54	\$370.09	15.8%
86052DC0460023	BlueChoice HMO Silver 5000	SILVER	On	86052DC0460023	BlueChoice HMO Silver 5000	SILVER	On	14.00	15	\$327.49	\$372.26	13.7%
86052DC0460024	BlueChoice HMO Gold 3000	GOLD	On	86052DC0460024	BlueChoice HMO Gold 3000	GOLD	On	36.00	43	\$373.08	\$431.31	15.6%
86052DC0480007	BlueChoice HMO Referral Platinum 0	PLATINUM	On	86052DC0480007	BlueChoice HMO Referral Platinum 0	PLATINUM	On	1,511.00	1,465	\$480.70	\$552.71	15.0%
86052DC0480008	BlueChoice HMO Referral Gold 500	GOLD	On	86052DC0480008	BlueChoice HMO Referral Gold 500	GOLD	On	1,007.00	999	\$395.07	\$456.02	15.1%
86052DC0480009	BlueChoice HMO Referral Bronze 5750	BRONZE	On	86052DC0480009	BlueChoice HMO Referral Bronze 6500	BRONZE	On	266.00	287	\$245.07	\$277.80	13.4%
86052DC0480010	BlueChoice HMO Referral Gold 0	GOLD	On	86052DC0480010	BlueChoice HMO Referral Gold 0	GOLD	On	725.00	740	\$425.41	\$485.52	14.1%
86052DC0480011	BlueChoice HMO Referral Gold 80	GOLD	On	86052DC0440021	BlueChoice Advantage HSA/HRA Gold 1500	GOLD	On	248.00	258	\$379.29	\$507.89	33.9%
86052DC0480013	BlueChoice HMO Referral Silver 70	SILVER	On	86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000	SILVER	On	224.00	240	\$297.50	\$371.66	24.9%
86052DC0480014	BlueChoice HMO Referral Silver 4000	SILVER	On	86052DC0480014	BlueChoice HMO Referral Silver 4000	SILVER	On	78.00	79	\$311.30	\$344.10	10.5%
86052DC0500009	BlueChoice Plus HSA/HRA Silver 1500	SILVER	On	86052DC0500009	BlueChoice Plus HSA/HRA Silver 1500	SILVER	On	1,028.00	996	\$351.02	\$401.90	14.5%
86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000	SILVER	On	86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000	SILVER	On	235.00	228	\$318.05	\$360.67	13.4%
86052DC0500011	HealthyBlue Plus Gold 1500	GOLD	On	86052DC0480007	BlueChoice HMO Referral Platinum 0	PLATINUM	On	907.00	884	\$434.66	\$552.71	27.2%
86052DC0500012	HealthyBlue Plus Platinum 500	PLATINUM	On	86052DC0500012	HealthyBlue Plus Platinum 500	PLATINUM	On	1,426.00	1,369	\$499.06	\$570.22	14.3%
86052DC0500014	HealthyBlue Plus HSA/HRA Silver 2000	SILVER	On	86052DC0500009	BlueChoice Plus HSA/HRA Silver 1500	SILVER	On	654.00	628	\$347.30	\$401.90	15.7%
86052DC0500015	BlueChoice Plus Gold 1000	GOLD	On	86052DC0500015	BlueChoice Plus Gold 1000	GOLD	On	447.00	445	\$416.54	\$474.06	13.8%
86052DC0500016	BlueChoice Plus Gold 500	GOLD	On	86052DC0500016	BlueChoice Plus Gold 500	GOLD	On	1,093.00	1,115	\$429.77	\$492.07	14.5%
86052DC0500017	BlueChoice Plus HSA/HRA Bronze 6000	BRONZE	On	86052DC0500017	BlueChoice Plus HSA/HRA Bronze 6000	BRONZE	On	318.00	319	\$262.67	\$298.53	13.7%
86052DC0500018	BlueChoice Plus HSA/HRA Silver 2500	SILVER	On	86052DC0500018	BlueChoice Plus HSA/HRA Silver 2500	SILVER	On	85.00	89	\$329.98	\$380.06	15.2%
86052DC0580001	BlueChoice Plus Opt-Out Platinum 0	PLATINUM	On	86052DC0580001	BlueChoice Plus Opt-Out Platinum 0	PLATINUM	On	3,832.00	3,719	\$511.94	\$587.59	14.8%

Appendix - Quarterly Rate Change Adjustment Factors

Quarter	(1)	(2)	(3) = (1 + (1)) * (1 + (2)) - 1
	Market Adj. Index Rate	Admin Load Factor	Plan Adjusted Index Rates
2Q20	1.8%	-0.3%	1.6%
3Q20	1.8%	-0.3%	1.6%
4Q20	1.8%	-0.3%	1.6%

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	\$422.77	\$652.46	54.3%
Age Factor	0.654	0.727	11.2%
Geographic Factor	1.000	1.000	0.0%
Tobacco Factor	1.000	1.000	0.0%
Total	\$276.49	\$474.34	71.6%

	HealthyBlue HMO	BlueChoice Advantage
Base Rate/Product(s)	Gold 1500	Platinum 0
Age Change	20	21
Geo Change*	N/A	N/A
Tobacco Change**	N/A	N/A

*we did not geo rate

**we did not tobacco rate

Appendix - Form Numbers

Form Numbers Associated With This Filing:

