

State: District of Columbia **Filing Company:** Group Hospitalization and Medical Services, Inc.
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003A Small Group Only - PPO
Product Name: 2569 - DC ACA Small Group GHMSI
Project Name/Number: 2569 - DC GHMSI SG ACA ON-EXCHANGE/2569

Filing at a Glance

Company: Group Hospitalization and Medical Services, Inc.
Product Name: 2569 - DC ACA Small Group GHMSI
State: District of Columbia
TOI: H16G Group Health - Major Medical
Sub-TOI: H16G.003A Small Group Only - PPO
Filing Type: Rate
Date Submitted: 05/17/2021
SERFF Tr Num: CFAP-132809076
SERFF Status: Submitted to State
State Tr Num:
State Status:
Co Tr Num: 2569
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: H16G Group Health - Major Medical/H16G.003A Small Group Only - PPO
Product Name: 2569 - DC ACA Small Group GHMSI
Filing Company: Group Hospitalization and Medical Services, Inc.
Project Name/Number: 2569 - DC GHMSI SG ACA ON-EXCHANGE/2569

General Information

Project Name: 2569 - DC GHMSI SG ACA ON-EXCHANGE
 Project Number: 2569
 Requested Filing Mode: Review & Approval
 Explanation for Combination/Other:
 Submission Type: New Submission
 Group Market Type: Employer
 Filing Status Changed: 05/17/2021
 State Status Changed:
 Created By: Shane Kontir
 Corresponding Filing Tracking Number:

Status of Filing in Domicile:
 Date Approved in Domicile:
 Domicile Status Comments:
 Market Type: Group
 Group Market Size: Small
 Overall Rate Impact: 8.8%
 Deemer Date:
 Submitted By: Shane Kontir

PPACA: Non-Grandfathered Immed Mkt Reforms

PPACA Notes: null

Include Exchange Intentions: No

Filing Description:

This filing contains the rate proposal for the portfolio of benefits to be offered by Group Hospitalization & Medical Services, Inc. to Small Groups on the D.C. Exchange. We are submitting 12 benefit plans on the D.C. Exchange.

Company and Contact

Filing Contact Information

Shane Kontir, Senior Actuarial Analyst
 10455 Mill Run Circle
 Owings Mills, MD 21117
 shane.kontir@carefirst.com
 410-998-4440 [Phone]
 410-998-7704 [FAX]

Filing Company Information

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

State: District of Columbia **Filing Company:** Group Hospitalization and Medical Services, Inc.
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003A Small Group Only - PPO
Product Name: 2569 - DC ACA Small Group GHMSI
Project Name/Number: 2569 - DC GHMSI SG ACA ON-EXCHANGE/2569

Filing Fees

State Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

SERFF Tracking #:

CFAP-132809076

State Tracking #:

Company Tracking #:

2569

State: District of Columbia **Filing Company:** Group Hospitalization and Medical Services, Inc.
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003A Small Group Only - PPO
Product Name: 2569 - DC ACA Small Group GHMSI
Project Name/Number: 2569 - DC GHMSI SG ACA ON-EXCHANGE/2569

Rate Information

Rate data applies to filing.

Filing Method: SERFF
Rate Change Type: Decrease
Overall Percentage of Last Rate Revision: -5.600%
Effective Date of Last Rate Revision: 01/01/2021
Filing Method of Last Filing: SERFF
SERFF Tracking Number of Last Filing: CFAP-132316213

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	8.800%	8.800%	\$14,280,929	12,110	\$162,408,681	9.900%	8.200%

State: District of Columbia **Filing Company:** Group Hospitalization and Medical Services, Inc.
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003A Small Group Only - PPO
Product Name: 2569 - DC ACA Small Group GHMSI
Project Name/Number: 2569 - DC GHMSI SG ACA ON-EXCHANGE/2569

Rate Review Detail

COMPANY:

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

PRODUCTS:

Product Name	HIOS Product ID	HIOS Submission ID	Number of Covered Lives
BluePreferred PPO	78079DC022		20540

Trend Factors:

FORMS:

New Policy Forms: DC/CF/BP PPO BF HSA/SIL 1500 (1/22), DC/CF/BP PPO CDH/2400 80-60 (1/22), DC/CF/BP PPO CDH/SIL 1500 (1/22), DC/CF/BP PPO CDH/SIL 2000 (1/22), DC/CF/BP PPO CDH/SIL 2100 70 (1/22), DC/CF/BP PPO/1000 90-70 (1/22), DC/CF/BP PPO/GOLD 1000 (1/22), DC/CF/BP PPO/GOLD 1500 (1/22), DC/CF/BP PPO/GOLD 500 (1/22), DC/CF/BP PPO/PLAT 0 (1/22), DC/CF/BP PPO/PLAT 500 (1/22), DC/CF/BP PPO/SIL 1500 (1/22), DC/CF/SHOP/PPO/2022 AMEND (1/22)

