

**State:** District of Columbia **Filing Company:** Group Hospitalization and Medical Services, Inc.  
**TOI/Sub-TOI:** H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)  
**Product Name:** 2566 - DC ACA Individual GHMSI  
**Project Name/Number:** 2566 - DC GHMSI IND64- ACA ON-EXCHANGE/2566

## Filing at a Glance

Company: Group Hospitalization and Medical Services, Inc.  
Product Name: 2566 - DC ACA Individual GHMSI  
State: District of Columbia  
TOI: H16I Individual Health - Major Medical  
Sub-TOI: H16I.005A Individual - Preferred Provider (PPO)  
Filing Type: Rate  
Date Submitted: 05/17/2021  
SERFF Tr Num: CFAP-132809038  
SERFF Status: Submitted to State  
State Tr Num:  
State Status:  
Co Tr Num: 2566  
Effective: 01/01/2022  
Date Requested:  
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  
**TOI/Sub-TOI:** H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)  
**Filing Company:** Group Hospitalization and Medical Services, Inc.  
**Product Name:** 2566 - DC ACA Individual GHMSI  
**Project Name/Number:** 2566 - DC GHMSI IND64- ACA ON-EXCHANGE/2566

## General Information

Project Name: 2566 - DC GHMSI IND64- ACA ON-EXCHANGE

Status of Filing in Domicile:

Project Number: 2566

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type: Individual

Overall Rate Impact: 7.9%

Filing Status Changed: 05/17/2021

State Status Changed:

Deemer Date:

Created By: Shane Kontir

Submitted By: Shane Kontir

Corresponding Filing Tracking Number:

PPACA: Non-Grandfathered Immed Mkt Reforms

PPACA Notes: null

Include Exchange Intentions:

No

Filing Description:

This filing contains the rate proposal for the portfolio of benefits to be offered by Group Hospitalization & Medical Services, Inc. to Individuals Under 65 on the D.C. Exchange. We are submitting 6 benefit plans on the D.C. Exchange.

## Company and Contact

### Filing Contact Information

Cory Bream, Actuarial Assistant  
 10455 Mill Run Circle  
 Owings Mills, MD 21117

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

### Filing Company Information

Group Hospitalization and Medical  
 Services, Inc.  
 840 First Street NE  
 Washington, DC 20065  
 (410) 581-3000 ext. [Phone]

CoCode: 53007  
 Group Code:  
 Group Name:  
 FEIN Number: 53-0078070

State of Domicile: District of  
 Columbia  
 Company Type: Hospital,  
 Medical & Dental Service or  
 Indemnity  
 State ID Number:

**State:** District of Columbia **Filing Company:** Group Hospitalization and Medical Services, Inc.  
**TOI/Sub-TOI:** H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)  
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## Filing Fees

### State Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

SERFF Tracking #:

CFAP-132809038

State Tracking #:

Company Tracking #:

2566

**State:** District of Columbia **Filing Company:** Group Hospitalization and Medical Services, Inc.  
**TOI/Sub-TOI:** H161 Individual Health - Major Medical/H161.005A Individual - Preferred Provider (PPO)  
**Product Name:** 2566 - DC ACA Individual GHMSI  
**Project Name/Number:** 2566 - DC GHMSI IND64- ACA ON-EXCHANGE/2566

### Rate Information

Rate data applies to filing.

**Filing Method:** SERFF  
**Rate Change Type:** Increase  
**Overall Percentage of Last Rate Revision:** 1.000%  
**Effective Date of Last Rate Revision:** 01/01/2021  
**Filing Method of Last Filing:** SERFF  
**SERFF Tracking Number of Last Filing:** CFAP-132316184

### Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Group Hospitalization and Medical Services, Inc.	Increase	7.900%	7.900%	\$4,715,034	6,519	\$59,997,931	12.800%	5.500%

State: District of Columbia Filing Company: Group Hospitalization and Medical Services, Inc.  
 TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)  
 Product Name: 2566 - DC ACA Individual GHMSI  
 Project Name/Number: 2566 - DC GHMSI IND64- ACA ON-EXCHANGE/2566

**Rate Review Detail**

**COMPANY:**

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

**PRODUCTS:**

Product Name	HIOS Product ID	HIOS Submission ID	Number of Covered Lives
BluePreferred PPO	78079DC021		8648

Trend Factors:

**FORMS:**

New Policy Forms: DC/CF/EXC/2022 AMEND (1/22), DC/CF/EXC/BP HSA STD/BRZ 6350 (1/22), DC/CF/EXC/BP HSA/GOLD 1500 (1/22), DC/CF/EXC/BP STD/BRZ 7500 (1/22), DC/CF/EXC/BP STD/GOLD 500 (1/22), DC/CF/EXC/BP STD/NATAMER SOB (1/22), DC/CF/EXC/BP STD/PLAT 0 (1/22), DC/CF/EXC/BP STD/SIL 4000 (1/22), DC/CF/EXC/BP STD/SIL 4000 A (1/22), DC/CF/EXC/BP STD/SIL 4000 B (1/22), DC/CF/EXC/BP STD/SIL 4000 C (1/22), DC/CF/CD/BP/INCENT (1/22)

Affected Forms:

Other Affected Forms: DC/CF/ANCILLARY AMEND (10/12), DC/CF/BP/EXC/DOCS (R. 1/20), DC/CF/EXC/2021 AMEND (1/21), DC/CF/EXC/BP/IEA (R. 1/20), DC/CF/EXC/NATAMER (1/14), DC/CF/MEM/BLCRD (R. 6/18), DC/CF/PT PROTECT (9/10), DC/GHMSI/DOL APPEAL (R. 1/17), DC/GHMSI/HEALTH GUARANTEE 8/19, DC/CF/CD/AUTH AMEND PPO (R. 1/20)

**REQUESTED RATE CHANGE INFORMATION:**

Change Period: Annual  
 Member Months: 103,925  
 Benefit Change: Increase  
 Percent Change Requested: Min: 5.5 Max: 12.8 Avg: 7.9

**PRIOR RATE:**

Total Earned Premium: 59,997,931.00  
 Total Incurred Claims: 48,688,656.00  
 Annual \$: Min: 400.91 Max: 685.17 Avg: 550.31

**REQUESTED RATE:**

Projected Earned Premium: 66,564,381.00  
 Projected Incurred Claims: 54,132,477.00  
 Annual \$: Min: 448.00 Max: 723.15 Avg: 593.55

State: District of Columbia

Filing Company:

Group Hospitalization and Medical Services, Inc.

TOI/Sub-TOI: H161 Individual Health - Major Medical/H161.005A Individual - Preferred Provider (PPO)

Product Name: 2566 - DC ACA Individual GHMSI

Project Name/Number: 2566 - DC GHMSI IND64- ACA ON-EXCHANGE/2566

### Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		2566 - DC GHMSI - Ind - Rate Sheets	DC/CF/ANCILLARY AMEND (10/12), DC/CF/BP/EXC/DOCS (R. 1/20), DC/CF/EXC/2021 AMEND (1/21), DC/CF/EXC/BP/IEA (R. 1/20), DC/CF/EXC/NATAMER (1/14), DC/CF/MEM/BLCRD (R. 6/18), DC/CF/PT PROTECT (9/10), DC/GHMSI/DOL APPEAL (R. 1/17), DC/GHMSI/HEALTH GUARANTEE 8/19, DC/CF/CD/AUTH AMEND PPO (R. 1/20), DC/CF/EXC/2022 AMEND (1/22), DC/CF/EXC/BP HSA STD/BRZ 6350 (1/22), DC/CF/EXC/BP HSA/GOLD 1500 (1/22), DC/CF/EXC/BP STD/BRZ 7500 (1/22), DC/CF/EXC/BP STD/GOLD 500 (1/22), DC/CF/EXC/BP STD/NATAMER SOB (1/22), DC/CF/EXC/BP STD/PLAT 0 (1/22), DC/CF/EXC/BP STD/SIL 4000 (1/22), DC/CF/EXC/BP STD/SIL 4000 A (1/22), DC/CF/EXC/BP STD/SIL 4000 B (1/22), DC/CF/EXC/BP STD/SIL 4000 C (1/22), DC/CF/CD/BP/INCENT (1/22)	Revised	Previous State Filing Number: CFAP-132316184 Percent Rate Change Request: 7.9	2566 - DC GHMSI - Ind - Rate Sheets.pdf,

**Group Hospitalization & Medical Services Inc.  
d.b.a. CareFirst BlueCross BlueShield  
(NAIC # 53007)  
Rate Filing # 2566**

**D.C. Individual Products  
Rate Filing Effective 1/1/2022**

**Rates & Factors**

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

**Rates & Factors  
Table of Contents**  
[Rate Filing Effective 1/1/2022](#)

Cover	1
Table of Contents	2
Form Numbers	3
Age Factors	4
BluePreferred PPO Standard Bronze \$7,500	5
BluePreferred PPO HSA Standard Bronze \$6,350	6
BluePreferred PPO Standard Silver \$4,000	7
BluePreferred PPO Standard Gold \$500	8
BluePreferred PPO HSA Gold \$1,500	9
BluePreferred PPO Standard Platinum \$0	10



**Group Hospitalization & Medical Services Inc.**  
**d.b.a. CareFirst BlueCross BlueShield**  
**(NAIC # 53007)**  
**D.C. Individual Products**  
**Rate Filing Effective 1/1/2022**  
**Form Numbers**

**Form Numbers Associated With This ACA Filing:**

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<b>BluePreferred PPO</b>
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DC/CF/EXC/BP/IEA (R. 1/20)  
DC/GHMSI/DOL APPEAL (R. 1/17)  
DC/CF/BP/EXC/DOCS (R. 1/20)  
DC/CF/EXC/2021 AMEND (1/21)  
DC/CF/EXC/2022 AMEND (1/22)  
DC/CF/EXC/BP HSA STD/BRZ 6350 (1/22)  
DC/CF/EXC/BP HSA/GOLD 1500 (1/22)  
DC/CF/EXC/BP STD/BRZ 7500 (1/22)  
DC/CF/EXC/BP STD/GOLD 500 (1/22)  
DC/CF/EXC/BP STD/NATAMER SOB (1/22)  
DC/CF/EXC/BP STD/PLAT 0 (1/22)  
DC/CF/EXC/BP STD/SIL 4000 (1/22)  
DC/CF/EXC/BP STD/SIL 4000 A (1/22)  
DC/CF/EXC/BP STD/SIL 4000 B (1/22)  
DC/CF/EXC/BP STD/SIL 4000 C (1/22)  
DC/CF/EXC/NATAMER (1/14)  
DC/CF/MEM/BLCRD (R. 6/18)  
DC/CF/ANCILLARY AMEND (10/12)  
DC/CF/CD/AUTH AMEND PPO (R. 1/20)  
DC/GHMSI/HEALTH GUARANTEE 8/19  
DC/CF/PT PROTECT (9/10)  
DC/CF/CD/BP/INCENT (1/22)

**Group Hospitalization & Medical Services Inc.  
D.C. Individual Products, Rate Filing Effective 1/1/2022**

**Age Factors**

<b>Age</b>	<b>Factor</b>
0-20	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

**Group Hospitalization & Medical Services Inc.**

Individual On Exchange  
DISTRICT OF COLUMBIA

**BluePreferred PPO Standard Bronze \$7,500**  
Proposed Monthly Premium Rate Filing Effective 1/1/2022

Consumer Adjusted Rate **\$452.85**

Age	Monthly Premium
0-20	\$296.16
21	\$329.22
22	\$329.22
23	\$329.22
24	\$329.22
25	\$329.22
26	\$329.22
27	\$329.22
28	\$336.92
29	\$344.17
30	\$352.77
31	\$361.83
32	\$369.98
33	\$378.58
34	\$387.64
35	\$396.70
36	\$405.75
37	\$414.81
38	\$419.79
39	\$424.77
40	\$441.53
41	\$458.74
42	\$476.85
43	\$495.42
44	\$514.89
45	\$534.82
46	\$555.65
47	\$577.38
48	\$600.03
49	\$623.57
50	\$648.03
51	\$673.39
52	\$699.65
53	\$726.82
54	\$755.35
55	\$784.79
56	\$815.58
57	\$847.28
58	\$880.34
59	\$914.76
60	\$950.53
61	\$987.67
62	\$987.67
63	\$987.67
64+	\$987.67

**Summary of Member Cost-Shares**

	In Network	Out-Of-Network
DEDUCTIBLE	\$7,500	\$15,000
COINSURANCE	40%	40%
OUT-OF-POCKET MAXIMUM	\$8,550	\$17,100
Office Copays	\$60 PCP /\$125 Specialist	
Drug:	\$25 Generic, \$75 Preferred Brand	
	\$100 Non-Preferred Brand	
Drug and Medical Combined for OOP Max		

**Group Hospitalization & Medical Services Inc.**

Individual On Exchange  
DISTRICT OF COLUMBIA

**BluePreferred PPO HSA Standard Bronze \$6,350**  
Proposed Monthly Premium Rate Filing Effective 1/1/2022

Consumer Adjusted Rate **\$448.00**

Age	Monthly Premium
0-20	\$292.99
21	\$325.70
22	\$325.70
23	\$325.70
24	\$325.70
25	\$325.70
26	\$325.70
27	\$325.70
28	\$333.31
29	\$340.48
30	\$348.99
31	\$357.95
32	\$366.02
33	\$374.53
34	\$383.49
35	\$392.45
36	\$401.41
37	\$410.37
38	\$415.30
39	\$420.22
40	\$436.80
41	\$453.82
42	\$471.74
43	\$490.11
44	\$509.38
45	\$529.09
46	\$549.70
47	\$571.20
48	\$593.60
49	\$616.90
50	\$641.09
51	\$666.18
52	\$692.16
53	\$719.04
54	\$747.26
55	\$776.38
56	\$806.85
57	\$838.21
58	\$870.91
59	\$904.96
60	\$940.35
61	\$977.09
62	\$977.09
63	\$977.09
64+	\$977.09

Summary of Member Cost-Shares

	In Network	Out-Of-Network
DEDUCTIBLE	\$6,350	\$12,700
COINSURANCE	20%	40%
OUT-OF-POCKET MAXIMUM	\$6,900	\$13,800
Office Copays	20% Coinsurance	
Drug:	20% Generic, 20% Preferred Brand 20% Non-Preferred Brand	
Drug and Medical Combined for Deductible & OOP Max		

## Group Hospitalization & Medical Services Inc.

Individual On Exchange

DISTRICT OF COLUMBIA

BluePreferred PPO Standard Silver \$4,000

Proposed Monthly Premium Rate Filing Effective 1/1/2022

Consumer Adjusted Rate **\$520.39**

Age	Monthly Premium
0-20	\$340.34
21	\$378.32
22	\$378.32
23	\$378.32
24	\$378.32
25	\$378.32
26	\$378.32
27	\$378.32
28	\$387.17
29	\$395.50
30	\$405.38
31	\$415.79
32	\$425.16
33	\$435.05
34	\$445.45
35	\$455.86
36	\$466.27
37	\$476.68
38	\$482.40
39	\$488.13
40	\$507.38
41	\$527.16
42	\$547.97
43	\$569.31
44	\$591.68
45	\$614.58
46	\$638.52
47	\$663.50
48	\$689.52
49	\$716.58
50	\$744.68
51	\$773.82
52	\$804.00
53	\$835.23
54	\$868.01
55	\$901.84
56	\$937.22
57	\$973.65
58	\$1,011.64
59	\$1,051.19
60	\$1,092.30
61	\$1,134.97
62	\$1,134.97
63	\$1,134.97
64+	\$1,134.97

### Summary of Member Cost-Shares

	In Network	Out-Of-Network
DEDUCTIBLE	\$4,000	\$8,000
COINSURANCE	20%	40%
OUT-OF-POCKET MAXIMUM	\$8,250	\$16,500
Office Copays	\$40 PCP /\$80 Specialist	
Drug:	\$15 Generic, \$50 Preferred Brand \$70 Non-Preferred Brand	
Drug and Medical Combined for OOP Max		

## Group Hospitalization & Medical Services Inc.

Individual On Exchange  
DISTRICT OF COLUMBIA

BluePreferred PPO Standard Gold \$500

Proposed Monthly Premium Rate Filing Effective 1/1/2022

Consumer Adjusted Rate **\$632.97**

Age	Monthly Premium
0-20	\$413.96
21	\$460.17
22	\$460.17
23	\$460.17
24	\$460.17
25	\$460.17
26	\$460.17
27	\$460.17
28	\$470.93
29	\$481.06
30	\$493.08
31	\$505.74
32	\$517.14
33	\$529.16
34	\$541.82
35	\$554.48
36	\$567.14
37	\$579.80
38	\$586.76
39	\$593.73
40	\$617.15
41	\$641.20
42	\$666.52
43	\$692.47
44	\$719.69
45	\$747.54
46	\$776.65
47	\$807.04
48	\$838.69
49	\$871.60
50	\$905.78
51	\$941.23
52	\$977.94
53	\$1,015.92
54	\$1,055.79
55	\$1,096.94
56	\$1,139.98
57	\$1,184.29
58	\$1,230.49
59	\$1,278.60
60	\$1,328.60
61	\$1,380.51
62	\$1,380.51
63	\$1,380.51
64+	\$1,380.51

### Summary of Member Cost-Shares

	In Network	Out-Of-Network
DEDUCTIBLE	\$500	\$1,000
COINSURANCE	0%	30%
OUT-OF-POCKET MAXIMUM	\$4,950	\$9,900
Office Copays	\$25 PCP /\$50 Specialist	
Drug:	\$15 Generic, \$50 Preferred Brand \$70 Non-Preferred Brand	
Drug and Medical Combined for OOP Max		

## Group Hospitalization & Medical Services Inc.

Individual On Exchange  
DISTRICT OF COLUMBIA

BluePreferred PPO HSA Gold \$1,500

Proposed Monthly Premium Rate Filing Effective 1/1/2022

Consumer Adjusted Rate **\$597.01**

Age	Monthly Premium
0-20	\$390.44
21	\$434.03
22	\$434.03
23	\$434.03
24	\$434.03
25	\$434.03
26	\$434.03
27	\$434.03
28	\$444.18
29	\$453.73
30	\$465.07
31	\$477.01
32	\$487.76
33	\$499.10
34	\$511.04
35	\$522.98
36	\$534.92
37	\$546.86
38	\$553.43
39	\$560.00
40	\$582.08
41	\$604.77
42	\$628.65
43	\$653.13
44	\$678.80
45	\$705.07
46	\$732.53
47	\$761.19
48	\$791.04
49	\$822.08
50	\$854.32
51	\$887.75
52	\$922.38
53	\$958.20
54	\$995.81
55	\$1,034.62
56	\$1,075.22
57	\$1,117.01
58	\$1,160.59
59	\$1,205.96
60	\$1,253.12
61	\$1,302.08
62	\$1,302.08
63	\$1,302.08
64+	\$1,302.08

### Summary of Member Cost-Shares

	In Network	Out-Of-Network
DEDUCTIBLE	\$1,500	\$3,000
COINSURANCE	0%	30%
OUT-OF-POCKET MAXIMUM	\$3,000	\$6,000
Office Copays	\$25 PCP /\$50 Specialist	
Drug:	\$15 Generic, \$50 Preferred Brand	
	\$70 Non-Preferred Brand	
Drug and Medical Combined for Deductible & OOP Max		

## Group Hospitalization & Medical Services Inc.

Individual On Exchange  
DISTRICT OF COLUMBIA

BluePreferred PPO Standard Platinum \$0

Proposed Monthly Premium Rate Filing Effective 1/1/2022

Consumer Adjusted Rate **\$723.15**

Age	Monthly Premium
0-20	\$472.94
21	\$525.73
22	\$525.73
23	\$525.73
24	\$525.73
25	\$525.73
26	\$525.73
27	\$525.73
28	\$538.02
29	\$549.59
30	\$563.33
31	\$577.80
32	\$590.81
33	\$604.55
34	\$619.02
35	\$633.48
36	\$647.94
37	\$662.41
38	\$670.36
39	\$678.31
40	\$705.07
41	\$732.55
42	\$761.48
43	\$791.13
44	\$822.22
45	\$854.04
46	\$887.31
47	\$922.02
48	\$958.17
49	\$995.78
50	\$1,034.83
51	\$1,075.32
52	\$1,117.27
53	\$1,160.66
54	\$1,206.21
55	\$1,253.22
56	\$1,302.39
57	\$1,353.01
58	\$1,405.80
59	\$1,460.76
60	\$1,517.89
61	\$1,577.19
62	\$1,577.19
63	\$1,577.19
64+	\$1,577.19

### Summary of Member Cost-Shares

	In Network	Out-Of-Network
DEDUCTIBLE	\$0	\$1,000
COINSURANCE	0%	30%
OUT-OF-POCKET MAXIMUM	\$2,000	\$4,000
Office Copays	\$20 PCP /\$40 Specialist	
Drug:	\$5 Generic, \$15 Preferred Brand \$25 Non-Preferred Brand	
Drug and Medical Combined for OOP Max		



**State:** District of Columbia **Filing Company:** Group Hospitalization and Medical Services, Inc.  
**TOI/Sub-TOI:** H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)  
**Product Name:** 2566 - DC ACA Individual GHMSI  
**Project Name/Number:** 2566 - DC GHMSI IND64- ACA ON-EXCHANGE/2566

## Supporting Document Schedules

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

<b>Satisfied - Item:</b>	Actuarial Memorandum
<b>Comments:</b>	
<b>Attachment(s):</b>	2022 AV Screenshots - DC Individual GHMSI.pdf 2566 - DC GHMSI - Ind - Rate Sheets.xlsx 2566 - GHMSI Ind - DISB rate filing checklist.pdf 2566_Individual_DC_GHMSI_Actuarial_Memorandum.pdf 2566_Individual_DC_GHMSI_Actuarial_Memorandum_SERFF.xlsx
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Actuarial Memorandum and Certifications
<b>Comments:</b>	
<b>Attachment(s):</b>	2566 - DC Ind 2022 - GHMSI - Index & Plan Comparison.pdf 2566_Individual_DC_GHMSI_Actuarial_Memorandum.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

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

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

<b>Satisfied - Item:</b>	Cover Letter
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SERFF Tracking #:

CFAP-132809038

State Tracking #:

Company Tracking #:

2566

**State:** District of Columbia **Filing Company:** Group Hospitalization and Medical Services, Inc.  
**TOI/Sub-TOI:** H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)  
**Product Name:** 2566 - DC ACA Individual GHMSI  
**Project Name/Number:** 2566 - DC GHMSI IND64- ACA ON-EXCHANGE/2566

<b>Comments:</b>	
<b>Attachment(s):</b>	2566 - 2022 ACA_Cover Letter_Ind_DC_GH.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	DISB Actuarial Memorandum Dataset
<b>Comments:</b>	
<b>Attachment(s):</b>	2566 - DC GHMSI Ind (2022) - Dataset.xlsm 2566-2569 - DC GHMSI Trend Analysis.xlsx
<b>Item Status:</b>	
<b>Status Date:</b>	

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

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

<b>Satisfied - Item:</b>	Unified Rate Review Template
<b>Comments:</b>	
<b>Attachment(s):</b>	2566 DC GHMSI Ind URRT SERFF.pdf 2566 DC GHMSI Ind URRT SERFF.xlsm
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	District of Columbia Plain Language Summary
<b>Comments:</b>	
<b>Attachment(s):</b>	2566 - DC Ind - GHMSI - PartII Rate Justification.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	RateE File
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**SERFF Tracking #:**

CFAP-132809038

**State Tracking #:**

**Company Tracking #:**

2566

**State:**

District of Columbia

**Filing Company:**

Group Hospitalization and Medical Services, Inc.

**TOI/Sub-TOI:**

H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)

**Product Name:**

2566 - DC ACA Individual GHMSI

**Project Name/Number:**

2566 - DC GHMSI IND64- ACA ON-EXCHANGE/2566

<b>Comments:</b>	
<b>Attachment(s):</b>	78079_DC_Individual_GHMSI_RATEE_020121.xlsx
<b>Item Status:</b>	
<b>Status Date:</b>	

**State:**

District of Columbia

**Filing Company:**

Group Hospitalization and Medical Services, Inc.