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-131927871

	ON-Exchange
Forms Used for ALL ON-Exchange BlueChoice Group Products	Forms Used for ALL ON-Exchange BlueChoice Group Products--Out-of-Network Forms for Point of Service Plans (GHMSI)
DC/CFBC/SHOP/GC (R. 1/19) DC/CFBC/DOL APPEAL (R. 1/17) DC/CFBC/SHOP/ELIG (R. 1/20) DC/CFBC/FAM PLAN/FED (R. 1/20) DC/CFBC/PARTNER (R. 7/09) DC/CFBC/PT PROTECT (9/10) DC/CFBC/SG/INCENT (R. 1/20)	DC/CF/SHOP/GC (R. 1/19) DC/CF/SHOP/POS OON/EOC (R. 1/20) DC/GHMSI/DOL APPEAL (R. 1/17) DC/CF/SHOP/POS OON/DOCS (R. 1/20) DC/CF/FAM PLAN/FED (R. 1/20) DC/CF/PARTNER (R. 7/09) DC/CF/BLCRD (R. 6/18) DC/CF/MEM/BLCRD (R. 6/18) DC/CF/ANCILLARY AMEND (10/12) DC/CF/PT PROTECT (9/10) DC/GHMSI-HEALTH GUARANTEE 6/18 DC/CF/SHOP/ELIG (R. 1/20) DC/CF/SG/AUTH AMEND/POS OON (1/20)
Product: BlueChoice HMO and BlueChoice HMO Open Access Network: Lock In / Referral (HMO), Open Access (HMO Open Access)	Product: BlueChoice Plus Network: Open Access
DC/CFBC/SHOP/HMO POS/EOC (R. 1/20) DC/CFBC/SHOP/HMO/DOCS (R. 1/20) DC/CFBC/BLCRD (R. 6/18) DC/CFBC/MEM/BLCRD (R. 6/18) DC/CFBC/SG/AUTH AMEND/HMO (1/20) DC CFBC SG HMO OA CDH BRZ 6000 (1/20) DC CFBC SG HMO OA CDH BRZ 6000 90 (1/20) DC CFBC SG HMO OA CDH GOLD 1500 (1/20) DC CFBC SG HMO OA CDH GOLD 1500 90 (1/20) DC CFBC SG HMO OA CDH SIL 1500 (1/20) DC CFBC SG HMO OA CDH SIL 2000 (1/20) DC CFBC SG HMO OA CDH SIL 2000 70 (1/20) DC CFBC SG HMO OA CDH SIL 2500 (1/20) DC CFBC SG HMO OA CDH SIL 3000 (1/20) DC CFBC SG HMO OA CDH SIL 3000 70 (1/20) DC CFBC SG HMO OA GOLD 500 (1/20) DC CFBC SG HMO OA GOLD 1500 (1/20) DC CFBC SG HMO OA GOLD 3000 (1/20) DC CFBC SG HMO OA PLAT 0 (1/20) DC CFBC SG HMO OA SIL 1500 (1/20) DC CFBC SG HMO OA SIL 5000 (1/20) DC CFBC SG HMO REF BRZ 6500 (1/20) DC CFBC SG HMO REF GOLD 0 (1/20) DC CFBC SG HMO REF GOLD 500 (1/20) DC CFBC SG HMO REF PLAT 0 (1/20) DC CFBC SG HMO REF SIL 4000 (1/20) DC CFBC SG HMO REF BRZ 8150 (1/20)	DC/CFBC/SHOP/HMO POS/EOC (R. 1/20) DC/CFBC/SHOP/BC+OOOA/DOCS (R. 1/20) DC/CFBC/BLCRD (R. 6/18) DC/CFBC/MEM/BLCRD (R. 6/18) DC CFBC SG BC+ OO PLAT 0 (1/20) DC/CFBC/SG/AUTH AMEND/BCOO (1/20)

Product: BlueChoice Advantage

In-Network

DC/CFBC/SHOP/HMO POS/EOC (R. 1/20)
 DC/CFBC/SHOP/ADV IN/DOCS (R. 1/20)
 DC/CFBC/ADV/BLCRD (R. 6/18)
 DC/CFBC/ADV/MEM/BLCRD (R. 6/18)
 DC/CFBC/ANCILLARY AMEND (10/12)
 DC/CFBC/SG/AUTH AMEND/ADV (1/20)
 DC CFBC SG BC ADV IN BF HSA SIL 1500 (1/20)
 DC CFBC SG POS IN BRZ 6500 (1/20)
 DC CFBC SG POS IN CDH BRZ 6000 (1/20)
 DC CFBC SG POS IN CDH GOLD 1500 (1/20)
 DC CFBC SG POS IN CDH GOLD 1500 90 (1/20)
 DC CFBC SG POS IN CDH SIL 1500 (1/20)
 DC CFBC SG POS IN CDH SIL 2000 (1/20)
 DC CFBC SG POS IN CDH SIL 2000 70 (1/20)
 DC CFBC SG POS IN CDH SIL 2500 (1/20)
 DC CFBC SG POS IN CDH SIL 3000 (1/20)
 DC CFBC SG POS IN CDH SIL 3000 70 (1/20)
 DC CFBC SG POS IN GOLD 500 (1/20)
 DC CFBC SG POS IN GOLD 1000 (1/20)
 DC CFBC SG POS IN GOLD 3000 (1/20)
 DC CFBC SG POS IN PLAT 0 (1/20)
 DC CFBC SG POS IN SIL 4000 (1/20)
 DC CFBC SG POS IN SIL 5000 (1/20)

Product: BlueChoice Plus (All Other Plans)

In-Network

DC/CFBC/SHOP/HMO POS/EOC (R. 1/20)
 DC/CFBC/SHOP/PLUS IN/DOCS (R. 1/20)
 DC/CFBC/BLCRD (R. 6/18)
 DC/CFBC/MEM/BLCRD (R. 6/18)
 DC/CFBC/SG/AUTH AMEND/PLUS (1/20)
 DC CFBC SG POS IN CDH BRZ 6000 (1/20)
 DC CFBC SG POS IN CDH SIL 1500 (1/20)
 DC CFBC SG POS IN CDH SIL 2500 (1/20)
 DC CFBC SG POS IN CDH SIL 3000 (1/20)
 DC CFBC SG POS IN GOLD 500 (1/20)
 DC CFBC SG POS IN GOLD 1000 (1/20)

Product: HealthyBlue Plus

In-Network

DC/CFBC/SHOP/HMO POS/EOC (R. 1/20)
 DC/CFBC/SHOP/PLUS IN/DOCS (R. 1/20)
 DC CFBC SG POS IN PLAT 500 (1/20)
 DC/CFBC/BLCRD (R. 6/18)
 DC/CFBC/MEM/BLCRD (R. 6/18)
 DC/CFBC/SG/AUTH AMEND/PLUS (1/20)

Product: HealthyBlue Advantage

In-Network

DC/CFBC/SHOP/HMO POS/EOC (R. 1/20)
 DC/CFBC/SHOP/ADV IN/DOCS (R. 1/20)
 DC CFBC SG POS IN PLAT 500 (1/20)
 DC/CFBC/ADV/BLCRD (R. 6/18)
 DC/CFBC/ADV/MEM/BLCRD (R. 6/18)
 DC/CFBC/ANCILLARY AMEND (10/12)
 DC/CFBC/SG/AUTH AMEND/ADV (1/20)

Product: BlueChoice Advantage

Out-of-Network (GHMSI)

DC CF SG BC ADV OON BF HSA SIL 1500 (1/20)
 DC CF SG POS OON BRZ 6500 (1/20)
 DC CF SG POS OON CDH BRZ 6000 (1/20)
 DC CF SG POS OON CDH GOLD 1500 (1/20)
 DC CF SG POS OON CDH GOLD 1500 90 (1/20)
 DC CF SG POS OON CDH SIL 1500 (1/20)
 DC CF SG POS OON CDH SIL 2000 (1/20)
 DC CF SG POS OON CDH SIL 2000 70 (1/20)
 DC CF SG POS OON CDH SIL 2500 (1/20)
 DC CF SG POS OON CDH SIL 3000 (1/20)
 DC CF SG POS OON GOLD 500 (1/20)
 DC CF SG POS OON GOLD 1000 (1/20)
 DC CF SG POS OON GOLD 3000 (1/20)
 DC CF SG POS OON CDH SIL 3000 70 (1/20)
 DC CF SG POS OON PLAT 0 (1/20)
 DC CF SG POS OON SIL 4000 (1/20)
 DC CF SG POS OON SIL 5000 (1/20)