Affected Forms:

Other Affected Forms: DC/CF/ANCILLARY AMEND (10/12), DC/CF/BLCRD (R. 6/18), DC/CF/MEM/BLCRD (R. 6/18), DC/CF/PT PROTECT (9/10), DC/CF/SG/INCENT (R. 1/20), DC/CF/SHOP/ELIG (R. 1/20), DC/CF/SHOP/GC (R 1/19), DC/CF/SHOP/PPO/2021 AMEND (1/21), DC/CF/SHOP/PPO/DOCS (R. 1/20), DC/CF/SHOP/PPO/EOC (R. 1/20), DC/GHMSI/DOL APPEAL (R. 1/17), DC/GHMSI/HEALTH GUARANTEE 8/19

REQUESTED RATE CHANGE INFORMATION:

Change Period: Annual
 Member Months: 245,453
 Benefit Change: Increase
 Percent Change Requested: Min: 8.2 Max: 9.9 Avg: 8.8

PRIOR RATE:

Total Earned Premium: 162,408,681.00
 Total Incurred Claims: 139,581,232.00
 Annual \$: Min: 478.80 Max: 695.90 Avg: 614.27

REQUESTED RATE:

Projected Earned Premium: 177,007,048.00
 Projected Incurred Claims: 155,330,651.00
 Annual \$: Min: 529.33 Max: 757.99 Avg: 668.28

State: District of Columbia

Filing Company:

Group Hospitalization and Medical Services, Inc.

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

Product Name: 2569 - DC ACA Small Group GHMSI

Project Name/Number: 2569 - DC GHMSI SG ACA ON-EXCHANGE/2569

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		2569 - DC GHMSI - SG - Rate Sheets	DC/CF/ANCILLARY AMEND (10/12), DC/CF/BLCRD (R. 6/18), DC/CF/MEM/BLCRD (R. 6/18), DC/CF/PT PROTECT (9/10), DC/CF/SG/INCENT (R. 1/20), DC/CF/SHOP/ELIG (R. 1/20), DC/CF/SHOP/GC (R. 1/19), DC/CF/SHOP/PPO/2021 AMEND (1/21), DC/CF/SHOP/PPO/DOCS (R. 1/20), DC/CF/SHOP/PPO/EOC (R. 1/20), DC/GHMSI/DOL APPEAL (R. 1/17), DC/GHMSI/HEALTH GUARANTEE 8/19, DC/CF/SG/AUTH AMEND/PPO (R. 1/20), DC/CF/BP PPO BF HSA/SIL 1500 (1/22), DC/CF/BP PPO CDH/2400 80-60 (1/22), DC/CF/BP PPO CDH/SIL 1500 (1/22), DC/CF/BP PPO CDH/SIL 2000 (1/22), DC/CF/BP PPO CDH/SIL 2100 70 (1/22), DC/CF/BP PPO/1000 90-70 (1/22), DC/CF/BP PPO/GOLD 1000 (1/22), DC/CF/BP PPO/GOLD 1500 (1/22), DC/CF/BP PPO/GOLD 500 (1/22), DC/CF/BP PPO/PLAT 0 (1/22), DC/CF/BP PPO/PLAT 500 (1/22), DC/CF/BP PPO/SIL 1500 (1/22), DC/CF/SHOP/PPO/2022 AMEND (1/22)	Revised	Previous State Filing Number: CFAP-132316213 Percent Rate Change Request: 8.8	2569 - DC GHMSI - SG - Rate Sheets.pdf,

