Filing at a Glance

Company:	CareFirst BlueChoice, Inc.
Product Name:	2568 - 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:	05/17/2021
SERFF Tr Num:	CFAP-132808962
SERFF Status:	Submitted to State
State Tr Num:	
State Status:	
Co Tr Num:	2568
Effective Date Requested:	01/01/2022
Author(s):	Dwayne Lucado, Anna Guloy, Shane Kontir, Cory Bream, Nicholas Pham, Gregory Sucher, Avraham Golish, Carmen Posteraro
Reviewer(s):	
Disposition Date:	
Disposition Status:	
Effective Date:	

State Filing Description:

State: *District of Columbia* ***Filing Company:*** *CareFirst BlueChoice, Inc.*
TOI/Sub-TOI: *HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other*
Product Name: *2568 - DC ACA Small Group BlueChoice*
Project Name/Number: *2568 - DC BC SG ACA ON-EXCHANGE/2568*

General Information

Project Name: 2568 - DC BC SG ACA ON-EXCHANGE
Project Number: 2568
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Group Market Type: Employer
Filing Status Changed: 05/17/2021
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: 2.5%

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 47 benefit plans on the D.C. Exchange.

Company and Contact

Filing Contact Information

Shane Kontir, Senior Actuarial Analyst
10455 Mill Run Circle
Owings Mills, MD 21117

shane.kontir@carefirst.com
410-998-4440 [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:

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: *2568 - DC ACA Small Group BlueChoice*
Project Name/Number: *2568 - DC BC SG ACA ON-EXCHANGE/2568*

Filing Fees

State Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

SERFF Tracking #:	*CFAP-132808962*	***State Tracking #:***		***Company Tracking #:***	*2568*

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:	*2568 - DC ACA Small Group BlueChoice*		
Project Name/Number:	*2568 - DC BC SG ACA ON-EXCHANGE/2568*		

Rate Information

Rate data applies to filing.

Filing Method:	SERFF
Rate Change Type:	Increase
Overall Percentage of Last Rate Revision:	0.200%
Effective Date of Last Rate Revision:	01/01/2021
Filing Method of Last Filing:	SERFF
SERFF Tracking Number of Last Filing:	CFAP-132316088

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	2.500%	2.500%	$6,417,634	25,930	$255,607,137	8.600%	1.800%

State: District of Columbia **Filing Company:** CareFirst BlueChoice, Inc.
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other
Product Name: 2568 - DC ACA Small Group BlueChoice
Project Name/Number: 2568 - DC BC SG ACA ON-EXCHANGE/2568

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		20593
BlueChoice HMO	86052DC046		8299
BlueChoice HMO Referral	86052DC048		3863
HealthyBlue Plus	86052DC050		6748
HealthyBlue Plus Opt Out	86052DC058		2930

Trend Factors:

FORMS:

New Policy Forms: DC/CF/SG/BC ADV OON BF HSA/SIL 1500 (1/22), DC/CF/SG/POS OON CDH/BRZ 6100 (1/22), DC/CF/SG/POS OON CDH/GOLD 1500 (1/22), DC/CF/SG/POS OON CDH/GOLD 1500 90 (1/22), DC/CF/SG/POS OON CDH/SIL 1500 (1/22), DC/CF/SG/POS OON CDH/SIL 2000 (1/22), DC/CF/SG/POS OON CDH/SIL 2100 70 (1/22), DC/CF/SG/POS OON CDH/SIL 2500 (1/22), DC/CF/SG/POS OON CDH/SIL 3000 (1/22), DC/CF/SG/POS OON CDH/SIL 3000 70 (1/22), DC/CF/SG/POS OON/GOLD 0 (1/22), DC/CF/SG/POS OON/GOLD 1000 (1/22), DC/CF/SG/POS OON/GOLD 3000 (1/22), DC/CF/SG/POS OON/GOLD 500 (1/22), DC/CF/SG/POS OON/PLAT 0 (1/22), DC/CF/SG/POS OON/PLAT 500 (1/22), DC/CF/SG/POS OON/SIL 4000 (1/22), DC/CF/SG/POS OON/SIL 5000 (1/22), DC/CF/SG/POS OON/V BRZ 6000 (1/22), DC/CF/SHOP/POS OON/2022 AMEND (1/22), DC/CFBC/SG/AUTH AMEND/HMO (R. 1/22), DC/CFBC/SG/BC ADV IN BF HSA/SIL 1500 (1/22), DC/CFBC/SG/BC+ OO/PLAT 0 (1/22), DC/CFBC/SG/HMO OA CDH/BRZ 6100 (1/22), DC/CFBC/SG/HMO OA CDH/BRZ 6500 90 (1/22), DC/CFBC/SG/HMO OA CDH/GOLD 1500 (1/22), DC/CFBC/SG/HMO OA CDH/GOLD 1500 90 (1/22), DC/CFBC/SG/HMO OA CDH/SIL 1500 (1/22), DC/CFBC/SG/HMO OA CDH/SIL 2000 (1/22), DC/CFBC/SG/HMO OA CDH/SIL 2100 70 (1/22), DC/CFBC/SG/HMO OA CDH/SIL 3000 (1/22), DC/CFBC/SG/HMO OA CDH/SIL 3000 70 (1/22), DC/CFBC/SG/HMO OA/GOLD 1500 (1/22), DC/CFBC/SG/HMO OA/GOLD 3000 (1/22), DC/CFBC/SG/HMO OA/GOLD 500 (1/22), DC/CFBC/SG/HMO OA/PLAT 0 (1/22), DC/CFBC/SG/HMO OA/SIL 1500 (1/22), DC/CFBC/SG/HMO OA/SIL 5000 (1/22), DC/CFBC/SG/HMO REF/BRZ 8250 (1/22), DC/CFBC/SG/HMO REF/GOLD 0 (1/22), DC/CFBC/SG/HMO REF/GOLD 500 (1/22), DC/CFBC/SG/HMO REF/PLAT 0 (1/22), DC/CFBC/SG/HMO REF/SIL 4000 (1/22), DC/CFBC/SG/HMO/V BRZ 6000 (1/22), DC/CFBC/SG/POS IN CDH/BRZ 6100 (1/22), DC/CFBC/SG/POS IN CDH/GOLD 1500 (1/22), DC/CFBC/SG/POS IN CDH/GOLD 1500 90 (1/22), DC/CFBC/SG/POS IN CDH/SIL 1500 (1/22), DC/CFBC/SG/POS IN CDH/SIL 2000 (1/22), DC/CFBC/SG/POS IN CDH/SIL 2100 70 (1/22), DC/CFBC/SG/POS IN CDH/SIL 2500 (1/22),

DC/CFBC/SG/POS IN CDH/SIL 3000 (1/22), DC/CFBC/SG/POS IN CDH/SIL 3000 70 (1/22), DC/CFBC/SG/POS IN/GOLD 0 (1/22), DC/CFBC/SG/POS IN/GOLD 1000 (1/22), DC/CFBC/SG/POS IN/GOLD 3000 (1/22), DC/CFBC/SG/POS IN/GOLD 500 (1/22), DC/CFBC/SG/POS IN/PLAT 0 (1/22), DC/CFBC/SG/POS IN/PLAT 500 (1/22), DC/CFBC/SG/POS IN/SIL 4000 (1/22), DC/CFBC/SG/POS IN/SIL 5000 (1/22), DC/CFBC/SG/POS IN/V BRZ 6000 (1/22)

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/PT PROTECT (9/10), DC/CF/SG/AUTH AMEND/POS OON (R. 1/20), DC/CF/SHOP/ELIG (R. 1/20), DC/CF/SHOP/GC (R 1/19), DC/CF/SHOP/POS OON/2021 AMEND (1/21), DC/CF/SHOP/POS OON/DOCS (R. 1/20), DC/CF/SHOP/POS OON/EOC (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/BLCRD (R. 6/18), DC/CFBC/DOL APPEAL (R. 1/17), DC/CFBC/MEM/BLCRD (R. 6/18), DC/CFBC/PT PROTECT (9/10), DC/CFBC/SG/AUTH AMEND/ADV (R. 1/20), DC/CFBC/SG/AUTH AMEND/BCOO (R. 1/20), DC/CFBC/SG/AUTH AMEND/PLUS (R. 1/20), DC/CFBC/SG/INCENT (R. 1/21), DC/CFBC/SHOP/2021 AMEND (1/21), 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/GC (R 1/19), DC/CFBC/SHOP/GC (R. 1/19), DC/CFBC/SHOP/HMO DOCS (R. 1/20), DC/CFBC/SHOP/HMO POS/EOC (R. 1/20), DC/CFBC/SHOP/PLUS IN DOCS (R. 1/20), DC/GHMSI/DOL APPEAL (R. 1/17), DC/GHMSI/HEALTH GUARANTEE 8/19

REQUESTED RATE CHANGE INFORMATION:

Change Period:	Annual
Member Months:	516,978
Benefit Change:	Increase
Percent Change Requested:	Min: 1.8 Max: 8.6 Avg: 2.5

PRIOR RATE:

Total Earned Premium:	255,607,137.00
Total Incurred Claims:	200,231,451.00
Annual $:	Min: 247.92 Max: 626.27 Avg: 482.04

REQUESTED RATE:

Projected Earned Premium:	271,678,353.00
Projected Incurred Claims:	216,838,157.00
Annual $:	Min: 269.35 Max: 638.94 Avg: 494.14

SERFF Tracking #:	*CFAP-132808962*	***State Tracking #:***		***Company Tracking #:***	*2568*

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:	*2568 - DC ACA Small Group BlueChoice*		
Project Name/Number:	*2568 - DC BC SG ACA ON-EXCHANGE/2568*		

Rate/Rule Schedule

SERFF Tracking #: CFAP-132808962 **State Tracking #:** **Company Tracking #:** 2568

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: 2568 - DC ACA Small Group BlueChoice
Project Name/Number: 2568 - DC BC SG ACA ON-EXCHANGE/2568

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		2568 - 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/PT PROTECT (9/10), DC/CF/SG/AUTH AMEND/POS OON (R. 1/20), DC/CF/SHOP/ELIG (R. 1/20), DC/CF/SHOP/GC (R 1/19), DC/CF/SHOP/POS OON/2021 AMEND (1/21), DC/CF/SHOP/POS OON/DOCS (R. 1/20), DC/CF/SHOP/POS OON/EOC (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/BLCRD (R. 6/18), DC/CFBC/DOL APPEAL (R. 1/17), DC/CFBC/MEM/BLCRD (R. 6/18), DC/CFBC/PT PROTECT (9/10), DC/CFBC/SG/AUTH AMEND/ADV (R. 1/20), DC/CFBC/SG/AUTH AMEND/BCOO (R. 1/20), DC/CFBC/SG/AUTH AMEND/PLUS (R. 1/20), DC/CFBC/SG/INCENT (R. 1/21), DC/CFBC/SHOP/2021 AMEND (1/21), 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/GC (R 1/19), DC/CFBC/SHOP/GC (R. 1/19), DC/CFBC/SHOP/HMO	Revised	Previous State Filing Number: CFAP-132316088 Percent Rate Change Request: 2.5	2568 - DC BlueChoice - SG - Rate Sheets.pdf,

			DOCS (R. 1/20), DC/CFBC/SHOP/HMO POS/EOC (R. 1/20), DC/CFBC/SHOP/PLUS IN DOCS (R. 1/20), DC/GHMSI/DOL APPEAL (R. 1/17), DC/GHMSI/HEALTH GUARANTEE 8/19, DC/CF/SG/BC ADV OON BF HSA/SIL 1500 (1/22), DC/CF/SG/POS OON CDH/BRZ 6100 (1/22), DC/CF/SG/POS OON CDH/GOLD 1500 (1/22), DC/CF/SG/POS OON CDH/GOLD 1500 90 (1/22), DC/CF/SG/POS OON CDH/SIL 1500 (1/22), DC/CF/SG/POS OON CDH/SIL 2000 (1/22), DC/CF/SG/POS OON CDH/SIL 2100 70 (1/22), DC/CF/SG/POS OON CDH/SIL 2500 (1/22), DC/CF/SG/POS OON CDH/SIL 3000 (1/22), DC/CF/SG/POS OON CDH/SIL 3000 70 (1/22), DC/CF/SG/POS OON/GOLD 0 (1/22), DC/CF/SG/POS OON/GOLD 1000 (1/22), DC/CF/SG/POS OON/GOLD 3000 (1/22), DC/CF/SG/POS OON/GOLD 500 (1/22), DC/CF/SG/POS OON/PLAT 0 (1/22), DC/CF/SG/POS OON/PLAT 500 (1/22), DC/CF/SG/POS OON/SIL 4000 (1/22), DC/CF/SG/POS OON/SIL 5000 (1/22), DC/CF/SG/POS OON/V BRZ 6000 (1/22), DC/CF/SHOP/POS OON/2022 AMEND (1/22), DC/CFBC/SG/AUTH AMEND/HMO (R. 1/22), DC/CFBC/SG/BC ADV IN BF			

			HSA/SIL 1500 (1/22), DC/CFBC/SG/BC+ OO/PLAT 0 (1/22), DC/CFBC/SG/HMO OA CDH/BRZ 6100 (1/22), DC/CFBC/SG/HMO OA CDH/BRZ 6500 90 (1/22), DC/CFBC/SG/HMO OA CDH/GOLD 1500 (1/22), DC/CFBC/SG/HMO OA CDH/GOLD 1500 90 (1/22), DC/CFBC/SG/HMO OA CDH/SIL 1500 (1/22), DC/CFBC/SG/HMO OA CDH/SIL 2000 (1/22), DC/CFBC/SG/HMO OA CDH/SIL 2100 70 (1/22), DC/CFBC/SG/HMO OA CDH/SIL 3000 (1/22), DC/CFBC/SG/HMO OA CDH/SIL 3000 70 (1/22), DC/CFBC/SG/HMO OA/GOLD 1500 (1/22), DC/CFBC/SG/HMO OA/GOLD 3000 (1/22), DC/CFBC/SG/HMO OA/GOLD 500 (1/22), DC/CFBC/SG/HMO OA/PLAT 0 (1/22), DC/CFBC/SG/HMO OA/SIL 1500 (1/22), DC/CFBC/SG/HMO OA/SIL 5000 (1/22), DC/CFBC/SG/HMO REF/BRZ 8250 (1/22), DC/CFBC/SG/HMO REF/GOLD 0 (1/22), DC/CFBC/SG/HMO REF/GOLD 500 (1/22), DC/CFBC/SG/HMO REF/PLAT 0 (1/22), DC/CFBC/SG/HMO REF/SIL 4000 (1/22), DC/CFBC/SG/HMO/V BRZ 6000 (1/22), DC/CFBC/SG/POS IN CDH/BRZ 6100 (1/22), DC/CFBC/SG/POS IN CDH/GOLD 1500 (1/22), DC/CFBC/SG/POS IN			

			CDH/GOLD 1500 90 (1/22), DC/CFBC/SG/POS IN CDH/SIL 1500 (1/22), DC/CFBC/SG/POS IN CDH/SIL 2000 (1/22), DC/CFBC/SG/POS IN CDH/SIL 2100 70 (1/22), DC/CFBC/SG/POS IN CDH/SIL 2500 (1/22), DC/CFBC/SG/POS IN CDH/SIL 3000 (1/22), DC/CFBC/SG/POS IN CDH/SIL 3000 70 (1/22), DC/CFBC/SG/POS IN/GOLD 0 (1/22), DC/CFBC/SG/POS IN/GOLD 1000 (1/22), DC/CFBC/SG/POS IN/GOLD 3000 (1/22), DC/CFBC/SG/POS IN/GOLD 500 (1/22), DC/CFBC/SG/POS IN/PLAT 0 (1/22), DC/CFBC/SG/POS IN/PLAT 500 (1/22), DC/CFBC/SG/POS IN/SIL 4000 (1/22), DC/CFBC/SG/POS IN/SIL 5000 (1/22), DC/CFBC/SG/POS IN/V BRZ 6000 (1/22)			

CareFirst BlueCross BlueShield (BlueChoice)
DC Small Group On/Off Exchange Products Rate Filing Effective 1/1/2022
Premiums Effective 01/2022, 04/2022, 07/2022 and 10/2022

HIOS Plan ID	HIOS Product	HIOS Plan Name	On/Off Exchange	Rx Benefit Benefit**	Benefit Description*	Deductible	OOP Max	Individual Base Rate 01/2022	04/2022	07/2022	10/2022	Incremental Base Rate % Change 04/2022	07/2022	10/2022
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: $5,750; OON: $11,500	$520.96	$530.84	$540.96	$551.32	1.9%	1.9%	1.9%
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: $7,900; OON: $15,800	$538.19	$548.40	$558.85	$569.55	1.9%	1.9%	1.9%
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: $1,600; OON: $3,200	$638.94	$651.05	$663.46	$676.17	1.9%	1.9%	1.9%
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: $6,900; OON: $9,000	$439.13	$447.46	$455.99	$464.72	1.9%	1.9%	1.9%
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	$618.05	$629.77	$641.77	$654.06	1.9%	1.9%	1.9%
86052DC0440018	BlueChoice Advantage	BlueChoice Advantage HSA/HRA Bronze 6100	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: $6,100 (Integrated); OON: $12,200	IN: $6,900; OON: $13,800	$356.09	$362.84	$369.75	$376.83	1.9%	1.9%	1.9%
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	$419.94	$427.90	$436.06	$444.41	1.9%	1.9%	1.9%
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: $3,200; OON: $6,400	$507.73	$517.36	$527.22	$537.32	1.9%	1.9%	1.9%
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	$418.52	$426.45	$434.58	$442.90	1.9%	1.9%	1.9%
86052DC0440023	BlueChoice Advantage	BlueChoice Advantage Silver 1500 BlueFund HSA	On	Int: $15/$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: $6,700; OON: $9,000	$439.58	$447.92	$456.45	$465.20	1.9%	1.9%	1.9%
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: $8,300; OON: $16,600	$426.28	$434.36	$442.64	$451.12	1.9%	1.9%	1.9%
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	$486.76	$495.99	$505.44	$515.13	1.9%	1.9%	1.9%
86052DC0440027	BlueChoice Advantage	BlueChoice Advantage HSA/HRA Silver 2000	On	Int: $10/$45/$65/$100/$150	IN: $25 PCP/$50 Spec/$250 ER/$500 IP; OON: $70 PCP/Spec/$600 IP	IN: $2,000 (Integrated) ; OON: $4,000	INN: $5,750 ; OON: $9,000	$433.33	$441.55	$449.96	$458.58	1.9%	1.9%	1.9%
86052DC0440028	BlueChoice Advantage	BlueChoice Advantage HSA/HRA Gold 1500 90	On	Int: $10/$45/$65/$100/$150	IN: $10 PCP/$20 Spec/10% ER/10% IP; OON: $70 PCP/Spec/30% IP	IN: $1,500 (Integrated); OON: $3,000	IN: $6,750; OON: $13,500	$495.95	$505.35	$514.98	$524.84	1.9%	1.9%	1.9%
86052DC0440029	BlueChoice Advantage	BlueChoice Advantage HSA/HRA Silver 2100 70	On	Int: $10/$45/$65/$100/$150	IN: 30%; OON: 50%	IN: $2,100 (Integrated) ; OON: $4,200	IN: 6,900; OON: $13,500	$423.73	$431.77	$440.00	$448.42	1.9%	1.9%	1.9%
86052DC0440030	BlueChoice Advantage	BlueChoice Advantage HSA/HRA Silver 3000 70	On	Int: $10/$45/$65/$100/$150	IN: $25 PCP/$50 Spec/30% ER/30% IP; OON: $70 PCP/Spec/50% IP	IN: $3,000 (Integrated); OON: $6,000	IN: 6,000; OON: $12,000	$408.22	$415.96	$423.89	$432.01	1.9%	1.9%	1.9%

* Out-of-Network ER is paid as In-Netowrk.
** Generic/Preferred Brand/Non-Preferred Brand/Preferred Specialy/Non-Preferred Specialty.

CareFirst BlueCross BlueShield (BlueChoice)
DC Small Group On/Off Exchange Products Rate Filing Effective 1/1/2022
Premiums Effective 01/2022, 04/2022, 07/2022 and 10/2022

HIOS Plan ID	HIOS Product	HIOS Plan Name	On/Off Exchange	Rx Benefit Benefit**	Benefit Description*	Deductible	OOP Max	Individual Base Rate 01/2022	04/2022	07/2022	10/2022	Incremental Base Rate % Change 04/2022	07/2022	10/2022
86052DC0440031	BlueChoice Advantage	Bluechoice Advantage Value Bronze 6000	On	Int: $20/$50/$70/$100/$150	IN: $40 PCP/$50 Spec/40% ER/40% IP; OON: $100 PCP/Spec/60% IP	IN: $6,000 (Integrated); OON: $12,000	IN: 8,300; OON: $16,600	$354.69	$361.41	$368.30	$375.35	1.9%	1.9%	1.9%
86052DC0440032	BlueChoice Advantage	BlueChoice Advantage Gold 0	On	Int: $10/$45/$65/$100/$150	IN: $30 PCP/$40 Spec/$250 ER/$500 IP; OON: $50 PCP/Spec/$600 IP	IN: $0 Med / $0 Rx; OON: $1,000	IN: $6,500; OON: $13,000	$568.72	$579.50	$590.55	$601.86	1.9%	1.9%	1.9%
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	$5,100	$449.78	$458.31	$467.04	$475.98	1.9%	1.9%	1.9%
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	$7,900	$475.01	$484.01	$493.24	$502.68	1.9%	1.9%	1.9%
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	$1,600	$566.84	$577.59	$588.60	$599.87	1.9%	1.9%	1.9%
86052DC0460012	BlueChoice HMO	BlueChoice HMO HSA/HRA Silver 1500	On	Int: $15/$45/$65/50% to $100 Max/50% to $150 Max	$25 PCP/$50 Spec/$250 ER/$500 IP	$1,500 (Integrated)	$6,900	$383.01	$390.27	$397.71	$405.33	1.9%	1.9%	1.9%
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)	$5,750	$376.29	$383.42	$390.73	$398.21	1.9%	1.9%	1.9%
86052DC0460014	BlueChoice HMO	BlueChoice HMO HSA/HRA Bronze 6100	On	Int: $10/$45/$65/50% to $100 Max/50% to $150 Max	$50 PCP/$100 Spec/$250 ER/$500 IP	$6,100 (Integrated)	$6,900	$304.75	$310.53	$316.45	$322.51	1.9%	1.9%	1.9%
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	$362.86	$369.74	$376.79	$384.00	1.9%	1.9%	1.9%
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	$366.03	$372.97	$380.08	$387.36	1.9%	1.9%	1.9%
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)	$3,200	$443.24	$451.65	$460.26	$469.07	1.9%	1.9%	1.9%
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	$8,300	$370.97	$378.01	$385.21	$392.59	1.9%	1.9%	1.9%
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	$426.48	$434.56	$442.84	$451.33	1.9%	1.9%	1.9%
86052DC0460025	BlueChoice HMO	BlueChoice HMO HSA/HRA Gold 1500 90	On	Int: $10/$45/$65/$100/$150	$10 PCP/$20 Spec	$1,500 (Integrated)	$6,750	$432.18	$440.38	$448.77	$457.37	1.9%	1.9%	1.9%
86052DC0460026	BlueChoice HMO	BlueChoice HMO HSA/HRA Bronze 6500 90	On	Int: $10/$45/$65/$100/$150	10%	$6,500 (Integrated)	$6,900	$310.44	$316.33	$322.35	$328.53	1.9%	1.9%	1.9%
86052DC0460027	BlueChoice HMO	BlueChoice HMO HSA/HRA Silver 2100 70	On	Int: $10/$45/$65/$100/$150	30%	$2,100 (Integrated)	$6,900	$366.52	$373.47	$380.59	$387.88	1.9%	1.9%	1.9%
86052DC0460028	BlueChoice HMO	BlueChoice HMO HSA/HRA Silver 3000 70	On	Int: $10/$45/$65/$100/$150	$25 PCP/$50 Spec	$3,000 (Integrated)	$6,000	$351.88	$358.55	$365.38	$372.38	1.9%	1.9%	1.9%
86052DC0460029	BlueChoice HMO	BlueChoice HMO Value Bronze 6000	On	Int: $20/$50/$70/$100/$150	$40 PCP/$50 Spec	$6,000 (Integrated)	$8,300	$303.87	$309.64	$315.54	$321.58	1.9%	1.9%	1.9%
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	$1,600	$539.42	$549.65	$560.13	$570.86	1.9%	1.9%	1.9%
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	$7,900	$450.75	$459.30	$468.05	$477.02	1.9%	1.9%	1.9%
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	$6,500	$479.62	$488.71	$498.03	$507.56	1.9%	1.9%	1.9%
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	$343.45	$349.97	$356.64	$363.47	1.9%	1.9%	1.9%
86052DC0480015	BlueChoice HMO Referral	BlueChoice HMO Referral Bronze 8250	On	Int: No Charge	0%	$8,150 (Integrated)	$8,150 (Integrated)	$269.35	$274.46	$279.69	$285.05	1.9%	1.9%	1.9%

* Out-of-Network ER is paid as In-Netowrk.
** Generic/Preferred Brand/Non-Preferred Brand/Preferred Specialy/Non-Preferred Specialty.

CareFirst BlueCross BlueShield (BlueChoice)
DC Small Group On/Off Exchange Products Rate Filing Effective 1/1/2022
Premiums Effective 01/2022, 04/2022, 07/2022 and 10/2022

HIOS Plan ID	HIOS Product	HIOS Plan Name	On/Off Exchange	Rx Benefit Benefit**	Benefit Description*	Deductible	OOP Max	Individual Base Rate 01/2022	04/2022	07/2022	10/2022	Incremental Base Rate % Change 04/2022	07/2022	10/2022
86052DC0500009	BlueChoice Plus	BlueChoice Plus HSA/HRA Silver 1500	On	Int: $15/$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: $6,900; OON: $9,000	$391.99	$399.42	$407.04	$414.83	1.9%	1.9%	1.9%
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	$371.98	$379.04	$386.26	$393.66	1.9%	1.9%	1.9%
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	$557.17	$567.73	$578.55	$589.63	1.9%	1.9%	1.9%
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: $5,750; OON: $11,500	$468.20	$477.08	$486.17	$495.49	1.9%	1.9%	1.9%
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: $5,900; OON: $15,800	$484.75	$493.94	$503.35	$512.99	1.9%	1.9%	1.9%
86052DC0500017	BlueChoice Plus	BlueChoice Plus HSA/HRA Bronze 6100	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: $6,100 (Integrated); OON: $12,200	IN: $6,900; OON: $13,800	$312.97	$318.90	$324.98	$331.20	1.9%	1.9%	1.9%
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	$380.00	$387.21	$394.59	$402.14	1.9%	1.9%	1.9%
86052DC0580001	BlueChoice Plus	BlueChoice Plus Opt-Out 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: $1,600; OON: $3,200	$572.33	$583.18	$594.29	$605.68	1.9%	1.9%	1.9%

* Out-of-Network ER is paid as In-Netowrk.
** Generic/Preferred Brand/Non-Preferred Brand/Preferred Specialy/Non-Preferred Specialty.

SERFF Tracking #:	*CFAP-132808962*	***State Tracking #:***		***Company Tracking #:***	*2568*

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:	*2568 - DC ACA Small Group BlueChoice*		
Project Name/Number:	*2568 - DC BC SG ACA ON-EXCHANGE/2568*		

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):	2022 AV Screenshots - DC Small Group BlueChoice.pdf 2568 - DC BlueChoice - SG - Rate Sheets.xlsx 2568 BC SG - DISB rate filing checklist.pdf 2568_SmallGroup_DC_BlueChoice_Actuarial_Memorandum.pdf 2568_SmallGroup_DC_BlueChoice_Actuarial_Memorandum_SERFF.xlsx
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	DC SG 2022 - BlueChoice - Index & Plan Comparison.pdf 2568_SmallGroup_DC_BlueChoice_Actuarial_Memorandum.pdf
Item Status:	
Status Date:	

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

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

Satisfied - Item:	Cover Letter

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: 2568 - DC ACA Small Group BlueChoice
Project Name/Number: 2568 - DC BC SG ACA ON-EXCHANGE/2568

Comments:	
Attachment(s):	2022 ACA_Cover Letter_SG_DC_BlueChoice.pdf
Item Status:	
Status Date:	

Satisfied - Item:	DISB Actuarial Memorandum Dataset
Comments:	
Attachment(s):	2567-2568 - DC BC Trend Analysis.xlsx 2568 - DC BC SG (2022) - Dataset.xlsm
Item Status:	
Status Date:	

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

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

Satisfied - Item:	Unified Rate Review Template
Comments:	
Attachment(s):	2568 DC BlueChoice SG URRT.pdf 2568 DC BlueChoice SG URRT.xlsm
Item Status:	
Status Date:	

Satisfied - Item:	District of Columbia Plain Language Summary
Comments:	
Attachment(s):	2436 - DC SG - BlueChoice - PartII Rate Justification - 8-26.pdf 2568 - DC SG - BlueChoice - PartII Rate Justification.pdf
Item Status:	
Status Date:	

SERFF Tracking #:	*CFAP-132808962*	***State Tracking #:***		***Company Tracking #:***	*2568*

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:	*2568 - DC ACA Small Group BlueChoice*		
Project Name/Number:	*2568 - DC BC SG ACA ON-EXCHANGE/2568*		

Satisfied - Item:	RateE File
Comments:	
Attachment(s):	86052_DC_SmallGroup_BC_RATEE_020121.xlsx
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: 2568 - DC ACA Small Group BlueChoice
Project Name/Number: 2568 - DC BC SG ACA ON-EXCHANGE/2568

Attachment 2568 - DC BlueChoice - SG - Rate Sheets.xlsx is not a PDF document and cannot be reproduced here.

Attachment 2568_SmallGroup_DC_BlueChoice_Actuarial_Memorandum_SERFF.xlsx is not a PDF document and cannot be reproduced here.

Attachment 2567-2568 - DC BC Trend Analysis.xlsx is not a PDF document and cannot be reproduced here.

Attachment 2568 - DC BC SG (2022) - Dataset.xlsm is not a PDF document and cannot be reproduced here.

Attachment 2568 DC BlueChoice SG URRT.xlsm is not a PDF document and cannot be reproduced here.

Attachment 86052_DC_SmallGroup_BC_RATEE_020121.xlsx is not a PDF document and cannot be reproduced here.

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

Rate Filing # 2568
DC Small Group On/Off Exchange Products
Rate Filing Effective 1/1/2022

Actuarial Value Calculations

CareFirst BlueCross BlueShield (BlueChoice)
DC Small Group

Table of Contents

1 Cover
2 Table of Contents
3 List of DC SG BlueChoice Plans & Actuarial Values
4 Form Numbers

AV Screenshots

5 Platinum - $0/$0 Ded, $1600 OOP, $10/$20 - Hospital
6 Platinum - $0/$0 Ded, $1600 OOP, $10/$20 - Freestanding
7 Platinum - $500/$0 Ded, $1500 OOP, $10/$20 - Hospital
8 Platinum - $500/$0 Ded, $1500 OOP, $10/$20 - Freestanding
9 Gold - $0/$0 Ded, $6500 OOP, $30/$40 - Hospital
10 Gold - $0/$0 Ded, $6500 OOP, $30/$40 - Freestanding
11 Gold - Advantage $0/$0 Ded, $6500 OOP, $30/$40 - Hospital
12 Gold - Advantage $0/$0 Ded, $6500 OOP, $30/$40 - Freestanding
13 Gold - $500/$250 Ded, $7900 OOP, $15/$30 - Hospital
14 Gold - $500/$250 Ded, $7900 OOP, $15/$30 - Freestanding
15 Gold - $1000/$250 Ded, $5750 OOP, $15/$30 - Hospital
16 Gold - $1000/$250 Ded, $5750 OOP, $15/$30 - Freestanding
17 Gold - $1500/$250 Ded, $5100 OOP, $15/$30 - Hospital
18 Gold - $1500/$250 Ded, $5100 OOP, $15/$30 - Freestanding
19 Gold - $1500 Ded, $3200 OOP, $10/$20 - Hospital
20 Gold - $1500 Ded, $3200 OOP, $10/$20 - Freestanding
21 Gold - $3000/$250 Ded, $7000 OOP, $15/$30 - Hospital
22 Gold - $3000/$250 Ded, $7000 OOP, $15/$30 - Freestanding
23 Silver - $1500/$250 Ded, $8150 OOP, $40/$100 - Hospital
24 Silver - $1500/$250 Ded, $8150 OOP, $40/$100 - Freestanding
25 Silver - $1500 Ded, $6900 OOP, $25/$50 - Hospital
26 Silver - $1500 Ded, $6900 OOP, $25/$50 - Freestanding
27 Silver - BlueFund HSA $1500 Ded, $6700 OOP, $25/$50 - Hospital
28 Silver - BlueFund HSA $1500 Ded, $6700 OOP, $25/$50 - Freestanding
29 Silver - $2000 Ded, $5750 OOP, $25/$50 - Hospital
30 Silver - $2000 Ded, $5750 OOP, $25/$50 - Freestanding
31 Silver - $2500 Ded, $6000 OOP, $20/$40 - Hospital
32 Silver - $2500 Ded, $6000 OOP, $20/$40 - Freestanding
33 Silver - $3000 Ded, $4750 OOP, $25/$50 - Hospital
34 Silver - $3000 Ded, $4750 OOP, $25/$50 - Freestanding
35 Silver - $4000/$400 Ded, $8150 OOP, $25/$50 - Hospital
36 Silver - $4000/$400 Ded, $8150 OOP, $25/$50 - Freestanding
37 Silver - $5000/$250 Ded, $8300 OOP, $0/$50 - Hospital
38 Silver - $5000/$250 Ded, $8300 OOP, $0/$50 - Freestanding
39 Bronze - $6100 Ded, $6900 OOP, $50/$100 - Hospital
40 Bronze - $6100 Ded, $6900 OOP, $50/$100 - Freestanding
41 Bronze - $6000 Ded, $8300 OOP, $40/$50 - Hospital
42 Bronze - $6000 Ded, $8300 OOP, $40/$50 - Freestanding
43 Bronze - HSA/HRA Bronze $6500 90
44 Silver - HMO HSA/HRA Silver $2100 70
45 Silver - HMO HSA/HRA Silver $3000 70
46 Gold - HMO HSA/HRA Gold $1500 90
47 Bronze - Referral Bronze $8250

CareFirst BlueCross BlueShield (BlueChoice)
DC Small Group

Plan Name*	Metal Level	Actuarial Value	Page #'s of AV Screenshot**	Unique Plan
BlueChoice HMO Platinum 0	Platinum	91.93%	5, 6	Yes
BlueChoice HMO Gold 500	Gold	81.97%	13, 14	Yes
BlueChoice HMO Silver 1500	Silver	71.65%	23, 24	Yes
BlueChoice HMO Gold 1500	Gold	81.91%	17, 18	Yes
BlueChoice HMO Gold 3000	Gold	79.16%	21, 22	Yes
BlueChoice HMO Silver 5000	Silver	71.98%	37, 38	Yes
BlueChoice HMO HSA/HRA Silver 1500	Silver	71.76%	25, 26	Yes
BlueChoice HMO HSA/HRA Gold 1500	Gold	81.95%	19, 20	Yes
BlueChoice HMO HSA/HRA Silver 2000	Silver	71.93%	29, 30	Yes
BlueChoice Plus HSA/HRA Silver 2500	Silver	71.47%	31, 32	Yes
BlueChoice HMO HSA/HRA Silver 3000	Silver	71.41%	33, 34	Yes
BlueChoice HMO HSA/HRA Bronze 6100	Bronze	64.98%	39, 40	Yes
BlueChoice HMO Referral Platinum 0	Platinum	91.93%	5, 6	Yes
BlueChoice HMO Referral Gold 0	Gold	81.93%	9, 10	Yes
BlueChoice HMO Referral Gold 500	Gold	81.97%	13, 14	Yes
BlueChoice HMO Referral Silver 4000	Silver	71.79%	35, 36	Yes
BlueChoice HMO Value Bronze 6000	Bronze	64.97%	41, 42	Yes
BlueChoice Plus Opt-Out Platinum 0	Platinum	91.93%	5, 6	Yes
BlueChoice Plus Gold 500	Gold	81.97%	13, 14	Yes
BlueChoice Plus Gold 1000	Gold	81.99%	15, 16	Yes
BlueChoice Plus HSA/HRA Silver 1500	Silver	71.76%	25, 26	Yes
BlueChoice Plus HSA/HRA Silver 3000	Silver	71.41%	33, 34	Yes
BlueChoice Plus HSA/HRA Bronze 6100	Bronze	64.98%	39, 40	Yes
BlueChoice Advantage Platinum 0	Platinum	91.93%	5, 6	Yes
BlueChoice Advantage Gold 500	Gold	81.97%	13, 14	Yes
BlueChoice Advantage Gold 1000	Gold	81.99%	15, 16	Yes
BlueChoice Advantage Gold 3000	Gold	79.16%	21, 22	Yes
BlueChoice Advantage Silver 4000	Silver	71.79%	35, 36	Yes
BlueChoice Advantage Silver 5000	Silver	71.98%	37, 38	Yes
BlueChoice Advantage Value Bronze 6000	Bronze	64.97%	41, 42	Yes
BlueChoice Advantage HSA/HRA Gold 1500	Gold	81.95%	19, 20	Yes
BlueChoice Advantage HSA/HRA Silver 1500	Silver	71.76%	25, 26	Yes
BlueChoice Advantage Silver 1500 BlueFund HSA	Silver	71.92%	27, 28	Yes
BlueChoice Advantage HSA/HRA Silver 3000	Silver	71.41%	33, 34	Yes
BlueChoice Advantage HSA/HRA Bronze 6100	Bronze	64.98%	39, 40	Yes
BlueChoice HMO HSA/HRA Bronze 6500 90	Bronze	64.98%	43	No
BlueChoice Advantage HSA/HRA Silver 2100 70	Silver	71.91%	44	No
BlueChoice HMO HSA/HRA Silver 2100 70	Silver	71.91%	44	No
BlueChoice Advantage HSA/HRA Silver 2000	Silver	71.93%	29, 30	Yes
BlueChoice HMO HSA/HRA Silver 3000 70	Silver	70.21%	45	No
BlueChoice Advantage HSA/HRA Silver 3000 70	Silver	70.21%	45	No
BlueChoice HMO HSA/HRA Gold 1500 90	Gold	81.07%	46	No
BlueChoice Advantage HSA/HRA Gold 1500 90	Gold	81.07%	46	No
BlueChoice HMO Referral Bronze 8250	Bronze	62.14%	47	No
BlueChoice Advantage Gold 0	Gold	81.93%	11, 12	Yes
HealthyBlue Advantage Platinum 500	Platinum	90.68%	7, 8	Yes
HealthyBlue Plate Platinum 500	Platinum	90.68%	7, 8	Yes

*Plan Names that are bolded are SHOP plans. These will not have the metal level in the plan name.
**For plans with two pages listed, the final blended AV will be located on the Hospital Inputs page.

CareFirst BlueCross BlueShield (BlueChoice)
DC Small Group

		SOB Document Name		
Plan Name*	**HIOS Plan ID**	**In-Network**	**Out-of-Network**	**Page #'s of AV Screenshot****
BlueChoice HMO Platinum 0	86052DC0460011	DC/CFBC/SG/HMO OA/PLAT 0 (1/22)	N/A	5, 6
BlueChoice HMO Gold 500	86052DC0460010	DC/CFBC/SG/HMO OA/GOLD 500 (1/22)	N/A	13, 14
BlueChoice HMO Silver 1500	86052DC0460020	DC/CFBC/SG/HMO OA/SIL 1500 (1/22)	N/A	23, 24
BlueChoice HMO Gold 1500	86052DC0460009	DC/CFBC/SG/HMO OA/GOLD 1500 (1/22)	N/A	17, 18
BlueChoice HMO Gold 3000	86052DC0460024	DC/CFBC/SG/HMO OA/GOLD 3000 (1/22)	N/A	21, 22
BlueChoice HMO Silver 5000	86052DC0460023	DC/CFBC/SG/HMO OA/SIL 5000 (1/22)	N/A	37, 38
BlueChoice HMO HSA/HRA Silver 1500	86052DC0460012	DC/CFBC/SG/HMO OA CDH/SIL 1500 (1/22)	N/A	25, 26
BlueChoice HMO HSA/HRA Gold 1500	86052DC0460021	DC/CFBC/SG/HMO OA CDH/GOLD 1500 (1/22)	N/A	19, 20
BlueChoice HMO HSA/HRA Silver 2000	86052DC0460013	DC/CFBC/SG/HMO OA CDH/SIL 2000 (1/22)	N/A	29, 30
BlueChoice HMO HSA/HRA Silver 3000	86052DC0460019	DC/CFBC/SG/HMO OA CDH/SIL 3000 (1/22)	N/A	33, 34
BlueChoice HMO HSA/HRA Bronze 6100	86052DC0460014	DC/CFBC/SG/HMO OA CDH/BRZ 6100 (1/22)	N/A	39, 40
BlueChoice HMO Referral Platinum 0	86052DC0480007	DC/CFBC/SG/HMO REF/PLAT 0 (1/22)	N/A	5, 6
BlueChoice HMO Referral Gold 0	86052DC0480010	DC/CFBC/SG/HMO REF/GOLD 0 (1/22)	N/A	9, 10
BlueChoice HMO Referral Gold 500	86052DC0480008	DC/CFBC/SG/HMO REF/GOLD 500 (1/22)	N/A	13, 14
BlueChoice HMO Referral Silver 4000	86052DC0480014	DC/CFBC/SG/HMO REF/SIL 4000 (1/22)	N/A	35, 36
BlueChoice HMO Value Bronze 6000	86052DC0460029	DC/CFBC/SG/HMO/V BRZ 6000 (1/22)	N/A	41, 42
BlueChoice Plus Opt-Out Platinum 0	86052DC0580001	DC/CFBC/SG/BC+ OO/PLAT 0 (1/22)	N/A	5, 6
BlueChoice Plus Gold 500	86052DC0500016	DC/CFBC/SG/POS IN/GOLD 500 (1/22)	DC/CF/SG/POS OON/GOLD 500 (1/22)	13, 14
BlueChoice Plus Gold 1000	86052DC0500015	DC/CFBC/SG/POS IN/GOLD 1000 (1/22)	DC/CF/SG/POS OON/GOLD 1000 (1/22)	15, 16
BlueChoice Plus HSA/HRA Silver 1500	86052DC0500009	DC/CFBC/SG/POS IN CDH/SIL 1500 (1/22)	DC/CF/SG/POS OON CDH/GOLD 1500 (1/22)	25, 26
BlueChoice Plus HSA/HRA Silver 2500	86052DC0500018	DC/CFBC/SG/POS IN CDH/SIL 2500 (1/22)	DC/CF/SG/POS OON CDH/SIL 2500 (1/22)	31, 32
BlueChoice Plus HSA/HRA Silver 3000	86052DC0500010	DC/CFBC/SG/POS IN CDH/SIL 3000 (1/22)	DC/CF/SG/POS OON CDH/SIL 3000 (1/22)	33, 34
BlueChoice Plus HSA/HRA Bronze 6100	86052DC0500017	DC/CFBC/SG/POS IN CDH/BRZ 6100 (1/22)	DC/CF/SG/POS OON CDH/BRZ 6100 (1/22)	39, 40
BlueChoice Advantage Platinum 0	86052DC0440012	DC/CFBC/SG/POS IN/PLAT 0 (1/22)	DC/CF/SG/POS OON/PLAT 0 (1/22)	5, 6
BlueChoice Advantage Gold 500	86052DC0440011	DC/CFBC/SG/POS IN/GOLD 500 (1/22)	DC/CF/SG/POS OON/GOLD 500 (1/22)	13, 14
BlueChoice Advantage Gold 1000	86052DC0440010	DC/CFBC/SG/POS IN/GOLD 1000 (1/22)	DC/CF/SG/POS OON/GOLD 1000 (1/22)	15, 16
BlueChoice Advantage Gold 3000	86052DC0440026	DC/CFBC/SG/POS IN/GOLD 3000 (1/22)	DC/CF/SG/POS OON/GOLD 3000 (1/22)	21, 22
BlueChoice Advantage Silver 4000	86052DC0440022	DC/CFBC/SG/POS IN/SIL 4000 (1/22)	DC/CF/SG/POS OON/SIL 4000 (1/22)	35, 36
BlueChoice Advantage Silver 5000	86052DC0440025	DC/CFBC/SG/POS IN/SIL 5000 (1/22)	DC/CF/SG/POS OON/SIL 5000 (1/22)	37, 38
BlueChoice Advantage Value Bronze 6000	86052DC0440031	DC/CFBC/SG/POS IN/V BRZ 6000 (1/22)	DC/CF/SG/POS OON/V BRZ 6000 (1/22)	41, 42
BlueChoice Advantage HSA/HRA Gold 1500	86052DC0440021	DC/CFBC/SG/POS IN CDH/GOLD 1500 (1/22)	DC/CF/SG/POS OON CDH/GOLD 1500 (1/22)	19, 20
BlueChoice Advantage HSA/HRA Silver 1500	86052DC0440013	DC/CFBC/SG/POS IN CDH/SIL 1500 (1/22)	DC/CF/SG/POS OON CDH/SIL 1500 (1/22)	25, 26
BlueChoice Advantage Silver 1500 BlueFund HSA	86052DC0440023	DC/CFBC/SG/BC ADV IN BF HSA/SIL 1500 (1/22)	DC/CF/SG/BC ADV OON BF HSA/SIL 1500 (1/22)	27, 28
BlueChoice Advantage HSA/HRA Silver 3000	86052DC0440019	DC/CFBC/SG/POS IN CDH/SIL 3000 (1/22)	DC/CF/SG/POS OON CDH/SIL 3000 (1/22)	33, 34
BlueChoice Advantage HSA/HRA Bronze 6100	86052DC0440018	DC/CFBC/SG/POS IN CDH/BRZ 6100 (1/22)	DC/CF/SG/POS OON CDH/BRZ 6100 (1/22)	39, 40
BlueChoice HMO HSA/HRA Bronze 6500 90	86052DC0460026	DC/CFBC/SG/HMO OA CDH/BRZ 6500 90 (1/22)	N/A	43
BlueChoice Advantage HSA/HRA Silver 2100 70	86052DC0440029	DC/CFBC/SG/POS IN CDH/SIL 2100 70 (1/22)	DC/CF/SG/POS OON CDH/SIL 2100 70 (1/22)	44
BlueChoice HMO HSA/HRA Silver 2100 70	86052DC0460027	DC/CFBC/SG/HMO OA CDH/SIL 2100 70 (1/22)	N/A	44
BlueChoice HMO HSA/HRA Silver 3000 70	86052DC0460028	DC/CFBC/SG/HMO OA CDH/SIL 3000 70 (1/22)	N/A	45
BlueChoice Advantage HSA/HRA Silver 3000 70	86052DC0440030	DC/CFBC/SG/POS IN CDH/SIL 3000 70 (1/22)	DC/CF/SG/POS OON CDH/SIL 3000 70 (1/22)	45
BlueChoice HMO HSA/HRA Gold 1500 90	86052DC0460025	DC/CFBC/SG/HMO OA CDH/GOLD 1500 90 (1/22)	N/A	46
BlueChoice Advantage HSA/HRA Gold 1500 90	86052DC0440028	DC/CFBC/SG/POS IN CDH/GOLD 1500 90 (1/22)	DC/CF/SG/POS OON CDH/GOLD 1500 90 (1/22)	46
BlueChoice HMO Referral Bronze 8250	86052DC0480015	DC/CFBC/SG/HMO REF/BRZ 8250 (1/22)	N/A	47
HealthyBlue Advantage Platinum 500	86052DC0440015	DC/CFBC/SG/POS IN/PLAT 500 (1/22)	DC/CF/SG/POS OON/PLAT 500 (1/22)	7, 8
HealthyBlue Plus Platinum 500	86052DC0500012	DC/CFBC/SG/POS IN/PLAT 500 (1/22)	DC/CF/SG/POS OON/PLAT 500 (1/22)	7, 8
BlueChoice Advantage Gold 0	86052DC0440032	DC/CFBC/SG/POS IN/GOLD 0 (1/22)	DC/CF/SG/POS OON/GOLD 0 (1/22)	11, 12
BlueChoice Advantage HSA/HRA Silver 2000	86052DC0440027	DC/CFBC/SG/POS IN CDH/SIL 2000 (1/22)	DC/CF/SG/POS OON CDH/SIL 2000 (1/22)	29, 30

*Plan Names that are bolded are SHOP plans. These will not have the metal level in the plan name.
**For plans with two pages listed, the final blended AV will be located on the Hospital Inputs page.