**TOI/Sub-TOI:**

H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)

**Product Name:**

2566 - DC ACA Individual GHMSI

**Project Name/Number:**

2566 - DC GHMSI IND64- ACA ON-EXCHANGE/2566

***Attachment 2566 - DC GHMSI - Ind - Rate Sheets.xlsx is not a PDF document and cannot be reproduced here.***

***Attachment 2566\_Individual\_DC\_GHMSI\_Actuarial\_Memorandum\_SERFF.xlsx is not a PDF document and cannot be reproduced here.***

***Attachment 2566 - DC GHMSI Ind (2022) - Dataset.xlsm is not a PDF document and cannot be reproduced here.***

***Attachment 2566-2569 - DC GHMSI Trend Analysis.xlsx is not a PDF document and cannot be reproduced here.***

***Attachment 2566 DC GHMSI Ind URRT SERFF.xlsm is not a PDF document and cannot be reproduced here.***

***Attachment 78079\_DC\_Individual\_GHMSI\_RATEE\_020121.xlsx is not a PDF document and cannot be reproduced here.***

**Group Hospitalization & Medical Services, Inc. (GHMSI)**  
**d.b.a. CareFirst BlueCross BlueShield**  
**(NAIC # 53007)**  
**Rate Filing #2566**

**DC Individual On Exchange Products**  
**Rates Effective 1/1/2022**

**Actuarial Value Calculations**

**User Inputs for Plan Parameters**

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

Desired Metal Tier: Bronze

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$6,350.00
Coinurance (% Insurer's Cost Share)		80.00%
MOOP (\$)		\$6,900.00
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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

**Options for Additional Benefit Design Limits:**

Set a Maximum on Specialty Rx Coinsurance Payments? <input checked="" type="checkbox"/>	Specialty Rx Coinsurance Maximum: \$150
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>	# Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>	# Visits (1-10):
Begin Primary Care Deductible/Coinurance After a Set Number of Copays? <input type="checkbox"/>	# Copays (1-10):

**Plan Description:**

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

**Output**

Calculate

Status/Error Messages: Expanded Bronze Standard (56% to 65%), Calculation Successful.  
 Actuarial Value: 64.99%  
 Metal Tier: Bronze

Additional Notes:

Calculation Time: 0.0996 seconds

Final 2022 AV Calculator

64.99%

**Plan Description:**

Name: BluePreferred PPO HSA Standard Bronze \$6,350  
 Plan HIOS ID: 78079DC0210005  
 Issuer HIOS ID: 78079

**User Inputs for Plan Parameters**

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

Desired Metal Tier: Bronze

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

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$7,500.00	\$850.00	
Coinsurance (% Insurer's Cost Share)	60.00%	100.00%	
MOOP (\$)	\$8,550.00		
MOOP if Separate (\$)			

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

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$125.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$55.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$90.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Options for Additional Benefit Design Limits:**

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

**Plan Description:**

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

**Output**

Calculate

Status/Error Messages: Expanded Bronze Standard (56% to 65%), Calculation Successful.  
 Actuarial Value: 64.84%  
 Metal Tier: Bronze

**Additional Notes:**

Calculation Time: 0.1094 seconds

**Final 2022 AV Calculator**

64.84%

**Plan Description:**

Name: BluePreferred PPO Standard Bronze \$7,500  
 Plan HIOS ID: 78079DC0210002  
 Issuer HIOS ID: 78079

**User Inputs for Plan Parameters**

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

Desired Metal Tier: Silver

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

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$4,000.00	\$250.00	
Coinsurance (% Insurer's Cost Share)	80.00%	100.00%	
MOOP (\$)	\$8,250.00		
MOOP if Separate (\$)			

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

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$350.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Options for Additional Benefit Design Limits:**

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

**Plan Description:**

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

**Output**

Calculate

Status/Error Messages: Calculation Successful.  
 Actuarial Value: 71.84%  
 Metal Tier: Silver

Additional Notes:

Calculation Time: 0.1133 seconds

Final 2022 AV Calculator

71.84%

**Plan Description:**

Name: BluePreferred PPO Standard Silver \$4,000  
 Plan HIOS ID: 78079DC0210004  
 Issuer HIOS ID: 78079



**User Inputs for Plan Parameters**

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

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$1,500.00
Coinsurance (% Insurer's Cost Share)		100.00%
MOOP (\$)		\$3,000.00
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$600.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$525.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Options for Additional Benefit Design Limits:**

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

**Plan Description:**

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

**Output**

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

80.98%

Metal Tier:

Gold

Additional Notes:

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

Calculation Time:

0.1035 seconds

Final 2022 AV Calculator

80.98%

**Plan Description:**

Name: BluePreferred PPO HSA Gold \$1,500  
 Plan HIOS ID: 78079DC0210006  
 Issuer HIOS ID: 78079

**User Inputs for Plan Parameters**

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

Desired Metal Tier: Gold

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$500.00	\$0.00
Coinsurance (% Insurer's Cost Share)	100.00%	100.00%
MOOP (\$)	\$4,950.00	
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$600.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input type="checkbox"/>		\$525.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

**Options for Additional Benefit Design Limits:**

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

**Plan Description:**

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

**Output**

Calculate

Status/Error Messages:  
 Actuarial Value:  
 Metal Tier:

Calculation Successful.  
 81.95%  
 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:

0.1191 seconds

Final 2022 AV Calculator

81.95%

**Plan Description:**

Name: BluePreferred PPO Standard Gold \$500  
 Plan HIOS ID: 78079DC0210003  
 Issuer HIOS ID: 78079

**User Inputs for Plan Parameters**

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

Desired Metal Tier Platinum

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

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$0.00	\$0.00	
Coinsurance (% Insurer's Cost Share)	100.00%	100.00%	
MOOP (\$)	\$2,000.00		
MOOP if Separate (\$)			

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

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input type="checkbox"/>		\$175.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

**Options for Additional Benefit Design Limits:**

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

**Plan Description:**

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

**Output**

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

88.99%

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:

0.1074 seconds

Final 2022 AV Calculator

88.99%

**Plan Description:**

Name: BluePreferred PPO Standard Platinum \$0  
 Plan HIOS ID: 78079DC0210001  
 Issuer HIOS ID: 78079

**User Inputs for Plan Parameters**

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

Desired Metal Tier Silver

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

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$3,350.00	\$250.00	
Coinsurance (% Insurer's Cost Share)	80.00%	100.00%	
MOOP (\$)	\$6,600.00		
MOOP if Separate (\$)			

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

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$350.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Options for Additional Benefit Design Limits:**

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

**Plan Description:**

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

**Output**

Calculate

Status/Error Messages: CSR Level of 73% (200-250% FPL), Calculation Successful.  
 Actuarial Value: 73.96%  
 Metal Tier: Silver

Additional Notes:

Calculation Time: 0.1289 seconds

Final 2022 AV Calculator

73.96%

**Plan Description:**

Name: BluePreferred PPO Standard Silver \$4,000 A  
 Plan HIOS ID: 78079DC0210004  
 Issuer HIOS ID: 78079

**User Inputs for Plan Parameters**

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

Desired Metal Tier Gold

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$0.00	\$0.00
Coinsurance (% Insurer's Cost Share)	85.00%	100.00%
MOOP (\$)	\$2,700.00	
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

**Options for Additional Benefit Design Limits:**

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

**Plan Description:**

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

**Output**

Calculate

Status/Error Messages:  
 Actuarial Value:  
 Metal Tier:

CSR Level of 87% (150-200% FPL), Calculation Successful.  
 87.68%  
 Gold

Additional Notes:

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

Calculation Time:

0.1133 seconds

Final 2022 AV Calculator

87.68%

**Plan Description:**

Name: BluePreferred PPO Standard Silver \$4,000 B  
 Plan HIOS ID: 78079DC0210004  
 Issuer HIOS ID: 78079

**User Inputs for Plan Parameters**

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

Desired Metal Tier Platinum

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

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$0.00	\$0.00	
Coinsurance (% Insurer's Cost Share)	95.00%	100.00%	
MOOP (\$)	\$2,450.00		
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				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

**Options for Additional Benefit Design Limits:**

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

**Plan Description:**

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

**Output**

Calculate

Status/Error Messages:

CSR Level of 94% (100-150% FPL), Calculation Successful.

Actuarial Value:

93.87%

Metal Tier:

Platinum

Additional Notes:

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

Calculation Time:

0.1152 seconds

Final 2022 AV Calculator

93.87%

**Plan Description:**

Name: BluePreferred PPO Standard Silver \$4,000 C  
 Plan HIOS ID: 78079DC0210004  
 Issuer HIOS ID: 78079

**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_IND
3	HIOS Product ID	The HIOS product ID should be listed in the actuarial memorandum.	Yes	Exhibit 11 - Plan Adjusted_IND
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_IND
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_IND
7.1	AV Value	Provide the actuarial value of each plan design using the AV calculator developed and made available by HHS.	Yes	See the PDF file "AV Screen Shots" in SERFF
8	Average Rate Increase Requested	The weighted average rate increase being requested, incremental and year-over-year renewal. The weights should be based on premium volume. <b>In the small group market, please also provide weighted average rate increase requested for 2022Q1 over 2021Q1; etc.</b>	Yes	Appendix - Rate Change_IND
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_IND

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_IND
11	Absolute Maximum Premium Increase	The absolute maximum year-over-year renewal rate increase that could be applied to a policyholder, including demographic changes such as aging.	Yes	Appendix - Max Renewal_IND
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_IND
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_IND
14	Exposure	Current number of policies, certificates and covered lives.	Yes	Appendix - Rate Change_IND
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_IND
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_IND
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_IND
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_IND and Exhibit 10B - Fed MLR_IND
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_IND and Exhibit 10B - Fed MLR_IND
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_IND 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_IND
30	Past and Prospective Loss Experience Within and Outside the State	Indicate whether loss experience within or outside the state was used in the development of proposed rates. Provide an explanation for using loss experience within or outside the state.	Yes	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_IND and Exhibit 10B - Fed MLR_IND
32	Past and Prospective Expenses	Indicate the expense assumptions used in the development of proposed rates. Demonstrate how this assumption was derived. Show how this assumption has changed from prior filings, and provide support for any change.  Provide the assumed administrative costs in the following categories: <ul style="list-style-type: none"> <li>• Salaries, wages, employment taxes, and other employee benefits</li> <li>• Commissions</li> <li>• Taxes, licenses, and other regulatory fees</li> <li>• Cost containment programs / quality improvement activities</li> <li>• All other administrative expenses</li> <li>• Total</li> </ul>	Yes	Exhibit10A - DICR_IND and Exhibit 10B - Fed MLR_IND
33	Any Other Relevant Factors Within and Outside the State	Show any other relevant factors that have been considered in the development of the proposed rates. Demonstrate how any related assumptions were derived. Show how these assumptions have changed from prior filings, and provide support for any change.	Yes	Actuarial Memorandum
34	Other	Any other information needed to support the requested rates or to comply with Actuarial Standard of Practice No. 8.	Yes	Actuarial Memorandum
35	Actuarial Certification	Signed and dated certification by a qualified actuary that the anticipated loss ratio meets the minimum requirement, the rates are reasonable in relation to benefits, the filing complies with the laws and regulations of the District of Columbia and all applicable Actuarial Standards of Practice, including ASOP No. 8, and that the rates are not unfairly discriminatory.	Yes	Actuarial Certification is included in the Actuarial Memorandum

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
36	Part I Preliminary Justification (Grandfathered Plan Filings)	Rate Summary Worksheet --- Provide this document with all Grandfathered plan filings. <b>Provide in Excel and PDF format.</b>	No	This is not a Grandfathered Filing, so a PRJ is not provided
36.1	Unified Rate Review Template (Non-Grandfathered Filings)	Unified Rate Review Template as specified in the proposed Federal Rate Review regulation. Provide this document with all Non-Grandfathered plan filings. <b>Provide in Excel and PDF format.</b>	Yes	See the URRT included as a separate document in SERFF
37	Part II Preliminary Justification	Written description justifying the rate increase as specified by 45 CFR § 154.215(f). Provide for <i>all</i> individual and small employer group filings (whether or not they are “subject to review” as defined by HHS).	Yes	See the Part II included as a separate document in SERFF
38	DISB Actuarial Memorandum Dataset	Summarizes data elements contained in Actuarial Memorandum. Provide this document with all Non- Grandfathered plan filings. <b>Provide in Excel format only.</b>	Yes	See the Dataset included as a separate document in SERFF
39	District of Columbia Plain Language Summary	Similar to the Part II Preliminary Justification, this is a written description of the rate increase as specified by 45 CFR § 154.215, but as a simple and brief narrative describing the data and assumptions that were used to develop the proposed rates. Provide this document for all individual and small employer group filings.	Yes	See the Part II included as a separate document in SERFF
40	Summary of Components for Requested Rate Change	DISB will require that issuers provide a chart listing a) any and all components of requested rate changes from the prior year; b) a quick summary/explanation of the change; and c) the actual percentage impact of the change for each component, such that the total for all components listed equals the total percentage change requested for the plan year.	Yes	See the file "Index & Plan Comparison" included as a separate document in SERFF

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
41	CCIIO Risk Adjustment Transfer Elements Extract (RATE 'E')	Received directly from CCIIO; this report should be completed and submitted by the set deadline for QHP submissions, or by April 30 <sup>th</sup> of the current year, whichever is first.	Yes	See the Rate 'E' file included as a separate document in SERFF
42	Additional Requirements for Stand-Alone Dental Plan Filings	Provide the following for stand-alone dental plan filings: <ul style="list-style-type: none"> <li>• Identification of the level of coverage (i.e. low or high), including the actuarial value of the plan determined in accordance with the proposed rule;</li> <li>• Certification of the level of coverage by a member of the American Academy of Actuaries using generally accepted actuarial principles; and</li> <li>• Demonstration that the plan has a reasonable annual limitation on cost-sharing.</li> </ul>	No	Not applicable

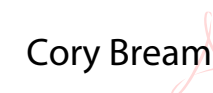
**CERTIFYING SIGNATURE**

The undersigned representative of the organization submitting this rate filing attests that all items contained in the above checklist have been included in the filing to the best of the company's ability.

Cory Bream  


---

(Print Name)


  
Digitally signed by Cory Bream  
Date: 2021.05.17 08:41:08 -04'00'  


---

(Signature)

# CareFirst BlueCross BlueShield

## Part III Actuarial Memorandum

### 4.1 Redacted Actuarial Memorandum

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

### 4.2 General Information Section

#### Company Identifying Information:

- **Company Legal Name:** Group Hospitalization and Medical Services, Inc. (GHMSI) - NAIC # 53007
- **State:** District of Columbia
- **HIOS Issuer ID:** 78079
- **Market:** Individual, Non-Medigap (On Exchange)
- **Effective Date:** 1/1/22 – 12/31/22
- **Company Filing Number:** 2566
- **SERFF Filing Number:** CFAP-132809038

#### Company Contact Information:

- **Primary Contact Name:** Mr. Cory Bream, ASA, MAAA
- **Primary Contact Telephone Number:** 410-998-5308
- **Primary Contact E-Mail Address:** Cory.Bream@CareFirst.com

### 4.3 Proposed Rate Changes (Individual market)

Base rates are changing 7.9% on average. The range is 5.5% to 12.8%. 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 6,519.

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) Expansion of APTC subsidies
- 2) Exacerbation of chronic morbidity due to the pandemic
- 3) Future vaccine or testing expenses not offset by deferred care

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

The main drivers supporting the rate change are 1) decrease in the base period claims experience of the combined pool, 2) trend, including an additional catch up factor to account for depressed claims costs in the base period due to the pandemic, and 3) lower projected risk adjustment factor.

### 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 1/1/20 through 12/31/20, as required.

**Paid Through Date:** 2/28/21

**Current Date:** 2/28/21

**Premiums (prior to MLR rebates) in Experience Period:** \$230,571,614

**Experience Period Member Months:** 356,756

**Current Date Members:** 29,217

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

### **Allowed Claims**

- **Processed through issuer's claim system:** \$220,826,436
- **Processed outside issuer's claim system:** \$0
- **IBNR:** \$3,389,047

### **Incurred Claims**

- **Processed through issuer's claim system:** \$199,970,048
- **Processed outside issuer's claim system:** \$0
- **IBNR:** \$3,052,324

### **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 6.0% baseline trend, which is a decrease compared to the 6.5% trend assumed in our prior filing. On top of the 6.0% 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 9.6%. Current observed medical trends as of 202012 are -3.9%, down from 5.0% in 201912. Current observed drug trends are 7.0% as of 202012, up from 6.1% in 201912. The composite medical and drug trend is -0.7% as of 202012, down from 5.3% 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 5.2%.

When normalized for induced demand, network, and demographics, the composite -0.7% and 5.3% observed trends become -0.5% and 4.8%, respectively. When adjusted for the COVID catch up factor, the observed trend as of 202012 becomes 5.5%.

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 11.5%. Excluding the impact of the COVID catch up adjustment, the annualized allowed PMPM change between 2022 and 2020 is 8.1%. Given all of the factors, and the result of our projection factors in the aggregate, we believe that a 6.0% 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 1.2%, 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.

#### *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 \$627.84 and the projection period index rate is \$779.88. Both rates and the adjustments made to develop the projected amount from the experience period amount can be found on Exhibit 1 of the Memorandum. Specifically, these adjustments correspond to those outlined in sections 4.4.3.1 and 4.4.3.2.

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

The Market-wide Adjusted Index Rate for the Individual market is \$633.69 and is derived by multiplying the projection period index rate with the market level adjustments for the risk adjustment program. Details for the risk adjustment program can be found below.

### **Reinsurance**

There are no reinsurance recoveries applicable to this market.

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

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

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 8.7% which reflects an estimate of an average 0.2% increase in 2021 and 8.5% increase in 2022. We have assumed that our CFI Individual non-Catastrophic market share will decrease slightly from 82.7% in 2020 to 81.5% in 2022 and that our CFI Individual non-Catastrophic PLRS ratio to the state will increase slightly from 1.052 in 2020 to 1.055 in 2022. The resultant estimate of risk adjustment is that the GHMSI receivable transfer PMPM for the Individual market will increase from \$100.24 in 2020 to \$119.90 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. Without manipulations to the assumed Contribution to Reserve (CTR) this approach results in counterintuitive rates between CareFirst Individual Market PPO and HMO plans. Per DISB direction this filing is being submitted with a CTR adjusted such that HMO rates are lower than PPO for all metal levels. This also results in the BlueChoice filing being submitted with a CTR that is negative and therefore deficient.

Our initial rate estimates, prior to CTR manipulations, assumed a 2% pre-tax CTR for the Individual market (both HMO and PPO). The 7.9% rate change in this submission was estimated to be 3.9% at a 2% CTR. If a merged Individual and Small Group risk adjustment methodology was used the rate change is estimated to be 5.8% with a 2% CTR and all HMO plans would be priced lower than PPO as expected.

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:** All plans offered use the PPO network.
- **Benefits in addition to EHBs:** There is an adjustment to account for abortion coverage and adult vision (which are offered in addition to EHBs).
- **Administrative costs:** See Exhibit 10A in the Memorandum for the assumed values of the following additional items.
  1. Administrative Expense (G&A)
  2. Broker Commissions & Fees
  3. Federal Income Tax (FIT)
  4. Contribution to Reserve (Post-Tax)
  5. State Premium Tax
  6. PCORI Fee
  7. Risk Adjustment User Fee
  8. Exchange Assessment Fee

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

#### **4.4.5 Calibration**

##### **Age Curve Calibration**

We have calibrated to the rounded weighted average age which was determined as the age for the factor nearest our projected average factor. We have used the standard DC age curve factors and weighted them using member months in our calculation.

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

#### **Geographic Factor Calibration**

We have elected not to rate for geographic region.

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

We have elected not to rate for tobacco usage.

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

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

### **4.5 Projected Loss Ratio**

The projected loss ratio for the rates provided in this file, using the Federally-prescribed MLR methodology, is 85.0% for the Individual market and 88.9% 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 2/28/21 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.

#### **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.

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

**Rate Filing # 2566  
D.C. Individual Products  
Rate Filing Effective 1/1/2022**

**Actuarial Memorandum**

**Group Hospitalization & Medical Services Inc.**  
**(NAIC # 53007)**  
**H.R. 3950 - Public Law 111-148 - Patient Protection and Affordable Care Act (ACA)**  
**D.C. Individual Products**  
**Rate Filing Effective 1/1/2022**  
**Actuarial Certification**

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

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

I have been involved in the development of these rates, and to the best of my knowledge and understanding, the rates in this filing have been developed in accordance with the available regulations and guidance. Should new guidance be released, this filing may be revised. I certify that this filing has been prepared based on sound and commonly accepted actuarial principles, practices and assumptions in the aggregate for the legal entity.

I further certify the following:

1. The projected Index Rate is:
  - a. In compliance with all applicable state and Federal statutes and regulations (45 CFR 156.80 and 147.102)
  - b. Developed in compliance with the applicable Actuarial Standards of Practice
  - c. Reasonable in relation to the benefits provided and the population anticipated to be covered
  - d. Neither excessive nor deficient
  
2. The Index Rate and only the allowable modifiers as described in 45 CFR § 156.80(d)(1) and 45 CFR § 156.80(d)(2) were used to generate plan level rates. These rates have been calibrated to account for age (geography and tobacco are not applicable).
  
3. 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.

The DISB has directed CareFirst to file rate submissions that reflect lower HMO rates than PPO by metal. In order to meet this directive, the contribution to reserve assumed in this filing is 5.5%. The assumed contribution to reserve in this filing, aggregated with the assumed contribution to reserve in our BlueChoice filing, reflects a 2% contribution to reserve.

This rebalancing results in BlueChoice rates that are deficient and are expected to produce losses.

**Cory Bream** Digitally signed by Cory Bream  
Date: 2021.05.17 10:58:23  
-04'00'

Cory Bream, ASA, MAAA  
Actuarial Associate  
CareFirst BlueCross BlueShield  
Mail Drop-Point 01-720  
10455 Mill Run Circle  
Owings Mills, MD 21117

## Table of Contents

<b>Page</b>	<b>Exhibit Name/Description</b>
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 - Combined Federal 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 - HIOS ID Mappings
22	Appendix - Rate Changes
23	Appendix - Max Renewal
24	Appendix - Abortion Charge
25	Appendix - Form Numbers
26 - 31	Appendix - Experience by Service Category
32	Appendix - Total Experience

### Exhibit 1 - Market Adjusted Index Rate Summary

		2022	Exhibit
(1)	Base Period Total Allowed	\$ 628.48	2
(2)	Base Period Non-EHB PMPM	\$ 0.64	2
(3)	Experience Period Index Rate	\$ 627.84	
(4)	Change in Morbidity	1.0118	4
(5)	Additional Population Adjustment	1.0000	
(6)	Induced Demand	1.0074	5
(7)	Projection Period Utilization and Network Adjustment	1.0000	
(8)	Demographic Adjustment	1.0055	6
(9)	Area Adjustment	1.0000	
(10)	Additional "Other" Adjustments	1.0083	7
(11)	Annualized Trend	9.6%	8
(12)	Months of Trend	24.0	
(13)	Unit cost & Utilization/1,000 Trend Factor	1.2019	
(14)	Projection Period Index Rate	\$ 779.88	
(15)	Reinsurance Program	1.0000	
(16)	Risk Adjustment Program	0.8125	9
(17)	Federal Exchange User Fee	1.0000	
(18)	Market Adjusted Index Rate	\$ 633.69	
	Without Risk Adjustment	\$ 779.88	

**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	\$ 34,452,929	\$ 96.57	Admits	63.54	\$ 18,238.04	
Outpatient Hospital	\$ 43,674,900	\$ 122.42	Visits	1,050.15	\$ 1,398.92	
Professional	\$ 68,307,717	\$ 191.47	Visits	14,460.52	\$ 158.89	
Other Medical	\$ 15,503,578	\$ 43.46	Services	1,461.04	\$ 356.93	
Capitation	\$ 467,235	\$ 1.31	Benefit Period	1,000	\$ 15.72	
Prescription Drug	\$ 61,809,124	\$ 173.25	Prescriptions	9,278.58	\$ 224.07	
<b>Total (EHB &amp; Non-EHB)</b>	<b>\$ 224,215,484</b>	<b>\$ 628.48</b>				
<b>EHB Allowed</b>	<b>\$ 223,986,556</b>	<b>\$ 627.84</b>				
<b>Non-EHB Allowed</b>	<b>\$ 228,927</b>	<b>\$ 0.64</b>				
<b>Incurred Net</b>	<b>\$ 203,022,373</b>	<b>\$ 569.08</b>				
<b>Net/Allowed</b>	<b>90.55%</b>					
<b>Experience Period Member Months</b>	<b>356,756</b>					
<b>Experience Period Revenue</b>	<b>\$ 230,571,614</b>					

### Exhibit 3 - Non-EHB Adjustment

HIOS Plan ID	Plan Name	Exchange	2022 Index Rate	2022 Non-EHB PMPM	2022 Non-EHB Adjustment
78079DC0210001	BluePreferred PPO Standard Platinum \$0	On	\$ 779.88	\$ 2.67	1.0034
78079DC0210002	BluePreferred PPO Standard Bronze \$7,500	On	\$ 779.88	\$ 3.67	1.0047
78079DC0210003	BluePreferred PPO Standard Gold \$500	On	\$ 779.88	\$ 2.92	1.0037
78079DC0210004	BluePreferred PPO Standard Silver \$4,000	On	\$ 779.88	\$ 3.32	1.0043
78079DC0210005	BluePreferred PPO HSA Standard Bronze \$6,350	On	\$ 779.88	\$ 3.69	1.0047
78079DC0210006	BluePreferred PPO HSA Gold \$1,500	On	\$ 779.88	\$ 3.03	1.0039

Exhibit 4 - Morbidity Adjustment Factor

Base Year

Metal Level	Member Months	2020 Normalized Allowed PMPM
Catastrophic	-	\$ -
Bronze	17,269	\$ 216.49
Silver	54,586	\$ 302.73
Gold	120,363	\$ 342.38
Platinum	164,511	\$ 382.90
<b>Subtotal</b>	<b>356,729</b>	<b>\$ 348.90</b>

Current Year YTD

Existing				
Metal Level	Member Months	2020 Normalized Allowed PMPM	Morbidity Adjustment	2021 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -	1.000	\$ -
Bronze	2,641	\$ 220.47	1.000	\$ 220.47
Silver	7,730	\$ 291.15	1.000	\$ 291.15
Gold	17,892	\$ 347.08	1.000	\$ 347.08
Platinum	23,511	\$ 390.23	1.000	\$ 390.23
<b>Subtotal</b>	<b>51,774</b>	<b>\$ 351.87</b>	<b>1.000</b>	<b>\$ 351.87</b>

New				
Metal Level	Member Months	Existing Cohort Adjusted Normalized Allowed PMPM	Morbidity Adjustment	2021 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -	1.000	\$ -
Bronze	246	\$ 220.47	1.000	\$ 220.47
Silver	804	\$ 291.15	1.000	\$ 291.15
Gold	2,066	\$ 347.08	1.000	\$ 347.08
Platinum	2,214	\$ 390.23	1.000	\$ 390.23
<b>Subtotal</b>	<b>5,330</b>	<b>\$ 350.72</b>	<b>1.000</b>	<b>\$ 350.72</b>

Transfer				
Metal Level	Member Months	2020 Normalized Allowed PMPM	Morbidity Adjustment	2021 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -	1.000	\$ -
Bronze	94	\$ 310.36	1.000	\$ 310.36
Silver	305	\$ 210.87	1.000	\$ 210.87
Gold	597	\$ 540.93	1.000	\$ 540.93
Platinum	456	\$ 321.25	1.000	\$ 321.25
<b>Subtotal</b>	<b>1,452</b>	<b>\$ 387.68</b>	<b>1.000</b>	<b>\$ 387.68</b>

Total				
Metal Level	Member Months	2020 Normalized Allowed PMPM	Morbidity Adjustment	2021 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -	-	\$ -
Bronze	2,981	\$ 223.30	1.000	\$ 223.30
Silver	8,839	\$ 288.38	1.000	\$ 288.38
Gold	20,555	\$ 352.71	1.000	\$ 352.71
Platinum	26,181	\$ 389.03	1.000	\$ 389.03
<b>Subtotal</b>	<b>58,556</b>	<b>\$ 352.65</b>	<b>1.000</b>	<b>\$ 352.65</b>

Remainder of Current Year

Existing			
Metal Level	Member Months	2021 Adjusted Normalized Allowed PMPM	
Catastrophic	-	\$ -	
Bronze	12,317	\$ 220.47	
Silver	37,511	\$ 291.15	
Gold	86,073	\$ 347.08	
Platinum	113,888	\$ 390.23	
<b>Subtotal</b>	<b>249,789</b>	<b>\$ 352.11</b>	

New			
Metal Level	Member Months	2021 Adjusted Normalized Allowed PMPM	
Catastrophic	-	\$ -	
Bronze	2,193	\$ 220.47	
Silver	4,931	\$ 291.15	
Gold	13,456	\$ 347.08	
Platinum	10,817	\$ 390.23	
<b>Subtotal</b>	<b>31,397</b>	<b>\$ 344.32</b>	

Transfer			
Metal Level	Member Months	2021 Adjusted Normalized Allowed PMPM	
Catastrophic	-	\$ -	
Bronze	711	\$ 310.36	
Silver	1,653	\$ 210.87	
Gold	3,662	\$ 540.93	
Platinum	2,416	\$ 321.25	
<b>Subtotal</b>	<b>8,442</b>	<b>\$ 394.01</b>	

Total			
Metal Level	Member Months	2021 Adjusted Normalized Allowed PMPM	
Catastrophic	-	\$ -	
Bronze	15,221	\$ 224.67	
Silver	44,095	\$ 288.14	
Gold	103,191	\$ 353.96	
Platinum	127,121	\$ 388.92	
<b>Subtotal</b>	<b>289,628</b>	<b>\$ 352.49</b>	

Total Current Year

Total	Member Months	2021 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -
Bronze	18,202	\$ 224.44
Silver	52,934	\$ 288.18
Gold	123,746	\$ 353.76
Platinum	153,302	\$ 388.93
<b>Subtotal</b>	<b>348,184</b>	<b>\$ 352.51</b>