Product: BlueChoice Plus (All Other Plans)

Out-of-Network (GHMSI)

DC CF SG POS OON CDH BRZ 6000 (1/20)
 DC CF SG POS OON CDH SIL 1500 (1/20)
 DC CF SG POS OON CDH SIL 2500 (1/20)
 DC CF SG POS OON CDH SIL 3000 (1/20)
 DC CF SG POS OON GOLD 500 (1/20)
 DC CF SG POS OON GOLD 1000 (1/20)

Product: HealthyBlue Plus

Out-of-Network (GHMSI)

DC CF SG POS OON PLAT 500 (1/20)

Product: HealthyBlue Advantage

Out-of-Network (GHMSI)

DC CF SG POS OON PLAT 500 (1/20)

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201601	44,297	Inpatient Hospital	\$2,321,588	\$0	Admits	162
201602	44,642	Inpatient Hospital	\$2,567,657	\$0	Admits	176
201603	44,852	Inpatient Hospital	\$2,732,545	\$0	Admits	214
201604	44,745	Inpatient Hospital	\$2,630,914	\$0	Admits	168
201605	44,584	Inpatient Hospital	\$2,216,761	\$0	Admits	166
201606	44,519	Inpatient Hospital	\$2,328,635	\$0	Admits	177
201607	44,235	Inpatient Hospital	\$2,303,125	\$0	Admits	169
201608	43,933	Inpatient Hospital	\$2,320,198	\$0	Admits	188
201609	43,584	Inpatient Hospital	\$2,433,006	\$0	Admits	196
201610	43,338	Inpatient Hospital	\$2,557,933	\$0	Admits	188
201611	43,046	Inpatient Hospital	\$2,873,453	\$0	Admits	164
201612	42,186	Inpatient Hospital	\$2,372,606	\$0	Admits	172
201701	41,362	Inpatient Hospital	\$3,379,183	\$0	Admits	192
201702	40,960	Inpatient Hospital	\$1,951,018	\$0	Admits	145
201703	40,733	Inpatient Hospital	\$3,152,883	\$0	Admits	152
201704	40,448	Inpatient Hospital	\$2,103,924	\$0	Admits	124
201705	40,383	Inpatient Hospital	\$2,122,786	\$0	Admits	124
201706	40,116	Inpatient Hospital	\$2,876,038	\$0	Admits	208
201707	39,855	Inpatient Hospital	\$2,485,595	\$0	Admits	190
201708	39,736	Inpatient Hospital	\$3,079,700	\$0	Admits	173
201709	39,764	Inpatient Hospital	\$2,641,304	\$0	Admits	175
201710	39,827	Inpatient Hospital	\$1,962,406	\$0	Admits	197
201711	39,597	Inpatient Hospital	\$1,604,559	\$0	Admits	125
201712	39,346	Inpatient Hospital	\$2,323,500	\$0	Admits	176
201801	39,818	Inpatient Hospital	\$2,806,835	\$0	Admits	218
201802	39,872	Inpatient Hospital	\$2,357,579	\$0	Admits	143
201803	39,866	Inpatient Hospital	\$2,496,053	\$0	Admits	143
201804	39,781	Inpatient Hospital	\$2,454,458	\$0	Admits	209
201805	39,765	Inpatient Hospital	\$2,117,319	\$0	Admits	178
201806	40,182	Inpatient Hospital	\$2,003,741	\$0	Admits	158
201807	40,386	Inpatient Hospital	\$3,480,868	\$0	Admits	193
201808	40,701	Inpatient Hospital	\$2,379,598	\$0	Admits	161
201809	40,326	Inpatient Hospital	\$2,513,338	\$0	Admits	165
201810	40,569	Inpatient Hospital	\$2,448,763	\$0	Admits	162
201811	40,509	Inpatient Hospital	\$3,465,332	\$0	Admits	184
201812	41,435	Inpatient Hospital	\$2,739,415	\$0	Admits	168
201901	42,431	Inpatient Hospital	\$2,292,739	\$0	Admits	194
201902	42,697	Inpatient Hospital	\$1,468,548	\$0	Admits	153

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201601	44,297	Outpatient Hospital	\$2,295,558	\$0	Visits	1,784
201602	44,642	Outpatient Hospital	\$2,692,865	\$0	Visits	1,873
201603	44,852	Outpatient Hospital	\$2,558,059	\$0	Visits	2,080
201604	44,745	Outpatient Hospital	\$2,551,668	\$0	Visits	2,009
201605	44,584	Outpatient Hospital	\$2,884,607	\$0	Visits	2,026
201606	44,519	Outpatient Hospital	\$2,862,456	\$0	Visits	2,026
201607	44,235	Outpatient Hospital	\$2,636,627	\$0	Visits	1,843
201608	43,933	Outpatient Hospital	\$2,900,115	\$0	Visits	2,048
201609	43,584	Outpatient Hospital	\$2,356,373	\$0	Visits	1,852
201610	43,338	Outpatient Hospital	\$2,609,971	\$0	Visits	1,952
201611	43,046	Outpatient Hospital	\$2,682,055	\$0	Visits	1,867
201612	42,186	Outpatient Hospital	\$2,460,260	\$0	Visits	1,818
201701	41,362	Outpatient Hospital	\$2,251,288	\$0	Visits	1,794
201702	40,960	Outpatient Hospital	\$2,392,887	\$0	Visits	1,720
201703	40,733	Outpatient Hospital	\$2,792,857	\$0	Visits	1,940
201704	40,448	Outpatient Hospital	\$2,881,785	\$0	Visits	1,899
201705	40,383	Outpatient Hospital	\$2,891,714	\$0	Visits	1,900
201706	40,116	Outpatient Hospital	\$2,838,085	\$0	Visits	1,881
201707	39,855	Outpatient Hospital	\$2,492,592	\$0	Visits	1,795
201708	39,736	Outpatient Hospital	\$2,689,556	\$0	Visits	1,990
201709	39,764	Outpatient Hospital	\$2,265,887	\$0	Visits	1,797
201710	39,827	Outpatient Hospital	\$2,799,866	\$0	Visits	2,049
201711	39,597	Outpatient Hospital	\$2,568,634	\$0	Visits	1,967
201712	39,346	Outpatient Hospital	\$2,476,526	\$0	Visits	1,933
201801	39,818	Outpatient Hospital	\$2,761,264	\$0	Visits	2,130
201802	39,872	Outpatient Hospital	\$2,533,354	\$0	Visits	1,889
201803	39,866	Outpatient Hospital	\$2,897,596	\$0	Visits	1,958
201804	39,781	Outpatient Hospital	\$2,827,744	\$0	Visits	1,946
201805	39,765	Outpatient Hospital	\$2,660,529	\$0	Visits	2,018
201806	40,182	Outpatient Hospital	\$2,828,813	\$0	Visits	1,985
201807	40,386	Outpatient Hospital	\$2,709,745	\$0	Visits	1,892
201808	40,701	Outpatient Hospital	\$2,779,233	\$0	Visits	1,999
201809	40,326	Outpatient Hospital	\$2,396,595	\$0	Visits	1,829
201810	40,569	Outpatient Hospital	\$3,467,639	\$0	Visits	2,120
201811	40,509	Outpatient Hospital	\$2,927,080	\$0	Visits	2,008
201812	41,435	Outpatient Hospital	\$3,292,331	\$0	Visits	2,140
201901	42,431	Outpatient Hospital	\$3,783,335	\$0	Visits	2,425
201902	42,697	Outpatient Hospital	\$2,912,461	\$0	Visits	2,460