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

HIOS Plan ID	HIOS Product	HIOS Plan Name	On/Off Exchange	Rx Benefit**	Benefit Description*	Deductible	OOP Max	Individual Base Rate				Incremental Base Rate % Change		
								01/2022	04/2022	07/2022	10/2022	04/2022	07/2022	10/2022
78079DC0220020	BluePreferred PPO	BluePreferred PPO Gold 1000	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$15 PCP/\$30 Spec/\$250 ER/\$400 IP; OON: \$50 PCP/Spec/\$500 IP	IN: \$1,000 Med / \$250 Rx; OON: \$2,000	IN: \$5,750; OON: \$11,500	\$616.42	\$629.20	\$642.29	\$655.69	2.1%	2.1%	2.1%
78079DC0220021	BluePreferred PPO	BluePreferred PPO Gold 500	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$15 PCP/\$30 Spec/\$250 ER/\$400 IP; OON: \$50 PCP/Spec/\$500 IP	IN: \$500 Med / \$250 Rx; OON: \$1,000	IN: \$7,900; OON: \$15,800	\$630.52	\$643.59	\$656.98	\$670.69	2.1%	2.1%	2.1%
78079DC0220022	BluePreferred PPO	BluePreferred PPO HSA/HRA Silver 1500	On	Int: \$15/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$25 PCP/\$50 Spec/\$250 ER/\$500 IP; OON: \$70 PCP/Spec/\$600 IP	IN: \$1,500 (Integrated); OON: \$3,000	IN: \$6,900; OON: \$9,000	\$537.56	\$548.70	\$560.11	\$571.80	2.1%	2.1%	2.1%
78079DC0220023	BluePreferred PPO	BluePreferred PPO HSA/HRA Silver 2000	On	Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$25 PCP/\$50 Spec/\$250 ER/\$500 IP; OON: \$70 PCP/Spec/\$600 IP	IN: \$2,000 (Integrated); OON: \$4,000	IN: \$5,750; OON: \$11,500	\$533.27	\$544.33	\$555.65	\$567.25	2.1%	2.1%	2.1%
78079DC0220024	BluePreferred PPO	BluePreferred PPO Platinum 0	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$10 PCP/\$20 Spec/\$100 ER/\$200 IP; OON: \$40 PCP/Spec/\$300 IP	IN: \$0 Med / \$0 Rx; OON: \$1,500	IN: \$1,600; OON: \$3,200	\$742.60	\$757.99	\$773.76	\$789.91	2.1%	2.1%	2.1%
78079DC0220025	BluePreferred PPO	BluePreferred PPO Platinum 500	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$10 PCP/\$20 Spec/\$100 ER/\$200 IP; OON: \$40 PCP/Spec/\$300 IP	IN: \$500 Med / \$0 Rx; OON: \$1,000	IN: \$1,500; OON: \$3,000	\$718.03	\$732.91	\$748.16	\$763.77	2.1%	2.1%	2.1%
78079DC0220026	BluePreferred PPO	BluePreferred PPO Silver 1500	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$40 PCP/\$100 Spec/\$400 ER/\$500 IP; OON: \$120 PCP/Spec/\$600 IP	IN: \$1,500 Med / \$250 Rx; OON: \$3,000	IN: \$8,150; OON: \$16,300	\$518.58	\$529.33	\$540.34	\$551.62	2.1%	2.1%	2.1%
78079DC0220031	BluePreferred PPO	BluePreferred PPO Gold 1500	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$15 PCP/\$30 Spec/\$250 ER/\$400 IP; OON: \$50 PCP/Spec/\$500 IP	IN: \$1,500 Med / \$250 Rx; OON: \$3,000	IN: \$5,100; OON: \$10,200	\$609.67	\$622.31	\$635.25	\$648.51	2.1%	2.1%	2.1%
78079DC0220032	BluePreferred PPO	BluePreferred PPO 1000 90%/70%	On	Int: \$15/20%/40%/50% to \$100 Max/50% to \$150 Max	IN: 10%; OON: 30%	IN: \$1,000 (Integrated); OON: \$2,000	IN: \$7,350; OON: \$14,700	\$608.28	\$620.89	\$633.80	\$647.03	2.1%	2.1%	2.1%
78079DC0220033	BluePreferred PPO	BluePreferred PPO HSA/HRA 2400 80%/60%	On	Int: \$10/20%/40%/50% to \$100 Max/50% to \$150 Max	IN: 20%; OON: 40%	IN: \$2,400 (Integrated); OON: \$4,800	IN: \$6,900; OON: \$13,800	\$518.99	\$529.75	\$540.77	\$552.05	2.1%	2.1%	2.1%
78079DC0220034	BluePreferred PPO	BluePreferred PPO Silver 1500 BlueFund HSA	On	Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$25 PCP/\$50 Spec/\$250 ER/\$500 IP; OON: \$70 PCP/Spec/\$600 IP	IN: \$1,500 (Integrated); OON: \$3,000	IN: \$6,700; OON: \$9,000	\$534.91	\$546.00	\$557.36	\$568.99	2.1%	2.1%	2.1%
78079DC0220035	BluePreferred PPO	BluePreferred PPO HSA/HRA Silver 2100 70	On	Int: \$10/\$45/\$65/\$100/\$150	IN: 30%; OON: 50%	IN: \$2100 (Integrated) ; OON: \$4,200	IN: \$6,900; OON: \$13,500	\$522.56	\$533.39	\$544.48	\$555.85	2.1%	2.1%	2.1%