Rating Year

Existing				
Metal Level	Member Months	2021 Normalized Allowed PMPM	Morbidity Adjustment	2022 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -	1.000	\$ -
Bronze	15,767	\$ 224.44	1.000	\$ 224.44
Silver	45,255	\$ 288.18	1.000	\$ 288.18
Gold	108,503	\$ 353.76	1.000	\$ 353.76
Platinum	126,330	\$ 388.93	1.000	\$ 388.93
<b>Subtotal</b>	<b>295,855</b>	<b>\$ 351.85</b>	<b>1.000</b>	<b>\$ 351.85</b>

New				
Metal Level	Member Months	Existing Cohort Adjusted Normalized Allowed PMPM	Morbidity Adjustment	2022 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -	1.000	\$ -
Bronze	2,328	\$ 224.44	1.000	\$ 224.44
Silver	6,254	\$ 288.18	1.000	\$ 288.18
Gold	16,285	\$ 353.76	1.000	\$ 353.76
Platinum	16,147	\$ 388.93	1.000	\$ 388.93
<b>Subtotal</b>	<b>41,014</b>	<b>\$ 350.27</b>	<b>1.000</b>	<b>\$ 350.27</b>

Transfer				
Metal Level	Member Months	2021 Normalized Allowed PMPM	Morbidity Adjustment	2022 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -	1.000	\$ -
Bronze	733	\$ 310.36	1.000	\$ 310.36
Silver	2,517	\$ 210.87	1.000	\$ 210.87
Gold	5,207	\$ 540.93	1.000	\$ 540.93
Platinum	4,052	\$ 321.25	1.000	\$ 321.25
<b>Subtotal</b>	<b>12,509</b>	<b>\$ 389.85</b>	<b>1.000</b>	<b>\$ 389.85</b>

Total				
Metal Level	Member Months	2021 Normalized Allowed PMPM	Morbidity Adjustment	2022 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -	-	\$ -
Bronze	18,828	\$ 227.79	1.000	\$ 227.79
Silver	54,026	\$ 284.58	1.000	\$ 284.58
Gold	129,995	\$ 361.25	1.000	\$ 361.25
Platinum	146,529	\$ 387.06	1.000	\$ 387.06
<b>Subtotal</b>	<b>349,378</b>	<b>\$ 353.03</b>	<b>1.000</b>	<b>\$ 353.03</b>

Year	Adjusted Normalized PMPM	Year over Year Change
2020	\$ 348.90	n/a
2021	\$ 352.51	1.0%
2022	\$ 353.03	0.1%

<b>Morbidity Adjustment Change</b>	<b>1.2%</b>
<b>Morbidity Adjustment Factor</b>	<b>1.0118</b>

**Exhibit 5 - Induced Utilization Adjustment Factor**

<b>Year</b>	<b>Actuarial Value</b>	<b>Induced Demand Factor</b>	
(1) 2020	85.64%	1.1195	
(2) Projected 2022	86.83%	1.1278	
(3) <b>Adjustment*</b>		<b>1.0074</b>	(2)/(1)

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

### Exhibit 6 - Demographic Adjustment

	Period	Cohort	Demo Factor*	Weight	Average Age**
(1)	Base Period	All	1.7171	100.0%	35.1
(2)	Rating Period	Existing	1.7741	84.7%	
		New	1.4396	11.7%	
		Transfer	1.5474	3.6%	
(3)	Rating Period	All	1.7267	100.0%	35.3
(4)	<b>Demographic Adjustment***</b>	<b>All</b>	<b>1.0056</b>		

(3) / (1)

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

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

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

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

<b>Capitation adjustment</b>			
(1) Experience Period Capitations PMPM (EHBs only)	\$	0.75	
(2) Projection Period Capitations PMPM	\$	0.74	
<b>(3) Adjustment to Capitation Category</b>		<b>0.9747</b>	(2)/(1)
<b>Drug Rebates adjustment</b>			
(4) Experience Period Allowed Rx PMPM (Pre-Rebates)	\$	206.92	
(5) Morbidity		1.0118	Exhibit 4
(6) Induced Demand		1.0074	Exhibit 5
(7) Demographics		1.0056	Exhibit 6
(8) Rx Trend (Force of Trend)		1.2255	Exhibit 8
(9) Projected Target Allowed Rx PMPM using Multiplicative Factors (Pre-Rebates)	\$	259.94	(4)*(5)*(6)*(7)*(8)
(10) Target Projection Period Rx Rebates PMPM	\$	35.89	
(11) Target Post-Rebates Allowed Rx PMPM using Target Projection Period Rx Rebates PMPM	\$	224.05	(9)-(10)
(12) Experience Period Rx Rebates PMPM	\$	33.67	
(13) Experience Period Allowed Rx PMPM (Post-Rebates)	\$	173.25	(4)-(12)
(14) Morbidity		1.0118	Exhibit 4
(15) Induced Demand		1.0074	Exhibit 5
(16) Demographics		1.0056	Exhibit 6
(17) Rx Trend (Force of Trend)		1.2255	Exhibit 8
(18) Projection Period Allowed Rx PMPM using Multiplicative Factors (Post-Rebates)	\$	217.64	(13)*(14)*(15)*(16)*(17)
<b>(19) Adjustment to Drug Category</b>		<b>1.0294</b>	(11)/(18)

	<b>PMPM</b>	<b>Adjustment</b>	
Inpatient Hospital	\$ 116.82	1.0000	
Outpatient Hospital	\$ 150.87	1.0000	
Professional	\$ 236.31	1.0000	
Other Medical	\$ 51.09	1.0000	
Capitation	\$ 0.75	0.9747	(3)
Prescription Drug	\$ 217.64	1.0294	(19)
<b>Total</b>	<b>\$ 773.49</b>	<b>1.0083</b>	

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

### Exhibit 8 - Annual Trend Assumptions

	2020				Trended
	EHB PMPM	Weight	Utilization/1,000	Unit Cost	Composite
<b>Inpatient Hospital</b>	\$ 96.57	15.4%	1.0346	1.0500	1.1802
<b>Outpatient Hospital</b>	\$ 122.38	19.5%	1.0346	1.0600	1.2027
<b>Professional</b>	\$ 191.43	30.5%	1.0552	1.0400	1.2043
<b>Other Medical</b>	\$ 43.45	6.9%	1.0552	1.0150	1.1471
<b>Capitation</b>	\$ 0.75	0.1%	1.0000	1.0000	1.0000
<b>Prescription Drug</b>	\$ 173.25	27.6%	1.0346	1.0700	1.2255
<b>Total</b>	\$ 627.84	100.0%			1.0963
<b>Proposed Trend</b>					<b>1.0963</b>

**Exhibit 9 - Risk Adjustment**

**Statewide 2020**

Metallic Tier	Member Months		PLRS	ARF	GCF	IDF	AV	PWRS	PWORS	Transfer \$	PMPM	Statewide PMPM 2020
	-		-	-	-	-	-	-	-			
Individual Non-Catastrophic	182,755		1.436	1.116	1.000	1.057	0.735	1.560	0.865			\$ 466.79

**CFI & Competition 2020**

Metallic Tier	Member Months	Distribution	PLRS	ARF	GCF	IDF	AV	PWRS	PWORS	Transfer \$	PMPM
CFI Non-Catastrophic	151,065	82.7%	1.510	1.126	1.000	1.056	0.732	1.642	0.870		
Competition Non-Catastroph	31,690	17.3%	1.083	1.067	1.000	1.062	0.748	-	-		

**2020**

Metallic Tier	Member Months	Distribution	PLRS	ARF	GCF	IDF	AV	PWRS	PWORS	Transfer \$	PMPM
Catastrophic	-	0.0%	-	-	-	-	-	-	-	\$0	\$0.00
Bronze	17,588	17.6%	0.872	1.182	1.000	1.000	0.600	0.872	0.709	-\$2,138,033	-\$121.56
Silver	27,193	27.1%	1.167	1.136	1.000	1.030	0.700	1.202	0.819	-\$2,235,607	-\$82.21
Gold	28,542	28.5%	1.592	1.078	1.000	1.080	0.800	1.720	0.931	\$344,734	\$12.08
Platinum	26,874	26.8%	3.256	1.069	1.000	1.150	0.900	3.745	1.106	\$14,072,855	\$523.67
Total	100,196	100%	1.797	1.109	1.000	1.071	0.765	1.974	0.909	\$10,043,949	\$100.24

**Statewide 2022**

Metallic Tier	Member Months		PLRS	ARF	GCF	IDF	AV	PWRS	PWORS	Transfer \$	PMPM	Statewide PMPM 2022
	-		-	-	-	-	-	-	-			-
Individual Non-Catastrophic	193,328		1.573	1.112	1.000	1.056	0.734	1.709	0.861			\$ 507.48

**CFI & Competition 2022**

Metallic Tier	Member Months	Distribution	PLRS	ARF	GCF	IDF	AV	PWRS	PWORS	Transfer \$	PMPM
CFI Non-Catastrophic	157,562	81.5%	1.659	1.122	1.000	1.055	0.730	1.805	0.866		
Competition Non-Catastroph	35,766	18.5%	1.192	1.067	1.000	1.062	0.748	-	-		

**2022**

Metallic Tier	Member Months	Distribution	PLRS	ARF	GCF	IDF	AV	PWRS	PWORS	Transfer \$	PMPM
Catastrophic	-	0.0%	-	-	-	-	-	-	-	\$0	\$0.00
Bronze	18,828	18%	0.978	1.180	1.000	1.000	0.600	0.978	0.708	-\$2,389,985	-\$126.94
Silver	25,133	24%	1.191	1.149	1.000	1.030	0.700	1.227	0.829	-\$3,121,700	-\$124.21
Gold	33,430	32%	1.931	1.079	1.000	1.080	0.800	2.085	0.932	\$2,326,496	\$69.59
Platinum	26,534	26%	3.651	1.077	1.000	1.150	0.900	4.199	1.115	\$15,645,714	\$589.65
Total	103,925	100%	2.019	1.114	1.000	1.071	0.765	2.217	0.913	\$12,460,524	\$119.90

**Adjustment Factor applied to Market Adjusted Index Rate**

Projected Index Rate	Projected Transfer PMPM (Allowed basis)	Risk Adjustment User Fee	Adjustment Factor*
\$779.88	\$146.44	\$0.25	0.8125

\*Adjustment Factor = (\$779.88 - \$146.44+ \$0.25) / \$779.88



## Exhibit 10A - Desired Incurred Claims Ratio

	<b>2022</b>	
	<b>PMPM</b>	<b>% of Revenue</b>
Allowed Claims	\$ 762.68	
Paid/Allowed Ratio	83.8%	
Paid Claims & Capitations	\$ 639.42	
Risk Adjustment Transfer (Paid Basis)	\$ 119.90	
Reinsurance Recoveries (Paid Basis)	\$ -	
Paid Claims & Capitations (Post-3Rs)	\$ 519.52	81.3%
Administrative Expense	\$ 63.22	9.9%
Broker Commissions & Fee	\$ 1.78	0.3%
Contribution to Reserve (Post-Tax)	\$ 30.03	4.7%
Investment Income Credit	\$ (0.64)	-0.1%
Risk Charge	\$ -	0.0%
<b><u>Non-ACA Taxes &amp; Fees</u></b>		
State Premium Tax	\$ 12.78	2.0%
State Assessment Fee	\$ 0.64	0.1%
Reinsurance Program Fee	\$ -	0.0%
State Income Tax	\$ -	0.0%
Federal Income Tax	\$ 5.11	0.8%
<b><u>ACA Taxes &amp; Fees</u></b>		
Health Insurer Tax	\$ -	0.0%
Risk Adjustment User Fee	\$ 0.25	0.0%
Exchange Assessment Fee	\$ 5.75	0.9%
Federal Exchange User Fee	\$ -	0.0%
PCORI Tax	\$ 0.24	0.0%
BlueRewards/Incentive Program	\$ 0.17	0.0%
Total Revenue	\$ 638.83	100.0%
Plan Level Admin Load Adjustment	1.2291	
Projected Member Months	103,925	
Average Members	8,660	
% Total 2022	100.0%	

**Exhibit 10B - Federal MLR**

	<b>Total 2022</b>
	<b>PMPM / %</b>
<b><u>Traditional MLR Development</u></b>	
Paid Claims & Capitations (Post-3Rs) \$	519.52
<b>Total Revenue</b> \$	<b>638.83</b>
<hr/>	
<b>Traditional MLR (i.e. DICR)</b>	<b>81.3%</b>
 <b><u>Federal MLR Development</u></b>	
<b>Numerator Adjustments</b>	
BlueRewards/Incentive Program \$	0.17
Quality Improvement Expenses \$	5.78
Removal of non-care costs under MLR guidelines \$	(3.20)
 <b>Denominator Adjustments</b>	
Non-ACA Taxes & Fees \$	18.53
ACA Taxes & Fees \$	6.24
 <b>Federal MLR Numerator</b> \$	 <b>522.26</b>
<b>Federal MLR Denominator</b> \$	<b>614.07</b>
<hr/>	
<b>Federal MLR</b>	<b>85.0%</b>
 <b>Projected Member Months</b>	 <b>103,925</b>

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

**Total 2022  
PMPM / %**

**Traditional MLR Development**

<b>Paid Claims &amp; Capitations (Post-3Rs)</b>	\$ 613.15
<b>Total Revenue</b>	\$ 712.64
<b>Traditional MLR (i.e. DICR)</b>	86.0%

**Federal MLR Development**

**Numerator Adjustments**

<b>BlueRewards/Incentive Program</b>	\$ 0.29
<b>Quality Improvement Expenses</b>	\$ 6.96
<b>removal of non-care costs under MLR guidelines</b>	\$ (7.49)

**Denominator Adjustments**

<b>Non-ACA Taxes &amp; Fees</b>	\$ 16.49
<b>ACA Taxes &amp; Fees</b>	\$ 6.90

<b>Federal MLR Numerator</b>	\$ 612.90
<b>Federal MLR Denominator</b>	\$ 689.25
<b>Federal MLR</b>	88.9%

**Projected Member Months**      349,378

**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	Catastrophic Adjustment	Capped Dependents	Admin	Plan Adjusted Index Rate
78079DC0210001	BluePreferred PPO Standard Platinum \$0	PPO	PLATINUM	On	PPO	\$633.69	0.9528	1.0000	1.0480	1.0034	1.0000	1.0000	1.2291	\$780.35
78079DC0210002	BluePreferred PPO Standard Bronze \$7,500	PPO	BRONZE	On	PPO	\$633.69	0.6855	1.0000	0.9110	1.0047	1.0000	1.0000	1.2291	\$488.67
78079DC0210003	BluePreferred PPO Standard Gold \$500	PPO	GOLD	On	PPO	\$633.69	0.8879	1.0000	0.9840	1.0037	1.0000	1.0000	1.2291	\$683.04
78079DC0210004	BluePreferred PPO Standard Silver \$4,000	PPO	SILVER	On	PPO	\$633.69	0.7634	1.0000	0.9405	1.0043	1.0000	1.0000	1.2291	\$561.55
78079DC0210005	BluePreferred PPO HSA Standard Bronze \$6,350	PPO	BRONZE	On	PPO	\$633.69	0.6781	1.0000	0.9110	1.0047	1.0000	1.0000	1.2291	\$483.44
78079DC0210006	BluePreferred PPO HSA Gold \$1,500	PPO	GOLD	On	PPO	\$633.69	0.8374	1.0000	0.9840	1.0039	1.0000	1.0000	1.2291	\$644.23

**Exhibit 12 - AV Values**

<b>HIOS Plan ID</b>	<b>Suffix</b>	<b>HIOS Plan Name</b>	<b>HHS AV</b>
78079DC0210001	01	BluePreferred PPO Standard Platinum \$0	0.890
78079DC0210001	02	BluePreferred PPO Standard Platinum \$0 NAO	1.000
78079DC0210001	03	BluePreferred PPO Standard Platinum \$0 NAL	0.890
78079DC0210002	01	BluePreferred PPO Standard Bronze \$7,500	0.648
78079DC0210002	02	BluePreferred PPO Standard Bronze \$7,500 NAO	1.000
78079DC0210002	03	BluePreferred PPO Standard Bronze \$7,500 NAL	0.648
78079DC0210003	01	BluePreferred PPO Standard Gold \$500	0.820
78079DC0210003	02	BluePreferred PPO Standard Gold \$500 NAO	1.000
78079DC0210003	03	BluePreferred PPO Standard Gold \$500 NAL	0.820
78079DC0210004	01	BluePreferred PPO Standard Silver \$4,000	0.718
78079DC0210004	02	BluePreferred PPO Standard Silver \$4,000 NAO	1.000
78079DC0210004	03	BluePreferred PPO Standard Silver \$4,000 NAL	0.718
78079DC0210004	04	BluePreferred PPO Standard Silver \$4,000 A	0.740
78079DC0210004	05	BluePreferred PPO Standard Silver \$4,000 B	0.877
78079DC0210004	06	BluePreferred PPO Standard Silver \$4,000 C	0.939
78079DC0210005	01	BluePreferred PPO HSA Standard Bronze \$6,350	0.650
78079DC0210005	02	BluePreferred PPO Standard Bronze \$6,350 NAO	1.000
78079DC0210005	03	BluePreferred PPO Standard Bronze \$6,350 NAL	0.650
78079DC0210006	01	BluePreferred PPO HSA Gold \$1,500	0.810
78079DC0210006	02	BluePreferred PPO Gold \$1,500 NAO	1.000
78079DC0210006	03	BluePreferred PPO Gold \$1,500 NAL	0.810

**Exhibit 13 - Age Calibration**

Age Curve Calibration					
	Period	Cohort	Rating Factor*	Weight	Average Age**
(1)	Rating Period	Existing	1.1029	84.7%	
		New	0.9345	11.7%	
		Transfer	0.9914	3.6%	
(2)	<b>Rating Period</b>	<b>All</b>	<b>1.0791</b>	<b>100.0%</b>	<b>42.6</b>
(3)	<b>Nearest Rounded</b>	<b>All</b>	<b>1.0940</b>		<b>43.0</b>
(4)	<b>Calibration***</b>	<b>All</b>	<b>1.0138</b>		

(3)/(2)

Premium Rate Demonstration	
HIOS Plan Name	BluePreferred PPO Standard Platinum \$0
(5) Plan Adjusted Index Rate	\$780.35
(6) Calibration	1.0138 (4)
(7) Calibrated Rate	\$791.13 (5)*(6)
(8) Age 40 Factor/Rounded Avg Age Factor = (0.975/1.094)	0.8912
(9) <b>Age 40 Premium Rate</b>	<b>\$705.07</b> (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	36,070	1.0000	1.0000
Non-CDH	313,308	1.0000	1.0000
	<b>349,378</b>	<b>1.0000</b>	

Full HIOS Plan ID	Base HIOS Plan ID	Plan Name	Metal Level	Relative to Bronze	Projected Member Months	Relative to Average (Pool)	Relative to Average (CSR)
78079DC021000101	78079DC0210001	BluePreferred PPO Standard Platinum \$0	PLATINUM	1.1500	26,534	1.0480	1.0480
78079DC021000102	78079DC0210001	BluePreferred PPO Standard Platinum \$0 NAO	PLATINUM	1.1500	-	1.0480	1.0480
78079DC021000103	78079DC0210001	BluePreferred PPO Standard Platinum \$0 NAL	PLATINUM	1.1500	-	1.0480	1.0480
78079DC021000201	78079DC0210002	BluePreferred PPO Standard Bronze \$7,500	BRONZE	1.0000	10,617	0.9110	0.9110
78079DC021000202	78079DC0210002	BluePreferred PPO Standard Bronze \$7,500 NAO	BRONZE	1.0000	-	0.9110	0.9110
78079DC021000203	78079DC0210002	BluePreferred PPO Standard Bronze \$7,500 NAL	BRONZE	1.0000	-	0.9110	0.9110
78079DC021000301	78079DC0210003	BluePreferred PPO Standard Gold \$500	GOLD	1.0800	26,180	0.9840	0.9840
78079DC021000302	78079DC0210003	BluePreferred PPO Standard Gold \$500 NAO	GOLD	1.0800	-	0.9840	0.9840
78079DC021000303	78079DC0210003	BluePreferred PPO Standard Gold \$500 NAL	GOLD	1.0800	-	0.9840	0.9840
78079DC021000401	78079DC0210004	BluePreferred PPO Standard Silver \$4,000	SILVER	1.0300	23,534	0.9380	0.9405
78079DC021000402	78079DC0210004	BluePreferred PPO Standard Silver \$4,000 NAO	SILVER	1.0300	-	0.9380	0.9405
78079DC021000403	78079DC0210004	BluePreferred PPO Standard Silver \$4,000 NAL	SILVER	1.0300	-	0.9380	0.9405
78079DC021000404	78079DC0210004	BluePreferred PPO Standard Silver \$4,000 A	SILVER	1.0300	1,027	0.9380	0.9405
78079DC021000405	78079DC0210004	BluePreferred PPO Standard Silver \$4,000 B	SILVER	1.1500	107	1.0480	0.9405
78079DC021000406	78079DC0210004	BluePreferred PPO Standard Silver \$4,000 C	SILVER	1.1500	465	1.0480	0.9405
78079DC021000501	78079DC0210005	BluePreferred PPO HSA Standard Bronze \$6,350	BRONZE	1.0000	8,211	0.9110	0.9110
78079DC021000502	78079DC0210005	BluePreferred PPO Standard Bronze \$6,350 NAO	BRONZE	1.0000	-	0.9110	0.9110
78079DC021000503	78079DC0210005	BluePreferred PPO Standard Bronze \$6,350 NAL	BRONZE	1.0000	-	0.9110	0.9110
78079DC021000601	78079DC0210006	BluePreferred PPO HSA Gold \$1,500	GOLD	1.0800	7,250	0.9840	0.9840
78079DC021000602	78079DC0210006	BluePreferred PPO Gold \$1,500 NAO	GOLD	1.0800	-	0.9840	0.9840
78079DC021000603	78079DC0210006	BluePreferred PPO Gold \$1,500 NAL	GOLD	1.0800	-	0.9840	0.9840



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

Exp. Period		Current Period		Rating Period	
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
78079DC0210001	BluePreferred PPO Standard Platinum \$0	78079DC0210001	BluePreferred PPO Standard Platinum \$0	78079DC0210001	BluePreferred PPO Standard Platinum \$0
78079DC0210002	BluePreferred PPO Standard Bronze \$7,250	78079DC0210002	BluePreferred PPO Standard Bronze \$7,500	78079DC0210002	BluePreferred PPO Standard Bronze \$7,500
78079DC0210003	BluePreferred PPO Standard Gold \$500	78079DC0210003	BluePreferred PPO Standard Gold \$500	78079DC0210003	BluePreferred PPO Standard Gold \$500
78079DC0210004	BluePreferred PPO Standard Silver \$4,000	78079DC0210004	BluePreferred PPO Standard Silver \$4,000	78079DC0210004	BluePreferred PPO Standard Silver \$4,000
78079DC0210005	BluePreferred PPO HSA Standard Bronze \$6,200	78079DC0210005	BluePreferred PPO HSA Standard Bronze \$6,350	78079DC0210005	BluePreferred PPO HSA Standard Bronze \$6,350
78079DC0210006	BluePreferred PPO HSA Gold \$1,500	78079DC0210006	BluePreferred PPO HSA Gold \$1,500	78079DC0210006	BluePreferred PPO HSA Gold \$1,500

Appendix - Annual Rate Change Based on Mapping

Catastrophic	Catastrophic/Avg Renewal	-	-	n/a
Bronze	Bronze Members/Avg Renewal	1,487	1,553	12.4%
Silver	Silver Members/Avg Renewal	2,109	2,141	10.5%
Gold	Gold Members/Avg Renewal	2,517	2,695	6.6%
Platinum	Platinum Members/Avg Renewal	2,223	2,259	5.5%
	<b>All Members/Avg Renewal</b>	<b>8,336</b>	<b>8,648</b>	<b>7.9%</b>
	<b>Minimum Renewal</b>			<b>5.5%</b>
	<b>Maximum Renewal</b>			<b>12.8%</b>

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	2021 Base Rate	2022 Base Rate	Annual Rate Change
78079DC0210001	BluePreferred PPO Standard Platinum \$0	PLATINUM	On	78079DC0210001	BluePreferred PPO Standard Platinum \$0	PLATINUM	On	2,223	2,259	\$685.17	\$723.15	5.5%
78079DC0210002	BluePreferred PPO Standard Bronze \$7,500	BRONZE	On	78079DC0210002	BluePreferred PPO Standard Bronze \$7,500	BRONZE	On	865	890	\$401.32	\$452.85	12.8%
78079DC0210003	BluePreferred PPO Standard Gold \$500	GOLD	On	78079DC0210003	BluePreferred PPO Standard Gold \$500	GOLD	On	1,992	2,122	\$595.19	\$632.97	6.3%
78079DC0210004	BluePreferred PPO Standard Silver \$4,000	SILVER	On	78079DC0210004	BluePreferred PPO Standard Silver \$4,000	SILVER	On	2,109	2,141	\$470.81	\$520.39	10.5%
78079DC0210005	BluePreferred PPO HSA Standard Bronze \$6,350	BRONZE	On	78079DC0210005	BluePreferred PPO HSA Standard Bronze \$6,350	BRONZE	On	622	663	\$400.91	\$448.00	11.7%
78079DC0210006	BluePreferred PPO HSA Gold \$1,500	GOLD	On	78079DC0210006	BluePreferred PPO HSA Gold \$1,500	GOLD	On	525	573	\$553.73	\$597.01	7.8%

### Appendix - Maximum Rate Renewal

	2021	2022	% Change
Base Rate	\$401.32	\$452.85	12.8%
Age Factor	0.654	0.727	11.2%
Geographic Factor	1.000	1.000	0.0%
Tobacco Factor	1.000	1.000	0.0%
<b>Total</b>	<b>\$262.46</b>	<b>\$329.22</b>	<b>25.4%</b>

	BluePreferred PPO Standard Bronze	BluePreferred PPO Standard Bronze
Base Rate/Product(s)	\$7,500	\$7,500
Age Change	20	21
Geo Change*	N/A	N/A
Tobacco Change**	N/A	N/A