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201601	44,297	Professional	\$4,425,723	\$0	Visits	28,913
201602	44,642	Professional	\$4,719,168	\$0	Visits	31,938
201603	44,852	Professional	\$5,305,861	\$0	Visits	35,821
201604	44,745	Professional	\$4,939,434	\$0	Visits	33,378
201605	44,584	Professional	\$4,994,091	\$0	Visits	32,674
201606	44,519	Professional	\$5,230,281	\$0	Visits	33,549
201607	44,235	Professional	\$4,523,441	\$0	Visits	30,173
201608	43,933	Professional	\$5,245,862	\$0	Visits	33,944
201609	43,584	Professional	\$4,884,312	\$0	Visits	32,170
201610	43,338	Professional	\$4,859,563	\$0	Visits	33,492
201611	43,046	Professional	\$4,804,026	\$0	Visits	32,352
201612	42,186	Professional	\$4,610,788	\$0	Visits	30,630
201701	41,362	Professional	\$4,827,579	\$0	Visits	30,897
201702	40,960	Professional	\$4,549,729	\$0	Visits	29,596
201703	40,733	Professional	\$5,077,721	\$0	Visits	33,327
201704	40,448	Professional	\$4,490,134	\$0	Visits	29,117
201705	40,383	Professional	\$5,003,296	\$0	Visits	32,281
201706	40,116	Professional	\$4,973,427	\$0	Visits	31,502
201707	39,855	Professional	\$4,606,423	\$0	Visits	29,050
201708	39,736	Professional	\$5,150,369	\$0	Visits	32,636
201709	39,764	Professional	\$4,951,096	\$0	Visits	30,792
201710	39,827	Professional	\$5,291,656	\$0	Visits	34,469
201711	39,597	Professional	\$4,966,044	\$0	Visits	32,061
201712	39,346	Professional	\$4,669,811	\$0	Visits	28,975
201801	39,818	Professional	\$5,735,298	\$0	Visits	34,122
201802	39,872	Professional	\$4,962,050	\$0	Visits	31,051
201803	39,866	Professional	\$5,316,982	\$0	Visits	32,414
201804	39,781	Professional	\$5,134,744	\$0	Visits	32,111
201805	39,765	Professional	\$5,381,443	\$0	Visits	33,356
201806	40,182	Professional	\$5,453,414	\$0	Visits	32,032
201807	40,386	Professional	\$5,155,231	\$0	Visits	31,605
201808	40,701	Professional	\$5,578,213	\$0	Visits	34,565
201809	40,326	Professional	\$4,904,502	\$0	Visits	31,619
201810	40,569	Professional	\$6,053,980	\$0	Visits	39,652
201811	40,509	Professional	\$5,540,079	\$0	Visits	35,372
201812	41,435	Professional	\$5,219,341	\$0	Visits	32,949
201901	42,431	Professional	\$6,448,431	\$0	Visits	41,606
201902	42,697	Professional	\$7,782,063	\$0	Visits	50,775

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201601	44,297	Other Medical	\$619,982	\$0	Services	3,865
201602	44,642	Other Medical	\$717,504	\$0	Services	4,240
201603	44,852	Other Medical	\$859,390	\$0	Services	5,072
201604	44,745	Other Medical	\$722,231	\$0	Services	4,421
201605	44,584	Other Medical	\$817,737	\$0	Services	4,275
201606	44,519	Other Medical	\$841,444	\$0	Services	4,880
201607	44,235	Other Medical	\$744,364	\$0	Services	4,406
201608	43,933	Other Medical	\$755,840	\$0	Services	5,288
201609	43,584	Other Medical	\$749,511	\$0	Services	3,735
201610	43,338	Other Medical	\$696,548	\$0	Services	4,062
201611	43,046	Other Medical	\$744,134	\$0	Services	3,706
201612	42,186	Other Medical	\$853,669	\$0	Services	3,734
201701	41,362	Other Medical	\$624,521	\$0	Services	3,407
201702	40,960	Other Medical	\$797,804	\$0	Services	3,467
201703	40,733	Other Medical	\$818,480	\$0	Services	3,755
201704	40,448	Other Medical	\$736,727	\$0	Services	3,652
201705	40,383	Other Medical	\$751,800	\$0	Services	3,461
201706	40,116	Other Medical	\$753,383	\$0	Services	3,653
201707	39,855	Other Medical	\$761,707	\$0	Services	3,381
201708	39,736	Other Medical	\$827,086	\$0	Services	4,694
201709	39,764	Other Medical	\$751,076	\$0	Services	3,821
201710	39,827	Other Medical	\$890,925	\$0	Services	4,401
201711	39,597	Other Medical	\$809,479	\$0	Services	4,221
201712	39,346	Other Medical	\$809,730	\$0	Services	4,405
201801	39,818	Other Medical	\$911,275	\$0	Services	4,471
201802	39,872	Other Medical	\$811,785	\$0	Services	4,170
201803	39,866	Other Medical	\$954,920	\$0	Services	4,595
201804	39,781	Other Medical	\$875,999	\$0	Services	4,843
201805	39,765	Other Medical	\$922,637	\$0	Services	3,991
201806	40,182	Other Medical	\$1,002,856	\$0	Services	4,446
201807	40,386	Other Medical	\$960,187	\$0	Services	4,332
201808	40,701	Other Medical	\$1,080,034	\$0	Services	5,075
201809	40,326	Other Medical	\$1,084,957	\$0	Services	4,206
201810	40,569	Other Medical	\$1,086,671	\$0	Services	4,887
201811	40,509	Other Medical	\$1,124,751	\$0	Services	4,564
201812	41,435	Other Medical	\$903,300	\$0	Services	4,233
201901	42,431	Other Medical	\$1,129,983	\$0	Services	5,002
201902	42,697	Other Medical	\$1,208,764	\$0	Services	5,673