AV Calculator - 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?	☐	Tiered Network Plan?	☐
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 ($)	$0.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
MOOP ($)	$1,600.00					
MOOP if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☐ All			☑ All	☑ All			☑ All	☐ All
Emergency Room Services	☑	☐		$100.00	☑	☑			☑	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☐		$200.00	☑	☑			☑	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☐		$10.00	☑	☑			☑	☐
Specialist Visit	☑	☐		$20.00	☑	☑			☑	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☑	☐		$10.00	☑	☑			☑	☐
Imaging (CT/PET Scans, MRIs)	☑	☐		$200.00	☑	☑			☑	☐
Speech Therapy	☑	☐		$20.00	☑	☑			☑	☐
Occupational and Physical Therapy	☑	☐		$20.00	☑	☑			☑	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☐		$10.00	☑	☑			☑	☐
X-rays and Diagnostic Imaging	☑	☐		$20.00	☑	☑			☑	☐
Skilled Nursing Facility	☑	☐		$20.00	☑	☑			☑	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☐		$63.90	☑	☑			☑	☐
Outpatient Surgery Physician/Surgical Services	☑	☐		$20.00	☑	☑			☑	☐
Drugs	☑ All	☐ All			☑ All	☑ All			☑ All	☐ All
Generics	☑	☐		$10.00	☑	☑			☑	☐
Preferred Brand Drugs	☑	☐		$45.00	☑	☑			☑	☐
Non-Preferred Brand Drugs	☑	☐		$65.00	☑	☑			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑			☐	☐

	Copays	Weighting
OP Facility	$ 150	14%
OP Facility	$ 50	86%
	$ 63.90	

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

Blending of Site-of-Service AVs

Hospital	84%	91.87%
Freestand	16%	92.26%
		91.93%

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☑
Specialty Rx Coinsurance Maximum:	$110.85
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]
AVC Version: 2022_1b

Output

Calculate

Status/Error Messages: Calculation Successful.
Actuarial Value: 91.87%
Metal Tier: Platinum
NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time: 0.1484 seconds
Final 2022 AV Calculator

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

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?	☐	Tiered Network Plan?	☐
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 ($)	$0.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
MOOP ($)	$1,600.00					
MOOP if Separate ($)						

Click Here for Important Instructions

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

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

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

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☑
Specialty Rx Coinsurance Maximum:	$110.85
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]
AVC Version: 2022_1b

Output

Calculate

Status/Error Messages: Error: Result is outside of [-4, +2] percent de minimis variation.
Actuarial Value: 92.26%
Metal Tier:

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

Additional Notes:

Calculation Time: 0.1016 seconds
Final 2022 AV Calculator

AV Calculator -HealthyBlue Platinum 500 (Advantage, Plus)

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?	☐	Tiered Network Plan?	☐
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	$0.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
MOOP ($)	$1,500.00					
MOOP if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☐ All	☐ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☐	☐		$200.00	☑	☑			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☐		$500.00	☑	☑			☑	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐			☑	☑			☐	☐
Specialist Visit	☐	☐		$30.00	☑	☑			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐			☑	☑			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☐		$200.00	☑	☑			☑	☐
Speech Therapy	☐	☐		$30.00	☑	☑			☐	☐
Occupational and Physical Therapy	☐	☐		$30.00	☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☐		$15.00	☑	☑			☑	☐
X-rays and Diagnostic Imaging	☑	☐		$30.00	☑	☑			☑	☐
Skilled Nursing Facility	☑	☐		$30.00	☑	☑			☑	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☐		$70.85	☑	☑			☑	☐
Outpatient Surgery Physician/Surgical Services	☑	☐		$30.00	☑	☑			☑	☐
Drugs	☑ All	☐ All			☑ All	☑ All			☑ All	☐ All
Generics	☑	☐		$0.00	☑	☑			☑	☐
Preferred Brand Drugs	☑	☐		$45.00	☑	☑			☑	☐
Non-Preferred Brand Drugs	☑	☐		$65.00	☑	☑			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑			☐	☐

	Copays	Weighting
OP Facility	$ 200	14%
OP Facility	$ 50	86%
	$ 70.85	

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

Blending of Site-of-Service AVs		
Hospital	84%	90.44%
Freestand	16%	93.28%
		90.90%

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☑
Specialty Rx Coinsurance Maximum:	$110.85
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]
AVC Version: 2022_1b

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	90.44%
Metal Tier:	Platinum
Additional Notes:	NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).
Calculation Time:	0.082 seconds

Final 2022 AV Calculator

AV Calculator -HealthyBlue Platinum 500 (Advantage, Plus)

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?	☐	Tiered Network Plan?	☐
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	$0.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
MOOP ($)	$1,500.00					
MOOP if Separate ($)						

Click Here for Important Instructions

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

	Copays	Weighting
OP Facility Su	$ 100	100%
OP Facility Non-Surgery		0%
	$ 100.00	

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

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☑
Specialty Rx Coinsurance Maximum:	$110.85
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]
AVC Version: 2022_1b

Output

Calculate

Status/Error Messages: Error: Result is outside of [-4, +2] percent de minimis variation.
Actuarial Value: 93.28%
Metal Tier:

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

Calculation Time: 0.0859 seconds
Final 2022 AV Calculator

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?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

Tier 1 Plan Benefit Design			
	Medical	Drug	Combined
Deductible ($)	$0.00	$0.00	
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%	
MOOP ($)	$6,500.00		
MOOP if Separate ($)			

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

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☐ All			☑ All	☑ All			☑ All	☐ All
Emergency Room Services	☑	☐		$250.00	☑	☑			☑	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☐		$500.00	☑	☑			☑	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☐		$30.00	☑	☑			☑	☐
Specialist Visit	☑	☐		$40.00	☑	☑			☑	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☑	☐		$30.00	☑	☑			☑	☐
Imaging (CT/PET Scans, MRIs)	☑	☐		$400.00	☑	☑			☑	☐
Speech Therapy	☑	☐		$40.00	☑	☑			☑	☐
Occupational and Physical Therapy	☑	☐		$40.00	☑	☑			☑	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☐		$80.00	☑	☑			☑	☐
X-rays and Diagnostic Imaging	☑	☐		$100.00	☑	☑			☑	☐
Skilled Nursing Facility	☑	☐		$40.00	☑	☑			☑	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☐		$84.75	☑	☑			☑	☐
Outpatient Surgery Physician/Surgical Services	☑	☐		$40.00	☑	☑			☑	☐
Drugs	☑ All	☐ All			☑ All	☑ All			☑ All	☐ All
Generics	☑	☐		$10.00	☑	☑			☑	☐
Preferred Brand Drugs	☑	☐		$45.00	☑	☑			☑	☐
Non-Preferred Brand Drugs	☑	☐		$65.00	☑	☑			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑			☐	☐

	Copays	Weighting
OP Facility	$ 300	14%
OP Facility	$ 50	86%
	$ 84.75	

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

Blending of Site-of-Service AVs		
Hospital	84%	81.98%
Freestand	16%	81.70%
		81.93%

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☑
Specialty Rx Coinsurance Maximum:	$110.85
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]
AVC Version: 2022_1b

Output

Calculate

Status/Error Messages: Calculation Successful.
Actuarial Value: 81.98%
Metal Tier: Gold
NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).
Additional Notes:

Calculation Time: 0.0977 seconds
Final 2022 AV Calculator

AV Calculator - BlueChoice HMO Referral Gold 0

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

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

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
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 ($)	$0.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
MOOP ($)	$6,500.00					
MOOP if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☐ All			☑ All	☑ All			☑ All	☐ All
Emergency Room Services	☑	☐		$250.00	☑	☑			☑	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☐		$500.00	☑	☑			☑	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☐		$30.00	☑	☑			☑	☐
Specialist Visit	☑	☐		$40.00	☑	☑			☑	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☑	☐		$30.00	☑	☑			☑	☐
Imaging (CT/PET Scans, MRIs)	☑	☐		$200.00	☑	☑			☑	☐
Speech Therapy	☑	☐		$40.00	☑	☑			☑	☐
Occupational and Physical Therapy	☑	☐		$40.00	☑	☑			☑	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☐		$30.00	☑	☑			☑	☐
X-rays and Diagnostic Imaging	☑	☐		$40.00	☑	☑			☑	☐
Skilled Nursing Facility	☑	☐		$40.00	☑	☑			☑	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☐		$200.00	☑	☑			☑	☐
Outpatient Surgery Physician/Surgical Services	☑	☐		$40.00	☑	☑			☑	☐
Drugs	☑ All	☐ All			☑ All	☑ All			☑ All	☐ All
Generics	☑	☐		$10.00	☑	☑			☑	☐
Preferred Brand Drugs	☑	☐		$45.00	☑	☑			☑	☐
Non-Preferred Brand Drugs	☑	☐		$65.00	☑	☑			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑			☐	☐

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

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

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☑
Specialty Rx Coinsurance Maximum:	$110.85
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]
AVC Version: 2022_1b

Output

Calculate

Status/Error Messages: Calculation Successful.
Actuarial Value: 81.70%
Metal Tier: Gold
NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).
Additional Notes:

Calculation Time: 0.0625 seconds
Final 2022 AV Calculator

AV Calculator - BlueChoice Advantage 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?	☐	Tiered Network Plan?	☐
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 ($)	$0.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
MOOP ($)	$6,500.00					
MOOP if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☐ All			☑ All	☑ All			☑ All	☐ All
Emergency Room Services	☑	☐		$250.00	☑	☑			☑	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☐		$500.00	☑	☑			☑	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☐		$30.00	☑	☑			☑	☐
Specialist Visit	☑	☐		$40.00	☑	☑			☑	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☑	☐		$30.00	☑	☑			☑	☐
Imaging (CT/PET Scans, MRIs)	☑	☐		$400.00	☑	☑			☑	☐
Speech Therapy	☑	☐		$40.00	☑	☑			☑	☐
Occupational and Physical Therapy	☑	☐		$40.00	☑	☑			☑	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☐		$80.00	☑	☑			☑	☐
X-rays and Diagnostic Imaging	☑	☐		$100.00	☑	☑			☑	☐
Skilled Nursing Facility	☑	☐		$40.00	☑	☑			☑	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☐		$84.75	☑	☑			☑	☐
Outpatient Surgery Physician/Surgical Services	☑	☐		$40.00	☑	☑			☑	☐
Drugs	☑ All	☐ All			☑ All	☑ All			☑ All	☐ All
Generics	☑	☐		$10.00	☑	☑			☑	☐
Preferred Brand Drugs	☑	☐		$45.00	☑	☑			☑	☐
Non-Preferred Brand Drugs	☑	☐		$65.00	☑	☑			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☐		$110.85	☑	☑			☑	☐

	Copays	Weighting
OP Facility	$ 300	14%
OP Facility	$ 50	86%
	$ 84.75	

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

Blending of Site-of-Service AVs		
Hospital	84%	81.98%
Freestandi	16%	81.70%
		81.93%

Options for Additional Benefit Design Limits:

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

Plan Description:

Name:	[Input Plan Name]
Plan HIOS ID:	[Input Plan HIOS ID]
Issuer HIOS ID:	[Input Issuer HIOS ID]
AVC Version:	2022_1b

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	81.98%
Metal Tier:	Gold
	NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).
Additional Notes:	
Calculation Time:	0.0859 seconds

Final 2022 AV Calculator

AV Calculator - BlueChoice Advantage Gold 0

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

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

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
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 ($)	$0.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
MOOP ($)	$6,500.00					
MOOP if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☐ All			☑ All	☑ All			☑ All	☐ All
Emergency Room Services	☑	☐		$250.00	☑	☑			☑	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☐		$500.00	☑	☑			☑	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☐		$30.00	☑	☑			☑	☐
Specialist Visit	☑	☐		$40.00	☑	☑			☑	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☑	☐		$30.00	☑	☑			☑	☐
Imaging (CT/PET Scans, MRIs)	☑	☐		$200.00	☑	☑			☑	☐
Speech Therapy	☑	☐		$40.00	☑	☑			☑	☐
Occupational and Physical Therapy	☑	☐		$40.00	☑	☑			☑	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☐		$30.00	☑	☑			☑	☐
X-rays and Diagnostic Imaging	☑	☐		$40.00	☑	☑			☑	☐
Skilled Nursing Facility	☑	☐		$40.00	☑	☑			☑	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☐		$200.00	☑	☑			☑	☐
Outpatient Surgery Physician/Surgical Services	☑	☐		$40.00	☑	☑			☑	☐
Drugs	☑ All	☐ All			☑ All	☑ All			☑ All	☐ All
Generics	☑	☐		$10.00	☑	☑			☑	☐
Preferred Brand Drugs	☑	☐		$45.00	☑	☑			☑	☐
Non-Preferred Brand Drugs	☑	☐		$65.00	☑	☑			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☐		$110.85	☑	☑			☑	☐

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

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

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]
AVC Version: 2022_1b

Output

Calculate

Status/Error Messages: Calculation Successful.
Actuarial Value: 81.70%
Metal Tier: Gold
NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).
Additional Notes:

Calculation Time: 0.082 seconds
Final 2022 AV Calculator

AV Calculator - BlueChoice Gold 500 (Products: HMO, HMO Referral, 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	Gold

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

Tier 1 Plan Benefit Design	Medical	Drug	Combined
Deductible ($)	$500.00	$250.00	
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%	
MOOP ($)	$7,900.00		
MOOP if Separate ($)			

Tier 2 Plan Benefit Design	Medical	Drug	Combined

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☐ All	☐ All			☑ All	☑ All			☑ All	☐ All
Emergency Room Services	☑	☐		$250.00	☑	☑			☑	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☐		$400.00	☑	☑			☑	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$15.00	☑	☑			☐	☐
Specialist Visit	☐	☐		$30.00	☑	☑			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$15.00	☑	☑			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☐		$400.00	☑	☑			☑	☐
Speech Therapy	☐	☐		$30.00	☑	☑			☐	☐
Occupational and Physical Therapy	☐	☐		$30.00	☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☐		$30.00	☑	☑			☑	☐
X-rays and Diagnostic Imaging	☑	☐		$60.00	☑	☑			☑	☐
Skilled Nursing Facility	☑	☐		$30.00	☑	☑			☑	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☐		$84.75	☑	☑			☑	☐
Outpatient Surgery Physician/Surgical Services	☑	☐		$30.00	☑	☑			☑	☐
Drugs	☐ All	☐ All			☑ All	☑ All			☑ All	☐ All
Generics	☐	☐		$10.00	☑	☑			☐	☐
Preferred Brand Drugs	☑	☐		$45.00	☑	☑			☑	☐
Non-Preferred Brand Drugs	☑	☐		$65.00	☑	☑			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑			☐	☐

Copays		Weighting
OP Facility	$ 300	14%
OP Facility	$ 50	86%
	$ 84.75	

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

Blending of Site-of-Service AVs		
Hospital	84%	81.96%
Freestand	16%	82.02%
		81.97%

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☑
Specialty Rx Coinsurance Maximum:	$110.85
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]
AVC Version: 2022_1b

Output

Calculate

Status/Error Messages: Calculation Successful.
Actuarial Value: 81.96%
Metal Tier: Gold
NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).
Additional Notes:

Calculation Time: 0.0703 seconds
Final 2022 AV Calculator

AV Calculator - BlueChoice Gold 500 (Products: HMO, HMO Referral, 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	Gold

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
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	$250.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
MOOP ($)	$7,900.00					
MOOP if Separate ($)						

Click Here for Important Instructions

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

	Copays	Weighting
OP Facility	$ 200	100%
OP Facility Non-Surgery		0%
	$ 200.00	

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

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☑
Specialty Rx Coinsurance Maximum:	$110.85
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]
AVC Version: 2022_1b

Output

Calculate

Status/Error Messages: Error: Result is outside of [-4, +2] percent de minimis variation.
Actuarial Value: 82.02%
Metal Tier:

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

Additional Notes:

Calculation Time: 0.0859 seconds
Final 2022 AV Calculator

AV Calculator - BlueChoice Gold 1000 (Products: 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	Gold

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
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 ($)	$1,000.00	$250.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
MOOP ($)	$5,750.00					
MOOP if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☐ All	☐ All			☑ All	☑ All			☑ All	☐ All
Emergency Room Services	☑	☐		$250.00	☑	☑			☑	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☐		$400.00	☑	☑			☑	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$15.00	☑	☑			☐	☐
Specialist Visit	☐	☐		$30.00	☑	☑			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$15.00	☑	☑			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☐		$400.00	☑	☑			☑	☐
Speech Therapy	☐	☐		$30.00	☑	☑			☐	☐
Occupational and Physical Therapy	☐	☐		$30.00	☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☐		$30.00	☑	☑			☑	☐
X-rays and Diagnostic Imaging	☑	☐		$60.00	☑	☑			☑	☐
Skilled Nursing Facility	☑	☐		$30.00	☑	☑			☑	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☐		$84.75	☑	☑			☑	☐
Outpatient Surgery Physician/Surgical Services	☑	☐		$30.00	☑	☑			☑	☐
Drugs	☑ All	☐ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$10.00	☑	☑			☐	☐
Preferred Brand Drugs	☑	☐		$45.00	☑	☑			☑	☐
Non-Preferred Brand Drugs	☑	☐		$65.00	☑	☑			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑			☐	☐

	Copays	Weighting
OP Facility	$ 300	14%
OP Facility	$ 50	86%
	$ 84.75	

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

Blending of Site-of-Service AVs		
Hospital	84%	81.76%
Freestand	16%	83.20%
		81.99%

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☑
Specialty Rx Coinsurance Maximum:	$110.85
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]
AVC Version: 2022_1b

Output

Calculate

Status/Error Messages: Calculation Successful.
Actuarial Value: 81.76%
Metal Tier: Gold
NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time: 0.1016 seconds
Final 2022 AV Calculator

AV Calculator - BlueChoice Gold 1000 (Products: 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	Gold

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

Tier 1 Plan Benefit Design	Medical	Drug	Combined
Deductible ($)	$1,000.00	$250.00	
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%	
MOOP ($)	$5,750.00		
MOOP if Separate ($)			

Tier 2 Plan Benefit Design	Medical	Drug	Combined

Click Here for Important Instructions

	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	☐ All	☐ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☐		$250.00	☑	☑			☑	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☐		$400.00	☑	☑			☑	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$15.00	☑	☑			☐	☐
Specialist Visit	☐	☐		$30.00	☑	☑			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$15.00	☑	☑			☐	☐
Imaging (CT/PET Scans, MRIs)	☐	☐		$200.00	☑	☑			☐	☐
Speech Therapy	☐	☐		$30.00	☑	☑			☐	☐
Occupational and Physical Therapy	☐	☐		$30.00	☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☐	☐		$15.00	☑	☑			☐	☐
X-rays and Diagnostic Imaging	☐	☐		$30.00	☑	☑			☐	☐
Skilled Nursing Facility	☑	☐		$30.00	☑	☑			☑	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☐	☐		$200.00	☑	☑			☐	☐
Outpatient Surgery Physician/Surgical Services	☐	☐		$30.00	☑	☑			☐	☐
Drugs	☑ All	☐ All			☑ All	☑ All			☑ All	☐ All
Generics	☐	☐		$10.00	☐	☑			☐	☐
Preferred Brand Drugs	☑	☐		$45.00	☑	☑			☑	☐
Non-Preferred Brand Drugs	☑	☐		$65.00	☑	☑			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑			☐	☐

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

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

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☑
Specialty Rx Coinsurance Maximum:	$110.85
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]
AVC Version: 2022_1b

Output

Calculate

Status/Error Messages: Error: Result is outside of [-4, +2] percent de minimis variation.
Actuarial Value: 83.20%
Metal Tier:

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

Additional Notes:

Calculation Time: 0.0859 seconds
Final 2022 AV Calculator

AV Calculator - BlueChoice HMO Gold 1500

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

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

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
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 ($)	$1,500.00	$250.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
MOOP ($)	$5,100.00					
MOOP if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☐ All			☑ All	☑ All			☑ All	☐ All
Emergency Room Services	☑	☐		$250.00	☑	☑			☑	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☐		$400.00	☑	☑			☑	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$15.00	☑	☑			☐	☐
Specialist Visit	☐	☐		$30.00	☑	☑			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐			☑	☑			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☐		$400.00	☑	☑			☑	☐
Speech Therapy	☐	☐		$30.00	☑	☑			☐	☐
Occupational and Physical Therapy	☐	☐		$30.00	☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☐		$30.00	☑	☑			☑	☐
X-rays and Diagnostic Imaging	☑	☐		$60.00	☑	☑			☑	☐
Skilled Nursing Facility	☑	☐		$30.00	☑	☑			☑	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☐		$84.75	☑	☑			☑	☐
Outpatient Surgery Physician/Surgical Services	☑	☐		$30.00	☑	☑			☑	☐
Drugs	☑ All	☐ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☑			☐	☐
Preferred Brand Drugs	☑	☐		$45.00	☑	☑			☑	☐
Non-Preferred Brand Drugs	☑	☐		$65.00	☑	☑			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑			☐	☐

	Copays	Weighting
OP Facility	$ 300	14%
OP Facility	$ 50	86%
	$ 84.75	

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

Blending of Site-of-Service AVs

Hospital	84%	81.56%
Freestand	16%	83.72%
		81.91%

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☑
Specialty Rx Coinsurance Maximum:	$110.85
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]
AVC Version: 2022_1b

Output

Calculate

Status/Error Messages: Calculation Successful.
Actuarial Value: 81.56%
Metal Tier: Gold
Additional Notes: NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).
Calculation Time: 0.082 seconds

Final 2022 AV Calculator

AV Calculator - BlueChoice HMO Gold 1500

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

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

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
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 ($)	$1,500.00	$250.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
MOOP ($)	$5,100.00					
MOOP if Separate ($)						

Click Here for Important Instructions

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

Copays		Weighting
OP Facility	$ 200	100%
OP Facility	Non-Surgery	0%
	$ 200.00	

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

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☑
Specialty Rx Coinsurance Maximum:	$110.85
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]
AVC Version: 2022_1b

Output

Calculate

Status/Error Messages: Error: Result is outside of [-4, +2] percent de minimis variation.
Actuarial Value: 83.72%
Metal Tier:

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

Calculation Time: 0.1133 seconds
Final 2022 AV Calculator

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?	☐	Tiered Network Plan?	☐
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 ($)			$1,500.00			
Coinsurance (%, Insurer's Cost Share)			100.00%			
MOOP ($)			$3,200.00			
MOOP if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☐ All			☑ All	☑ All			☑ All	☐ All
Emergency Room Services	☑	☐		$100.00	☑	☑			☑	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☐		$200.00	☑	☑			☑	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☐		$10.00	☑	☑			☑	☐
Specialist Visit	☑	☐		$20.00	☑	☑			☑	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☑	☐		$10.00	☑	☑			☑	☐
Imaging (CT/PET Scans, MRIs)	☑	☐		$100.00	☑	☑			☑	☐
Speech Therapy	☑	☐		$20.00	☑	☑			☑	☐
Occupational and Physical Therapy	☑	☐		$20.00	☑	☑			☑	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☐		$20.00	☑	☑			☑	☐
X-rays and Diagnostic Imaging	☑	☐		$40.00	☑	☑			☑	☐
Skilled Nursing Facility	☑	☐		$20.00	☑	☑			☑	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☐		$56.95	☑	☑			☑	☐
Outpatient Surgery Physician/Surgical Services	☑	☐		$20.00	☑	☑			☑	☐
Drugs	☑ All	☐ All			☑ All	☑ All			☑ All	☐ All
Generics	☑	☐		$10.00	☐	☑			☑	☐
Preferred Brand Drugs	☑	☐		$45.00	☑	☑			☑	☐
Non-Preferred Brand Drugs	☑	☐		$65.00	☑	☑			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑			☐	☐

	Copays	Weighting
OP Facility	$ 100	14%
OP Facility	$ 50	86%
	$ 56.95	

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

Blending of Site-of-Service AVs

Hospital	84%	81.87%
Freestand	16%	82.33%
		81.95%

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☑
Specialty Rx Coinsurance Maximum:	$110.85
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]
AVC Version: 2022_1b

Output

Calculate

Status/Error Messages: Calculation Successful.
Actuarial Value: 81.87%
Metal Tier: Gold
NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time: 0.0859 seconds
Final 2022 AV Calculator

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

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
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 ($)			$1,500.00			
Coinsurance (%, Insurer's Cost Share)			100.00%			
MOOP ($)			$3,200.00			
MOOP if Separate ($)						

Click Here for Important Instructions

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

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

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

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☑
Specialty Rx Coinsurance Maximum:	$110.85
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]
AVC Version: 2022_1b

Output

Calculate

Status/Error Messages: Error: Result is outside of [-4, +2] percent de minimis variation.
Actuarial Value: 82.33%
Metal Tier:

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

Additional Notes:

Calculation Time: 0.1016 seconds
Final 2022 AV Calculator

AV Calculator - BlueChoice Gold 3000 (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?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization:	
		2nd Tier Utilization:	

Tier 1 Plan Benefit Design	Medical	Drug	Combined
Deductible ($)	$3,000.00	$250.00	
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%	
MOOP ($)	$7,000.00		
MOOP if Separate ($)			

Tier 2 Plan Benefit Design	Medical	Drug	Combined

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☐ All	☐ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☐		$150.00	☑	☑			☑	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☐		$200.00	☑	☑			☑	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$15.00	☑	☑			☐	☐
Specialist Visit	☐	☐		$30.00	☑	☑			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐			☑	☑			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☐		$200.00	☑	☑			☑	☐
Speech Therapy	☐	☐		$30.00	☑	☑			☐	☐
Occupational and Physical Therapy	☐	☐		$30.00	☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☐		$30.00	☑	☑			☑	☐
X-rays and Diagnostic Imaging	☑	☐		$60.00	☑	☑			☑	☐
Skilled Nursing Facility	☑	☐		$30.00	☑	☑			☑	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☐		$70.85	☑	☑			☑	☐
Outpatient Surgery Physician/Surgical Services	☑	☐		$30.00	☑	☑			☑	☐
Drugs	☑ All	☐ All			☑ All	☑ All			☑ All	☐ All
Generics	☐	☐		$10.00	☐	☑			☐	☐
Preferred Brand Drugs	☑	☐		$40.00	☑	☑			☑	☐
Non-Preferred Brand Drugs	☑	☐		$70.00	☑	☑			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☐		$110.85	☑	☑			☑	☐

	Copays	Weighting
Facility	$ 200	14%
Facility	$ 50	86%
	$ 70.85	

	Coins Max	Weighting
cialty I 4	$ 100	78%
5	$ 150	22%
	$ 110.85	

ding of Site-of-Service AVs		
pital	84%	78.55%
stand	16%	82.29%
		79.16%

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☑
Specialty Rx Coinsurance Maximum:	$110.85
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]
AVC Version: 2022_1b

Output

Calculate

Status/Error Messages: Calculation Successful.
Actuarial Value: 78.55%
Metal Tier: Gold
Additional Notes: NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).
Calculation Time: 0.082 seconds

Final 2022 AV Calculator

AV Calculator - BlueChoice Gold 3000 (Products: HMO, 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	Gold

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
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	$250.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
MOOP ($)	$7,000.00					
MOOP if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☐ All	☐ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☐		$150.00	☑	☑			☑	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☐		$200.00	☑	☑			☑	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$15.00	☑	☑			☐	☐
Specialist Visit	☐	☐		$30.00	☑	☑			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐			☑	☑			☐	☐
Imaging (CT/PET Scans, MRIs)	☐	☐		$100.00	☑	☑			☐	☐
Speech Therapy	☐	☐		$30.00	☑	☑			☐	☐
Occupational and Physical Therapy	☐	☐		$30.00	☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☐	☐		$15.00	☑	☑			☐	☐
X-rays and Diagnostic Imaging	☐	☐		$30.00	☑	☑			☐	☐
Skilled Nursing Facility	☑	☐		$30.00	☑	☑			☑	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☐	☐		$100.00	☑	☑			☐	☐
Outpatient Surgery Physician/Surgical Services	☐	☐		$30.00	☑	☑			☐	☐
Drugs	☑ All	☐ All			☑ All	☑ All			☑ All	☐ All
Generics	☐	☐		$10.00	☐	☑			☐	☐
Preferred Brand Drugs	☑	☐		$40.00	☑	☑			☑	☐
Non-Preferred Brand Drugs	☑	☐		$70.00	☑	☑			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☐		$110.85	☑	☑			☑	☐

	Copays	Weighting
OP Facility	$ 100	100%
OP Facility	Non-Surgery	0%
	$ 100.00	

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

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]
AVC Version: 2022_1b

Output

Calculate

Status/Error Messages: Error: Result is outside of [-4, +2] percent de minimis variation.
Actuarial Value: 82.29%
Metal Tier:
Additional Notes: NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).
Calculation Time: 0.0977 seconds
Final 2022 AV Calculator

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?	☐	Tiered Network Plan?	☐
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 ($)	$1,500.00	$250.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
MOOP ($)	$8,150.00					
MOOP if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☐ All			☑ All	☑ All			☑ All	☐ All
Emergency Room Services	☑	☐		$400.00	☑	☑			☑	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☐		$500.00	☑	☑			☑	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$40.00	☑	☑			☐	☐
Specialist Visit	☑	☐		$100.00	☑	☑			☑	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$40.00	☑	☑			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☐		$550.00	☑	☑			☑	☐
Speech Therapy	☑	☐		$100.00	☑	☑			☑	☐
Occupational and Physical Therapy	☑	☐		$100.00	☑	☑			☑	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☐		$100.00	☑	☑			☑	☐
X-rays and Diagnostic Imaging	☑	☐		$150.00	☑	☑			☑	☐
Skilled Nursing Facility	☑	☐		$100.00	☑	☑			☑	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☐		$112.56	☑	☑			☑	☐
Outpatient Surgery Physician/Surgical Services	☑	☐		$100.00	☑	☑			☑	☐
Drugs	☑ All	☐ All			☑ All	☑ All			☑ All	☐ All
Generics	☐	☐		$10.00	☐	☑			☐	☐
Preferred Brand Drugs	☑	☐		$45.00	☑	☑			☑	☐
Non-Preferred Brand Drugs	☑	☐		$65.00	☑	☑			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑			☐	☐

	Copays	Weighting
OP Facility	$ 500	14%
OP Facility	$ 50	86%
	$ 112.56	

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

Blending of Site-of-Service AVs

Hospital	84%	71.61%
Freestand	16%	71.87%
		71.65%

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):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]
AVC Version: 2022_1b

Output

Calculate

Status/Error Messages: Calculation Successful.
Actuarial Value: 71.61%
Metal Tier: Silver
NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time: 0.0742 seconds
Final 2022 AV Calculator

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?	☐	Tiered Network Plan?	☐
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 ($)	$1,500.00	$250.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
MOOP ($)	$8,150.00					
MOOP if Separate ($)						

Click Here for Important Instructions

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

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

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

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☑
Specialty Rx Coinsurance Maximum:	$110.85
Set a Maximum Number of Days for Charging an IP Copay?	☑
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]
AVC Version: 2022_1b

Output

Calculate

Status/Error Messages: Calculation Successful.
Actuarial Value: 71.87%
Metal Tier: Silver
NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time: 0.0703 seconds

Final 2022 AV Calculator

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?	☐	Tiered Network Plan?	☐
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 ($): $1,500.00			
		Coinsurance (%, Insurer's Cost Share): 100.00%			
		MOOP ($): $6,900.00			
		MOOP if Separate ($):			

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☐ All			☑ All	☑ All			☑ All	☐ All
Emergency Room Services	☑	☐		$250.00	☑	☑			☑	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☐		$500.00	☑	☑			☑	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☐		$25.00	☑	☑			☑	☐
Specialist Visit	☑	☐		$50.00	☑	☑			☑	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☑	☐		$25.00	☑	☑			☑	☐
Imaging (CT/PET Scans, MRIs)	☑	☐		$500.00	☑	☑			☑	☐
Speech Therapy	☑	☐		$50.00	☑	☑			☑	☐
Occupational and Physical Therapy	☑	☐		$50.00	☑	☑			☑	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☐		$150.00	☑	☑			☑	☐
X-rays and Diagnostic Imaging	☑	☐		$200.00	☑	☑			☑	☐
Skilled Nursing Facility	☑	☐		$50.00	☑	☑			☑	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☐		$112.56	☑	☑			☑	☐
Outpatient Surgery Physician/Surgical Services	☑	☐		$50.00	☑	☑			☑	☐
Drugs	☑ All	☐ All			☑ All	☑ All			☑ All	☐ All
Generics	☑	☐		$15.00	☐	☑			☑	☐
Preferred Brand Drugs	☑	☐		$45.00	☑	☑			☑	☐
Non-Preferred Brand Drugs	☑	☐		$65.00	☑	☑			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑			☐	☐

Copays	Weighting
$ 500	14%
$ 50	86%
$ 112.56	

Coins Max	Weighting
$ 100	78%
$ 150	22%
$ 110.85	

f-Service AVs

84%	71.69%
16%	72.15%
	71.76%

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☑
Specialty Rx Coinsurance Maximum:	$110.85
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]
AVC Version: 2022_1b

Output

Calculate

Status/Error Messages: Calculation Successful.
Actuarial Value: 71.69%
Metal Tier: Silver
NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time: 0.0977 seconds
Final 2022 AV Calculator

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?	☐	Tiered Network Plan?	☐
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 ($)			$1,500.00			
Coinsurance (%, Insurer's Cost Share)			100.00%			
MOOP ($)			$6,900.00			
MOOP if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☐ All			☑ All	☑ All			☑ All	☐ All
Emergency Room Services	☑	☐		$250.00	☑	☑			☑	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☐		$500.00	☑	☑			☑	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☐		$25.00	☑	☑			☑	☐
Specialist Visit	☑	☐		$50.00	☑	☑			☑	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☑	☐		$25.00	☑	☑			☑	☐
Imaging (CT/PET Scans, MRIs)	☑	☐		$250.00	☑	☑			☑	☐
Speech Therapy	☑	☐		$50.00	☑	☑			☑	☐
Occupational and Physical Therapy	☑	☐		$50.00	☑	☑			☑	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☐		$25.00	☑	☑			☑	☐
X-rays and Diagnostic Imaging	☑	☐		$50.00	☑	☑			☑	☐
Skilled Nursing Facility	☑	☐		$50.00	☑	☑			☑	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☐		$300.00	☑	☑			☑	☐
Outpatient Surgery Physician/Surgical Services	☑	☐		$50.00	☑	☑			☑	☐
Drugs	☑ All	☐ All			☑ All	☑ All			☑ All	☐ All
Generics	☑	☐		$15.00	☐	☑			☑	☐
Preferred Brand Drugs	☑	☐		$45.00	☑	☑			☑	☐
Non-Preferred Brand Drugs	☑	☐		$65.00	☑	☑			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑			☐	☐

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

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

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☑
Specialty Rx Coinsurance Maximum:	$110.85
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]
AVC Version: 2022_1b

Output

Calculate

Status/Error Messages: Error: Result is outside of [-4, +2] percent de minimis variation.
Actuarial Value: 72.15%
Metal Tier:

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

Additional Notes:

Calculation Time: 0.0859 seconds
Final 2022 AV Calculator

AV Calculator - BlueChoice Advantage Silver 1500 BlueFund HSA

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?	☐	Tiered Network Plan?	☐
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
		$1,500.00			
		100.00%			
		$6,700.00			

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☐ All			☑ All	☑ All			☑ All	☐ All
Emergency Room Services	☑	☐		$250.00	☑	☑			☑	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☐		$500.00	☑	☑			☑	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☐		$25.00	☑	☑			☑	☐
Specialist Visit	☑	☐		$50.00	☑	☑			☑	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☑	☐		$25.00	☑	☑			☑	☐
Imaging (CT/PET Scans, MRIs)	☑	☐		$500.00	☑	☑			☑	☐
Speech Therapy	☑	☐		$50.00	☑	☑			☑	☐
Occupational and Physical Therapy	☑	☐		$50.00	☑	☑			☑	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☐		$150.00	☑	☑			☑	☐
X-rays and Diagnostic Imaging	☑	☐		$200.00	☑	☑			☑	☐
Skilled Nursing Facility	☑	☐		$50.00	☑	☑			☑	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☐		$112.56	☑	☑			☑	☐
Outpatient Surgery Physician/Surgical Services	☑	☐		$50.00	☑	☑			☑	☐
Drugs	☑ All	☐ All			☑ All	☑ All			☑ All	☐ All
Generics	☑	☐		$15.00	☐	☑			☑	☐
Preferred Brand Drugs	☑	☐		$45.00	☑	☑			☑	☐
Non-Preferred Brand Drugs	☑	☐		$65.00	☑	☑			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑			☐	☐

Copays	Weighting
$ 500	14%
$ 50	86%
$ 112.56	

Coins Max	Weighting
$ 100	78%
$ 150	22%
$ 110.85	

	84%	71.84%
	16%	72.36%
		71.92%

Options for Additional Benefit Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☑
Specialty Rx Coinsurance Maximum:	$110.85
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]
AVC Version: 2022_1b

Output

Calculate

Status/Error Messages: Calculation Successful.
Actuarial Value: 71.84%
Metal Tier: Silver
NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time: 0.0781 seconds

Final 2022 AV Calculator

AV Calculator - BlueChoice Advantage Silver 1500 BlueFund HSA

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?	☐	Tiered Network Plan?	☐
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 ($)			$1,500.00			
Coinsurance (%, Insurer's Cost Share)			100.00%			
MOOP ($)			$6,700.00			
MOOP if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☐ All			☑ All	☑ All			☑ All	☐ All
Emergency Room Services	☑	☐		$250.00	☑	☑			☑	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☐		$500.00	☑	☑			☑	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☐		$25.00	☑	☑			☑	☐
Specialist Visit	☑	☐		$50.00	☑	☑			☑	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☑	☐		$25.00	☑	☑			☑	☐
Imaging (CT/PET Scans, MRIs)	☑	☐		$250.00	☑	☑			☑	☐
Speech Therapy	☑	☐		$50.00	☑	☑			☑	☐
Occupational and Physical Therapy	☑	☐		$50.00	☑	☑			☑	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☐		$25.00	☑	☑			☑	☐
X-rays and Diagnostic Imaging	☑	☐		$50.00	☑	☑			☑	☐
Skilled Nursing Facility	☑	☐		$50.00	☑	☑			☑	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☐		$300.00	☑	☑			☑	☐
Outpatient Surgery Physician/Surgical Services	☑	☐		$50.00	☑	☑			☑	☐
Drugs	☑ All	☐ All			☑ All	☑ All			☑ All	☐ All
Generics	☑	☐		$15.00	☐	☑			☑	☐
Preferred Brand Drugs	☑	☐		$45.00	☑	☑			☑	☐
Non-Preferred Brand Drugs	☑	☐		$65.00	☑	☑			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑			☐	☐

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

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

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☑
Specialty Rx Coinsurance Maximum:	$110.85
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]
AVC Version: 2022_1b

Output

Calculate

Status/Error Messages: Error: Result is outside of [-4, +2] percent de minimis variation.
Actuarial Value: 72.36%
Metal Tier:

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

Additional Notes:

Calculation Time: 0.0703 seconds

Final 2022 AV Calculator

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?	☐	Tiered Network Plan?	☐
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 ($)			$2,000.00			
Coinsurance (%, Insurer's Cost Share)			100.00%			
MOOP ($)			$5,750.00			
MOOP if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☐ All			☑ All	☑ All			☑ All	☐ All
Emergency Room Services	☑	☐		$250.00	☑	☑			☑	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☐		$500.00	☑	☑			☑	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☐		$25.00	☑	☑			☑	☐
Specialist Visit	☑	☐		$50.00	☑	☑			☑	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☑	☐		$25.00	☑	☑			☑	☐
Imaging (CT/PET Scans, MRIs)	☑	☐		$500.00	☑	☑			☑	☐
Speech Therapy	☑	☐		$50.00	☑	☑			☑	☐
Occupational and Physical Therapy	☑	☐		$50.00	☑	☑			☑	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☐		$50.00	☑	☑			☑	☐
X-rays and Diagnostic Imaging	☑	☐		$100.00	☑	☑			☑	☐
Skilled Nursing Facility	☑	☐		$50.00	☑	☑			☑	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☐		$98.65	☑	☑			☑	☐
Outpatient Surgery Physician/Surgical Services	☑	☐		$50.00	☑	☑			☑	☐
Drugs	☑ All	☐ All			☑ All	☑ All			☑ All	☐ All
Generics	☑	☐		$10.00	☐	☑			☑	☐
Preferred Brand Drugs	☑	☐		$45.00	☑	☑			☑	☐
Non-Preferred Brand Drugs	☑	☐		$65.00	☑	☑			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑			☐	☐

	Copays	Weighting
OP Facility	$ 400	14%
OP Facility	$ 50	86%
	$ 98.65	

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

Blending of Site-of-Service AVs

Hospital	84%	71.92%
Freestand	16%	72.00%
		71.93%

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/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]
AVC Version: 2022_1b

Output

Calculate

Status/Error Messages: Calculation Successful.
Actuarial Value: 71.92%
Metal Tier: Silver
NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).
Additional Notes:

Calculation Time: 0.0703 seconds
Final 2022 AV Calculator

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?	☐	Tiered Network Plan?	☐
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 ($)			$2,000.00				
Coinsurance (%, Insurer's Cost Share)			100.00%				
MOOP ($)			$5,750.00				
MOOP if Separate ($)							

Click Here for Important Instructions

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

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

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

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☑
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/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]
AVC Version: 2022_1b

Output

Calculate

Status/Error Messages: Calculation Successful.
Actuarial Value: 72.00%
Metal Tier: Silver
NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time: 0.0742 seconds
Final 2022 AV Calculator

AV Calculator - BlueChoice HSA/HRA Silver 2500 (Products: Plus)

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?	☐	Tiered Network Plan?	☐
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 ($)			$2,500.00			
Coinsurance (%, Insurer's Cost Share)			100.00%			
MOOP ($)			$6,000.00			
MOOP if Separate ($)						

Click Here for Important Instructions

	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	☑ All	☐ All			☑ All	☑ All			☑ All	☐ All
Emergency Room Services	☑	☐		$150.00	☑	☑			☑	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☐		$500.00	☑	☑			☑	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☐		$20.00	☑	☑			☑	☐
Specialist Visit	☑	☐		$40.00	☑	☑			☑	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☑	☐		$20.00	☑	☑			☑	☐
Imaging (CT/PET Scans, MRIs)	☑	☐		$500.00	☑	☑			☑	☐
Speech Therapy	☑	☐		$40.00	☑	☑			☑	☐
Occupational and Physical Therapy	☑	☐		$40.00	☑	☑			☑	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☐		$50.00	☑	☑			☑	☐
X-rays and Diagnostic Imaging	☑	☐		$100.00	☑	☑			☑	☐
Skilled Nursing Facility	☑	☐		$50.00	☑	☑			☑	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☐		$77.80	☑	☑			☑	☐
Outpatient Surgery Physician/Surgical Services	☑	☐		$40.00	☑	☑			☑	☐
Drugs	☑ All	☐ All			☑ All	☑ All			☑ All	☐ All
Generics	☑	☐		$10.00	☐	☑			☑	☐
Preferred Brand Drugs	☑	☐		$45.00	☑	☑			☑	☐
Non-Preferred Brand Drugs	☑	☐		$65.00	☑	☑			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑			☐	☐

Copays		Weighting
OP Facility	$ 250	14%
OP Facility	$ 50	86%
	$ 77.80	

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

Blending of Site-of-Service AVs

Hospital	84%	70.97%
Freestand	16%	74.03%
		71.47%

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☑
Specialty Rx Coinsurance Maximum:	$110.85
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]
AVC Version: 2022_1b

Output

Calculate

Status/Error Messages: Calculation Successful.
Actuarial Value: 70.97%
Metal Tier: Silver
NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time: 0.0664 seconds

Final 2022 AV Calculator

AV Calculator - BlueChoice HSA/HRA Silver 2500 (Products: Plus)

Inputs for Freestanding Site-of-Serivice

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?	☐	Tiered Network Plan?	☐
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 ($)			$2,500.00			
Coinsurance (%, Insurer's Cost Share)			100.00%			
MOOP ($)			$6,000.00			
MOOP if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☐ All			☑ All	☑ All			☑ All	☐ All
Emergency Room Services	☑	☐		$150.00	☑	☑			☑	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☐		$500.00	☑	☑			☑	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☐		$20.00	☑	☑			☑	☐
Specialist Visit	☑	☐		$40.00	☑	☑			☑	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☑	☐		$20.00	☑	☑			☑	☐
Imaging (CT/PET Scans, MRIs)	☑	☐		$250.00	☑	☑			☑	☐
Speech Therapy	☑	☐		$40.00	☑	☑			☑	☐
Occupational and Physical Therapy	☑	☐		$40.00	☑	☑			☑	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☐			☑	☑			☑	☐
X-rays and Diagnostic Imaging	☑	☐			☑	☑			☑	☐
Skilled Nursing Facility	☑	☐		$50.00	☑	☑			☑	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☐			☑	☑			☑	☐
Outpatient Surgery Physician/Surgical Services	☑	☐		$40.00	☑	☑			☑	☐
Drugs	☑ All	☐ All			☑ All	☑ All			☑ All	☐ All
Generics	☑	☐		$10.00	☐	☑			☑	☐
Preferred Brand Drugs	☑	☐		$45.00	☑	☑			☑	☐
Non-Preferred Brand Drugs	☑	☐		$65.00	☑	☑			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑			☐	☐

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

Specialty I	Coins Max	Weighting
Tier 4	$ 100.00	78%
Tier 5	$ 150.00	22%
	$ 110.85	

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☑
Specialty Rx Coinsurance Maximum:	$110.85
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]
AVC Version: 2022_1b

Output

Calculate

Status/Error Messages: Error: Result is outside of [-4, +2] percent de minimis variation.
Actuarial Value: 74.03%
Metal Tier:

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

Additional Notes:

Calculation Time: 0.1016 seconds
Final 2022 AV Calculator

AV Calculator - BlueChoice HSA/HRA Silver 3000 (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?	☐	Tiered Network Plan?	☐
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

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☐ All			☑ All	☑ All			☑ All	☐ All
Emergency Room Services	☑	☐		$250.00	☑	☑			☑	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☐		$500.00	☑	☑			☑	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☐		$25.00	☑	☑			☑	☐
Specialist Visit	☑	☐		$50.00	☑	☑			☑	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☑	☐		$25.00	☑	☑			☑	☐
Imaging (CT/PET Scans, MRIs)	☑	☐		$500.00	☑	☑			☑	☐
Speech Therapy	☑	☐		$50.00	☑	☑			☑	☐
Occupational and Physical Therapy	☑	☐		$50.00	☑	☑			☑	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☐		$50.00	☑	☑			☑	☐
X-rays and Diagnostic Imaging	☑	☐		$100.00	☑	☑			☑	☐
Skilled Nursing Facility	☑	☐		$50.00	☑	☑			☑	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☐		$98.65	☑	☑			☑	☐
Outpatient Surgery Physician/Surgical Services	☑	☐		$50.00	☑	☑			☑	☐
Drugs	☑ All	☐ All			☑ All	☑ All			☑ All	☐ All
Generics	☑	☐		$10.00	☐	☑			☑	☐
Preferred Brand Drugs	☑	☐		$45.00	☑	☑			☑	☐
Non-Preferred Brand Drugs	☑	☐		$65.00	☑	☑			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑			☐	☐

	Copays	Weighting
OP Facility	$ 400	14%
OP Facility	$ 50	86%
	$ 98.65	

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

Blending of Site-of-Service AVs		
Hospital	84%	71.38%
Freestand	16%	71.56%
		71.41%

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):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]
AVC Version: 2022_1b

Output

Calculate

Status/Error Messages: Calculation Successful.
Actuarial Value: 71.38%
Metal Tier: Silver
NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).
Additional Notes:

Calculation Time: 0.0859 seconds
Final 2022 AV Calculator

AV Calculator - BlueChoice HSA/HRA Silver 3000 (Products: HMO, Plus, Advantage)

Inputs for Freestanding Site-of-Serivice

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?	☐	Tiered Network Plan?	☐
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 ($)			$3,000.00			
Coinsurance (%, Insurer's Cost Share)			100.00%			
MOOP ($)			$4,750.00			
MOOP if Separate ($)						

Click Here for Important Instructions

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

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

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

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☑
Specialty Rx Coinsurance Maximum:	$110.85
Set a Maximum Number of Days for Charging an IP Copay?	☑
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]
AVC Version: 2022_1b

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	71.56%
Metal Tier:	Silver
	NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).
Additional Notes:	
Calculation Time:	0.082 seconds

Final 2022 AV Calculator

AV Calculator - BlueChoice Silver 4000 (Products: HMO Referral, 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?	☐	Tiered Network Plan?	☐
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 ($)	$4,000.00	$400.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
MOOP ($)	$8,150.00					
MOOP if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☐ All	☐ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☐		$250.00	☑	☑			☑	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☐		$500.00	☑	☑			☑	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$25.00	☑	☑			☐	☐
Specialist Visit	☐	☐		$50.00	☑	☑			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$25.00	☑	☑			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☐		$500.00	☑	☑			☑	☐
Speech Therapy	☐	☐		$50.00	☑	☑			☐	☐
Occupational and Physical Therapy	☐	☐		$50.00	☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☐		$50.00	☑	☑			☑	☐
X-rays and Diagnostic Imaging	☑	☐		$100.00	☑	☑			☑	☐
Skilled Nursing Facility	☑	☐		$50.00	☑	☑			☑	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☐		$98.65	☑	☑			☑	☐
Outpatient Surgery Physician/Surgical Services	☑	☐		$50.00	☑	☑			☑	☐
Drugs	☑ All	☐ All			☑ All	☑ All			☐ All	☐ All
Generics	☐	☐		$15.00	☐	☑			☐	☐
Preferred Brand Drugs	☑	☐		$45.00	☑	☑			☑	☐
Non-Preferred Brand Drugs	☑	☐		$65.00	☑	☑			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑			☐	☐

	Copays	Weighting
OP Facility	$ 400	14%
OP Facility	$ 50	86%
	$ 98.65	

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

Blending of Site-of-Service AVs		
Hospital	84%	71.41%
Freestand	16%	73.76%
		71.79%

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):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]
AVC Version: 2022_1b

Output

Calculate

Status/Error Messages: Calculation Successful.
Actuarial Value: 71.41%
Metal Tier: Silver
NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).
Additional Notes:

Calculation Time: 0.1016 seconds
Final 2022 AV Calculator

AV Calculator - BlueChoice Silver 4000 (Products: HMO Referral, Advantage)

Inputs for Freestanding Site-of-Serivice

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?	☐	Tiered Network Plan?	☐
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 ($)	$4,000.00	$400.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
MOOP ($)	$8,150.00					
MOOP if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☐ All	☐ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☐		$250.00	☑	☑			☑	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☐		$500.00	☑	☑			☑	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$25.00	☑	☑			☐	☐
Specialist Visit	☐	☐		$50.00	☑	☑			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$25.00	☑	☑			☐	☐
Imaging (CT/PET Scans, MRIs)	☐	☐		$250.00	☑	☑			☐	☐
Speech Therapy	☐	☐		$50.00	☑	☑			☐	☐
Occupational and Physical Therapy	☐	☐		$50.00	☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☐	☐		$25.00	☑	☑			☐	☐
X-rays and Diagnostic Imaging	☐	☐		$50.00	☑	☑			☐	☐
Skilled Nursing Facility	☑	☐		$50.00	☑	☑			☑	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☐	☐		$300.00	☑	☑			☐	☐
Outpatient Surgery Physician/Surgical Services	☐	☐		$50.00	☑	☑			☐	☐
Drugs	☑ All	☐ All			☑ All	☑ All			☑ All	☐ All
Generics	☐	☐		$15.00	☐	☑			☐	☐
Preferred Brand Drugs	☑	☐		$45.00	☑	☑			☑	☐
Non-Preferred Brand Drugs	☑	☐		$65.00	☑	☑			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑			☐	☐

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

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

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☑
Specialty Rx Coinsurance Maximum:	$110.85
Set a Maximum Number of Days for Charging an IP Copay?	☑
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]
AVC Version: 2022_1b

Output

Calculate

Status/Error Messages: Error: Result is outside of [-4, +2] percent de minimis variation.
Actuarial Value: 73.76%
Metal Tier:

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

Additional Notes:

Calculation Time: 0.0859 seconds
Final 2022 AV Calculator

AV Calculator - BlueChoice Silver 5000 (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	Silver

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
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 ($)	$5,000.00	$250.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
MOOP ($)	$8,300.00					
MOOP if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☐ All	☐ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☐		$250.00	☑	☑			☑	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☐		$500.00	☑	☑			☑	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$15.00	☑	☑			☐	☐
Specialist Visit	☐	☐		$50.00	☑	☑			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐			☑	☑			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☐		$500.00	☑	☑			☑	☐
Speech Therapy	☐	☐		$50.00	☑	☑			☐	☐
Occupational and Physical Therapy	☐	☐		$50.00	☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☐		$50.00	☑	☑			☑	☐
X-rays and Diagnostic Imaging	☑	☐		$100.00	☑	☑			☑	☐
Skilled Nursing Facility	☑	☐		$50.00	☑	☑			☑	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☐		$98.65	☑	☑			☑	☐
Outpatient Surgery Physician/Surgical Services	☑	☐		$50.00	☑	☑			☑	☐
Drugs	☑ All	☐ All			☑ All	☑ All			☑ All	☐ All
Generics	☐	☐		$15.00	☐	☑			☐	☐
Preferred Brand Drugs	☑	☐		$40.00	☑	☑			☑	☐
Non-Preferred Brand Drugs	☑	☐		$70.00	☑	☑			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☐		$110.85	☑	☑			☑	☐

	Copays	Weighting
OP Facility	$ 400	14%
OP Facility	$ 50	86%
	$ 98.65	

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

Blending of Site-of-Service AVs

Hospital	84%	71.57%
Freestand	16%	74.13%
		71.98%

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☑
Specialty Rx Coinsurance Maximum:	$110.85
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]
AVC Version: 2022_1b

Output

Calculate

Status/Error Messages: Calculation Successful.
Actuarial Value: 71.57%
Metal Tier: Silver
Additional Notes: NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).
Calculation Time: 0.1016 seconds

Final 2022 AV Calculator

AV Calculator - BlueChoice Silver 5000 (Products: HMO, Advantage)

Inputs for Freestanding Site-of-Serivice

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?	☐	Tiered Network Plan?	☐
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 ($)	$5,000.00	$250.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
MOOP ($)	$8,300.00					
MOOP if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☐ All	☐ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☐		$250.00	☑	☑			☑	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☐		$500.00	☑	☑			☑	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$15.00	☑	☑			☐	☐
Specialist Visit	☐	☐		$50.00	☑	☑			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐			☑	☑			☐	☐
Imaging (CT/PET Scans, MRIs)	☐	☐		$250.00	☑	☑			☐	☐
Speech Therapy	☐	☐		$50.00	☑	☑			☐	☐
Occupational and Physical Therapy	☐	☐		$50.00	☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☐	☐		$25.00	☑	☑			☐	☐
X-rays and Diagnostic Imaging	☐	☐		$50.00	☑	☑			☐	☐
Skilled Nursing Facility	☑	☐		$50.00	☑	☑			☑	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☐	☐		$300.00	☑	☑			☐	☐
Outpatient Surgery Physician/Surgical Services	☐	☐		$50.00	☑	☑			☐	☐
Drugs	☑ All	☐ All			☑ All	☑ All			☑ All	☐ All
Generics	☐	☐		$15.00	☐	☑			☐	☐
Preferred Brand Drugs	☑	☐		$40.00	☑	☑			☑	☐
Non-Preferred Brand Drugs	☑	☐		$70.00	☑	☑			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☐		$110.85	☑	☑			☑	☐

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

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

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]
AVC Version: 2022_1b

Output

Calculate

Status/Error Messages: Error: Result is outside of [-4, +2] percent de minimis variation.
Actuarial Value: 74.13%
Metal Tier:

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

Calculation Time: 0.0859 seconds
Final 2022 AV Calculator

User Inputs for Plan Parameters

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

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
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 ($)			$6,100.00			
Coinsurance (%, Insurer's Cost Share)			100.00%			
MOOP ($)			$6,900.00			
MOOP if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☐ All			☑ All	☑ All			☑ All	☐ All
Emergency Room Services	☑	☐		$250.00	☑	☑			☑	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☐		$500.00	☑	☑			☑	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☐		$50.00	☑	☑			☑	☐
Specialist Visit	☑	☐		$100.00	☑	☑			☑	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☑	☐		$50.00	☑	☑			☑	☐
Imaging (CT/PET Scans, MRIs)	☑	☐		$400.00	☑	☑			☑	☐
Speech Therapy	☑	☐		$100.00	☑	☑			☑	☐
Occupational and Physical Therapy	☑	☐		$100.00	☑	☑			☑	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☐		$75.00	☑	☑			☑	☐
X-rays and Diagnostic Imaging	☑	☐		$125.00	☑	☑			☑	☐
Skilled Nursing Facility	☑	☐		$100.00	☑	☑			☑	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☐		$105.61	☑	☑			☑	☐
Outpatient Surgery Physician/Surgical Services	☑	☐		$100.00	☑	☑			☑	☐
Drugs	☑ All	☐ All			☑ All	☑ All			☑ All	☐ All
Generics	☑	☐		$10.00	☐	☑			☑	☐
Preferred Brand Drugs	☑	☐		$45.00	☑	☑			☑	☐
Non-Preferred Brand Drugs	☑	☐		$65.00	☑	☑			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑			☐	☐