\*we did not geo rate

\*\*we did not tobacco rate

**Appendix - Federal Required \$1.00 minimum for abortion**

HIOS Plan ID	Plan Name	Exchange	Minimum Charge	Lowest Age Factor	Base Premium	Age Calibration	Plan Adjusted Index Rate	Admin	Catastrophic Factor	Network Factor	Non-EHB	Induced Utilization	Benefit	Market Adjusted Index Rate	Exchange User Fee	Risk Adjustment Fee	Reinsurance Factor	Index Rate	\$1 Check	Final Rate, above \$1.00
78079DC0210001	BluePreferred PPO Standard Platinum \$0	On	\$1.00	0.6540	\$1.53	0.9267	\$1.65	1.2291	1.0000	1.0000	1.0000	1.0480	0.9528	\$1.34	1.0000	0.8125	1.0000	\$1.65	\$1.00	\$1.65
78079DC0210002	BluePreferred PPO Standard Bronze \$7,500	On	\$1.00	0.6540	\$1.53	0.9267	\$1.65	1.2291	1.0000	1.0000	1.0000	0.9110	0.6855	\$2.15	1.0000	0.8125	1.0000	\$2.65	\$1.00	\$2.65
78079DC0210003	BluePreferred PPO Standard Gold \$500	On	\$1.00	0.6540	\$1.53	0.9267	\$1.65	1.2291	1.0000	1.0000	1.0000	0.9840	0.8879	\$1.54	1.0000	0.8125	1.0000	\$1.90	\$1.00	\$1.90
78079DC0210004	BluePreferred PPO Standard Silver \$4,000	On	\$1.00	0.6540	\$1.53	0.9267	\$1.65	1.2291	1.0000	1.0000	1.0000	0.9405	0.7634	\$1.87	1.0000	0.8125	1.0000	\$2.30	\$1.00	\$2.30
78079DC0210005	BluePreferred PPO HSA Standard Bronze \$6,350	On	\$1.00	0.6540	\$1.53	0.9267	\$1.65	1.2291	1.0000	1.0000	1.0000	0.9110	0.6781	\$2.17	1.0000	0.8125	1.0000	\$2.67	\$1.00	\$2.67
78079DC0210006	BluePreferred PPO HSA Gold \$1,500	On	\$1.00	0.6540	\$1.53	0.9267	\$1.65	1.2291	1.0000	1.0000	1.0000	0.9840	0.8374	\$1.63	1.0000	0.8125	1.0000	\$2.01	\$1.00	\$2.01

## Appendix - Form Numbers

### **Form Numbers Associated With This Filing:**

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

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

CFBC-132821995

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### **ON-Exchange**

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#### **BluePreferred PPO Standard Plans**

DC/CF/EXC/BP/IEA (R. 1/20)  
DC/GHMSI/DOL APPEAL (R. 1/17)  
DC/CF/BP/EXC/DOCS (R. 1/20)  
DC/CF/EXC/2021 AMEND (1/21)  
DC/CF/EXC/2022 AMEND (1/22)  
DC/CF/EXC/BP HSA STD/BRZ 6350 (1/22)  
DC/CF/EXC/BP HSA/GOLD 1500 (1/22)  
DC/CF/EXC/BP STD/BRZ 7500 (1/22)  
DC/CF/EXC/BP STD/GOLD 500 (1/22)  
DC/CF/EXC/BP STD/NATAMER SOB (1/22)  
DC/CF/EXC/BP STD/PLAT 0 (1/22)  
DC/CF/EXC/BP STD/SIL 4000 (1/22)  
DC/CF/EXC/BP STD/SIL 4000 A (1/22)  
DC/CF/EXC/BP STD/SIL 4000 B (1/22)  
DC/CF/EXC/BP STD/SIL 4000 C (1/22)  
DC/CF/EXC/NATAMER (1/14)  
DC/CF/MEM/BLCRD (R. 6/18)  
DC/CF/ANCILLARY AMEND (10/12)  
DC/CF/CD/AUTH AMEND PPO (R. 1/20)  
DC/GHMSI/HEALTH GUARANTEE 8/19  
DC/CF/PT PROTECT (9/10)  
DC/CF/CD/BP/INCENT (1/22)

**Appendix - Experience by Service Category**

<b>Month</b>	<b>Members</b>	<b>Service Category</b>	<b>Ultimate Allowed</b>	<b>Ultimate Incurred</b>	<b>Incurred</b>	<b>Drug Rebates</b>	<b>Utilization Unit</b>	<b>Utilization</b>
201801	34,450	Inpatient Hospital	\$3,702,695	\$3,520,577	\$3,520,577	\$0	Admits	221
201802	34,315	Inpatient Hospital	\$3,902,756	\$3,742,182	\$3,742,182	\$0	Admits	250
201803	34,168	Inpatient Hospital	\$3,680,175	\$3,539,733	\$3,539,733	\$0	Admits	245
201804	33,858	Inpatient Hospital	\$3,526,564	\$3,370,723	\$3,370,723	\$0	Admits	311
201805	33,816	Inpatient Hospital	\$2,945,400	\$2,820,554	\$2,820,554	\$0	Admits	311
201806	33,246	Inpatient Hospital	\$3,348,208	\$3,192,366	\$3,192,349	\$0	Admits	237
201807	32,849	Inpatient Hospital	\$3,448,450	\$3,330,475	\$3,330,458	\$0	Admits	295
201808	32,747	Inpatient Hospital	\$3,207,483	\$3,096,900	\$3,096,880	\$0	Admits	226
201809	32,524	Inpatient Hospital	\$3,465,577	\$3,380,905	\$3,380,886	\$0	Admits	267
201810	32,341	Inpatient Hospital	\$3,861,911	\$3,726,393	\$3,726,372	\$0	Admits	382
201811	31,817	Inpatient Hospital	\$3,238,362	\$3,136,062	\$3,135,821	\$0	Admits	288
201812	30,539	Inpatient Hospital	\$2,295,582	\$2,212,602	\$2,212,218	\$0	Admits	169
201901	31,131	Inpatient Hospital	\$2,932,828	\$2,804,641	\$2,804,111	\$0	Admits	187
201902	31,166	Inpatient Hospital	\$3,079,450	\$2,976,633	\$2,975,581	\$0	Admits	184
201903	31,069	Inpatient Hospital	\$3,158,587	\$3,061,368	\$3,060,210	\$0	Admits	173
201904	30,829	Inpatient Hospital	\$3,104,631	\$3,009,081	\$3,007,790	\$0	Admits	155
201905	30,678	Inpatient Hospital	\$3,107,186	\$3,005,778	\$3,004,204	\$0	Admits	210
201906	30,397	Inpatient Hospital	\$2,507,413	\$2,401,212	\$2,399,659	\$0	Admits	162
201907	30,531	Inpatient Hospital	\$3,112,614	\$3,008,544	\$3,006,345	\$0	Admits	215
201908	30,562	Inpatient Hospital	\$2,497,047	\$2,420,180	\$2,418,369	\$0	Admits	160
201909	30,565	Inpatient Hospital	\$3,230,978	\$3,122,528	\$3,119,539	\$0	Admits	186
201910	30,569	Inpatient Hospital	\$3,784,850	\$3,689,064	\$3,685,775	\$0	Admits	212
201911	30,446	Inpatient Hospital	\$3,251,465	\$3,153,080	\$3,149,702	\$0	Admits	188
201912	29,956	Inpatient Hospital	\$2,788,846	\$2,706,303	\$2,703,666	\$0	Admits	163
202001	29,738	Inpatient Hospital	\$3,158,861	\$3,012,646	\$3,009,019	\$0	Admits	199
202002	29,562	Inpatient Hospital	\$2,383,884	\$2,285,330	\$2,281,837	\$0	Admits	171
202003	29,515	Inpatient Hospital	\$2,686,123	\$2,598,157	\$2,592,539	\$0	Admits	156
202004	29,586	Inpatient Hospital	\$2,322,727	\$2,290,182	\$2,281,592	\$0	Admits	109
202005	29,746	Inpatient Hospital	\$2,411,033	\$2,381,230	\$2,369,029	\$0	Admits	128
202006	29,677	Inpatient Hospital	\$4,654,871	\$4,564,619	\$4,532,793	\$0	Admits	200
202007	29,667	Inpatient Hospital	\$3,526,492	\$3,480,082	\$3,450,429	\$0	Admits	171
202008	29,834	Inpatient Hospital	\$2,914,146	\$2,828,553	\$2,796,518	\$0	Admits	212
202009	29,958	Inpatient Hospital	\$2,850,244	\$2,777,011	\$2,729,244	\$0	Admits	128
202010	30,010	Inpatient Hospital	\$2,825,949	\$2,763,035	\$2,691,163	\$0	Admits	139
202011	29,869	Inpatient Hospital	\$2,648,507	\$2,563,812	\$2,413,890	\$0	Admits	150
202012	29,594	Inpatient Hospital	\$2,070,091	\$2,015,672	\$1,826,084	\$0	Admits	126
202101	29,314	Inpatient Hospital	\$3,072,325	\$2,915,311	\$2,159,072	\$0	Admits	146
202102	29,217	Inpatient Hospital	\$941,135	\$914,832	\$300,929	\$0	Admits	66

**Appendix - Experience by Service Category**

<b>Month</b>	<b>Members</b>	<b>Service Category</b>	<b>Ultimate Allowed</b>	<b>Ultimate Incurred</b>	<b>Incurred</b>	<b>Drug Rebates</b>	<b>Utilization Unit</b>	<b>Utilization</b>
201801	34,450	Outpatient Hospital	\$4,138,919	\$3,502,006	\$3,502,006	\$0	Visits	3,539
201802	34,315	Outpatient Hospital	\$3,537,977	\$3,025,931	\$3,025,931	\$0	Visits	3,255
201803	34,168	Outpatient Hospital	\$4,441,580	\$3,873,091	\$3,873,091	\$0	Visits	3,754
201804	33,858	Outpatient Hospital	\$4,059,570	\$3,559,429	\$3,559,429	\$0	Visits	3,757
201805	33,816	Outpatient Hospital	\$4,313,279	\$3,782,420	\$3,782,420	\$0	Visits	3,864
201806	33,246	Outpatient Hospital	\$3,939,481	\$3,524,068	\$3,524,049	\$0	Visits	3,512
201807	32,849	Outpatient Hospital	\$3,784,111	\$3,379,773	\$3,379,754	\$0	Visits	3,435
201808	32,747	Outpatient Hospital	\$4,164,992	\$3,736,721	\$3,736,700	\$0	Visits	3,568
201809	32,524	Outpatient Hospital	\$3,845,289	\$3,440,580	\$3,440,560	\$0	Visits	3,320
201810	32,341	Outpatient Hospital	\$4,575,805	\$4,147,447	\$4,147,424	\$0	Visits	3,868
201811	31,817	Outpatient Hospital	\$4,275,642	\$3,886,456	\$3,886,129	\$0	Visits	3,496
201812	30,539	Outpatient Hospital	\$3,625,462	\$3,219,728	\$3,219,217	\$0	Visits	3,252
201901	31,131	Outpatient Hospital	\$4,197,447	\$3,583,161	\$3,582,277	\$0	Visits	3,572
201902	31,166	Outpatient Hospital	\$3,703,674	\$3,232,948	\$3,231,765	\$0	Visits	3,166
201903	31,069	Outpatient Hospital	\$4,468,475	\$3,928,871	\$3,927,319	\$0	Visits	3,518
201904	30,829	Outpatient Hospital	\$4,689,482	\$4,201,073	\$4,199,039	\$0	Visits	3,491
201905	30,678	Outpatient Hospital	\$4,106,352	\$3,685,405	\$3,683,093	\$0	Visits	3,295
201906	30,397	Outpatient Hospital	\$3,712,956	\$3,317,435	\$3,315,064	\$0	Visits	2,961
201907	30,531	Outpatient Hospital	\$4,207,880	\$3,795,198	\$3,792,150	\$0	Visits	3,250
201908	30,562	Outpatient Hospital	\$4,113,338	\$3,707,001	\$3,703,750	\$0	Visits	3,062
201909	30,565	Outpatient Hospital	\$3,682,427	\$3,280,289	\$3,277,178	\$0	Visits	3,049
201910	30,569	Outpatient Hospital	\$4,350,608	\$3,942,004	\$3,938,176	\$0	Visits	3,463
201911	30,446	Outpatient Hospital	\$4,007,048	\$3,639,225	\$3,635,369	\$0	Visits	2,969
201912	29,956	Outpatient Hospital	\$4,163,207	\$3,780,415	\$3,776,332	\$0	Visits	2,799
202001	29,738	Outpatient Hospital	\$4,432,672	\$3,900,236	\$3,895,615	\$0	Visits	3,044
202002	29,562	Outpatient Hospital	\$3,721,272	\$3,240,542	\$3,235,644	\$0	Visits	2,796
202003	29,515	Outpatient Hospital	\$3,113,682	\$2,739,823	\$2,733,956	\$0	Visits	2,118
202004	29,586	Outpatient Hospital	\$1,723,850	\$1,576,993	\$1,571,120	\$0	Visits	1,242
202005	29,746	Outpatient Hospital	\$2,801,556	\$2,600,962	\$2,587,665	\$0	Visits	1,706
202006	29,677	Outpatient Hospital	\$3,886,480	\$3,580,082	\$3,555,165	\$0	Visits	2,410
202007	29,667	Outpatient Hospital	\$3,773,409	\$3,417,451	\$3,388,386	\$0	Visits	2,748
202008	29,834	Outpatient Hospital	\$3,725,703	\$3,399,902	\$3,361,140	\$0	Visits	2,820
202009	29,958	Outpatient Hospital	\$4,288,457	\$3,933,339	\$3,865,520	\$0	Visits	2,904
202010	30,010	Outpatient Hospital	\$4,025,025	\$3,658,829	\$3,562,277	\$0	Visits	3,251
202011	29,869	Outpatient Hospital	\$3,958,856	\$3,644,261	\$3,432,671	\$0	Visits	3,044
202012	29,594	Outpatient Hospital	\$4,223,939	\$3,823,837	\$3,463,296	\$0	Visits	3,135
202101	29,314	Outpatient Hospital	\$4,275,770	\$3,718,066	\$2,776,131	\$0	Visits	3,336
202102	29,217	Outpatient Hospital	\$5,427,238	\$4,653,948	\$1,354,625	\$0	Visits	3,550

**Appendix - Experience by Service Category**

<b>Month</b>	<b>Members</b>	<b>Service Category</b>	<b>Ultimate Allowed</b>	<b>Ultimate Incurred</b>	<b>Incurred</b>	<b>Drug Rebates</b>	<b>Utilization Unit</b>	<b>Utilization</b>
201801	34,450	Professional	\$7,258,209	\$5,556,778	\$5,556,778	\$0	Visits	45,224
201802	34,315	Professional	\$5,981,097	\$4,751,552	\$4,751,552	\$0	Visits	37,127
201803	34,168	Professional	\$6,420,026	\$5,149,442	\$5,149,442	\$0	Visits	39,040
201804	33,858	Professional	\$6,301,532	\$5,080,607	\$5,080,607	\$0	Visits	37,904
201805	33,816	Professional	\$6,464,187	\$5,267,904	\$5,267,904	\$0	Visits	39,655
201806	33,246	Professional	\$5,963,056	\$4,899,062	\$4,899,043	\$0	Visits	36,549
201807	32,849	Professional	\$5,768,645	\$4,777,151	\$4,777,132	\$0	Visits	35,204
201808	32,747	Professional	\$6,122,248	\$5,095,031	\$5,095,011	\$0	Visits	37,356
201809	32,524	Professional	\$5,578,648	\$4,632,811	\$4,632,793	\$0	Visits	35,039
201810	32,341	Professional	\$7,013,583	\$5,876,724	\$5,876,700	\$0	Visits	43,898
201811	31,817	Professional	\$5,959,392	\$5,002,377	\$5,001,929	\$0	Visits	36,712
201812	30,539	Professional	\$5,090,070	\$4,214,294	\$4,213,553	\$0	Visits	31,003
201901	31,131	Professional	\$6,932,352	\$5,338,162	\$5,336,854	\$0	Visits	43,210
201902	31,166	Professional	\$5,665,044	\$4,522,337	\$4,520,533	\$0	Visits	35,144
201903	31,069	Professional	\$6,273,476	\$5,046,523	\$5,044,366	\$0	Visits	37,863
201904	30,829	Professional	\$6,343,933	\$5,139,578	\$5,136,963	\$0	Visits	38,329
201905	30,678	Professional	\$6,358,384	\$5,201,300	\$5,198,117	\$0	Visits	38,560
201906	30,397	Professional	\$5,847,669	\$4,821,779	\$4,818,123	\$0	Visits	34,686
201907	30,531	Professional	\$6,018,988	\$4,978,412	\$4,974,231	\$0	Visits	36,111
201908	30,562	Professional	\$5,806,092	\$4,826,932	\$4,822,497	\$0	Visits	35,206
201909	30,565	Professional	\$5,846,612	\$4,856,625	\$4,851,937	\$0	Visits	36,263
201910	30,569	Professional	\$6,790,636	\$5,704,448	\$5,698,755	\$0	Visits	42,251
201911	30,446	Professional	\$5,828,472	\$4,911,080	\$4,905,764	\$0	Visits	35,010
201912	29,956	Professional	\$5,649,058	\$4,716,342	\$4,711,332	\$0	Visits	32,791
202001	29,738	Professional	\$6,525,290	\$5,086,076	\$5,079,568	\$0	Visits	41,018
202002	29,562	Professional	\$5,687,797	\$4,537,447	\$4,530,214	\$0	Visits	34,308
202003	29,515	Professional	\$4,734,616	\$3,852,481	\$3,844,305	\$0	Visits	30,115
202004	29,586	Professional	\$3,167,905	\$2,725,152	\$2,715,027	\$0	Visits	22,209
202005	29,746	Professional	\$4,059,811	\$3,512,417	\$3,494,442	\$0	Visits	26,352
202006	29,677	Professional	\$5,429,187	\$4,639,644	\$4,607,364	\$0	Visits	34,267
202007	29,667	Professional	\$5,946,318	\$5,087,551	\$5,044,306	\$0	Visits	37,460
202008	29,834	Professional	\$5,754,202	\$4,808,681	\$4,753,523	\$0	Visits	36,107
202009	29,958	Professional	\$6,664,554	\$5,669,862	\$5,574,193	\$0	Visits	40,904
202010	30,010	Professional	\$6,933,505	\$5,904,611	\$5,747,997	\$0	Visits	44,833
202011	29,869	Professional	\$6,606,066	\$5,718,972	\$5,390,996	\$0	Visits	40,607
202012	29,594	Professional	\$6,798,466	\$5,843,488	\$5,290,706	\$0	Visits	41,725
202101	29,314	Professional	\$6,959,540	\$5,771,853	\$4,327,846	\$0	Visits	42,269
202102	29,217	Professional	\$8,526,861	\$6,976,236	\$2,042,791	\$0	Visits	53,531



**Appendix - Experience by Service Category**

<b>Month</b>	<b>Members</b>	<b>Service Category</b>	<b>Ultimate Allowed</b>	<b>Ultimate Incurred</b>	<b>Incurred</b>	<b>Drug Rebates</b>	<b>Utilization Unit</b>	<b>Utilization</b>
201801	34,450	Other Medical	\$1,198,640	\$1,091,795	\$1,091,795	\$0	Services	4,595
201802	34,315	Other Medical	\$1,081,692	\$983,666	\$983,666	\$0	Services	4,205
201803	34,168	Other Medical	\$1,308,399	\$1,206,173	\$1,206,173	\$0	Services	4,542
201804	33,858	Other Medical	\$1,425,063	\$1,338,810	\$1,338,810	\$0	Services	4,216
201805	33,816	Other Medical	\$1,483,057	\$1,387,546	\$1,387,546	\$0	Services	4,575
201806	33,246	Other Medical	\$1,213,887	\$1,123,616	\$1,123,611	\$0	Services	4,760
201807	32,849	Other Medical	\$1,335,083	\$1,254,595	\$1,254,589	\$0	Services	4,549
201808	32,747	Other Medical	\$1,330,028	\$1,230,546	\$1,230,540	\$0	Services	4,705
201809	32,524	Other Medical	\$1,273,542	\$1,192,066	\$1,192,060	\$0	Services	3,915
201810	32,341	Other Medical	\$1,259,647	\$1,175,485	\$1,175,480	\$0	Services	4,405
201811	31,817	Other Medical	\$1,327,888	\$1,247,956	\$1,247,854	\$0	Services	4,203
201812	30,539	Other Medical	\$1,048,042	\$972,638	\$972,478	\$0	Services	3,896
201901	31,131	Other Medical	\$1,066,246	\$953,687	\$953,464	\$0	Services	4,271
201902	31,166	Other Medical	\$1,083,485	\$993,161	\$992,798	\$0	Services	3,840
201903	31,069	Other Medical	\$1,126,858	\$1,035,013	\$1,034,604	\$0	Services	4,247
201904	30,829	Other Medical	\$1,129,614	\$1,041,875	\$1,041,379	\$0	Services	4,082
201905	30,678	Other Medical	\$1,283,869	\$1,189,914	\$1,189,199	\$0	Services	4,478
201906	30,397	Other Medical	\$1,152,571	\$1,062,684	\$1,061,921	\$0	Services	4,176
201907	30,531	Other Medical	\$1,200,843	\$1,117,061	\$1,116,227	\$0	Services	4,144
201908	30,562	Other Medical	\$1,347,295	\$1,268,790	\$1,267,784	\$0	Services	4,435
201909	30,565	Other Medical	\$1,246,657	\$1,169,063	\$1,167,991	\$0	Services	3,925
201910	30,569	Other Medical	\$1,309,224	\$1,242,397	\$1,241,270	\$0	Services	3,507
201911	30,446	Other Medical	\$1,204,860	\$1,147,571	\$1,146,267	\$0	Services	2,744
201912	29,956	Other Medical	\$1,330,950	\$1,255,835	\$1,254,437	\$0	Services	3,232
202001	29,738	Other Medical	\$1,280,934	\$1,176,583	\$1,175,197	\$0	Services	4,068
202002	29,562	Other Medical	\$1,276,844	\$1,183,403	\$1,181,584	\$0	Services	3,810
202003	29,515	Other Medical	\$1,216,728	\$1,139,733	\$1,137,323	\$0	Services	3,177
202004	29,586	Other Medical	\$1,133,135	\$1,092,361	\$1,088,307	\$0	Services	2,368
202005	29,746	Other Medical	\$1,290,368	\$1,228,223	\$1,221,947	\$0	Services	2,617
202006	29,677	Other Medical	\$1,300,561	\$1,229,935	\$1,221,378	\$0	Services	3,807
202007	29,667	Other Medical	\$1,488,110	\$1,418,512	\$1,406,433	\$0	Services	3,956
202008	29,834	Other Medical	\$1,330,181	\$1,259,554	\$1,245,149	\$0	Services	4,123
202009	29,958	Other Medical	\$1,218,496	\$1,149,291	\$1,129,627	\$0	Services	4,146
202010	30,010	Other Medical	\$1,376,111	\$1,297,859	\$1,263,715	\$0	Services	3,903
202011	29,869	Other Medical	\$1,369,113	\$1,300,236	\$1,224,434	\$0	Services	3,470
202012	29,594	Other Medical	\$1,222,996	\$1,142,687	\$1,034,940	\$0	Services	3,992
202101	29,314	Other Medical	\$1,252,093	\$1,172,358	\$863,132	\$0	Services	3,752
202102	29,217	Other Medical	\$1,682,875	\$1,581,858	\$476,775	\$0	Services	4,521

**Appendix - Experience by Service Category**

<b>Month</b>	<b>Members</b>	<b>Service Category</b>	<b>Ultimate Allowed</b>	<b>Ultimate Incurred</b>	<b>Incurred</b>	<b>Drug Rebates</b>	<b>Utilization Unit</b>	<b>Utilization</b>
201801	34,450	Prescription Drug	\$6,049,029	\$5,455,854	\$5,455,854	\$790,576	Scripts	30,415
201802	34,315	Prescription Drug	\$5,534,031	\$5,049,521	\$5,049,521	\$744,665	Scripts	26,706
201803	34,168	Prescription Drug	\$6,064,034	\$5,604,286	\$5,604,286	\$797,670	Scripts	28,718
201804	33,858	Prescription Drug	\$6,110,578	\$5,663,616	\$5,663,616	\$801,600	Scripts	27,766
201805	33,816	Prescription Drug	\$6,338,623	\$5,887,699	\$5,887,699	\$837,751	Scripts	29,418
201806	33,246	Prescription Drug	\$5,953,606	\$5,557,624	\$5,557,624	\$790,438	Scripts	26,906
201807	32,849	Prescription Drug	\$5,992,228	\$5,605,322	\$5,605,322	\$804,288	Scripts	26,589
201808	32,747	Prescription Drug	\$6,288,846	\$5,903,407	\$5,903,407	\$801,852	Scripts	27,269
201809	32,524	Prescription Drug	\$5,569,829	\$5,199,079	\$5,199,079	\$700,710	Scripts	24,828
201810	32,341	Prescription Drug	\$6,692,782	\$6,292,132	\$6,292,132	\$801,312	Scripts	28,379
201811	31,817	Prescription Drug	\$5,920,176	\$5,568,884	\$5,568,884	\$709,438	Scripts	26,447
201812	30,539	Prescription Drug	\$5,790,830	\$5,423,756	\$5,423,756	\$670,113	Scripts	25,454
201901	31,131	Prescription Drug	\$5,911,254	\$5,355,970	\$5,355,970	\$815,790	Scripts	26,798
201902	31,166	Prescription Drug	\$5,287,336	\$4,894,305	\$4,894,305	\$736,403	Scripts	23,803
201903	31,069	Prescription Drug	\$5,594,219	\$5,177,724	\$5,177,724	\$810,811	Scripts	26,189
201904	30,829	Prescription Drug	\$6,216,737	\$5,832,273	\$5,832,273	\$957,636	Scripts	26,018
201905	30,678	Prescription Drug	\$5,742,096	\$5,392,155	\$5,392,155	\$870,895	Scripts	25,727
201906	30,397	Prescription Drug	\$5,996,887	\$5,674,645	\$5,674,645	\$885,496	Scripts	24,166
201907	30,531	Prescription Drug	\$6,130,803	\$5,771,538	\$5,771,538	\$979,457	Scripts	25,623
201908	30,562	Prescription Drug	\$6,054,368	\$5,724,848	\$5,724,848	\$983,733	Scripts	24,592
201909	30,565	Prescription Drug	\$5,809,163	\$5,480,273	\$5,480,273	\$909,032	Scripts	24,235
201910	30,569	Prescription Drug	\$6,155,012	\$5,803,412	\$5,803,412	\$948,138	Scripts	25,443
201911	30,446	Prescription Drug	\$6,180,405	\$5,874,406	\$5,874,406	\$931,628	Scripts	23,886
201912	29,956	Prescription Drug	\$6,047,997	\$5,679,550	\$5,679,550	\$944,915	Scripts	25,620
202001	29,738	Prescription Drug	\$5,760,140	\$5,224,569	\$5,224,569	\$832,054	Scripts	25,779
202002	29,562	Prescription Drug	\$5,544,449	\$5,141,955	\$5,141,955	\$818,880	Scripts	23,470
202003	29,515	Prescription Drug	\$7,082,320	\$6,629,150	\$6,629,150	\$1,057,628	Scripts	27,267
202004	29,586	Prescription Drug	\$6,152,140	\$5,808,286	\$5,808,286	\$1,011,425	Scripts	21,232
202005	29,746	Prescription Drug	\$5,425,446	\$5,122,559	\$5,122,559	\$922,230	Scripts	20,824
202006	29,677	Prescription Drug	\$6,786,481	\$6,451,268	\$6,451,268	\$1,081,352	Scripts	22,563
202007	29,667	Prescription Drug	\$5,976,669	\$5,652,928	\$5,652,928	\$1,026,455	Scripts	22,532
202008	29,834	Prescription Drug	\$6,372,504	\$6,040,627	\$6,040,627	\$1,031,747	Scripts	22,314
202009	29,958	Prescription Drug	\$6,316,593	\$6,001,260	\$6,001,260	\$1,016,191	Scripts	22,194
202010	30,010	Prescription Drug	\$6,213,454	\$5,862,607	\$5,862,607	\$1,125,196	Scripts	22,865
202011	29,869	Prescription Drug	\$5,952,522	\$5,653,105	\$5,653,105	\$1,022,835	Scripts	21,610
202012	29,594	Prescription Drug	\$6,238,857	\$5,897,932	\$5,897,932	\$1,066,457	Scripts	23,199
202101	29,314	Prescription Drug	\$5,723,126	\$5,276,158	\$5,276,158	\$857,087	Scripts	21,518
202102	29,217	Prescription Drug	\$6,180,617	\$5,768,814	\$5,768,814	\$956,279	Scripts	21,475