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201601	44,297	Prescription Drug	\$3,573,818	\$574,938	Scripts	27,259
201602	44,642	Prescription Drug	\$4,098,908	\$578,275	Scripts	27,763
201603	44,852	Prescription Drug	\$4,689,888	\$578,676	Scripts	30,308
201604	44,745	Prescription Drug	\$4,492,841	\$636,645	Scripts	28,545
201605	44,584	Prescription Drug	\$4,247,146	\$634,642	Scripts	28,541
201606	44,519	Prescription Drug	\$4,625,721	\$632,429	Scripts	28,832
201607	44,235	Prescription Drug	\$4,115,253	\$562,691	Scripts	26,930
201608	43,933	Prescription Drug	\$4,277,487	\$559,917	Scripts	28,450
201609	43,584	Prescription Drug	\$4,033,482	\$556,687	Scripts	26,400
201610	43,338	Prescription Drug	\$4,049,085	\$523,644	Scripts	27,078
201611	43,046	Prescription Drug	\$4,044,559	\$523,073	Scripts	27,347
201612	42,186	Prescription Drug	\$3,981,850	\$516,913	Scripts	27,697
201701	41,362	Prescription Drug	\$3,875,247	\$572,245	Scripts	26,505
201702	40,960	Prescription Drug	\$3,906,154	\$567,557	Scripts	24,799
201703	40,733	Prescription Drug	\$4,530,786	\$564,859	Scripts	27,531
201704	40,448	Prescription Drug	\$3,903,078	\$620,928	Scripts	25,074
201705	40,383	Prescription Drug	\$4,516,391	\$620,228	Scripts	26,893
201706	40,116	Prescription Drug	\$4,594,031	\$617,982	Scripts	25,791
201707	39,855	Prescription Drug	\$4,119,164	\$620,900	Scripts	24,732
201708	39,736	Prescription Drug	\$4,516,048	\$619,242	Scripts	25,960
201709	39,764	Prescription Drug	\$4,244,062	\$619,692	Scripts	24,326
201710	39,827	Prescription Drug	\$4,401,515	\$613,390	Scripts	26,140
201711	39,597	Prescription Drug	\$4,258,453	\$610,461	Scripts	25,803
201712	39,346	Prescription Drug	\$4,287,646	\$606,625	Scripts	25,611
201801	39,818	Prescription Drug	\$4,578,309	\$717,551	Scripts	27,313
201802	39,872	Prescription Drug	\$4,275,121	\$720,015	Scripts	24,423
201803	39,866	Prescription Drug	\$4,627,338	\$719,721	Scripts	26,268
201804	39,781	Prescription Drug	\$4,378,934	\$729,545	Scripts	25,561
201805	39,765	Prescription Drug	\$4,893,774	\$730,377	Scripts	26,513
201806	40,182	Prescription Drug	\$4,800,098	\$737,707	Scripts	25,861
201807	40,386	Prescription Drug	\$4,643,270	\$693,029	Scripts	25,632
201808	40,701	Prescription Drug	\$4,884,545	\$698,782	Scripts	26,569
201809	40,326	Prescription Drug	\$4,134,671	\$694,619	Scripts	24,065
201810	40,569	Prescription Drug	\$4,774,480	\$620,751	Scripts	27,425
201811	40,509	Prescription Drug	\$4,593,005	\$619,823	Scripts	26,079
201812	41,435	Prescription Drug	\$4,479,685	\$634,600	Scripts	26,485
201901	42,431	Prescription Drug	\$4,831,335		Scripts	27,976
201902	42,697	Prescription Drug	\$4,429,106		Scripts	26,245

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201601	44,297	Capitations	\$62,564	\$0	Benefit Period	44,297
201602	44,642	Capitations	\$63,387	\$0	Benefit Period	44,642
201603	44,852	Capitations	\$64,455	\$0	Benefit Period	44,852
201604	44,745	Capitations	\$64,131	\$0	Benefit Period	44,745
201605	44,584	Capitations	\$63,922	\$0	Benefit Period	44,584
201606	44,519	Capitations	\$63,605	\$0	Benefit Period	44,519
201607	44,235	Capitations	\$63,174	\$0	Benefit Period	44,235
201608	43,933	Capitations	\$62,566	\$0	Benefit Period	43,933
201609	43,584	Capitations	\$62,139	\$0	Benefit Period	43,584
201610	43,338	Capitations	\$61,668	\$0	Benefit Period	43,338
201611	43,046	Capitations	\$60,948	\$0	Benefit Period	43,046
201612	42,186	Capitations	\$59,439	\$0	Benefit Period	42,186
201701	41,362	Capitations	\$52,854	\$0	Benefit Period	41,362
201702	40,960	Capitations	\$51,779	\$0	Benefit Period	40,960
201703	40,733	Capitations	\$51,213	\$0	Benefit Period	40,733
201704	40,448	Capitations	\$50,462	\$0	Benefit Period	40,448
201705	40,383	Capitations	\$50,023	\$0	Benefit Period	40,383
201706	40,116	Capitations	\$49,428	\$0	Benefit Period	40,116
201707	39,855	Capitations	\$48,823	\$0	Benefit Period	39,855
201708	39,736	Capitations	\$48,451	\$0	Benefit Period	39,736
201709	39,764	Capitations	\$48,179	\$0	Benefit Period	39,764
201710	39,827	Capitations	\$47,915	\$0	Benefit Period	39,827
201711	39,597	Capitations	\$47,365	\$0	Benefit Period	39,597
201712	39,346	Capitations	\$46,775	\$0	Benefit Period	39,346
201801	39,818	Capitations	\$32,395	\$0	Benefit Period	39,818
201802	39,872	Capitations	\$32,238	\$0	Benefit Period	39,872
201803	39,866	Capitations	\$32,197	\$0	Benefit Period	39,866
201804	39,781	Capitations	\$31,907	\$0	Benefit Period	39,781
201805	39,765	Capitations	\$31,535	\$0	Benefit Period	39,765
201806	40,182	Capitations	\$31,641	\$0	Benefit Period	40,182
201807	40,386	Capitations	\$31,643	\$0	Benefit Period	40,386
201808	40,701	Capitations	\$31,709	\$0	Benefit Period	40,701
201809	40,326	Capitations	\$31,178	\$0	Benefit Period	40,326
201810	40,569	Capitations	\$31,079	\$0	Benefit Period	40,569
201811	40,509	Capitations	\$30,722	\$0	Benefit Period	40,509
201812	41,435	Capitations	\$31,011	\$0	Benefit Period	41,435
201901	42,431	Capitations	\$42,767	\$0	Benefit Period	42,431
201902	42,697	Capitations	\$42,880	\$0	Benefit Period	42,697