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

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

State: District of Columbia **Filing Company:** Group Hospitalization and Medical Services, Inc.
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003A Small Group Only - PPO
Product Name: 2569 - DC ACA Small Group GHMSI
Project Name/Number: 2569 - DC GHMSI SG ACA ON-EXCHANGE/2569

Supporting Document Schedules

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

Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	2022 AV Screenshots - DC Small Group GHMSI.pdf 2569 GHMSI SG - DISB rate filing checklist.pdf 2569_SmallGroup_DC_GHMSI_Actuarial_Memorandum_SERFF.xlsx 2569_SmallGroup_DC_GHMSI_Actuarial_Memorandum.pdf 2569 - DC GHMSI - SG - Rate Sheets.xlsx
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	2569 DC SG 2022 - GHMSI - Index & Plan Comparison.pdf 2569_SmallGroup_DC_GHMSI_Actuarial_Memorandum.pdf
Item Status:	
Status Date:	

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

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

Satisfied - Item:	Cover Letter
--------------------------	--------------

SERFF Tracking #:

CFAP-132809076

State Tracking #:

Company Tracking #:

2569

State: District of Columbia **Filing Company:** Group Hospitalization and Medical Services, Inc.
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003A Small Group Only - PPO
Product Name: 2569 - DC ACA Small Group GHMSI
Project Name/Number: 2569 - DC GHMSI SG ACA ON-EXCHANGE/2569

Comments:	
Attachment(s):	2569 - 2022 ACA_Cover Letter_SG_DC_GH.pdf
Item Status:	
Status Date:	

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

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

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

Satisfied - Item:	Unified Rate Review Template
Comments:	
Attachment(s):	2569 DC GHMSI SG URRT SERFF.pdf 2569 DC GHMSI SG URRT SERFF.xlsm
Item Status:	
Status Date:	

Satisfied - Item:	District of Columbia Plain Language Summary
Comments:	
Attachment(s):	2569 - DC SG - GHMSI - PartII Rate Justification.pdf
Item Status:	
Status Date:	

Satisfied - Item:	RateE File
--------------------------	------------

SERFF Tracking #:

CFAP-132809076

State Tracking #:

Company Tracking #:

2569

State:

District of Columbia

Filing Company:

Group Hospitalization and Medical Services, Inc.

TOI/Sub-TOI:

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

Product Name:

2569 - DC ACA Small Group GHMSI

Project Name/Number:

2569 - DC GHMSI SG ACA ON-EXCHANGE/2569

Comments:	
Attachment(s):	78079_DC_SmallGroup_GHMSI_RATEE_020121.xlsx
Item Status:	
Status Date:	

State:	District of Columbia	Filing Company:	Group Hospitalization and Medical Services, Inc.
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.003A Small Group Only - PPO		
Product Name:	2569 - DC ACA Small Group GHMSI		
Project Name/Number:	2569 - DC GHMSI SG ACA ON-EXCHANGE/2569		

Attachment 2569_SmallGroup_DC_GHMSI_Actuarial_Memorandum_SERFF.xlsx is not a PDF document and cannot be reproduced here.

Attachment 2569 - DC GHMSI - SG - Rate Sheets.xlsx is not a PDF document and cannot be reproduced here.

Attachment 2569 - DC GHMSI SG (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 2569 DC GHMSI SG URRT SERFF.xlsm is not a PDF document and cannot be reproduced here.

Attachment 78079_DC_SmallGroup_GHMSI_RATEE_020121.xlsx is not a PDF document and cannot be reproduced here.