	Copays	Weighting
OP Facility Surgery	$ 450	14%
OP Facility Non-Surgery	$ 50	86%
	$ 105.61	

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

Blending of Site-of-Service AVs		
Hospital	84%	64.98%
Freestanding	16%	64.98%
		64.98%

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☑
Specialty Rx Coinsurance Maximum:	$110.85
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]
AVC Version: 2022_1b

Output

Calculate

Status/Error Messages: Expanded Bronze Standard (56% to 65%), Calculation Successful.
Actuarial Value: 64.98%
Metal Tier: Bronze
NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).
Additional Notes:

Calculation Time: 0.0664 seconds
Final 2022 AV Calculator

AV Calculator - BlueChoice HSA/HRA Bronze 6100 (Products: HMO, Plus, Advantage)

Inputs for Freestanding Site-of-Serivice

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?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

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

Tier 2 Plan Benefit Design			
	Medical	Drug	Combined

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☐ All			☑ All	☑ All			☑ All	☐ All
Emergency Room Services	☑	☐		$250.00	☑	☑			☑	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☐		$500.00	☑	☑			☑	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☐		$50.00	☑	☑			☑	☐
Specialist Visit	☑	☐		$100.00	☑	☑			☑	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☑	☐		$50.00	☑	☑			☑	☐
Imaging (CT/PET Scans, MRIs)	☑	☐		$250.00	☑	☑			☑	☐
Speech Therapy	☑	☐		$100.00	☑	☑			☑	☐
Occupational and Physical Therapy	☑	☐		$100.00	☑	☑			☑	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☐		$50.00	☑	☑			☑	☐
X-rays and Diagnostic Imaging	☑	☐		$75.00	☑	☑			☑	☐
Skilled Nursing Facility	☑	☐		$100.00	☑	☑			☑	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☐		$300.00	☑	☑			☑	☐
Outpatient Surgery Physician/Surgical Services	☑	☐		$100.00	☑	☑			☑	☐
Drugs	☑ All	☐ All			☑ All	☑ All			☑ All	☐ All
Generics	☑	☐		$10.00	☐	☑			☑	☐
Preferred Brand Drugs	☑	☐		$45.00	☑	☑			☑	☐
Non-Preferred Brand Drugs	☑	☐		$65.00	☑	☑			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑			☐	☐

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

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

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☑
Specialty Rx Coinsurance Maximum:	$110.85
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]
AVC Version: 2022_1b

Output

Calculate

Status/Error Messages: Expanded Bronze Standard (56% to 65%), Calculation Successful.
Actuarial Value: 64.98%
Metal Tier: Bronze
NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time: 0.0703 seconds
Final 2022 AV Calculator

AV Calculator - BlueChoice Value Bronze 6000 (Products: HMO, Advantage)

Inputs for Hospital Site-of-ServiceUser

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?	☐	Tiered Network Plan?	☐
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 ($)			$6,000.00			
Coinsurance (%, Insurer's Cost Share)			60.00%			
MOOP ($)			$8,300.00			
MOOP if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☐ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑			☑	☑			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☑			☑	☑			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$40.00	☑	☑			☐	☐
Specialist Visit	☑	☐		$50.00	☑	☑			☑	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$40.00	☑	☑			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☐		$500.00	☑	☑			☑	☐
Speech Therapy	☑	☐		$50.00	☑	☑			☑	☐
Occupational and Physical Therapy	☑	☐		$50.00	☑	☑			☑	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☐		$90.00	☑	☑			☑	☐
X-rays and Diagnostic Imaging	☑	☐		$130.00	☑	☑			☑	☐
Skilled Nursing Facility	☑	☐		$50.00	☑	☑			☑	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☐		$148.65	☑	☑			☑	☐
Outpatient Surgery Physician/Surgical Services	☑	☐		$50.00	☑	☑			☑	☐
Drugs	☑ All	☐ All			☑ All	☑ All			☑ All	☐ All
Generics	☑	☐		$20.00	☐	☑			☑	☐
Preferred Brand Drugs	☑	☐		$50.00	☑	☑			☑	☐
Non-Preferred Brand Drugs	☑	☐		$70.00	☑	☑			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☐		$110.85	☑	☑			☑	☐

	Copays	Weighting
OP Facility	$ 450	14%
OP Facility	$ 100	86%
	$ 148.65	

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

Blending of Site-of-Service AVs		
Hospital	84%	64.96%
Freestand	16%	65.04%
		64.97%

Options for Additional Benefit Design Limits:

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

Plan Description: ☐

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]
AVC Version: 2022_1b

Output

Calculate

Status/Error Messages: Expanded Bronze Standard (56% to 65%), Calculation Successful.
Actuarial Value: 64.96%
Metal Tier: Bronze
NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).
Additional Notes:

Calculation Time: 0.0625 seconds
Final 2022 AV Calculator

AV Calculator - BlueChoice Value Bronze 6000 (Products: HMO, Advantage)

Inputs for Freestanding Site-of-Serivice

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?	☐	Tiered Network Plan?	☐
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 ($)			$6,000.00			
Coinsurance (%, Insurer's Cost Share)			60.00%			
MOOP ($)			$8,300.00			
MOOP if Separate ($)						

Click Here for Important Instructions

	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	☑ All	☐ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑			☑	☑			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☑			☑	☑			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$40.00	☑	☑			☐	☐
Specialist Visit	☑	☐		$50.00	☑	☑			☑	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$40.00	☑	☑			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☐		$250.00	☑	☑			☑	☐
Speech Therapy	☑	☐		$50.00	☑	☑			☑	☐
Occupational and Physical Therapy	☑	☐		$50.00	☑	☑			☑	☐
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☐		$25.00	☑	☑			☑	☐
X-rays and Diagnostic Imaging	☑	☐		$55.00	☑	☑			☑	☐
Skilled Nursing Facility	☑	☐		$50.00	☑	☑			☑	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☐		$300.00	☑	☑			☑	☐
Outpatient Surgery Physician/Surgical Services	☑	☐		$50.00	☑	☑			☑	☐
Drugs	☑ All	☐ All			☑ All	☑ All			☑ All	☐ All
Generics	☑	☐		$20.00	☐	☑			☑	☐
Preferred Brand Drugs	☑	☐		$50.00	☑	☑			☑	☐
Non-Preferred Brand Drugs	☑	☐		$70.00	☑	☑			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☐		$110.85	☑	☑			☑	☐

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

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

Options for Additional Benefit Design Limits:

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

Plan Description: ☐

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]
AVC Version: 2022_1b

Output

Calculate

Status/Error Messages: Error: Result is outside of de minimis variation for Expanded Bronze.
Actuarial Value: 65.04%
Metal Tier:

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

Additional Notes:

Calculation Time: 0.0664 seconds

Final 2022 AV Calculator

User Inputs for Plan Parameters

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

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

Tier 1 Plan Benefit Design			
	Medical	Drug	Combined
Deductible ($)			$6,500.00
Coinsurance (%, Insurer's Cost Share)			90.00%
MOOP ($)			$6,900.00
MOOP if Separate ($)			

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

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑			☑	☑			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☑			☑	☑			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑			☑	☑			☐	☐
Specialist Visit	☑	☑			☑	☑			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☑	☑			☑	☑			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑			☑	☑			☐	☐
Speech Therapy	☑	☑			☑	☑			☐	☐
Occupational and Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%		☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑			☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑			☐	☐
Skilled Nursing Facility	☑	☑			☑	☑			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑			☐	☐
Drugs	☑ All	☐ All			☑ All	☑ All			☑ All	☐ All
Generics	☑	☐		$10.00	☐	☑			☑	☐
Preferred Brand Drugs	☑	☐		$45.00	☑	☑			☑	☐
Non-Preferred Brand Drugs	☑	☐		$65.00	☑	☑			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☐		$110.85	☑	☑			☑	☐

Options for Additional Benefit Design Limits:

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

Plan Description: ☐

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]
AVC Version: 2022_1b

AV
64.98%

Output

Calculate

Status/Error Messages: Expanded Bronze Standard (56% to 65%), Calculation Successful.
Actuarial Value: 64.98%
Metal Tier: Bronze
Additional Notes: NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range.
Calculation Time: 0.0664 seconds

Final 2022 AV Calculator

User Inputs for Plan Parameters

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

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
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 ($)			$2,100.00			
Coinsurance (%, Insurer's Cost Share)			70.00%			
MOOP ($)			$6,900.00			
MOOP if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑			☑	☑			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☑			☑	☑			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑			☑	☑			☐	☐
Specialist Visit	☑	☑			☑	☑			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☑	☑			☑	☑			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑			☑	☑			☐	☐
Speech Therapy	☑	☑			☑	☑			☐	☐
Occupational and Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%		☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑			☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑			☐	☐
Skilled Nursing Facility	☑	☑			☑	☑			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑			☐	☐
Drugs	☑ All	☐ All			☑ All	☑ All			☑ All	☐ All
Generics	☑	☐		$10.00	☐	☑			☑	☐
Preferred Brand Drugs	☑	☐		$45.00	☑	☑			☑	☐
Non-Preferred Brand Drugs	☑	☐		$65.00	☑	☑			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☐		$110.85	☑	☑			☑	☐

Options for Additional Benefit Design Limits:

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

Plan Description: ☐

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]
AVC Version: 2022_1b

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	71.91%
Metal Tier:	Silver
Additional Notes:	NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range.
Calculation Time:	0.0781 seconds

Final 2022 AV Calculator

User Inputs for Plan Parameters

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

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
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 ($)			$3,000.00			
Coinsurance (%, Insurer's Cost Share)			70.00%			
MOOP ($)			$6,000.00			
MOOP if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑			☑	☑			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☑			☑	☑			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☐		$25.00	☑	☑			☑	☐
Specialist Visit	☑	☐		$50.00	☑	☑			☑	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☑	☑			☑	☑			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑			☑	☑			☐	☐
Speech Therapy	☑	☑			☑	☑			☐	☐
Occupational and Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%		☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑			☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑			☐	☐
Skilled Nursing Facility	☑	☑			☑	☑			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑			☐	☐
Drugs	☑ All	☐ All			☑ All	☑ All			☑ All	☐ All
Generics	☑	☐		$10.00	☐	☑			☑	☐
Preferred Brand Drugs	☑	☐		$45.00	☑	☑			☑	☐
Non-Preferred Brand Drugs	☑	☐		$65.00	☑	☑			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☐		$110.85	☑	☑			☑	☐

Options for Additional Benefit Design Limits:

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

Plan Description: ☐

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]
AVC Version: 2022_1b

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	70.21%
Metal Tier:	Silver
Additional Notes:	NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.
Calculation Time:	0.0703 seconds

Final 2022 AV Calculator

AV Calculator - BlueChoice HSA/HRA Gold 1500 90 (Products: HMO, Advantage)

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?	☐	Tiered Network Plan?	☐
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 ($)			$1,500.00			
Coinsurance (%, Insurer's Cost Share)			90.00%			
MOOP ($)			$6,750.00			
MOOP if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☑ All	☑ All			☐ All	☐ All
Emergency Room Services	☑	☑			☑	☑			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☑			☑	☑			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☐		$10.00	☑	☑			☑	☐
Specialist Visit	☑	☐		$20.00	☑	☑			☑	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☑	☑			☑	☑			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑			☑	☑			☐	☐
Speech Therapy	☑	☑			☑	☑			☐	☐
Occupational and Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%		☐	☐	100%	$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑			☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑			☐	☐
Skilled Nursing Facility	☑	☑			☑	☑			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑			☐	☐
Drugs	☑ All	☐ All			☑ All	☑ All			☑ All	☐ All
Generics	☑	☐		$10.00	☑	☑			☑	☐
Preferred Brand Drugs	☑	☐		$45.00	☑	☑			☑	☐
Non-Preferred Brand Drugs	☑	☐		$65.00	☑	☑			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☐		$110.85	☑	☑			☑	☐

Options for Additional Benefit Design Limits:

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

Plan Description: ☐

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]
AVC Version: 2022_1b

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	81.07%
Metal Tier:	Gold
Additional Notes:	NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.
Calculation Time:	0.0977 seconds

Final 2022 AV Calculator

AV Calculator - BlueChoice HMO Referral Bronze 8250

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?	☐	Tiered Network Plan?	☐
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 ($)			$8,250.00			
Coinsurance (%, Insurer's Cost Share)			100.00%			
MOOP ($)			$8,250.00			
MOOP if Separate ($)						

Click Here for Important Instructions

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

Options for Additional Benefit Design Limits:

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

Plan Description: ☐

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]
AVC Version: 2022_1b

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	61.94%
Metal Tier:	Bronze
Additional Notes:	NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).
Calculation Time:	0.1484 seconds

Final 2022 AV Calculator

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

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

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
1	Purpose of Filing	State the purpose of the filing. Identify the applicable law. List the proposed changes to the base rates and rating factors, and provide a general summary.	Yes	Page 1 of the Actuarial Memorandum PDF in SERFF
2	Form Numbers	Form numbers should be listed in the actuarial memorandum.	Yes	Appendix - Form Numbers_SG
3	HIOS Product ID	The HIOS product ID should be listed in the actuarial memorandum.	Yes	Exhibit 11 - Plan Adjusted_SG
4	Effective Date	The requested effective date of the rate change. For filings effective 1/1/2017 and later, follow filing due date requirements.	Yes	Page 1 of the Actuarial Memorandum PDF in SERFF
5	Market	Indicate whether the products are sold in the individual or small employer group market.	Yes	Page 1 of the Actuarial Memorandum PDF in SERFF
6	Status of Forms	Indicate whether the forms are open to new sales, closed, or a mixture of both, and whether the forms are grandfathered, non-grandfathered, or a mixture of both.	Yes	Appendix - Form Numbers_SG
7	Benefits/Metal level(s)	Include a basic description of the benefits of the forms referenced in the filing and the metal level of each plan design.	Yes	Exhibit 11 - Plan Adjusted_SG
7.1	AV Value	Provide the actuarial value of each plan design using the AV calculator developed and made available by HHS.	Yes	See the PDF file "AV Screen Shots" in SERFF
8	Average Rate Increase Requested	The weighted average rate increase being requested, incremental and year-over-year renewal. The weights should be based on premium volume. **In the small group market, please also provide weighted average rate increase requested for 2022Q1 over 2021Q1; 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 company's surplus position.	Yes	Exhibit10A - DICR SG and Exhibit 10B - Fed MLR_SG
32	Past and Prospective Expenses	Indicate the expense assumptions used in the development of proposed rates. Demonstrate how this assumption was derived. Show how this assumption has changed from prior filings, and provide support for any change. Provide the assumed administrative costs in the following categories: • Salaries, wages, employment taxes, and other employee benefits • Commissions • Taxes, licenses, and other regulatory fees • Cost containment programs / quality improvement activities • All other administrative expenses • Total	Yes	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 *all* 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 30th of the current year, whichever is first.	Yes	See the Rate 'E file included as a separate document in SERFF
42	Additional Requirements for Stand-Alone Dental Plan Filings	Provide the following for stand-alone dental plan filings: • Identification of the level of coverage (i.e. low or high), including the actuarial value of the plan determined in accordance with the proposed rule; • Certification of the level of coverage by a member of the American Academy of Actuaries using generally accepted actuarial principles; and • Demonstration that the plan has a reasonable annual limitation on cost-sharing.	No	Not applicable

CERTIFYING SIGNATURE

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

Gregory Sucher

(Print Name)

Gregory Sucher Digitally signed by Gregory Sucher Date: 2021.05.17 11:32:51 -04'00'

(Signature)

CareFirst BlueCross BlueShield
Part III Actuarial Memorandum

4.1 Redacted Actuarial Memorandum

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

4.2 General Information Section

Company Identifying Information:

- **Company Legal Name**: CareFirst BlueChoice, Inc. (CFBC) - NAIC # 96202
- **State**: District of Columbia
- **HIOS Issuer ID**: 86052
- **Market**: Small Groups (On Exchange)
- **Effective Date**: 1/1/2022 and quarterly incremental "trend" increases effective 4/1/2022, 7/1/2022 and 10/1/2022.
- **Company Filing Number**: 2568
- **SERFF Filing Number**: CFAP-132808962

Company Contact Information:

- **Primary Contact Name**: Mr. Gregory Sucher, FSA, MAAA
- **Primary Contact Telephone Number**: 410-998-5988
- **Primary Contact E-Mail Address**: Gregory.Sucher@CareFirst.com

4.3 Proposed Rate Changes (Small Group market)

Base rates are changing 2.5% on average for 1Q22. The range is 1.8% to 8.6%. The estimated average base rate changes for 2Q22, 3Q22, and 4Q22 are 3.2%, 3.8% and 4.5%, respectively. This filing applies to all new and renewing, in-force business in the guaranteed renewable, non-grandfathered, ACA, metaled benefit plans. The number of policyholders affected by this rate change is 25,930.

At this time, the proposed rates in this filing do not consider the possible impact of items including but not limited to the list below.

1.) Exacerbation of chronic morbidity due to the pandemic
2.) Future vaccine or testing expenses not offset by deferred care.

Reason for Rate Change(s):

The main drivers supporting the rate change are an increase in the trend and plan level benefit factors, an improvement in the base period experience of the combined pool and decreases in the risk adjustment factor and the administrative assumption. The increase in trend is due to an adjustment made for Covid. As a result of the pandemic, the 2020 experience period had decreased claims driven by the deferred or avoided care. An adjustment was made to bring the 2020 experience up to the level it would be at in the absence of Covid.

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 1/1/2020 through 12/31/2020, as required.

Paid Through Date: 2/28/2021
Current Date: 2/28/2021

Premiums (prior to MLR rebates) in Experience Period: $262,345,283
Experience Period Member Months: 547,143
Current Date Members: 47,000

Allowed and Incurred Claims Incurred During the Experience Period

Allowed Claims

- **Processed through issuer's claim system:** $217,189,130
- **Processed outside issuer's claim system:** $0
- **IBNR:** $3,550,541

Incurred Claims

- **Processed through issuer's claim system:** $189,376,935
- **Processed outside issuer's claim system:** $0
- **IBNR:** $3,075,738

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 5.5% baseline trend, which is a decrease compared to the 6.0% trend assumed in our prior filing. On top of the 5.5% baseline trend, we have included a 0.5% adjustment to account for additional anticipated costs due to deferred preventive care in 2020. Lastly, we have included a one-time Covid catch up factor of 6.0% to account for a return to normal care levels compared to the depressed utilization in 2020 due to the unavailability of care during the pandemic. The resulting composite annualized trend assumed in this filing is 9.1%. Current observed medical trends as of 202012 are -3.9%, down from 9.3% in 201912. Current observed drug trends are 2.6% as of 202012, up from -0.5% in 201912. The composite medical and drug trend is -2.2% as of 202012, down from 6.5% in 201912. We note that current observed trend levels are depressed due to the pandemic and that future trends are expected to be much higher with all factors considered. The aggregate medical and drug observed trend as of 202012, adjusted for the COVID catch up factor, is estimated to be 3.7%.

When normalized for induced demand, network, and demographics, the composite -2.2% and 6.5% observed trends become -2.8% and 6.5%, respectively. When adjusted for the COVID catch up factor, the observed trend as of 202012 becomes 3.0%.

Using the proposed trend factor, in combination with other assumptions such as morbidity, etc., the annualized allowed PMPM change between 2022 and 2020 represented in this filing is 9.3%. Excluding the impact of the COVID catch up adjustment, the annualized allowed PMPM change between 2022 and 2020 is 6.0%. Given all of the factors, and the result of our projection factors in the aggregate, we believe that a 5.5% assumed force of trend is reasonable.

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 2022 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 (2021) 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 (2022) 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 2020 to 2022 is expected to be -1.8%, which is the factor used in Exhibit 1 in the calculation of the market adjustment index rate.

Demographic Shift:

Exhibit 6 in the Memorandum contains support for our adjustment due to the anticipated change in the average age of this population between the experience and projection periods. Our methodology measures the change in average demographic factor between the base and rating periods. The demographic factors used are from an internal age/gender curve with an approximate 4.5:1 ratio (age 64+ to age 21 factors). Factors for both time periods are weighted using member months and the ratio of the two is applied as our market level adjustment.

Plan Design Changes:

Exhibit 5 in the Memorandum details our support for this adjustment to account for anticipated changes in the average utilization of services due to differences in average cost sharing requirements between the experience and projection periods. Our methodology measures the change in the average induced utilization factor between the base and rating periods. The factors used are the metal level factors from the federal risk adjustment program. Once the average internal pricing AV, weighted by member months, is

determined for both the experience and rating periods the linearly interpolated factor is determined. The ratio of these two factors is applied as our market level adjustment.

Other Adjustments:

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

4.4.3.3 Manual Rate Adjustments

Not applicable, as experience was determined to be fully credible. The Unified Rate Review Template (URRT) forces the use of a projection period ending twelve months after the effective date. This presumes all rates change on the effective date. This is inconsistent with our understanding of the DC small group market post-1/1/14. In this filing we are using a projection period ending with 3/31/2023 for our first quarter 2022 Index Rate Projection since business may be sold with this rate through 3/31/2022 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 $403.13 and the projection period index rate is $481.77. 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 $505.28 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 2020 Wakley projections.

Our projected 2022 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 2020 to 2022, we have assumed an increase in the statewide premium of 3.6% which reflects an estimate of an average -0.5% increase in 2021 and 4.1% increase in 2022. We have assumed that our CFI Small Group market share will increase from 77.1% in 2020 to 79.4% in 2022. We have assumed that our CFI Small Group PLRS ratio to the state will improve from 1.022 in 2020 to 1.020 in 2022. The resultant

estimate of risk adjustment is that the BlueChoice payable transfer PMPM for the Small Group market will increase from -$16.67 in 2020 to -$19.88 in 2022.

The risk adjustment estimates above are calculated separately for the Individual market and the Small Group market as required. This approach is different than the blended approach used to calculate the Index Rate and therefore there is an inconsistency between the risk assumed in rates and the claims data used in the calculation.

The aggregate PPO and HMO estimated rate changes under both separate and merged risk adjustment methods are:

	Separate	Merged
Small Group	4.6%	6.8%
Individual	10.3%	1.3%

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. Contribution to Reserve (Post-Tax)
    4. State Premium Tax
    5. Federal Income Tax (FIT)
    6. Risk Adjustment User Fee
    7. Patient-Centered Outcomes Research Institute Fee (PCORI)
    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 in 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 82.4% for the Small Group market and 83.3% 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 2022 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 84% of the designated services are rendered in higher cost-share setting and the remaining 16% 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 2/28/2021 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 Terminated Plans and Products

Plan mappings from the experience period to the rating period can be found in Appendix – Mapping.

4.6.4 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 # 2568
D.C. Small Group Products
Rate Filing Effective 1/1/2022

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 1/1/2022
Actuarial Certification

I, Gregory Sucher, am a(n) 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 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 2022 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.

Gregory Sucher
Digitally signed by Gregory Sucher
Date: 2021.05.17 11:34:55 -04'00'

Gregory Sucher, FSA, MAAA
Actuary
CareFirst BlueCross BlueShield
Mail Drop-Point 01-720
10455 Mill Run Circle
Owings Mills, MD 21117

Table of Contents

Page	Exhibit Name/Description
1	Cover Page
2	Actuarial Certification
3	Table of Contents
4	Exhibit 1 - Summary
5	Exhibit 2 - Base Period Allowed
6	Exhibit 3 - Non-EHB
7	Exhibit 4 - Morbidity
8	Exhibit 5 - Induced Demand
9	Exhibit 6 - Demographics
10	Exhibit 7 - Other Adjustments
11	Exhibit 8 - Trend
12	Exhibit 9 - Risk Adjustment
13	Exhibit 10A - Desired Loss Ratio
14	Exhibit 10B - Federal MLR
15	Exhibit 10B - Federal Combined MLR
16	Exhibit 11 - Plan Adjusted Index Rates
17	Exhibit 12 - HHS Actuarial Values
18	Exhibit 13 - Age Calibration
19	Exhibit 14 - Age Factors
20	Exhibit 15 - Induced Utilization Factors
21	Appendix - Network Factors
22	Appendix - HIOS ID Mappings
23	Appendix - Rate Changes
24	Appendix - Quarterly Changes
25	Appendix - Max Renewal
26 - 27	Appendix - Form Numbers
28 - 33	Appendix - Experience by Service Category
34	Appendix - Total Experience

Exhibit 1 - Market Adjusted Index Rate Summary

			2022	Exhibit
(1)	Base Period Total Allowed	$	403.44	2
(2)	Base Period Non-EHB PMPM	$	0.31	2
(3)	Experience Period Index Rate	$	403.13	
(4)	Change in Morbidity		0.9820	4
(5)	Additional Population Adjustment		1.0000	
(6)	Induced Demand		1.0055	5
(7)	Projection Period Utilization and Network Adjustment		1.0000	
(8)	Demographic Adjustment		1.0133	6
(9)	Area Adjustment		1.0000	
(10)	Additional "Other" Adjustments		1.0029	7
(11)	Annualized Trend		9.1%	8
(12)	Months of Trend		24.0	
(13)	Unit cost & Utilization/1,000 Trend Factor		1.1909	
(14)	Projection Period Index Rate	$	481.77	
(15)	Risk Adjustment Program		1.0488	9
(16)	Federal Exchange User Fee		1.0000	
(17)	Market Adjusted Index Rate	$	505.28	
	Without Risk Adjustment	$	481.77	

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	$ 38,139,178	$ 69.71	Admits	45.39	$ 18,429.89
Outpatient Hospital	$ 40,315,619	$ 73.68	Visits	565.00	$ 1,564.96
Professional	$ 76,727,472	$ 140.23	Visits	11,343.73	$ 148.35
Other Medical	$ 13,663,835	$ 24.97	Services	1,116.00	$ 268.53
Capitation	$ 563,579	$ 1.03	Benefit Period	1,000	$ 12.36
Prescription Drug	$ 51,329,989	$ 93.81	Prescriptions	7,104.49	$ 158.46
Total (EHB & Non-EHB)	**$ 220,739,672**	**$ 403.44**			
EHB Allowed	**$ 220,571,579**	**$ 403.13**			
Non-EHB Allowed	**$ 168,093**	**$ 0.31**			
Incurred Net	**$ 192,452,673**	**$ 351.74**			
Net/Allowed	**87.19%**				
Experience Period Member Months	**547,143**				
Experience Period Revenue	**$ 262,345,283**				

Exhibit 3 - Non-EHB Adjustment

		2022 On-Exchange	2022 Off-Exchange	
(1)	Blended Index Rate	$ 498.77	$ 498.77	
(2)	Non-EHB PMPM	$ 0.11	$ 0.11	
(3)	Total	$ 498.88	$ 498.88	
(4)	**Plan Level Adjustment**	**1.0002**	**1.0002**	(3)/(1)

Exhibit 4 - Morbidity Adjustment Factor

Base Year

Metal Level	Member Months	2020 Normalized Allowed PMPM
Catastrophic	8,671	$ 88.52
Bronze	47,691	$ 127.38
Silver	128,534	$ 183.15
Gold	205,807	$ 235.62
Platinum	156,376	$ 240.84
Subtotal	**547,079**	**$ 213.02**

Current Year YTD

Existing

Metal Level	Member Months	2020 Normalized Allowed PMPM	Morbidity Adjustment	2021 Adjusted Normalized Allowed PMPM
Catastrophic	1,018	$ 95.33	1.000	$ 95.33
Bronze	7,036	$ 129.31	1.000	$ 129.31
Silver	19,064	$ 180.73	1.000	$ 180.73
Gold	29,894	$ 228.80	1.000	$ 228.80
Platinum	21,243	$ 237.30	1.000	$ 237.30
Subtotal	**78,255**	**$ 208.71**	**1.000**	**$ 208.71**

New

Metal Level	Member Months	Existing Cohort Adjusted Normalized Allowed PMPM	Morbidity Adjustment	2021 Adjusted Normalized Allowed PMPM
Catastrophic	196	$ 95.33	1.000	$ 95.33
Bronze	1,422	$ 129.31	1.000	$ 129.31
Silver	2,600	$ 180.73	1.000	$ 180.73
Gold	4,699	$ 228.80	1.000	$ 228.80
Platinum	2,563	$ 237.30	1.000	$ 237.30
Subtotal	**11,480**	**$ 205.21**	**1.000**	**$ 205.21**

Transfer

Metal Level	Member Months	2020 Normalized Allowed PMPM	Morbidity Adjustment	2021 Adjusted Normalized Allowed PMPM
Catastrophic	44	$ 91.46	1.000	$ 91.46
Bronze	246	$ 152.12	1.000	$ 152.12
Silver	717	$ 256.88	1.000	$ 256.88
Gold	1,616	$ 239.16	1.000	$ 239.16
Platinum	1,259	$ 266.94	1.000	$ 266.94
Subtotal	**3,882**	**$ 244.25**	**1.000**	**$ 244.25**

Total

Metal Level	Member Months	2020 Normalized Allowed PMPM	Morbidity Adjustment	2021 Adjusted Normalized Allowed PMPM
Catastrophic	1,258	$ 95.19	1.000	$ 95.19
Bronze	8,704	$ 129.95	1.000	$ 129.95
Silver	22,381	$ 183.17	1.000	$ 183.17
Gold	36,209	$ 229.26	1.000	$ 229.26
Platinum	25,065	$ 238.79	1.000	$ 238.79
Subtotal	**93,617**	**$ 209.76**	**1.000**	**$ 209.76**

Remainder of Current Year

Existing

Metal Level	Member Months	2021 Adjusted Normalized Allowed PMPM
Catastrophic	4,685	$ 95.33
Bronze	34,424	$ 129.31
Silver	96,352	$ 180.73
Gold	151,656	$ 228.80
Platinum	107,584	$ 237.30
Subtotal	**394,701**	**$ 209.12**

New

Metal Level	Member Months	2021 Adjusted Normalized Allowed PMPM
Catastrophic	1,702	$ 95.33
Bronze	8,918	$ 129.31
Silver	13,106	$ 180.73
Gold	24,209	$ 228.80
Platinum	11,922	$ 237.30
Subtotal	**59,857**	**$ 201.35**

Transfer

Metal Level	Member Months	2021 Adjusted Normalized Allowed PMPM
Catastrophic	235	$ 91.46
Bronze	1,261	$ 152.12
Silver	3,061	$ 256.88
Gold	6,224	$ 239.16
Platinum	4,534	$ 266.94
Subtotal	**15,315**	**$ 241.49**

Total

Metal Level	Member Months	2021 Adjusted Normalized Allowed PMPM
Catastrophic	6,622	$ 95.19
Bronze	44,603	$ 129.95
Silver	112,519	$ 182.80
Gold	182,089	$ 229.15
Platinum	124,040	$ 238.38
Subtotal	**469,873**	**$ 209.18**

Rating Year

Existing

Metal Level	Member Months	2021 Normalized Allowed PMPM	Morbidity Adjustment	2022 Adjusted Normalized Allowed PMPM
Catastrophic	6,900	$ 95.19	1.000	$ 95.19
Bronze	46,850	$ 129.95	1.000	$ 129.95
Silver	114,726	$ 182.86	1.000	$ 182.86
Gold	190,589	$ 229.17	1.000	$ 229.17
Platinum	125,749	$ 238.45	1.000	$ 238.45
Subtotal	**484,814**	**$ 209.12**	**1.000**	**$ 209.12**

New

Metal Level	Member Months	Existing Cohort Adjusted Normalized Allowed PMPM	Morbidity Adjustment	2022 Adjusted Normalized Allowed PMPM
Catastrophic	1,754	$ 95.19	1.000	$ 95.19
Bronze	10,725	$ 129.95	1.000	$ 129.95
Silver	19,158	$ 182.86	1.000	$ 182.86
Gold	33,638	$ 229.17	1.000	$ 229.17
Platinum	18,232	$ 238.45	1.000	$ 238.45
Subtotal	**83,507**	**$ 205.02**	**1.000**	**$ 205.02**

Transfer

Metal Level	Member Months	2021 Normalized Allowed PMPM	Morbidity Adjustment	2022 Adjusted Normalized Allowed PMPM
Catastrophic	156	$ 91.46	1.000	$ 91.46
Bronze	772	$ 152.12	1.000	$ 152.12
Silver	1,985	$ 256.88	1.000	$ 256.88
Gold	4,594	$ 239.16	1.000	$ 239.16
Platinum	3,597	$ 266.94	1.000	$ 266.94
Subtotal	**11,104**	**$ 243.20**	**1.000**	**$ 243.20**

Total

Metal Level	Member Months	2021 Normalized Allowed PMPM	Morbidity Adjustment	2022 Adjusted Normalized Allowed PMPM
Catastrophic	8,810	$ 95.12	1.000	$ 95.12
Bronze	58,347	$ 130.24	1.000	$ 130.24
Silver	135,869	$ 183.95	1.000	$ 183.95
Gold	228,821	$ 229.37	1.000	$ 229.37
Platinum	147,578	$ 239.14	1.000	$ 239.14
Subtotal	**579,425**	**$ 209.18**	**1.000**	**$ 209.18**

Total Current Year

Total	Member Months	2021 Adjusted Normalized Allowed PMPM
Catastrophic	7,880	$ 95.19
Bronze	53,307	$ 129.95
Silver	134,900	$ 182.86
Gold	218,298	$ 229.17
Platinum	149,105	$ 238.45
Subtotal	**563,490**	**$ 209.28**

Year	Adjusted Normalized PMPM	Year over Year Change
2020	$ 213.02	n/a
2021	$ 209.28	-1.8%
2022	$ 209.18	0.0%

Morbidity Adjustment Change	**-1.8%**
Morbidity Adjustment Factor	**0.9820**

Exhibit 5 - Induced Utilization Adjustment Factor

	Year	Actuarial Value	Induced Demand Factor	
(1)	2020	78.09%	1.0704	
(2)	Projected 2022	79.28%	1.0764	
(3)	**Adjustment***		**1.0056**	(2)/(1)

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

Exhibit 6 - Demographic Adjustment

	Period	Cohort	Demo Factor*	Weight	Average Age**	
(1)	Base Period	All	1.6687	100.0%	34.3	
(2)	Rating Period	Existing	1.7328	83.7%		
		New	1.4520	14.4%		
		Transfer	1.6583	1.9%		
(3)	Rating Period	All	1.6909	100.0%	34.8	
(4)	**Demographic Adjustment*** **	**All**	**1.0133**			(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)	Experience Period Capitations PMPM (EHBs only)	$ 0.80		
(2)	Projection Period Capitations PMPM	$ 0.79		
(3)	**Adjustment to Capitation Category**	**0.9855**	(2)/(1)	
	Drug Rebates adjustment			
(4)	Experience Period Allowed Rx PMPM (Pre-Rebates)	$ 116.52		
(5)	Morbidity	0.9820	Exhibit 4	
(6)	Induced Demand	1.0056	Exhibit 5	
(7)	Demographics	1.0133	Exhibit 6	
(8)	Rx Trend (Force of Trend)	1.0922	Exhibit 8	
(9)	Projected Target Allowed Rx PMPM using Multiplicative Factors (Pre-Rebates)	$ 127.34	(4)*(5)*(6)*(7)*(8)	
(10)	Target Projection Period Rx Rebates PMPM	$ 23.42		
(11)	Target Post-Rebates Allowed Rx PMPM using Target Projection Period Rx Rebates PMPM	$ 103.92	(9)-(10)	
(12)	Experience Period Rx Rebates PMPM	$ 22.71		
(13)	Experience Period Allowed Rx PMPM (Post-Rebates)	$ 93.81	(4)-(12)	
(14)	Morbidity	0.9820	Exhibit 4	
(15)	Induced Demand	1.0056	Exhibit 5	
(16)	Demographics	1.0133	Exhibit 6	
(17)	Rx Trend (Force of Trend)	1.0922	Exhibit 8	
(18)	Projection Period Allowed Rx PMPM using Multiplicative Factors (Post-Rebates)	$ 102.53	(13)*(14)*(15)*(16)*(17)	
(19)	**Adjustment to Drug Category**	**1.0136**	(11)/(18)	

		PMPM	Adjustment	
Inpatient Hospital	$	88.73	1.0000	
Outpatient Hospital	$	92.03	1.0000	
Professional	$	168.20	1.0000	
Other Medical	$	28.09	1.0000	
Capitation	$	0.80	0.9855	(3)
Prescription Drug	$	102.53	1.0136	(19)
Total	**$**	**480.38**	**1.0029**	

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

Exhibit 8 - Annual Trend Assumptions

	2020 EHB PMPM	Weight	Utilization/1,000	Unit Cost	Trended Composite
Inpatient Hospital	$ 69.71	17.3%	1.0348	1.0900	1.2721
Outpatient Hospital	$ 73.65	18.3%	1.0348	1.0800	1.2489
Professional	$ 140.19	34.8%	1.0842	1.0100	1.1991
Other Medical	$ 24.97	6.2%	1.0296	1.0300	1.1246
Capitation	$ 0.80	0.2%	1.0000	1.0000	1.0000
Prescription Drug	$ 93.81	23.3%	1.0348	1.0100	1.0922
Total	$ 403.13	100.0%			1.0913
Proposed Trend					**1.0913**

Exhibit 9 - Risk Adjustment

Statewide 2020

Metallic Tier	Member Months		PLRS	ARF	GCF	IDF	AV	PWRS	PWORS	Transfer $	PMPM	Statewide PMPM 2020
Small Group	977,280		1.121	1.036	1.000	1.097	0.818	1.240	0.933			$ 463.01

CFI & Completition 2020

Metallic Tier	Member Months	Distribution	PLRS	ARF	GCF	IDF	AV	PWRS	PWORS	Transfer $	PMPM
CFI Non-Catastrophic	753,696	77.1%	1.146	1.042	1.000	1.096	0.815	1.266	0.934		
Competition Non-Catastrophic	223,584	22.9%	1.038	1.015	1.000	1.102	0.828	-	-		

2020

Metallic Tier	Member Months	Distribution	PLRS	ARF	GCF	IDF	AV	PWRS	PWORS	Transfer $	PMPM
Catastrophic											
Bronze	21,237	4.3%	0.541	1.042	1.000	1.000	0.600	0.541	0.625	-$2,293,041	-$107.97
Silver	114,164	23.2%	0.821	1.064	1.000	1.030	0.700	0.845	0.767	-$7,396,003	-$64.78
Gold	202,093	41.0%	1.045	1.023	1.000	1.080	0.800	1.129	0.884	-$3,367,734	-$16.66
Platinum	155,441	31.5%	1.315	1.040	1.000	1.150	0.900	1.513	1.076	$4,837,598	$31.12
Total	492,935	100%	1.057	1.038	1.000	1.087	0.800	1.159	0.906	-$8,219,180	-$16.67

Statewide 2022

Metallic Tier	Member Months		PLRS	ARF	GCF	IDF	AV	PWRS	PWORS	Transfer $	PMPM	Statewide PMPM 2022
Small Group	960,241		1.114	1.029	1.000	1.094	0.812	1.228	0.917			$ 479.58

CFI & Competition 2022

Metallic Tier	Member Months	Distribution	PLRS	ARF	GCF	IDF	AV	PWRS	PWORS	Transfer $	PMPM
CFI Non-Catastrophic	762,431	79.4%	1.136	1.035	1.000	1.092	0.808	1.251	0.916		
Competition Non-Catastrophic	197,810	20.6%	1.028	1.005	1.000	1.102	0.828	-	-		

2022

Metallic Tier	Member Months	Distribution	PLRS	ARF	GCF	IDF	AV	PWRS	PWORS	Transfer $	PMPM
Bronze	28,218	5%	0.567	1.030	1.000	1.000	0.600	0.567	0.618	-$2,878,918	-$102.02
Silver	120,582	23%	0.846	1.057	1.000	1.030	0.700	0.871	0.762	-$7,020,356	-$58.22
Gold	222,840	43%	1.037	1.020	1.000	1.080	0.800	1.120	0.881	-$5,203,170	-$23.35
Platinum	145,338	28%	1.329	1.041	1.000	1.150	0.900	1.528	1.078	$4,825,441	$33.20
Total	516,978	100%	1.049	1.035	1.000	1.084	0.794	1.147	0.894	-$10,277,004	-$19.88

Adjustment Factor applied to Market Adjusted Index Rate

Projected Index Rate	Projected Transfer PMPM (Allowed basis)	Risk Adjustment User Fee	Adjustment Factor*
$498.77	-$24.10	$0.25	1.0488

*Adjustment Factor = ($498.77 - $-24.1+ $0.25) / $498.77

Exhibit 10A - Desired Incurred Claims Ratio

	1Q 2022		2Q 2022		3Q 2022		4Q 2022	
	PMPM	% of Revenue	PMPM	% of Revenue	PMPM	% of Revenue	PMPM	% of Revenue
Allowed Claims	$ 487.74		$ 498.60		$ 509.74		$ 521.14	
Paid/Allowed Ratio	81.49%		81.49%		81.49%		81.49%	
Paid Claims & Capitations	$ 397.45		$ 406.31		$ 415.38		$ 424.67	
Risk Adjustment Transfer (Paid Basis)	$ (19.88)		$ (19.88)		$ (19.88)		$ (19.88)	
Paid Claims & Capitations (Post-3Rs)	$ 417.33	79.4%	$ 426.19	79.6%	$ 435.26	79.9%	$ 444.55	80.1%
Administrative Expense	$ 52.96	10.1%	$ 52.96	9.9%	$ 52.96	9.7%	$ 52.96	9.5%
Broker Commissions & Fee	$ 23.72	4.5%	$ 23.72	4.4%	$ 23.72	4.4%	$ 23.72	4.3%
Contribution to Reserve (Post-Tax)	$ 12.62	2.4%	$ 12.85	2.4%	$ 13.08	2.4%	$ 13.32	2.4%
Investment Income Credit	$ (0.53)	-0.1%	$ (0.54)	-0.1%	$ (0.54)	-0.1%	$ (0.55)	-0.1%
Risk Charge	$ -	0.0%	$ -	0.0%	$ -	0.0%	$ -	0.0%
Non-ACA Taxes & Fees								
State Premium Tax	$ 10.52	2.0%	$ 10.71	2.0%	$ 10.90	2.0%	$ 11.10	2.0%
State Assessment Fee	$ 0.53	0.1%	$ 0.54	0.1%	$ 0.54	0.1%	$ 0.55	0.1%
Reinsurance Program Fee	$ -	0.0%	$ -	0.0%	$ -	0.0%	$ -	0.0%
State Income Tax	$ -	0.0%	$ -	0.0%	$ -	0.0%	$ -	0.0%
Federal Income Tax	$ 3.16	0.6%	$ 3.21	0.6%	$ 3.27	0.6%	$ 3.33	0.6%
ACA Taxes & Fees								
Health Insurer Tax	$ -	0.0%	$ -	0.0%	$ -	0.0%	$ -	0.0%
Risk Adjustment User Fee	$ 0.25	0.0%	$ 0.25	0.0%	$ 0.25	0.0%	$ 0.25	0.0%
Exchange Assessment Fee	$ 4.73	0.9%	$ 4.82	0.9%	$ 4.90	0.9%	$ 4.99	0.9%
Federal Exchange User Fee	$ -	0.0%	$ -	0.0%	$ -	0.0%	$ -	0.0%
PCORI Tax	$ 0.24	0.0%	$ 0.24	0.0%	$ 0.24	0.0%	$ 0.24	0.0%
BlueRewards/Incentive Program	$ 0.35	0.1%	$ 0.35	0.1%	$ 0.35	0.1%	$ 0.35	0.1%
Total Revenue	$ 525.87	100.0%	$ 535.28	100.0%	$ 544.92	100.0%	$ 554.79	100.0%
Plan Level Admin Load Adjustment	1.2593		1.2552		1.2512		1.2473	
Projected Member Months	134,091		80,051		88,404		214,432	
Average Members	11,174		6,671		7,367		17,869	
% Total 2022	25.9%		15.5%		17.1%		41.5%	

Exhibit 10B - Federal MLR

		Total 2022 PMPM / %
Traditional MLR Development		
Paid Claims & Capitations (Post-3Rs)	$	433.06
Total Revenue	$	542.58
Traditional MLR (i.e. DICR)		79.8%
Federal MLR Development		
Numerator Adjustments		
BlueRewards/Incentive Program	$	0.35
Quality Improvement Expenses	$	2.47
Removal of non-care costs under MLR guidelines	$	(5.36)
Denominator Adjustments		
Non-ACA Taxes & Fees	$	14.65
ACA Taxes & Fees	$	5.37
Federal MLR Numerator	$	430.52
Federal MLR Denominator	$	522.56
Federal MLR		82.4%
Projected Member Months		516,978

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

		Total 2022 PMPM / %
Traditional MLR Development		
Paid Claims & Capitations (Post-3Rs)	$	429.18
Total Revenue	$	531.42
Traditional MLR (i.e. DICR)		80.8%
Federal MLR Development		
Numerator Adjustments		
BlueRewards/Incentive Program	$	0.33
Quality Improvement Expenses	$	2.39
Removal of non-care costs under MLR guidelines	$	(4.92)
Denominator Adjustments		
Non-ACA Taxes & Fees	$	13.40
ACA Taxes & Fees	$	5.27
Federal MLR Numerator	$	426.97
Federal MLR Denominator	$	512.75
Federal MLR		83.3%
Projected Member Months		579,425

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	Capped Dependents	Admin	Plan Adjusted Index Rate
86052DC0440010	BlueChoice Advantage Gold 1000	POS	GOLD	On	Open Access Advantage	$505.28	0.8142	1.0660	1.0030	1.0002	1.0000	1.2593	$554.04
86052DC0440011	BlueChoice Advantage Gold 500	POS	GOLD	On	Open Access Advantage	$505.28	0.8411	1.0660	1.0030	1.0002	1.0000	1.2593	$572.36
86052DC0440012	BlueChoice Advantage Platinum 0	POS	PLATINUM	On	Open Access Advantage	$505.28	0.9378	1.0660	1.0680	1.0002	1.0000	1.2593	$679.50
86052DC0440013	BlueChoice Advantage HSA/HRA Silver 1500	POS	SILVER	On	Open Access Advantage	$505.28	0.7200	1.0660	0.9560	1.0002	1.0000	1.2593	$467.02
86052DC0440015	HealthyBlue Advantage Platinum 500	POS	PLATINUM	On	Open Access Advantage	$505.28	0.9071	1.0660	1.0680	1.0002	1.0000	1.2593	$657.29
86052DC0440018	BlueChoice Advantage HSA/HRA Bronze 6100	POS	BRONZE	On	Open Access Advantage	$505.28	0.6015	1.0660	0.9280	1.0002	1.0000	1.2593	$378.69
86052DC0440019	BlueChoice Advantage HSA/HRA Silver 3000	POS	SILVER	On	Open Access Advantage	$505.28	0.6886	1.0660	0.9560	1.0002	1.0000	1.2593	$446.60
86052DC0440021	BlueChoice Advantage HSA/HRA Gold 1500	POS	GOLD	On	Open Access Advantage	$505.28	0.7935	1.0660	1.0030	1.0002	1.0000	1.2593	$539.97
86052DC0440022	BlueChoice Advantage Silver 4000	POS	SILVER	On	Open Access Advantage	$505.28	0.6862	1.0660	0.9560	1.0002	1.0000	1.2593	$445.09
86052DC0440023	BlueChoice Advantage Silver 1500 BlueFund HSA	POS	SILVER	On	Open Access Advantage	$505.28	0.7208	1.0660	0.9560	1.0002	1.0000	1.2593	$467.49
86052DC0440025	BlueChoice Advantage Silver 5000	POS	SILVER	On	Open Access Advantage	$505.28	0.6990	1.0660	0.9560	1.0002	1.0000	1.2593	$453.35
86052DC0440026	BlueChoice Advantage Gold 3000	POS	GOLD	On	Open Access Advantage	$505.28	0.7607	1.0660	1.0030	1.0002	1.0000	1.2593	$517.67
86052DC0440027	BlueChoice Advantage HSA/HRA Silver 2000	POS	SILVER	On	Open Access Advantage	$505.28	0.7105	1.0660	0.9560	1.0002	1.0000	1.2593	$460.84
86052DC0440028	BlueChoice Advantage HSA/HRA Gold 1500 90	POS	GOLD	On	Open Access Advantage	$505.28	0.7751	1.0660	1.0030	1.0002	1.0000	1.2593	$527.43
86052DC0440029	BlueChoice Advantage HSA/HRA Silver 2100 70	POS	SILVER	On	Open Access Advantage	$505.28	0.6948	1.0660	0.9560	1.0002	1.0000	1.2593	$450.64
86052DC0440030	BlueChoice Advantage HSA/HRA Silver 3000 70	POS	SILVER	On	Open Access Advantage	$505.28	0.6693	1.0660	0.9560	1.0002	1.0000	1.2593	$434.14
86052DC0440031	BlueChoice Advantage Value Bronze 6000	POS	BRONZE	On	Open Access Advantage	$505.28	0.5991	1.0660	0.9280	1.0002	1.0000	1.2593	$377.21
86052DC0440032	BlueChoice Advantage Gold 0	POS	GOLD	On	Open Access Advantage	$505.28	0.8888	1.0660	1.0030	1.0002	1.0000	1.2593	$604.83
86052DC0460009	BlueChoice HMO Gold 1500	HMO	GOLD	On	Open Access	$505.28	0.7904	0.9480	1.0030	1.0002	1.0000	1.2593	$478.33
86052DC0460010	BlueChoice HMO Gold 500	HMO	GOLD	On	Open Access	$505.28	0.8348	0.9480	1.0030	1.0002	1.0000	1.2593	$505.16
86052DC0460011	BlueChoice HMO Platinum 0	HMO	PLATINUM	On	Open Access	$505.28	0.9355	0.9480	1.0680	1.0002	1.0000	1.2593	$602.83
86052DC0460012	BlueChoice HMO HSA/HRA Silver 1500	HMO	SILVER	On	Open Access	$505.28	0.7062	0.9480	0.9560	1.0002	1.0000	1.2593	$407.33
86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000	HMO	SILVER	On	Open Access	$505.28	0.6938	0.9480	0.9560	1.0002	1.0000	1.2593	$400.18
86052DC0460014	BlueChoice HMO HSA/HRA Bronze 6100	HMO	BRONZE	On	Open Access	$505.28	0.5788	0.9480	0.9280	1.0002	1.0000	1.2593	$324.10
86052DC0460019	BlueChoice HMO HSA/HRA Silver 3000	HMO	SILVER	On	Open Access	$505.28	0.6690	0.9480	0.9560	1.0002	1.0000	1.2593	$385.90
86052DC0460020	BlueChoice HMO Silver 1500	HMO	SILVER	On	Open Access	$505.28	0.6749	0.9480	0.9560	1.0002	1.0000	1.2593	$389.27
86052DC0460021	BlueChoice HMO HSA/HRA Gold 1500	HMO	GOLD	On	Open Access	$505.28	0.7789	0.9480	1.0030	1.0002	1.0000	1.2593	$471.39
86052DC0460023	BlueChoice HMO Silver 5000	HMO	SILVER	On	Open Access	$505.28	0.6840	0.9480	0.9560	1.0002	1.0000	1.2593	$394.53
86052DC0460024	BlueChoice HMO Gold 3000	HMO	GOLD	On	Open Access	$505.28	0.7495	0.9480	1.0030	1.0002	1.0000	1.2593	$453.55
86052DC0460025	BlueChoice HMO HSA/HRA Gold 1500 90	HMO	GOLD	On	Open Access	$505.28	0.7595	0.9480	1.0030	1.0002	1.0000	1.2593	$459.62
86052DC0460026	BlueChoice HMO HSA/HRA Bronze 6500 90	HMO	BRONZE	On	Open Access	$505.28	0.5896	0.9480	0.9280	1.0002	1.0000	1.2593	$330.15
86052DC0460027	BlueChoice HMO HSA/HRA Silver 2100 70	HMO	SILVER	On	Open Access	$505.28	0.6758	0.9480	0.9560	1.0002	1.0000	1.2593	$389.79
86052DC0460028	BlueChoice HMO HSA/HRA Silver 3000 70	HMO	SILVER	On	Open Access	$505.28	0.6488	0.9480	0.9560	1.0002	1.0000	1.2593	$374.22
86052DC0460029	BlueChoice HMO Value Bronze 6000	HMO	BRONZE	On	Open Access	$505.28	0.5772	0.9480	0.9280	1.0002	1.0000	1.2593	$323.17
86052DC0480007	BlueChoice HMO Referral Platinum 0	HMO	PLATINUM	On	Lock In / Referral	$505.28	0.9346	0.9030	1.0680	1.0002	1.0000	1.2593	$573.67
86052DC0480008	BlueChoice HMO Referral Gold 500	HMO	GOLD	On	Lock In / Referral	$505.28	0.8316	0.9030	1.0030	1.0002	1.0000	1.2593	$479.37
86052DC0480010	BlueChoice HMO Referral Gold 0	HMO	GOLD	On	Lock In / Referral	$505.28	0.8849	0.9030	1.0030	1.0002	1.0000	1.2593	$510.07
86052DC0480014	BlueChoice HMO Referral Silver 4000	HMO	SILVER	On	Lock In / Referral	$505.28	0.6648	0.9030	0.9560	1.0002	1.0000	1.2593	$365.26
86052DC0480015	BlueChoice HMO Referral Bronze 8250	HMO	BRONZE	On	Lock In / Referral	$505.28	0.5371	0.9030	0.9280	1.0002	1.0000	1.2593	$286.46
86052DC0500009	BlueChoice Plus HSA/HRA Silver 1500	POS	SILVER	On	Open Access Plus	$505.28	0.7085	0.9670	0.9560	1.0002	1.0000	1.2593	$416.88
86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000	POS	SILVER	On	Open Access Plus	$505.28	0.6724	0.9670	0.9560	1.0002	1.0000	1.2593	$395.60
86052DC0500012	HealthyBlue Plus Platinum 500	POS	PLATINUM	On	Open Access Plus	$505.28	0.9015	0.9670	1.0680	1.0002	1.0000	1.2593	$592.54
86052DC0500015	BlueChoice Plus Gold 1000	POS	GOLD	On	Open Access Plus	$505.28	0.8066	0.9670	1.0030	1.0002	1.0000	1.2593	$497.93
86052DC0500016	BlueChoice Plus Gold 500	POS	GOLD	On	Open Access Plus	$505.28	0.8351	0.9670	1.0030	1.0002	1.0000	1.2593	$515.52
86052DC0500017	BlueChoice Plus HSA/HRA Bronze 6100	POS	BRONZE	On	Open Access Plus	$505.28	0.5828	0.9670	0.9280	1.0002	1.0000	1.2593	$332.84
86052DC0500018	BlueChoice Plus HSA/HRA Silver 2500	POS	SILVER	On	Open Access Plus	$505.28	0.6869	0.9670	0.9560	1.0002	1.0000	1.2593	$404.13
86052DC0580001	BlueChoice Plus Opt-Out Platinum 0	HMO	PLATINUM	On	Open Access Opt-Out	$505.28	0.9357	0.9570	1.0680	1.0002	1.0000	1.2593	$608.67