Appendix - Total Experience

Month	Members	Contracts	Ultimate Allowed	Drug Rebates	Post-Rx Rebate Ultimate Allowed	Ultimate Incurred	Premium	Loss Ratio
201601	44,297	29,097	\$13,299,234	\$574,938	\$12,724,296	\$10,190,229	\$17,313,359	58.9%
201602	44,642	29,431	\$14,859,490	\$578,275	\$14,281,215	\$11,750,012	\$17,242,028	68.1%
201603	44,852	29,682	\$16,210,199	\$578,676	\$15,631,523	\$12,998,777	\$17,192,928	75.6%
201604	44,745	29,599	\$15,401,219	\$636,645	\$14,764,575	\$12,439,632	\$17,129,614	72.6%
201605	44,584	29,441	\$15,224,263	\$634,642	\$14,589,621	\$12,379,580	\$16,989,924	72.9%
201606	44,519	29,367	\$15,952,142	\$632,429	\$15,319,713	\$13,011,777	\$17,000,744	76.5%
201607	44,235	29,147	\$14,385,985	\$562,691	\$13,823,294	\$11,824,750	\$16,846,726	70.2%
201608	43,933	28,911	\$15,562,068	\$559,917	\$15,002,151	\$12,806,860	\$16,671,517	76.8%
201609	43,584	28,613	\$14,518,822	\$556,687	\$13,962,135	\$11,941,793	\$16,582,020	72.0%
201610	43,338	28,403	\$14,834,768	\$523,644	\$14,311,123	\$12,277,249	\$16,437,827	74.7%
201611	43,046	28,180	\$15,209,175	\$523,073	\$14,686,102	\$12,690,091	\$16,450,494	77.1%
201612	42,186	27,650	\$14,338,612	\$516,913	\$13,821,699	\$11,501,338	\$16,134,990	71.3%
201701	41,362	26,983	\$15,010,673	\$572,245	\$14,438,428	\$11,889,350	\$16,528,153	71.9%
201702	40,960	26,681	\$13,649,371	\$567,557	\$13,081,815	\$10,854,612	\$16,373,825	66.3%
201703	40,733	26,498	\$16,423,938	\$564,859	\$15,859,079	\$13,447,779	\$16,322,528	82.4%
201704	40,448	26,275	\$14,166,110	\$620,928	\$13,545,182	\$11,534,135	\$16,283,519	70.8%
201705	40,383	26,205	\$15,336,009	\$620,228	\$14,715,781	\$12,578,368	\$16,256,857	77.4%
201706	40,116	25,975	\$16,084,393	\$617,982	\$15,466,411	\$13,373,251	\$16,224,835	82.4%
201707	39,855	25,733	\$14,514,305	\$620,900	\$13,893,405	\$11,932,866	\$16,175,145	73.8%
201708	39,736	25,607	\$16,311,210	\$619,242	\$15,691,968	\$13,630,653	\$16,172,684	84.3%
201709	39,764	25,542	\$14,901,604	\$619,692	\$14,281,912	\$12,394,135	\$16,210,400	76.5%
201710	39,827	25,549	\$15,394,283	\$613,390	\$14,780,893	\$12,702,532	\$16,279,955	78.0%
201711	39,597	25,409	\$14,254,533	\$610,461	\$13,644,072	\$11,627,449	\$16,233,195	71.6%
201712	39,346	25,177	\$14,613,988	\$606,625	\$14,007,362	\$11,772,785	\$16,391,622	71.8%
201801	39,818	25,624	\$16,825,376	\$717,551	\$16,107,825	\$13,203,694	\$16,853,982	78.3%
201802	39,872	25,653	\$14,972,129	\$720,015	\$14,252,113	\$11,868,919	\$17,138,373	69.3%
201803	39,866	25,659	\$16,325,084	\$719,721	\$15,605,363	\$13,274,836	\$17,147,843	77.4%
201804	39,781	25,616	\$15,703,786	\$729,545	\$14,974,241	\$12,700,866	\$17,162,881	74.0%
201805	39,765	25,544	\$16,007,237	\$730,377	\$15,276,860	\$13,012,995	\$17,184,119	75.7%
201806	40,182	25,708	\$16,120,564	\$737,707	\$15,382,857	\$13,192,605	\$17,518,975	75.3%
201807	40,386	25,747	\$16,980,943	\$693,029	\$16,287,914	\$14,168,900	\$17,624,109	80.4%
201808	40,701	25,903	\$16,733,333	\$698,782	\$16,034,551	\$13,808,586	\$17,793,210	77.6%
201809	40,326	25,672	\$15,065,240	\$694,619	\$14,370,622	\$12,329,893	\$17,657,556	69.8%
201810	40,569	25,807	\$17,862,612	\$620,751	\$17,241,861	\$14,904,558	\$17,837,252	83.6%
201811	40,509	25,772	\$17,680,969	\$619,823	\$17,061,146	\$14,828,136	\$17,920,010	82.7%
201812	41,435	26,200	\$16,665,082	\$634,600	\$16,030,482	\$13,543,649	\$18,439,538	73.4%
201901	42,431	27,057	\$18,528,591		\$18,528,591	\$15,321,352	\$19,194,784	79.8%
201902	42,697	27,248	\$17,843,821		\$17,843,821	\$14,508,979	\$19,260,383	75.3%

May 24, 2019

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



Re: CareFirst BlueChoice, Inc. Small Group Rate Filing Cover Letter

Mr. Tanhehco,

In accordance with DISB requirements this letter has been submitted as cover for our 2020 ACA plan rate filing submitted 5/24/2019. Please note the required information below:

- a. **Company Name:** CareFirst BlueChoice, Inc. (CFBC)
- b. **NAIC Company Code:** 96202
- c. **Unique Company Filing Number:** 2343
- d. **Date Submitted:** 5/24/2019
- e. **Proposed Effective Date:** 1/1/2020
- f. **Type of Product:** HMO – On Exchange
- g. **Individual or Group:** Small Group
- h. **Scope and Purpose of Filing:** This filing has been submitted to propose the rate actions listed below in section k for all non-grandfathered ACA compliant plans offered by CFBC.
- i. **Indication Whether Initial Filing or Change:** This filing proposes a change to existing rates (from our previous SERFF Filing #CFAP-131468251).
- j. **Indication if no DC Policyholders:** This filing proposes rate actions to our plans sold in DC. DC policyholders of CFBC ACA plans will be impacted.
- k. **Overall Premium Impact of Filing on DC Policyholders:** Proposed average rate increase for 2020 is 13.5%.
- l. **Contact Information:**
 - a. Name: Dwayne Lucado, FSA, MAAA
 - b. Telephone Number: 410-998-7519
 - c. Email: Dwayne.Lucado@Carefirst.com
 - d. Fax: 410-505-2192

For further detail and support for the rate actions proposed above please reference the Actuarial Memorandum submitted on 5/24/2019.