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

**Rate Filing # 2569
DC Small Group On/Off Exchange Products
Rate Filing Effective 1/1/2022**

Actuarial Value Calculations

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

Table of Contents

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

AV Screenshots

5	Platinum - \$0/\$0 Ded, \$1600 OOP, \$10/\$20 - Hospital
6	Platinum - \$0/\$0 Ded, \$1600 OOP, \$10/\$20 - Freestanding
7	Platinum - \$500/\$0 Ded, \$1500 OOP, \$10/\$20 - Hospital
8	Platinum - \$500/\$0 Ded, \$1500 OOP, \$10/\$20 - Freestanding
9	Gold - \$500/\$250 Ded, \$7900 OOP, \$15/\$30 - Hospital
10	Gold - \$500/\$250 Ded, \$7900 OOP, \$15/\$30 - Freestanding
11	Gold - \$1000/\$250 Ded, \$5750 OOP, \$15/\$30 - Hospital
12	Gold - \$1000/\$250 Ded, \$5750 OOP, \$15/\$30 - Freestanding
13	Gold - \$1500/\$250 Ded, \$5100 OOP, \$15/\$30 - Hospital
14	Gold - \$1500/\$250 Ded, \$5100 OOP, \$15/\$30 - Freestanding
15	Silver - \$1500/\$250 Ded, \$8150 OOP, \$40/\$100 - Hospital
16	Silver - \$1500/\$250 Ded, \$8150 OOP, \$40/\$100 - Freestanding
17	Silver - \$1500 Ded, \$6900 OOP, \$25/\$50 - Hospital
18	Silver - \$1500 Ded, \$6900 OOP, \$25/\$50 - Freestanding
19	Silver - \$2000 Ded, \$5750 OOP, \$25/\$50 - Hospital
20	Silver - \$2000 Ded, \$5750 OOP, \$25/\$50 - Freestanding
21	Silver - BluePreferred PPO HSA/HRA Silver 2100 70
22	Silver - BlueFund HSA \$1500 Ded, \$6700 OOP, \$25/\$50 - Hospital
23	Silver - BlueFund HSA \$1500 Ded, \$6700 OOP, \$25/\$50 - Freestanding
24	SHOP - BluePreferred PPO HSA/HRA 2400 80%/60%
25	SHOP - BluePreferred PPO 1000 90%/70%

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

<u>Plan Name*</u>	<u>Metal Level</u>	<u>Actuarial Value</u>	<u>Page #'s of AV Screenshot**</u>	<u>Unique Plan</u>
BluePreferred PPO 1000 90%/70%	Gold	81.98%	25	No
BluePreferred PPO HSA/HRA 2400 80%/60%	Silver	71.85%	24	No
BluePreferred PPO Silver 1500 BlueFund HSA	Silver	71.92%	22, 23	Yes
BluePreferred PPO Platinum 0	Platinum	91.93%	5, 6	Yes
BluePreferred PPO Platinum 500	Platinum	90.68%	7, 8	Yes
BluePreferred PPO Gold 500	Gold	81.97%	9, 10	Yes
BluePreferred PPO Silver 1500	Silver	71.65%	15, 16	Yes
BluePreferred PPO Gold 1000	Gold	81.99%	11, 12	Yes
BluePreferred PPO Gold 1500	Gold	81.91%	13, 14	Yes
BluePreferred PPO HSA/HRA Silver 1500	Silver	71.76%	17, 18	Yes
BluePreferred PPO HSA/HRA Silver 2000	Silver	71.93%	19, 20	Yes
BluePreferred PPO HSA/HRA Silver 2100 70	Silver	71.91%	21	No

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

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

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

<u>Plan Name*</u>	<u>HIOS Plan ID</u>	<u>SOB Document Name</u>	<u>Page #'s of AV Screenshot**</u>
BluePreferred PPO 1000 90%/70%	78079DC0220032	DC/CF/BP PPO/1000 90-70 (1/22)	25
BluePreferred PPO HSA/HRA 2400 80%/60%	78079DC0220033	DC/CF/BP PPO CDH/2400 80-60 (1/22)	24
BluePreferred PPO Silver 1500 BlueFund HSA	78079DC0220034	DC/CF/BP PPO BF HSA/SIL 1500 (1/22)	22, 23
BluePreferred PPO Platinum 0	78079DC0220024	DC/CF/BP PPO/PLAT 0 (1/22)	5, 6
BluePreferred PPO Platinum 500	78079DC0220025	DC/CF/BP PPO/PLAT 500 (1/22)	7, 8
BluePreferred PPO Gold 500	78079DC0220021	DC/CF/BP PPO/GOLD 500 (1/22)	9, 10
BluePreferred PPO Silver 1500	78079DC0220026	DC/CF/BP PPO/SIL 1500 (1/22)	15, 16
BluePreferred PPO Gold 1000	78079DC0220020	DC/CF/BP PPO/GOLD 1000 (1/22)	11, 12
BluePreferred PPO Gold 1500	78079DC0220031	DC/CF/BP PPO/GOLD 1500 (1/22)	13, 14
BluePreferred PPO HSA/HRA Silver 1500	78079DC0220022	DC/CF/BP PPO CDH/SIL 1500 (1/22)	17, 18
BluePreferred PPO HSA/HRA Silver 2000	78079DC0220023	DC/CF/BP PPO CDH/SIL 2000 (1/22)	19, 20
BluePreferred PPO HSA/HRA Silver 2100 70	78079DC0220035	DC/CF/BP PPO CDH/SIL 2100 70 (1/22)	21