**Appendix - Experience by Service Category**

<b>Month</b>	<b>Members</b>	<b>Service Category</b>	<b>Ultimate Allowed</b>	<b>Ultimate Incurred</b>	<b>Incurred</b>	<b>Drug Rebates</b>	<b>Utilization Unit</b>	<b>Utilization</b>
201801	34,450	Capitations	\$37,341	\$37,341	\$37,341	\$0	Benefit Period	34,450
201802	34,315	Capitations	\$37,281	\$37,281	\$37,281	\$0	Benefit Period	34,315
201803	34,168	Capitations	\$37,248	\$37,248	\$37,248	\$0	Benefit Period	34,168
201804	33,858	Capitations	\$36,850	\$36,850	\$36,850	\$0	Benefit Period	33,858
201805	33,816	Capitations	\$36,430	\$36,430	\$36,430	\$0	Benefit Period	33,816
201806	33,246	Capitations	\$35,981	\$35,981	\$35,981	\$0	Benefit Period	33,246
201807	32,849	Capitations	\$35,625	\$35,625	\$35,625	\$0	Benefit Period	32,849
201808	32,747	Capitations	\$35,425	\$35,425	\$35,425	\$0	Benefit Period	32,747
201809	32,524	Capitations	\$35,104	\$35,104	\$35,104	\$0	Benefit Period	32,524
201810	32,341	Capitations	\$34,809	\$34,809	\$34,809	\$0	Benefit Period	32,341
201811	31,817	Capitations	\$34,241	\$34,241	\$34,241	\$0	Benefit Period	31,817
201812	30,539	Capitations	\$33,265	\$33,265	\$33,265	\$0	Benefit Period	30,539
201901	31,131	Capitations	\$40,273	\$40,273	\$40,273	\$0	Benefit Period	31,131
201902	31,166	Capitations	\$40,099	\$40,099	\$40,099	\$0	Benefit Period	31,166
201903	31,069	Capitations	\$40,112	\$40,112	\$40,112	\$0	Benefit Period	31,069
201904	30,829	Capitations	\$39,911	\$39,911	\$39,911	\$0	Benefit Period	30,829
201905	30,678	Capitations	\$39,375	\$39,375	\$39,375	\$0	Benefit Period	30,678
201906	30,397	Capitations	\$38,945	\$38,945	\$38,945	\$0	Benefit Period	30,397
201907	30,531	Capitations	\$38,964	\$38,964	\$38,964	\$0	Benefit Period	30,531
201908	30,562	Capitations	\$38,999	\$38,999	\$38,999	\$0	Benefit Period	30,562
201909	30,565	Capitations	\$38,861	\$38,861	\$38,861	\$0	Benefit Period	30,565
201910	30,569	Capitations	\$38,733	\$38,733	\$38,733	\$0	Benefit Period	30,569
201911	30,446	Capitations	\$38,482	\$38,482	\$38,482	\$0	Benefit Period	30,446
201912	29,956	Capitations	\$37,851	\$37,851	\$37,851	\$0	Benefit Period	29,956
202001	29,738	Capitations	\$38,945	\$38,945	\$38,945	\$0	Benefit Period	29,738
202002	29,562	Capitations	\$38,550	\$38,550	\$38,550	\$0	Benefit Period	29,562
202003	29,515	Capitations	\$39,460	\$39,460	\$39,460	\$0	Benefit Period	29,515
202004	29,586	Capitations	\$39,272	\$39,272	\$39,272	\$0	Benefit Period	29,586
202005	29,746	Capitations	\$38,995	\$38,995	\$38,995	\$0	Benefit Period	29,746
202006	29,677	Capitations	\$38,526	\$38,526	\$38,526	\$0	Benefit Period	29,677
202007	29,667	Capitations	\$39,111	\$39,111	\$39,111	\$0	Benefit Period	29,667
202008	29,834	Capitations	\$38,899	\$38,899	\$38,899	\$0	Benefit Period	29,834
202009	29,958	Capitations	\$39,020	\$39,020	\$39,020	\$0	Benefit Period	29,958
202010	30,010	Capitations	\$39,042	\$39,042	\$39,042	\$0	Benefit Period	30,010
202011	29,869	Capitations	\$38,861	\$38,861	\$38,861	\$0	Benefit Period	29,869
202012	29,594	Capitations	\$38,555	\$38,555	\$38,555	\$0	Benefit Period	29,594
202101	29,314	Capitations	\$38,421	\$38,421	\$38,421	\$0	Benefit Period	29,314
202102	29,217	Capitations	\$38,366	\$38,366	\$38,366	\$0	Benefit Period	29,217

**Appendix - Total Experience**

Month	Members	Contracts	Ultimate Allowed	Drug Rebates	Post-Rx Rebate Ultimate Allowed	Post-Rx Rebate Ultimate Incurred	Premium	Loss Ratio
201801	34,450	21,572	\$22,384,834	\$790,576	\$21,594,258	\$18,373,775	\$18,713,930	98.2%
201802	34,315	21,464	\$20,074,834	\$744,665	\$19,330,170	\$16,845,468	\$18,612,206	90.5%
201803	34,168	21,364	\$21,951,462	\$797,670	\$21,153,792	\$18,612,303	\$18,610,521	100.0%
201804	33,858	21,190	\$21,460,157	\$801,600	\$20,658,557	\$18,248,435	\$18,642,174	97.9%
201805	33,816	21,060	\$21,580,976	\$837,751	\$20,743,225	\$18,344,802	\$18,581,349	98.7%
201806	33,246	20,721	\$20,454,219	\$790,438	\$19,663,781	\$17,542,280	\$18,536,232	94.6%
201807	32,849	20,479	\$20,364,143	\$804,288	\$19,559,855	\$17,578,653	\$18,293,910	96.1%
201808	32,747	20,324	\$21,149,022	\$801,852	\$20,347,171	\$18,296,177	\$18,316,372	99.9%
201809	32,524	20,092	\$19,767,989	\$700,710	\$19,067,279	\$17,179,835	\$18,468,703	93.0%
201810	32,341	20,014	\$23,438,536	\$801,312	\$22,637,225	\$20,451,677	\$18,225,029	112.2%
201811	31,817	19,703	\$20,755,701	\$709,438	\$20,046,263	\$18,166,538	\$18,200,345	99.8%
201812	30,539	18,966	\$17,883,251	\$670,113	\$17,213,138	\$15,406,170	\$18,132,248	85.0%
201901	31,131	19,606	\$21,080,399	\$815,790	\$20,264,609	\$17,260,103	\$18,794,617	91.8%
201902	31,166	19,608	\$18,859,088	\$736,403	\$18,122,685	\$15,923,080	\$18,737,369	85.0%
201903	31,069	19,546	\$20,661,726	\$810,811	\$19,850,915	\$17,478,799	\$18,721,930	93.4%
201904	30,829	19,423	\$21,524,309	\$957,636	\$20,566,673	\$18,306,155	\$18,633,212	98.2%
201905	30,678	19,270	\$20,637,262	\$870,895	\$19,766,366	\$17,643,032	\$18,490,967	95.4%
201906	30,397	19,100	\$19,256,442	\$885,496	\$18,370,945	\$16,431,204	\$18,489,483	88.9%
201907	30,531	19,192	\$20,710,092	\$979,457	\$19,730,634	\$17,730,259	\$18,490,447	95.9%
201908	30,562	19,209	\$19,857,139	\$983,733	\$18,873,406	\$17,003,017	\$18,543,195	91.7%
201909	30,565	19,187	\$19,854,699	\$909,032	\$18,945,667	\$17,038,607	\$18,587,978	91.7%
201910	30,569	19,151	\$22,429,062	\$948,138	\$21,480,925	\$19,471,920	\$18,530,509	105.1%
201911	30,446	19,007	\$20,510,732	\$931,628	\$19,579,104	\$17,832,214	\$18,594,697	95.9%
201912	29,956	18,681	\$20,017,909	\$944,915	\$19,072,995	\$17,231,383	\$18,370,677	93.8%
202001	29,738	18,712	\$21,196,843	\$832,054	\$20,364,789	\$17,607,000	\$19,048,598	92.4%
202002	29,562	18,650	\$18,652,797	\$818,880	\$17,833,916	\$15,608,346	\$19,087,351	81.8%
202003	29,515	18,655	\$18,872,929	\$1,057,628	\$17,815,301	\$15,941,176	\$19,051,000	83.7%
202004	29,586	18,754	\$14,539,030	\$1,011,425	\$13,527,605	\$12,520,821	\$19,052,702	65.7%
202005	29,746	18,880	\$16,027,209	\$922,230	\$15,104,979	\$13,962,156	\$18,946,925	73.7%
202006	29,677	18,865	\$22,096,107	\$1,081,352	\$21,014,755	\$19,422,722	\$19,330,871	100.5%
202007	29,667	18,864	\$20,750,109	\$1,026,455	\$19,723,653	\$18,069,179	\$19,364,744	93.3%
202008	29,834	19,005	\$20,135,636	\$1,031,747	\$19,103,889	\$17,344,469	\$19,453,187	89.2%
202009	29,958	19,080	\$21,377,364	\$1,016,191	\$20,361,173	\$18,553,592	\$18,351,136	101.1%
202010	30,010	19,116	\$21,413,086	\$1,125,196	\$20,287,890	\$18,400,787	\$19,671,819	93.5%
202011	29,869	19,041	\$20,573,924	\$1,022,835	\$19,551,089	\$17,896,411	\$19,469,535	91.9%
202012	29,594	18,911	\$20,592,903	\$1,066,457	\$19,526,446	\$17,695,714	\$19,743,745	89.6%
202101	29,314	18,822	\$21,321,275	\$857,087	\$20,464,187	\$18,035,080	\$19,484,506	92.6%
202102	29,217	18,744	\$22,797,092	\$956,279	\$21,840,812	\$18,977,774	\$19,443,476	97.6%

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

		2022	2021	% Change
(1)	Base Period Total Allowed	\$628.48	\$636.05	-1.2%
(2)	Base Period Non-EHB PMPM	\$0.64	\$0.71	-10.1%
(3)	Experience Period Index Rate	\$627.84	\$635.33	-1.2%
(4)	Change in Morbidity	1.0118	1.0003	1.2%
(5)	Additional Population Adjustment	1.0000	1.0000	0.0%
(6)	Induced Demand	1.0074	0.9986	0.9%
(7)	Projection Period Utilization and Network Adjustment	1.0000	1.0000	0.0%
(8)	Demographic Adjustment	1.0055	0.9951	1.0%
(9)	Area Adjustment	1.0000	1.0000	0.0%
(10)	Additional "Other" Adjustments	1.0083	1.0062	0.2%
(11)	Annualized Trend	9.6%	6.5%	
(12)	Months of Trend	24	24	
(13)	Unit cost & Utilization/1,000 Trend Factor	1.2019	1.1343	6.0%
(14)	Projection Period Index Rate	\$779.88	\$720.81	8.2%
(15)	Risk Adjustment Program	0.8125	0.8422	-3.5%
(16)	Federal Exchange User Fee	1.0000	1.0000	0.0%
(17)	Market Adjusted Index Rate	\$633.69	\$607.08	4.4%
	Without Risk Adjustment	\$779.88	\$720.81	8.2%
	Base Rate Change	7.9%	1.0%	

**2022 DC Individual GHMSI**  
**Plan Adjusted Index Rate Changes**

Index	HIOS Plan ID	Plan Name	Type	Metallic Tier	On/Off	Projected Members - 12/2021	Market Adjusted Index Rate			Benefits			Network			Induced Utilization			HSA Factor			Non-EHB			Admin			Age Calibration			Total 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	2022	2021	Change
1	78079DC0210001	BluePreferred PPO Standard Platinum \$0	PPO	PLATINUM	On	2,259	\$633.69	\$607.08	4.38%	0.953	0.942	1.12%	1.000	1.000	0.00%	1.048	1.046	0.19%	1.000	1.000	0.00%	1.003	1.004	-0.02%	1.229	1.232	-0.21%	0.927	0.926	0.03%	\$723.15	\$685.17	5.54%
2	78079DC0210002	BluePreferred PPO Standard Bronze \$7,500	PPO	BRONZE	On	890	\$633.69	\$607.08	4.38%	0.685	0.634	8.11%	1.000	1.000	0.00%	0.911	0.909	0.22%	1.000	1.000	0.00%	1.005	1.005	-0.05%	1.229	1.232	-0.21%	0.927	0.926	0.03%	\$452.85	\$401.32	12.84%
3	78079DC0210003	BluePreferred PPO Standard Gold \$500	PPO	GOLD	On	2,122	\$633.69	\$607.08	4.38%	0.888	0.872	1.88%	1.000	1.000	0.00%	0.984	0.982	0.20%	1.000	1.000	0.00%	1.004	1.004	-0.02%	1.229	1.232	-0.21%	0.927	0.926	0.03%	\$632.97	\$595.19	6.35%
4	78079DC0210004	BluePreferred PPO Standard Silver \$4,000	PPO	SILVER	On	2,141	\$633.69	\$607.08	4.38%	0.763	0.721	5.90%	1.000	1.000	0.00%	0.941	0.939	0.21%	1.000	1.000	0.00%	1.004	1.005	-0.04%	1.229	1.232	-0.21%	0.927	0.926	0.03%	\$520.39	\$470.81	10.53%
5	78079DC0210005	BluePreferred PPO HSA Standard Bronze \$6,350	PPO	BRONZE	On	663	\$633.69	\$607.08	4.38%	0.678	0.633	7.06%	1.000	1.000	0.00%	0.911	0.909	0.22%	1.000	1.000	0.00%	1.005	1.005	-0.05%	1.229	1.232	-0.21%	0.927	0.926	0.03%	\$448.00	\$400.91	11.75%
6	78079DC0210006	BluePreferred PPO HSA Gold \$1,500	PPO	GOLD	On	573	\$633.69	\$607.08	4.38%	0.837	0.811	3.29%	1.000	1.000	0.00%	0.984	0.982	0.20%	1.000	1.000	0.00%	1.004	1.004	-0.03%	1.229	1.232	-0.21%	0.927	0.926	0.03%	\$597.01	\$553.73	7.82%
							\$633.69	\$607.08	4.38%	0.834	0.806	3.81%	1.00	1.00	0.00%	0.98	0.97	0.20%	1.00	1.00	0.00%	1.00	1.00	-0.03%	1.23	1.23	-0.21%	0.93	0.93	0.03%	593.55	550.31	7.86%

#### Key Drivers

- 1.) Decrease in the base period experience of the combined pool
- 2.) Trend
- 3.) Lower projected Risk Adjustment Factor

# CareFirst BlueCross BlueShield

## Part III Actuarial Memorandum

### 4.1 Redacted Actuarial Memorandum

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

### 4.2 General Information Section

#### Company Identifying Information:

- **Company Legal Name:** Group Hospitalization and Medical Services, Inc. (GHMSI) - NAIC # 53007
- **State:** District of Columbia
- **HIOS Issuer ID:** 78079
- **Market:** Individual, Non-Medigap (On Exchange)
- **Effective Date:** 1/1/22 – 12/31/22
- **Company Filing Number:** 2566
- **SERFF Filing Number:** CFAP-132809038

#### Company Contact Information:

- **Primary Contact Name:** Mr. Cory Bream, ASA, MAAA
- **Primary Contact Telephone Number:** 410-998-5308
- **Primary Contact E-Mail Address:** Cory.Bream@CareFirst.com

### 4.3 Proposed Rate Changes (Individual market)

Base rates are changing 7.9% on average. The range is 5.5% to 12.8%. 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 6,519.

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) Expansion of APTC subsidies
- 2) Exacerbation of chronic morbidity due to the pandemic
- 3) Future vaccine or testing expenses not offset by deferred care

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

The main drivers supporting the rate change are 1) decrease in the base period claims experience of the combined pool, 2) trend, including an additional catch up factor to account for depressed claims costs in the base period due to the pandemic, and 3) lower projected risk adjustment factor.

### 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 1/1/20 through 12/31/20, as required.

**Paid Through Date:** 2/28/21

**Current Date:** 2/28/21

**Premiums (prior to MLR rebates) in Experience Period:** \$230,571,614

**Experience Period Member Months:** 356,756



**Current Date Members:** 29,217

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

### **Allowed Claims**

- **Processed through issuer's claim system:** \$220,826,436
- **Processed outside issuer's claim system:** \$0
- **IBNR:** \$3,389,047

### **Incurred Claims**

- **Processed through issuer's claim system:** \$199,970,048
- **Processed outside issuer's claim system:** \$0
- **IBNR:** \$3,052,324

### **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 6.0% baseline trend, which is a decrease compared to the 6.5% trend assumed in our prior filing. On top of the 6.0% 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 9.6%. Current observed medical trends as of 202012 are -3.9%, down from 5.0% in 201912. Current observed drug trends are 7.0% as of 202012, up from 6.1% in 201912. The composite medical and drug trend is -0.7% as of 202012, down from 5.3% 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 5.2%.

When normalized for induced demand, network, and demographics, the composite -0.7% and 5.3% observed trends become -0.5% and 4.8%, respectively. When adjusted for the COVID catch up factor, the observed trend as of 202012 becomes 5.5%.

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 11.5%. Excluding the impact of the COVID catch up adjustment, the annualized allowed PMPM change between 2022 and 2020 is 8.1%. Given all of the factors, and the result of our projection factors in the aggregate, we believe that a 6.0% 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 1.2%, 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.

#### *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 \$627.84 and the projection period index rate is \$779.88. Both rates and the adjustments made to develop the projected amount from the experience period amount can be found on Exhibit 1 of the Memorandum. Specifically, these adjustments correspond to those outlined in sections 4.4.3.1 and 4.4.3.2.

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

The Market-wide Adjusted Index Rate for the Individual market is \$633.69 and is derived by multiplying the projection period index rate with the market level adjustments for the risk adjustment program. Details for the risk adjustment program can be found below.

### **Reinsurance**

There are no reinsurance recoveries applicable to this market.

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

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

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 8.7% which reflects an estimate of an average 0.2% increase in 2021 and 8.5% increase in 2022. We have assumed that our CFI Individual non-Catastrophic market share will decrease slightly from 82.7% in 2020 to 81.5% in 2022 and that our CFI Individual non-Catastrophic PLRS ratio to the state will increase slightly from 1.052 in 2020 to 1.055 in 2022. The resultant estimate of risk adjustment is that the GHMSI receivable transfer PMPM for the Individual market will increase from \$100.24 in 2020 to \$119.90 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. Without manipulations to the assumed Contribution to Reserve (CTR) this approach results in counterintuitive rates between CareFirst Individual Market PPO and HMO plans. Per DISB direction this filing is being submitted with a CTR adjusted such that HMO rates are lower than PPO for all metal levels. This also results in the BlueChoice filing being submitted with a CTR that is negative and therefore deficient.

Our initial rate estimates, prior to CTR manipulations, assumed a 2% pre-tax CTR for the Individual market (both HMO and PPO). The 7.9% rate change in this submission was estimated to be 3.9% at a 2% CTR. If a merged Individual and Small Group risk adjustment methodology was used the rate change is estimated to be 5.8% with a 2% CTR and all HMO plans would be priced lower than PPO as expected.

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:** All plans offered use the PPO network.
- **Benefits in addition to EHBs:** There is an adjustment to account for abortion coverage and adult vision (which are offered in addition to EHBs).
- **Administrative costs:** See Exhibit 10A in the Memorandum for the assumed values of the following additional items.
  1. Administrative Expense (G&A)
  2. Broker Commissions & Fees
  3. Federal Income Tax (FIT)
  4. Contribution to Reserve (Post-Tax)
  5. State Premium Tax
  6. PCORI Fee
  7. Risk Adjustment User Fee
  8. Exchange Assessment Fee

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

#### **4.4.5 Calibration**

##### **Age Curve Calibration**

We have calibrated to the rounded weighted average age which was determined as the age for the factor nearest our projected average factor. We have used the standard DC age curve factors and weighted them using member months in our calculation.

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

#### **Geographic Factor Calibration**

We have elected not to rate for geographic region.

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

We have elected not to rate for tobacco usage.

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

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

### **4.5 Projected Loss Ratio**

The projected loss ratio for the rates provided in this file, using the Federally-prescribed MLR methodology, is 85.0% for the Individual market and 88.9% 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 2/28/21 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.

#### **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.

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

**Rate Filing # 2566  
D.C. Individual Products  
Rate Filing Effective 1/1/2022**

**Actuarial Memorandum**

**Group Hospitalization & Medical Services Inc.**  
**(NAIC # 53007)**  
**H.R. 3950 - Public Law 111-148 - Patient Protection and Affordable Care Act (ACA)**  
**D.C. Individual Products**  
**Rate Filing Effective 1/1/2022**  
**Actuarial Certification**

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

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

I have been involved in the development of these rates, and to the best of my knowledge and understanding, the rates in this filing have been developed in accordance with the available regulations and guidance. Should new guidance be released, this filing may be revised. I certify that this filing has been prepared based on sound and commonly accepted actuarial principles, practices and assumptions in the aggregate for the legal entity.

I further certify the following:

1. The projected Index Rate is:
  - a. In compliance with all applicable state and Federal statutes and regulations (45 CFR 156.80 and 147.102)
  - b. Developed in compliance with the applicable Actuarial Standards of Practice
  - c. Reasonable in relation to the benefits provided and the population anticipated to be covered
  - d. Neither excessive nor deficient
  
2. The Index Rate and only the allowable modifiers as described in 45 CFR § 156.80(d)(1) and 45 CFR § 156.80(d)(2) were used to generate plan level rates. These rates have been calibrated to account for age (geography and tobacco are not applicable).
  
3. 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.

The DISB has directed CareFirst to file rate submissions that reflect lower HMO rates than PPO by metal. In order to meet this directive, the contribution to reserve assumed in this filing is 5.5%. The assumed contribution to reserve in this filing, aggregated with the assumed contribution to reserve in our BlueChoice filing, reflects a 2% contribution to reserve.

This rebalancing results in BlueChoice rates that are deficient and are expected to produce losses.

**Cory Bream** Digitally signed by Cory Bream  
Date: 2021.05.17 10:58:23  
-04'00'

Cory Bream, ASA, MAAA  
Actuarial Associate  
CareFirst BlueCross BlueShield  
Mail Drop-Point 01-720  
10455 Mill Run Circle  
Owings Mills, MD 21117



## Table of Contents

<b>Page</b>	<b>Exhibit Name/Description</b>
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 - Combined Federal 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 - HIOS ID Mappings
22	Appendix - Rate Changes
23	Appendix - Max Renewal
24	Appendix - Abortion Charge
25	Appendix - Form Numbers
26 - 31	Appendix - Experience by Service Category
32	Appendix - Total Experience

### Exhibit 1 - Market Adjusted Index Rate Summary

		2022	Exhibit
(1)	Base Period Total Allowed	\$ 628.48	2
(2)	Base Period Non-EHB PMPM	\$ 0.64	2
(3)	Experience Period Index Rate	\$ 627.84	
(4)	Change in Morbidity	1.0118	4
(5)	Additional Population Adjustment	1.0000	
(6)	Induced Demand	1.0074	5
(7)	Projection Period Utilization and Network Adjustment	1.0000	
(8)	Demographic Adjustment	1.0055	6
(9)	Area Adjustment	1.0000	
(10)	Additional "Other" Adjustments	1.0083	7
(11)	Annualized Trend	9.6%	8
(12)	Months of Trend	24.0	
(13)	Unit cost & Utilization/1,000 Trend Factor	1.2019	
(14)	Projection Period Index Rate	\$ 779.88	
(15)	Reinsurance Program	1.0000	
(16)	Risk Adjustment Program	0.8125	9
(17)	Federal Exchange User Fee	1.0000	
(18)	Market Adjusted Index Rate	\$ 633.69	
	Without Risk Adjustment	\$ 779.88	

**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	\$ 34,452,929	\$ 96.57	Admits	63.54	\$ 18,238.04	
Outpatient Hospital	\$ 43,674,900	\$ 122.42	Visits	1,050.15	\$ 1,398.92	
Professional	\$ 68,307,717	\$ 191.47	Visits	14,460.52	\$ 158.89	
Other Medical	\$ 15,503,578	\$ 43.46	Services	1,461.04	\$ 356.93	
Capitation	\$ 467,235	\$ 1.31	Benefit Period	1,000	\$ 15.72	
Prescription Drug	\$ 61,809,124	\$ 173.25	Prescriptions	9,278.58	\$ 224.07	
<b>Total (EHB &amp; Non-EHB)</b>	<b>\$ 224,215,484</b>	<b>\$ 628.48</b>				
<b>EHB Allowed</b>	<b>\$ 223,986,556</b>	<b>\$ 627.84</b>				
<b>Non-EHB Allowed</b>	<b>\$ 228,927</b>	<b>\$ 0.64</b>				
<b>Incurred Net</b>	<b>\$ 203,022,373</b>	<b>\$ 569.08</b>				
<b>Net/Allowed</b>	<b>90.55%</b>					
<b>Experience Period Member Months</b>	<b>356,756</b>					
<b>Experience Period Revenue</b>	<b>\$ 230,571,614</b>					

### Exhibit 3 - Non-EHB Adjustment

HIOS Plan ID	Plan Name	Exchange	2022 Index Rate	2022 Non-EHB PMPM	2022 Non-EHB Adjustment
78079DC0210001	BluePreferred PPO Standard Platinum \$0	On	\$ 779.88	\$ 2.67	1.0034
78079DC0210002	BluePreferred PPO Standard Bronze \$7,500	On	\$ 779.88	\$ 3.67	1.0047
78079DC0210003	BluePreferred PPO Standard Gold \$500	On	\$ 779.88	\$ 2.92	1.0037
78079DC0210004	BluePreferred PPO Standard Silver \$4,000	On	\$ 779.88	\$ 3.32	1.0043
78079DC0210005	BluePreferred PPO HSA Standard Bronze \$6,350	On	\$ 779.88	\$ 3.69	1.0047
78079DC0210006	BluePreferred PPO HSA Gold \$1,500	On	\$ 779.88	\$ 3.03	1.0039

Exhibit 4 - Morbidity Adjustment Factor

Base Year

Metal Level	Member Months	2020 Normalized Allowed PMPM
Catastrophic	-	\$ -
Bronze	17,269	\$ 216.49
Silver	54,586	\$ 302.73
Gold	120,363	\$ 342.38
Platinum	164,511	\$ 382.90
<b>Subtotal</b>	<b>356,729</b>	<b>\$ 348.90</b>