Exhibit 12 - AV Values

HIOS Plan ID	HIOS Plan Name	HHS AV
86052DC0440010	BlueChoice Advantage Gold 1000	0.820
86052DC0440011	BlueChoice Advantage Gold 500	0.820
86052DC0440012	BlueChoice Advantage Platinum 0	0.919
86052DC0440013	BlueChoice Advantage HSA/HRA Silver 1500	0.718
86052DC0440015	HealthyBlue Advantage Platinum 500	0.909
86052DC0440018	BlueChoice Advantage HSA/HRA Bronze 6100	0.650
86052DC0440019	BlueChoice Advantage HSA/HRA Silver 3000	0.714
86052DC0440021	BlueChoice Advantage HSA/HRA Gold 1500	0.819
86052DC0440022	BlueChoice Advantage Silver 4000	0.718
86052DC0440023	BlueChoice Advantage Silver 1500 BlueFund HSA	0.719
86052DC0440025	BlueChoice Advantage Silver 5000	0.720
86052DC0440026	BlueChoice Advantage Gold 3000	0.792
86052DC0440027	BlueChoice Advantage HSA/HRA Silver 2000	0.719
86052DC0440028	BlueChoice Advantage HSA/HRA Gold 1500 90	0.811
86052DC0440029	BlueChoice Advantage HSA/HRA Silver 2100 70	0.719
86052DC0440030	BlueChoice Advantage HSA/HRA Silver 3000 70	0.702
86052DC0440031	BlueChoice Advantage Value Bronze 6000	0.650
86052DC0440032	BlueChoice Advantage Gold 0	0.819
86052DC0460009	BlueChoice HMO Gold 1500	0.819
86052DC0460010	BlueChoice HMO Gold 500	0.820
86052DC0460011	BlueChoice HMO Platinum 0	0.919
86052DC0460012	BlueChoice HMO HSA/HRA Silver 1500	0.718
86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000	0.719
86052DC0460014	BlueChoice HMO HSA/HRA Bronze 6100	0.650
86052DC0460019	BlueChoice HMO HSA/HRA Silver 3000	0.714
86052DC0460020	BlueChoice HMO Silver 1500	0.717
86052DC0460021	BlueChoice HMO HSA/HRA Gold 1500	0.819
86052DC0460023	BlueChoice HMO Silver 5000	0.720
86052DC0460024	BlueChoice HMO Gold 3000	0.792
86052DC0460025	BlueChoice HMO HSA/HRA Gold 1500 90	0.811
86052DC0460026	BlueChoice HMO HSA/HRA Bronze 6500 90	0.650
86052DC0460027	BlueChoice HMO HSA/HRA Silver 2100 70	0.719
86052DC0460028	BlueChoice HMO HSA/HRA Silver 3000 70	0.702
86052DC0460029	BlueChoice HMO Value Bronze 6000	0.650
86052DC0480007	BlueChoice HMO Referral Platinum 0	0.919
86052DC0480008	BlueChoice HMO Referral Gold 500	0.820
86052DC0480010	BlueChoice HMO Referral Gold 0	0.819
86052DC0480014	BlueChoice HMO Referral Silver 4000	0.718
86052DC0480015	BlueChoice HMO Referral Bronze 8250	0.619
86052DC0500009	BlueChoice Plus HSA/HRA Silver 1500	0.718
86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000	0.714
86052DC0500012	HealthyBlue Plus Platinum 500	0.909
86052DC0500015	BlueChoice Plus Gold 1000	0.820
86052DC0500016	BlueChoice Plus Gold 500	0.820
86052DC0500017	BlueChoice Plus HSA/HRA Bronze 6100	0.650
86052DC0500018	BlueChoice Plus HSA/HRA Silver 2500	0.715
86052DC0580001	BlueChoice Plus Opt-Out Platinum 0	0.919

Exhibit 13 - Age Calibration

	Age Curve Calibration					
	Period	**Cohort**	**Rating Factor***	**Weight**	**Average Age****	
(1)	Rating Period	Existing	1.0842	83.7%		
		New	0.9453	14.4%		
		Transfer	1.0501	1.9%		
(2)	**Rating Period**	**All**	**1.0635**	**100.0%**	**42.3**	
(3)	**Nearest Rounded**	**All**	**1.0530**		**42.0**	
(4)	**Calibration*****	**All**	**0.9901**			(3)/(2)

	Premium Rate Demonstration		
	HIOS Plan Name	BlueChoice Advantage Gold 1000	
(5)	Plan Adjusted Index Rate	$548.57	
(6)	Calibration	0.9901	(4)
(7)	Calibrated Rate	$543.16	(5)*(6)
(8)	Age 40 Factor/Rounded Avg Age Factor = (0.975/1.053)	0.9259	
(9)	**Age 40 Premium Rate**	**$502.93**	(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	158,339	1.0000	1.0000
Non-CDH	421,086	1.0000	1.0000
	579,425	**1.0000**	

Metal Level	Projected Member Months	Relative to Bronze	Relative to Average*
Catastrophic	8,810	1.0000	0.9285
Bronze	58,347	1.0000	0.9285
Silver	134,852	1.0300	0.9563
Gold	228,821	1.0800	1.0027
Platinum	148,595	1.1500	1.0677
Total	**579,425**	**1.0770**	

***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	47,435	1.0000	0.9031
Open Access	163,011	1.0500	0.9483
Open Access Opt-Out	33,621	1.0602	0.9575
Open Access Plus	78,540	1.0704	0.9667
Open Access Advantage	256,818	1.1808	1.0665
Total	**579,425**	**1.1072**	

Factors are applied as plan level adjustments

Appendix - Experience Period to Rating Period Plan Mappings

Exp. Period				Current Period		Rating Period	
2019 Base HIOS Plan ID	2019 HIOS Plan Name	2020 Base HIOS Plan ID	2020 HIOS Plan Name	2021 Base HIOS Plan ID	2021 HIOS Plan Name	2022 Base HIOS Plan ID	2022 HIOS Plan Name
86052DC0440010	BlueChoice Advantage Gold 1000	86052DC0440010	BlueChoice Advantage Gold 1000	86052DC0440010	BlueChoice Advantage Gold 1000	86052DC0440010	BlueChoice Advantage Gold 1000
86052DC0440011	BlueChoice Advantage Gold 500	86052DC0440011	BlueChoice Advantage Gold 500	86052DC0440011	BlueChoice Advantage Gold 500	86052DC0440011	BlueChoice Advantage Gold 500
86052DC0440012	BlueChoice Advantage Platinum 0	86052DC0440012	BlueChoice Advantage Platinum 0	86052DC0440012	BlueChoice Advantage Platinum 0	86052DC0440012	BlueChoice Advantage Platinum 0
86052DC0440013	BlueChoice Advantage HSA/HRA Silver 1500	86052DC0440013	BlueChoice Advantage HSA/HRA Silver 1500	86052DC0440013	BlueChoice Advantage HSA/HRA Silver 1500	86052DC0440013	BlueChoice Advantage HSA/HRA Silver 1500
86052DC0440014	HealthyBlue Advantage Gold 1500	86052DC0440010	BlueChoice Advantage Gold 1000	86052DC0440010	BlueChoice Advantage Gold 1000	86052DC0440010	BlueChoice Advantage Gold 1000
86052DC0440015	HealthyBlue Advantage Platinum 500	86052DC0440015	HealthyBlue Advantage Platinum 500	86052DC0440015	HealthyBlue Advantage Platinum 500	86052DC0440015	HealthyBlue Advantage Platinum 500
86052DC0440017	HealthyBlue Advantage HSA/HRA Silver 2000	86052DC0440027	BlueChoice Advantage HSA/HRA Silver 2000	86052DC0440027	BlueChoice Advantage HSA/HRA Silver 2000	86052DC0440027	BlueChoice Advantage HSA/HRA Silver 2000
86052DC0440018	BlueChoice Advantage HSA/HRA Bronze 6000	86052DC0440018	BlueChoice Advantage HSA/HRA Bronze 6000	86052DC0440018	BlueChoice Advantage HSA/HRA Bronze 6100	86052DC0440018	BlueChoice Advantage HSA/HRA Bronze 6100
86052DC0440019	BlueChoice Advantage HSA/HRA Silver 3000	86052DC0440019	BlueChoice Advantage HSA/HRA Silver 3000	86052DC0440019	BlueChoice Advantage HSA/HRA Silver 3000	86052DC0440019	BlueChoice Advantage HSA/HRA Silver 3000
86052DC0440020	BlueChoice Advantage Bronze 5750	86052DC0440020	BlueChoice Advantage Bronze 6500	86052DC0440031	BlueChoice Advantage Value Bronze 6000	86052DC0440031	BlueChoice Advantage Value Bronze 6000
86052DC0440021	BlueChoice Advantage HSA/HRA Gold 1500	86052DC0440021	BlueChoice Advantage HSA/HRA Gold 1500	86052DC0440021	BlueChoice Advantage HSA/HRA Gold 1500	86052DC0440021	BlueChoice Advantage HSA/HRA Gold 1500
86052DC0440022	BlueChoice Advantage Silver 4000	86052DC0440022	BlueChoice Advantage Silver 4000	86052DC0440022	BlueChoice Advantage Silver 4000	86052DC0440022	BlueChoice Advantage Silver 4000
86052DC0440023	BlueChoice Advantage Silver 1500 BlueFund HSA	86052DC0440023	BlueChoice Advantage Silver 1500 BlueFund HSA	86052DC0440023	BlueChoice Advantage Silver 1500 BlueFund HSA	86052DC0440023	BlueChoice Advantage Silver 1500 BlueFund HSA
86052DC0440024	BlueChoice Advantage HSA/HRA Silver 2500	86052DC0440024	BlueChoice Advantage HSA/HRA Silver 2500	86052DC0440027	BlueChoice Advantage HSA/HRA Silver 2000	86052DC0440027	BlueChoice Advantage HSA/HRA Silver 2000
86052DC0440025	BlueChoice Advantage Silver 5000	86052DC0440025	BlueChoice Advantage Silver 5000	86052DC0440025	BlueChoice Advantage Silver 5000	86052DC0440025	BlueChoice Advantage Silver 5000
86052DC0440026	BlueChoice Advantage Gold 3000	86052DC0440026	BlueChoice Advantage Gold 3000	86052DC0440026	BlueChoice Advantage Gold 3000	86052DC0440026	BlueChoice Advantage Gold 3000
86052DC0460009	BlueChoice HMO Gold 1500	86052DC0460009	BlueChoice HMO Gold 1500	86052DC0460009	BlueChoice HMO Gold 1500	86052DC0460009	BlueChoice HMO Gold 1500
86052DC0460010	BlueChoice HMO Gold 500	86052DC0460010	BlueChoice HMO Gold 500	86052DC0460010	BlueChoice HMO Gold 500	86052DC0460010	BlueChoice HMO Gold 500
86052DC0460011	BlueChoice HMO Platinum 0	86052DC0460011	BlueChoice HMO Platinum 0	86052DC0460011	BlueChoice HMO Platinum 0	86052DC0460011	BlueChoice HMO Platinum 0
86052DC0460012	BlueChoice HMO HSA/HRA Silver 1500	86052DC0460012	BlueChoice HMO HSA/HRA Silver 1500	86052DC0460012	BlueChoice HMO HSA/HRA Silver 1500	86052DC0460012	BlueChoice HMO HSA/HRA Silver 1500
86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000	86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000	86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000	86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000
86052DC0460014	BlueChoice HMO HSA/HRA Bronze 6000	86052DC0460014	BlueChoice HMO HSA/HRA Bronze 6000	86052DC0460014	BlueChoice HMO HSA/HRA Bronze 6100	86052DC0460014	BlueChoice HMO HSA/HRA Bronze 6100
86052DC0460015	HealthyBlue HMO Gold 1500	86052DC0460009	BlueChoice HMO Gold 1500	86052DC0460009	BlueChoice HMO Gold 1500	86052DC0460009	BlueChoice HMO Gold 1500
86052DC0460016	HealthyBlue HMO Platinum 500	86052DC0460011	BlueChoice HMO Platinum 0	86052DC0460011	BlueChoice HMO Platinum 0	86052DC0460011	BlueChoice HMO Platinum 0
86052DC0460018	HealthyBlue HMO HSA/HRA Silver 2000	86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000	86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000	86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000
86052DC0460019	BlueChoice HMO HSA/HRA Silver 3000	86052DC0460019	BlueChoice HMO HSA/HRA Silver 3000	86052DC0460019	BlueChoice HMO HSA/HRA Silver 3000	86052DC0460019	BlueChoice HMO HSA/HRA Silver 3000
86052DC0460020	BlueChoice HMO Silver 1000	86052DC0460020	BlueChoice HMO Silver 1500	86052DC0460020	BlueChoice HMO Silver 1500	86052DC0460020	BlueChoice HMO Silver 1500
86052DC0460021	BlueChoice HMO HSA/HRA Gold 1500	86052DC0460021	BlueChoice HMO HSA/HRA Gold 1500	86052DC0460021	BlueChoice HMO HSA/HRA Gold 1500	86052DC0460021	BlueChoice HMO HSA/HRA Gold 1500
86052DC0460022	BlueChoice HMO HSA/HRA Silver 2500	86052DC0460022	BlueChoice HMO HSA/HRA Silver 2500	86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000	86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000
86052DC0460023	BlueChoice HMO Silver 5000	86052DC0460023	BlueChoice HMO Silver 5000	86052DC0460023	BlueChoice HMO Silver 5000	86052DC0460023	BlueChoice HMO Silver 5000
86052DC0460024	BlueChoice HMO Gold 3000	86052DC0460024	BlueChoice HMO Gold 3000	86052DC0460024	BlueChoice HMO Gold 3000	86052DC0460024	BlueChoice HMO Gold 3000
86052DC0480007	BlueChoice HMO Referral Platinum 0	86052DC0480007	BlueChoice HMO Referral Platinum 0	86052DC0480007	BlueChoice HMO Referral Platinum 0	86052DC0480007	BlueChoice HMO Referral Platinum 0
86052DC0480008	BlueChoice HMO Referral Gold 500	86052DC0480008	BlueChoice HMO Referral Gold 500	86052DC0480008	BlueChoice HMO Referral Gold 500	86052DC0480008	BlueChoice HMO Referral Gold 500
86052DC0480009	BlueChoice HMO Referral Bronze 5750	86052DC0480009	BlueChoice HMO Referral Bronze 6500	86052DC0460029	BlueChoice HMO Value Bronze 6000	86052DC0460029	BlueChoice HMO Value Bronze 6000
86052DC0480010	BlueChoice HMO Referral Gold 0	86052DC0480010	BlueChoice HMO Referral Gold 0	86052DC0480010	BlueChoice HMO Referral Gold 0	86052DC0480010	BlueChoice HMO Referral Gold 0
86052DC0480011	BlueChoice HMO Referral Gold 80	86052DC0480008	BlueChoice HMO Referral Gold 500	86052DC0480008	BlueChoice HMO Referral Gold 500	86052DC0480008	BlueChoice HMO Referral Gold 500
86052DC0480013	BlueChoice HMO Referral Silver 70	86052DC0460020	BlueChoice HMO Silver 1500	86052DC0460020	BlueChoice HMO Silver 1500	86052DC0460020	BlueChoice HMO Silver 1500
86052DC0480014	BlueChoice HMO Referral Silver 4000	86052DC0480014	BlueChoice HMO Referral Silver 4000	86052DC0480014	BlueChoice HMO Referral Silver 4000	86052DC0480014	BlueChoice HMO Referral Silver 4000
86052DC0500009	BlueChoice Plus HSA/HRA Silver 1500	86052DC0500009	BlueChoice Plus HSA/HRA Silver 1500	86052DC0500009	BlueChoice Plus HSA/HRA Silver 1500	86052DC0500009	BlueChoice Plus HSA/HRA Silver 1500
86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000	86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000	86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000	86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000
86052DC0500011	HealthyBlue Plus Gold 1500	86052DC0500015	BlueChoice Plus Gold 1000	86052DC0500015	BlueChoice Plus Gold 1000	86052DC0500015	BlueChoice Plus Gold 1000
86052DC0500012	HealthyBlue Plus Platinum 500	86052DC0500012	HealthyBlue Plus Platinum 500	86052DC0500012	HealthyBlue Plus Platinum 500	86052DC0500012	HealthyBlue Plus Platinum 500
86052DC0500014	HealthyBlue Plus HSA/HRA Silver 2000	86052DC0500009	BlueChoice Plus HSA/HRA Silver 1500	86052DC0500009	BlueChoice Plus HSA/HRA Silver 1500	86052DC0500009	BlueChoice Plus HSA/HRA Silver 1500
86052DC0500015	BlueChoice Plus Gold 1000	86052DC0500015	BlueChoice Plus Gold 1000	86052DC0500015	BlueChoice Plus Gold 1000	86052DC0500015	BlueChoice Plus Gold 1000
86052DC0500016	BlueChoice Plus Gold 500	86052DC0500016	BlueChoice Plus Gold 500	86052DC0500016	BlueChoice Plus Gold 500	86052DC0500016	BlueChoice Plus Gold 500
86052DC0500017	BlueChoice Plus HSA/HRA Bronze 6000	86052DC0500017	BlueChoice Plus HSA/HRA Bronze 6000	86052DC0500017	BlueChoice Plus HSA/HRA Bronze 6100	86052DC0500017	BlueChoice Plus HSA/HRA Bronze 6100
86052DC0500018	BlueChoice Plus HSA/HRA Silver 2500	86052DC0500018	BlueChoice Plus HSA/HRA Silver 2500	86052DC0500018	BlueChoice Plus HSA/HRA Silver 2500	86052DC0500018	BlueChoice Plus HSA/HRA Silver 2500
86052DC0580001	BlueChoice Plus Opt-Out Platinum 0	86052DC0580001	BlueChoice Plus Opt-Out Platinum 0	86052DC0580001	BlueChoice Plus Opt-Out Platinum 0	86052DC0580001	BlueChoice Plus Opt-Out Platinum 0
		86052DC0440028	BlueChoice Advantage HSA/HRA Gold 1500 90	86052DC0440028	BlueChoice Advantage HSA/HRA Gold 1500 90	86052DC0440028	BlueChoice Advantage HSA/HRA Gold 1500 90
		86052DC0440029	BlueChoice Advantage HSA/HRA Silver 2000 70	86052DC0440029	BlueChoice Advantage HSA/HRA Silver 2100 70	86052DC0440029	BlueChoice Advantage HSA/HRA Silver 2100 70
		86052DC0440030	BlueChoice Advantage HSA/HRA Silver 3000 70	86052DC0440030	BlueChoice Advantage HSA/HRA Silver 3000 70	86052DC0440030	BlueChoice Advantage HSA/HRA Silver 3000 70
		86052DC0460025	BlueChoice HMO HSA/HRA Gold 1500 90	86052DC0460025	BlueChoice HMO HSA/HRA Gold 1500 90	86052DC0460025	BlueChoice HMO HSA/HRA Gold 1500 90
		86052DC0460026	BlueChoice HMO HSA/HRA Bronze 6000 90	86052DC0460026	BlueChoice HMO HSA/HRA Bronze 6500 90	86052DC0460026	BlueChoice HMO HSA/HRA Bronze 6500 90
		86052DC0460027	BlueChoice HMO HSA/HRA Silver 2000 70	86052DC0460027	BlueChoice HMO HSA/HRA Silver 2100 70	86052DC0460027	BlueChoice HMO HSA/HRA Silver 2100 70
		86052DC0460028	BlueChoice HMO HSA/HRA Silver 3000 70	86052DC0460028	BlueChoice HMO HSA/HRA Silver 3000 70	86052DC0460028	BlueChoice HMO HSA/HRA Silver 3000 70
		86052DC0480015	BlueChoice HMO Referral Bronze 8150	86052DC0480015	BlueChoice HMO Referral Bronze 8250	86052DC0480015	BlueChoice HMO Referral Bronze 8250
				86052DC0440032	BlueChoice Advantage Gold 0	86052DC0440032	BlueChoice Advantage Gold 0

Appendix - Annual Rate Change Based on Mapping

Bronze	Bronze Members/Avg Renewal	1,937	2,129	4.5%
Silver	Silver Members/Avg Renewal	10,031	9,992	3.2%
Gold	Gold Members/Avg Renewal	17,649	18,131	2.5%
Platinum	Platinum Members/Avg Renewal	12,365	12,181	1.9%
	All Members/Avg Renewal	**41,982**	**42,433**	**2.5%**
	Minimum Renewal			**1.8%**
	Maximum Renewal			**8.6%**

2021 HIOS Plan ID	2021 HIOS Plan Name	2021 Metal Level	2021 Marketplace Indicator	2022 HIOS Plan ID	2022 HIOS Plan Name	2022 Metal Level	2022 Marketplace Indicator	Current Month Member Count	Projected 2021 EOY Members	1Q2021 Base Rate	1Q2022 Base Rate	Annual Rate Change
86052DC0440010	BlueChoice Advantage Gold 1000	GOLD	On	86052DC0440010	BlueChoice Advantage Gold 1000	GOLD	On	3,999.00	4,071	$508.32	$520.96	2.5%
86052DC0440011	BlueChoice Advantage Gold 500	GOLD	On	86052DC0440011	BlueChoice Advantage Gold 500	GOLD	On	3,681.00	3,799	$525.99	$538.19	2.3%
86052DC0440012	BlueChoice Advantage Platinum 0	PLATINUM	On	86052DC0440012	BlueChoice Advantage Platinum 0	PLATINUM	On	3,636.00	3,832	$626.27	$638.94	2.0%
86052DC0440013	BlueChoice Advantage HSA/HRA Silver 1500	SILVER	On	86052DC0440013	BlueChoice Advantage HSA/HRA Silver 1500	SILVER	On	1,523.00	1,469	$427.33	$439.13	2.8%
86052DC0440015	HealthyBlue Advantage Platinum 500	PLATINUM	On	86052DC0440015	HealthyBlue Advantage Platinum 500	PLATINUM	On	1,395.00	1,376	$607.39	$618.05	1.8%
86052DC0440018	BlueChoice Advantage HSA/HRA Bronze 6100	BRONZE	On	86052DC0440018	BlueChoice Advantage HSA/HRA Bronze 6100	BRONZE	On	551.00	611	$341.12	$356.09	4.4%
86052DC0440019	BlueChoice Advantage HSA/HRA Silver 3000	SILVER	On	86052DC0440019	BlueChoice Advantage HSA/HRA Silver 3000	SILVER	On	507.00	503	$405.82	$419.94	3.5%
86052DC0440021	BlueChoice Advantage HSA/HRA Gold 1500	GOLD	On	86052DC0440021	BlueChoice Advantage HSA/HRA Gold 1500	GOLD	On	1,086.00	1,239	$494.58	$507.73	2.7%
86052DC0440022	BlueChoice Advantage Silver 4000	SILVER	On	86052DC0440022	BlueChoice Advantage Silver 4000	SILVER	On	269.00	314	$405.23	$418.52	3.3%
86052DC0440023	BlueChoice Advantage Silver 1500 BlueFund HSA	SILVER	On	86052DC0440023	BlueChoice Advantage Silver 1500 BlueFund HSA	SILVER	On	810.00	809	$427.79	$439.58	2.8%
86052DC0440025	BlueChoice Advantage Silver 5000	SILVER	On	86052DC0440025	BlueChoice Advantage Silver 5000	SILVER	On	146.00	170	$413.48	$426.28	3.1%
86052DC0440026	BlueChoice Advantage Gold 3000	GOLD	On	86052DC0440026	BlueChoice Advantage Gold 3000	GOLD	On	449.00	500	$470.70	$486.76	3.4%
86052DC0440027	BlueChoice Advantage HSA/HRA Silver 2000	SILVER	On	86052DC0440027	BlueChoice Advantage HSA/HRA Silver 2000	SILVER	On	1,436.00	1,375	$420.57	$433.33	3.0%
86052DC0440028	BlueChoice Advantage HSA/HRA Gold 1500 90	GOLD	On	86052DC0440028	BlueChoice Advantage HSA/HRA Gold 1500 90	GOLD	On	23.00	33	$481.92	$495.95	2.9%
86052DC0440029	BlueChoice Advantage HSA/HRA Silver 2100 70	SILVER	On	86052DC0440029	BlueChoice Advantage HSA/HRA Silver 2100 70	SILVER	On	21.00	23	$411.95	$423.73	2.9%
86052DC0440030	BlueChoice Advantage HSA/HRA Silver 3000 70	SILVER	On	86052DC0440030	BlueChoice Advantage HSA/HRA Silver 3000 70	SILVER	On	43.00	59	$392.83	$408.22	3.9%
86052DC0440031	BlueChoice Advantage Value Bronze 6000	BRONZE	On	86052DC0440031	BlueChoice Advantage Value Bronze 6000	BRONZE	On	160.00	203	$344.01	$354.69	3.1%
86052DC0440032	BlueChoice Advantage Gold 0	GOLD	On	86052DC0440032	BlueChoice Advantage Gold 0	GOLD	On	143.00	207	$556.52	$568.72	2.2%
86052DC0460009	BlueChoice HMO Gold 1500	GOLD	On	86052DC0460009	BlueChoice HMO Gold 1500	GOLD	On	1,069.00	1,045	$436.92	$449.78	2.9%
86052DC0460010	BlueChoice HMO Gold 500	GOLD	On	86052DC0460010	BlueChoice HMO Gold 500	GOLD	On	1,383.00	1,358	$465.15	$475.01	2.1%
86052DC0460011	BlueChoice HMO Platinum 0	PLATINUM	On	86052DC0460011	BlueChoice HMO Platinum 0	PLATINUM	On	1,534.00	1,464	$556.88	$566.84	1.8%
86052DC0460012	BlueChoice HMO HSA/HRA Silver 1500	SILVER	On	86052DC0460012	BlueChoice HMO HSA/HRA Silver 1500	SILVER	On	684.00	663	$373.42	$383.01	2.6%
86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000	SILVER	On	86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000	SILVER	On	898.00	903	$366.07	$376.29	2.8%
86052DC0460014	BlueChoice HMO HSA/HRA Bronze 6100	BRONZE	On	86052DC0460014	BlueChoice HMO HSA/HRA Bronze 6100	BRONZE	On	411.00	432	$292.09	$304.75	4.3%
86052DC0460019	BlueChoice HMO HSA/HRA Silver 3000	SILVER	On	86052DC0460019	BlueChoice HMO HSA/HRA Silver 3000	SILVER	On	326.00	330	$351.17	$362.86	3.3%
86052DC0460020	BlueChoice HMO Silver 1500	SILVER	On	86052DC0460020	BlueChoice HMO Silver 1500	SILVER	On	776.00	808	$359.56	$366.03	1.8%
86052DC0460021	BlueChoice HMO HSA/HRA Gold 1500	GOLD	On	86052DC0460021	BlueChoice HMO HSA/HRA Gold 1500	GOLD	On	331.00	337	$432.57	$443.24	2.5%
86052DC0460023	BlueChoice HMO Silver 5000	SILVER	On	86052DC0460023	BlueChoice HMO Silver 5000	SILVER	On	154.00	173	$360.53	$370.97	2.9%
86052DC0460024	BlueChoice HMO Gold 3000	GOLD	On	86052DC0460024	BlueChoice HMO Gold 3000	GOLD	On	242.00	251	$413.01	$426.48	3.3%
86052DC0460025	BlueChoice HMO HSA/HRA Gold 1500 90	GOLD	On	86052DC0460025	BlueChoice HMO HSA/HRA Gold 1500 90	GOLD	On	48.00	71	$420.74	$432.18	2.7%
86052DC0460026	BlueChoice HMO HSA/HRA Bronze 6500 90	BRONZE	On	86052DC0460026	BlueChoice HMO HSA/HRA Bronze 6500 90	BRONZE	On	8.00	9	$295.28	$310.44	5.1%
86052DC0460027	BlueChoice HMO HSA/HRA Silver 2100 70	SILVER	On	86052DC0460027	BlueChoice HMO HSA/HRA Silver 2100 70	SILVER	On	33.00	40	$357.08	$366.52	2.6%
86052DC0460028	BlueChoice HMO HSA/HRA Silver 3000 70	SILVER	On	86052DC0460028	BlueChoice HMO HSA/HRA Silver 3000 70	SILVER	On	32.00	44	$339.00	$351.88	3.8%
86052DC0460029	BlueChoice HMO Value Bronze 6000	BRONZE	On	86052DC0460029	BlueChoice HMO Value Bronze 6000	BRONZE	On	347.00	371	$295.04	$303.87	3.0%
86052DC0480007	BlueChoice HMO Referral Platinum 0	PLATINUM	On	86052DC0480007	BlueChoice HMO Referral Platinum 0	PLATINUM	On	1,282.00	1,203	$530.03	$539.42	1.8%
86052DC0480008	BlueChoice HMO Referral Gold 500	GOLD	On	86052DC0480008	BlueChoice HMO Referral Gold 500	GOLD	On	1,241.00	1,231	$441.43	$450.75	2.1%
86052DC0480010	BlueChoice HMO Referral Gold 0	GOLD	On	86052DC0480010	BlueChoice HMO Referral Gold 0	GOLD	On	849.00	925	$469.70	$479.62	2.1%
86052DC0480014	BlueChoice HMO Referral Silver 4000	SILVER	On	86052DC0480014	BlueChoice HMO Referral Silver 4000	SILVER	On	299.00	329	$327.26	$343.45	4.9%
86052DC0480015	BlueChoice HMO Referral Bronze 8250	BRONZE	On	86052DC0480015	BlueChoice HMO Referral Bronze 8250	BRONZE	On	132.00	175	$247.92	$269.35	8.6%
86052DC0500009	BlueChoice Plus HSA/HRA Silver 1500	SILVER	On	86052DC0500009	BlueChoice Plus HSA/HRA Silver 1500	SILVER	On	1,329.00	1,253	$376.14	$391.99	4.2%
86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000	SILVER	On	86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000	SILVER	On	424.00	417	$353.18	$371.98	5.3%
86052DC0500012	HealthyBlue Plus Platinum 500	PLATINUM	On	86052DC0500012	HealthyBlue Plus Platinum 500	PLATINUM	On	1,444.00	1,376	$545.67	$557.17	2.1%
86052DC0500015	BlueChoice Plus Gold 1000	GOLD	On	86052DC0500015	BlueChoice Plus Gold 1000	GOLD	On	1,481.00	1,452	$453.79	$468.20	3.2%
86052DC0500016	BlueChoice Plus Gold 500	GOLD	On	86052DC0500016	BlueChoice Plus Gold 500	GOLD	On	1,624.00	1,612	$471.65	$484.75	2.8%
86052DC0500017	BlueChoice Plus HSA/HRA Bronze 6100	BRONZE	On	86052DC0500017	BlueChoice Plus HSA/HRA Bronze 6100	BRONZE	On	328.00	328	$295.50	$312.97	5.9%
86052DC0500018	BlueChoice Plus HSA/HRA Silver 2500	SILVER	On	86052DC0500018	BlueChoice Plus HSA/HRA Silver 2500	SILVER	On	321.00	310	$364.69	$380.00	4.2%
86052DC0580001	BlueChoice Plus Opt-Out Platinum 0	PLATINUM	On	86052DC0580001	BlueChoice Plus Opt-Out Platinum 0	PLATINUM	On	3,074.00	2,930	$561.31	$572.33	2.0%

Appendix - Quarterly Rate Change Adjustment Factors

Quarter	(1) Market Adj. Index Rate	(2) Admin Load Factor	(3) = (1 + (1))*(1 + (2)) -1 Plan Adjusted Index Rates
2Q22	2.2%	-0.3%	1.9%
3Q22	2.2%	-0.3%	1.9%
4Q22	2.2%	-0.3%	1.9%

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

	2021	2022	% Change
Base Rate	$247.92	$269.35	8.6%
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	**$162.14**	**$195.82**	**20.8%**

	BlueChoice HMO Referral Bronze	BlueChoice HMO Referral Bronze
Base Rate/Product(s)	8250	8250
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-132822133

ON-Exchange

BlueChoice HMO Referral and Open Access

DC/CFBC/SHOP/GC (R. 1/19)
DC/CFBC/SHOP/HMO POS/EOC (R. 1/20)
DC/CFBC/DOL APPEAL (R. 1/17)
DC/CFBC/SHOP/HMO DOCS (R. 1/20)
DC/CFBC/SHOP/2021 AMEND (1/21)
DC/CFBC/SG/HMO/V BRZ 6000 (1/22)
DC/CFBC/SG/HMO OA CDH/BRZ 6100 (1/22)
DC/CFBC/SG/HMO OA CDH/BRZ 6500 90 (1/22)
DC/CFBC/SG/HMO OA CDH/GOLD 1500 (1/22)
DC/CFBC/SG/HMO OA CDH/GOLD 1500 90 (1/22)
DC/CFBC/SG/HMO OA CDH/SIL 1500 (1/22)
DC/CFBC/SG/HMO OA CDH/SIL 2000 (1/22)
DC/CFBC/SG/HMO OA CDH/SIL 2100 70 (1/22)
DC/CFBC/SG/HMO OA CDH/SIL 3000 (1/22)
DC/CFBC/SG/HMO OA CDH/SIL 3000 70 (1/22)
DC/CFBC/SG/HMO OA/GOLD 500 (1/22)
DC/CFBC/SG/HMO OA/GOLD 1500 (1/22)
DC/CFBC/SG/HMO OA/GOLD 3000 (1/22)
DC/CFBC/SG/HMO OA/PLAT 0 (1/22)
DC/CFBC/SG/HMO OA/SIL 1500 (1/22)
DC/CFBC/SG/HMO OA/SIL 5000 (1/22)
DC/CFBC/SG/HMO REF/BRZ 8250 (1/22)
DC/CFBC/SG/HMO REF/GOLD 0 (1/22)
DC/CFBC/SG/HMO REF/GOLD 500 (1/22)
DC/CFBC/SG/HMO REF/PLAT 0 (1/22)
DC/CFBC/SG/HMO REF/SIL 4000 (1/22)
DC/CFBC/BLCRD (R. 6/18)
DC/CFBC/MEM/BLCRD (R. 6/18)
DC/CFBC/SG/AUTH AMEND/HMO (R. 1/22)
DC/CFBC/PT PROTECT (9/10)
DC/CFBC/SG/INCENT (R. 1/21)
DC/CFBC/SHOP/ELIG (R. 1/20)

In-Network

DC/CFBC/SHOP/GC (R 1/19)
DC/CFBC/SHOP/HMO POS/EOC (R. 1/20)
DC/CFBC/DOL APPEAL (R. 1/17)
DC/CFBC/SHOP/PLUS IN DOCS (R. 1/20)
DC/CFBC/SHOP/2021 AMEND (1/21)
DC/CFBC/SG/POS IN CDH/BRZ 6100 (1/22)
DC/CFBC/SG/POS IN CDH/SIL 1500 (1/22)
DC/CFBC/SG/POS IN CDH/SIL 2500 (1/22)
DC/CFBC/SG/POS IN CDH/SIL 3000 (1/22)
DC/CFBC/SG/POS IN/GOLD 500 (1/22)
DC/CFBC/SG/POS IN/GOLD 1000 (1/22)
DC/CFBC/BLCRD (R. 6/18)
DC/CFBC/MEM/BLCRD (R. 6/18)
DC/CFBC/SG/AUTH AMEND/PLUS (1/20)
DC/CFBC/PT PROTECT (9/10)
DC/CFBC/SG/INCENT (R. 1/21)
DC/CFBC/SHOP/ELIG (R. 1/20)

BlueChoice Plus (OOPOA)

Out-of-Network

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/SHOP/POS OON/2021 AMEND (1/21)
DC/CF/SHOP/POS OON/2022 AMEND (1/22)
DC/CF/SG/POS OON CDH/BRZ 6100 (1/22)
DC/CF/SG/POS OON CDH/GOLD 1500 (1/22)
DC/CF/SG/POS OON CDH/SIL 2500 (1/22)
DC/CF/SG/POS OON CDH/SIL 3000 (1/22)
DC/CF/SG/POS OON/GOLD 500 (1/22)
DC/CF/SG/POS OON/GOLD 1000 (1/22)
DC/CF/BLCRD (R. 6/18)
DC/CF/MEM/BLCRD (R. 6/18)
DC/CF/ANCILLARY AMEND (10/12)
DC/CF/SG/AUTH AMEND/POS OON (1/20)
DC/CF/PT PROTECT (9/10)
DC/GHMSI/HEALTH GUARANTEE 8/19
DC/CF/SHOP/ELIG (R. 1/20)

HeathyBlue Plus

In-Network

DC/CFBC/SHOP/GC (R 1/19)
DC/CFBC/SHOP/HMO POS/EOC (R. 1/20)
DC/CFBC/DOL APPEAL (R. 1/17)
DC/CFBC/SHOP/PLUS IN DOCS (R. 1/20)
DC/CFBC/SHOP/2021 AMEND (1/21)
DC/CFBC/SG/POS IN/PLAT 500 (1/22)
DC/CFBC/BLCRD (R. 6/18)
DC/CFBC/MEM/BLCRD (R. 6/18)
DC/CFBC/SG/AUTH AMEND/PLUS (1/20)
DC/CFBC/PT PROTECT (9/10)
DC/CFBC/SG/INCENT (R. 1/21)
DC/CFBC/SHOP/ELIG (R. 1/20)

Out-of-Network

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/SHOP/POS OON/2021 AMEND (1/21)
DC/CF/SHOP/POS OON/2022 AMEND (1/22)
DC/CF/SG/POS OON/PLAT 500 (1/22)
DC/CF/BLCRD (R. 6/18)
DC/CF/MEM/BLCRD (R. 6/18)
DC/CF/ANCILLARY AMEND (10/12)
DC/CF/SG/AUTH AMEND/POS OON (1/20)
DC/CF/PT PROTECT (9/10)
DC/GHMSI/HEALTH GUARANTEE 8/19
DC/CF/SHOP/ELIG (R. 1/20)

BlueChoice Plus (OO-OA)

DC/CFBC/SHOP/GC (R 1/19)
DC/CFBC/SHOP/HMO POS/EOC (R. 1/20)
DC/CFBC/DOL APPEAL (R. 1/17)
DC/CFBC/SHOP/BC+OOOA DOCS (R. 1/20)
DC/CFBC/SHOP/2021 AMEND (1/21)
DC/CFBC/SG/BC+ OO/PLAT 0 (1/22)
DC/CFBC/BLCRD (R. 6/18)
DC/CFBC/MEM/BLCRD (R. 6/18)
DC/CFBC/SG/AUTH AMEND/BCOO (1/20)
DC/CFBC/PT PROTECT (9/10)
DC/CFBC/SG/INCENT (R. 1/21)
DC/CFBC/SHOP/ELIG (R. 1/20)

BlueChoice Advantage

In-Network

DC/CFBC/SHOP/GC (R 1/19)
DC/CFBC/SHOP/HMO POS/EOC (R. 1/20)
DC/CFBC/DOL APPEAL (R. 1/17)
DC/CFBC/SHOP/ADV IN DOCS (R. 1/20)
DC/CFBC/SHOP/2021 AMEND (1/21)
DC/CFBC/SG/BC ADV IN BF HSA/SIL 1500 (1/22)
DC/CFBC/SG/POS IN CDH/BRZ 6100 (1/22)
DC/CFBC/SG/POS IN CDH/SIL 1500 (1/22)
DC/CFBC/SG/POS IN CDH/SIL 2500 (1/22)
DC/CFBC/SG/POS IN CDH/SIL 3000 (1/22)
DC/CFBC/SG/POS IN/GOLD 500 (1/22)
DC/CFBC/SG/POS IN/GOLD 1000 (1/22)
DC/CFBC/SG/POS IN CDH/GOLD 1500 (1/22)
DC/CFBC/SG/POS IN CDH/GOLD 1500 90 (1/22)
DC/CFBC/SG/POS IN CDH/SIL 2000 (1/22)
DC/CFBC/SG/POS IN CDH/SIL 2100 70 (1/22)
DC/CFBC/SG/POS IN CDH/SIL 3000 70 (1/22)
DC/CFBC/SG/POS IN/V BRZ 6000 (1/22)
DC/CFBC/SG/POS IN/GOLD 0 (1/22)
DC/CFBC/SG/POS IN/GOLD 3000 (1/22)
DC/CFBC/SG/POS IN/PLAT 0 (1/22)
DC/CFBC/SG/POS IN/SIL 4000 (1/22)
DC/CFBC/SG/POS IN/SIL 5000 (1/22)
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/PT PROTECT (9/10)
DC/CFBC/SG/INCENT (R. 1/21)
DC/CFBC/SHOP/ELIG (R. 1/20)

Out-of-Network

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/SHOP/POS OON/2021 AMEND (1/21)
DC/CF/SHOP/POS OON/2022 AMEND (1/22)
DC/CF/SG/BC ADV OON BF HSA/SIL 1500 (1/22)
DC/CF/SG/POS OON CDH/BRZ 6100 (1/22)
DC/CF/SG/POS OON CDH/SIL 1500 (1/22)
DC/CF/SG/POS OON CDH/SIL 2500 (1/22)
DC/CF/SG/POS OON CDH/SIL 3000 (1/22)
DC/CF/SG/POS OON/GOLD 500 (1/22)
DC/CF/SG/POS OON/GOLD 1000 (1/22)
DC/CF/SG/POS OON CDH/GOLD 1500 (1/22)
DC/CF/SG/POS OON CDH/GOLD 1500 90 (1/22)
DC/CF/SG/POS OON CDH/SIL 2000 (1/22)
DC/CF/SG/POS OON CDH/SIL 2100 70 (1/22)
DC/CF/SG/POS OON CDH/SIL 3000 70 (1/22)
DC/CF/SG/POS OON/V BRZ 6000 (1/22)
DC/CF/SG/POS OON/GOLD 0 (1/22)
DC/CF/SG/POS OON/GOLD 3000 (1/22)
DC/CF/SG/POS OON/PLAT 0 (1/22)
DC/CF/SG/POS OON/SIL 4000 (1/22)
DC/CF/SG/POS OON/SIL 5000 (1/22)
DC/CF/BLCRD (R. 6/18)
DC/CF/MEM/BLCRD (R. 6/18)
DC/CF/ANCILLARY AMEND (10/12)
DC/CF/SG/AUTH AMEND/POS OON (1/20)
DC/CF/PT PROTECT (9/10)
DC/GHMSI/HEALTH GUARANTEE 8/19
DC/CF/SHOP/ELIG (R. 1/20)

HealthyBlue Advantage

In-Network

DC/CFBC/SHOP/GC (R 1/19)
DC/CFBC/SHOP/HMO POS/EOC (R. 1/20)
DC/CFBC/DOL APPEAL (R. 1/17)
DC/CFBC/SHOP/ADV IN DOCS (R. 1/20)
DC/CFBC/SHOP/2021 AMEND (1/21)
DC/CFBC/SG/POS IN/PLAT 500 (1/22)
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/PT PROTECT (9/10)
DC/CFBC/SG/INCENT (R. 1/21)
DC/CFBC/SHOP/ELIG (R. 1/20)

Out-of-Network

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/SHOP/POS OON/2021 AMEND (1/21)
DC/CF/SHOP/POS OON/2022 AMEND (1/22)
DC/CF/SG/POS OON/PLAT 500 (1/22)
DC/CF/BLCRD (R. 6/18)
DC/CF/MEM/BLCRD (R. 6/18)
DC/CF/ANCILLARY AMEND (10/12)
DC/CF/SG/AUTH AMEND/POS OON (1/20)
DC/CF/PT PROTECT (9/10)
DC/GHMSI/HEALTH GUARANTEE 8/19
DC/CF/SHOP/ELIG (R. 1/20)

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Ultimate Incurred	Incurred	Drug Rebates	Utilization Unit	Utilization
201801	39,818	Inpatient Hospital	$2,750,020	$2,534,866	$2,534,866	$0	Admits	218
201802	39,872	Inpatient Hospital	$2,338,706	$2,205,957	$2,205,957	$0	Admits	142
201803	39,866	Inpatient Hospital	$2,459,094	$2,308,139	$2,308,139	$0	Admits	141
201804	39,781	Inpatient Hospital	$2,393,711	$2,260,151	$2,260,151	$0	Admits	206
201805	39,765	Inpatient Hospital	$2,538,576	$2,409,026	$2,409,026	$0	Admits	175
201806	40,182	Inpatient Hospital	$1,939,598	$1,813,326	$1,813,326	$0	Admits	154
201807	40,386	Inpatient Hospital	$3,453,146	$3,294,196	$3,294,162	$0	Admits	193
201808	40,701	Inpatient Hospital	$2,336,716	$2,210,360	$2,210,335	$0	Admits	161
201809	40,326	Inpatient Hospital	$2,392,398	$2,247,453	$2,247,428	$0	Admits	165
201810	40,569	Inpatient Hospital	$2,522,903	$2,399,381	$2,399,343	$0	Admits	163
201811	40,509	Inpatient Hospital	$3,441,919	$3,322,532	$3,322,389	$0	Admits	178
201812	41,435	Inpatient Hospital	$2,898,908	$2,800,753	$2,800,640	$0	Admits	160
201901	42,431	Inpatient Hospital	$2,627,128	$2,483,417	$2,483,317	$0	Admits	169
201902	42,697	Inpatient Hospital	$2,596,778	$2,455,369	$2,455,264	$0	Admits	168
201903	42,785	Inpatient Hospital	$2,899,298	$2,806,348	$2,806,226	$0	Admits	169
201904	43,042	Inpatient Hospital	$3,070,981	$2,976,677	$2,976,353	$0	Admits	168
201905	43,059	Inpatient Hospital	$3,503,047	$3,351,243	$3,350,387	$0	Admits	176
201906	43,048	Inpatient Hospital	$2,671,575	$2,555,166	$2,554,128	$0	Admits	173
201907	43,084	Inpatient Hospital	$3,158,110	$3,006,092	$3,004,854	$0	Admits	177
201908	43,062	Inpatient Hospital	$4,444,003	$4,325,717	$4,323,833	$0	Admits	200
201909	43,164	Inpatient Hospital	$4,042,772	$3,940,202	$3,937,804	$0	Admits	171
201910	43,245	Inpatient Hospital	$4,881,895	$4,754,712	$4,751,481	$0	Admits	202
201911	43,257	Inpatient Hospital	$2,669,906	$2,557,005	$2,554,790	$0	Admits	188
201912	43,625	Inpatient Hospital	$2,970,435	$2,845,054	$2,842,134	$0	Admits	184
202001	44,512	Inpatient Hospital	$3,048,112	$2,884,441	$2,880,597	$0	Admits	190
202002	44,747	Inpatient Hospital	$2,537,164	$2,449,342	$2,446,006	$0	Admits	161
202003	45,242	Inpatient Hospital	$2,645,833	$2,536,771	$2,531,592	$0	Admits	157
202004	45,528	Inpatient Hospital	$2,215,192	$2,149,862	$2,143,767	$0	Admits	163
202005	45,537	Inpatient Hospital	$3,271,801	$3,194,967	$3,183,590	$0	Admits	213
202006	45,654	Inpatient Hospital	$2,649,257	$2,574,550	$2,558,771	$0	Admits	164
202007	45,693	Inpatient Hospital	$5,746,731	$5,663,988	$5,616,610	$0	Admits	149
202008	45,568	Inpatient Hospital	$3,214,567	$3,120,798	$3,079,661	$0	Admits	169
202009	45,879	Inpatient Hospital	$3,410,917	$3,300,371	$3,236,553	$0	Admits	167
202010	45,963	Inpatient Hospital	$3,625,237	$3,525,243	$3,422,079	$0	Admits	183
202011	46,151	Inpatient Hospital	$3,074,782	$2,938,726	$2,792,896	$0	Admits	182
202012	46,669	Inpatient Hospital	$2,699,586	$2,584,425	$2,355,482	$0	Admits	169
202101	46,744	Inpatient Hospital	$2,251,702	$2,112,252	$1,762,217	$0	Admits	143
202102	47,000	Inpatient Hospital	$1,058,969	$971,138	$321,027	$0	Admits	70

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Ultimate Incurred	Incurred	Drug Rebates	Utilization Unit	Utilization
201801	39,818	Outpatient Hospital	$2,818,341	$2,279,508	$2,279,508	$0	Visits	2,631
201802	39,872	Outpatient Hospital	$2,549,909	$2,070,378	$2,070,378	$0	Visits	2,342
201803	39,866	Outpatient Hospital	$2,900,619	$2,496,251	$2,496,251	$0	Visits	2,468
201804	39,781	Outpatient Hospital	$2,834,556	$2,361,046	$2,361,046	$0	Visits	2,470
201805	39,765	Outpatient Hospital	$2,653,557	$2,204,203	$2,204,203	$0	Visits	2,522
201806	40,182	Outpatient Hospital	$2,825,172	$2,402,845	$2,402,845	$0	Visits	2,518
201807	40,386	Outpatient Hospital	$2,685,135	$2,286,583	$2,286,556	$0	Visits	2,443
201808	40,701	Outpatient Hospital	$2,765,591	$2,361,236	$2,361,209	$0	Visits	2,414
201809	40,326	Outpatient Hospital	$2,418,449	$2,044,141	$2,044,118	$0	Visits	2,305
201810	40,569	Outpatient Hospital	$3,440,272	$2,998,307	$2,998,259	$0	Visits	2,708
201811	40,509	Outpatient Hospital	$2,923,766	$2,477,612	$2,477,513	$0	Visits	2,494
201812	41,435	Outpatient Hospital	$3,215,797	$2,737,227	$2,737,115	$0	Visits	2,577
201901	42,431	Outpatient Hospital	$3,445,541	$2,891,575	$2,891,452	$0	Visits	2,764
201902	42,697	Outpatient Hospital	$3,005,614	$2,530,573	$2,530,469	$0	Visits	2,414
201903	42,785	Outpatient Hospital	$3,019,306	$2,488,942	$2,488,839	$0	Visits	2,787
201904	43,042	Outpatient Hospital	$3,644,128	$3,125,620	$3,125,281	$0	Visits	2,954
201905	43,059	Outpatient Hospital	$3,202,393	$2,674,199	$2,673,526	$0	Visits	2,848
201906	43,048	Outpatient Hospital	$2,808,219	$2,351,167	$2,350,213	$0	Visits	2,579
201907	43,084	Outpatient Hospital	$3,054,933	$2,591,743	$2,590,667	$0	Visits	2,613
201908	43,062	Outpatient Hospital	$3,161,829	$2,671,175	$2,670,015	$0	Visits	2,642
201909	43,164	Outpatient Hospital	$3,012,668	$2,560,964	$2,559,420	$0	Visits	2,493
201910	43,245	Outpatient Hospital	$3,535,486	$3,029,116	$3,027,076	$0	Visits	2,842
201911	43,257	Outpatient Hospital	$3,278,645	$2,798,212	$2,795,812	$0	Visits	2,310
201912	43,625	Outpatient Hospital	$3,804,497	$3,245,003	$3,241,673	$0	Visits	2,282
202001	44,512	Outpatient Hospital	$3,462,323	$2,857,417	$2,853,672	$0	Visits	2,186
202002	44,747	Outpatient Hospital	$3,224,818	$2,685,698	$2,681,954	$0	Visits	2,127
202003	45,242	Outpatient Hospital	$2,803,743	$2,394,724	$2,389,746	$0	Visits	1,911
202004	45,528	Outpatient Hospital	$1,788,755	$1,606,842	$1,602,296	$0	Visits	1,115
202005	45,537	Outpatient Hospital	$2,426,082	$2,165,160	$2,157,329	$0	Visits	1,460
202006	45,654	Outpatient Hospital	$3,726,821	$3,350,951	$3,330,435	$0	Visits	1,991
202007	45,693	Outpatient Hospital	$3,512,259	$3,062,712	$3,037,027	$0	Visits	2,194
202008	45,568	Outpatient Hospital	$3,532,338	$3,109,232	$3,067,856	$0	Visits	2,276
202009	45,879	Outpatient Hospital	$4,141,397	$3,673,389	$3,602,431	$0	Visits	2,499
202010	45,963	Outpatient Hospital	$3,852,042	$3,406,630	$3,306,327	$0	Visits	2,635
202011	46,151	Outpatient Hospital	$3,600,300	$3,176,849	$3,019,253	$0	Visits	2,539
202012	46,669	Outpatient Hospital	$4,244,741	$3,714,305	$3,382,229	$0	Visits	2,827
202101	46,744	Outpatient Hospital	$3,621,762	$3,046,971	$2,545,611	$0	Visits	2,624
202102	47,000	Outpatient Hospital	$4,393,201	$3,731,945	$1,233,029	$0	Visits	2,838