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

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

AV Calculator - BluePreferred PPO Platinum 0

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

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

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$0.00	\$0.00
Coinsurance (% Insurer's Cost Share)	100.00%	100.00%
MOOP (\$)	\$1,600.00	
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				Copay applies only after deductible?	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Tier 1	Tier 2
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$63.90	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

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

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

Blending of Site-of-Service AVs		
Hospital	84%	91.87%
Freestandi	16%	92.26%
		91.93%

Options for Additional Benefit Design Limits:

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

Plan Description:

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

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

91.87%

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:

0.0977 seconds

Final 2022 AV Calculator

AV Calculator - BluePreferred PPO Platinum 0

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

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

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$0.00	\$0.00
Coinsurance (% Insurer's Cost Share)	100.00%	100.00%
MOOP (\$)	\$1,600.00	
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?	
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

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

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

Options for Additional Benefit Design Limits:

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

Plan Description:

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

Output

Calculate

Status/Error Messages:

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

Actuarial Value:

92.26%

Metal Tier:

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

Additional Notes:

Calculation Time:

0.0859 seconds

Final 2022 AV Calculator

AV Calculator - PPO Platinum 500

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

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

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

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

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

[Click Here for Important Instructions](#)

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

Options for Additional Benefit Design Limits:

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

Plan Description:

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

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

90.36%

Metal Tier:

Platinum

Additional Notes:

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

Calculation Time:

0.0664 seconds

Final 2022 AV Calculator

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

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

Blending of Site-of-Service AVs

Hospital	84%	90.36%
Freestandi	16%	92.33%
		90.68%

AV Calculator - PPO Platinum 500

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

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

Desired Metal Tier: Platinum

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

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

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

[Click Here for Important Instructions](#)

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

Options for Additional Benefit Design Limits:

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

Plan Description:

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

Copays	Weighting
OP Facility \$ 50	100%
OP Facility Non-Surgery \$ 50.00	0%
Specialty C Coins Max	Weighting
Tier 4 \$ 100	78%
Tier 5 \$ 150	22%
\$ 110.85	

Output

Calculate

Status/Error Messages:

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

Actuarial Value:

92.33%

Metal Tier:

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

Additional Notes:

Calculation Time:

0.0703 seconds

Final 2022 AV Calculator

AV Calculator - BluePreferred PPO Gold 500

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

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

Desired Metal Tier Gold

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

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

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

[Click Here for Important Instructions](#)

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

Options for Additional Benefit Design Limits:

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

Plan Description:

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

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

81.96%

Metal Tier:

Gold

Additional Notes:

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

Calculation Time:

0.0664 seconds

Final 2022 AV Calculator

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

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

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

AV Calculator - BluePreferred PPO Gold 500

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

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

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

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

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

[Click Here for Important Instructions](#)

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

Options for Additional Benefit Design Limits:

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

Plan Description:

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

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

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

Output

Calculate

Status/Error Messages:

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

Actuarial Value:

82.02%

Metal Tier:

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

Additional Notes:

Calculation Time:

0.0859 seconds

Final 2022 AV Calculator

AV Calculator - BluePreferred PPO Gold 1000

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

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

Desired Metal Tier: Gold

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

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$1,000.00	\$250.00	
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%	
MOOP (\$)	\$5,750.00		
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?	Copay applies only after deductible?
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$84.75	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

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

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

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

Options for Additional Benefit Design Limits:

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

Plan Description:

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

Output Calculate

Status/Error Messages: Calculation Successful.
 Actuarial Value: 81.76%
 Metal Tier: Gold

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

Additional Notes:

Calculation Time: 0.1016 seconds

Final 2022 AV Calculator

AV Calculator - BluePreferred PPO Gold 1000

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

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

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:

Desired Metal Tier: Gold

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$1,000.00	\$250.00				
Coinsurance (% Insurer's Cost Share)	100.00%	100.00%				
MOOP (\$)	\$5,750.00					
MOOP if Separate (\$)						

[Click Here for Important Instructions](#)

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

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

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

Options for Additional Benefit Design Limits:

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

Plan Description:

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

Output

Calculate

Status/Error Messages:

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

Actuarial Value:

83.20%

Metal Tier:

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

Additional Notes:

Calculation Time:

0.0859 seconds

Final 2022 AV Calculator

AV Calculator - BluePreferred PPO Gold 1500

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

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

Desired Metal Tier Gold

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$1,500.00	\$250.00
Coinsurance (% Insurer's Cost Share)	100.00%	100.00%
MOOP (\$)	\$5,100.00	
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?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$84.75	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

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

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

Blending of Site-of-Service AVs		
Hospital	84%	81.56%
Freestandi	16%	83.72%
		81.91%

Options for Additional Benefit Design Limits:

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

Plan Description:

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

Output

Status/Error Messages:

Calculation Successful.