Current Year YTD

Existing				
Metal Level	Member Months	2020 Normalized Allowed PMPM	Morbidity Adjustment	2021 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -	1.000	\$ -
Bronze	2,641	\$ 220.47	1.000	\$ 220.47
Silver	7,730	\$ 291.15	1.000	\$ 291.15
Gold	17,892	\$ 347.08	1.000	\$ 347.08
Platinum	23,511	\$ 390.23	1.000	\$ 390.23
<b>Subtotal</b>	<b>51,774</b>	<b>\$ 351.87</b>	<b>1.000</b>	<b>\$ 351.87</b>

New				
Metal Level	Member Months	Existing Cohort Adjusted Normalized Allowed PMPM	Morbidity Adjustment	2021 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -	1.000	\$ -
Bronze	246	\$ 220.47	1.000	\$ 220.47
Silver	804	\$ 291.15	1.000	\$ 291.15
Gold	2,066	\$ 347.08	1.000	\$ 347.08
Platinum	2,214	\$ 390.23	1.000	\$ 390.23
<b>Subtotal</b>	<b>5,330</b>	<b>\$ 350.72</b>	<b>1.000</b>	<b>\$ 350.72</b>

Transfer				
Metal Level	Member Months	2020 Normalized Allowed PMPM	Morbidity Adjustment	2021 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -	1.000	\$ -
Bronze	94	\$ 310.36	1.000	\$ 310.36
Silver	305	\$ 210.87	1.000	\$ 210.87
Gold	597	\$ 540.93	1.000	\$ 540.93
Platinum	456	\$ 321.25	1.000	\$ 321.25
<b>Subtotal</b>	<b>1,452</b>	<b>\$ 387.68</b>	<b>1.000</b>	<b>\$ 387.68</b>

Total				
Metal Level	Member Months	2020 Normalized Allowed PMPM	Morbidity Adjustment	2021 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -	-	\$ -
Bronze	2,981	\$ 223.30	1.000	\$ 223.30
Silver	8,839	\$ 288.38	1.000	\$ 288.38
Gold	20,555	\$ 352.71	1.000	\$ 352.71
Platinum	26,181	\$ 389.03	1.000	\$ 389.03
<b>Subtotal</b>	<b>58,556</b>	<b>\$ 352.65</b>	<b>1.000</b>	<b>\$ 352.65</b>

Remainder of Current Year

Existing		
Metal Level	Member Months	2021 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -
Bronze	12,317	\$ 220.47
Silver	37,511	\$ 291.15
Gold	86,073	\$ 347.08
Platinum	113,888	\$ 390.23
<b>Subtotal</b>	<b>249,789</b>	<b>\$ 352.11</b>

New		
Metal Level	Member Months	2021 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -
Bronze	2,193	\$ 220.47
Silver	4,931	\$ 291.15
Gold	13,456	\$ 347.08
Platinum	10,817	\$ 390.23
<b>Subtotal</b>	<b>31,397</b>	<b>\$ 344.32</b>

Transfer		
Metal Level	Member Months	2021 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -
Bronze	711	\$ 310.36
Silver	1,653	\$ 210.87
Gold	3,662	\$ 540.93
Platinum	2,416	\$ 321.25
<b>Subtotal</b>	<b>8,442</b>	<b>\$ 394.01</b>

Total		
Metal Level	Member Months	2021 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -
Bronze	15,221	\$ 224.67
Silver	44,095	\$ 288.14
Gold	103,191	\$ 353.96
Platinum	127,121	\$ 388.92
<b>Subtotal</b>	<b>289,628</b>	<b>\$ 352.49</b>

Total Current Year

Total	Member Months	2021 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -
Bronze	18,202	\$ 224.44
Silver	52,934	\$ 288.18
Gold	123,746	\$ 353.76
Platinum	153,302	\$ 388.93
<b>Subtotal</b>	<b>348,184</b>	<b>\$ 352.51</b>

Rating Year

Existing				
Metal Level	Member Months	2021 Normalized Allowed PMPM	Morbidity Adjustment	2022 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -	1.000	\$ -
Bronze	15,767	\$ 224.44	1.000	\$ 224.44
Silver	45,255	\$ 288.18	1.000	\$ 288.18
Gold	108,503	\$ 353.76	1.000	\$ 353.76
Platinum	126,330	\$ 388.93	1.000	\$ 388.93
<b>Subtotal</b>	<b>295,855</b>	<b>\$ 351.85</b>	<b>1.000</b>	<b>\$ 351.85</b>

New				
Metal Level	Member Months	Existing Cohort Adjusted Normalized Allowed PMPM	Morbidity Adjustment	2022 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -	1.000	\$ -
Bronze	2,328	\$ 224.44	1.000	\$ 224.44
Silver	6,254	\$ 288.18	1.000	\$ 288.18
Gold	16,285	\$ 353.76	1.000	\$ 353.76
Platinum	16,147	\$ 388.93	1.000	\$ 388.93
<b>Subtotal</b>	<b>41,014</b>	<b>\$ 350.27</b>	<b>1.000</b>	<b>\$ 350.27</b>

Transfer				
Metal Level	Member Months	2021 Normalized Allowed PMPM	Morbidity Adjustment	2022 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -	1.000	\$ -
Bronze	733	\$ 310.36	1.000	\$ 310.36
Silver	2,517	\$ 210.87	1.000	\$ 210.87
Gold	5,207	\$ 540.93	1.000	\$ 540.93
Platinum	4,052	\$ 321.25	1.000	\$ 321.25
<b>Subtotal</b>	<b>12,509</b>	<b>\$ 389.85</b>	<b>1.000</b>	<b>\$ 389.85</b>

Total				
Metal Level	Member Months	2021 Normalized Allowed PMPM	Morbidity Adjustment	2022 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -	-	\$ -
Bronze	18,828	\$ 227.79	1.000	\$ 227.79
Silver	54,026	\$ 284.58	1.000	\$ 284.58
Gold	129,995	\$ 361.25	1.000	\$ 361.25
Platinum	146,529	\$ 387.06	1.000	\$ 387.06
<b>Subtotal</b>	<b>349,378</b>	<b>\$ 353.03</b>	<b>1.000</b>	<b>\$ 353.03</b>

Year	Adjusted Normalized PMPM	Year over Year Change
2020	\$ 348.90	n/a
2021	\$ 352.51	1.0%
2022	\$ 353.03	0.1%

<b>Morbidity Adjustment Change</b>	<b>1.2%</b>
<b>Morbidity Adjustment Factor</b>	<b>1.0118</b>

**Exhibit 5 - Induced Utilization Adjustment Factor**

<b>Year</b>	<b>Actuarial Value</b>	<b>Induced Demand Factor</b>	
(1) 2020	85.64%	1.1195	
(2) Projected 2022	86.83%	1.1278	
<b>(3) Adjustment*</b>		<b>1.0074</b>	<b>(2)/(1)</b>

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

### Exhibit 6 - Demographic Adjustment

	Period	Cohort	Demo Factor*	Weight	Average Age**
(1)	Base Period	All	1.7171	100.0%	35.1
(2)	Rating Period	Existing	1.7741	84.7%	
		New	1.4396	11.7%	
		Transfer	1.5474	3.6%	
(3)	Rating Period	All	1.7267	100.0%	35.3
(4)	<b>Demographic Adjustment***</b>	<b>All</b>	<b>1.0056</b>		

(3) / (1)

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

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

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

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

<b>Capitation adjustment</b>			
(1) Experience Period Capitations PMPM (EHBs only)	\$	0.75	
(2) Projection Period Capitations PMPM	\$	0.74	
<b>(3) Adjustment to Capitation Category</b>		<b>0.9747</b>	(2)/(1)
<b>Drug Rebates adjustment</b>			
(4) Experience Period Allowed Rx PMPM (Pre-Rebates)	\$	206.92	
(5) Morbidity		1.0118	Exhibit 4
(6) Induced Demand		1.0074	Exhibit 5
(7) Demographics		1.0056	Exhibit 6
(8) Rx Trend (Force of Trend)		1.2255	Exhibit 8
(9) Projected Target Allowed Rx PMPM using Multiplicative Factors (Pre-Rebates)	\$	259.94	(4)*(5)*(6)*(7)*(8)
(10) Target Projection Period Rx Rebates PMPM	\$	35.89	
(11) Target Post-Rebates Allowed Rx PMPM using Target Projection Period Rx Rebates PMPM	\$	224.05	(9)-(10)
(12) Experience Period Rx Rebates PMPM	\$	33.67	
(13) Experience Period Allowed Rx PMPM (Post-Rebates)	\$	173.25	(4)-(12)
(14) Morbidity		1.0118	Exhibit 4
(15) Induced Demand		1.0074	Exhibit 5
(16) Demographics		1.0056	Exhibit 6
(17) Rx Trend (Force of Trend)		1.2255	Exhibit 8
(18) Projection Period Allowed Rx PMPM using Multiplicative Factors (Post-Rebates)	\$	217.64	(13)*(14)*(15)*(16)*(17)
<b>(19) Adjustment to Drug Category</b>		<b>1.0294</b>	(11)/(18)

	<b>PMPM</b>	<b>Adjustment</b>	
Inpatient Hospital	\$ 116.82	1.0000	
Outpatient Hospital	\$ 150.87	1.0000	
Professional	\$ 236.31	1.0000	
Other Medical	\$ 51.09	1.0000	
Capitation	\$ 0.75	0.9747	(3)
Prescription Drug	\$ 217.64	1.0294	(19)
<b>Total</b>	<b>\$ 773.49</b>	<b>1.0083</b>	

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



### Exhibit 8 - Annual Trend Assumptions

	2020				Trended
	EHB PMPM	Weight	Utilization/1,000	Unit Cost	Composite
<b>Inpatient Hospital</b>	\$ 96.57	15.4%	1.0346	1.0500	1.1802
<b>Outpatient Hospital</b>	\$ 122.38	19.5%	1.0346	1.0600	1.2027
<b>Professional</b>	\$ 191.43	30.5%	1.0552	1.0400	1.2043
<b>Other Medical</b>	\$ 43.45	6.9%	1.0552	1.0150	1.1471
<b>Capitation</b>	\$ 0.75	0.1%	1.0000	1.0000	1.0000
<b>Prescription Drug</b>	\$ 173.25	27.6%	1.0346	1.0700	1.2255
<b>Total</b>	\$ 627.84	100.0%			1.0963
<b>Proposed Trend</b>					<b>1.0963</b>

**Exhibit 9 - Risk Adjustment**

**Statewide 2020**

Metallic Tier	Member Months		PLRS	ARF	GCF	IDF	AV	PWRS	PWORS	Transfer \$	PMPM	Statewide PMPM 2020
	-		-	-	-	-	-	-	-			
Individual Non-Catastrophic	182,755		1.436	1.116	1.000	1.057	0.735	1.560	0.865			\$ 466.79

**CFI & Competition 2020**

Metallic Tier	Member Months	Distribution	PLRS	ARF	GCF	IDF	AV	PWRS	PWORS	Transfer \$	PMPM
CFI Non-Catastrophic	151,065	82.7%	1.510	1.126	1.000	1.056	0.732	1.642	0.870		
Competition Non-Catastroph	31,690	17.3%	1.083	1.067	1.000	1.062	0.748	-	-		

**2020**

Metallic Tier	Member Months	Distribution	PLRS	ARF	GCF	IDF	AV	PWRS	PWORS	Transfer \$	PMPM
Catastrophic	-	0.0%	-	-	-	-	-	-	-	\$0	\$0.00
Bronze	17,588	17.6%	0.872	1.182	1.000	1.000	0.600	0.872	0.709	-\$2,138,033	-\$121.56
Silver	27,193	27.1%	1.167	1.136	1.000	1.030	0.700	1.202	0.819	-\$2,235,607	-\$82.21
Gold	28,542	28.5%	1.592	1.078	1.000	1.080	0.800	1.720	0.931	\$344,734	\$12.08
Platinum	26,874	26.8%	3.256	1.069	1.000	1.150	0.900	3.745	1.106	\$14,072,855	\$523.67
Total	100,196	100%	1.797	1.109	1.000	1.071	0.765	1.974	0.909	\$10,043,949	\$100.24

**Statewide 2022**

Metallic Tier	Member Months		PLRS	ARF	GCF	IDF	AV	PWRS	PWORS	Transfer \$	PMPM	Statewide PMPM 2022
	-		-	-	-	-	-	-	-			-
Individual Non-Catastrophic	193,328		1.573	1.112	1.000	1.056	0.734	1.709	0.861			\$ 507.48

**CFI & Competition 2022**

Metallic Tier	Member Months	Distribution	PLRS	ARF	GCF	IDF	AV	PWRS	PWORS	Transfer \$	PMPM
CFI Non-Catastrophic	157,562	81.5%	1.659	1.122	1.000	1.055	0.730	1.805	0.866		
Competition Non-Catastroph	35,766	18.5%	1.192	1.067	1.000	1.062	0.748	-	-		

**2022**

Metallic Tier	Member Months	Distribution	PLRS	ARF	GCF	IDF	AV	PWRS	PWORS	Transfer \$	PMPM
Catastrophic	-	0.0%	-	-	-	-	-	-	-	\$0	\$0.00
Bronze	18,828	18%	0.978	1.180	1.000	1.000	0.600	0.978	0.708	-\$2,389,985	-\$126.94
Silver	25,133	24%	1.191	1.149	1.000	1.030	0.700	1.227	0.829	-\$3,121,700	-\$124.21
Gold	33,430	32%	1.931	1.079	1.000	1.080	0.800	2.085	0.932	\$2,326,496	\$69.59
Platinum	26,534	26%	3.651	1.077	1.000	1.150	0.900	4.199	1.115	\$15,645,714	\$589.65
Total	103,925	100%	2.019	1.114	1.000	1.071	0.765	2.217	0.913	\$12,460,524	\$119.90

**Adjustment Factor applied to Market Adjusted Index Rate**

Projected Index Rate	Projected Transfer PMPM (Allowed basis)	Risk Adjustment User Fee	Adjustment Factor*
\$779.88	\$146.44	\$0.25	0.8125

\*Adjustment Factor = (\$779.88 - \$146.44+ \$0.25) / \$779.88

### Exhibit 10A - Desired Incurred Claims Ratio

	2022	
	PMPM	% of Revenue
Allowed Claims	\$ 762.68	
Paid/Allowed Ratio	83.8%	
Paid Claims & Capitations	\$ 639.42	
Risk Adjustment Transfer (Paid Basis)	\$ 119.90	
Reinsurance Recoveries (Paid Basis)	\$ -	
Paid Claims & Capitations (Post-3Rs)	\$ 519.52	81.3%
Administrative Expense	\$ 63.22	9.9%
Broker Commissions & Fee	\$ 1.78	0.3%
Contribution to Reserve (Post-Tax)	\$ 30.03	4.7%
Investment Income Credit	\$ (0.64)	-0.1%
Risk Charge	\$ -	0.0%
<b><u>Non-ACA Taxes &amp; Fees</u></b>		
State Premium Tax	\$ 12.78	2.0%
State Assessment Fee	\$ 0.64	0.1%
Reinsurance Program Fee	\$ -	0.0%
State Income Tax	\$ -	0.0%
Federal Income Tax	\$ 5.11	0.8%
<b><u>ACA Taxes &amp; Fees</u></b>		
Health Insurer Tax	\$ -	0.0%
Risk Adjustment User Fee	\$ 0.25	0.0%
Exchange Assessment Fee	\$ 5.75	0.9%
Federal Exchange User Fee	\$ -	0.0%
PCORI Tax	\$ 0.24	0.0%
BlueRewards/Incentive Program	\$ 0.17	0.0%
Total Revenue	\$ 638.83	100.0%
Plan Level Admin Load Adjustment	1.2291	
Projected Member Months	103,925	
Average Members	8,660	
% Total 2022	100.0%	

**Exhibit 10B - Federal MLR**

	<b>Total 2022</b>
	<b>PMPM / %</b>
<b><u>Traditional MLR Development</u></b>	
Paid Claims & Capitations (Post-3Rs) \$	519.52
<b>Total Revenue</b> \$	<b>638.83</b>
<hr/>	
<b>Traditional MLR (i.e. DICR)</b>	<b>81.3%</b>
 <b><u>Federal MLR Development</u></b>	
<b>Numerator Adjustments</b>	
BlueRewards/Incentive Program \$	0.17
Quality Improvement Expenses \$	5.78
Removal of non-care costs under MLR guidelines \$	(3.20)
 <b>Denominator Adjustments</b>	
Non-ACA Taxes & Fees \$	18.53
ACA Taxes & Fees \$	6.24
 <b>Federal MLR Numerator</b> \$	 <b>522.26</b>
<b>Federal MLR Denominator</b> \$	<b>614.07</b>
<hr/>	
<b>Federal MLR</b>	<b>85.0%</b>
 <b>Projected Member Months</b>	 <b>103,925</b>

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

**Total 2022  
PMPM / %**

**Traditional MLR Development**

<b>Paid Claims &amp; Capitations (Post-3Rs)</b>	\$ 613.15
<b>Total Revenue</b>	\$ 712.64
<b>Traditional MLR (i.e. DICR)</b>	86.0%

**Federal MLR Development**

**Numerator Adjustments**

<b>BlueRewards/Incentive Program</b>	\$ 0.29
<b>Quality Improvement Expenses</b>	\$ 6.96
<b>removal of non-care costs under MLR guidelines</b>	\$ (7.49)

**Denominator Adjustments**

<b>Non-ACA Taxes &amp; Fees</b>	\$ 16.49
<b>ACA Taxes &amp; Fees</b>	\$ 6.90

<b>Federal MLR Numerator</b>	\$ 612.90
<b>Federal MLR Denominator</b>	\$ 689.25
<b>Federal MLR</b>	88.9%

**Projected Member Months**      349,378

**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	Catastrophic Adjustment	Capped Dependents	Admin	Plan Adjusted Index Rate
78079DC0210001	BluePreferred PPO Standard Platinum \$0	PPO	PLATINUM	On	PPO	\$633.69	0.9528	1.0000	1.0480	1.0034	1.0000	1.0000	1.2291	\$780.35
78079DC0210002	BluePreferred PPO Standard Bronze \$7,500	PPO	BRONZE	On	PPO	\$633.69	0.6855	1.0000	0.9110	1.0047	1.0000	1.0000	1.2291	\$488.67
78079DC0210003	BluePreferred PPO Standard Gold \$500	PPO	GOLD	On	PPO	\$633.69	0.8879	1.0000	0.9840	1.0037	1.0000	1.0000	1.2291	\$683.04
78079DC0210004	BluePreferred PPO Standard Silver \$4,000	PPO	SILVER	On	PPO	\$633.69	0.7634	1.0000	0.9405	1.0043	1.0000	1.0000	1.2291	\$561.55
78079DC0210005	BluePreferred PPO HSA Standard Bronze \$6,350	PPO	BRONZE	On	PPO	\$633.69	0.6781	1.0000	0.9110	1.0047	1.0000	1.0000	1.2291	\$483.44
78079DC0210006	BluePreferred PPO HSA Gold \$1,500	PPO	GOLD	On	PPO	\$633.69	0.8374	1.0000	0.9840	1.0039	1.0000	1.0000	1.2291	\$644.23

**Exhibit 12 - AV Values**

<b>HIOS Plan ID</b>	<b>Suffix</b>	<b>HIOS Plan Name</b>	<b>HHS AV</b>
78079DC0210001	01	BluePreferred PPO Standard Platinum \$0	0.890
78079DC0210001	02	BluePreferred PPO Standard Platinum \$0 NAO	1.000
78079DC0210001	03	BluePreferred PPO Standard Platinum \$0 NAL	0.890
78079DC0210002	01	BluePreferred PPO Standard Bronze \$7,500	0.648
78079DC0210002	02	BluePreferred PPO Standard Bronze \$7,500 NAO	1.000
78079DC0210002	03	BluePreferred PPO Standard Bronze \$7,500 NAL	0.648
78079DC0210003	01	BluePreferred PPO Standard Gold \$500	0.820
78079DC0210003	02	BluePreferred PPO Standard Gold \$500 NAO	1.000
78079DC0210003	03	BluePreferred PPO Standard Gold \$500 NAL	0.820
78079DC0210004	01	BluePreferred PPO Standard Silver \$4,000	0.718
78079DC0210004	02	BluePreferred PPO Standard Silver \$4,000 NAO	1.000
78079DC0210004	03	BluePreferred PPO Standard Silver \$4,000 NAL	0.718
78079DC0210004	04	BluePreferred PPO Standard Silver \$4,000 A	0.740
78079DC0210004	05	BluePreferred PPO Standard Silver \$4,000 B	0.877
78079DC0210004	06	BluePreferred PPO Standard Silver \$4,000 C	0.939
78079DC0210005	01	BluePreferred PPO HSA Standard Bronze \$6,350	0.650
78079DC0210005	02	BluePreferred PPO Standard Bronze \$6,350 NAO	1.000
78079DC0210005	03	BluePreferred PPO Standard Bronze \$6,350 NAL	0.650
78079DC0210006	01	BluePreferred PPO HSA Gold \$1,500	0.810
78079DC0210006	02	BluePreferred PPO Gold \$1,500 NAO	1.000
78079DC0210006	03	BluePreferred PPO Gold \$1,500 NAL	0.810

**Exhibit 13 - Age Calibration**

Age Curve Calibration					
	Period	Cohort	Rating Factor*	Weight	Average Age**
(1)	Rating Period	Existing	1.1029	84.7%	
		New	0.9345	11.7%	
		Transfer	0.9914	3.6%	
(2)	<b>Rating Period</b>	<b>All</b>	<b>1.0791</b>	<b>100.0%</b>	<b>42.6</b>
(3)	<b>Nearest Rounded</b>	<b>All</b>	<b>1.0940</b>		<b>43.0</b>
(4)	<b>Calibration***</b>	<b>All</b>	<b>1.0138</b>		

(3)/(2)

Premium Rate Demonstration		
	HIOS Plan Name	BluePreferred PPO Standard Platinum \$0
(5)	Plan Adjusted Index Rate	\$780.35
(6)	Calibration	1.0138 (4)
(7)	Calibrated Rate	\$791.13 (5)*(6)
(8)	Age 40 Factor/Rounded Avg Age Factor = (0.975/1.094)	0.8912
(9)	<b>Age 40 Premium Rate</b>	<b>\$705.07</b> (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	36,070	1.0000	1.0000
Non-CDH	313,308	1.0000	1.0000
	<b>349,378</b>	<b>1.0000</b>	

Full HIOS Plan ID	Base HIOS Plan ID	Plan Name	Metal Level	Relative to Bronze	Projected Member Months	Relative to Average (Pool)	Relative to Average (CSR)
78079DC021000101	78079DC0210001	BluePreferred PPO Standard Platinum \$0	PLATINUM	1.1500	26,534	1.0480	1.0480
78079DC021000102	78079DC0210001	BluePreferred PPO Standard Platinum \$0 NAO	PLATINUM	1.1500	-	1.0480	1.0480
78079DC021000103	78079DC0210001	BluePreferred PPO Standard Platinum \$0 NAL	PLATINUM	1.1500	-	1.0480	1.0480
78079DC021000201	78079DC0210002	BluePreferred PPO Standard Bronze \$7,500	BRONZE	1.0000	10,617	0.9110	0.9110
78079DC021000202	78079DC0210002	BluePreferred PPO Standard Bronze \$7,500 NAO	BRONZE	1.0000	-	0.9110	0.9110
78079DC021000203	78079DC0210002	BluePreferred PPO Standard Bronze \$7,500 NAL	BRONZE	1.0000	-	0.9110	0.9110
78079DC021000301	78079DC0210003	BluePreferred PPO Standard Gold \$500	GOLD	1.0800	26,180	0.9840	0.9840
78079DC021000302	78079DC0210003	BluePreferred PPO Standard Gold \$500 NAO	GOLD	1.0800	-	0.9840	0.9840
78079DC021000303	78079DC0210003	BluePreferred PPO Standard Gold \$500 NAL	GOLD	1.0800	-	0.9840	0.9840
78079DC021000401	78079DC0210004	BluePreferred PPO Standard Silver \$4,000	SILVER	1.0300	23,534	0.9380	0.9405
78079DC021000402	78079DC0210004	BluePreferred PPO Standard Silver \$4,000 NAO	SILVER	1.0300	-	0.9380	0.9405
78079DC021000403	78079DC0210004	BluePreferred PPO Standard Silver \$4,000 NAL	SILVER	1.0300	-	0.9380	0.9405
78079DC021000404	78079DC0210004	BluePreferred PPO Standard Silver \$4,000 A	SILVER	1.0300	1,027	0.9380	0.9405
78079DC021000405	78079DC0210004	BluePreferred PPO Standard Silver \$4,000 B	SILVER	1.1500	107	1.0480	0.9405
78079DC021000406	78079DC0210004	BluePreferred PPO Standard Silver \$4,000 C	SILVER	1.1500	465	1.0480	0.9405
78079DC021000501	78079DC0210005	BluePreferred PPO HSA Standard Bronze \$6,350	BRONZE	1.0000	8,211	0.9110	0.9110
78079DC021000502	78079DC0210005	BluePreferred PPO Standard Bronze \$6,350 NAO	BRONZE	1.0000	-	0.9110	0.9110
78079DC021000503	78079DC0210005	BluePreferred PPO Standard Bronze \$6,350 NAL	BRONZE	1.0000	-	0.9110	0.9110
78079DC021000601	78079DC0210006	BluePreferred PPO HSA Gold \$1,500	GOLD	1.0800	7,250	0.9840	0.9840
78079DC021000602	78079DC0210006	BluePreferred PPO Gold \$1,500 NAO	GOLD	1.0800	-	0.9840	0.9840
78079DC021000603	78079DC0210006	BluePreferred PPO Gold \$1,500 NAL	GOLD	1.0800	-	0.9840	0.9840

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

Exp. Period		Current Period		Rating Period	
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
78079DC0210001	BluePreferred PPO Standard Platinum \$0	78079DC0210001	BluePreferred PPO Standard Platinum \$0	78079DC0210001	BluePreferred PPO Standard Platinum \$0
78079DC0210002	BluePreferred PPO Standard Bronze \$7,250	78079DC0210002	BluePreferred PPO Standard Bronze \$7,500	78079DC0210002	BluePreferred PPO Standard Bronze \$7,500
78079DC0210003	BluePreferred PPO Standard Gold \$500	78079DC0210003	BluePreferred PPO Standard Gold \$500	78079DC0210003	BluePreferred PPO Standard Gold \$500
78079DC0210004	BluePreferred PPO Standard Silver \$4,000	78079DC0210004	BluePreferred PPO Standard Silver \$4,000	78079DC0210004	BluePreferred PPO Standard Silver \$4,000
78079DC0210005	BluePreferred PPO HSA Standard Bronze \$6,200	78079DC0210005	BluePreferred PPO HSA Standard Bronze \$6,350	78079DC0210005	BluePreferred PPO HSA Standard Bronze \$6,350
78079DC0210006	BluePreferred PPO HSA Gold \$1,500	78079DC0210006	BluePreferred PPO HSA Gold \$1,500	78079DC0210006	BluePreferred PPO HSA Gold \$1,500