Sincerely,

Dwayne
Lucado

Digitally signed by Dwayne
Lucado
Date: 2019.05.24 11:09:22
-04'00'

Dwayne Lucado, FSA, MAAA
Senior Actuary

May 24, 2019

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



Re: CareFirst BlueChoice, Inc. Small Group Rate Filing Cover Letter

Mr. Tanhehco,

In accordance with DISB requirements this letter has been submitted as cover for our 2020 ACA plan rate filing submitted 5/24/2019. Please note the required information below:

- a. **Company Name:** CareFirst BlueChoice, Inc. (CFBC)
- b. **NAIC Company Code:** 96202
- c. **Unique Company Filing Number:** 2343
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- e. **Proposed Effective Date:** 1/1/2020
- f. **Type of Product:** HMO – On Exchange
- g. **Individual or Group:** Small Group
- h. **Scope and Purpose of Filing:** This filing has been submitted to propose the rate actions listed below in section k for all non-grandfathered ACA compliant plans offered by CFBC.
- i. **Indication Whether Initial Filing or Change:** This filing proposes a change to existing rates (from our previous SERFF Filing #CFAP-131468251).
- j. **Indication if no DC Policyholders:** This filing proposes rate actions to our plans sold in DC. DC policyholders of CFBC ACA plans will be impacted.
- k. **Overall Premium Impact of Filing on DC Policyholders:** Proposed average rate increase for 2020 is 17.1%.
- l. **Contact Information:**
 - a. Name: Dwayne Lucado, FSA, MAAA
 - b. Telephone Number: 410-998-7519
 - c. Email: Dwayne.Lucado@Carefirst.com
 - d. Fax: 410-505-2192

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Sincerely,

Dwayne
Lucado

Digitally signed by
Dwayne Lucado
Date: 2019.05.24
11:12:31 -04'00'

Dwayne Lucado, FSA, MAAA
Senior Actuary

Unified Rate Review v5.0

Company Legal Name:	BlueChoice, Inc.	State:	DC
HIOS Issuer ID:	86052	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	\$188,625,834.49		\$441.44
Reinsurance	\$0.00		\$0.00
Incurred Claims in Experience Period	\$160,837,637.10		\$376.41
Risk Adjustment	-\$8,172,438.44		-\$19.13
Experience Period Premium	\$210,277,846.49		\$492.11
Experience Period Member Months	427,296		

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	\$64.70	1.000	1.060	1.000	1.060	\$72.70
Outpatient Hospital	\$70.51	1.010	1.040	1.010	1.040	\$77.80
Professional	\$133.28	1.030	1.060	1.030	1.060	\$158.87
Other Medical	\$24.24	1.040	1.090	1.040	1.090	\$31.15
Capitation	\$0.54	1.000	1.000	1.000	1.000	\$0.54
Prescription Drug	\$96.74	1.065	1.000	1.065	1.000	\$109.72
Total	\$390.01					\$450.78

Morbidity Adjustment	1.006
Demographic Shift	0.992
Plan Design Changes	1.004
Other	1.000
Adjusted Trended EHB Allowed Claims PMPM for 1/1/2020	\$451.66

Manual EHB Allowed Claims PMPM	\$451.52
Applied Credibility %	0.00%

Projected Period Totals		
Projected Index Rate for 1/1/2020	\$451.52	\$207,564,647.04
Reinsurance	\$0.00	\$0.00
Risk Adjustment Payment/Charge	-\$23.44	-\$10,775,414.88
Exchange User Fees	0.00%	\$0.00
Market Adjusted Index Rate	\$474.96	\$218,340,061.92
Projected Member Months	459,702	

Product Pack Data Labels

Product Name

Product Code

Product Description

Product Category

Product Sub-Category

Product Brand

Product Manufacturer

Product Supplier

Product Price

Product Weight

Product Dimensions

Product Material

Product Color

Product Finish

Product Features

Product Benefits

Product Warnings

Product Instructions

Product Images

Product Videos

Product Reviews

Product Ratings

Product Questions

Product Answers

Product Comments

Product Feedback

Product Support

Product Warranty

Product Return

Product Exchange

Product Refund

Product Complaint

Product Suggestion

Product Request

Product Inquiry

Product Contact

Product Address

Product Phone

Product Email

Product Website

Product Social

Product Blog

Product News

Product Events

Product Promotions

Product Discounts

Product Coupons

Product Vouchers

Product Rewards

Product Loyalty

Product Membership

Product Subscription

Product Newsletter

Product Mailing

Product Direct

Product Mailer

Product Card

Product Label

Product Tag

Product Sticker

Product Decal

Product Marking

Product Labeling

Product Identification

Product Tracking

Product Monitoring

Product Analysis

Product Reporting

Product Dashboard

Product Analytics

Product Insights

Product Trends

Product Patterns

Product Behavior

Product Usage

Product Engagement

Product Interaction

Product Conversion

Product Retention

Product Churn

Product Lifetime

Product Value

Product Profit

Product Loss

Product Cost

Product Revenue

Product Margin

Product Share

Product Market

Product Segment

Product Niche

Product Target

Product Audience

Product Demographic

Product Psychographic

Product Behavioral

Product Attitudinal

Product Emotional

Product Cognitive

Product Sensory

Product Motor

Product Affective

Product Conative

Product Volitional

Product Instinctive

Product Habitual

Product Automatic

Product Reflexive

Product Impulsive

Product Spontaneous

Product Unplanned

Product Unconscious

Product Subliminal

Rating Area Data Collection

Rating Area	Rating Factor
Rating Area 1	1.0000

Unified Rate Review v5.0

Company Legal Name:	BlueChoice, Inc.	State:	DC
HIOS Issuer ID:	86052	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	\$188,625,834.49		\$441.44
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Professional	\$133.28	1.030	1.060	1.030	1.060	\$158.87
Other Medical	\$24.24	1.040	1.090	1.040	1.090	\$31.15
Capitation	\$0.54	1.000	1.000	1.000	1.000	\$0.54
Prescription Drug	\$96.74	1.065	1.000	1.065	1.000	\$109.72
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Applied Credibility %	0.00%

Projected Period Totals		
Projected Index Rate for 1/1/2020	\$451.52	\$207,564,647.04
Reinsurance	\$0.00	\$0.00
Risk Adjustment Payment/Charge	-\$41.86	-\$19,243,125.72
Exchange User Fees	0.00%	\$0.00
Market Adjusted Index Rate	\$493.38	\$226,807,772.76
Projected Member Months	459,702	