Actuarial Value:

81.56%

Metal Tier:

Gold

Additional Notes:

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

Calculation Time:

0.082 seconds

Final 2022 AV Calculator

AV Calculator - BluePreferred PPO Gold 1500

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

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

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

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$1,500.00	\$250.00				
Coinsurance (% Insurer's Cost Share)	100.00%	100.00%				
MOOP (\$)	\$5,100.00					
MOOP if Separate (\$)						

[Click Here for Important Instructions](#)

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

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

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

Options for Additional Benefit Design Limits:

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

Plan Description:

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

Output

Calculate

Status/Error Messages:

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

Actuarial Value:

83.72%

Metal Tier:

Additional Notes:

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

Calculation Time:

0.1133 seconds

Final 2022 AV Calculator

AV Calculator - BluePreferred PPO Silver 1500

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

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

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

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$1,500.00	\$250.00	
Coinsurance (% Insurer's Cost Share)	100.00%	100.00%	
MOOP (\$)	\$8,150.00		
MOOP if Separate (\$)			

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

[Click Here for Important Instructions](#)

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

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

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

Blending of Site-of-Service AVs		
Hospital	84%	71.61%
Freestandi	16%	71.87%
		71.65%

Options for Additional Benefit Design Limits:

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

Plan Description:

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

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

71.61%

Metal Tier:

Silver

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

Additional Notes:

Calculation Time:

0.0742 seconds

Final 2022 AV Calculator

AV Calculator - BluePreferred PPO Silver 1500

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

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

Desired Metal Tier: Silver

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$1,500.00	\$250.00
Coinsurance (% Insurer's Cost Share)	100.00%	100.00%
MOOP (\$)	\$8,150.00	
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

[Click Here for Important Instructions](#)

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

Options for Additional Benefit Design Limits:

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

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

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

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

Output

Status/Error Messages: Calculation Successful.
 Actuarial Value: 71.87%
 Metal Tier: Silver

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

Additional Notes:

Calculation Time: 0.0703 seconds

Final 2022 AV Calculator

AV Calculator - BluePreferred PPO HSA/HRA Silver 1500

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

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

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:

Desired Metal Tier: Silver

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$1,500.00			
Coinsurance (% Insurer's Cost Share)			100.00%			
MOOP (\$)			\$6,900.00			
MOOP if Separate (\$)						

[Click Here for Important Instructions](#)

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

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

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

84%	71.69%
16%	72.15%
	71.76%

Options for Additional Benefit Design Limits:

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

Plan Description:

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

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

71.69%

Metal Tier:

Silver

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

Additional Notes:

Calculation Time:

0.0977 seconds

Final 2022 AV Calculator

AV Calculator - BluePreferred PPO HSA/HRA Silver 1500

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

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

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

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$1,500.00			
Coinsurance (% , Insurer's Cost Share)			100.00%			
MOOP (\$)			\$6,900.00			
MOOP if Separate (\$)						

[Click Here for Important Instructions](#)

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

Options for Additional Benefit Design Limits:

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

Plan Description:

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

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2022 AV Calculator

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

72.15%

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

0.0859 seconds

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

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

AV Calculator - BluePreferred PPO HSA/HRA Silver 2000

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

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

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$2,000.00
Coinsurance (% Insurer's Cost Share)		100.00%
MOOP (\$)		\$5,750.00
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?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$98.65	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

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

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

Blending of Site-of-Service AVs		
Hospital	84%	71.92%
Freestanding	16%	72.00%
		71.93%

Options for Additional Benefit Design Limits:

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

Plan Description:

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

Output

Calculate

Status/Error Messages:
 Actuarial Value:
 Metal Tier:

Calculation Successful.
 71.92%
 Silver

Additional Notes:

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

Calculation Time:

0.0703 seconds

Final 2022 AV Calculator

AV Calculator - BluePreferred PPO HSA/HRA Silver 2000

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

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

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$2,000.00
Coinsurance (% Insurer's Cost Share)		100.00%
MOOP (\$)		\$5,750.00
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?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