Appendix - Annual Rate Change Based on Mapping

Catastrophic	Catastrophic/Avg Renewal	-	-	n/a
Bronze	Bronze Members/Avg Renewal	1,487	1,553	12.4%
Silver	Silver Members/Avg Renewal	2,109	2,141	10.5%
Gold	Gold Members/Avg Renewal	2,517	2,695	6.6%
Platinum	Platinum Members/Avg Renewal	2,223	2,259	5.5%
	<b>All Members/Avg Renewal</b>	<b>8,336</b>	<b>8,648</b>	<b>7.9%</b>
	<b>Minimum Renewal</b>			<b>5.5%</b>
	<b>Maximum Renewal</b>			<b>12.8%</b>

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	2021 Base Rate	2022 Base Rate	Annual Rate Change
78079DC0210001	BluePreferred PPO Standard Platinum \$0	PLATINUM	On	78079DC0210001	BluePreferred PPO Standard Platinum \$0	PLATINUM	On	2,223	2,259	\$685.17	\$723.15	5.5%
78079DC0210002	BluePreferred PPO Standard Bronze \$7,500	BRONZE	On	78079DC0210002	BluePreferred PPO Standard Bronze \$7,500	BRONZE	On	865	890	\$401.32	\$452.85	12.8%
78079DC0210003	BluePreferred PPO Standard Gold \$500	GOLD	On	78079DC0210003	BluePreferred PPO Standard Gold \$500	GOLD	On	1,992	2,122	\$595.19	\$632.97	6.3%
78079DC0210004	BluePreferred PPO Standard Silver \$4,000	SILVER	On	78079DC0210004	BluePreferred PPO Standard Silver \$4,000	SILVER	On	2,109	2,141	\$470.81	\$520.39	10.5%
78079DC0210005	BluePreferred PPO HSA Standard Bronze \$6,350	BRONZE	On	78079DC0210005	BluePreferred PPO HSA Standard Bronze \$6,350	BRONZE	On	622	663	\$400.91	\$448.00	11.7%
78079DC0210006	BluePreferred PPO HSA Gold \$1,500	GOLD	On	78079DC0210006	BluePreferred PPO HSA Gold \$1,500	GOLD	On	525	573	\$553.73	\$597.01	7.8%

### Appendix - Maximum Rate Renewal

	2021	2022	% Change
Base Rate	\$401.32	\$452.85	12.8%
Age Factor	0.654	0.727	11.2%
Geographic Factor	1.000	1.000	0.0%
Tobacco Factor	1.000	1.000	0.0%
<b>Total</b>	<b>\$262.46</b>	<b>\$329.22</b>	<b>25.4%</b>

	BluePreferred PPO Standard Bronze	BluePreferred PPO Standard Bronze
Base Rate/Product(s)	\$7,500	\$7,500
Age Change	20	21
Geo Change*	N/A	N/A
Tobacco Change**	N/A	N/A

\*we did not geo rate

\*\*we did not tobacco rate

**Appendix - Federal Required \$1.00 minimum for abortion**

HIOS Plan ID	Plan Name	Exchange	Minimum Charge	Lowest Age Factor	Base Premium	Age Calibration	Plan Adjusted Index Rate	Admin	Catastrophic Factor	Network Factor	Non-EHB	Induced Utilization	Benefit	Market Adjusted Index Rate	Exchange User Fee	Risk Adjustment Fee	Reinsurance Factor	Index Rate	\$1 Check	Final Rate, above \$1.00
78079DC0210001	BluePreferred PPO Standard Platinum \$0	On	\$1.00	0.6540	\$1.53	0.9267	\$1.65	1.2291	1.0000	1.0000	1.0000	1.0480	0.9528	\$1.34	1.0000	0.8125	1.0000	\$1.65	\$1.00	\$1.65
78079DC0210002	BluePreferred PPO Standard Bronze \$7,500	On	\$1.00	0.6540	\$1.53	0.9267	\$1.65	1.2291	1.0000	1.0000	1.0000	0.9110	0.6855	\$2.15	1.0000	0.8125	1.0000	\$2.65	\$1.00	\$2.65
78079DC0210003	BluePreferred PPO Standard Gold \$500	On	\$1.00	0.6540	\$1.53	0.9267	\$1.65	1.2291	1.0000	1.0000	1.0000	0.9840	0.8879	\$1.54	1.0000	0.8125	1.0000	\$1.90	\$1.00	\$1.90
78079DC0210004	BluePreferred PPO Standard Silver \$4,000	On	\$1.00	0.6540	\$1.53	0.9267	\$1.65	1.2291	1.0000	1.0000	1.0000	0.9405	0.7634	\$1.87	1.0000	0.8125	1.0000	\$2.30	\$1.00	\$2.30
78079DC0210005	BluePreferred PPO HSA Standard Bronze \$6,350	On	\$1.00	0.6540	\$1.53	0.9267	\$1.65	1.2291	1.0000	1.0000	1.0000	0.9110	0.6781	\$2.17	1.0000	0.8125	1.0000	\$2.67	\$1.00	\$2.67
78079DC0210006	BluePreferred PPO HSA Gold \$1,500	On	\$1.00	0.6540	\$1.53	0.9267	\$1.65	1.2291	1.0000	1.0000	1.0000	0.9840	0.8374	\$1.63	1.0000	0.8125	1.0000	\$2.01	\$1.00	\$2.01

## Appendix - Form Numbers

### **Form Numbers Associated With This Filing:**

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

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

CFBC-132821995

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### **ON-Exchange**

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#### **BluePreferred PPO Standard Plans**

DC/CF/EXC/BP/IEA (R. 1/20)  
DC/GHMSI/DOL APPEAL (R. 1/17)  
DC/CF/BP/EXC/DOCS (R. 1/20)  
DC/CF/EXC/2021 AMEND (1/21)  
DC/CF/EXC/2022 AMEND (1/22)  
DC/CF/EXC/BP HSA STD/BRZ 6350 (1/22)  
DC/CF/EXC/BP HSA/GOLD 1500 (1/22)  
DC/CF/EXC/BP STD/BRZ 7500 (1/22)  
DC/CF/EXC/BP STD/GOLD 500 (1/22)  
DC/CF/EXC/BP STD/NATAMER SOB (1/22)  
DC/CF/EXC/BP STD/PLAT 0 (1/22)  
DC/CF/EXC/BP STD/SIL 4000 (1/22)  
DC/CF/EXC/BP STD/SIL 4000 A (1/22)  
DC/CF/EXC/BP STD/SIL 4000 B (1/22)  
DC/CF/EXC/BP STD/SIL 4000 C (1/22)  
DC/CF/EXC/NATAMER (1/14)  
DC/CF/MEM/BLCRD (R. 6/18)  
DC/CF/ANCILLARY AMEND (10/12)  
DC/CF/CD/AUTH AMEND PPO (R. 1/20)  
DC/GHMSI/HEALTH GUARANTEE 8/19  
DC/CF/PT PROTECT (9/10)  
DC/CF/CD/BP/INCENT (1/22)

**Appendix - Experience by Service Category**

<b>Month</b>	<b>Members</b>	<b>Service Category</b>	<b>Ultimate Allowed</b>	<b>Ultimate Incurred</b>	<b>Incurred</b>	<b>Drug Rebates</b>	<b>Utilization Unit</b>	<b>Utilization</b>
201801	34,450	Inpatient Hospital	\$3,702,695	\$3,520,577	\$3,520,577	\$0	Admits	221
201802	34,315	Inpatient Hospital	\$3,902,756	\$3,742,182	\$3,742,182	\$0	Admits	250
201803	34,168	Inpatient Hospital	\$3,680,175	\$3,539,733	\$3,539,733	\$0	Admits	245
201804	33,858	Inpatient Hospital	\$3,526,564	\$3,370,723	\$3,370,723	\$0	Admits	311
201805	33,816	Inpatient Hospital	\$2,945,400	\$2,820,554	\$2,820,554	\$0	Admits	311
201806	33,246	Inpatient Hospital	\$3,348,208	\$3,192,366	\$3,192,349	\$0	Admits	237
201807	32,849	Inpatient Hospital	\$3,448,450	\$3,330,475	\$3,330,458	\$0	Admits	295
201808	32,747	Inpatient Hospital	\$3,207,483	\$3,096,900	\$3,096,880	\$0	Admits	226
201809	32,524	Inpatient Hospital	\$3,465,577	\$3,380,905	\$3,380,886	\$0	Admits	267
201810	32,341	Inpatient Hospital	\$3,861,911	\$3,726,393	\$3,726,372	\$0	Admits	382
201811	31,817	Inpatient Hospital	\$3,238,362	\$3,136,062	\$3,135,821	\$0	Admits	288
201812	30,539	Inpatient Hospital	\$2,295,582	\$2,212,602	\$2,212,218	\$0	Admits	169
201901	31,131	Inpatient Hospital	\$2,932,828	\$2,804,641	\$2,804,111	\$0	Admits	187
201902	31,166	Inpatient Hospital	\$3,079,450	\$2,976,633	\$2,975,581	\$0	Admits	184
201903	31,069	Inpatient Hospital	\$3,158,587	\$3,061,368	\$3,060,210	\$0	Admits	173
201904	30,829	Inpatient Hospital	\$3,104,631	\$3,009,081	\$3,007,790	\$0	Admits	155
201905	30,678	Inpatient Hospital	\$3,107,186	\$3,005,778	\$3,004,204	\$0	Admits	210
201906	30,397	Inpatient Hospital	\$2,507,413	\$2,401,212	\$2,399,659	\$0	Admits	162
201907	30,531	Inpatient Hospital	\$3,112,614	\$3,008,544	\$3,006,345	\$0	Admits	215
201908	30,562	Inpatient Hospital	\$2,497,047	\$2,420,180	\$2,418,369	\$0	Admits	160
201909	30,565	Inpatient Hospital	\$3,230,978	\$3,122,528	\$3,119,539	\$0	Admits	186
201910	30,569	Inpatient Hospital	\$3,784,850	\$3,689,064	\$3,685,775	\$0	Admits	212
201911	30,446	Inpatient Hospital	\$3,251,465	\$3,153,080	\$3,149,702	\$0	Admits	188
201912	29,956	Inpatient Hospital	\$2,788,846	\$2,706,303	\$2,703,666	\$0	Admits	163
202001	29,738	Inpatient Hospital	\$3,158,861	\$3,012,646	\$3,009,019	\$0	Admits	199
202002	29,562	Inpatient Hospital	\$2,383,884	\$2,285,330	\$2,281,837	\$0	Admits	171
202003	29,515	Inpatient Hospital	\$2,686,123	\$2,598,157	\$2,592,539	\$0	Admits	156
202004	29,586	Inpatient Hospital	\$2,322,727	\$2,290,182	\$2,281,592	\$0	Admits	109
202005	29,746	Inpatient Hospital	\$2,411,033	\$2,381,230	\$2,369,029	\$0	Admits	128
202006	29,677	Inpatient Hospital	\$4,654,871	\$4,564,619	\$4,532,793	\$0	Admits	200
202007	29,667	Inpatient Hospital	\$3,526,492	\$3,480,082	\$3,450,429	\$0	Admits	171
202008	29,834	Inpatient Hospital	\$2,914,146	\$2,828,553	\$2,796,518	\$0	Admits	212
202009	29,958	Inpatient Hospital	\$2,850,244	\$2,777,011	\$2,729,244	\$0	Admits	128
202010	30,010	Inpatient Hospital	\$2,825,949	\$2,763,035	\$2,691,163	\$0	Admits	139
202011	29,869	Inpatient Hospital	\$2,648,507	\$2,563,812	\$2,413,890	\$0	Admits	150
202012	29,594	Inpatient Hospital	\$2,070,091	\$2,015,672	\$1,826,084	\$0	Admits	126
202101	29,314	Inpatient Hospital	\$3,072,325	\$2,915,311	\$2,159,072	\$0	Admits	146
202102	29,217	Inpatient Hospital	\$941,135	\$914,832	\$300,929	\$0	Admits	66



**Appendix - Experience by Service Category**

<b>Month</b>	<b>Members</b>	<b>Service Category</b>	<b>Ultimate Allowed</b>	<b>Ultimate Incurred</b>	<b>Incurred</b>	<b>Drug Rebates</b>	<b>Utilization Unit</b>	<b>Utilization</b>
201801	34,450	Outpatient Hospital	\$4,138,919	\$3,502,006	\$3,502,006	\$0	Visits	3,539
201802	34,315	Outpatient Hospital	\$3,537,977	\$3,025,931	\$3,025,931	\$0	Visits	3,255
201803	34,168	Outpatient Hospital	\$4,441,580	\$3,873,091	\$3,873,091	\$0	Visits	3,754
201804	33,858	Outpatient Hospital	\$4,059,570	\$3,559,429	\$3,559,429	\$0	Visits	3,757
201805	33,816	Outpatient Hospital	\$4,313,279	\$3,782,420	\$3,782,420	\$0	Visits	3,864
201806	33,246	Outpatient Hospital	\$3,939,481	\$3,524,068	\$3,524,049	\$0	Visits	3,512
201807	32,849	Outpatient Hospital	\$3,784,111	\$3,379,773	\$3,379,754	\$0	Visits	3,435
201808	32,747	Outpatient Hospital	\$4,164,992	\$3,736,721	\$3,736,700	\$0	Visits	3,568
201809	32,524	Outpatient Hospital	\$3,845,289	\$3,440,580	\$3,440,560	\$0	Visits	3,320
201810	32,341	Outpatient Hospital	\$4,575,805	\$4,147,447	\$4,147,424	\$0	Visits	3,868
201811	31,817	Outpatient Hospital	\$4,275,642	\$3,886,456	\$3,886,129	\$0	Visits	3,496
201812	30,539	Outpatient Hospital	\$3,625,462	\$3,219,728	\$3,219,217	\$0	Visits	3,252
201901	31,131	Outpatient Hospital	\$4,197,447	\$3,583,161	\$3,582,277	\$0	Visits	3,572
201902	31,166	Outpatient Hospital	\$3,703,674	\$3,232,948	\$3,231,765	\$0	Visits	3,166
201903	31,069	Outpatient Hospital	\$4,468,475	\$3,928,871	\$3,927,319	\$0	Visits	3,518
201904	30,829	Outpatient Hospital	\$4,689,482	\$4,201,073	\$4,199,039	\$0	Visits	3,491
201905	30,678	Outpatient Hospital	\$4,106,352	\$3,685,405	\$3,683,093	\$0	Visits	3,295
201906	30,397	Outpatient Hospital	\$3,712,956	\$3,317,435	\$3,315,064	\$0	Visits	2,961
201907	30,531	Outpatient Hospital	\$4,207,880	\$3,795,198	\$3,792,150	\$0	Visits	3,250
201908	30,562	Outpatient Hospital	\$4,113,338	\$3,707,001	\$3,703,750	\$0	Visits	3,062
201909	30,565	Outpatient Hospital	\$3,682,427	\$3,280,289	\$3,277,178	\$0	Visits	3,049
201910	30,569	Outpatient Hospital	\$4,350,608	\$3,942,004	\$3,938,176	\$0	Visits	3,463
201911	30,446	Outpatient Hospital	\$4,007,048	\$3,639,225	\$3,635,369	\$0	Visits	2,969
201912	29,956	Outpatient Hospital	\$4,163,207	\$3,780,415	\$3,776,332	\$0	Visits	2,799
202001	29,738	Outpatient Hospital	\$4,432,672	\$3,900,236	\$3,895,615	\$0	Visits	3,044
202002	29,562	Outpatient Hospital	\$3,721,272	\$3,240,542	\$3,235,644	\$0	Visits	2,796
202003	29,515	Outpatient Hospital	\$3,113,682	\$2,739,823	\$2,733,956	\$0	Visits	2,118
202004	29,586	Outpatient Hospital	\$1,723,850	\$1,576,993	\$1,571,120	\$0	Visits	1,242
202005	29,746	Outpatient Hospital	\$2,801,556	\$2,600,962	\$2,587,665	\$0	Visits	1,706
202006	29,677	Outpatient Hospital	\$3,886,480	\$3,580,082	\$3,555,165	\$0	Visits	2,410
202007	29,667	Outpatient Hospital	\$3,773,409	\$3,417,451	\$3,388,386	\$0	Visits	2,748
202008	29,834	Outpatient Hospital	\$3,725,703	\$3,399,902	\$3,361,140	\$0	Visits	2,820
202009	29,958	Outpatient Hospital	\$4,288,457	\$3,933,339	\$3,865,520	\$0	Visits	2,904
202010	30,010	Outpatient Hospital	\$4,025,025	\$3,658,829	\$3,562,277	\$0	Visits	3,251
202011	29,869	Outpatient Hospital	\$3,958,856	\$3,644,261	\$3,432,671	\$0	Visits	3,044
202012	29,594	Outpatient Hospital	\$4,223,939	\$3,823,837	\$3,463,296	\$0	Visits	3,135
202101	29,314	Outpatient Hospital	\$4,275,770	\$3,718,066	\$2,776,131	\$0	Visits	3,336
202102	29,217	Outpatient Hospital	\$5,427,238	\$4,653,948	\$1,354,625	\$0	Visits	3,550

**Appendix - Experience by Service Category**

<b>Month</b>	<b>Members</b>	<b>Service Category</b>	<b>Ultimate Allowed</b>	<b>Ultimate Incurred</b>	<b>Incurred</b>	<b>Drug Rebates</b>	<b>Utilization Unit</b>	<b>Utilization</b>
201801	34,450	Professional	\$7,258,209	\$5,556,778	\$5,556,778	\$0	Visits	45,224
201802	34,315	Professional	\$5,981,097	\$4,751,552	\$4,751,552	\$0	Visits	37,127
201803	34,168	Professional	\$6,420,026	\$5,149,442	\$5,149,442	\$0	Visits	39,040
201804	33,858	Professional	\$6,301,532	\$5,080,607	\$5,080,607	\$0	Visits	37,904
201805	33,816	Professional	\$6,464,187	\$5,267,904	\$5,267,904	\$0	Visits	39,655
201806	33,246	Professional	\$5,963,056	\$4,899,062	\$4,899,043	\$0	Visits	36,549
201807	32,849	Professional	\$5,768,645	\$4,777,151	\$4,777,132	\$0	Visits	35,204
201808	32,747	Professional	\$6,122,248	\$5,095,031	\$5,095,011	\$0	Visits	37,356
201809	32,524	Professional	\$5,578,648	\$4,632,811	\$4,632,793	\$0	Visits	35,039
201810	32,341	Professional	\$7,013,583	\$5,876,724	\$5,876,700	\$0	Visits	43,898
201811	31,817	Professional	\$5,959,392	\$5,002,377	\$5,001,929	\$0	Visits	36,712
201812	30,539	Professional	\$5,090,070	\$4,214,294	\$4,213,553	\$0	Visits	31,003
201901	31,131	Professional	\$6,932,352	\$5,338,162	\$5,336,854	\$0	Visits	43,210
201902	31,166	Professional	\$5,665,044	\$4,522,337	\$4,520,533	\$0	Visits	35,144
201903	31,069	Professional	\$6,273,476	\$5,046,523	\$5,044,366	\$0	Visits	37,863
201904	30,829	Professional	\$6,343,933	\$5,139,578	\$5,136,963	\$0	Visits	38,329
201905	30,678	Professional	\$6,358,384	\$5,201,300	\$5,198,117	\$0	Visits	38,560
201906	30,397	Professional	\$5,847,669	\$4,821,779	\$4,818,123	\$0	Visits	34,686
201907	30,531	Professional	\$6,018,988	\$4,978,412	\$4,974,231	\$0	Visits	36,111
201908	30,562	Professional	\$5,806,092	\$4,826,932	\$4,822,497	\$0	Visits	35,206
201909	30,565	Professional	\$5,846,612	\$4,856,625	\$4,851,937	\$0	Visits	36,263
201910	30,569	Professional	\$6,790,636	\$5,704,448	\$5,698,755	\$0	Visits	42,251
201911	30,446	Professional	\$5,828,472	\$4,911,080	\$4,905,764	\$0	Visits	35,010
201912	29,956	Professional	\$5,649,058	\$4,716,342	\$4,711,332	\$0	Visits	32,791
202001	29,738	Professional	\$6,525,290	\$5,086,076	\$5,079,568	\$0	Visits	41,018
202002	29,562	Professional	\$5,687,797	\$4,537,447	\$4,530,214	\$0	Visits	34,308
202003	29,515	Professional	\$4,734,616	\$3,852,481	\$3,844,305	\$0	Visits	30,115
202004	29,586	Professional	\$3,167,905	\$2,725,152	\$2,715,027	\$0	Visits	22,209
202005	29,746	Professional	\$4,059,811	\$3,512,417	\$3,494,442	\$0	Visits	26,352
202006	29,677	Professional	\$5,429,187	\$4,639,644	\$4,607,364	\$0	Visits	34,267
202007	29,667	Professional	\$5,946,318	\$5,087,551	\$5,044,306	\$0	Visits	37,460
202008	29,834	Professional	\$5,754,202	\$4,808,681	\$4,753,523	\$0	Visits	36,107
202009	29,958	Professional	\$6,664,554	\$5,669,862	\$5,574,193	\$0	Visits	40,904
202010	30,010	Professional	\$6,933,505	\$5,904,611	\$5,747,997	\$0	Visits	44,833
202011	29,869	Professional	\$6,606,066	\$5,718,972	\$5,390,996	\$0	Visits	40,607
202012	29,594	Professional	\$6,798,466	\$5,843,488	\$5,290,706	\$0	Visits	41,725
202101	29,314	Professional	\$6,959,540	\$5,771,853	\$4,327,846	\$0	Visits	42,269
202102	29,217	Professional	\$8,526,861	\$6,976,236	\$2,042,791	\$0	Visits	53,531

**Appendix - Experience by Service Category**

<b>Month</b>	<b>Members</b>	<b>Service Category</b>	<b>Ultimate Allowed</b>	<b>Ultimate Incurred</b>	<b>Incurred</b>	<b>Drug Rebates</b>	<b>Utilization Unit</b>	<b>Utilization</b>
201801	34,450	Other Medical	\$1,198,640	\$1,091,795	\$1,091,795	\$0	Services	4,595
201802	34,315	Other Medical	\$1,081,692	\$983,666	\$983,666	\$0	Services	4,205
201803	34,168	Other Medical	\$1,308,399	\$1,206,173	\$1,206,173	\$0	Services	4,542
201804	33,858	Other Medical	\$1,425,063	\$1,338,810	\$1,338,810	\$0	Services	4,216
201805	33,816	Other Medical	\$1,483,057	\$1,387,546	\$1,387,546	\$0	Services	4,575
201806	33,246	Other Medical	\$1,213,887	\$1,123,616	\$1,123,611	\$0	Services	4,760
201807	32,849	Other Medical	\$1,335,083	\$1,254,595	\$1,254,589	\$0	Services	4,549
201808	32,747	Other Medical	\$1,330,028	\$1,230,546	\$1,230,540	\$0	Services	4,705
201809	32,524	Other Medical	\$1,273,542	\$1,192,066	\$1,192,060	\$0	Services	3,915
201810	32,341	Other Medical	\$1,259,647	\$1,175,485	\$1,175,480	\$0	Services	4,405
201811	31,817	Other Medical	\$1,327,888	\$1,247,956	\$1,247,854	\$0	Services	4,203
201812	30,539	Other Medical	\$1,048,042	\$972,638	\$972,478	\$0	Services	3,896
201901	31,131	Other Medical	\$1,066,246	\$953,687	\$953,464	\$0	Services	4,271
201902	31,166	Other Medical	\$1,083,485	\$993,161	\$992,798	\$0	Services	3,840
201903	31,069	Other Medical	\$1,126,858	\$1,035,013	\$1,034,604	\$0	Services	4,247
201904	30,829	Other Medical	\$1,129,614	\$1,041,875	\$1,041,379	\$0	Services	4,082
201905	30,678	Other Medical	\$1,283,869	\$1,189,914	\$1,189,199	\$0	Services	4,478
201906	30,397	Other Medical	\$1,152,571	\$1,062,684	\$1,061,921	\$0	Services	4,176
201907	30,531	Other Medical	\$1,200,843	\$1,117,061	\$1,116,227	\$0	Services	4,144
201908	30,562	Other Medical	\$1,347,295	\$1,268,790	\$1,267,784	\$0	Services	4,435
201909	30,565	Other Medical	\$1,246,657	\$1,169,063	\$1,167,991	\$0	Services	3,925
201910	30,569	Other Medical	\$1,309,224	\$1,242,397	\$1,241,270	\$0	Services	3,507
201911	30,446	Other Medical	\$1,204,860	\$1,147,571	\$1,146,267	\$0	Services	2,744
201912	29,956	Other Medical	\$1,330,950	\$1,255,835	\$1,254,437	\$0	Services	3,232
202001	29,738	Other Medical	\$1,280,934	\$1,176,583	\$1,175,197	\$0	Services	4,068
202002	29,562	Other Medical	\$1,276,844	\$1,183,403	\$1,181,584	\$0	Services	3,810
202003	29,515	Other Medical	\$1,216,728	\$1,139,733	\$1,137,323	\$0	Services	3,177
202004	29,586	Other Medical	\$1,133,135	\$1,092,361	\$1,088,307	\$0	Services	2,368
202005	29,746	Other Medical	\$1,290,368	\$1,228,223	\$1,221,947	\$0	Services	2,617
202006	29,677	Other Medical	\$1,300,561	\$1,229,935	\$1,221,378	\$0	Services	3,807
202007	29,667	Other Medical	\$1,488,110	\$1,418,512	\$1,406,433	\$0	Services	3,956
202008	29,834	Other Medical	\$1,330,181	\$1,259,554	\$1,245,149	\$0	Services	4,123
202009	29,958	Other Medical	\$1,218,496	\$1,149,291	\$1,129,627	\$0	Services	4,146
202010	30,010	Other Medical	\$1,376,111	\$1,297,859	\$1,263,715	\$0	Services	3,903
202011	29,869	Other Medical	\$1,369,113	\$1,300,236	\$1,224,434	\$0	Services	3,470
202012	29,594	Other Medical	\$1,222,996	\$1,142,687	\$1,034,940	\$0	Services	3,992
202101	29,314	Other Medical	\$1,252,093	\$1,172,358	\$863,132	\$0	Services	3,752
202102	29,217	Other Medical	\$1,682,875	\$1,581,858	\$476,775	\$0	Services	4,521