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Ultimate Incurred	Incurred	Drug Rebates	Utilization Unit	Utilization
201801	39,818	Professional	$5,733,558	$4,276,304	$4,276,304	$0	Visits	37,680
201802	39,872	Professional	$4,967,675	$3,774,412	$3,774,412	$0	Visits	32,972
201803	39,866	Professional	$5,315,562	$4,093,272	$4,093,272	$0	Visits	34,630
201804	39,781	Professional	$5,138,318	$3,973,263	$3,973,263	$0	Visits	34,217
201805	39,765	Professional	$5,383,091	$4,206,747	$4,206,747	$0	Visits	35,395
201806	40,182	Professional	$5,478,434	$4,343,971	$4,343,971	$0	Visits	34,059
201807	40,386	Professional	$5,187,514	$4,112,987	$4,112,951	$0	Visits	33,601
201808	40,701	Professional	$5,619,069	$4,436,647	$4,436,608	$0	Visits	36,436
201809	40,326	Professional	$4,932,477	$3,868,122	$3,868,090	$0	Visits	33,488
201810	40,569	Professional	$6,089,720	$4,831,800	$4,831,732	$0	Visits	41,929
201811	40,509	Professional	$5,520,805	$4,384,951	$4,384,773	$0	Visits	36,621
201812	41,435	Professional	$5,270,344	$4,058,775	$4,058,611	$0	Visits	33,202
201901	42,431	Professional	$6,524,772	$4,901,066	$4,900,862	$0	Visits	42,032
201902	42,697	Professional	$5,552,570	$4,240,781	$4,240,607	$0	Visits	36,068
201903	42,785	Professional	$6,037,385	$4,613,722	$4,613,530	$0	Visits	40,331
201904	43,042	Professional	$6,127,339	$4,752,108	$4,751,593	$0	Visits	40,101
201905	43,059	Professional	$6,086,735	$4,755,465	$4,754,261	$0	Visits	40,985
201906	43,048	Professional	$5,739,638	$4,463,267	$4,461,456	$0	Visits	37,236
201907	43,084	Professional	$6,109,408	$4,769,069	$4,767,089	$0	Visits	39,545
201908	43,062	Professional	$6,229,941	$4,953,055	$4,950,905	$0	Visits	40,417
201909	43,164	Professional	$6,035,839	$4,797,402	$4,794,506	$0	Visits	39,892
201910	43,245	Professional	$7,122,927	$5,736,365	$5,732,474	$0	Visits	47,059
201911	43,257	Professional	$6,112,660	$4,860,708	$4,856,535	$0	Visits	40,500
201912	43,625	Professional	$6,135,809	$4,745,630	$4,740,807	$0	Visits	38,579
202001	44,512	Professional	$6,988,216	$5,230,091	$5,223,269	$0	Visits	46,733
202002	44,747	Professional	$6,368,130	$4,863,567	$4,856,928	$0	Visits	41,321
202003	45,242	Professional	$5,429,581	$4,258,214	$4,249,436	$0	Visits	35,416
202004	45,528	Professional	$3,498,161	$2,970,398	$2,961,962	$0	Visits	25,086
202005	45,537	Professional	$4,483,214	$3,772,854	$3,759,220	$0	Visits	29,953
202006	45,654	Professional	$5,991,081	$5,005,435	$4,974,612	$0	Visits	39,924
202007	45,693	Professional	$6,606,445	$5,475,875	$5,430,120	$0	Visits	43,606
202008	45,568	Professional	$6,659,123	$5,373,099	$5,301,252	$0	Visits	43,833
202009	45,879	Professional	$7,301,571	$5,921,721	$5,807,377	$0	Visits	50,688
202010	45,963	Professional	$8,053,144	$6,625,024	$6,430,033	$0	Visits	56,330
202011	46,151	Professional	$7,523,899	$6,176,876	$5,870,065	$0	Visits	51,258
202012	46,669	Professional	$7,824,908	$6,290,919	$5,731,297	$0	Visits	53,074
202101	46,744	Professional	$7,337,472	$5,798,019	$4,838,034	$0	Visits	50,228
202102	47,000	Professional	$8,838,527	$6,863,651	$2,258,706	$0	Visits	63,763

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Ultimate Incurred	Incurred	Drug Rebates	Utilization Unit	Utilization
201801	39,818	Other Medical	$914,987	$805,624	$805,624	$0	Services	4,005
201802	39,872	Other Medical	$811,577	$714,543	$714,543	$0	Services	3,823
201803	39,866	Other Medical	$969,357	$876,443	$876,443	$0	Services	4,298
201804	39,781	Other Medical	$880,796	$795,045	$795,045	$0	Services	4,307
201805	39,765	Other Medical	$929,974	$849,983	$849,983	$0	Services	4,089
201806	40,182	Other Medical	$1,010,873	$915,249	$915,249	$0	Services	4,415
201807	40,386	Other Medical	$978,850	$891,423	$891,413	$0	Services	4,229
201808	40,701	Other Medical	$1,088,508	$994,126	$994,116	$0	Services	4,813
201809	40,326	Other Medical	$1,089,362	$1,005,099	$1,005,088	$0	Services	4,008
201810	40,569	Other Medical	$1,120,483	$1,029,626	$1,029,610	$0	Services	4,789
201811	40,509	Other Medical	$1,121,835	$1,022,317	$1,022,275	$0	Services	4,481
201812	41,435	Other Medical	$915,529	$795,699	$795,667	$0	Services	4,236
201901	42,431	Other Medical	$1,127,562	$989,748	$989,706	$0	Services	4,699
201902	42,697	Other Medical	$1,065,434	$942,210	$942,170	$0	Services	3,986
201903	42,785	Other Medical	$1,240,925	$1,144,432	$1,144,384	$0	Services	4,459
201904	43,042	Other Medical	$1,204,428	$1,103,698	$1,103,578	$0	Services	5,085
201905	43,059	Other Medical	$1,243,713	$1,133,557	$1,133,269	$0	Services	4,865
201906	43,048	Other Medical	$1,012,866	$908,050	$907,681	$0	Services	4,587
201907	43,084	Other Medical	$1,081,159	$962,512	$962,116	$0	Services	4,691
201908	43,062	Other Medical	$1,193,620	$1,087,089	$1,086,619	$0	Services	5,140
201909	43,164	Other Medical	$1,011,124	$920,638	$920,092	$0	Services	3,984
201910	43,245	Other Medical	$1,200,352	$1,109,228	$1,108,486	$0	Services	4,300
201911	43,257	Other Medical	$1,072,370	$999,594	$998,745	$0	Services	2,964
201912	43,625	Other Medical	$1,030,759	$902,955	$902,038	$0	Services	3,448
202001	44,512	Other Medical	$1,165,999	$1,029,772	$1,028,425	$0	Services	4,714
202002	44,747	Other Medical	$961,681	$841,674	$840,546	$0	Services	4,284
202003	45,242	Other Medical	$1,107,133	$1,016,134	$1,014,030	$0	Services	3,534
202004	45,528	Other Medical	$955,302	$879,444	$876,958	$0	Services	2,533
202005	45,537	Other Medical	$1,004,070	$925,081	$921,773	$0	Services	3,069
202006	45,654	Other Medical	$1,050,533	$945,587	$939,776	$0	Services	4,625
202007	45,693	Other Medical	$1,294,740	$1,166,879	$1,157,098	$0	Services	4,933
202008	45,568	Other Medical	$1,036,741	$954,748	$941,996	$0	Services	4,712
202009	45,879	Other Medical	$1,263,602	$1,166,574	$1,144,103	$0	Services	5,189
202010	45,963	Other Medical	$1,315,963	$1,192,273	$1,157,179	$0	Services	5,086
202011	46,151	Other Medical	$1,176,664	$1,088,913	$1,034,279	$0	Services	3,736
202012	46,669	Other Medical	$1,331,407	$1,176,775	$1,071,996	$0	Services	4,470
202101	46,744	Other Medical	$1,241,809	$1,105,136	$922,295	$0	Services	4,050
202102	47,000	Other Medical	$1,482,503	$1,336,643	$439,338	$0	Services	5,655

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Ultimate Incurred	Incurred	Drug Rebates	Utilization Unit	Utilization
201801	39,818	Prescription Drug	$4,585,740	$4,000,316	$4,000,316	$713,774	Scripts	27,343
201802	39,872	Prescription Drug	$4,282,079	$3,796,547	$3,796,547	$686,225	Scripts	24,444
201803	39,866	Prescription Drug	$4,634,452	$4,171,486	$4,171,486	$752,289	Scripts	26,304
201804	39,781	Prescription Drug	$4,375,156	$3,957,156	$3,957,156	$706,440	Scripts	25,576
201805	39,765	Prescription Drug	$4,893,244	$4,461,787	$4,461,787	$753,405	Scripts	26,537
201806	40,182	Prescription Drug	$4,804,034	$4,391,795	$4,391,795	$727,311	Scripts	25,881
201807	40,386	Prescription Drug	$4,647,033	$4,237,274	$4,237,274	$708,354	Scripts	25,658
201808	40,701	Prescription Drug	$4,888,518	$4,469,762	$4,469,762	$726,093	Scripts	26,612
201809	40,326	Prescription Drug	$4,139,279	$3,751,689	$3,751,689	$649,018	Scripts	24,101
201810	40,569	Prescription Drug	$4,779,452	$4,341,165	$4,341,165	$671,982	Scripts	27,459
201811	40,509	Prescription Drug	$4,606,021	$4,184,278	$4,184,278	$637,965	Scripts	26,118
201812	41,435	Prescription Drug	$4,480,008	$3,955,716	$3,955,716	$579,030	Scripts	26,539
201901	42,431	Prescription Drug	$4,843,513	$4,196,786	$4,196,786	$783,444	Scripts	28,072
201902	42,697	Prescription Drug	$4,309,952	$3,836,753	$3,836,753	$738,206	Scripts	25,341
201903	42,785	Prescription Drug	$4,768,969	$4,285,847	$4,285,847	$842,356	Scripts	27,892
201904	43,042	Prescription Drug	$4,983,142	$4,541,359	$4,541,359	$871,470	Scripts	27,946
201905	43,059	Prescription Drug	$5,020,993	$4,618,248	$4,618,248	$868,821	Scripts	28,470
201906	43,048	Prescription Drug	$4,583,985	$4,231,671	$4,231,671	$831,678	Scripts	26,248
201907	43,084	Prescription Drug	$5,189,692	$4,778,613	$4,778,613	$934,636	Scripts	27,677
201908	43,062	Prescription Drug	$4,929,733	$4,527,908	$4,527,908	$917,150	Scripts	27,330
201909	43,164	Prescription Drug	$4,872,429	$4,483,208	$4,483,208	$886,715	Scripts	26,000
201910	43,245	Prescription Drug	$5,174,818	$4,762,945	$4,762,945	$942,440	Scripts	28,120
201911	43,257	Prescription Drug	$4,606,746	$4,239,940	$4,239,940	$877,167	Scripts	26,575
201912	43,625	Prescription Drug	$5,359,664	$4,791,154	$4,791,154	$934,566	Scripts	28,750
202001	44,512	Prescription Drug	$4,843,211	$4,114,927	$4,114,927	$835,162	Scripts	29,813
202002	44,747	Prescription Drug	$4,872,992	$4,330,754	$4,330,754	$896,455	Scripts	28,114
202003	45,242	Prescription Drug	$5,822,306	$5,232,424	$5,232,424	$1,124,078	Scripts	31,820
202004	45,528	Prescription Drug	$5,257,521	$4,816,572	$4,816,572	$1,073,416	Scripts	24,443
202005	45,537	Prescription Drug	$5,141,291	$4,725,425	$4,725,425	$1,019,474	Scripts	24,651
202006	45,654	Prescription Drug	$5,359,915	$4,925,191	$4,925,191	$1,099,101	Scripts	26,054
202007	45,693	Prescription Drug	$5,517,610	$5,053,715	$5,053,715	$1,061,385	Scripts	26,503
202008	45,568	Prescription Drug	$5,244,165	$4,835,680	$4,835,680	$1,030,045	Scripts	25,956
202009	45,879	Prescription Drug	$5,206,401	$4,779,009	$4,779,009	$1,033,328	Scripts	26,416
202010	45,963	Prescription Drug	$5,859,961	$5,395,314	$5,395,314	$1,108,966	Scripts	27,001
202011	46,151	Prescription Drug	$5,136,781	$4,715,255	$4,715,255	$1,066,811	Scripts	25,413
202012	46,669	Prescription Drug	$5,491,159	$4,912,834	$4,912,834	$1,075,101	Scripts	27,747
202101	46,744	Prescription Drug	$5,297,047	$4,627,989	$4,627,989	$1,142,132	Scripts	27,082
202102	47,000	Prescription Drug	$5,259,627	$4,702,961	$4,702,961	$1,167,154	Scripts	27,305

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Ultimate Incurred	Incurred	Drug Rebates	Utilization Unit	Utilization
201801	39,818	Capitations	$32,394	$32,394	$32,394	$0	Benefit Period	39,818
201802	39,872	Capitations	$32,237	$32,237	$32,237	$0	Benefit Period	39,872
201803	39,866	Capitations	$32,196	$32,196	$32,196	$0	Benefit Period	39,866
201804	39,781	Capitations	$31,906	$31,906	$31,906	$0	Benefit Period	39,781
201805	39,765	Capitations	$31,534	$31,534	$31,534	$0	Benefit Period	39,765
201806	40,182	Capitations	$31,640	$31,640	$31,640	$0	Benefit Period	40,182
201807	40,386	Capitations	$31,641	$31,641	$31,641	$0	Benefit Period	40,386
201808	40,701	Capitations	$31,708	$31,708	$31,708	$0	Benefit Period	40,701
201809	40,326	Capitations	$31,177	$31,177	$31,177	$0	Benefit Period	40,326
201810	40,569	Capitations	$31,079	$31,079	$31,079	$0	Benefit Period	40,569
201811	40,509	Capitations	$30,721	$30,721	$30,721	$0	Benefit Period	40,509
201812	41,435	Capitations	$31,011	$31,011	$31,011	$0	Benefit Period	41,435
201901	42,431	Capitations	$42,766	$42,766	$42,766	$0	Benefit Period	42,431
201902	42,697	Capitations	$42,879	$42,879	$42,879	$0	Benefit Period	42,697
201903	42,785	Capitations	$43,039	$43,039	$43,039	$0	Benefit Period	42,785
201904	43,042	Capitations	$43,218	$43,218	$43,218	$0	Benefit Period	43,042
201905	43,059	Capitations	$42,971	$42,971	$42,971	$0	Benefit Period	43,059
201906	43,048	Capitations	$42,785	$42,785	$42,785	$0	Benefit Period	43,048
201907	43,084	Capitations	$42,697	$42,697	$42,697	$0	Benefit Period	43,084
201908	43,062	Capitations	$42,638	$42,638	$42,638	$0	Benefit Period	43,062
201909	43,164	Capitations	$42,684	$42,684	$42,684	$0	Benefit Period	43,164
201910	43,245	Capitations	$42,588	$42,588	$42,588	$0	Benefit Period	43,245
201911	43,257	Capitations	$42,386	$42,386	$42,386	$0	Benefit Period	43,257
201912	43,625	Capitations	$42,492	$42,492	$42,492	$0	Benefit Period	43,625
202001	44,512	Capitations	$45,810	$45,810	$45,810	$0	Benefit Period	44,512
202002	44,747	Capitations	$45,974	$45,974	$45,974	$0	Benefit Period	44,747
202003	45,242	Capitations	$48,135	$48,135	$48,135	$0	Benefit Period	45,242
202004	45,528	Capitations	$47,914	$47,914	$47,914	$0	Benefit Period	45,528
202005	45,537	Capitations	$47,214	$47,214	$47,214	$0	Benefit Period	45,537
202006	45,654	Capitations	$46,614	$46,614	$46,614	$0	Benefit Period	45,654
202007	45,693	Capitations	$47,435	$47,435	$47,435	$0	Benefit Period	45,693
202008	45,568	Capitations	$46,582	$46,582	$46,582	$0	Benefit Period	45,568
202009	45,879	Capitations	$46,853	$46,853	$46,853	$0	Benefit Period	45,879
202010	45,963	Capitations	$46,867	$46,867	$46,867	$0	Benefit Period	45,963
202011	46,151	Capitations	$46,919	$46,919	$46,919	$0	Benefit Period	46,151
202012	46,669	Capitations	$47,263	$47,263	$47,263	$0	Benefit Period	46,669
202101	46,744	Capitations	$47,598	$47,598	$47,598	$0	Benefit Period	46,744
202102	47,000	Capitations	$47,848	$47,848	$47,848	$0	Benefit Period	47,000

Appendix - Total Experience

Month	Members	Contracts	Ultimate Allowed	Drug Rebates	Post-Rx Rebate Ultimate Allowed	Post-Rx Rebate Ultimate Incurred	Premium	Loss Ratio
201801	39,818	25,624	$16,835,039	$713,774	$16,121,266	$13,215,238	$16,839,307	78.5%
201802	39,872	25,653	$14,982,183	$686,225	$14,295,957	$11,907,849	$17,129,525	69.5%
201803	39,866	25,659	$16,311,280	$752,289	$15,558,991	$13,225,498	$17,123,092	77.2%
201804	39,781	25,616	$15,654,443	$706,440	$14,948,003	$12,672,128	$17,153,206	73.9%
201805	39,765	25,544	$16,429,977	$753,405	$15,676,572	$13,409,875	$17,178,140	78.1%
201806	40,182	25,708	$16,089,750	$727,311	$15,362,439	$13,171,514	$17,489,965	75.3%
201807	40,386	25,747	$16,983,318	$708,354	$16,274,963	$14,145,749	$17,616,363	80.3%
201808	40,701	25,903	$16,730,110	$726,093	$16,004,017	$13,777,747	$17,729,251	77.7%
201809	40,326	25,672	$15,003,141	$649,018	$14,354,123	$12,298,663	$17,640,328	69.7%
201810	40,569	25,807	$17,983,908	$671,982	$17,311,926	$14,959,376	$17,768,763	84.2%
201811	40,509	25,772	$17,645,067	$637,965	$17,007,101	$14,784,446	$17,899,480	82.6%
201812	41,435	26,200	$16,811,598	$579,030	$16,232,567	$13,800,151	$18,368,693	75.1%
201901	42,431	27,057	$18,611,280	$783,444	$17,827,836	$14,721,912	$19,086,966	77.1%
201902	42,697	27,248	$16,573,225	$738,206	$15,835,019	$13,310,359	$19,190,936	69.4%
201903	42,785	27,336	$18,008,923	$842,356	$17,166,567	$14,539,974	$19,239,216	75.6%
201904	43,042	27,499	$19,073,236	$871,470	$18,201,766	$15,671,209	$19,417,302	80.7%
201905	43,059	27,487	$19,099,852	$868,821	$18,231,031	$15,706,863	$19,393,108	81.0%
201906	43,048	27,412	$16,859,068	$831,678	$16,027,390	$13,720,429	$19,533,286	70.2%
201907	43,084	27,405	$18,635,997	$934,636	$17,701,362	$15,216,090	$19,530,102	77.9%
201908	43,062	27,415	$20,001,764	$917,150	$19,084,614	$16,690,431	$19,613,456	85.1%
201909	43,164	27,441	$19,017,517	$886,715	$18,130,802	$15,858,383	$19,638,603	80.8%
201910	43,245	27,477	$21,958,066	$942,440	$21,015,626	$18,492,514	$19,759,878	93.6%
201911	43,257	27,468	$17,782,713	$877,167	$16,905,546	$14,620,678	$19,877,588	73.6%
201912	43,625	27,621	$19,343,655	$934,566	$18,409,089	$15,637,721	$20,361,375	76.8%
202001	44,512	28,404	$19,553,672	$835,162	$18,718,510	$15,327,295	$21,135,459	72.5%
202002	44,747	28,555	$18,010,759	$896,455	$17,114,304	$14,320,554	$21,363,741	67.0%
202003	45,242	28,881	$17,856,731	$1,124,078	$16,732,653	$14,362,324	$21,599,062	66.5%
202004	45,528	29,103	$13,762,845	$1,073,416	$12,689,428	$11,397,616	$21,728,967	52.5%
202005	45,537	29,061	$16,373,671	$1,019,474	$15,354,197	$13,811,225	$21,744,850	63.5%
202006	45,654	29,117	$18,824,219	$1,099,101	$17,725,118	$15,749,227	$22,121,934	71.2%
202007	45,693	29,120	$22,725,220	$1,061,385	$21,663,835	$19,409,218	$22,237,369	87.3%
202008	45,568	29,052	$19,733,516	$1,030,045	$18,703,471	$16,410,094	$22,239,333	73.8%
202009	45,879	29,177	$21,370,741	$1,033,328	$20,337,412	$17,854,588	$19,609,783	91.0%
202010	45,963	29,204	$22,753,213	$1,108,966	$21,644,248	$19,082,386	$22,577,359	84.5%
202011	46,151	29,257	$20,559,344	$1,066,811	$19,492,533	$17,076,727	$22,552,221	75.7%
202012	46,669	29,491	$21,639,064	$1,075,101	$20,563,963	$17,651,420	$23,435,206	75.3%
202101	46,744	29,682	$19,797,390	$1,142,132	$18,655,258	$15,595,834	$23,505,909	66.3%
202102	47,000	29,871	$21,080,675	$1,167,154	$19,913,521	$16,487,033	$23,580,062	69.9%

DC BlueChoice Small Group & Indvidual Combined (Small Group)

Exhibit 1 - Market Adjusted Index Rate Summary

			2022		2021	% Change
(1)	Base Period Total Allowed	$	403.44	$	409.76	-1.5%
(2)	Base Period Non-EHB PMPM	$	0.31	$	0.29	5.2%
(3)	Experience Period Index Rate	$	403.13	$	409.47	-1.5%
(4)	Change in Morbidity		0.982		0.993	-1.1%
(5)	Additional Population Adjustment		1.000		1.000	0.0%
(6)	Induced Demand		1.006		0.999	0.7%
(7)	Projection Period Utilization and Network Adjustment		1.000		1.000	0.0%
(8)	Demographic Adjustment		1.013		1.010	0.4%
(9)	Area Adjustment		1.000		1.000	0.0%
(10)	Additional "Other" Adjustments		1.003		1.001	0.2%
(11)	Annualized Trend		9.1%		6.0%	
(12)	Months of Trend		24.0		24.0	
(13)	Unit cost & Utilization/1,000 Trend Factor		1.191		1.124	6.0%
(14)	Projection Period Index Rate	$	481.77	$	460.93	4.5%
(15)	Risk Adjustment Program		1.049		1.065	-1.6%
(16)	Federal Exchange User Fee		1.000		1.000	0.0%
(17)	Market Adjusted Index Rate	$	505.28	$	491.09	2.9%
	Without Risk Adjustment	$	481.77	$	460.93	4.5%
	Base Rate Change		2.5%		0.2%	

2022 DC Small Group BlueChoice
Plan Adjusted Index Rate Changes

							Market Adjusted Index Rate			Benefits			Network			Induced Utilization			HSA Factor			Non-EHB			Admin			Age Calibration			Total Change		
Index	2021 HIOS Plan ID	**2021 Plan Name**	Type	Metallic Tier	On/Off	December 2021 Projected Members	2022	2021	Change	2022	2021	Change	2022	2021	Change	2022	2021	Change	2022	2021	Change	2022	2021	Change	2022	2021	Change	2022	2021	Change	2022	2021	Change
1	86052DC0440010	BlueChoice Advantage Gold 1000	POS	GOLD	On	4,071	$505.28	$491.09	2.89%	0.814	0.801	1.61%	1.066	1.069	-0.28%	1.003	1.000	0.30%	1.000	1.000	0.00%	1.0002	1.0002	0.00%	1.259	1.281	-1.70%	0.940	0.943	-0.29%	$520.96	$ 508.32	2.5%
2	86052DC0440011	BlueChoice Advantage Gold 500	POS	GOLD	On	3,799	$505.28	$491.09	2.89%	0.841	0.829	1.44%	1.066	1.069	-0.28%	1.003	1.000	0.30%	1.000	1.000	0.00%	1.0002	1.0002	0.00%	1.259	1.281	-1.70%	0.940	0.943	-0.29%	$538.19	$ 525.99	2.3%
3	86052DC0440012	BlueChoice Advantage Platinum 0	POS	PLATINUM	On	3,832	$505.28	$491.09	2.89%	0.938	0.927	1.17%	1.066	1.069	-0.28%	1.068	1.065	0.28%	1.000	1.000	0.00%	1.0002	1.0002	0.00%	1.259	1.281	-1.70%	0.940	0.943	-0.29%	$638.94	$ 626.27	2.0%
4	86052DC0440013	BlueChoice Advantage HSA/HRA Silver 1500	POS	SILVER	On	1,469	$505.28	$491.09	2.89%	0.720	0.706	1.97%	1.066	1.069	-0.28%	0.956	0.954	0.21%	1.000	1.000	0.00%	1.0002	1.0002	0.00%	1.259	1.281	-1.70%	0.940	0.943	-0.29%	$439.13	$ 427.33	2.8%
5	86052DC0440015	HealthyBlue Advantage Platinum 500	POS	PLATINUM	On	1,376	$505.28	$491.09	2.89%	0.907	0.899	0.90%	1.066	1.069	-0.28%	1.068	1.065	0.28%	1.000	1.000	0.00%	1.0002	1.0002	0.00%	1.259	1.281	-1.70%	0.940	0.943	-0.29%	$618.05	$ 607.39	1.8%
6	86052DC0440018	BlueChoice Advantage HSA/HRA Bronze 6100	POS	BRONZE	On	611	$505.28	$491.09	2.89%	0.601	0.581	3.58%	1.066	1.069	-0.28%	0.928	0.926	0.22%	1.000	1.000	0.00%	1.0002	1.0002	0.00%	1.259	1.281	-1.70%	0.940	0.943	-0.29%	$356.09	$ 341.12	4.4%
7	86052DC0440019	BlueChoice Advantage HSA/HRA Silver 3000	POS	SILVER	On	503	$505.28	$491.09	2.89%	0.689	0.671	2.68%	1.066	1.069	-0.28%	0.956	0.954	0.21%	1.000	1.000	0.00%	1.0002	1.0002	0.00%	1.259	1.281	-1.70%	0.940	0.943	-0.29%	$419.94	$ 405.82	3.5%
8	86052DC0440021	BlueChoice Advantage HSA/HRA Gold 1500	POS	GOLD	On	1,239	$505.28	$491.09	2.89%	0.793	0.780	1.78%	1.066	1.069	-0.28%	1.003	1.000	0.30%	1.000	1.000	0.00%	1.0002	1.0002	0.00%	1.259	1.281	-1.70%	0.940	0.943	-0.29%	$507.73	$ 494.58	2.7%
9	86052DC0440022	BlueChoice Advantage Silver 4000	POS	SILVER	On	314	$505.28	$491.09	2.89%	0.686	0.670	2.49%	1.066	1.069	-0.28%	0.956	0.954	0.21%	1.000	1.000	0.00%	1.0002	1.0002	0.00%	1.259	1.281	-1.70%	0.940	0.943	-0.29%	$418.52	$ 405.23	3.3%
10	86052DC0440023	BlueChoice Advantage Silver 1500 BlueFund HSA	POS	SILVER	On	809	$505.28	$491.09	2.89%	0.721	0.707	1.97%	1.066	1.069	-0.28%	0.956	0.954	0.21%	1.000	1.000	0.00%	1.0002	1.0002	0.00%	1.259	1.281	-1.70%	0.940	0.943	-0.29%	$439.58	$ 427.79	2.8%
11	86052DC0440025	BlueChoice Advantage Silver 5000	POS	SILVER	On	170	$505.28	$491.09	2.89%	0.699	0.683	2.30%	1.066	1.069	-0.28%	0.956	0.954	0.21%	1.000	1.000	0.00%	1.0002	1.0002	0.00%	1.259	1.281	-1.70%	0.940	0.943	-0.29%	$426.28	$ 413.48	3.1%
12	86052DC0440026	BlueChoice Advantage Gold 3000	POS	GOLD	On	500	$505.28	$491.09	2.89%	0.761	0.742	2.53%	1.066	1.069	-0.28%	1.003	1.000	0.30%	1.000	1.000	0.00%	1.0002	1.0002	0.00%	1.259	1.281	-1.70%	0.940	0.943	-0.29%	$486.76	$ 470.70	3.4%
13	86052DC0440027	BlueChoice Advantage HSA/HRA Silver 2000	POS	SILVER	On	1,375	$505.28	$491.09	2.89%	0.711	0.695	2.24%	1.066	1.069	-0.28%	0.956	0.954	0.21%	1.000	1.000	0.00%	1.0002	1.0002	0.00%	1.259	1.281	-1.70%	0.940	0.943	-0.29%	$433.33	$ 420.57	3.0%
14	86052DC0440028	BlueChoice Advantage HSA/HRA Gold 1500 90	POS	GOLD	On	33	$505.28	$491.09	2.89%	0.775	0.760	2.03%	1.066	1.069	-0.28%	1.003	1.000	0.30%	1.000	1.000	0.00%	1.0002	1.0002	0.00%	1.259	1.281	-1.70%	0.940	0.943	-0.29%	$495.95	$ 481.92	2.9%
15	86052DC0440029	BlueChoice Advantage HSA/HRA Silver 2100 70	POS	SILVER	On	23	$505.28	$491.09	2.89%	0.695	0.681	2.07%	1.066	1.069	-0.28%	0.956	0.954	0.21%	1.000	1.000	0.00%	1.0002	1.0002	0.00%	1.259	1.281	-1.70%	0.940	0.943	-0.29%	$423.73	$ 411.95	2.9%
16	86052DC0440030	BlueChoice Advantage HSA/HRA Silver 3000 70	POS	SILVER	On	59	$505.28	$491.09	2.89%	0.669	0.649	3.12%	1.066	1.069	-0.28%	0.956	0.954	0.21%	1.000	1.000	0.00%	1.0002	1.0002	0.00%	1.259	1.281	-1.70%	0.940	0.943	-0.29%	$408.22	$ 392.83	3.9%
17	86052DC0440031	BlueChoice Advantage Value Bronze 6000	HMO	BRONZE	On	203	$505.28	$491.09	2.89%	0.599	0.586	2.30%	1.066	1.069	-0.28%	0.928	0.926	0.22%	1.000	1.000	0.00%	1.0002	1.0002	0.00%	1.259	1.281	-1.70%	0.940	0.943	-0.29%	$354.69	$ 344.01	3.1%
18	86052DC0440032	BlueChoice Advantage Gold 0	HMO	GOLD	On	207	$505.28	$491.09	2.89%	0.889	0.877	1.31%	1.066	1.069	-0.28%	1.003	1.000	0.30%	1.000	1.000	0.00%	1.0002	1.0002	0.00%	1.259	1.281	-1.70%	0.940	0.943	-0.29%	$568.72	$ 556.52	2.2%
19	86052DC0460009	BlueChoice HMO Gold 1500	HMO	GOLD	On	1,045	$505.28	$491.09	2.89%	0.790	0.773	2.31%	0.948	0.953	-0.52%	1.003	1.000	0.30%	1.000	1.000	0.00%	1.0002	1.0002	0.00%	1.259	1.281	-1.70%	0.940	0.943	-0.29%	$449.78	$ 436.92	2.9%
20	86052DC0460010	BlueChoice HMO Gold 500	HMO	GOLD	On	1,358	$505.28	$491.09	2.89%	0.835	0.822	1.49%	0.948	0.953	-0.52%	1.003	1.000	0.30%	1.000	1.000	0.00%	1.0002	1.0002	0.00%	1.259	1.281	-1.70%	0.940	0.943	-0.29%	$475.01	$ 465.15	2.1%
21	86052DC0460011	BlueChoice HMO Platinum 0	HMO	PLATINUM	On	1,464	$505.28	$491.09	2.89%	0.936	0.925	1.18%	0.948	0.953	-0.52%	1.068	1.065	0.28%	1.000	1.000	0.00%	1.0002	1.0002	0.00%	1.259	1.281	-1.70%	0.940	0.943	-0.29%	$566.84	$ 556.88	1.8%
22	86052DC0460012	BlueChoice HMO HSA/HRA Silver 1500	HMO	SILVER	On	663	$505.28	$491.09	2.89%	0.706	0.692	2.03%	0.948	0.953	-0.52%	0.956	0.954	0.21%	1.000	1.000	0.00%	1.0002	1.0002	0.00%	1.259	1.281	-1.70%	0.940	0.943	-0.29%	$383.01	$ 373.42	2.6%
23	86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000	HMO	SILVER	On	903	$505.28	$491.09	2.89%	0.694	0.679	2.25%	0.948	0.953	-0.52%	0.956	0.954	0.21%	1.000	1.000	0.00%	1.0002	1.0002	0.00%	1.259	1.281	-1.70%	0.940	0.943	-0.29%	$376.29	$ 366.07	2.8%
24	86052DC0460014	BlueChoice HMO HSA/HRA Bronze 6100	HMO	BRONZE	On	432	$505.28	$491.09	2.89%	0.579	0.558	3.78%	0.948	0.953	-0.52%	0.928	0.926	0.22%	1.000	1.000	0.00%	1.0002	1.0002	0.00%	1.259	1.281	-1.70%	0.940	0.943	-0.29%	$304.75	$ 292.09	4.3%
25	86052DC0460019	BlueChoice HMO HSA/HRA Silver 3000	HMO	SILVER	On	330	$505.28	$491.09	2.89%	0.669	0.651	2.79%	0.948	0.953	-0.52%	0.956	0.954	0.21%	1.000	1.000	0.00%	1.0002	1.0002	0.00%	1.259	1.281	-1.70%	0.940	0.943	-0.29%	$362.86	$ 351.17	3.3%
26	86052DC0460020	BlueChoice HMO Silver 1500	HMO	SILVER	On	808	$505.28	$491.09	2.89%	0.675	0.666	1.27%	0.948	0.953	-0.52%	0.956	0.954	0.21%	1.000	1.000	0.00%	1.0002	1.0002	0.00%	1.259	1.281	-1.70%	0.940	0.943	-0.29%	$366.03	$ 359.56	1.8%
27	86052DC0460021	BlueChoice HMO HSA/HRA Gold 1500	HMO	GOLD	On	337	$505.28	$491.09	2.89%	0.779	0.765	1.84%	0.948	0.953	-0.52%	1.003	1.000	0.30%	1.000	1.000	0.00%	1.0002	1.0002	0.00%	1.259	1.281	-1.70%	0.940	0.943	-0.29%	$443.24	$ 432.57	2.5%
28	86052DC0460023	BlueChoice HMO Silver 5000	HMO	SILVER	On	173	$505.28	$491.09	2.89%	0.684	0.668	2.36%	0.948	0.953	-0.52%	0.956	0.954	0.21%	1.000	1.000	0.00%	1.0002	1.0002	0.00%	1.259	1.281	-1.70%	0.940	0.943	-0.29%	$370.97	$ 360.53	2.9%
29	86052DC0460024	BlueChoice HMO Gold 3000	HMO	GOLD	On	251	$505.28	$491.09	2.89%	0.749	0.730	2.63%	0.948	0.953	-0.52%	1.003	1.000	0.30%	1.000	1.000	0.00%	1.0002	1.0002	0.00%	1.259	1.281	-1.70%	0.940	0.943	-0.29%	$426.48	$ 413.01	3.3%
30	86052DC0460025	BlueChoice HMO HSA/HRA Gold 1500 90	HMO	GOLD	On	71	$505.28	$491.09	2.89%	0.760	0.744	2.09%	0.948	0.953	-0.52%	1.003	1.000	0.30%	1.000	1.000	0.00%	1.0002	1.0002	0.00%	1.259	1.281	-1.70%	0.940	0.943	-0.29%	$432.18	$ 420.74	2.7%
31	86052DC0460026	BlueChoice HMO HSA/HRA Bronze 6500 90	HMO	BRONZE	On	9	$505.28	$491.09	2.89%	0.590	0.564	4.57%	0.948	0.953	-0.52%	0.928	0.926	0.22%	1.000	1.000	0.00%	1.0002	1.0002	0.00%	1.259	1.281	-1.70%	0.940	0.943	-0.29%	$310.44	$ 295.28	5.1%
32	86052DC0460027	BlueChoice HMO HSA/HRA Silver 2100 70	HMO	SILVER	On	40	$505.28	$491.09	2.89%	0.676	0.662	2.10%	0.948	0.953	-0.52%	0.956	0.954	0.21%	1.000	1.000	0.00%	1.0002	1.0002	0.00%	1.259	1.281	-1.70%	0.940	0.943	-0.29%	$366.52	$ 357.08	2.6%
33	86052DC0460028	BlueChoice HMO HSA/HRA Silver 3000 70	HMO	SILVER	On	44	$505.28	$491.09	2.89%	0.649	0.628	3.25%	0.948	0.953	-0.52%	0.956	0.954	0.21%	1.000	1.000	0.00%	1.0002	1.0002	0.00%	1.259	1.281	-1.70%	0.940	0.943	-0.29%	$351.88	$ 339.00	3.8%
34	86052DC0460029	BlueChoice HMO Value Bronze 6000	HMO	BRONZE	On	371	$505.28	$491.09	2.89%	0.577	0.563	2.45%	0.948	0.953	-0.52%	0.928	0.926	0.22%	1.000	1.000	0.00%	1.0002	1.0002	0.00%	1.259	1.281	-1.70%	0.940	0.943	-0.29%	$303.87	$ 295.04	3.0%
35	86052DC0480007	BlueChoice HMO Referral Platinum 0	HMO	PLATINUM	On	1,203	$505.28	$491.09	2.89%	0.935	0.924	1.19%	0.903	0.908	-0.55%	1.068	1.065	0.28%	1.000	1.000	0.00%	1.0002	1.0002	0.00%	1.259	1.281	-1.70%	0.940	0.943	-0.29%	$539.42	$ 530.03	1.8%
36	86052DC0480008	BlueChoice HMO Referral Gold 500	HMO	GOLD	On	1,231	$505.28	$491.09	2.89%	0.832	0.819	1.51%	0.903	0.908	-0.55%	1.003	1.000	0.30%	1.000	1.000	0.00%	1.0002	1.0002	0.00%	1.259	1.281	-1.70%	0.940	0.943	-0.29%	$450.75	$ 441.43	2.1%
37	86052DC0480010	BlueChoice HMO Referral Gold 0	HMO	GOLD	On	925	$505.28	$491.09	2.89%	0.885	0.872	1.51%	0.903	0.908	-0.55%	1.003	1.000	0.30%	1.000	1.000	0.00%	1.0002	1.0002	0.00%	1.259	1.281	-1.70%	0.940	0.943	-0.29%	$479.62	$ 469.70	2.1%
38	86052DC0480014	BlueChoice HMO Referral Silver 4000	HMO	SILVER	On	329	$505.28	$491.09	2.89%	0.665	0.637	4.42%	0.903	0.908	-0.55%	0.956	0.954	0.21%	1.000	1.000	0.00%	1.0002	1.0002	0.00%	1.259	1.281	-1.70%	0.940	0.943	-0.29%	$343.45	$ 327.26	4.9%
39	86052DC0480015	BlueChoice HMO Referral Bronze 8250	POS	BRONZE	On	175	$505.28	$491.09	2.89%	0.537	0.497	8.10%	0.903	0.908	-0.55%	0.928	0.926	0.22%	1.000	1.000	0.00%	1.0002	1.0002	0.00%	1.259	1.281	-1.70%	0.940	0.943	-0.29%	$269.35	$ 247.92	8.6%
40	86052DC0500009	BlueChoice Plus HSA/HRA Silver 1500	POS	SILVER	On	1,253	$505.28	$491.09	2.89%	0.709	0.684	3.55%	0.967	0.971	-0.41%	0.956	0.954	0.21%	1.000	1.000	0.00%	1.0002	1.0002	0.00%	1.259	1.281	-1.70%	0.940	0.943	-0.29%	$391.99	$ 376.14	4.2%
41	86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000	POS	SILVER	On	417	$505.28	$491.09	2.89%	0.672	0.642	4.65%	0.967	0.971	-0.41%	0.956	0.954	0.21%	1.000	1.000	0.00%	1.0002	1.0002	0.00%	1.259	1.281	-1.70%	0.940	0.943	-0.29%	$371.98	$ 353.18	5.3%
42	86052DC0500012	HealthyBlue Plus Platinum 500	POS	PLATINUM	On	1,376	$505.28	$491.09	2.89%	0.901	0.889	1.38%	0.967	0.971	-0.41%	1.068	1.065	0.28%	1.000	1.000	0.00%	1.0002	1.0002	0.00%	1.259	1.281	-1.70%	0.940	0.943	-0.29%	$557.17	$ 545.67	2.1%
43	86052DC0500015	BlueChoice Plus Gold 1000	POS	GOLD	On	1,452	$505.28	$491.09	2.89%	0.807	0.788	2.43%	0.967	0.971	-0.41%	1.003	1.000	0.30%	1.000	1.000	0.00%	1.0002	1.0002	0.00%	1.259	1.281	-1.70%	0.940	0.943	-0.29%	$468.20	$ 453.79	3.2%
44	86052DC0500016	BlueChoice Plus Gold 500	POS	GOLD	On	1,612	$505.28	$491.09	2.89%	0.835	0.819	2.03%	0.967	0.971	-0.41%	1.003	1.000	0.30%	1.000	1.000	0.00%	1.0002	1.0002	0.00%	1.259	1.281	-1.70%	0.940	0.943	-0.29%	$484.75	$ 471.65	2.8%
45	86052DC0500017	BlueChoice Plus HSA/HRA Bronze 6100	POS	BRONZE	On	328	$505.28	$491.09	2.89%	0.583	0.554	5.23%	0.967	0.971	-0.41%	0.928	0.926	0.22%	1.000	1.000	0.00%	1.0002	1.0002	0.00%	1.259	1.281	-1.70%	0.940	0.943	-0.29%	$312.97	$ 295.50	5.9%
46	86052DC0500018	BlueChoice Plus HSA/HRA Silver 2500	POS	SILVER	On	310	$505.28	$491.09	2.89%	0.687	0.663	3.53%	0.967	0.971	-0.41%	0.956	0.954	0.21%	1.000	1.000	0.00%	1.0002	1.0002	0.00%	1.259	1.281	-1.70%	0.940	0.943	-0.29%	$380.00	$ 364.69	4.2%
47	86052DC0580001	BlueChoice Plus Opt-Out Platinum 0	POS	PLATINUM	On	2,930	$505.28	$491.09	2.89%	0.936	0.923	1.35%	0.957	0.962	-0.52%	1.068	1.065	0.28%	1.000	1.000	0.00%	1.0002	1.0002	0.00%	1.259	1.281	-1.70%	0.940	0.943	-0.29%	$572.33	$ 561.31	2.0%
						42,433	$505.28	$491.09	2.89%	0.812	0.798	1.89%	1.005	1.009	-0.39%	1.007	1.004	0.27%	1.000	1.000	0.00%	1.000	1.000	0.00%	1.259	1.281	-1.70%	0.940	0.943	-0.29%	$494.14	$482.04	2.5%

Key Drivers:

The main drivers supporting the rate change are an increase in the trend and plan level benefit factors, an improvement in the base period experience of the combined pool, and decreases in the risk adjustment factor and the administrative assumption. The increase in trend is due to an adjustment made for Covid. As a result of the pandemic, the 2020 experience period had decreased claims driven by the deferred or avoided care. An adjustment was made to bring the 2020 experience up to the level it would be at in the absence of Covid. The underlying baseline trend did decrease from last year.

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**: 1/1/2022 and quarterly incremental "trend" increases effective 4/1/2022, 7/1/2022 and 10/1/2022.
- **Company Filing Number**: 2568
- **SERFF Filing Number**: CFAP-132808962

Company Contact Information:

- **Primary Contact Name**: Mr. Gregory Sucher, FSA, MAAA
- **Primary Contact Telephone Number**: 410-998-5988
- **Primary Contact E-Mail Address**: Gregory.Sucher@CareFirst.com

4.3 Proposed Rate Changes (Small Group market)

Base rates are changing 2.5% on average for 1Q22. The range is 1.8% to 8.6%. The estimated average base rate changes for 2Q22, 3Q22, and 4Q22 are 3.2%, 3.8% and 4.5%, respectively. This filing applies to all new and renewing, in-force business in the guaranteed renewable, non-grandfathered, ACA, metaled benefit plans. The number of policyholders affected by this rate change is 25,930.

At this time, the proposed rates in this filing do not consider the possible impact of items including but not limited to the list below.

1.) Exacerbation of chronic morbidity due to the pandemic
2.) Future vaccine or testing expenses not offset by deferred care.

Reason for Rate Change(s):

The main drivers supporting the rate change are an increase in the trend and plan level benefit factors, an improvement in the base period experience of the combined pool and decreases in the risk adjustment factor and the administrative assumption. The increase in trend is due to an adjustment made for Covid. As a result of the pandemic, the 2020 experience period had decreased claims driven by the deferred or avoided care. An adjustment was made to bring the 2020 experience up to the level it would be at in the absence of Covid.

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 1/1/2020 through 12/31/2020, as required.

Paid Through Date: 2/28/2021
Current Date: 2/28/2021

Premiums (prior to MLR rebates) in Experience Period: $262,345,283
Experience Period Member Months: 547,143
Current Date Members: 47,000

Allowed and Incurred Claims Incurred During the Experience Period

Allowed Claims

- **Processed through issuer's claim system:** $217,189,130
- **Processed outside issuer's claim system:** $0
- **IBNR:** $3,550,541

Incurred Claims

- **Processed through issuer's claim system:** $189,376,935
- **Processed outside issuer's claim system:** $0
- **IBNR:** $3,075,738

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 5.5% baseline trend, which is a decrease compared to the 6.0% trend assumed in our prior filing. On top of the 5.5% baseline trend, we have included a 0.5% adjustment to account for additional anticipated costs due to deferred preventive care in 2020. Lastly, we have included a one-time Covid catch up factor of 6.0% to account for a return to normal care levels compared to the depressed utilization in 2020 due to the unavailability of care during the pandemic. The resulting composite annualized trend assumed in this filing is 9.1%. Current observed medical trends as of 202012 are -3.9%, down from 9.3% in 201912. Current observed drug trends are 2.6% as of 202012, up from -0.5% in 201912. The composite medical and drug trend is -2.2% as of 202012, down from 6.5% in 201912. We note that current observed trend levels are depressed due to the pandemic and that future trends are expected to be much higher with all factors considered. The aggregate medical and drug observed trend as of 202012, adjusted for the COVID catch up factor, is estimated to be 3.7%.

When normalized for induced demand, network, and demographics, the composite -2.2% and 6.5% observed trends become -2.8% and 6.5%, respectively. When adjusted for the COVID catch up factor, the observed trend as of 202012 becomes 3.0%.

Using the proposed trend factor, in combination with other assumptions such as morbidity, etc., the annualized allowed PMPM change between 2022 and 2020 represented in this filing is 9.3%. Excluding the impact of the COVID catch up adjustment, the annualized allowed PMPM change between 2022 and 2020 is 6.0%. Given all of the factors, and the result of our projection factors in the aggregate, we believe that a 5.5% assumed force of trend is reasonable.

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 2022 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 (2021) 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 (2022) 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 2020 to 2022 is expected to be -1.8%, which is the factor used in Exhibit 1 in the calculation of the market adjustment index rate.

Demographic Shift:

Exhibit 6 in the Memorandum contains support for our adjustment due to the anticipated change in the average age of this population between the experience and projection periods. Our methodology measures the change in average demographic factor between the base and rating periods. The demographic factors used are from an internal age/gender curve with an approximate 4.5:1 ratio (age 64+ to age 21 factors). Factors for both time periods are weighted using member months and the ratio of the two is applied as our market level adjustment.

Plan Design Changes:

Exhibit 5 in the Memorandum details our support for this adjustment to account for anticipated changes in the average utilization of services due to differences in average cost sharing requirements between the experience and projection periods. Our methodology measures the change in the average induced utilization factor between the base and rating periods. The factors used are the metal level factors from the federal risk adjustment program. Once the average internal pricing AV, weighted by member months, is

determined for both the experience and rating periods the linearly interpolated factor is determined. The ratio of these two factors is applied as our market level adjustment.

Other Adjustments:

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

4.4.3.3 Manual Rate Adjustments

Not applicable, as experience was determined to be fully credible. The Unified Rate Review Template (URRT) forces the use of a projection period ending twelve months after the effective date. This presumes all rates change on the effective date. This is inconsistent with our understanding of the DC small group market post-1/1/14. In this filing we are using a projection period ending with 3/31/2023 for our first quarter 2022 Index Rate Projection since business may be sold with this rate through 3/31/2022 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 $403.13 and the projection period index rate is $481.77. 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 $505.28 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 2020 Wakley projections.

Our projected 2022 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 2020 to 2022, we have assumed an increase in the statewide premium of 3.6% which reflects an estimate of an average -0.5% increase in 2021 and 4.1% increase in 2022. We have assumed that our CFI Small Group market share will increase from 77.1% in 2020 to 79.4% in 2022. We have assumed that our CFI Small Group PLRS ratio to the state will improve from 1.022 in 2020 to 1.020 in 2022. The resultant

estimate of risk adjustment is that the BlueChoice payable transfer PMPM for the Small Group market will increase from -$16.67 in 2020 to -$19.88 in 2022.

The risk adjustment estimates above are calculated separately for the Individual market and the Small Group market as required. This approach is different than the blended approach used to calculate the Index Rate and therefore there is an inconsistency between the risk assumed in rates and the claims data used in the calculation.

The aggregate PPO and HMO estimated rate changes under both separate and merged risk adjustment methods are:

	Separate	Merged
Small Group	4.6%	6.8%
Individual	10.3%	1.3%

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. Contribution to Reserve (Post-Tax)
    4. State Premium Tax
    5. Federal Income Tax (FIT)
    6. Risk Adjustment User Fee
    7. Patient-Centered Outcomes Research Institute Fee (PCORI)
    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 in 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 82.4% for the Small Group market and 83.3% 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 2022 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 84% of the designated services are rendered in higher cost-share setting and the remaining 16% 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 2/28/2021 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 Terminated Plans and Products

Plan mappings from the experience period to the rating period can be found in Appendix – Mapping.

4.6.4 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 # 2568
D.C. Small Group Products
Rate Filing Effective 1/1/2022

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 1/1/2022
Actuarial Certification

I, Gregory Sucher, am a(n) 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 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 2022 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.