Product Pack Data Labels

Product Name

Product Code

Product Description

Product Category

Product Sub-Category

Product Brand

Product Manufacturer

Product Supplier

Product Price

Product Weight

Product Dimensions

Product Material

Product Color

Product Finish

Product Features

Product Benefits

Product Usage

Product Care

Product Warranty

Product Availability

Product Status

Product Date

Product Time

Product Location

Product Contact

Product Email

Product Phone

Product Fax

Product Address

Product City

Product State

Product Zip

Product Country

Product Currency

Product Language

Product Theme

Product Skin

Product Template

Product Layout

Product Design

Product Style

Product Trend

Product Forecast

Product Demand

Product Supply

Product Inventory

Product Stock

Product Order

Product Ship

Product Del

Product Ret

Product Cst

Product Inv

Product Cap

Product Eff

Product Pro

Product Con

Product Tot

Product Net

Product Gross

Product Profit

Product Loss

Product Margin

Product Yield

Product Waste

Product Scrap

Product Defect

Product Recall

Product Complaint

Product Feedback

Product Review

Product Rating

Product Score

Product Comment

Product Question

Product Answer

Product Inquiry

Product Request

Product Suggestion

Product Idea

Product Concept

Product Prototype

Product Sample

Product Model

Product Version

Product Release

Product Update

Product Patch

Product Bug

Product Feature

Product Benefit

Product Usage

Product Care

Product Warranty

Product Availability

Product Status

Product Date

Product Time

Product Location

Product Contact

Product Email

Product Phone

Product Fax

Product Address

Product City

Product State

Product Zip

Product Country

Product Currency

Product Language

Product Theme

Product Skin

Product Template

Product Layout

Product Design

Product Style

Product Trend

Product Forecast

Product Demand

Product Supply

Product Inventory

Product Stock

Product Order

Product Ship

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Product Cap

Product Eff

Product Pro

Product Con

Product Tot

Product Net

Product Gross

Product Profit

Product Loss

Product Margin

Product Yield

Product Waste

Product Scrap

Product Defect

Product Recall

Product Complaint

Product Feedback

Product Review

Product Rating

Product Score

Product Comment

Product Question

Product Answer

Product Inquiry

Product Request

Product Suggestion

Product Idea

Product Concept

Product Prototype

Product Sample

Product Model

Product Version

Product Release

Product Update

Product Patch

Product Bug

Product Feature

Product Benefit

Product Usage

Product Care

Product Warranty

Product Availability

Product Status

Product Date

Product Time

Product Location

Product Contact

Product Email

Product Phone

Product Fax

Product Address

Product City

Product State

Product Zip

Product Country

Product Currency

Product Language

Product Theme

Product Skin

Product Template

Product Layout

Product Design

Product Style

Product Trend

Product Forecast

Product Demand

Product Supply

Product Inventory

Product Stock

Product Order

Product Ship

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Product Net

Product Gross

Product Profit

Product Loss

Product Margin

Product Yield

Product Waste

Product Scrap

Product Defect

Product Recall

Product Complaint

Product Feedback

Product Review

Product Rating

Product Score

Product Comment

Product Question

Product Answer

Product Inquiry

Product Request

Product Suggestion

Product Idea

Product Concept

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Product Update

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Product Feature

Product Benefit

Product Usage

Product Care

Product Warranty

Product Availability

Product Status

Product Date

Product Time

Product Location

Product Contact

Product Email

Product Phone

Product Fax

Product Address

Product City

Product State

Product Zip

Product Country

Product Currency

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Product Trend

Product Forecast

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Product Gross

Product Profit

Product Loss

Product Margin

Product Yield

Product Waste

Product Scrap

Product Defect

Product Recall

Product Complaint

Product Feedback

Product Review

Product Rating

Product Score

Product Comment

Product Question

Product Answer

Product Inquiry

Product Request

Product Suggestion

Product Idea

Product Concept

Product Prototype

Product Sample

Product Model

Product Version

Product Release

Product Update

Product Patch

Product Bug

Product Feature

Product Benefit

Product Usage

Product Care

Product Warranty

Product Availability

Product Status

Product Date

Product Time

Product Location

Product Contact

Product Email

Product Phone

Product Fax

Product Address

Product City

Product State

Product Zip

Product Country

Product Currency

Product Language

Product Theme

Product Skin

Product Template

Product Layout

Product Design

Product Style

Product Trend

Product Forecast

Product Demand

Product Supply

Product Inventory

Product Stock

Product Order

Product Ship

</

Rating Area Data Collection

Rating Area	Rating Factor
Rating Area 1	1.0000

DC BlueChoice

Rate Filing Justification Part II (Plain Language Summary)

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

Name of Company	BlueChoice Inc.
SERFF tracking number	CFAP-131941447
Submission Date	5/24/2019
Product Name	BlueChoice

Market Type: ☐ Individual ☒ Small Group

Rate Filing Type: ☒ Rate Increase ☐ New Filing

Scope and Range of the Increase:

The % increase is requested because:

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

This filing will impact:

of policyholder's # of covered lives

The average, minimum and maximum rate changes increases are:

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

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

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

Financial Experience of Product

The overall financial experience of the product includes:

In 2018, a total of \$190.2 million in premium was collected and \$144.3 million in claims were paid out, along with \$5.6 million paid in risk adjustment, for a loss ratio of 78.8%. However, the rate increase of the product is driven partially by the combined Individual and Small group experience, which collected \$210.3 million in premium and paid out \$160.8 million in claims and paid \$8.2 million in risk adjustment for a loss ratio of 80.4%.

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

The proposed rate increases are aimed to bring the loss ratio for the combined Individual/small group pool up to a projected 80.5%.

Components of Increase

The request is made up of the following components:

Trend Increases –	7.5	% of the	13.5	% 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	4.3	% of the	13.5	% 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	3.1	% of the	13.5	% total filed increase.
Other Increases –				
	5.6	% of the	13.5	% 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	13.5	% 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	1.15	% of the	13.5	% 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	-0.3	% of the	13.5	% 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	3.0	% of the	13.5	% total filed increase.
5. Other – Defined as:				
Re-introduction of the Health Insurer Tax in 2020.				
This component is	1.6	% of the	13.5	% total filed increase.

DC BlueChoice

Rate Filing Justification Part II (Plain Language Summary)

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

Name of Company	BlueChoice Inc.
SERFF tracking number	CFAP-131941447
Submission Date	5/24/2019
Product Name	BlueChoice

Market Type: ☐ Individual ☒ Small Group

Rate Filing Type: ☒ Rate Increase ☐ New Filing

Scope and Range of the Increase:

The % increase is requested because:

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

This filing will impact:

of policyholder's # of covered lives

The average, minimum and maximum rate changes increases are:

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

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

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

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The overall financial experience of the product includes:

In 2018, a total of \$190.2 million in premium was collected and \$144.3 million in claims were paid out, along with \$5.6 million paid in risk adjustment, for a loss ratio of 78.8%. However, the rate increase of the product is driven partially by the combined Individual and Small group experience, which collected \$210.3 million in premium and paid out \$160.8 million in claims and paid \$8.2 million in risk adjustment for a loss ratio of 80.4%.

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

The proposed rate increases are aimed to bring the loss ratio for the combined Individual/small group pool up to a projected 80.8%.

Components of Increase

The request is made up of the following components:

Trend Increases –	7.5	% of the	17.1	% 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	4.3	% of the	17.1	% 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	3.1	% of the	17.1	% total filed increase.
Other Increases –				
	8.9	% of the	17.1	% 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	17.1	% 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	1.15	% of the	17.1	% 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	-0.7	% of the	17.1	% 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	3.0	% of the	17.1	% total filed increase.
5. Other – Defined as:				
Re-introduction of the Health Insurer Tax in 2020 and combined Risk Adjustment.				
This component is	5.3	% of the	17.1	% total filed increase.