**Appendix - Experience by Service Category**

<b>Month</b>	<b>Members</b>	<b>Service Category</b>	<b>Ultimate Allowed</b>	<b>Ultimate Incurred</b>	<b>Incurred</b>	<b>Drug Rebates</b>	<b>Utilization Unit</b>	<b>Utilization</b>
201801	34,450	Prescription Drug	\$6,049,029	\$5,455,854	\$5,455,854	\$790,576	Scripts	30,415
201802	34,315	Prescription Drug	\$5,534,031	\$5,049,521	\$5,049,521	\$744,665	Scripts	26,706
201803	34,168	Prescription Drug	\$6,064,034	\$5,604,286	\$5,604,286	\$797,670	Scripts	28,718
201804	33,858	Prescription Drug	\$6,110,578	\$5,663,616	\$5,663,616	\$801,600	Scripts	27,766
201805	33,816	Prescription Drug	\$6,338,623	\$5,887,699	\$5,887,699	\$837,751	Scripts	29,418
201806	33,246	Prescription Drug	\$5,953,606	\$5,557,624	\$5,557,624	\$790,438	Scripts	26,906
201807	32,849	Prescription Drug	\$5,992,228	\$5,605,322	\$5,605,322	\$804,288	Scripts	26,589
201808	32,747	Prescription Drug	\$6,288,846	\$5,903,407	\$5,903,407	\$801,852	Scripts	27,269
201809	32,524	Prescription Drug	\$5,569,829	\$5,199,079	\$5,199,079	\$700,710	Scripts	24,828
201810	32,341	Prescription Drug	\$6,692,782	\$6,292,132	\$6,292,132	\$801,312	Scripts	28,379
201811	31,817	Prescription Drug	\$5,920,176	\$5,568,884	\$5,568,884	\$709,438	Scripts	26,447
201812	30,539	Prescription Drug	\$5,790,830	\$5,423,756	\$5,423,756	\$670,113	Scripts	25,454
201901	31,131	Prescription Drug	\$5,911,254	\$5,355,970	\$5,355,970	\$815,790	Scripts	26,798
201902	31,166	Prescription Drug	\$5,287,336	\$4,894,305	\$4,894,305	\$736,403	Scripts	23,803
201903	31,069	Prescription Drug	\$5,594,219	\$5,177,724	\$5,177,724	\$810,811	Scripts	26,189
201904	30,829	Prescription Drug	\$6,216,737	\$5,832,273	\$5,832,273	\$957,636	Scripts	26,018
201905	30,678	Prescription Drug	\$5,742,096	\$5,392,155	\$5,392,155	\$870,895	Scripts	25,727
201906	30,397	Prescription Drug	\$5,996,887	\$5,674,645	\$5,674,645	\$885,496	Scripts	24,166
201907	30,531	Prescription Drug	\$6,130,803	\$5,771,538	\$5,771,538	\$979,457	Scripts	25,623
201908	30,562	Prescription Drug	\$6,054,368	\$5,724,848	\$5,724,848	\$983,733	Scripts	24,592
201909	30,565	Prescription Drug	\$5,809,163	\$5,480,273	\$5,480,273	\$909,032	Scripts	24,235
201910	30,569	Prescription Drug	\$6,155,012	\$5,803,412	\$5,803,412	\$948,138	Scripts	25,443
201911	30,446	Prescription Drug	\$6,180,405	\$5,874,406	\$5,874,406	\$931,628	Scripts	23,886
201912	29,956	Prescription Drug	\$6,047,997	\$5,679,550	\$5,679,550	\$944,915	Scripts	25,620
202001	29,738	Prescription Drug	\$5,760,140	\$5,224,569	\$5,224,569	\$832,054	Scripts	25,779
202002	29,562	Prescription Drug	\$5,544,449	\$5,141,955	\$5,141,955	\$818,880	Scripts	23,470
202003	29,515	Prescription Drug	\$7,082,320	\$6,629,150	\$6,629,150	\$1,057,628	Scripts	27,267
202004	29,586	Prescription Drug	\$6,152,140	\$5,808,286	\$5,808,286	\$1,011,425	Scripts	21,232
202005	29,746	Prescription Drug	\$5,425,446	\$5,122,559	\$5,122,559	\$922,230	Scripts	20,824
202006	29,677	Prescription Drug	\$6,786,481	\$6,451,268	\$6,451,268	\$1,081,352	Scripts	22,563
202007	29,667	Prescription Drug	\$5,976,669	\$5,652,928	\$5,652,928	\$1,026,455	Scripts	22,532
202008	29,834	Prescription Drug	\$6,372,504	\$6,040,627	\$6,040,627	\$1,031,747	Scripts	22,314
202009	29,958	Prescription Drug	\$6,316,593	\$6,001,260	\$6,001,260	\$1,016,191	Scripts	22,194
202010	30,010	Prescription Drug	\$6,213,454	\$5,862,607	\$5,862,607	\$1,125,196	Scripts	22,865
202011	29,869	Prescription Drug	\$5,952,522	\$5,653,105	\$5,653,105	\$1,022,835	Scripts	21,610
202012	29,594	Prescription Drug	\$6,238,857	\$5,897,932	\$5,897,932	\$1,066,457	Scripts	23,199
202101	29,314	Prescription Drug	\$5,723,126	\$5,276,158	\$5,276,158	\$857,087	Scripts	21,518
202102	29,217	Prescription Drug	\$6,180,617	\$5,768,814	\$5,768,814	\$956,279	Scripts	21,475

**Appendix - Experience by Service Category**

<b>Month</b>	<b>Members</b>	<b>Service Category</b>	<b>Ultimate Allowed</b>	<b>Ultimate Incurred</b>	<b>Incurred</b>	<b>Drug Rebates</b>	<b>Utilization Unit</b>	<b>Utilization</b>
201801	34,450	Capitations	\$37,341	\$37,341	\$37,341	\$0	Benefit Period	34,450
201802	34,315	Capitations	\$37,281	\$37,281	\$37,281	\$0	Benefit Period	34,315
201803	34,168	Capitations	\$37,248	\$37,248	\$37,248	\$0	Benefit Period	34,168
201804	33,858	Capitations	\$36,850	\$36,850	\$36,850	\$0	Benefit Period	33,858
201805	33,816	Capitations	\$36,430	\$36,430	\$36,430	\$0	Benefit Period	33,816
201806	33,246	Capitations	\$35,981	\$35,981	\$35,981	\$0	Benefit Period	33,246
201807	32,849	Capitations	\$35,625	\$35,625	\$35,625	\$0	Benefit Period	32,849
201808	32,747	Capitations	\$35,425	\$35,425	\$35,425	\$0	Benefit Period	32,747
201809	32,524	Capitations	\$35,104	\$35,104	\$35,104	\$0	Benefit Period	32,524
201810	32,341	Capitations	\$34,809	\$34,809	\$34,809	\$0	Benefit Period	32,341
201811	31,817	Capitations	\$34,241	\$34,241	\$34,241	\$0	Benefit Period	31,817
201812	30,539	Capitations	\$33,265	\$33,265	\$33,265	\$0	Benefit Period	30,539
201901	31,131	Capitations	\$40,273	\$40,273	\$40,273	\$0	Benefit Period	31,131
201902	31,166	Capitations	\$40,099	\$40,099	\$40,099	\$0	Benefit Period	31,166
201903	31,069	Capitations	\$40,112	\$40,112	\$40,112	\$0	Benefit Period	31,069
201904	30,829	Capitations	\$39,911	\$39,911	\$39,911	\$0	Benefit Period	30,829
201905	30,678	Capitations	\$39,375	\$39,375	\$39,375	\$0	Benefit Period	30,678
201906	30,397	Capitations	\$38,945	\$38,945	\$38,945	\$0	Benefit Period	30,397
201907	30,531	Capitations	\$38,964	\$38,964	\$38,964	\$0	Benefit Period	30,531
201908	30,562	Capitations	\$38,999	\$38,999	\$38,999	\$0	Benefit Period	30,562
201909	30,565	Capitations	\$38,861	\$38,861	\$38,861	\$0	Benefit Period	30,565
201910	30,569	Capitations	\$38,733	\$38,733	\$38,733	\$0	Benefit Period	30,569
201911	30,446	Capitations	\$38,482	\$38,482	\$38,482	\$0	Benefit Period	30,446
201912	29,956	Capitations	\$37,851	\$37,851	\$37,851	\$0	Benefit Period	29,956
202001	29,738	Capitations	\$38,945	\$38,945	\$38,945	\$0	Benefit Period	29,738
202002	29,562	Capitations	\$38,550	\$38,550	\$38,550	\$0	Benefit Period	29,562
202003	29,515	Capitations	\$39,460	\$39,460	\$39,460	\$0	Benefit Period	29,515
202004	29,586	Capitations	\$39,272	\$39,272	\$39,272	\$0	Benefit Period	29,586
202005	29,746	Capitations	\$38,995	\$38,995	\$38,995	\$0	Benefit Period	29,746
202006	29,677	Capitations	\$38,526	\$38,526	\$38,526	\$0	Benefit Period	29,677
202007	29,667	Capitations	\$39,111	\$39,111	\$39,111	\$0	Benefit Period	29,667
202008	29,834	Capitations	\$38,899	\$38,899	\$38,899	\$0	Benefit Period	29,834
202009	29,958	Capitations	\$39,020	\$39,020	\$39,020	\$0	Benefit Period	29,958
202010	30,010	Capitations	\$39,042	\$39,042	\$39,042	\$0	Benefit Period	30,010
202011	29,869	Capitations	\$38,861	\$38,861	\$38,861	\$0	Benefit Period	29,869
202012	29,594	Capitations	\$38,555	\$38,555	\$38,555	\$0	Benefit Period	29,594
202101	29,314	Capitations	\$38,421	\$38,421	\$38,421	\$0	Benefit Period	29,314
202102	29,217	Capitations	\$38,366	\$38,366	\$38,366	\$0	Benefit Period	29,217

**Appendix - Total Experience**

Month	Members	Contracts	Ultimate Allowed	Drug Rebates	Post-Rx Rebate Ultimate Allowed	Post-Rx Rebate Ultimate Incurred	Premium	Loss Ratio
201801	34,450	21,572	\$22,384,834	\$790,576	\$21,594,258	\$18,373,775	\$18,713,930	98.2%
201802	34,315	21,464	\$20,074,834	\$744,665	\$19,330,170	\$16,845,468	\$18,612,206	90.5%
201803	34,168	21,364	\$21,951,462	\$797,670	\$21,153,792	\$18,612,303	\$18,610,521	100.0%
201804	33,858	21,190	\$21,460,157	\$801,600	\$20,658,557	\$18,248,435	\$18,642,174	97.9%
201805	33,816	21,060	\$21,580,976	\$837,751	\$20,743,225	\$18,344,802	\$18,581,349	98.7%
201806	33,246	20,721	\$20,454,219	\$790,438	\$19,663,781	\$17,542,280	\$18,536,232	94.6%
201807	32,849	20,479	\$20,364,143	\$804,288	\$19,559,855	\$17,578,653	\$18,293,910	96.1%
201808	32,747	20,324	\$21,149,022	\$801,852	\$20,347,171	\$18,296,177	\$18,316,372	99.9%
201809	32,524	20,092	\$19,767,989	\$700,710	\$19,067,279	\$17,179,835	\$18,468,703	93.0%
201810	32,341	20,014	\$23,438,536	\$801,312	\$22,637,225	\$20,451,677	\$18,225,029	112.2%
201811	31,817	19,703	\$20,755,701	\$709,438	\$20,046,263	\$18,166,538	\$18,200,345	99.8%
201812	30,539	18,966	\$17,883,251	\$670,113	\$17,213,138	\$15,406,170	\$18,132,248	85.0%
201901	31,131	19,606	\$21,080,399	\$815,790	\$20,264,609	\$17,260,103	\$18,794,617	91.8%
201902	31,166	19,608	\$18,859,088	\$736,403	\$18,122,685	\$15,923,080	\$18,737,369	85.0%
201903	31,069	19,546	\$20,661,726	\$810,811	\$19,850,915	\$17,478,799	\$18,721,930	93.4%
201904	30,829	19,423	\$21,524,309	\$957,636	\$20,566,673	\$18,306,155	\$18,633,212	98.2%
201905	30,678	19,270	\$20,637,262	\$870,895	\$19,766,366	\$17,643,032	\$18,490,967	95.4%
201906	30,397	19,100	\$19,256,442	\$885,496	\$18,370,945	\$16,431,204	\$18,489,483	88.9%
201907	30,531	19,192	\$20,710,092	\$979,457	\$19,730,634	\$17,730,259	\$18,490,447	95.9%
201908	30,562	19,209	\$19,857,139	\$983,733	\$18,873,406	\$17,003,017	\$18,543,195	91.7%
201909	30,565	19,187	\$19,854,699	\$909,032	\$18,945,667	\$17,038,607	\$18,587,978	91.7%
201910	30,569	19,151	\$22,429,062	\$948,138	\$21,480,925	\$19,471,920	\$18,530,509	105.1%
201911	30,446	19,007	\$20,510,732	\$931,628	\$19,579,104	\$17,832,214	\$18,594,697	95.9%
201912	29,956	18,681	\$20,017,909	\$944,915	\$19,072,995	\$17,231,383	\$18,370,677	93.8%
202001	29,738	18,712	\$21,196,843	\$832,054	\$20,364,789	\$17,607,000	\$19,048,598	92.4%
202002	29,562	18,650	\$18,652,797	\$818,880	\$17,833,916	\$15,608,346	\$19,087,351	81.8%
202003	29,515	18,655	\$18,872,929	\$1,057,628	\$17,815,301	\$15,941,176	\$19,051,000	83.7%
202004	29,586	18,754	\$14,539,030	\$1,011,425	\$13,527,605	\$12,520,821	\$19,052,702	65.7%
202005	29,746	18,880	\$16,027,209	\$922,230	\$15,104,979	\$13,962,156	\$18,946,925	73.7%
202006	29,677	18,865	\$22,096,107	\$1,081,352	\$21,014,755	\$19,422,722	\$19,330,871	100.5%
202007	29,667	18,864	\$20,750,109	\$1,026,455	\$19,723,653	\$18,069,179	\$19,364,744	93.3%
202008	29,834	19,005	\$20,135,636	\$1,031,747	\$19,103,889	\$17,344,469	\$19,453,187	89.2%
202009	29,958	19,080	\$21,377,364	\$1,016,191	\$20,361,173	\$18,553,592	\$18,351,136	101.1%
202010	30,010	19,116	\$21,413,086	\$1,125,196	\$20,287,890	\$18,400,787	\$19,671,819	93.5%
202011	29,869	19,041	\$20,573,924	\$1,022,835	\$19,551,089	\$17,896,411	\$19,469,535	91.9%
202012	29,594	18,911	\$20,592,903	\$1,066,457	\$19,526,446	\$17,695,714	\$19,743,745	89.6%
202101	29,314	18,822	\$21,321,275	\$857,087	\$20,464,187	\$18,035,080	\$19,484,506	92.6%
202102	29,217	18,744	\$22,797,092	\$956,279	\$21,840,812	\$18,977,774	\$19,443,476	97.6%

May 17, 2021

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



Re: Group Hospitalization and Medical Services, Inc. Individual, Non-Medigap 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:** Group Hospitalization and Medical Services, Inc. (GHMSI)
- b. **NAIC Company Code:** 53007
- c. **Unique Company Filing Number:** 2566
- d. **Date Submitted:** 5/17/2021
- e. **Proposed Effective Date:** 1/1/2022
- f. **Type of Product:** PPO – On Exchange
- g. **Individual or Group:** Individual, Non-Medigap
- h. **Scope and Purpose of Filing:** This filing has been submitted to propose the rate actions listed below in section k for all non-grandfathered ACA compliant plans offered by GHMSI.
- i. **Indication Whether Initial Filing or Change:** This filing proposes a change to existing rates (from our previous SERFF Filing #CFAP-132316184).
- j. **Indication if no DC Policyholders:** This filing proposes rate actions to our plans sold in DC. DC policyholders of GHMSI ACA plans will be impacted.
- k. **Overall Premium Impact of Filing on DC Policyholders:** Proposed average rate increase for 2022 is 7.9%.
- l. **Contact Information:**
  - a. Name: Cory Bream, ASA, MAAA
  - b. Telephone Number: 410-998-5308
  - c. Email: [Cory.Bream@Carefirst.com](mailto:Cory.Bream@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 5/17/2021.

Sincerely,

Cory Bream  Digitally signed by Cory Bream  
Date: 2021.05.17 08:39:51 -04'00'

Cory Bream, ASA, MAAA  
Actuarial Associate

**Unified Rate Review v5.3**

Company Legal Name: **GHMSI, Inc.**  
 HIOS Issuer ID: **78079**  
 Effective Date of Rate Change(s): **1/1/2022**

State: **DC**  
 Market: **Individual**

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.

**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				\$224,215,483.66	\$2,274.54
Reinsurance				\$0.00	\$0.00
Incurred Claims in Experience Period				\$203,022,372.59	\$2,059.55
Risk Adjustment				\$25,280,712.36	\$256.46
Experience Period Premium				\$230,571,613.58	\$2,339.02
Experience Period Member Months				98,576	

**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	\$96.57	1.050	1.035	1.050	1.035	\$114.05
Outpatient Hospital	\$122.38	1.060	1.035	1.060	1.035	\$147.30
Professional	\$191.43	1.040	1.055	1.040	1.055	\$230.45
Other Medical	\$43.45	1.015	1.055	1.015	1.055	\$49.82
Capitation	\$0.75	1.000	1.000	1.000	1.000	\$0.75
Prescription Drug	\$173.25	1.070	1.035	1.070	1.035	\$212.48
<b>Total</b>	<b>\$627.83</b>					<b>\$754.86</b>

Morbidity Adjustment	1.012
Demographic Shift	1.006
Plan Design Changes	1.007
Other	1.008
Adjusted Trended EHB Allowed Claims PMPM for 1/1/2022	<b>\$780.07</b>

Manual EHB Allowed Claims PMPM	\$779.88
Applied Credibility %	0.00%

Projected Period Totals		
Projected Index Rate for 1/1/2022	\$779.88	\$81,049,029.00
Reinsurance	\$0.00	\$0.00
Risk Adjustment Payment/Charge	\$146.19	\$15,192,795.75
Exchange User Fees	0.00%	\$0.00
Market Adjusted Index Rate	<b>\$633.69</b>	<b>\$65,856,233.25</b>
Projected Member Months		<b>103,925</b>

**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: GHMSI, Inc.  
 HIOS Issuer ID: 78079  
 Effective Date of Rate Change(s): 1/1/2022

State: DC  
 Market: Individual

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**

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

Field #	Section I: General Product and Plan Information	BluePreferred PPO					
1.1	Product Name	78079DC021					
1.2	Product ID	78079DC021					
1.3	Plan Name	Standard Platinum	Standard Bronze	Standard Gold	Standard Silver	HSA Standard	HSA Gold \$1,500
1.4	Plan ID (Standard Component ID)	78079DC0210001	78079DC0210002	78079DC0210003	78079DC0210004	78079DC0210005	78079DC0210006
1.5	Metal	Platinum	Bronze	Gold	Silver	Bronze	Gold
1.6	AV Metal Value	0.890	0.648	0.820	0.718	0.650	0.810
1.7	Plan Category	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing
1.8	Plan Type	PP0	PP0	PP0	PP0	PP0	PP0
1.9	Exchange Plan?	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
1.11	Cumulative Rate Change % (over 12 mos prior)	5.54%	12.84%	6.35%	10.53%	11.75%	7.82%
1.12	Product Rate Increase %	7.86%					
1.13	Submission Level Rate Increase %	7.86%					

Worksheet 1 Totals

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

Worksheet 1 Totals	Section II: Experience Period and Current Plan Level Information	Total	78079DC0210001	78079DC0210002	78079DC0210003	78079DC0210004	78079DC0210005	78079DC0210006
\$224,215,484	2.1 Plan ID (Standard Component ID)	\$84,325,425	\$40,275,565	\$3,344,098	\$17,272,068	\$15,141,021	\$3,289,732	\$5,002,941
\$0	2.2 Allowed Claims	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$0	2.3 Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$203,022,373	2.4 Member Cost Sharing	\$8,804,796	\$1,915,348	\$1,016,621	\$1,811,450	\$2,516,376	\$850,748	\$694,254
\$25,280,712	2.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$230,571,614	2.6 Incurred Claims	\$75,520,629	\$38,360,217	\$2,327,477	\$15,460,618	\$12,624,645	\$2,438,984	\$4,308,687
98,576	2.7 Risk Adjustment Transfer Amount	\$10,043,949	\$14,072,855	-\$1,288,589	\$276,344	-\$2,235,607	-\$849,444	\$68,390
	2.8 Premium	\$58,477,746	\$18,785,061	\$5,107,043	\$14,022,377	\$13,914,070	\$3,324,337	\$3,324,858
	2.9 Experience Period Member Months	98,576	26,470	10,408	22,515	26,750	6,861	5,572
	2.10 Current Enrollment	8,336	2,223	865	1,992	2,109	622	525
	2.11 Current Premium PMPM	\$594.24	\$739.62	\$433.21	\$642.49	\$508.22	\$432.77	\$597.73
	2.12 Loss Ratio	110.21%	116.75%	60.95%	108.13%	108.10%	98.55%	126.98%
	<b>Per Member Per Month</b>							
	2.13 Allowed Claims	\$855.44	\$1,521.56	\$321.30	\$767.14	\$566.02	\$479.48	\$897.87
	2.14 Reinsurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	2.15 Member Cost Sharing	\$89.32	\$72.36	\$97.68	\$80.46	\$94.07	\$124.00	\$124.60
	2.16 Cost Sharing Reduction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	2.17 Incurred Claims	\$766.12	\$1,449.20	\$223.62	\$686.68	\$471.95	\$355.49	\$773.27
	2.18 Risk Adjustment Transfer Amount	\$101.89	\$531.65	-\$123.81	\$12.27	-\$83.57	-\$123.81	\$12.27
	2.19 Premium	\$593.22	\$709.67	\$490.68	\$622.80	\$520.15	\$484.53	\$596.71

**Section III: Plan Adjustment Factors**

Section III: Plan Adjustment Factors	78079DC0210001	78079DC0210002	78079DC0210003	78079DC0210004	78079DC0210005	78079DC0210006
3.1 Plan ID (Standard Component ID)	78079DC0210001					
3.2 Market Adjusted Index Rate	\$633.69					
3.3 AV and Cost Sharing Design of Plan	0.9985	0.6245	0.8737	0.7180	0.6178	0.8240
3.4 Provider Network Adjustment	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
3.5 Benefits in Addition to EHB	1.0034	1.0047	1.0037	1.0043	1.0047	1.0039
<b>Administrative Costs</b>						
3.6 Administrative Expense	10.06%	10.06%	10.06%	10.06%	10.06%	10.06%
3.7 Taxes and Fees	3.88%	3.88%	3.88%	3.88%	3.88%	3.88%
3.8 Profit & Risk Load	4.70%	4.70%	4.70%	4.70%	4.70%	4.70%
3.9 Catastrophic Adjustment	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
3.10 Plan Adjusted Index Rate	\$780.35	\$488.69	\$683.95	\$561.63	\$483.45	\$644.29
3.11 Age Calibration Factor	0.9267	0.9267				
3.12 Geographic Calibration Factor	1.0000	1.0000				
3.13 Tobacco Calibration Factor	1.0000	1.0000				
3.14 Calibrated Plan Adjusted Index Rate	\$723.15	\$452.87	\$632.95	\$520.47	\$448.01	\$597.07

**Section IV: Projected Plan Level Information**

Section IV: Projected Plan Level Information	Total	78079DC0210001	78079DC0210002	78079DC0210003	78079DC0210004	78079DC0210005	78079DC0210006
4.1 Plan ID (Standard Component ID)	Total	78079DC0210001	78079DC0210002	78079DC0210003	78079DC0210004	78079DC0210005	78079DC0210006
4.2 Allowed Claims	\$79,464,552	\$21,759,601	\$7,578,635	\$20,165,065	\$18,514,324	\$5,861,576	\$5,585,351
4.3 Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.4 Member Cost Sharing	\$12,846,546	\$1,027,053	\$2,383,481	\$2,260,504	\$4,380,489	\$1,886,841	\$908,178
4.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.6 Incurred Claims	\$66,618,006	\$20,732,548	\$5,195,154	\$17,904,561	\$14,133,835	\$3,974,735	\$4,677,173
4.7 Risk Adjustment Transfer Amount	\$12,460,524	\$15,645,714	-\$1,347,699	\$1,821,946	-\$3,121,700	-\$1,042,286	\$504,550
4.8 Premium	\$66,531,875	\$20,705,742	\$5,188,437	\$17,881,412	\$14,115,561	\$3,969,596	\$4,671,126
4.9 Projected Member Months	103,925	26,534	10,617	26,180	25,133	8,211	7,250
4.10 Loss Ratio	84.33%	57.03%	135.26%	90.87%	128.56%	135.78%	90.37%
<b>Per Member Per Month</b>							
4.11 Allowed Claims	\$764.63	\$820.06	\$713.82	\$770.25	\$736.65	\$713.87	\$770.39
4.12 Reinsurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4.13 Member Cost Sharing	\$123.61	\$38.71	\$224.50	\$86.34	\$174.29	\$229.79	\$125.27
4.14 Cost Sharing Reduction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4.15 Incurred Claims	\$641.02	\$781.36	\$489.32	\$683.90	\$562.36	\$484.07	\$645.13
4.16 Risk Adjustment Transfer Amount	\$119.90	\$589.65	-\$126.94	\$69.59	-\$124.21	-\$126.94	\$69.59
4.17 Premium	\$640.19	\$780.35	\$488.69	\$683.95	\$561.63	\$483.45	\$644.29

## Rating Area Data Collection

*Specify the total number of Rating  
Select only the Rating Areas you are  
To validate, select the Validate button  
To finalize, select the Finalize button*

Rating Area	Rating Factor
Rating Area 1	1.0000

# DC GHMSI

## Rate Filing Justification Part II (Plain Language Summary)

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

Name of Company	Group Hospitalization & Medical Services Inc.
SERFF tracking number	CFAP-132809038
Submission Date	5/17/2021
Product Name	BluePreferred

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

### Scope and Range of the Increase:

The  % increase is requested because:

The main drivers of the 2022 rate change are 1) Decrease in the base period experience of the combined pool, 2) Trend, and 3) Lower projected Risk Adjustment Factor.

This filing will impact:

# of policyholder's  # of covered lives

The average, minimum and maximum rate changes increases are:

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

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

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

### Financial Experience of Product

The overall financial experience of the product includes:

In 2020, a total of \$58.5 million in premium was collected and \$75.5 million in claims were paid out. We received \$10.0 million in risk adjustment, for a loss ratio of 112.0%. However, the rate increase of the product is driven partially by the combined Individual and Small group experience, which collected \$230.6 million in premium and paid out \$203.0 million in claims and received \$25.3 million in risk adjustment for a loss ratio of 77.1%.

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 86.0%.

### Components of Increase

The request is made up of the following components:

<b>Trend Increases</b> –	9.6	% of the	7.9	% total filed increase
1. Medical Utilization Changes – Defined as the increase in total plan claim costs not attributable to changes in the unit cost of underlying services, or renegotiation of provider contracts. Examples include changes in the mix of services utilized, or an increase/decrease in the frequency of service utilization.				
This component is	4.2	% of the	7.9	% 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	5.2	% of the	7.9	% total filed increase.

<b>Other Increases</b> –	(1.6)	% of the	7.9	% 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	7.9	% 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	3.8	% of the	7.9	% 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	-1.5	% of the	7.9	% total filed increase.
4. Changes to Profit Margin – Defined as increases to company surplus or changes as an additional margin to cover the risk of the company.				
This component is	1.4	% of the	7.9	% total filed increase.
5. Other – Defined as:				
Increased receivable for Risk Adjustment.				
This component is	(5.2)	% of the	7.9	% total filed increase.