Gregory Sucher
Digitally signed by Gregory Sucher
Date: 2021.05.17 11:34:55 -04'00'

Gregory Sucher, FSA, MAAA
Actuary
CareFirst BlueCross BlueShield
Mail Drop-Point 01-720
10455 Mill Run Circle
Owings Mills, MD 21117

Table of Contents

Page	Exhibit Name/Description
1	Cover Page
2	Actuarial Certification
3	Table of Contents
4	Exhibit 1 - Summary
5	Exhibit 2 - Base Period Allowed
6	Exhibit 3 - Non-EHB
7	Exhibit 4 - Morbidity
8	Exhibit 5 - Induced Demand
9	Exhibit 6 - Demographics
10	Exhibit 7 - Other Adjustments
11	Exhibit 8 - Trend
12	Exhibit 9 - Risk Adjustment
13	Exhibit 10A - Desired Loss Ratio
14	Exhibit 10B - Federal MLR
15	Exhibit 10B - Federal Combined MLR
16	Exhibit 11 - Plan Adjusted Index Rates
17	Exhibit 12 - HHS Actuarial Values
18	Exhibit 13 - Age Calibration
19	Exhibit 14 - Age Factors
20	Exhibit 15 - Induced Utilization Factors
21	Appendix - Network Factors
22	Appendix - HIOS ID Mappings
23	Appendix - Rate Changes
24	Appendix - Quarterly Changes
25	Appendix - Max Renewal
26 - 27	Appendix - Form Numbers
28 - 33	Appendix - Experience by Service Category
34	Appendix - Total Experience

Exhibit 1 - Market Adjusted Index Rate Summary

			2022	Exhibit
(1)	Base Period Total Allowed	$	403.44	2
(2)	Base Period Non-EHB PMPM	$	0.31	2
(3)	Experience Period Index Rate	$	403.13	
(4)	Change in Morbidity		0.9820	4
(5)	Additional Population Adjustment		1.0000	
(6)	Induced Demand		1.0055	5
(7)	Projection Period Utilization and Network Adjustment		1.0000	
(8)	Demographic Adjustment		1.0133	6
(9)	Area Adjustment		1.0000	
(10)	Additional "Other" Adjustments		1.0029	7
(11)	Annualized Trend		9.1%	8
(12)	Months of Trend		24.0	
(13)	Unit cost & Utilization/1,000 Trend Factor		1.1909	
(14)	Projection Period Index Rate	$	481.77	
(15)	Risk Adjustment Program		1.0488	9
(16)	Federal Exchange User Fee		1.0000	
(17)	Market Adjusted Index Rate	$	505.28	
	Without Risk Adjustment	$	481.77	

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	$ 38,139,178	$ 69.71	Admits	45.39	$ 18,429.89
Outpatient Hospital	$ 40,315,619	$ 73.68	Visits	565.00	$ 1,564.96
Professional	$ 76,727,472	$ 140.23	Visits	11,343.73	$ 148.35
Other Medical	$ 13,663,835	$ 24.97	Services	1,116.00	$ 268.53
Capitation	$ 563,579	$ 1.03	Benefit Period	1,000	$ 12.36
Prescription Drug	$ 51,329,989	$ 93.81	Prescriptions	7,104.49	$ 158.46
Total (EHB & Non-EHB)	**$ 220,739,672**	**$ 403.44**			
EHB Allowed	**$ 220,571,579**	**$ 403.13**			
Non-EHB Allowed	**$ 168,093**	**$ 0.31**			
Incurred Net	**$ 192,452,673**	**$ 351.74**			
Net/Allowed	**87.19%**				
Experience Period Member Months	**547,143**				
Experience Period Revenue	**$ 262,345,283**				

Exhibit 3 - Non-EHB Adjustment

		2022 On-Exchange	2022 Off-Exchange	
(1)	Blended Index Rate	$ 498.77	$ 498.77	
(2)	Non-EHB PMPM	$ 0.11	$ 0.11	
(3)	Total	$ 498.88	$ 498.88	
(4)	**Plan Level Adjustment**	**1.0002**	**1.0002**	(3)/(1)

Exhibit 4 - Morbidity Adjustment Factor

Base Year

Metal Level	Member Months	2020 Normalized Allowed PMPM
Catastrophic	8,671	$ 88.52
Bronze	47,691	$ 127.38
Silver	128,534	$ 183.15
Gold	205,807	$ 235.62
Platinum	156,376	$ 240.84
Subtotal	**547,079**	**$ 213.02**

Current Year YTD

Existing

Metal Level	Member Months	2020 Normalized Allowed PMPM	Morbidity Adjustment	2021 Adjusted Normalized Allowed PMPM
Catastrophic	1,018	$ 95.33	1.000	$ 95.33
Bronze	7,036	$ 129.31	1.000	$ 129.31
Silver	19,064	$ 180.73	1.000	$ 180.73
Gold	29,894	$ 228.80	1.000	$ 228.80
Platinum	21,243	$ 237.30	1.000	$ 237.30
Subtotal	**78,255**	**$ 208.71**	**1.000**	**$ 208.71**

New

Metal Level	Member Months	Existing Cohort Adjusted Normalized Allowed PMPM	Morbidity Adjustment	2021 Adjusted Normalized Allowed PMPM
Catastrophic	196	$ 95.33	1.000	$ 95.33
Bronze	1,422	$ 129.31	1.000	$ 129.31
Silver	2,600	$ 180.73	1.000	$ 180.73
Gold	4,699	$ 228.80	1.000	$ 228.80
Platinum	2,563	$ 237.30	1.000	$ 237.30
Subtotal	**11,480**	**$ 205.21**	**1.000**	**$ 205.21**

Transfer

Metal Level	Member Months	2020 Normalized Allowed PMPM	Morbidity Adjustment	2021 Adjusted Normalized Allowed PMPM
Catastrophic	44	$ 91.46	1.000	$ 91.46
Bronze	246	$ 152.12	1.000	$ 152.12
Silver	717	$ 256.88	1.000	$ 256.88
Gold	1,616	$ 239.16	1.000	$ 239.16
Platinum	1,259	$ 266.94	1.000	$ 266.94
Subtotal	**3,882**	**$ 244.25**	**1.000**	**$ 244.25**

Total

Metal Level	Member Months	2020 Normalized Allowed PMPM	Morbidity Adjustment	2021 Adjusted Normalized Allowed PMPM
Catastrophic	1,258	$ 95.19	1.000	$ 95.19
Bronze	8,704	$ 129.95	1.000	$ 129.95
Silver	22,381	$ 183.17	1.000	$ 183.17
Gold	36,209	$ 229.26	1.000	$ 229.26
Platinum	25,065	$ 238.79	1.000	$ 238.79
Subtotal	**93,617**	**$ 209.76**	**1.000**	**$ 209.76**

Remainder of Current Year

Existing

Metal Level	Member Months	2021 Adjusted Normalized Allowed PMPM
Catastrophic	4,685	$ 95.33
Bronze	34,424	$ 129.31
Silver	96,352	$ 180.73
Gold	151,656	$ 228.80
Platinum	107,584	$ 237.30
Subtotal	**394,701**	**$ 209.12**

New

Metal Level	Member Months	2021 Adjusted Normalized Allowed PMPM
Catastrophic	1,702	$ 95.33
Bronze	8,918	$ 129.31
Silver	13,106	$ 180.73
Gold	24,209	$ 228.80
Platinum	11,922	$ 237.30
Subtotal	**59,857**	**$ 201.35**

Transfer

Metal Level	Member Months	2021 Adjusted Normalized Allowed PMPM
Catastrophic	235	$ 91.46
Bronze	1,261	$ 152.12
Silver	3,061	$ 256.88
Gold	6,224	$ 239.16
Platinum	4,534	$ 266.94
Subtotal	**15,315**	**$ 241.49**

Total

Metal Level	Member Months	2021 Adjusted Normalized Allowed PMPM
Catastrophic	6,622	$ 95.19
Bronze	44,603	$ 129.95
Silver	112,519	$ 182.80
Gold	182,089	$ 229.15
Platinum	124,040	$ 238.38
Subtotal	**469,873**	**$ 209.18**

Rating Year

Existing

Metal Level	Member Months	2021 Normalized Allowed PMPM	Morbidity Adjustment	2022 Adjusted Normalized Allowed PMPM
Catastrophic	6,900	$ 95.19	1.000	$ 95.19
Bronze	46,850	$ 129.95	1.000	$ 129.95
Silver	114,726	$ 182.86	1.000	$ 182.86
Gold	190,589	$ 229.17	1.000	$ 229.17
Platinum	125,749	$ 238.45	1.000	$ 238.45
Subtotal	**484,814**	**$ 209.12**	**1.000**	**$ 209.12**

New

Metal Level	Member Months	Existing Cohort Adjusted Normalized Allowed PMPM	Morbidity Adjustment	2022 Adjusted Normalized Allowed PMPM
Catastrophic	1,754	$ 95.19	1.000	$ 95.19
Bronze	10,725	$ 129.95	1.000	$ 129.95
Silver	19,158	$ 182.86	1.000	$ 182.86
Gold	33,638	$ 229.17	1.000	$ 229.17
Platinum	18,232	$ 238.45	1.000	$ 238.45
Subtotal	**83,507**	**$ 205.02**	**1.000**	**$ 205.02**

Transfer

Metal Level	Member Months	2021 Normalized Allowed PMPM	Morbidity Adjustment	2022 Adjusted Normalized Allowed PMPM
Catastrophic	156	$ 91.46	1.000	$ 91.46
Bronze	772	$ 152.12	1.000	$ 152.12
Silver	1,985	$ 256.88	1.000	$ 256.88
Gold	4,594	$ 239.16	1.000	$ 239.16
Platinum	3,597	$ 266.94	1.000	$ 266.94
Subtotal	**11,104**	**$ 243.20**	**1.000**	**$ 243.20**

Total

Metal Level	Member Months	2021 Normalized Allowed PMPM	Morbidity Adjustment	2022 Adjusted Normalized Allowed PMPM
Catastrophic	8,810	$ 95.12	1.000	$ 95.12
Bronze	58,347	$ 130.24	1.000	$ 130.24
Silver	135,869	$ 183.95	1.000	$ 183.95
Gold	228,821	$ 229.37	1.000	$ 229.37
Platinum	147,578	$ 239.14	1.000	$ 239.14
Subtotal	**579,425**	**$ 209.18**	**1.000**	**$ 209.18**

Total Current Year

Total	Member Months	2021 Adjusted Normalized Allowed PMPM
Catastrophic	7,880	$ 95.19
Bronze	53,307	$ 129.95
Silver	134,900	$ 182.86
Gold	218,298	$ 229.17
Platinum	149,105	$ 238.45
Subtotal	**563,490**	**$ 209.28**

Year	Adjusted Normalized PMPM	Year over Year Change
2020	$ 213.02	n/a
2021	$ 209.28	-1.8%
2022	$ 209.18	0.0%

Morbidity Adjustment Change	**-1.8%**
Morbidity Adjustment Factor	**0.9820**

Exhibit 5 - Induced Utilization Adjustment Factor

	Year	Actuarial Value	Induced Demand Factor	
(1)	2020	78.09%	1.0704	
(2)	Projected 2022	79.28%	1.0764	
(3)	**Adjustment***		**1.0056**	(2)/(1)

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

Exhibit 6 - Demographic Adjustment

	Period	Cohort	Demo Factor*	Weight	Average Age**	
(1)	Base Period	All	1.6687	100.0%	34.3	
(2)	Rating Period	Existing	1.7328	83.7%		
		New	1.4520	14.4%		
		Transfer	1.6583	1.9%		
(3)	Rating Period	All	1.6909	100.0%	34.8	
(4)	**Demographic Adjustment*** **	**All**	**1.0133**			(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)	Experience Period Capitations PMPM (EHBs only)	$ 0.80		
(2)	Projection Period Capitations PMPM	$ 0.79		
(3)	**Adjustment to Capitation Category**	**0.9855**	(2)/(1)	
	Drug Rebates adjustment			
(4)	Experience Period Allowed Rx PMPM (Pre-Rebates)	$ 116.52		
(5)	Morbidity	0.9820	Exhibit 4	
(6)	Induced Demand	1.0056	Exhibit 5	
(7)	Demographics	1.0133	Exhibit 6	
(8)	Rx Trend (Force of Trend)	1.0922	Exhibit 8	
(9)	Projected Target Allowed Rx PMPM using Multiplicative Factors (Pre-Rebates)	$ 127.34	(4)*(5)*(6)*(7)*(8)	
(10)	Target Projection Period Rx Rebates PMPM	$ 23.42		
(11)	Target Post-Rebates Allowed Rx PMPM using Target Projection Period Rx Rebates PMPM	$ 103.92	(9)-(10)	
(12)	Experience Period Rx Rebates PMPM	$ 22.71		
(13)	Experience Period Allowed Rx PMPM (Post-Rebates)	$ 93.81	(4)-(12)	
(14)	Morbidity	0.9820	Exhibit 4	
(15)	Induced Demand	1.0056	Exhibit 5	
(16)	Demographics	1.0133	Exhibit 6	
(17)	Rx Trend (Force of Trend)	1.0922	Exhibit 8	
(18)	Projection Period Allowed Rx PMPM using Multiplicative Factors (Post-Rebates)	$ 102.53	(13)*(14)*(15)*(16)*(17)	
(19)	**Adjustment to Drug Category**	**1.0136**	(11)/(18)	

		PMPM	Adjustment	
Inpatient Hospital	$	88.73	1.0000	
Outpatient Hospital	$	92.03	1.0000	
Professional	$	168.20	1.0000	
Other Medical	$	28.09	1.0000	
Capitation	$	0.80	0.9855	(3)
Prescription Drug	$	102.53	1.0136	(19)
Total	**$**	**480.38**	**1.0029**	

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

Exhibit 8 - Annual Trend Assumptions

	2020 EHB PMPM	Weight	Utilization/1,000	Unit Cost	Trended Composite
Inpatient Hospital	$ 69.71	17.3%	1.0348	1.0900	1.2721
Outpatient Hospital	$ 73.65	18.3%	1.0348	1.0800	1.2489
Professional	$ 140.19	34.8%	1.0842	1.0100	1.1991
Other Medical	$ 24.97	6.2%	1.0296	1.0300	1.1246
Capitation	$ 0.80	0.2%	1.0000	1.0000	1.0000
Prescription Drug	$ 93.81	23.3%	1.0348	1.0100	1.0922
Total	$ 403.13	100.0%			1.0913
Proposed Trend					**1.0913**

Exhibit 9 - Risk Adjustment

Statewide 2020

Metallic Tier	Member Months		PLRS	ARF	GCF	IDF	AV	PWRS	PWORS	Transfer $	PMPM	Statewide PMPM 2020
Small Group	977,280		1.121	1.036	1.000	1.097	0.818	1.240	0.933			$ 463.01

CFI & Completition 2020

Metallic Tier	Member Months	Distribution	PLRS	ARF	GCF	IDF	AV	PWRS	PWORS	Transfer $	PMPM
CFI Non-Catastrophic	753,696	77.1%	1.146	1.042	1.000	1.096	0.815	1.266	0.934		
Competition Non-Catastrophic	223,584	22.9%	1.038	1.015	1.000	1.102	0.828	-	-		

2020

Metallic Tier	Member Months	Distribution	PLRS	ARF	GCF	IDF	AV	PWRS	PWORS	Transfer $	PMPM
Catastrophic											
Bronze	21,237	4.3%	0.541	1.042	1.000	1.000	0.600	0.541	0.625	-$2,293,041	-$107.97
Silver	114,164	23.2%	0.821	1.064	1.000	1.030	0.700	0.845	0.767	-$7,396,003	-$64.78
Gold	202,093	41.0%	1.045	1.023	1.000	1.080	0.800	1.129	0.884	-$3,367,734	-$16.66
Platinum	155,441	31.5%	1.315	1.040	1.000	1.150	0.900	1.513	1.076	$4,837,598	$31.12
Total	492,935	100%	1.057	1.038	1.000	1.087	0.800	1.159	0.906	-$8,219,180	-$16.67

Statewide 2022

Metallic Tier	Member Months		PLRS	ARF	GCF	IDF	AV	PWRS	PWORS	Transfer $	PMPM	Statewide PMPM 2022
Small Group	960,241		1.114	1.029	1.000	1.094	0.812	1.228	0.917			$ 479.58

CFI & Competition 2022

Metallic Tier	Member Months	Distribution	PLRS	ARF	GCF	IDF	AV	PWRS	PWORS	Transfer $	PMPM
CFI Non-Catastrophic	762,431	79.4%	1.136	1.035	1.000	1.092	0.808	1.251	0.916		
Competition Non-Catastrophic	197,810	20.6%	1.028	1.005	1.000	1.102	0.828	-	-		

2022

Metallic Tier	Member Months	Distribution	PLRS	ARF	GCF	IDF	AV	PWRS	PWORS	Transfer $	PMPM
Bronze	28,218	5%	0.567	1.030	1.000	1.000	0.600	0.567	0.618	-$2,878,918	-$102.02
Silver	120,582	23%	0.846	1.057	1.000	1.030	0.700	0.871	0.762	-$7,020,356	-$58.22
Gold	222,840	43%	1.037	1.020	1.000	1.080	0.800	1.120	0.881	-$5,203,170	-$23.35
Platinum	145,338	28%	1.329	1.041	1.000	1.150	0.900	1.528	1.078	$4,825,441	$33.20
Total	516,978	100%	1.049	1.035	1.000	1.084	0.794	1.147	0.894	-$10,277,004	-$19.88

Adjustment Factor applied to Market Adjusted Index Rate

Projected Index Rate	Projected Transfer PMPM (Allowed basis)	Risk Adjustment User Fee	Adjustment Factor*
$498.77	-$24.10	$0.25	1.0488

*Adjustment Factor = ($498.77 - $-24.1+ $0.25) / $498.77

Exhibit 10A - Desired Incurred Claims Ratio

	1Q 2022		2Q 2022		3Q 2022		4Q 2022	
	PMPM	% of Revenue	PMPM	% of Revenue	PMPM	% of Revenue	PMPM	% of Revenue
Allowed Claims	$ 487.74		$ 498.60		$ 509.74		$ 521.14	
Paid/Allowed Ratio	81.49%		81.49%		81.49%		81.49%	
Paid Claims & Capitations	$ 397.45		$ 406.31		$ 415.38		$ 424.67	
Risk Adjustment Transfer (Paid Basis)	$ (19.88)		$ (19.88)		$ (19.88)		$ (19.88)	
Paid Claims & Capitations (Post-3Rs)	$ 417.33	79.4%	$ 426.19	79.6%	$ 435.26	79.9%	$ 444.55	80.1%
Administrative Expense	$ 52.96	10.1%	$ 52.96	9.9%	$ 52.96	9.7%	$ 52.96	9.5%
Broker Commissions & Fee	$ 23.72	4.5%	$ 23.72	4.4%	$ 23.72	4.4%	$ 23.72	4.3%
Contribution to Reserve (Post-Tax)	$ 12.62	2.4%	$ 12.85	2.4%	$ 13.08	2.4%	$ 13.32	2.4%
Investment Income Credit	$ (0.53)	-0.1%	$ (0.54)	-0.1%	$ (0.54)	-0.1%	$ (0.55)	-0.1%
Risk Charge	$ -	0.0%	$ -	0.0%	$ -	0.0%	$ -	0.0%
Non-ACA Taxes & Fees								
State Premium Tax	$ 10.52	2.0%	$ 10.71	2.0%	$ 10.90	2.0%	$ 11.10	2.0%
State Assessment Fee	$ 0.53	0.1%	$ 0.54	0.1%	$ 0.54	0.1%	$ 0.55	0.1%
Reinsurance Program Fee	$ -	0.0%	$ -	0.0%	$ -	0.0%	$ -	0.0%
State Income Tax	$ -	0.0%	$ -	0.0%	$ -	0.0%	$ -	0.0%
Federal Income Tax	$ 3.16	0.6%	$ 3.21	0.6%	$ 3.27	0.6%	$ 3.33	0.6%
ACA Taxes & Fees								
Health Insurer Tax	$ -	0.0%	$ -	0.0%	$ -	0.0%	$ -	0.0%
Risk Adjustment User Fee	$ 0.25	0.0%	$ 0.25	0.0%	$ 0.25	0.0%	$ 0.25	0.0%
Exchange Assessment Fee	$ 4.73	0.9%	$ 4.82	0.9%	$ 4.90	0.9%	$ 4.99	0.9%
Federal Exchange User Fee	$ -	0.0%	$ -	0.0%	$ -	0.0%	$ -	0.0%
PCORI Tax	$ 0.24	0.0%	$ 0.24	0.0%	$ 0.24	0.0%	$ 0.24	0.0%
BlueRewards/Incentive Program	$ 0.35	0.1%	$ 0.35	0.1%	$ 0.35	0.1%	$ 0.35	0.1%
Total Revenue	$ 525.87	100.0%	$ 535.28	100.0%	$ 544.92	100.0%	$ 554.79	100.0%
Plan Level Admin Load Adjustment	1.2593		1.2552		1.2512		1.2473	
Projected Member Months	134,091		80,051		88,404		214,432	
Average Members	11,174		6,671		7,367		17,869	
% Total 2022	25.9%		15.5%		17.1%		41.5%	

Exhibit 10B - Federal MLR

		Total 2022 PMPM / %
Traditional MLR Development		
Paid Claims & Capitations (Post-3Rs)	$	433.06
Total Revenue	$	542.58
Traditional MLR (i.e. DICR)		79.8%
Federal MLR Development		
Numerator Adjustments		
BlueRewards/Incentive Program	$	0.35
Quality Improvement Expenses	$	2.47
Removal of non-care costs under MLR guidelines	$	(5.36)
Denominator Adjustments		
Non-ACA Taxes & Fees	$	14.65
ACA Taxes & Fees	$	5.37
Federal MLR Numerator	$	430.52
Federal MLR Denominator	$	522.56
Federal MLR		82.4%
Projected Member Months		516,978

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

		Total 2022 PMPM / %
Traditional MLR Development		
Paid Claims & Capitations (Post-3Rs)	$	429.18
Total Revenue	$	531.42
Traditional MLR (i.e. DICR)		80.8%
Federal MLR Development		
Numerator Adjustments		
BlueRewards/Incentive Program	$	0.33
Quality Improvement Expenses	$	2.39
Removal of non-care costs under MLR guidelines	$	(4.92)
Denominator Adjustments		
Non-ACA Taxes & Fees	$	13.40
ACA Taxes & Fees	$	5.27
Federal MLR Numerator	$	426.97
Federal MLR Denominator	$	512.75
Federal MLR		83.3%
Projected Member Months		579,425

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	Capped Dependents	Admin	Plan Adjusted Index Rate
86052DC0440010	BlueChoice Advantage Gold 1000	POS	GOLD	On	Open Access Advantage	$505.28	0.8142	1.0660	1.0030	1.0002	1.0000	1.2593	$554.04
86052DC0440011	BlueChoice Advantage Gold 500	POS	GOLD	On	Open Access Advantage	$505.28	0.8411	1.0660	1.0030	1.0002	1.0000	1.2593	$572.36
86052DC0440012	BlueChoice Advantage Platinum 0	POS	PLATINUM	On	Open Access Advantage	$505.28	0.9378	1.0660	1.0680	1.0002	1.0000	1.2593	$679.50
86052DC0440013	BlueChoice Advantage HSA/HRA Silver 1500	POS	SILVER	On	Open Access Advantage	$505.28	0.7200	1.0660	0.9560	1.0002	1.0000	1.2593	$467.02
86052DC0440015	HealthyBlue Advantage Platinum 500	POS	PLATINUM	On	Open Access Advantage	$505.28	0.9071	1.0660	1.0680	1.0002	1.0000	1.2593	$657.29
86052DC0440018	BlueChoice Advantage HSA/HRA Bronze 6100	POS	BRONZE	On	Open Access Advantage	$505.28	0.6015	1.0660	0.9280	1.0002	1.0000	1.2593	$378.69
86052DC0440019	BlueChoice Advantage HSA/HRA Silver 3000	POS	SILVER	On	Open Access Advantage	$505.28	0.6886	1.0660	0.9560	1.0002	1.0000	1.2593	$446.60
86052DC0440021	BlueChoice Advantage HSA/HRA Gold 1500	POS	GOLD	On	Open Access Advantage	$505.28	0.7935	1.0660	1.0030	1.0002	1.0000	1.2593	$539.97
86052DC0440022	BlueChoice Advantage Silver 4000	POS	SILVER	On	Open Access Advantage	$505.28	0.6862	1.0660	0.9560	1.0002	1.0000	1.2593	$445.09
86052DC0440023	BlueChoice Advantage Silver 1500 BlueFund HSA	POS	SILVER	On	Open Access Advantage	$505.28	0.7208	1.0660	0.9560	1.0002	1.0000	1.2593	$467.49
86052DC0440025	BlueChoice Advantage Silver 5000	POS	SILVER	On	Open Access Advantage	$505.28	0.6990	1.0660	0.9560	1.0002	1.0000	1.2593	$453.35
86052DC0440026	BlueChoice Advantage Gold 3000	POS	GOLD	On	Open Access Advantage	$505.28	0.7607	1.0660	1.0030	1.0002	1.0000	1.2593	$517.67
86052DC0440027	BlueChoice Advantage HSA/HRA Silver 2000	POS	SILVER	On	Open Access Advantage	$505.28	0.7105	1.0660	0.9560	1.0002	1.0000	1.2593	$460.84
86052DC0440028	BlueChoice Advantage HSA/HRA Gold 1500 90	POS	GOLD	On	Open Access Advantage	$505.28	0.7751	1.0660	1.0030	1.0002	1.0000	1.2593	$527.43
86052DC0440029	BlueChoice Advantage HSA/HRA Silver 2100 70	POS	SILVER	On	Open Access Advantage	$505.28	0.6948	1.0660	0.9560	1.0002	1.0000	1.2593	$450.64
86052DC0440030	BlueChoice Advantage HSA/HRA Silver 3000 70	POS	SILVER	On	Open Access Advantage	$505.28	0.6693	1.0660	0.9560	1.0002	1.0000	1.2593	$434.14
86052DC0440031	BlueChoice Advantage Value Bronze 6000	POS	BRONZE	On	Open Access Advantage	$505.28	0.5991	1.0660	0.9280	1.0002	1.0000	1.2593	$377.21
86052DC0440032	BlueChoice Advantage Gold 0	POS	GOLD	On	Open Access Advantage	$505.28	0.8888	1.0660	1.0030	1.0002	1.0000	1.2593	$604.83
86052DC0460009	BlueChoice HMO Gold 1500	HMO	GOLD	On	Open Access	$505.28	0.7904	0.9480	1.0030	1.0002	1.0000	1.2593	$478.33
86052DC0460010	BlueChoice HMO Gold 500	HMO	GOLD	On	Open Access	$505.28	0.8348	0.9480	1.0030	1.0002	1.0000	1.2593	$505.16
86052DC0460011	BlueChoice HMO Platinum 0	HMO	PLATINUM	On	Open Access	$505.28	0.9355	0.9480	1.0680	1.0002	1.0000	1.2593	$602.83
86052DC0460012	BlueChoice HMO HSA/HRA Silver 1500	HMO	SILVER	On	Open Access	$505.28	0.7062	0.9480	0.9560	1.0002	1.0000	1.2593	$407.33
86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000	HMO	SILVER	On	Open Access	$505.28	0.6938	0.9480	0.9560	1.0002	1.0000	1.2593	$400.18
86052DC0460014	BlueChoice HMO HSA/HRA Bronze 6100	HMO	BRONZE	On	Open Access	$505.28	0.5788	0.9480	0.9280	1.0002	1.0000	1.2593	$324.10
86052DC0460019	BlueChoice HMO HSA/HRA Silver 3000	HMO	SILVER	On	Open Access	$505.28	0.6690	0.9480	0.9560	1.0002	1.0000	1.2593	$385.90
86052DC0460020	BlueChoice HMO Silver 1500	HMO	SILVER	On	Open Access	$505.28	0.6749	0.9480	0.9560	1.0002	1.0000	1.2593	$389.27
86052DC0460021	BlueChoice HMO HSA/HRA Gold 1500	HMO	GOLD	On	Open Access	$505.28	0.7789	0.9480	1.0030	1.0002	1.0000	1.2593	$471.39
86052DC0460023	BlueChoice HMO Silver 5000	HMO	SILVER	On	Open Access	$505.28	0.6840	0.9480	0.9560	1.0002	1.0000	1.2593	$394.53
86052DC0460024	BlueChoice HMO Gold 3000	HMO	GOLD	On	Open Access	$505.28	0.7495	0.9480	1.0030	1.0002	1.0000	1.2593	$453.55
86052DC0460025	BlueChoice HMO HSA/HRA Gold 1500 90	HMO	GOLD	On	Open Access	$505.28	0.7595	0.9480	1.0030	1.0002	1.0000	1.2593	$459.62
86052DC0460026	BlueChoice HMO HSA/HRA Bronze 6500 90	HMO	BRONZE	On	Open Access	$505.28	0.5896	0.9480	0.9280	1.0002	1.0000	1.2593	$330.15
86052DC0460027	BlueChoice HMO HSA/HRA Silver 2100 70	HMO	SILVER	On	Open Access	$505.28	0.6758	0.9480	0.9560	1.0002	1.0000	1.2593	$389.79
86052DC0460028	BlueChoice HMO HSA/HRA Silver 3000 70	HMO	SILVER	On	Open Access	$505.28	0.6488	0.9480	0.9560	1.0002	1.0000	1.2593	$374.22
86052DC0460029	BlueChoice HMO Value Bronze 6000	HMO	BRONZE	On	Open Access	$505.28	0.5772	0.9480	0.9280	1.0002	1.0000	1.2593	$323.17
86052DC0480007	BlueChoice HMO Referral Platinum 0	HMO	PLATINUM	On	Lock In / Referral	$505.28	0.9346	0.9030	1.0680	1.0002	1.0000	1.2593	$573.67
86052DC0480008	BlueChoice HMO Referral Gold 500	HMO	GOLD	On	Lock In / Referral	$505.28	0.8316	0.9030	1.0030	1.0002	1.0000	1.2593	$479.37
86052DC0480010	BlueChoice HMO Referral Gold 0	HMO	GOLD	On	Lock In / Referral	$505.28	0.8849	0.9030	1.0030	1.0002	1.0000	1.2593	$510.07
86052DC0480014	BlueChoice HMO Referral Silver 4000	HMO	SILVER	On	Lock In / Referral	$505.28	0.6648	0.9030	0.9560	1.0002	1.0000	1.2593	$365.26
86052DC0480015	BlueChoice HMO Referral Bronze 8250	HMO	BRONZE	On	Lock In / Referral	$505.28	0.5371	0.9030	0.9280	1.0002	1.0000	1.2593	$286.46
86052DC0500009	BlueChoice Plus HSA/HRA Silver 1500	POS	SILVER	On	Open Access Plus	$505.28	0.7085	0.9670	0.9560	1.0002	1.0000	1.2593	$416.88
86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000	POS	SILVER	On	Open Access Plus	$505.28	0.6724	0.9670	0.9560	1.0002	1.0000	1.2593	$395.60
86052DC0500012	HealthyBlue Plus Platinum 500	POS	PLATINUM	On	Open Access Plus	$505.28	0.9015	0.9670	1.0680	1.0002	1.0000	1.2593	$592.54
86052DC0500015	BlueChoice Plus Gold 1000	POS	GOLD	On	Open Access Plus	$505.28	0.8066	0.9670	1.0030	1.0002	1.0000	1.2593	$497.93
86052DC0500016	BlueChoice Plus Gold 500	POS	GOLD	On	Open Access Plus	$505.28	0.8351	0.9670	1.0030	1.0002	1.0000	1.2593	$515.52
86052DC0500017	BlueChoice Plus HSA/HRA Bronze 6100	POS	BRONZE	On	Open Access Plus	$505.28	0.5828	0.9670	0.9280	1.0002	1.0000	1.2593	$332.84
86052DC0500018	BlueChoice Plus HSA/HRA Silver 2500	POS	SILVER	On	Open Access Plus	$505.28	0.6869	0.9670	0.9560	1.0002	1.0000	1.2593	$404.13
86052DC0580001	BlueChoice Plus Opt-Out Platinum 0	HMO	PLATINUM	On	Open Access Opt-Out	$505.28	0.9357	0.9570	1.0680	1.0002	1.0000	1.2593	$608.67

Exhibit 12 - AV Values

HIOS Plan ID	HIOS Plan Name	HHS AV
86052DC0440010	BlueChoice Advantage Gold 1000	0.820
86052DC0440011	BlueChoice Advantage Gold 500	0.820
86052DC0440012	BlueChoice Advantage Platinum 0	0.919
86052DC0440013	BlueChoice Advantage HSA/HRA Silver 1500	0.718
86052DC0440015	HealthyBlue Advantage Platinum 500	0.909
86052DC0440018	BlueChoice Advantage HSA/HRA Bronze 6100	0.650
86052DC0440019	BlueChoice Advantage HSA/HRA Silver 3000	0.714
86052DC0440021	BlueChoice Advantage HSA/HRA Gold 1500	0.819
86052DC0440022	BlueChoice Advantage Silver 4000	0.718
86052DC0440023	BlueChoice Advantage Silver 1500 BlueFund HSA	0.719
86052DC0440025	BlueChoice Advantage Silver 5000	0.720
86052DC0440026	BlueChoice Advantage Gold 3000	0.792
86052DC0440027	BlueChoice Advantage HSA/HRA Silver 2000	0.719
86052DC0440028	BlueChoice Advantage HSA/HRA Gold 1500 90	0.811
86052DC0440029	BlueChoice Advantage HSA/HRA Silver 2100 70	0.719
86052DC0440030	BlueChoice Advantage HSA/HRA Silver 3000 70	0.702
86052DC0440031	BlueChoice Advantage Value Bronze 6000	0.650
86052DC0440032	BlueChoice Advantage Gold 0	0.819
86052DC0460009	BlueChoice HMO Gold 1500	0.819
86052DC0460010	BlueChoice HMO Gold 500	0.820
86052DC0460011	BlueChoice HMO Platinum 0	0.919
86052DC0460012	BlueChoice HMO HSA/HRA Silver 1500	0.718
86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000	0.719
86052DC0460014	BlueChoice HMO HSA/HRA Bronze 6100	0.650
86052DC0460019	BlueChoice HMO HSA/HRA Silver 3000	0.714
86052DC0460020	BlueChoice HMO Silver 1500	0.717
86052DC0460021	BlueChoice HMO HSA/HRA Gold 1500	0.819
86052DC0460023	BlueChoice HMO Silver 5000	0.720
86052DC0460024	BlueChoice HMO Gold 3000	0.792
86052DC0460025	BlueChoice HMO HSA/HRA Gold 1500 90	0.811
86052DC0460026	BlueChoice HMO HSA/HRA Bronze 6500 90	0.650
86052DC0460027	BlueChoice HMO HSA/HRA Silver 2100 70	0.719
86052DC0460028	BlueChoice HMO HSA/HRA Silver 3000 70	0.702
86052DC0460029	BlueChoice HMO Value Bronze 6000	0.650
86052DC0480007	BlueChoice HMO Referral Platinum 0	0.919
86052DC0480008	BlueChoice HMO Referral Gold 500	0.820
86052DC0480010	BlueChoice HMO Referral Gold 0	0.819
86052DC0480014	BlueChoice HMO Referral Silver 4000	0.718
86052DC0480015	BlueChoice HMO Referral Bronze 8250	0.619
86052DC0500009	BlueChoice Plus HSA/HRA Silver 1500	0.718
86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000	0.714
86052DC0500012	HealthyBlue Plus Platinum 500	0.909
86052DC0500015	BlueChoice Plus Gold 1000	0.820
86052DC0500016	BlueChoice Plus Gold 500	0.820
86052DC0500017	BlueChoice Plus HSA/HRA Bronze 6100	0.650
86052DC0500018	BlueChoice Plus HSA/HRA Silver 2500	0.715
86052DC0580001	BlueChoice Plus Opt-Out Platinum 0	0.919

Exhibit 13 - Age Calibration

	Age Curve Calibration					
	Period	**Cohort**	**Rating Factor***	**Weight**	**Average Age****	
(1)	Rating Period	Existing	1.0842	83.7%		
		New	0.9453	14.4%		
		Transfer	1.0501	1.9%		
(2)	**Rating Period**	**All**	**1.0635**	**100.0%**	**42.3**	
(3)	**Nearest Rounded**	**All**	**1.0530**		**42.0**	
(4)	**Calibration*****	**All**	**0.9901**			(3)/(2)

	Premium Rate Demonstration		
	HIOS Plan Name	BlueChoice Advantage Gold 1000	
(5)	Plan Adjusted Index Rate	$548.57	
(6)	Calibration	0.9901	(4)
(7)	Calibrated Rate	$543.16	(5)*(6)
(8)	Age 40 Factor/Rounded Avg Age Factor = (0.975/1.053)	0.9259	
(9)	**Age 40 Premium Rate**	**$502.93**	(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	158,339	1.0000	1.0000
Non-CDH	421,086	1.0000	1.0000
	579,425	**1.0000**	

Metal Level	Projected Member Months	Relative to Bronze	Relative to Average*
Catastrophic	8,810	1.0000	0.9285
Bronze	58,347	1.0000	0.9285
Silver	134,852	1.0300	0.9563
Gold	228,821	1.0800	1.0027
Platinum	148,595	1.1500	1.0677
Total	**579,425**	**1.0770**	

***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	47,435	1.0000	0.9031
Open Access	163,011	1.0500	0.9483
Open Access Opt-Out	33,621	1.0602	0.9575
Open Access Plus	78,540	1.0704	0.9667
Open Access Advantage	256,818	1.1808	1.0665
Total	**579,425**	**1.1072**	

Factors are applied as plan level adjustments

Appendix - Experience Period to Rating Period Plan Mappings

Exp. Period				Current Period		Rating Period	
2019 Base HIOS Plan ID	2019 HIOS Plan Name	2020 Base HIOS Plan ID	2020 HIOS Plan Name	2021 Base HIOS Plan ID	2021 HIOS Plan Name	2022 Base HIOS Plan ID	2022 HIOS Plan Name
86052DC0440010	BlueChoice Advantage Gold 1000	86052DC0440010	BlueChoice Advantage Gold 1000	86052DC0440010	BlueChoice Advantage Gold 1000	86052DC0440010	BlueChoice Advantage Gold 1000
86052DC0440011	BlueChoice Advantage Gold 500	86052DC0440011	BlueChoice Advantage Gold 500	86052DC0440011	BlueChoice Advantage Gold 500	86052DC0440011	BlueChoice Advantage Gold 500
86052DC0440012	BlueChoice Advantage Platinum 0	86052DC0440012	BlueChoice Advantage Platinum 0	86052DC0440012	BlueChoice Advantage Platinum 0	86052DC0440012	BlueChoice Advantage Platinum 0
86052DC0440013	BlueChoice Advantage HSA/HRA Silver 1500	86052DC0440013	BlueChoice Advantage HSA/HRA Silver 1500	86052DC0440013	BlueChoice Advantage HSA/HRA Silver 1500	86052DC0440013	BlueChoice Advantage HSA/HRA Silver 1500
86052DC0440014	HealthyBlue Advantage Gold 1500	86052DC0440010	BlueChoice Advantage Gold 1000	86052DC0440010	BlueChoice Advantage Gold 1000	86052DC0440010	BlueChoice Advantage Gold 1000
86052DC0440015	HealthyBlue Advantage Platinum 500	86052DC0440015	HealthyBlue Advantage Platinum 500	86052DC0440015	HealthyBlue Advantage Platinum 500	86052DC0440015	HealthyBlue Advantage Platinum 500
86052DC0440017	HealthyBlue Advantage HSA/HRA Silver 2000	86052DC0440027	BlueChoice Advantage HSA/HRA Silver 2000	86052DC0440027	BlueChoice Advantage HSA/HRA Silver 2000	86052DC0440027	BlueChoice Advantage HSA/HRA Silver 2000
86052DC0440018	BlueChoice Advantage HSA/HRA Bronze 6000	86052DC0440018	BlueChoice Advantage HSA/HRA Bronze 6000	86052DC0440018	BlueChoice Advantage HSA/HRA Bronze 6100	86052DC0440018	BlueChoice Advantage HSA/HRA Bronze 6100
86052DC0440019	BlueChoice Advantage HSA/HRA Silver 3000	86052DC0440019	BlueChoice Advantage HSA/HRA Silver 3000	86052DC0440019	BlueChoice Advantage HSA/HRA Silver 3000	86052DC0440019	BlueChoice Advantage HSA/HRA Silver 3000
86052DC0440020	BlueChoice Advantage Bronze 5750	86052DC0440020	BlueChoice Advantage Bronze 6500	86052DC0440031	BlueChoice Advantage Value Bronze 6000	86052DC0440031	BlueChoice Advantage Value Bronze 6000
86052DC0440021	BlueChoice Advantage HSA/HRA Gold 1500	86052DC0440021	BlueChoice Advantage HSA/HRA Gold 1500	86052DC0440021	BlueChoice Advantage HSA/HRA Gold 1500	86052DC0440021	BlueChoice Advantage HSA/HRA Gold 1500
86052DC0440022	BlueChoice Advantage Silver 4000	86052DC0440022	BlueChoice Advantage Silver 4000	86052DC0440022	BlueChoice Advantage Silver 4000	86052DC0440022	BlueChoice Advantage Silver 4000
86052DC0440023	BlueChoice Advantage Silver 1500 BlueFund HSA	86052DC0440023	BlueChoice Advantage Silver 1500 BlueFund HSA	86052DC0440023	BlueChoice Advantage Silver 1500 BlueFund HSA	86052DC0440023	BlueChoice Advantage Silver 1500 BlueFund HSA
86052DC0440024	BlueChoice Advantage HSA/HRA Silver 2500	86052DC0440024	BlueChoice Advantage HSA/HRA Silver 2500	86052DC0440027	BlueChoice Advantage HSA/HRA Silver 2000	86052DC0440027	BlueChoice Advantage HSA/HRA Silver 2000
86052DC0440025	BlueChoice Advantage Silver 5000	86052DC0440025	BlueChoice Advantage Silver 5000	86052DC0440025	BlueChoice Advantage Silver 5000	86052DC0440025	BlueChoice Advantage Silver 5000
86052DC0440026	BlueChoice Advantage Gold 3000	86052DC0440026	BlueChoice Advantage Gold 3000	86052DC0440026	BlueChoice Advantage Gold 3000	86052DC0440026	BlueChoice Advantage Gold 3000
86052DC0460009	BlueChoice HMO Gold 1500	86052DC0460009	BlueChoice HMO Gold 1500	86052DC0460009	BlueChoice HMO Gold 1500	86052DC0460009	BlueChoice HMO Gold 1500
86052DC0460010	BlueChoice HMO Gold 500	86052DC0460010	BlueChoice HMO Gold 500	86052DC0460010	BlueChoice HMO Gold 500	86052DC0460010	BlueChoice HMO Gold 500
86052DC0460011	BlueChoice HMO Platinum 0	86052DC0460011	BlueChoice HMO Platinum 0	86052DC0460011	BlueChoice HMO Platinum 0	86052DC0460011	BlueChoice HMO Platinum 0
86052DC0460012	BlueChoice HMO HSA/HRA Silver 1500	86052DC0460012	BlueChoice HMO HSA/HRA Silver 1500	86052DC0460012	BlueChoice HMO HSA/HRA Silver 1500	86052DC0460012	BlueChoice HMO HSA/HRA Silver 1500
86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000	86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000	86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000	86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000
86052DC0460014	BlueChoice HMO HSA/HRA Bronze 6000	86052DC0460014	BlueChoice HMO HSA/HRA Bronze 6000	86052DC0460014	BlueChoice HMO HSA/HRA Bronze 6100	86052DC0460014	BlueChoice HMO HSA/HRA Bronze 6100
86052DC0460015	HealthyBlue HMO Gold 1500	86052DC0460009	BlueChoice HMO Gold 1500	86052DC0460009	BlueChoice HMO Gold 1500	86052DC0460009	BlueChoice HMO Gold 1500
86052DC0460016	HealthyBlue HMO Platinum 500	86052DC0460011	BlueChoice HMO Platinum 0	86052DC0460011	BlueChoice HMO Platinum 0	86052DC0460011	BlueChoice HMO Platinum 0
86052DC0460018	HealthyBlue HMO HSA/HRA Silver 2000	86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000	86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000	86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000
86052DC0460019	BlueChoice HMO HSA/HRA Silver 3000	86052DC0460019	BlueChoice HMO HSA/HRA Silver 3000	86052DC0460019	BlueChoice HMO HSA/HRA Silver 3000	86052DC0460019	BlueChoice HMO HSA/HRA Silver 3000
86052DC0460020	BlueChoice HMO Silver 1000	86052DC0460020	BlueChoice HMO Silver 1500	86052DC0460020	BlueChoice HMO Silver 1500	86052DC0460020	BlueChoice HMO Silver 1500
86052DC0460021	BlueChoice HMO HSA/HRA Gold 1500	86052DC0460021	BlueChoice HMO HSA/HRA Gold 1500	86052DC0460021	BlueChoice HMO HSA/HRA Gold 1500	86052DC0460021	BlueChoice HMO HSA/HRA Gold 1500
86052DC0460022	BlueChoice HMO HSA/HRA Silver 2500	86052DC0460022	BlueChoice HMO HSA/HRA Silver 2500	86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000	86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000
86052DC0460023	BlueChoice HMO Silver 5000	86052DC0460023	BlueChoice HMO Silver 5000	86052DC0460023	BlueChoice HMO Silver 5000	86052DC0460023	BlueChoice HMO Silver 5000
86052DC0460024	BlueChoice HMO Gold 3000	86052DC0460024	BlueChoice HMO Gold 3000	86052DC0460024	BlueChoice HMO Gold 3000	86052DC0460024	BlueChoice HMO Gold 3000
86052DC0480007	BlueChoice HMO Referral Platinum 0	86052DC0480007	BlueChoice HMO Referral Platinum 0	86052DC0480007	BlueChoice HMO Referral Platinum 0	86052DC0480007	BlueChoice HMO Referral Platinum 0
86052DC0480008	BlueChoice HMO Referral Gold 500	86052DC0480008	BlueChoice HMO Referral Gold 500	86052DC0480008	BlueChoice HMO Referral Gold 500	86052DC0480008	BlueChoice HMO Referral Gold 500
86052DC0480009	BlueChoice HMO Referral Bronze 5750	86052DC0480009	BlueChoice HMO Referral Bronze 6500	86052DC0460029	BlueChoice HMO Value Bronze 6000	86052DC0460029	BlueChoice HMO Value Bronze 6000
86052DC0480010	BlueChoice HMO Referral Gold 0	86052DC0480010	BlueChoice HMO Referral Gold 0	86052DC0480010	BlueChoice HMO Referral Gold 0	86052DC0480010	BlueChoice HMO Referral Gold 0
86052DC0480011	BlueChoice HMO Referral Gold 80	86052DC0480008	BlueChoice HMO Referral Gold 500	86052DC0480008	BlueChoice HMO Referral Gold 500	86052DC0480008	BlueChoice HMO Referral Gold 500
86052DC0480013	BlueChoice HMO Referral Silver 70	86052DC0460020	BlueChoice HMO Silver 1500	86052DC0460020	BlueChoice HMO Silver 1500	86052DC0460020	BlueChoice HMO Silver 1500
86052DC0480014	BlueChoice HMO Referral Silver 4000	86052DC0480014	BlueChoice HMO Referral Silver 4000	86052DC0480014	BlueChoice HMO Referral Silver 4000	86052DC0480014	BlueChoice HMO Referral Silver 4000
86052DC0500009	BlueChoice Plus HSA/HRA Silver 1500	86052DC0500009	BlueChoice Plus HSA/HRA Silver 1500	86052DC0500009	BlueChoice Plus HSA/HRA Silver 1500	86052DC0500009	BlueChoice Plus HSA/HRA Silver 1500
86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000	86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000	86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000	86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000
86052DC0500011	HealthyBlue Plus Gold 1500	86052DC0500015	BlueChoice Plus Gold 1000	86052DC0500015	BlueChoice Plus Gold 1000	86052DC0500015	BlueChoice Plus Gold 1000
86052DC0500012	HealthyBlue Plus Platinum 500	86052DC0500012	HealthyBlue Plus Platinum 500	86052DC0500012	HealthyBlue Plus Platinum 500	86052DC0500012	HealthyBlue Plus Platinum 500
86052DC0500014	HealthyBlue Plus HSA/HRA Silver 2000	86052DC0500009	BlueChoice Plus HSA/HRA Silver 1500	86052DC0500009	BlueChoice Plus HSA/HRA Silver 1500	86052DC0500009	BlueChoice Plus HSA/HRA Silver 1500
86052DC0500015	BlueChoice Plus Gold 1000	86052DC0500015	BlueChoice Plus Gold 1000	86052DC0500015	BlueChoice Plus Gold 1000	86052DC0500015	BlueChoice Plus Gold 1000
86052DC0500016	BlueChoice Plus Gold 500	86052DC0500016	BlueChoice Plus Gold 500	86052DC0500016	BlueChoice Plus Gold 500	86052DC0500016	BlueChoice Plus Gold 500
86052DC0500017	BlueChoice Plus HSA/HRA Bronze 6000	86052DC0500017	BlueChoice Plus HSA/HRA Bronze 6000	86052DC0500017	BlueChoice Plus HSA/HRA Bronze 6100	86052DC0500017	BlueChoice Plus HSA/HRA Bronze 6100
86052DC0500018	BlueChoice Plus HSA/HRA Silver 2500	86052DC0500018	BlueChoice Plus HSA/HRA Silver 2500	86052DC0500018	BlueChoice Plus HSA/HRA Silver 2500	86052DC0500018	BlueChoice Plus HSA/HRA Silver 2500
86052DC0580001	BlueChoice Plus Opt-Out Platinum 0	86052DC0580001	BlueChoice Plus Opt-Out Platinum 0	86052DC0580001	BlueChoice Plus Opt-Out Platinum 0	86052DC0580001	BlueChoice Plus Opt-Out Platinum 0
		86052DC0440028	BlueChoice Advantage HSA/HRA Gold 1500 90	86052DC0440028	BlueChoice Advantage HSA/HRA Gold 1500 90	86052DC0440028	BlueChoice Advantage HSA/HRA Gold 1500 90
		86052DC0440029	BlueChoice Advantage HSA/HRA Silver 2000 70	86052DC0440029	BlueChoice Advantage HSA/HRA Silver 2100 70	86052DC0440029	BlueChoice Advantage HSA/HRA Silver 2100 70
		86052DC0440030	BlueChoice Advantage HSA/HRA Silver 3000 70	86052DC0440030	BlueChoice Advantage HSA/HRA Silver 3000 70	86052DC0440030	BlueChoice Advantage HSA/HRA Silver 3000 70
		86052DC0460025	BlueChoice HMO HSA/HRA Gold 1500 90	86052DC0460025	BlueChoice HMO HSA/HRA Gold 1500 90	86052DC0460025	BlueChoice HMO HSA/HRA Gold 1500 90
		86052DC0460026	BlueChoice HMO HSA/HRA Bronze 6000 90	86052DC0460026	BlueChoice HMO HSA/HRA Bronze 6500 90	86052DC0460026	BlueChoice HMO HSA/HRA Bronze 6500 90
		86052DC0460027	BlueChoice HMO HSA/HRA Silver 2000 70	86052DC0460027	BlueChoice HMO HSA/HRA Silver 2100 70	86052DC0460027	BlueChoice HMO HSA/HRA Silver 2100 70
		86052DC0460028	BlueChoice HMO HSA/HRA Silver 3000 70	86052DC0460028	BlueChoice HMO HSA/HRA Silver 3000 70	86052DC0460028	BlueChoice HMO HSA/HRA Silver 3000 70
		86052DC0480015	BlueChoice HMO Referral Bronze 8150	86052DC0480015	BlueChoice HMO Referral Bronze 8250	86052DC0480015	BlueChoice HMO Referral Bronze 8250
				86052DC0440032	BlueChoice Advantage Gold 0	86052DC0440032	BlueChoice Advantage Gold 0

Appendix - Annual Rate Change Based on Mapping

Bronze	Bronze Members/Avg Renewal	1,937	2,129	4.5%
Silver	Silver Members/Avg Renewal	10,031	9,992	3.2%
Gold	Gold Members/Avg Renewal	17,649	18,131	2.5%
Platinum	Platinum Members/Avg Renewal	12,365	12,181	1.9%
	All Members/Avg Renewal	**41,982**	**42,433**	**2.5%**
	Minimum Renewal			**1.8%**
	Maximum Renewal			**8.6%**

2021 HIOS Plan ID	2021 HIOS Plan Name	2021 Metal Level	2021 Marketplace Indicator	2022 HIOS Plan ID	2022 HIOS Plan Name	2022 Metal Level	2022 Marketplace Indicator	Current Month Member Count	Projected 2021 EOY Members	1Q2021 Base Rate	1Q2022 Base Rate	Annual Rate Change
86052DC0440010	BlueChoice Advantage Gold 1000	GOLD	On	86052DC0440010	BlueChoice Advantage Gold 1000	GOLD	On	3,999.00	4,071	$508.32	$520.96	2.5%
86052DC0440011	BlueChoice Advantage Gold 500	GOLD	On	86052DC0440011	BlueChoice Advantage Gold 500	GOLD	On	3,681.00	3,799	$525.99	$538.19	2.3%
86052DC0440012	BlueChoice Advantage Platinum 0	PLATINUM	On	86052DC0440012	BlueChoice Advantage Platinum 0	PLATINUM	On	3,636.00	3,832	$626.27	$638.94	2.0%
86052DC0440013	BlueChoice Advantage HSA/HRA Silver 1500	SILVER	On	86052DC0440013	BlueChoice Advantage HSA/HRA Silver 1500	SILVER	On	1,523.00	1,469	$427.33	$439.13	2.8%
86052DC0440015	HealthyBlue Advantage Platinum 500	PLATINUM	On	86052DC0440015	HealthyBlue Advantage Platinum 500	PLATINUM	On	1,395.00	1,376	$607.39	$618.05	1.8%
86052DC0440018	BlueChoice Advantage HSA/HRA Bronze 6100	BRONZE	On	86052DC0440018	BlueChoice Advantage HSA/HRA Bronze 6100	BRONZE	On	551.00	611	$341.12	$356.09	4.4%
86052DC0440019	BlueChoice Advantage HSA/HRA Silver 3000	SILVER	On	86052DC0440019	BlueChoice Advantage HSA/HRA Silver 3000	SILVER	On	507.00	503	$405.82	$419.94	3.5%
86052DC0440021	BlueChoice Advantage HSA/HRA Gold 1500	GOLD	On	86052DC0440021	BlueChoice Advantage HSA/HRA Gold 1500	GOLD	On	1,086.00	1,239	$494.58	$507.73	2.7%
86052DC0440022	BlueChoice Advantage Silver 4000	SILVER	On	86052DC0440022	BlueChoice Advantage Silver 4000	SILVER	On	269.00	314	$405.23	$418.52	3.3%
86052DC0440023	BlueChoice Advantage Silver 1500 BlueFund HSA	SILVER	On	86052DC0440023	BlueChoice Advantage Silver 1500 BlueFund HSA	SILVER	On	810.00	809	$427.79	$439.58	2.8%
86052DC0440025	BlueChoice Advantage Silver 5000	SILVER	On	86052DC0440025	BlueChoice Advantage Silver 5000	SILVER	On	146.00	170	$413.48	$426.28	3.1%
86052DC0440026	BlueChoice Advantage Gold 3000	GOLD	On	86052DC0440026	BlueChoice Advantage Gold 3000	GOLD	On	449.00	500	$470.70	$486.76	3.4%
86052DC0440027	BlueChoice Advantage HSA/HRA Silver 2000	SILVER	On	86052DC0440027	BlueChoice Advantage HSA/HRA Silver 2000	SILVER	On	1,436.00	1,375	$420.57	$433.33	3.0%
86052DC0440028	BlueChoice Advantage HSA/HRA Gold 1500 90	GOLD	On	86052DC0440028	BlueChoice Advantage HSA/HRA Gold 1500 90	GOLD	On	23.00	33	$481.92	$495.95	2.9%
86052DC0440029	BlueChoice Advantage HSA/HRA Silver 2100 70	SILVER	On	86052DC0440029	BlueChoice Advantage HSA/HRA Silver 2100 70	SILVER	On	21.00	23	$411.95	$423.73	2.9%
86052DC0440030	BlueChoice Advantage HSA/HRA Silver 3000 70	SILVER	On	86052DC0440030	BlueChoice Advantage HSA/HRA Silver 3000 70	SILVER	On	43.00	59	$392.83	$408.22	3.9%
86052DC0440031	BlueChoice Advantage Value Bronze 6000	BRONZE	On	86052DC0440031	BlueChoice Advantage Value Bronze 6000	BRONZE	On	160.00	203	$344.01	$354.69	3.1%
86052DC0440032	BlueChoice Advantage Gold 0	GOLD	On	86052DC0440032	BlueChoice Advantage Gold 0	GOLD	On	143.00	207	$556.52	$568.72	2.2%
86052DC0460009	BlueChoice HMO Gold 1500	GOLD	On	86052DC0460009	BlueChoice HMO Gold 1500	GOLD	On	1,069.00	1,045	$436.92	$449.78	2.9%
86052DC0460010	BlueChoice HMO Gold 500	GOLD	On	86052DC0460010	BlueChoice HMO Gold 500	GOLD	On	1,383.00	1,358	$465.15	$475.01	2.1%
86052DC0460011	BlueChoice HMO Platinum 0	PLATINUM	On	86052DC0460011	BlueChoice HMO Platinum 0	PLATINUM	On	1,534.00	1,464	$556.88	$566.84	1.8%
86052DC0460012	BlueChoice HMO HSA/HRA Silver 1500	SILVER	On	86052DC0460012	BlueChoice HMO HSA/HRA Silver 1500	SILVER	On	684.00	663	$373.42	$383.01	2.6%
86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000	SILVER	On	86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000	SILVER	On	898.00	903	$366.07	$376.29	2.8%
86052DC0460014	BlueChoice HMO HSA/HRA Bronze 6100	BRONZE	On	86052DC0460014	BlueChoice HMO HSA/HRA Bronze 6100	BRONZE	On	411.00	432	$292.09	$304.75	4.3%
86052DC0460019	BlueChoice HMO HSA/HRA Silver 3000	SILVER	On	86052DC0460019	BlueChoice HMO HSA/HRA Silver 3000	SILVER	On	326.00	330	$351.17	$362.86	3.3%
86052DC0460020	BlueChoice HMO Silver 1500	SILVER	On	86052DC0460020	BlueChoice HMO Silver 1500	SILVER	On	776.00	808	$359.56	$366.03	1.8%
86052DC0460021	BlueChoice HMO HSA/HRA Gold 1500	GOLD	On	86052DC0460021	BlueChoice HMO HSA/HRA Gold 1500	GOLD	On	331.00	337	$432.57	$443.24	2.5%
86052DC0460023	BlueChoice HMO Silver 5000	SILVER	On	86052DC0460023	BlueChoice HMO Silver 5000	SILVER	On	154.00	173	$360.53	$370.97	2.9%
86052DC0460024	BlueChoice HMO Gold 3000	GOLD	On	86052DC0460024	BlueChoice HMO Gold 3000	GOLD	On	242.00	251	$413.01	$426.48	3.3%
86052DC0460025	BlueChoice HMO HSA/HRA Gold 1500 90	GOLD	On	86052DC0460025	BlueChoice HMO HSA/HRA Gold 1500 90	GOLD	On	48.00	71	$420.74	$432.18	2.7%
86052DC0460026	BlueChoice HMO HSA/HRA Bronze 6500 90	BRONZE	On	86052DC0460026	BlueChoice HMO HSA/HRA Bronze 6500 90	BRONZE	On	8.00	9	$295.28	$310.44	5.1%
86052DC0460027	BlueChoice HMO HSA/HRA Silver 2100 70	SILVER	On	86052DC0460027	BlueChoice HMO HSA/HRA Silver 2100 70	SILVER	On	33.00	40	$357.08	$366.52	2.6%
86052DC0460028	BlueChoice HMO HSA/HRA Silver 3000 70	SILVER	On	86052DC0460028	BlueChoice HMO HSA/HRA Silver 3000 70	SILVER	On	32.00	44	$339.00	$351.88	3.8%
86052DC0460029	BlueChoice HMO Value Bronze 6000	BRONZE	On	86052DC0460029	BlueChoice HMO Value Bronze 6000	BRONZE	On	347.00	371	$295.04	$303.87	3.0%
86052DC0480007	BlueChoice HMO Referral Platinum 0	PLATINUM	On	86052DC0480007	BlueChoice HMO Referral Platinum 0	PLATINUM	On	1,282.00	1,203	$530.03	$539.42	1.8%
86052DC0480008	BlueChoice HMO Referral Gold 500	GOLD	On	86052DC0480008	BlueChoice HMO Referral Gold 500	GOLD	On	1,241.00	1,231	$441.43	$450.75	2.1%
86052DC0480010	BlueChoice HMO Referral Gold 0	GOLD	On	86052DC0480010	BlueChoice HMO Referral Gold 0	GOLD	On	849.00	925	$469.70	$479.62	2.1%
86052DC0480014	BlueChoice HMO Referral Silver 4000	SILVER	On	86052DC0480014	BlueChoice HMO Referral Silver 4000	SILVER	On	299.00	329	$327.26	$343.45	4.9%
86052DC0480015	BlueChoice HMO Referral Bronze 8250	BRONZE	On	86052DC0480015	BlueChoice HMO Referral Bronze 8250	BRONZE	On	132.00	175	$247.92	$269.35	8.6%
86052DC0500009	BlueChoice Plus HSA/HRA Silver 1500	SILVER	On	86052DC0500009	BlueChoice Plus HSA/HRA Silver 1500	SILVER	On	1,329.00	1,253	$376.14	$391.99	4.2%
86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000	SILVER	On	86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000	SILVER	On	424.00	417	$353.18	$371.98	5.3%
86052DC0500012	HealthyBlue Plus Platinum 500	PLATINUM	On	86052DC0500012	HealthyBlue Plus Platinum 500	PLATINUM	On	1,444.00	1,376	$545.67	$557.17	2.1%
86052DC0500015	BlueChoice Plus Gold 1000	GOLD	On	86052DC0500015	BlueChoice Plus Gold 1000	GOLD	On	1,481.00	1,452	$453.79	$468.20	3.2%
86052DC0500016	BlueChoice Plus Gold 500	GOLD	On	86052DC0500016	BlueChoice Plus Gold 500	GOLD	On	1,624.00	1,612	$471.65	$484.75	2.8%
86052DC0500017	BlueChoice Plus HSA/HRA Bronze 6100	BRONZE	On	86052DC0500017	BlueChoice Plus HSA/HRA Bronze 6100	BRONZE	On	328.00	328	$295.50	$312.97	5.9%
86052DC0500018	BlueChoice Plus HSA/HRA Silver 2500	SILVER	On	86052DC0500018	BlueChoice Plus HSA/HRA Silver 2500	SILVER	On	321.00	310	$364.69	$380.00	4.2%
86052DC0580001	BlueChoice Plus Opt-Out Platinum 0	PLATINUM	On	86052DC0580001	BlueChoice Plus Opt-Out Platinum 0	PLATINUM	On	3,074.00	2,930	$561.31	$572.33	2.0%

Appendix - Quarterly Rate Change Adjustment Factors

Quarter	(1) Market Adj. Index Rate	(2) Admin Load Factor	(3) = (1 + (1))*(1 + (2)) -1 Plan Adjusted Index Rates
2Q22	2.2%	-0.3%	1.9%
3Q22	2.2%	-0.3%	1.9%
4Q22	2.2%	-0.3%	1.9%

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

	2021	2022	% Change
Base Rate	$247.92	$269.35	8.6%
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	**$162.14**	**$195.82**	**20.8%**

	BlueChoice HMO Referral Bronze	BlueChoice HMO Referral Bronze
Base Rate/Product(s)	8250	8250
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-132822133

ON-Exchange

BlueChoice HMO Referral and Open Access

DC/CFBC/SHOP/GC (R. 1/19)
DC/CFBC/SHOP/HMO POS/EOC (R. 1/20)
DC/CFBC/DOL APPEAL (R. 1/17)
DC/CFBC/SHOP/HMO DOCS (R. 1/20)
DC/CFBC/SHOP/2021 AMEND (1/21)
DC/CFBC/SG/HMO/V BRZ 6000 (1/22)
DC/CFBC/SG/HMO OA CDH/BRZ 6100 (1/22)
DC/CFBC/SG/HMO OA CDH/BRZ 6500 90 (1/22)
DC/CFBC/SG/HMO OA CDH/GOLD 1500 (1/22)
DC/CFBC/SG/HMO OA CDH/GOLD 1500 90 (1/22)
DC/CFBC/SG/HMO OA CDH/SIL 1500 (1/22)
DC/CFBC/SG/HMO OA CDH/SIL 2000 (1/22)
DC/CFBC/SG/HMO OA CDH/SIL 2100 70 (1/22)
DC/CFBC/SG/HMO OA CDH/SIL 3000 (1/22)
DC/CFBC/SG/HMO OA CDH/SIL 3000 70 (1/22)
DC/CFBC/SG/HMO OA/GOLD 500 (1/22)
DC/CFBC/SG/HMO OA/GOLD 1500 (1/22)
DC/CFBC/SG/HMO OA/GOLD 3000 (1/22)
DC/CFBC/SG/HMO OA/PLAT 0 (1/22)
DC/CFBC/SG/HMO OA/SIL 1500 (1/22)
DC/CFBC/SG/HMO OA/SIL 5000 (1/22)
DC/CFBC/SG/HMO REF/BRZ 8250 (1/22)
DC/CFBC/SG/HMO REF/GOLD 0 (1/22)
DC/CFBC/SG/HMO REF/GOLD 500 (1/22)
DC/CFBC/SG/HMO REF/PLAT 0 (1/22)
DC/CFBC/SG/HMO REF/SIL 4000 (1/22)
DC/CFBC/BLCRD (R. 6/18)
DC/CFBC/MEM/BLCRD (R. 6/18)
DC/CFBC/SG/AUTH AMEND/HMO (R. 1/22)
DC/CFBC/PT PROTECT (9/10)
DC/CFBC/SG/INCENT (R. 1/21)
DC/CFBC/SHOP/ELIG (R. 1/20)

In-Network

DC/CFBC/SHOP/GC (R 1/19)
DC/CFBC/SHOP/HMO POS/EOC (R. 1/20)
DC/CFBC/DOL APPEAL (R. 1/17)
DC/CFBC/SHOP/PLUS IN DOCS (R. 1/20)
DC/CFBC/SHOP/2021 AMEND (1/21)
DC/CFBC/SG/POS IN CDH/BRZ 6100 (1/22)
DC/CFBC/SG/POS IN CDH/SIL 1500 (1/22)
DC/CFBC/SG/POS IN CDH/SIL 2500 (1/22)
DC/CFBC/SG/POS IN CDH/SIL 3000 (1/22)
DC/CFBC/SG/POS IN/GOLD 500 (1/22)
DC/CFBC/SG/POS IN/GOLD 1000 (1/22)
DC/CFBC/BLCRD (R. 6/18)
DC/CFBC/MEM/BLCRD (R. 6/18)
DC/CFBC/SG/AUTH AMEND/PLUS (1/20)
DC/CFBC/PT PROTECT (9/10)
DC/CFBC/SG/INCENT (R. 1/21)
DC/CFBC/SHOP/ELIG (R. 1/20)

BlueChoice Plus (OOPOA)

Out-of-Network

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/SHOP/POS OON/2021 AMEND (1/21)
DC/CF/SHOP/POS OON/2022 AMEND (1/22)
DC/CF/SG/POS OON CDH/BRZ 6100 (1/22)
DC/CF/SG/POS OON CDH/GOLD 1500 (1/22)
DC/CF/SG/POS OON CDH/SIL 2500 (1/22)
DC/CF/SG/POS OON CDH/SIL 3000 (1/22)
DC/CF/SG/POS OON/GOLD 500 (1/22)
DC/CF/SG/POS OON/GOLD 1000 (1/22)
DC/CF/BLCRD (R. 6/18)
DC/CF/MEM/BLCRD (R. 6/18)
DC/CF/ANCILLARY AMEND (10/12)
DC/CF/SG/AUTH AMEND/POS OON (1/20)
DC/CF/PT PROTECT (9/10)
DC/GHMSI/HEALTH GUARANTEE 8/19
DC/CF/SHOP/ELIG (R. 1/20)

HeathyBlue Plus

In-Network

DC/CFBC/SHOP/GC (R 1/19)
DC/CFBC/SHOP/HMO POS/EOC (R. 1/20)
DC/CFBC/DOL APPEAL (R. 1/17)
DC/CFBC/SHOP/PLUS IN DOCS (R. 1/20)
DC/CFBC/SHOP/2021 AMEND (1/21)
DC/CFBC/SG/POS IN/PLAT 500 (1/22)
DC/CFBC/BLCRD (R. 6/18)
DC/CFBC/MEM/BLCRD (R. 6/18)
DC/CFBC/SG/AUTH AMEND/PLUS (1/20)
DC/CFBC/PT PROTECT (9/10)
DC/CFBC/SG/INCENT (R. 1/21)
DC/CFBC/SHOP/ELIG (R. 1/20)

Out-of-Network

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/SHOP/POS OON/2021 AMEND (1/21)
DC/CF/SHOP/POS OON/2022 AMEND (1/22)
DC/CF/SG/POS OON/PLAT 500 (1/22)
DC/CF/BLCRD (R. 6/18)
DC/CF/MEM/BLCRD (R. 6/18)
DC/CF/ANCILLARY AMEND (10/12)
DC/CF/SG/AUTH AMEND/POS OON (1/20)
DC/CF/PT PROTECT (9/10)
DC/GHMSI/HEALTH GUARANTEE 8/19
DC/CF/SHOP/ELIG (R. 1/20)

BlueChoice Plus (OO-OA)

DC/CFBC/SHOP/GC (R 1/19)
DC/CFBC/SHOP/HMO POS/EOC (R. 1/20)
DC/CFBC/DOL APPEAL (R. 1/17)
DC/CFBC/SHOP/BC+OOOA DOCS (R. 1/20)
DC/CFBC/SHOP/2021 AMEND (1/21)
DC/CFBC/SG/BC+ OO/PLAT 0 (1/22)
DC/CFBC/BLCRD (R. 6/18)
DC/CFBC/MEM/BLCRD (R. 6/18)
DC/CFBC/SG/AUTH AMEND/BCOO (1/20)
DC/CFBC/PT PROTECT (9/10)
DC/CFBC/SG/INCENT (R. 1/21)
DC/CFBC/SHOP/ELIG (R. 1/20)

BlueChoice Advantage

In-Network

DC/CFBC/SHOP/GC (R 1/19)
DC/CFBC/SHOP/HMO POS/EOC (R. 1/20)
DC/CFBC/DOL APPEAL (R. 1/17)
DC/CFBC/SHOP/ADV IN DOCS (R. 1/20)
DC/CFBC/SHOP/2021 AMEND (1/21)
DC/CFBC/SG/BC ADV IN BF HSA/SIL 1500 (1/22)
DC/CFBC/SG/POS IN CDH/BRZ 6100 (1/22)
DC/CFBC/SG/POS IN CDH/SIL 1500 (1/22)
DC/CFBC/SG/POS IN CDH/SIL 2500 (1/22)
DC/CFBC/SG/POS IN CDH/SIL 3000 (1/22)
DC/CFBC/SG/POS IN/GOLD 500 (1/22)
DC/CFBC/SG/POS IN/GOLD 1000 (1/22)
DC/CFBC/SG/POS IN CDH/GOLD 1500 (1/22)
DC/CFBC/SG/POS IN CDH/GOLD 1500 90 (1/22)
DC/CFBC/SG/POS IN CDH/SIL 2000 (1/22)
DC/CFBC/SG/POS IN CDH/SIL 2100 70 (1/22)
DC/CFBC/SG/POS IN CDH/SIL 3000 70 (1/22)
DC/CFBC/SG/POS IN/V BRZ 6000 (1/22)
DC/CFBC/SG/POS IN/GOLD 0 (1/22)
DC/CFBC/SG/POS IN/GOLD 3000 (1/22)
DC/CFBC/SG/POS IN/PLAT 0 (1/22)
DC/CFBC/SG/POS IN/SIL 4000 (1/22)
DC/CFBC/SG/POS IN/SIL 5000 (1/22)
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/PT PROTECT (9/10)
DC/CFBC/SG/INCENT (R. 1/21)
DC/CFBC/SHOP/ELIG (R. 1/20)

Out-of-Network

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/SHOP/POS OON/2021 AMEND (1/21)
DC/CF/SHOP/POS OON/2022 AMEND (1/22)
DC/CF/SG/BC ADV OON BF HSA/SIL 1500 (1/22)
DC/CF/SG/POS OON CDH/BRZ 6100 (1/22)
DC/CF/SG/POS OON CDH/SIL 1500 (1/22)
DC/CF/SG/POS OON CDH/SIL 2500 (1/22)
DC/CF/SG/POS OON CDH/SIL 3000 (1/22)
DC/CF/SG/POS OON/GOLD 500 (1/22)
DC/CF/SG/POS OON/GOLD 1000 (1/22)
DC/CF/SG/POS OON CDH/GOLD 1500 (1/22)
DC/CF/SG/POS OON CDH/GOLD 1500 90 (1/22)
DC/CF/SG/POS OON CDH/SIL 2000 (1/22)
DC/CF/SG/POS OON CDH/SIL 2100 70 (1/22)
DC/CF/SG/POS OON CDH/SIL 3000 70 (1/22)
DC/CF/SG/POS OON/V BRZ 6000 (1/22)
DC/CF/SG/POS OON/GOLD 0 (1/22)
DC/CF/SG/POS OON/GOLD 3000 (1/22)
DC/CF/SG/POS OON/PLAT 0 (1/22)
DC/CF/SG/POS OON/SIL 4000 (1/22)
DC/CF/SG/POS OON/SIL 5000 (1/22)
DC/CF/BLCRD (R. 6/18)
DC/CF/MEM/BLCRD (R. 6/18)
DC/CF/ANCILLARY AMEND (10/12)
DC/CF/SG/AUTH AMEND/POS OON (1/20)
DC/CF/PT PROTECT (9/10)
DC/GHMSI/HEALTH GUARANTEE 8/19
DC/CF/SHOP/ELIG (R. 1/20)

HealthyBlue Advantage

In-Network

DC/CFBC/SHOP/GC (R 1/19)
DC/CFBC/SHOP/HMO POS/EOC (R. 1/20)
DC/CFBC/DOL APPEAL (R. 1/17)
DC/CFBC/SHOP/ADV IN DOCS (R. 1/20)
DC/CFBC/SHOP/2021 AMEND (1/21)
DC/CFBC/SG/POS IN/PLAT 500 (1/22)
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/PT PROTECT (9/10)
DC/CFBC/SG/INCENT (R. 1/21)
DC/CFBC/SHOP/ELIG (R. 1/20)

Out-of-Network

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/SHOP/POS OON/2021 AMEND (1/21)
DC/CF/SHOP/POS OON/2022 AMEND (1/22)
DC/CF/SG/POS OON/PLAT 500 (1/22)
DC/CF/BLCRD (R. 6/18)
DC/CF/MEM/BLCRD (R. 6/18)
DC/CF/ANCILLARY AMEND (10/12)
DC/CF/SG/AUTH AMEND/POS OON (1/20)
DC/CF/PT PROTECT (9/10)
DC/GHMSI/HEALTH GUARANTEE 8/19
DC/CF/SHOP/ELIG (R. 1/20)

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Ultimate Incurred	Incurred	Drug Rebates	Utilization Unit	Utilization
201801	39,818	Inpatient Hospital	$2,750,020	$2,534,866	$2,534,866	$0	Admits	218
201802	39,872	Inpatient Hospital	$2,338,706	$2,205,957	$2,205,957	$0	Admits	142
201803	39,866	Inpatient Hospital	$2,459,094	$2,308,139	$2,308,139	$0	Admits	141
201804	39,781	Inpatient Hospital	$2,393,711	$2,260,151	$2,260,151	$0	Admits	206
201805	39,765	Inpatient Hospital	$2,538,576	$2,409,026	$2,409,026	$0	Admits	175
201806	40,182	Inpatient Hospital	$1,939,598	$1,813,326	$1,813,326	$0	Admits	154
201807	40,386	Inpatient Hospital	$3,453,146	$3,294,196	$3,294,162	$0	Admits	193
201808	40,701	Inpatient Hospital	$2,336,716	$2,210,360	$2,210,335	$0	Admits	161
201809	40,326	Inpatient Hospital	$2,392,398	$2,247,453	$2,247,428	$0	Admits	165
201810	40,569	Inpatient Hospital	$2,522,903	$2,399,381	$2,399,343	$0	Admits	163
201811	40,509	Inpatient Hospital	$3,441,919	$3,322,532	$3,322,389	$0	Admits	178
201812	41,435	Inpatient Hospital	$2,898,908	$2,800,753	$2,800,640	$0	Admits	160
201901	42,431	Inpatient Hospital	$2,627,128	$2,483,417	$2,483,317	$0	Admits	169
201902	42,697	Inpatient Hospital	$2,596,778	$2,455,369	$2,455,264	$0	Admits	168
201903	42,785	Inpatient Hospital	$2,899,298	$2,806,348	$2,806,226	$0	Admits	169
201904	43,042	Inpatient Hospital	$3,070,981	$2,976,677	$2,976,353	$0	Admits	168
201905	43,059	Inpatient Hospital	$3,503,047	$3,351,243	$3,350,387	$0	Admits	176
201906	43,048	Inpatient Hospital	$2,671,575	$2,555,166	$2,554,128	$0	Admits	173
201907	43,084	Inpatient Hospital	$3,158,110	$3,006,092	$3,004,854	$0	Admits	177
201908	43,062	Inpatient Hospital	$4,444,003	$4,325,717	$4,323,833	$0	Admits	200
201909	43,164	Inpatient Hospital	$4,042,772	$3,940,202	$3,937,804	$0	Admits	171
201910	43,245	Inpatient Hospital	$4,881,895	$4,754,712	$4,751,481	$0	Admits	202
201911	43,257	Inpatient Hospital	$2,669,906	$2,557,005	$2,554,790	$0	Admits	188
201912	43,625	Inpatient Hospital	$2,970,435	$2,845,054	$2,842,134	$0	Admits	184
202001	44,512	Inpatient Hospital	$3,048,112	$2,884,441	$2,880,597	$0	Admits	190
202002	44,747	Inpatient Hospital	$2,537,164	$2,449,342	$2,446,006	$0	Admits	161
202003	45,242	Inpatient Hospital	$2,645,833	$2,536,771	$2,531,592	$0	Admits	157
202004	45,528	Inpatient Hospital	$2,215,192	$2,149,862	$2,143,767	$0	Admits	163
202005	45,537	Inpatient Hospital	$3,271,801	$3,194,967	$3,183,590	$0	Admits	213
202006	45,654	Inpatient Hospital	$2,649,257	$2,574,550	$2,558,771	$0	Admits	164
202007	45,693	Inpatient Hospital	$5,746,731	$5,663,988	$5,616,610	$0	Admits	149
202008	45,568	Inpatient Hospital	$3,214,567	$3,120,798	$3,079,661	$0	Admits	169
202009	45,879	Inpatient Hospital	$3,410,917	$3,300,371	$3,236,553	$0	Admits	167
202010	45,963	Inpatient Hospital	$3,625,237	$3,525,243	$3,422,079	$0	Admits	183
202011	46,151	Inpatient Hospital	$3,074,782	$2,938,726	$2,792,896	$0	Admits	182
202012	46,669	Inpatient Hospital	$2,699,586	$2,584,425	$2,355,482	$0	Admits	169
202101	46,744	Inpatient Hospital	$2,251,702	$2,112,252	$1,762,217	$0	Admits	143
202102	47,000	Inpatient Hospital	$1,058,969	$971,138	$321,027	$0	Admits	70

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Ultimate Incurred	Incurred	Drug Rebates	Utilization Unit	Utilization
201801	39,818	Outpatient Hospital	$2,818,341	$2,279,508	$2,279,508	$0	Visits	2,631
201802	39,872	Outpatient Hospital	$2,549,909	$2,070,378	$2,070,378	$0	Visits	2,342
201803	39,866	Outpatient Hospital	$2,900,619	$2,496,251	$2,496,251	$0	Visits	2,468
201804	39,781	Outpatient Hospital	$2,834,556	$2,361,046	$2,361,046	$0	Visits	2,470
201805	39,765	Outpatient Hospital	$2,653,557	$2,204,203	$2,204,203	$0	Visits	2,522
201806	40,182	Outpatient Hospital	$2,825,172	$2,402,845	$2,402,845	$0	Visits	2,518
201807	40,386	Outpatient Hospital	$2,685,135	$2,286,583	$2,286,556	$0	Visits	2,443
201808	40,701	Outpatient Hospital	$2,765,591	$2,361,236	$2,361,209	$0	Visits	2,414
201809	40,326	Outpatient Hospital	$2,418,449	$2,044,141	$2,044,118	$0	Visits	2,305
201810	40,569	Outpatient Hospital	$3,440,272	$2,998,307	$2,998,259	$0	Visits	2,708
201811	40,509	Outpatient Hospital	$2,923,766	$2,477,612	$2,477,513	$0	Visits	2,494
201812	41,435	Outpatient Hospital	$3,215,797	$2,737,227	$2,737,115	$0	Visits	2,577
201901	42,431	Outpatient Hospital	$3,445,541	$2,891,575	$2,891,452	$0	Visits	2,764
201902	42,697	Outpatient Hospital	$3,005,614	$2,530,573	$2,530,469	$0	Visits	2,414
201903	42,785	Outpatient Hospital	$3,019,306	$2,488,942	$2,488,839	$0	Visits	2,787
201904	43,042	Outpatient Hospital	$3,644,128	$3,125,620	$3,125,281	$0	Visits	2,954
201905	43,059	Outpatient Hospital	$3,202,393	$2,674,199	$2,673,526	$0	Visits	2,848
201906	43,048	Outpatient Hospital	$2,808,219	$2,351,167	$2,350,213	$0	Visits	2,579
201907	43,084	Outpatient Hospital	$3,054,933	$2,591,743	$2,590,667	$0	Visits	2,613
201908	43,062	Outpatient Hospital	$3,161,829	$2,671,175	$2,670,015	$0	Visits	2,642
201909	43,164	Outpatient Hospital	$3,012,668	$2,560,964	$2,559,420	$0	Visits	2,493
201910	43,245	Outpatient Hospital	$3,535,486	$3,029,116	$3,027,076	$0	Visits	2,842
201911	43,257	Outpatient Hospital	$3,278,645	$2,798,212	$2,795,812	$0	Visits	2,310
201912	43,625	Outpatient Hospital	$3,804,497	$3,245,003	$3,241,673	$0	Visits	2,282
202001	44,512	Outpatient Hospital	$3,462,323	$2,857,417	$2,853,672	$0	Visits	2,186
202002	44,747	Outpatient Hospital	$3,224,818	$2,685,698	$2,681,954	$0	Visits	2,127
202003	45,242	Outpatient Hospital	$2,803,743	$2,394,724	$2,389,746	$0	Visits	1,911
202004	45,528	Outpatient Hospital	$1,788,755	$1,606,842	$1,602,296	$0	Visits	1,115
202005	45,537	Outpatient Hospital	$2,426,082	$2,165,160	$2,157,329	$0	Visits	1,460
202006	45,654	Outpatient Hospital	$3,726,821	$3,350,951	$3,330,435	$0	Visits	1,991
202007	45,693	Outpatient Hospital	$3,512,259	$3,062,712	$3,037,027	$0	Visits	2,194
202008	45,568	Outpatient Hospital	$3,532,338	$3,109,232	$3,067,856	$0	Visits	2,276
202009	45,879	Outpatient Hospital	$4,141,397	$3,673,389	$3,602,431	$0	Visits	2,499
202010	45,963	Outpatient Hospital	$3,852,042	$3,406,630	$3,306,327	$0	Visits	2,635
202011	46,151	Outpatient Hospital	$3,600,300	$3,176,849	$3,019,253	$0	Visits	2,539
202012	46,669	Outpatient Hospital	$4,244,741	$3,714,305	$3,382,229	$0	Visits	2,827
202101	46,744	Outpatient Hospital	$3,621,762	$3,046,971	$2,545,611	$0	Visits	2,624
202102	47,000	Outpatient Hospital	$4,393,201	$3,731,945	$1,233,029	$0	Visits	2,838

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Ultimate Incurred	Incurred	Drug Rebates	Utilization Unit	Utilization
201801	39,818	Professional	$5,733,558	$4,276,304	$4,276,304	$0	Visits	37,680
201802	39,872	Professional	$4,967,675	$3,774,412	$3,774,412	$0	Visits	32,972
201803	39,866	Professional	$5,315,562	$4,093,272	$4,093,272	$0	Visits	34,630
201804	39,781	Professional	$5,138,318	$3,973,263	$3,973,263	$0	Visits	34,217
201805	39,765	Professional	$5,383,091	$4,206,747	$4,206,747	$0	Visits	35,395
201806	40,182	Professional	$5,478,434	$4,343,971	$4,343,971	$0	Visits	34,059
201807	40,386	Professional	$5,187,514	$4,112,987	$4,112,951	$0	Visits	33,601
201808	40,701	Professional	$5,619,069	$4,436,647	$4,436,608	$0	Visits	36,436
201809	40,326	Professional	$4,932,477	$3,868,122	$3,868,090	$0	Visits	33,488
201810	40,569	Professional	$6,089,720	$4,831,800	$4,831,732	$0	Visits	41,929
201811	40,509	Professional	$5,520,805	$4,384,951	$4,384,773	$0	Visits	36,621
201812	41,435	Professional	$5,270,344	$4,058,775	$4,058,611	$0	Visits	33,202
201901	42,431	Professional	$6,524,772	$4,901,066	$4,900,862	$0	Visits	42,032
201902	42,697	Professional	$5,552,570	$4,240,781	$4,240,607	$0	Visits	36,068
201903	42,785	Professional	$6,037,385	$4,613,722	$4,613,530	$0	Visits	40,331
201904	43,042	Professional	$6,127,339	$4,752,108	$4,751,593	$0	Visits	40,101
201905	43,059	Professional	$6,086,735	$4,755,465	$4,754,261	$0	Visits	40,985
201906	43,048	Professional	$5,739,638	$4,463,267	$4,461,456	$0	Visits	37,236
201907	43,084	Professional	$6,109,408	$4,769,069	$4,767,089	$0	Visits	39,545
201908	43,062	Professional	$6,229,941	$4,953,055	$4,950,905	$0	Visits	40,417
201909	43,164	Professional	$6,035,839	$4,797,402	$4,794,506	$0	Visits	39,892
201910	43,245	Professional	$7,122,927	$5,736,365	$5,732,474	$0	Visits	47,059
201911	43,257	Professional	$6,112,660	$4,860,708	$4,856,535	$0	Visits	40,500
201912	43,625	Professional	$6,135,809	$4,745,630	$4,740,807	$0	Visits	38,579
202001	44,512	Professional	$6,988,216	$5,230,091	$5,223,269	$0	Visits	46,733
202002	44,747	Professional	$6,368,130	$4,863,567	$4,856,928	$0	Visits	41,321
202003	45,242	Professional	$5,429,581	$4,258,214	$4,249,436	$0	Visits	35,416
202004	45,528	Professional	$3,498,161	$2,970,398	$2,961,962	$0	Visits	25,086
202005	45,537	Professional	$4,483,214	$3,772,854	$3,759,220	$0	Visits	29,953
202006	45,654	Professional	$5,991,081	$5,005,435	$4,974,612	$0	Visits	39,924
202007	45,693	Professional	$6,606,445	$5,475,875	$5,430,120	$0	Visits	43,606
202008	45,568	Professional	$6,659,123	$5,373,099	$5,301,252	$0	Visits	43,833
202009	45,879	Professional	$7,301,571	$5,921,721	$5,807,377	$0	Visits	50,688
202010	45,963	Professional	$8,053,144	$6,625,024	$6,430,033	$0	Visits	56,330
202011	46,151	Professional	$7,523,899	$6,176,876	$5,870,065	$0	Visits	51,258
202012	46,669	Professional	$7,824,908	$6,290,919	$5,731,297	$0	Visits	53,074
202101	46,744	Professional	$7,337,472	$5,798,019	$4,838,034	$0	Visits	50,228
202102	47,000	Professional	$8,838,527	$6,863,651	$2,258,706	$0	Visits	63,763

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Ultimate Incurred	Incurred	Drug Rebates	Utilization Unit	Utilization
201801	39,818	Other Medical	$914,987	$805,624	$805,624	$0	Services	4,005
201802	39,872	Other Medical	$811,577	$714,543	$714,543	$0	Services	3,823
201803	39,866	Other Medical	$969,357	$876,443	$876,443	$0	Services	4,298
201804	39,781	Other Medical	$880,796	$795,045	$795,045	$0	Services	4,307
201805	39,765	Other Medical	$929,974	$849,983	$849,983	$0	Services	4,089
201806	40,182	Other Medical	$1,010,873	$915,249	$915,249	$0	Services	4,415
201807	40,386	Other Medical	$978,850	$891,423	$891,413	$0	Services	4,229
201808	40,701	Other Medical	$1,088,508	$994,126	$994,116	$0	Services	4,813
201809	40,326	Other Medical	$1,089,362	$1,005,099	$1,005,088	$0	Services	4,008
201810	40,569	Other Medical	$1,120,483	$1,029,626	$1,029,610	$0	Services	4,789
201811	40,509	Other Medical	$1,121,835	$1,022,317	$1,022,275	$0	Services	4,481
201812	41,435	Other Medical	$915,529	$795,699	$795,667	$0	Services	4,236
201901	42,431	Other Medical	$1,127,562	$989,748	$989,706	$0	Services	4,699
201902	42,697	Other Medical	$1,065,434	$942,210	$942,170	$0	Services	3,986
201903	42,785	Other Medical	$1,240,925	$1,144,432	$1,144,384	$0	Services	4,459
201904	43,042	Other Medical	$1,204,428	$1,103,698	$1,103,578	$0	Services	5,085
201905	43,059	Other Medical	$1,243,713	$1,133,557	$1,133,269	$0	Services	4,865
201906	43,048	Other Medical	$1,012,866	$908,050	$907,681	$0	Services	4,587
201907	43,084	Other Medical	$1,081,159	$962,512	$962,116	$0	Services	4,691
201908	43,062	Other Medical	$1,193,620	$1,087,089	$1,086,619	$0	Services	5,140
201909	43,164	Other Medical	$1,011,124	$920,638	$920,092	$0	Services	3,984
201910	43,245	Other Medical	$1,200,352	$1,109,228	$1,108,486	$0	Services	4,300
201911	43,257	Other Medical	$1,072,370	$999,594	$998,745	$0	Services	2,964
201912	43,625	Other Medical	$1,030,759	$902,955	$902,038	$0	Services	3,448
202001	44,512	Other Medical	$1,165,999	$1,029,772	$1,028,425	$0	Services	4,714
202002	44,747	Other Medical	$961,681	$841,674	$840,546	$0	Services	4,284
202003	45,242	Other Medical	$1,107,133	$1,016,134	$1,014,030	$0	Services	3,534
202004	45,528	Other Medical	$955,302	$879,444	$876,958	$0	Services	2,533
202005	45,537	Other Medical	$1,004,070	$925,081	$921,773	$0	Services	3,069
202006	45,654	Other Medical	$1,050,533	$945,587	$939,776	$0	Services	4,625
202007	45,693	Other Medical	$1,294,740	$1,166,879	$1,157,098	$0	Services	4,933
202008	45,568	Other Medical	$1,036,741	$954,748	$941,996	$0	Services	4,712
202009	45,879	Other Medical	$1,263,602	$1,166,574	$1,144,103	$0	Services	5,189
202010	45,963	Other Medical	$1,315,963	$1,192,273	$1,157,179	$0	Services	5,086
202011	46,151	Other Medical	$1,176,664	$1,088,913	$1,034,279	$0	Services	3,736
202012	46,669	Other Medical	$1,331,407	$1,176,775	$1,071,996	$0	Services	4,470
202101	46,744	Other Medical	$1,241,809	$1,105,136	$922,295	$0	Services	4,050
202102	47,000	Other Medical	$1,482,503	$1,336,643	$439,338	$0	Services	5,655

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Ultimate Incurred	Incurred	Drug Rebates	Utilization Unit	Utilization
201801	39,818	Prescription Drug	$4,585,740	$4,000,316	$4,000,316	$713,774	Scripts	27,343
201802	39,872	Prescription Drug	$4,282,079	$3,796,547	$3,796,547	$686,225	Scripts	24,444
201803	39,866	Prescription Drug	$4,634,452	$4,171,486	$4,171,486	$752,289	Scripts	26,304
201804	39,781	Prescription Drug	$4,375,156	$3,957,156	$3,957,156	$706,440	Scripts	25,576
201805	39,765	Prescription Drug	$4,893,244	$4,461,787	$4,461,787	$753,405	Scripts	26,537
201806	40,182	Prescription Drug	$4,804,034	$4,391,795	$4,391,795	$727,311	Scripts	25,881
201807	40,386	Prescription Drug	$4,647,033	$4,237,274	$4,237,274	$708,354	Scripts	25,658
201808	40,701	Prescription Drug	$4,888,518	$4,469,762	$4,469,762	$726,093	Scripts	26,612
201809	40,326	Prescription Drug	$4,139,279	$3,751,689	$3,751,689	$649,018	Scripts	24,101
201810	40,569	Prescription Drug	$4,779,452	$4,341,165	$4,341,165	$671,982	Scripts	27,459
201811	40,509	Prescription Drug	$4,606,021	$4,184,278	$4,184,278	$637,965	Scripts	26,118
201812	41,435	Prescription Drug	$4,480,008	$3,955,716	$3,955,716	$579,030	Scripts	26,539
201901	42,431	Prescription Drug	$4,843,513	$4,196,786	$4,196,786	$783,444	Scripts	28,072
201902	42,697	Prescription Drug	$4,309,952	$3,836,753	$3,836,753	$738,206	Scripts	25,341
201903	42,785	Prescription Drug	$4,768,969	$4,285,847	$4,285,847	$842,356	Scripts	27,892
201904	43,042	Prescription Drug	$4,983,142	$4,541,359	$4,541,359	$871,470	Scripts	27,946
201905	43,059	Prescription Drug	$5,020,993	$4,618,248	$4,618,248	$868,821	Scripts	28,470
201906	43,048	Prescription Drug	$4,583,985	$4,231,671	$4,231,671	$831,678	Scripts	26,248
201907	43,084	Prescription Drug	$5,189,692	$4,778,613	$4,778,613	$934,636	Scripts	27,677
201908	43,062	Prescription Drug	$4,929,733	$4,527,908	$4,527,908	$917,150	Scripts	27,330
201909	43,164	Prescription Drug	$4,872,429	$4,483,208	$4,483,208	$886,715	Scripts	26,000
201910	43,245	Prescription Drug	$5,174,818	$4,762,945	$4,762,945	$942,440	Scripts	28,120
201911	43,257	Prescription Drug	$4,606,746	$4,239,940	$4,239,940	$877,167	Scripts	26,575
201912	43,625	Prescription Drug	$5,359,664	$4,791,154	$4,791,154	$934,566	Scripts	28,750
202001	44,512	Prescription Drug	$4,843,211	$4,114,927	$4,114,927	$835,162	Scripts	29,813
202002	44,747	Prescription Drug	$4,872,992	$4,330,754	$4,330,754	$896,455	Scripts	28,114
202003	45,242	Prescription Drug	$5,822,306	$5,232,424	$5,232,424	$1,124,078	Scripts	31,820
202004	45,528	Prescription Drug	$5,257,521	$4,816,572	$4,816,572	$1,073,416	Scripts	24,443
202005	45,537	Prescription Drug	$5,141,291	$4,725,425	$4,725,425	$1,019,474	Scripts	24,651
202006	45,654	Prescription Drug	$5,359,915	$4,925,191	$4,925,191	$1,099,101	Scripts	26,054
202007	45,693	Prescription Drug	$5,517,610	$5,053,715	$5,053,715	$1,061,385	Scripts	26,503
202008	45,568	Prescription Drug	$5,244,165	$4,835,680	$4,835,680	$1,030,045	Scripts	25,956
202009	45,879	Prescription Drug	$5,206,401	$4,779,009	$4,779,009	$1,033,328	Scripts	26,416
202010	45,963	Prescription Drug	$5,859,961	$5,395,314	$5,395,314	$1,108,966	Scripts	27,001
202011	46,151	Prescription Drug	$5,136,781	$4,715,255	$4,715,255	$1,066,811	Scripts	25,413
202012	46,669	Prescription Drug	$5,491,159	$4,912,834	$4,912,834	$1,075,101	Scripts	27,747
202101	46,744	Prescription Drug	$5,297,047	$4,627,989	$4,627,989	$1,142,132	Scripts	27,082
202102	47,000	Prescription Drug	$5,259,627	$4,702,961	$4,702,961	$1,167,154	Scripts	27,305

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Ultimate Incurred	Incurred	Drug Rebates	Utilization Unit	Utilization
201801	39,818	Capitations	$32,394	$32,394	$32,394	$0	Benefit Period	39,818
201802	39,872	Capitations	$32,237	$32,237	$32,237	$0	Benefit Period	39,872
201803	39,866	Capitations	$32,196	$32,196	$32,196	$0	Benefit Period	39,866
201804	39,781	Capitations	$31,906	$31,906	$31,906	$0	Benefit Period	39,781
201805	39,765	Capitations	$31,534	$31,534	$31,534	$0	Benefit Period	39,765
201806	40,182	Capitations	$31,640	$31,640	$31,640	$0	Benefit Period	40,182
201807	40,386	Capitations	$31,641	$31,641	$31,641	$0	Benefit Period	40,386
201808	40,701	Capitations	$31,708	$31,708	$31,708	$0	Benefit Period	40,701
201809	40,326	Capitations	$31,177	$31,177	$31,177	$0	Benefit Period	40,326
201810	40,569	Capitations	$31,079	$31,079	$31,079	$0	Benefit Period	40,569
201811	40,509	Capitations	$30,721	$30,721	$30,721	$0	Benefit Period	40,509
201812	41,435	Capitations	$31,011	$31,011	$31,011	$0	Benefit Period	41,435
201901	42,431	Capitations	$42,766	$42,766	$42,766	$0	Benefit Period	42,431
201902	42,697	Capitations	$42,879	$42,879	$42,879	$0	Benefit Period	42,697
201903	42,785	Capitations	$43,039	$43,039	$43,039	$0	Benefit Period	42,785
201904	43,042	Capitations	$43,218	$43,218	$43,218	$0	Benefit Period	43,042
201905	43,059	Capitations	$42,971	$42,971	$42,971	$0	Benefit Period	43,059
201906	43,048	Capitations	$42,785	$42,785	$42,785	$0	Benefit Period	43,048
201907	43,084	Capitations	$42,697	$42,697	$42,697	$0	Benefit Period	43,084
201908	43,062	Capitations	$42,638	$42,638	$42,638	$0	Benefit Period	43,062
201909	43,164	Capitations	$42,684	$42,684	$42,684	$0	Benefit Period	43,164
201910	43,245	Capitations	$42,588	$42,588	$42,588	$0	Benefit Period	43,245
201911	43,257	Capitations	$42,386	$42,386	$42,386	$0	Benefit Period	43,257
201912	43,625	Capitations	$42,492	$42,492	$42,492	$0	Benefit Period	43,625
202001	44,512	Capitations	$45,810	$45,810	$45,810	$0	Benefit Period	44,512
202002	44,747	Capitations	$45,974	$45,974	$45,974	$0	Benefit Period	44,747
202003	45,242	Capitations	$48,135	$48,135	$48,135	$0	Benefit Period	45,242
202004	45,528	Capitations	$47,914	$47,914	$47,914	$0	Benefit Period	45,528
202005	45,537	Capitations	$47,214	$47,214	$47,214	$0	Benefit Period	45,537
202006	45,654	Capitations	$46,614	$46,614	$46,614	$0	Benefit Period	45,654
202007	45,693	Capitations	$47,435	$47,435	$47,435	$0	Benefit Period	45,693
202008	45,568	Capitations	$46,582	$46,582	$46,582	$0	Benefit Period	45,568
202009	45,879	Capitations	$46,853	$46,853	$46,853	$0	Benefit Period	45,879
202010	45,963	Capitations	$46,867	$46,867	$46,867	$0	Benefit Period	45,963
202011	46,151	Capitations	$46,919	$46,919	$46,919	$0	Benefit Period	46,151
202012	46,669	Capitations	$47,263	$47,263	$47,263	$0	Benefit Period	46,669
202101	46,744	Capitations	$47,598	$47,598	$47,598	$0	Benefit Period	46,744
202102	47,000	Capitations	$47,848	$47,848	$47,848	$0	Benefit Period	47,000

Appendix - Total Experience

Month	Members	Contracts	Ultimate Allowed	Drug Rebates	Post-Rx Rebate Ultimate Allowed	Post-Rx Rebate Ultimate Incurred	Premium	Loss Ratio
201801	39,818	25,624	$16,835,039	$713,774	$16,121,266	$13,215,238	$16,839,307	78.5%
201802	39,872	25,653	$14,982,183	$686,225	$14,295,957	$11,907,849	$17,129,525	69.5%
201803	39,866	25,659	$16,311,280	$752,289	$15,558,991	$13,225,498	$17,123,092	77.2%
201804	39,781	25,616	$15,654,443	$706,440	$14,948,003	$12,672,128	$17,153,206	73.9%
201805	39,765	25,544	$16,429,977	$753,405	$15,676,572	$13,409,875	$17,178,140	78.1%
201806	40,182	25,708	$16,089,750	$727,311	$15,362,439	$13,171,514	$17,489,965	75.3%
201807	40,386	25,747	$16,983,318	$708,354	$16,274,963	$14,145,749	$17,616,363	80.3%
201808	40,701	25,903	$16,730,110	$726,093	$16,004,017	$13,777,747	$17,729,251	77.7%
201809	40,326	25,672	$15,003,141	$649,018	$14,354,123	$12,298,663	$17,640,328	69.7%
201810	40,569	25,807	$17,983,908	$671,982	$17,311,926	$14,959,376	$17,768,763	84.2%
201811	40,509	25,772	$17,645,067	$637,965	$17,007,101	$14,784,446	$17,899,480	82.6%
201812	41,435	26,200	$16,811,598	$579,030	$16,232,567	$13,800,151	$18,368,693	75.1%
201901	42,431	27,057	$18,611,280	$783,444	$17,827,836	$14,721,912	$19,086,966	77.1%
201902	42,697	27,248	$16,573,225	$738,206	$15,835,019	$13,310,359	$19,190,936	69.4%
201903	42,785	27,336	$18,008,923	$842,356	$17,166,567	$14,539,974	$19,239,216	75.6%
201904	43,042	27,499	$19,073,236	$871,470	$18,201,766	$15,671,209	$19,417,302	80.7%
201905	43,059	27,487	$19,099,852	$868,821	$18,231,031	$15,706,863	$19,393,108	81.0%
201906	43,048	27,412	$16,859,068	$831,678	$16,027,390	$13,720,429	$19,533,286	70.2%
201907	43,084	27,405	$18,635,997	$934,636	$17,701,362	$15,216,090	$19,530,102	77.9%
201908	43,062	27,415	$20,001,764	$917,150	$19,084,614	$16,690,431	$19,613,456	85.1%
201909	43,164	27,441	$19,017,517	$886,715	$18,130,802	$15,858,383	$19,638,603	80.8%
201910	43,245	27,477	$21,958,066	$942,440	$21,015,626	$18,492,514	$19,759,878	93.6%
201911	43,257	27,468	$17,782,713	$877,167	$16,905,546	$14,620,678	$19,877,588	73.6%
201912	43,625	27,621	$19,343,655	$934,566	$18,409,089	$15,637,721	$20,361,375	76.8%
202001	44,512	28,404	$19,553,672	$835,162	$18,718,510	$15,327,295	$21,135,459	72.5%
202002	44,747	28,555	$18,010,759	$896,455	$17,114,304	$14,320,554	$21,363,741	67.0%
202003	45,242	28,881	$17,856,731	$1,124,078	$16,732,653	$14,362,324	$21,599,062	66.5%
202004	45,528	29,103	$13,762,845	$1,073,416	$12,689,428	$11,397,616	$21,728,967	52.5%
202005	45,537	29,061	$16,373,671	$1,019,474	$15,354,197	$13,811,225	$21,744,850	63.5%
202006	45,654	29,117	$18,824,219	$1,099,101	$17,725,118	$15,749,227	$22,121,934	71.2%
202007	45,693	29,120	$22,725,220	$1,061,385	$21,663,835	$19,409,218	$22,237,369	87.3%
202008	45,568	29,052	$19,733,516	$1,030,045	$18,703,471	$16,410,094	$22,239,333	73.8%
202009	45,879	29,177	$21,370,741	$1,033,328	$20,337,412	$17,854,588	$19,609,783	91.0%
202010	45,963	29,204	$22,753,213	$1,108,966	$21,644,248	$19,082,386	$22,577,359	84.5%
202011	46,151	29,257	$20,559,344	$1,066,811	$19,492,533	$17,076,727	$22,552,221	75.7%
202012	46,669	29,491	$21,639,064	$1,075,101	$20,563,963	$17,651,420	$23,435,206	75.3%
202101	46,744	29,682	$19,797,390	$1,142,132	$18,655,258	$15,595,834	$23,505,909	66.3%
202102	47,000	29,871	$21,080,675	$1,167,154	$19,913,521	$16,487,033	$23,580,062	69.9%

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

May 17, 2021

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 2022 ACA plan rate filing submitted 5/17/2021. Please note the required information below:

a. **Company Name:** CareFirst BlueChoice, Inc. (CFBC)
b. **NAIC Company Code:** 96202
c. **Unique Company Filing Number:** 2568
d. **Date Submitted:** 5/17/2021
e. **Proposed Effective Date:** 1/1/2022
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-132316088).
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 2022 is 2.5%.
l. **Contact Information:**
    a. Name: Gregory Sucher, FSA, MAAA
    b. Telephone Number: 410-998-5988
    c. Email: Gregory.Sucher@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 5/17/2022.

Sincerely,

Gregory Sucher

Digitally signed by Gregory Sucher
Date: 2021.05.17 11:31:56 -04'00'

Gregory Sucher, FSA, MAAA
Actuary

CareFirst BlueCross BlueShield is the shared business name of CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services, Inc. which are independent licensees of the Blue Cross and Blue Shield Association.
® Registered trademark of the Blue Cross and Blue Shield Association.®′ Registered trademark of CareFirst of Maryland, Inc.

Unified Rate Review v5.3

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

Company Legal Name: **CareFirst BlueChoice, Inc.** State: **DC**
HIOS Issuer ID: **86052** Market: **Small Group**
Effective Date of Rate Change(s): **1/1/2022**

Market Level Calculations (Same for all Plans)

Section I: Experience Period Data

Experience Period: 1/1/2020 to 12/31/2020

	Total	PMPM
Allowed Claims	$220,739,671.77	$452.03
Reinsurance	$0.00	$0.00
Incurred Claims in Experience Period	$192,452,673.21	$394.10
Risk Adjustment	-$14,921,319.41	-$30.56
Experience Period Premium	$262,345,283.27	$537.23
Experience Period Member Months	488,333	

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	$69.71	1.090	1.035	1.090	1.035	$88.72
Outpatient Hospital	$73.65	1.080	1.035	1.080	1.035	$92.02
Professional	$140.19	1.010	1.084	1.010	1.084	$168.04
Other Medical	$24.97	1.030	1.030	1.030	1.030	$28.10
Capitation	$0.80	1.000	1.000	1.000	1.000	$0.80
Prescription Drug	$93.81	1.010	1.035	1.010	1.035	$102.51
Total	$403.13					**$480.20**

Morbidity Adjustment	0.982
Demographic Shift	1.013
Plan Design Changes	1.006
Other	1.003
Adjusted Trended EHB Allowed Claims PMPM for **1/1/2022**	**$482.00**

Manual EHB Allowed Claims PMPM	$481.77
Applied Credibility %	0.00%

		Projected Period Totals
Projected Index Rate for **1/1/2022**	**$481.77**	$249,064,491.06
Reinsurance	$0.00	$0.00
Risk Adjustment Payment/Charge	-$23.52	-$12,159,322.56
Exchange User Fees	0.00%	$0.00
Market Adjusted Index Rate	**$505.29**	**$261,223,813.62**

Projected Member Months	**516,978**

Information Not Releasable to the Public Unless Authorized by Law: This information has not been publically disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.

Product-Plan Data Collection

Company Legal Name: CareFirst BlueChoice, Inc.
HIOS Issuer ID: 86052
Effective Date of Rate Change(s): 1/1/2022

State: DC
Market: Small Group

To add a product to Worksheet 2 - Plan Product Info, select the Add Product button or Ctrl + Shift + P.
To add a plan to Worksheet 2 - Plan Product Info, select the Add Plan button or Ctrl + Shift + L.
To validate, select the Validate button or Ctrl + Shift + I.
To finalize, select the Finalize button or Ctrl + Shift + F.
To remove a product, navigate to the corresponding Product Name/Product ID field and select the Remove Product button or Ctrl + Shift + Q.
To remove a plan, navigate to the corresponding Plan Name/Plan ID field and select the Remove Plan button or Ctrl + Shift + A.

Product/Plan Level Calculations

Field # Section I: General Product and Plan Information

1.1 Product Name	BlueChoice Advantage																					
1.2 Product ID	86052DC044																					
1.3 Plan Name	BlueChoice	BlueChoice	BlueChoice	BlueChoice	HealthyBlue	HealthyBlue	HealthyBlue	BlueChoice	BlueChoice	BlueChoice	BlueChoice	BlueChoice	BlueChoice	BlueChoice	BlueChoice	BlueChoice	BlueChoice	BlueChoice	BlueChoice	BlueChoice	BlueChoice	BlueChoice
1.4 Plan ID (Standard Component ID)	86052DC0440010	86052DC0440011	86052DC0440012	86052DC0440013	86052DC0440014	86052DC0440015	86052DC0440017	86052DC0440018	86052DC0440019	86052DC0440020	86052DC0440021	86052DC0440022	86052DC0440023	86052DC0440024	86052DC0440025	86052DC0440026	86052DC0440027	86052DC0440028	86052DC0440029	86052DC0440030	86052DC0440031	86052DC0440032
1.5 Metal	Gold	Gold	Platinum	Silver	Gold	Platinum	Silver	Bronze	Silver	Bronze	Gold	Silver	Silver	Silver	Silver	Gold	Silver	Gold	Silver	Silver	Bronze	Gold
1.6 AV Metal Value	0.820	0.820	0.919	0.718	0.820	0.909	0.712	0.650	0.714	0.650	0.819	0.718	0.719	0.709	0.720	0.792	0.719	0.811	0.719	0.702	0.650	0.819
1.7 Plan Category	Renewing	Renewing	Renewing	Renewing	Terminated	Renewing	Terminated	Renewing	Renewing	Terminated	Renewing	Renewing	Renewing	Terminated	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing
1.8 Plan Type	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS
1.9 Exchange Plan?	Yes	Yes	Yes	Yes	No	Yes	No	Yes	Yes	No	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
1.10 Effective Date of Proposed Rates	1/1/2022	1/1/2022	1/1/2022	1/1/2022	1/1/2022	1/1/2022	1/1/2022	1/1/2022	1/1/2022	1/1/2022	1/1/2022	1/1/2022	1/1/2022	1/1/2022	1/1/2022	1/1/2022	1/1/2022	1/1/2022	1/1/2022	1/1/2022	1/1/2022	1/1/2022
1.11 Cumulative Rate Change % (over 12 mos prior)	3.64%	3.47%	3.17%	3.92%	0.00%	2.90%	0.00%	5.56%	4.65%	0.00%	3.82%	4.44%	3.91%	0.00%	4.26%	4.58%	4.20%	4.07%	4.02%	5.09%	4.26%	3.34%
1.12 Product Rate Increase %	3.59%																					
1.13 Submission Level Rate Increase %	3.64%																					

1.1 Product Name	BlueChoice HMO																			
1.2 Product ID	86052DC046																			
1.3 Plan Name	BlueChoice HMO	BlueChoice HMO	BlueChoice HMO	BlueChoice HMO	BlueChoice HMO	BlueChoice HMO	HealthyBlue HMO	HealthyBlue HMO	HealthyBlue HMO	BlueChoice HMO	BlueChoice HMO	BlueChoice HMO	BlueChoice HMO	BlueChoice HMO	BlueChoice HMO	BlueChoice HMO	BlueChoice HMO	BlueChoice HMO	BlueChoice HMO	BlueChoice HMO
1.4 Plan ID (Standard Component ID)	86052DC0460009	86052DC0460010	86052DC0460011	86052DC0460012	86052DC0460013	86052DC0460014	86052DC0460015	86052DC0460016	86052DC0460018	86052DC0460019	86052DC0460020	86052DC0460021	86052DC0460022	86052DC0460023	86052DC0460024	86052DC0460025	86052DC0460026	86052DC0460027	86052DC0460028	86052DC0460029
1.5 Metal	Gold	Gold	Platinum	Silver	Silver	Bronze	Gold	Platinum	Silver	Silver	Silver	Gold	Silver	Silver	Gold	Gold	Bronze	Silver	Silver	Bronze
1.6 AV Metal Value	0.819	0.820	0.919	0.718	0.719	0.650	0.820	0.908	0.712	0.714	0.717	0.819	0.709	0.720	0.792	0.811	0.650	0.719	0.702	0.650
1.7 Plan Category	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Terminated	Terminated	Terminated	Renewing	Renewing	Renewing	Terminated	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing
1.8 Plan Type	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO
1.9 Exchange Plan?	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
1.10 Effective Date of Proposed Rates	1/1/2022	1/1/2022	1/1/2022	1/1/2022	1/1/2022	1/1/2022	1/1/2022	1/1/2022	1/1/2022	1/1/2022	1/1/2022	1/1/2022	1/1/2022	1/1/2022	1/1/2022	1/1/2022	1/1/2022	1/1/2022	1/1/2022	1/1/2022
1.11 Cumulative Rate Change % (over 12 mos prior)	4.10%	3.27%	2.94%	3.72%	3.95%	5.51%	0.00%	0.00%	0.00%	4.49%	2.95%	3.62%	0.00%	4.06%	4.42%	3.88%	6.32%	3.80%	4.97%	4.15%
1.12 Product Rate Increase %	3.57%																			

1.1 Product Name	BlueChoice HMO Referral								BlueChoice Plus									BlueChoice Plus Opt-Out
1.2 Product ID	86052DC048								86052DC050									86052DC058
1.3 Plan Name	BlueChoice HMO	BlueChoice HMO	BlueChoice HMO	BlueChoice HMO	BlueChoice HMO	BlueChoice HMO	BlueChoice HMO	BlueChoice HMO	BlueChoice Plus	BlueChoice Plus	HealthyBlue Plus	HealthyBlue Plus	HealthyBlue Plus	BlueChoice Plus	BlueChoice Plus	BlueChoice Plus	BlueChoice Plus	BlueChoice Plus
1.4 Plan ID (Standard Component ID)	86052DC0480007	86052DC0480008	86052DC0480009	86052DC0480010	86052DC0480011	86052DC0480013	86052DC0480014	86052DC0480015	86052DC0500009	86052DC0500010	86052DC0500011	86052DC0500012	86052DC0500014	86052DC0500015	86052DC0500016	86052DC0500017	86052DC0500018	86052DC0580001
1.5 Metal	Platinum	Gold	Bronze	Gold	Gold	Silver	Silver	Bronze	Silver	Silver	Gold	Platinum	Silver	Gold	Gold	Bronze	Silver	Platinum
1.6 AV Metal Value	0.919	0.820	0.650	0.819	0.819	0.719	0.718	0.619	0.718	0.714	0.820	0.909	0.712	0.820	0.820	0.650	0.715	0.919
1.7 Plan Category	Renewing	Renewing	Terminated	Renewing	Terminated	Terminated	Renewing	Renewing	Renewing	Renewing	Terminated	Renewing	Terminated	Renewing	Renewing	Renewing	Renewing	Renewing
1.8 Plan Type	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS
1.9 Exchange Plan?	Yes	Yes	No	Yes	No	No	Yes	Yes	Yes	Yes	No	Yes	No	Yes	Yes	Yes	Yes	Yes
1.10 Effective Date of Proposed Rates	1/1/2022	1/1/2022	1/1/2022	1/1/2022	1/1/2022	1/1/2022	1/1/2022	1/1/2022	1/1/2022	1/1/2022	1/1/2022	1/1/2022	1/1/2022	1/1/2022	1/1/2022	1/1/2022	1/1/2022	1/1/2022
1.11 Cumulative Rate Change % (over 12 mos prior)	2.92%	3.26%	0.00%	3.26%	0.00%	0.00%	6.13%	9.87%	5.39%	6.51%	0.00%	3.26%	0.00%	4.34%	3.93%	7.10%	5.37%	3.11%
1.12 Product Rate Increase %	3.41%								4.36%									3.10%

Section II: Experience Period and Current Plan Level Information

Worksheet 1 Totals	2.1 Plan ID (Standard Component ID)	Total	86052DC0440010	86052DC0440011	86052DC0440012	86052DC0440013	86052DC0440014	86052DC0440015	86052DC0440017	86052DC0440018	86052DC0440019	86052DC0440020	86052DC0440021	86052DC0440022	86052DC0440023	86052DC0440024	86052DC0440025	86052DC0440026	86052DC0440027	86052DC0440028	86052DC0440029	86052DC0440030	86052DC0440031	86052DC0440032
$220,739,672	2.2 Allowed Claims	$200,192,654	$17,428,631	$22,517,280	$21,066,549	$5,804,850	$3,100,900	$8,788,577	$3,874,407	$1,788,854	$2,239,136	$259,315	$6,659,556	$745,904	$2,854,779	$1,729,064	$240,878	$1,463,896	$1,172,494	$43,157	$26,612	$3,512	$0	$0
$0	2.3 Reinsurance	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	2.4 Member Cost Sharing	$24,381,227	$1,984,709	$1,930,426	$1,167,699	$1,454,835	$328,566	$654,831	$678,394	$636,281	$497,646	$85,119	$952,424	$159,579	$747,604	$363,245	$60,689	$220,810	$454,312	$9,651	$8,357	$3,475	$0	$0
	2.5 Cost Sharing Reduction	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
$192,452,673	2.6 Incurred Claims	$175,811,428	$15,443,922	$20,586,854	$19,898,850	$4,350,015	$2,772,334	$8,133,746	$3,196,013	$1,152,574	$1,741,491	$174,196	$5,707,132	$586,325	$2,107,175	$1,365,818	$180,189	$1,243,085	$718,182	$33,505	$18,255	$38	$0	$0
-$14,921,319	2.7 Risk Adjustment Transfer Amount	-$8,219,180	-$640,392	-$691,736	$1,261,002	-$1,159,077	-$139,360	$560,624	-$551,534	-$589,767	-$352,723	-$168,987	-$194,370	-$149,860	-$660,285	-$238,939	-$67,512	-$70,302	-$223,581	-$2,052	-$5,751	-$6,536	$0	$0
$262,345,283	2.8 Premium	$237,791,437	$20,233,234	$20,582,835	$24,723,240	$7,777,986	$4,297,565	$10,835,075	$3,611,481	$1,796,141	$2,165,455	$512,423	$5,587,039	$924,128	$4,227,157	$1,520,534	$376,417	$1,977,719	$1,496,857	$46,616	$33,185	$36,147	$0	$0
488,333	2.9 Experience Period Member Months	488,333	38,067	41,119	40,125	17,735	8,284	17,839	8,439	5,413	5,397	1,551	11,554	2,293	10,103	3,656	1,033	4,179	3,421	122	88	100	0	0
	2.10 Current Enrollment	41,974	3,998	3,681	3,636	1,523	1	1,395	1	551	507	128	1,086	269	810	368	146	449	1,068	23	21	43	32	143
	2.11 Current Premium PMPM	$511.86	$539.03	$557.75	$664.09	$453.14	$539.03	$644.07	$445.97	$361.73	$430.33	$430.33	$524.46	$429.70	$453.63	$445.97	$438.45	$499.13	$445.97	$511.03	$436.83	$416.55	$364.79	$590.14
	2.12 Loss Ratio	76.58%	78.82%	103.50%	76.58%	65.72%	66.67%	71.38%	104.45%	95.54%	96.07%	50.72%	105.83%	75.73%	59.08%	106.57%	58.33%	65.17%	56.40%	75.19%	66.54%	0.13%	#DIV/0!	#DIV/0!
	Per Member Per Month																							
	2.13 Allowed Claims	$409.95	$457.84	$547.61	$525.02	$327.31	$374.32	$492.66	$459.11	$330.47	$414.89	$167.19	$576.39	$325.30	$282.57	$472.94	$233.18	$350.30	$342.73	$353.74	$302.41	$35.12	#DIV/0!	#DIV/0!
	2.14 Reinsurance	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	#DIV/0!	#DIV/0!
	2.15 Member Cost Sharing	$49.93	$52.14	$46.95	$29.10	$82.03	$39.66	$36.71	$80.39	$117.55	$92.21	$54.88	$82.43	$69.59	$74.00	$99.36	$58.75	$52.84	$132.80	$79.11	$94.97	$34.75	#DIV/0!	#DIV/0!
	2.16 Cost Sharing Reduction	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	#DIV/0!	#DIV/0!
	2.17 Incurred Claims	$360.02	$405.70	$500.67	$495.92	$245.28	$334.66	$455.95	$378.72	$212.93	$322.68	$112.31	$493.95	$255.70	$208.57	$373.58	$174.43	$297.46	$209.93	$274.63	$207.44	$0.38	#DIV/0!	#DIV/0!
	2.18 Risk Adjustment Transfer Amount	-$16.83	-$16.82	-$16.82	$31.43	-$65.36	-$16.82	$31.43	-$65.36	-$108.95	-$65.36	-$108.95	-$16.82	-$65.36	-$65.36	-$65.36	-$65.36	-$16.82	-$65.36	-$16.82	-$65.36	-$65.36	#DIV/0!	#DIV/0!
	2.19 Premium	$486.95	$531.52	$500.57	$616.16	$438.57	$518.78	$607.38	$427.95	$331.82	$401.23	$330.38	$483.56	$403.02	$418.41	$415.90	$364.39	$473.25	$437.55	$382.10	$377.11	$361.47	#DIV/0!	#DIV/0!

2.1 Plan ID (Standard Component ID)	86052DC0460009	86052DC0460010	86052DC0460011	86052DC0460012	86052DC0460013	86052DC0460014	86052DC0460015	86052DC0460016	86052DC0460018	86052DC0460019	86052DC0460020	86052DC0460021	86052DC0460022	86052DC0460023	86052DC0460024	86052DC0460025	86052DC0460026	86052DC0460027	86052DC0460028	86052DC0460029
2.2 Allowed Claims	$3,776,979	$4,491,414	$6,646,706	$2,364,122	$2,726,342	$641,283	$1,365,189	$1,974,091	$1,430,997	$847,549	$1,972,606	$1,660,913	$274,519	$247,235	$703,517	$37,418	$5,365	$20,383	$33,679	$0
2.3 Reinsurance	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
2.4 Member Cost Sharing	$379,647	$525,685	$354,537	$521,966	$640,957	$308,569	$103,751	$70,692	$204,981	$257,787	$402,463	$257,459	$85,891	$47,969	$80,644	$11,605	$5,304	$11,788	$14,979	$0
2.5 Cost Sharing Reduction	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
2.6 Incurred Claims	$3,397,332	$3,965,729	$6,292,170	$1,842,156	$2,085,384	$332,714	$1,261,438	$1,903,399	$1,226,015	$589,762	$1,570,142	$1,403,454	$188,628	$199,266	$622,873	$25,813	$61	$8,595	$18,700	$0
2.7 Risk Adjustment Transfer Amount	-$162,844	-$266,204	$577,311	-$536,633	-$531,012	-$543,026	-$66,938	$87,524	-$170,774	-$247,566	-$523,692	-$64,128	-$66,009	-$78,949	-$37,397	-$3,146	-$4,685	-$14,051	-$11,045	$0
2.8 Premium	$4,248,928	$7,188,134	$9,804,531	$3,156,077	$3,122,469	$1,489,616	$1,761,203	$1,521,907	$1,090,637	$1,359,932	$2,934,491	$1,655,160	$393,387	$401,929	$899,137	$74,905	$13,320	$62,136	$56,245	$0
2.9 Experience Period Member Months	9,680	15,824	18,370	8,211	8,125	4,984	3,979	2,785	2,613	3,788	8,013	3,812	1,010	1,208	2,223	187	43	215	169	0
2.10 Current Enrollment	1,068	1,383	1,533	684	823	411	1	1	1	326	775	331	74	154	242	48	8	33	32	130
2.11 Current Premium PMPM	$463.31	$493.24	$590.52	$395.98	$388.18	$309.73	$463.31	$590.52	$388.18	$372.38	$381.28	$458.69	$388.18	$382.30	$437.96	$446.15	$313.11	$378.65	$359.47	$312.86
2.12 Loss Ratio	83.14%	57.29%	60.61%	70.33%	80.47%	35.15%	74.45%	118.27%	133.28%	53.02%	65.13%	88.21%	57.62%	61.70%	72.28%	35.97%	0.71%	17.88%	41.37%	#DIV/0!
Per Member Per Month																				
2.13 Allowed Claims	$390.18	$283.84	$361.82	$287.92	$335.55	$128.67	$343.10	$708.83	$547.65	$223.75	$246.18	$435.71	$271.80	$204.66	$316.47	$200.10	$124.77	$94.81	$199.28	#DIV/0!
2.14 Reinsurance	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	#DIV/0!
2.15 Member Cost Sharing	$39.22	$33.22	$19.30	$63.57	$78.89	$61.91	$26.07	$25.38	$78.45	$68.05	$50.23	$67.54	$85.04	$39.71	$36.28	$62.06	$123.35	$54.83	$88.63	#DIV/0!
2.16 Cost Sharing Reduction	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	#DIV/0!
2.17 Incurred Claims	$350.96	$250.61	$342.52	$224.35	$256.66	$66.76	$317.02	$683.45	$469.20	$155.69	$195.95	$368.17	$186.76	$164.96	$280.19	$138.04	$1.42	$39.98	$110.65	#DIV/0!
2.18 Risk Adjustment Transfer Amount	-$16.82	-$16.82	$31.43	-$65.36	-$65.36	-$108.95	-$16.82	$31.43	-$65.36	-$65.36	-$65.36	-$16.82	-$65.36	-$65.36	-$16.82	-$16.82	-$108.95	-$65.36	-$65.36	#DIV/0!
2.19 Premium	$438.94	$454.26	$533.73	$384.37	$384.30	$298.88	$442.62	$546.47	$417.39	$359.01	$366.22	$434.20	$389.49	$332.72	$404.47	$400.56	$309.77	$289.00	$332.81	#DIV/0!

2.1 Plan ID (Standard Component ID)	86052DC0480007	86052DC0480008	86052DC0480009	86052DC0480010	86052DC0480011	86052DC0480013	86052DC0480014	86052DC0480015	86052DC0500009	86052DC0500010	86052DC0500011	86052DC0500012	86052DC0500014	86052DC0500015	86052DC0500016	86052DC0500017	86052DC0500018	86052DC0580001
2.2 Allowed Claims	$6,501,393	$4,568,992	$798,879	$4,660,533	$395,915	$183,140	$527,017	$57,723	$4,990,388	$1,254,445	$2,149,063	$8,516,431	$1,114,615	$3,709,927	$7,004,277	$950,046	$477,232	$19,303,980
2.3 Reinsurance	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
2.4 Member Cost Sharing	$319,837	$470,642	$229,612	$341,708	$30,472	$50,477	$117,066	$43,347	$1,157,643	$427,243	$214,034	$632,126	$221,759	$585,912	$922,634	$416,886	$203,367	$1,311,132
2.5 Cost Sharing Reduction	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
2.6 Incurred Claims	$6,181,556	$4,098,350	$569,266	$4,318,825	$365,443	$132,663	$409,951	$14,376	$3,832,745	$827,202	$1,935,029	$7,884,305	$892,856	$3,124,016	$6,081,642	$533,161	$273,865	$17,992,847
2.7 Risk Adjustment Transfer Amount	$521,089	-$238,581	-$493,561	-$172,787	-$19,498	-$90,779	-$147,311	-$70,493	-$887,133	-$297,955	-$92,778	$549,593	-$251,161	-$183,688	-$321,534	-$422,523	-$126,136	$1,280,456
2.8 Premium	$8,931,385	$6,296,038	$1,200,378	$4,408,383	$478,362	$438,203	$779,859	$155,324	$5,589,105	$1,712,231	$2,783,546	$10,035,410	$1,547,666	$5,222,427	$8,696,719	$1,095,508	$751,341	$23,674,176
2.9 Experience Period Member Months	16,581	14,182	4,530	10,271	1,159	1,389	2,254	647	13,574	4,559	5,515	17,488	3,843	10,919	19,113	3,878	1,930	40,744
2.10 Current Enrollment	1,282	1,240	217	849	1	1	299	132	1,328	424	1	1,435	1	1,480	1,624	328	321	3,074
2.11 Current Premium PMPM	$562.04	$468.09	$312.86	$498.07	$468.09	$381.28	$347.03	$262.90	$398.86	$374.52	$481.20	$578.63	$398.86	$481.20	$500.14	$313.34	$386.72	$595.21
2.12 Loss Ratio	65.40%	67.66%	80.54%	101.96%	79.64%	38.18%	64.81%	16.95%	81.51%	58.49%	71.91%	74.49%	68.87%	62.00%	72.62%	79.22%	43.80%	72.10%
Per Member Per Month																		
2.13 Allowed Claims	$392.10	$322.17	$176.35	$453.76	$341.60	$131.85	$233.81	$89.22	$367.64	$275.16	$389.68	$486.99	$290.04	$339.77	$366.47	$244.98	$247.27	$473.79
2.14 Reinsurance	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
2.15 Member Cost Sharing	$19.29	$33.19	$50.69	$33.27	$26.29	$36.34	$51.94	$67.00	$85.28	$93.71	$38.81	$36.15	$57.70	$53.66	$48.27	$107.50	$105.37	$32.18
2.16 Cost Sharing Reduction	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
2.17 Incurred Claims	$372.81	$288.98	$125.67	$420.49	$315.31	$95.51	$181.88	$22.22	$282.36	$181.44	$350.87	$450.84	$232.33	$286.11	$318.19	$137.48	$141.90	$441.61
2.18 Risk Adjustment Transfer Amount	$31.43	-$16.82	-$108.95	-$16.82	-$16.82	-$65.36	-$65.36	-$108.95	-$65.36	-$65.36	-$16.82	$31.43	-$65.36	-$16.82	-$16.82	-$108.95	-$65.36	$31.43
2.19 Premium	$538.65	$443.95	$264.98	$429.21	$412.74	$315.48	$345.99	$240.07	$411.75	$375.57	$504.72	$573.85	$402.72	$478.29	$455.02	$282.49	$389.30	$581.05

Section III: Plan Adjustment Factors

3.1 Plan ID (Standard Component ID)		86052DC0440010	86052DC0440011	86052DC0440012	86052DC0440013	86052DC0440014	86052DC0440015	86052DC0440017	86052DC0440018	86052DC0440019	86052DC0440020	86052DC0440021	86052DC0440022	86052DC0440023	86052DC0440024	86052DC0440025	86052DC0440026	86052DC0440027	86052DC0440028	86052DC0440029	86052DC0440030	86052DC0440031	86052DC0440032
3.2 Market Adjusted Index Rate																							
3.3 AV and Cost Sharing Design of Plan		0.8166	0.8436	1.0015	0.6884	1.0000	0.9688	1.0000	0.5582	0.6583	1.0000	0.7959	0.6560	0.6891	1.0000	0.6682	0.7630	0.6793	0.7774	0.6642	0.6399	0.5560	0.8915
3.4 Provider Network Adjustment		1.0660	1.0660	1.0660	1.0660	1.0000	1.0660	1.0000	1.0660	1.0660	1.0000	1.0660	1.0660	1.0660	1.0000	1.0660	1.0660	1.0660	1.0660	1.0660	1.0660	1.0660	1.0660
3.5 Benefits in Addition to EHB		1.0002	1.0002	1.0002	1.0002	1.0000	1.0002	1.0000	1.0002	1.0002	1.0000	1.0002	1.0002	1.0002	1.0000	1.0002	1.0002	1.0002	1.0002	1.0002	1.0002	1.0002	1.0002
Administrative Costs																							
3.6 Administrative Expense		14.50%	14.50%	14.50%	14.50%	14.50%	14.50%	14.50%	14.50%	14.50%	14.50%	14.50%	14.50%	14.50%	14.50%	14.50%	14.50%	14.50%	14.50%	14.50%	14.50%	14.50%	14.50%
3.7 Taxes and Fees		3.69%	3.69%	3.69%	3.69%	3.69%	3.69%	3.69%	3.69%	3.69%	3.69%	3.69%	3.69%	3.69%	3.69%	3.69%	3.69%	3.69%	3.69%	3.69%	3.69%	3.69%	3.69%
3.8 Profit & Risk Load		2.40%	2.40%	2.40%	2.40%	2.40%	2.40%	2.40%	2.40%	2.40%	2.40%	2.40%	2.40%	2.40%	2.40%	2.40%	2.40%	2.40%	2.40%	2.40%	2.40%	2.40%	2.40%
3.9 Catastrophic Adjustment		1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
3.10 Plan Adjusted Index Rate		$554.01	$572.33	$679.45	$467.04	$636.31	$657.27	$636.31	$378.70	$446.62	$636.31	$539.97	$445.05	$467.51	$636.31	$453.33	$517.65	$460.86	$527.42	$450.62	$434.13	$377.21	$604.83
3.11 Age Calibration Factor	0.9403																						
3.12 Geographic Calibration Factor	1.0000																						
3.13 Tobacco Calibration Factor	1.0000																						
3.14 Calibrated Plan Adjusted Index Rate		$520.94	$538.16	$638.89	$439.15	$598.32	$618.03	$598.32	$356.09	$419.95	$598.32	$507.73	$418.48	$439.60	$598.32	$426.27	$486.74	$433.35	$495.93	$423.72	$408.21	$354.69	$568.72

3.1 Plan ID (Standard Component ID)	86052DC0460009	86052DC0460010	86052DC0460011	86052DC0460012	86052DC0460013	86052DC0460014	86052DC0460015	86052DC0460016	86052DC0460018	86052DC0460019	86052DC0460020	86052DC0460021	86052DC0460022	86052DC0460023	86052DC0460024	86052DC0460025	86052DC0460026	86052DC0460027	86052DC0460028	86052DC0460029
3.2 Market Adjusted Index Rate								$505.29												
3.3 AV and Cost Sharing Design of Plan	0.7928	0.8373	0.9991	0.6751	0.6633	0.5372	1.0000	1.0000	1.0000	0.6396	0.6452	0.7813	1.0000	0.6539	0.7517	0.7618	0.5472	0.6460	0.6202	0.5356
3.4 Provider Network Adjustment	0.9480	0.9480	0.9480	0.9480	0.9480	0.9480	1.0000	1.0000	1.0000	0.9480	0.9480	0.9480	1.0000	0.9480	0.9480	0.9480	0.9480	0.9480	0.9480	0.9480
3.5 Benefits in Addition to EHB	1.0002	1.0002	1.0002	1.0002	1.0002	1.0002	1.0000	1.0000	1.0000	1.0002	1.0002	1.0002	1.0000	1.0002	1.0002	1.0002	1.0002	1.0002	1.0002	1.0002
Administrative Costs																				
3.6 Administrative Expense	14.50%	14.50%	14.50%	14.50%	14.50%	14.50%	14.50%	14.50%	14.50%	14.50%	14.50%	14.50%	14.50%	14.50%	14.50%	14.50%	14.50%	14.50%	14.50%	14.50%
3.7 Taxes and Fees	3.69%	3.69%	3.69%	3.69%	3.69%	3.69%	3.69%	3.69%	3.69%	3.69%	3.69%	3.69%	3.69%	3.69%	3.69%	3.69%	3.69%	3.69%	3.69%	3.69%
3.8 Profit & Risk Load	2.40%	2.40%	2.40%	2.40%	2.40%	2.40%	2.40%	2.40%	2.40%	2.40%	2.40%	2.40%	2.40%	2.40%	2.40%	2.40%	2.40%	2.40%	2.40%	2.40%
3.9 Catastrophic Adjustment	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
3.10 Plan Adjusted Index Rate	$478.33	$505.17	$602.80	$407.31	$400.19	$324.11	$636.31	$636.31	$636.31	$385.89	$389.27	$471.39	$636.31	$394.52	$453.53	$459.62	$330.15	$389.76	$374.19	$323.15
3.11 Age Calibration Factor								0.9403												
3.12 Geographic Calibration Factor								1.0000												
3.13 Tobacco Calibration Factor								1.0000												
3.14 Calibrated Plan Adjusted Index Rate	$449.77	$475.02	$566.81	$383.00	$376.30	$304.76	$598.32	$598.32	$598.32	$362.86	$366.03	$443.25	$598.32	$370.97	$426.45	$432.18	$310.44	$366.49	$351.85	$303.86

3.1 Plan ID (Standard Component ID)	86052DC0480007	86052DC0480008	86052DC0480009	86052DC0480010	86052DC0480011	86052DC0480013	86052DC0480014	86052DC0480015	86052DC0500009	86052DC0500010	86052DC0500011	86052DC0500012	86052DC0500014	86052DC0500015	86052DC0500016	86052DC0500017	86052DC0500018	86052DC0580001
3.3 AV and Cost Sharing Design of Plan	0.9982	0.8341	1.0000	0.8875	1.0000	1.0000	0.6356	0.4984	0.6774	0.6428	1.0000	0.9628	1.0000	0.8091	0.8376	0.5408	0.6566	0.9993
3.4 Provider Network Adjustment	0.9030	0.9030	1.0000	0.9030	1.0000	1.0000	0.9030	0.9030	0.9670	0.9670	1.0000	0.9670	1.0000	0.9670	0.9670	0.9670	0.9670	0.9570
3.5 Benefits in Addition to EHB	1.0002	1.0002	1.0000	1.0002	1.0000	1.0000	1.0002	1.0002	1.0002	1.0002	1.0000	1.0002	1.0000	1.0002	1.0002	1.0002	1.0002	1.0002
3.6 Administrative Expense	14.50%	14.50%	14.50%	14.50%	14.50%	14.50%	14.50%	14.50%	14.50%	14.50%	14.50%	14.50%	14.50%	14.50%	14.50%	14.50%	14.50%	14.50%
3.7 Taxes and Fees	3.69%	3.69%	3.69%	3.69%	3.69%	3.69%	3.69%	3.69%	3.69%	3.69%	3.69%	3.69%	3.69%	3.69%	3.69%	3.69%	3.69%	3.69%
3.8 Profit & Risk Load	2.40%	2.40%	2.40%	2.40%	2.40%	2.40%	2.40%	2.40%	2.40%	2.40%	2.40%	2.40%	2.40%	2.40%	2.40%	2.40%	2.40%	2.40%
3.9 Catastrophic Adjustment	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
3.10 Plan Adjusted Index Rate	$573.66	$479.36	$636.31	$510.04	$636.31	$636.31	$365.28	$286.43	$416.89	$395.60	$636.31	$592.54	$636.31	$497.94	$515.48	$332.82	$404.09	$608.64
3.14 Calibrated Plan Adjusted Index Rate	$539.42	$450.74	$598.32	$479.60	$598.32	$598.32	$343.47	$269.33	$392.00	$371.98	$598.32	$557.16	$598.32	$468.22	$484.71	$312.96	$379.97	$572.30

Section IV: Projected Plan Level Information

4.1 Plan ID (Standard Component ID)	Total	86052DC0440010	86052DC0440011	86052DC0440012	86052DC0440013	86052DC0440014	86052DC0440015	86052DC0440017	86052DC0440018	86052DC0440019	86052DC0440020	86052DC0440021	86052DC0440022	86052DC0440023	86052DC0440024	86052DC0440025	86052DC0440026	86052DC0440027	86052DC0440028	86052DC0440029	86052DC0440030	86052DC0440031	86052DC0440032
4.2 Allowed Claims	$252,148,867	$25,372,280	$24,190,012	$26,924,447	$8,356,986	$0	$9,020,226	$0	$3,926,513	$2,966,535	$0	$8,692,845	$2,177,863	$4,794,403	$0	$1,167,192	$3,377,800	$7,763,513	$239,050	$143,877	$496,508	$1,456,843	$1,629,672
4.3 Reinsurance	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4.4 Member Cost Sharing	$46,676,361	$4,714,170	$3,843,793	$1,674,701	$2,339,956	$0	$837,979	$0	$1,564,716	$923,779	$0	$1,795,073	$683,413	$1,338,597	$0	$351,325	$808,307	$2,247,537	$53,762	$43,911	$164,195	$584,048	$181,220
4.5 Cost Sharing Reduction	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4.6 Incurred Claims	$205,472,506	$20,658,111	$20,346,219	$25,249,746	$6,017,030	$0	$8,182,247	$0	$2,361,798	$2,042,756	$0	$6,897,773	$1,494,450	$3,455,806	$0	$815,867	$2,569,492	$5,515,976	$185,288	$99,966	$332,313	$872,794	$1,448,453
4.7 Risk Adjustment Transfer Amount	-$10,277,004	-$1,149,932	-$1,096,322	$1,629,596	-$990,682	$0	$545,899	$0	-$840,373	-$351,711	$0	-$393,950	-$258,208	-$568,408	$0	-$138,390	-$153,078	-$920,351	-$10,834	-$17,059	-$58,861	-$311,786	-$73,854
4.8 Premium	$271,381,021	$27,284,522	$26,872,587	$33,348,996	$7,947,086	$0	$10,806,830	$0	$3,119,381	$2,698,002	$0	$9,110,341	$1,973,818	$4,564,310	$0	$1,077,569	$3,393,697	$7,285,311	$244,721	$132,031	$438,907	$1,152,757	$1,913,067
4.9 Projected Member Months	516,978	49,249	46,953	49,082	17,016	0	16,442	0	8,237	6,041	0	16,872	4,435	9,763	0	2,377	6,556	15,808	464	293	1,011	3,056	3,163
4.10 Loss Ratio	78.69%	79.05%	78.93%	72.19%	86.50%	#DIV/0!	72.07%	#DIV/0!	103.63%	87.06%	#DIV/0!	79.14%	87.11%	86.48%	#DIV/0!	86.87%	79.29%	86.66%	79.22%	86.95%	87.44%	103.78%	78.75%
Per Member Per Month																							
4.11 Allowed Claims	$487.74	$515.18	$515.20	$548.56	$491.13	#DIV/0!	$548.61	#DIV/0!	$476.69	$491.07	#DIV/0!	$515.22	$491.06	$491.08	#DIV/0!	$491.04	$515.22	$491.11	$515.19	$491.05	$491.11	$476.72	$515.23
4.12 Reinsurance	$0.00	$0.00	$0.00	$0.00	$0.00	#DIV/0!	$0.00	#DIV/0!	$0.00	$0.00	#DIV/0!	$0.00	$0.00	$0.00	#DIV/0!	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
4.13 Member Cost Sharing	$90.29	$95.72	$81.86	$34.12	$137.52	#DIV/0!	$50.97	#DIV/0!	$189.96	$152.92	#DIV/0!	$106.39	$154.10	$137.11	#DIV/0!	$147.80	$123.29	$142.18	$115.87	$149.87	$162.41	$191.12	$57.29
4.14 Cost Sharing Reduction	$0.00	$0.00	$0.00	$0.00	$0.00	#DIV/0!	$0.00	#DIV/0!	$0.00	$0.00	#DIV/0!	$0.00	$0.00	$0.00	#DIV/0!	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
4.15 Incurred Claims	$397.45	$419.46	$433.33	$514.44	$353.61	#DIV/0!	$497.64	#DIV/0!	$286.73	$338.15	#DIV/0!	$408.83	$336.97	$353.97	#DIV/0!	$343.23	$391.93	$348.94	$399.33	$341.18	$328.70	$285.60	$457.94
4.16 Risk Adjustment Transfer Amount	-$19.88	-$23.35	-$23.35	$33.20	-$58.22	#DIV/0!	$33.20	#DIV/0!	-$102.02	-$58.22	#DIV/0!	-$23.35	-$58.22	-$58.22	#DIV/0!	-$58.22	-$23.35	-$58.22	-$23.35	-$58.22	-$58.22	-$102.02	-$23.35
4.17 Premium	$524.94	$554.01	$572.33	$679.45	$467.04	#DIV/0!	$657.27	#DIV/0!	$378.70	$446.62	#DIV/0!	$539.97	$445.05	$467.51	#DIV/0!	$453.33	$517.65	$460.86	$527.42	$450.62	$434.13	$377.21	$604.83

4.1 Plan ID (Standard Component ID)	86052DC0460009	86052DC0460010	86052DC0460011	86052DC0460012	86052DC0460013	86052DC0460014	86052DC0460015	86052DC0460016	86052DC0460018	86052DC0460019	86052DC0460020	86052DC0460021	86052DC0460022	86052DC0460023	86052DC0460024	86052DC0460025	86052DC0460026	86052DC0460027	86052DC0460028	86052DC0460029
4.2 Allowed Claims	$5,637,648	$7,345,499	$8,224,924	$3,394,408	$4,864,709	$2,309,403	$0	$0	$0	$1,783,186	$4,441,307	$1,860,819	$0	$1,020,148	$1,439,508	$516,383	$61,050	$225,756	$299,557	$2,010,916
4.3 Reinsurance	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4.4 Member Cost Sharing	$1,181,651	$1,213,476	$530,508	$997,277	$1,489,574	$972,721	$0	$0	$0	$590,235	$1,443,869	$411,427	$0	$322,367	$360,597	$124,190	$25,055	$73,190	$105,205	$850,215
4.5 Cost Sharing Reduction	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4.6 Incurred Claims	$4,455,997	$6,132,022	$7,694,417	$2,397,131	$3,375,135	$1,336,683	$0	$0	$0	$1,192,951	$2,997,438	$1,449,392	$0	$697,781	$1,078,911	$392,193	$35,995	$152,566	$194,353	$1,160,701
4.7 Risk Adjustment Transfer Amount	-$287,290	-$374,337	$559,744	-$452,549	-$648,519	-$555,726	$0	$0	$0	-$237,715	-$592,103	-$94,822	$0	-$136,003	-$73,364	-$26,315	-$14,691	-$30,100	-$39,939	-$484,003
4.8 Premium	$5,885,328	$8,098,964	$10,162,521	$3,166,048	$4,457,762	$1,765,445	$0	$0	$0	$1,575,609	$3,958,913	$1,914,307	$0	$921,605	$1,424,989	$517,995	$47,541	$201,504	$256,695	$1,533,013
4.9 Projected Member Months	12,304	16,032	16,859	7,773	11,139	5,447	0	0	0	4,083	10,170	4,061	0	2,336	3,142	1,127	144	517	686	4,744
4.10 Loss Ratio	79.60%	79.38%	71.76%	88.34%	88.60%	110.50%	#DIV/0!	#DIV/0!	#DIV/0!	89.17%	89.03%	79.66%	#DIV/0!	88.82%	79.82%	79.77%	109.58%	89.01%	89.66%	110.65%
Per Member Per Month																				
4.11 Allowed Claims	$458.20	$458.18	$487.87	$436.69	$436.73	$423.98	#DIV/0!	#DIV/0!	#DIV/0!	$436.73	$436.71	$458.22	#DIV/0!	$436.71	$458.15	$458.19	$423.96	$436.67	$436.67	$423.89
4.12 Reinsurance	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	#DIV/0!	#DIV/0!	#DIV/0!	$0.00	$0.00	$0.00	#DIV/0!	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
4.13 Member Cost Sharing	$96.04	$75.69	$31.47	$128.30	$133.73	$178.58	#DIV/0!	#DIV/0!	#DIV/0!	$144.56	$141.97	$101.31	#DIV/0!	$138.00	$114.77	$110.20	$173.99	$141.57	$153.36	$179.22
4.14 Cost Sharing Reduction	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	#DIV/0!	#DIV/0!	#DIV/0!	$0.00	$0.00	$0.00	#DIV/0!	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
4.15 Incurred Claims	$362.16	$382.49	$456.40	$308.39	$303.00	$245.40	#DIV/0!	#DIV/0!	#DIV/0!	$292.18	$294.73	$356.91	#DIV/0!	$298.71	$343.38	$348.00	$249.97	$295.10	$283.31	$244.67
4.16 Risk Adjustment Transfer Amount	-$23.35	-$23.35	$33.20	-$58.22	-$58.22	-$102.02	#DIV/0!	#DIV/0!	#DIV/0!	-$58.22	-$58.22	-$23.35	#DIV/0!	-$58.22	-$23.35	-$23.35	-$102.02	-$58.22	-$58.22	-$102.02
4.17 Premium	$478.33	$505.17	$602.80	$407.31	$400.19	$324.11	#DIV/0!	#DIV/0!	#DIV/0!	$385.89	$389.27	$471.39	#DIV/0!	$394.52	$453.53	$459.62	$330.15	$389.76	$374.19	$323.15

4.1 Plan ID (Standard Component ID)	86052DC0480007	86052DC0480008	86052DC0480009	86052DC0480010	86052DC0480011	86052DC0480013	86052DC0480014	86052DC0480015	86052DC0500009	86052DC0500010	86052DC0500011	86052DC0500012	86052DC0500014	86052DC0500015	86052DC0500016	86052DC0500017	86052DC0500018	86052DC0580001
4.2 Allowed Claims	$6,319,942	$6,414,262	$0	$5,280,486	$0	$0	$1,820,058	$1,075,651	$6,334,275	$2,200,089	$0	$7,830,512	$0	$7,982,878	$8,898,996	$1,697,542	$1,604,369	$16,558,021
4.3 Reinsurance	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4.4 Member Cost Sharing	$413,324	$1,080,162	$0	$607,784	$0	$0	$610,084	$497,919	$1,846,441	$720,749	$0	$771,305	$0	$1,543,889	$1,467,444	$708,215	$502,328	$1,064,681
4.5 Cost Sharing Reduction	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4.6 Incurred Claims	$5,906,618	$5,334,100	$0	$4,672,702	$0	$0	$1,209,975	$577,732	$4,487,834	$1,479,340	$0	$7,059,207	$0	$6,438,990	$7,431,552	$989,327	$1,102,041	$15,493,340
4.7 Risk Adjustment Transfer Amount	$451,507	-$343,165	$0	-$282,527	$0	$0	-$254,715	-$271,792	-$827,780	-$287,552	$0	$522,426	$0	-$398,784	-$444,595	-$400,547	-$209,711	$1,116,268
4.8 Premium	$7,801,258	$7,045,096	$0	$6,171,544	$0	$0	$1,598,093	$763,049	$5,927,377	$1,953,861	$0	$9,323,558	$0	$8,504,396	$9,815,338	$1,306,670	$1,455,538	$20,463,071
4.9 Projected Member Months	13,599	14,697	0	12,100	0	0	4,375	2,664	14,218	4,939	0	15,735	0	17,079	19,041	3,926	3,602	33,621
4.10 Loss Ratio	71.57%	79.59%	#DIV/0!	79.35%	#DIV/0!	#DIV/0!	90.07%	117.60%	88.00%	88.78%	#DIV/0!	71.70%	#DIV/0!	79.44%	79.31%	109.18%	88.46%	71.80%
Per Member Per Month																		
4.11 Allowed Claims	$464.74	$436.43	#DIV/0!	$436.40	#DIV/0!	#DIV/0!	$416.01	$403.77	$445.51	$445.45	#DIV/0!	$497.65	#DIV/0!	$467.41	$467.36	$432.38	$445.41	$492.49
4.12 Reinsurance	$0.00	$0.00	#DIV/0!	$0.00	#DIV/0!	#DIV/0!	$0.00	$0.00	$0.00	$0.00	#DIV/0!	$0.00	#DIV/0!	$0.00	$0.00	$0.00	$0.00	$0.00
4.13 Member Cost Sharing	$30.39	$73.50	#DIV/0!	$50.23	#DIV/0!	#DIV/0!	$139.45	$186.91	$129.87	$145.93	#DIV/0!	$49.02	#DIV/0!	$90.40	$77.07	$180.39	$139.46	$31.67
4.14 Cost Sharing Reduction	$0.00	$0.00	#DIV/0!	$0.00	#DIV/0!	#DIV/0!	$0.00	$0.00	$0.00	$0.00	#DIV/0!	$0.00	#DIV/0!	$0.00	$0.00	$0.00	$0.00	$0.00
4.15 Incurred Claims	$434.34	$362.94	#DIV/0!	$386.17	#DIV/0!	#DIV/0!	$276.57	$216.87	$315.64	$299.52	#DIV/0!	$448.63	#DIV/0!	$377.01	$390.29	$251.99	$305.95	$460.82
4.16 Risk Adjustment Transfer Amount	$33.20	-$23.35	#DIV/0!	-$23.35	#DIV/0!	#DIV/0!	-$58.22	-$102.02	-$58.22	-$58.22	#DIV/0!	$33.20	#DIV/0!	-$23.35	-$23.35	-$102.02	-$58.22	$33.20
4.17 Premium	$573.66	$479.36	#DIV/0!	$510.04	#DIV/0!	#DIV/0!	$365.28	$286.43	$416.89	$395.60	#DIV/0!	$592.54	#DIV/0!	$497.94	$515.48	$332.82	$404.09	$608.64

Rating Area Data Collection

Specify the total number of Rating
Select only the Rating Areas you a
To validate, select the Validate bu
To finalize, select the Finalize butt

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-132316088
Submission Date	8/26/2020
Product Name	BlueChoice

Market Type: ○ Individual ◉ Small Group

Rate Filing Type: ◉ Rate Increase ○ New Filing

Scope and Range of the Increase:

The 0.2 % increase is requested because:

The main drivers of the 2021 rate increase are a) increase in the base period experience of the combined pool, b) removal of the Health Insurer Fee and c) trend.

This filing will impact:

# of policyholder's 24,873 # of covered lives 40,567

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 0.2 %
- Minimum Rate Change: The smallest premium increase (or largest decrease), by percentage, that any one policy holder would experience if the filing is approved (2.8) %
- Maximum Rate Change: The largest premium increase, by percentage, that any one policy holder would experience if the filing is approved 22.6 %

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

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

Financial Experience of Product

The overall financial experience of the product includes:

In 2019, a total of $214.0 million in premium was collected and $167.0 million in claims were paid out, along with $7.0 million paid in risk adjustment, for a loss ratio of 81.3%. However, the rate increase of the product is driven partially by the combined Individual and Small group experience, which collected $234.9 million in premium and paid out $181.3 million in claims and paid $11.5 million in risk adjustment for a loss ratio of 82.1%.

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

The proposed rate increases are aimed to bring the loss ratio for the combined Individual/small group pool to a projected 79.2%.

Components of Increase

The request is made up of the following components:

Trend Increases – 6.0 % of the 0.2 % total filed increase

1. Medical Utilization Changes –Defined as the increase in total plan claim costs not attributable to changes in the unit cost of underlying services, or renegotiation of provider contracts. Examples include changes in the mix of services utilized, or an increase/decrease in the frequency of service utilization.

This component is 2.1 % of the 0.2 % total filed increase.

2. Medical Price Changes – Defined as the increase in total plan claim costs attributable to changes in the unit cost of underlying services, or renegotiation of provider contracts.

This component is 3.8 % of the 0.2 % total filed increase.

Other Increases – (5.4) % of the 0.2 % total filed increase

1. Medical Benefit Changes Required by Law – Defined as any new mandated plan benefit changes, as mandated by either State or Federal Regulation.

This component is 0.0 % of the 0.2 % total filed increase.

2. Medical Benefit Changes Not Required by Law – Defined as changes in plan benefit design made by the company, which are not required by either State or Federal Regulation.

This component is 0.66 % of the 0.2 % total filed increase.

3. Changes to Administration Costs – Defined as increases in the costs of providing insurance coverage. Examples include claims payment expenses, distribution costs, taxes, and general business expenses such as rent, salaries, and overhead.

This component is -2.3 % of the 0.2 % total filed increase.

4. Changes to Profit Margin – Defined as increases to company surplus or changes as an additional margin to cover the risk of the company.

This component is 0.0 % of the 0.2 % total filed increase.

5. Other – Defined as:

The pricing trend decreased from 7.0% in 2020 to 6.0% in 2021.

This component is (3.9) % of the 0.2 % 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-132808962
Submission Date	5/17/2021
Product Name	BlueChoice

Market Type: ○ Individual ◉ Small Group

Rate Filing Type: ◉ Rate Increase ○ New Filing

Scope and Range of the Increase:

The 2.5 % increase is requested because:

The main drivers supporting the rate change are an increase in the trend and plan level benefit factors, an improvement in the base period experience of the combined pool, and decreases in the risk adjustment factor and the administrative assumption. The increase in trend is due to an adjustment made for Covid. As a result of the pandemic, the 2020 experience period had decreased claims driven by the deferred or avoided care. An adjustment was made to bring the 2020 experience up to the level it would be at in the absence of Covid.

This filing will impact:

# of policyholder's 25,930 # of covered lives 42,433

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 2.5 %
- Minimum Rate Change: The smallest premium increase (or largest decrease), by percentage, that any one policy holder would experience if the filing is approved 1.8 %
- Maximum Rate Change: The largest premium increase, by percentage, that any one policy holder would experience if the filing is approved 20.8 %

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 2020, a total of $237.8 million in premium was collected and $175.8 million in claims were paid out, along with $8.2 million paid in risk adjustment, for a loss ratio of 77.4%. However, the rate increase of the product is driven partially by the combined Individual and Small group experience, which collected $262.3 million in premium and paid out $192.5 million in claims and paid $14.9 million in risk adjustment for a loss ratio of 79.0%.

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 to a projected 80.8%.

Components of Increase

The request is made up of the following components:

Trend Increases – 9.1 % of the 2.5 % 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 5.2 % of the 2.5 % 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 3.8 % of the 2.5 % total filed increase.

Other Increases – (6.1) % of the 2.5 % 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 2.5 % 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 1.89 % of the 2.5 % total filed increase.

3. Changes to Administration Costs – Defined as increases in the costs of providing insurance coverage. Examples include claims payment expenses, distribution costs, taxes, and general business expenses such as rent, salaries, and overhead.

   This component is -1.6 % of the 2.5 % 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 0.0 % of the 2.5 % total filed increase.

5. Other – Defined as:

Morbidity and Risk Adjsutment are lower than anticipated.

This component is (6.4) % of the 2.5 % total filed increase.