Plan Description:

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

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

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

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

72.00%

Metal Tier:

Silver

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

Additional Notes:

Calculation Time:

0.0742 seconds

Final 2022 AV Calculator

AV Calculator - BluePreferred PPO HSA/HRA Silver 2100 70

User Inputs for Plan Parameters

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

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

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$2,100.00			
Coinsurance (% Insurer's Cost Share)			70.00%			
MOOP (\$)			\$6,900.00			
MOOP if Separate (\$)						

[Click Here for Important Instructions](#)

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

Options for Additional Benefit Design Limits:

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

Plan Description:

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

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2022 AV Calculator

Calculation Successful.

71.91%

Silver

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range.

0.0781 seconds

AV Calculator - BluePreferred PPO Silver 1500 BlueFund HSA

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

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

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

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$1,500.00			
Coinsurance (%; Insurer's Cost Share)			100.00%			
MOOP (\$)			\$6,700.00			
MOOP if Separate (\$)						

[Click Here for Important Instructions](#)

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

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

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

Out-of-Service AVs	Weighting
84%	71.84%
16%	72.36%
	71.92%

Options for Additional Benefit Design Limits:

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

Plan Description:

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

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

71.84%

Metal Tier:

Silver

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

Additional Notes:

Calculation Time:

0.0781 seconds

Final 2022 AV Calculator

AV Calculator - BluePreferred PPO Silver 1500 BlueFund HSA

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

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

Desired Metal Tier Silver

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <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 (% Inurer's Cost Share)		100.00%
MOOP (\$)		\$6,700.00
MOOP if Separate (\$)		

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

Options for Additional Benefit Design Limits:

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

Plan Description:

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

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

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

Output

Status/Error Messages:

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

Actuarial Value:

72.36%

Metal Tier:

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

Additional Notes:

Calculation Time:

0.0703 seconds

Final 2022 AV Calculator

AV Calculator - BluePreferred PPO HSA/HRA 2400 80%/60% (SHOP)

User Inputs for Plan Parameters

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

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$2,400.00
Coinsurance (% Insurer's Cost Share)		80.00%
MOOP (\$)		\$6,900.00
MOOP if Separate (\$)		

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

[Click Here for Important Instructions](#)

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

Options for Additional Benefit Design Limits:

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

Plan Description:

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

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2022 AV Calculator

Calculation Successful.

71.85%

Silver

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range.

0.0977 seconds

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

User Inputs for Plan Parameters

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

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$1,000.00
		90.00%
		\$7,350.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

Plan Description:

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

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2022 AV Calculator

Calculation Successful.

81.98%

Gold

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range.

0.082 seconds

	Copays	Weighting
OP Facility Surgery		20%
OP Facility Non-Surgery		80%
	\$ -	
Specialty Drugs	Coins Max	Weighting
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

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

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

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
1	Purpose of Filing	State the purpose of the filing. Identify the applicable law. List the proposed changes to the base rates and rating factors, and provide a general summary.	Yes	Page 1 of the Actuarial Memorandum PDF in SERFF
2	Form Numbers	Form numbers should be listed in the actuarial memorandum.	Yes	Appendix - Form Numbers_SG
3	HIOS Product ID	The HIOS product ID should be listed in the actuarial memorandum.	Yes	Exhibit 11 - Plan Adjusted_SG
4	Effective Date	The requested effective date of the rate change. For filings effective 1/1/2017 and later, follow filing due date requirements.	Yes	Page 1 of the Actuarial Memorandum PDF in SERFF
5	Market	Indicate whether the products are sold in the individual or small employer group market.	Yes	Page 1 of the Actuarial Memorandum PDF in SERFF
6	Status of Forms	Indicate whether the forms are open to new sales, closed, or a mixture of both, and whether the forms are grandfathered, non-grandfathered, or a mixture of both.	Yes	Appendix - Form Numbers_SG
7	Benefits/Metal level(s)	Include a basic description of the benefits of the forms referenced in the filing and the metal level of each plan design.	Yes	Exhibit 11 - Plan Adjusted_SG
7.1	AV Value	Provide the actuarial value of each plan design using the AV calculator developed and made available by HHS.	Yes	See the PDF file "AV Screen Shots" in SERFF
8	Average Rate Increase Requested	The weighted average rate increase being requested, incremental and year-over-year renewal. The weights should be based on premium volume. In the small group market, please also provide weighted average rate increase requested for 2022Q1 over 2021Q1; etc.	Yes	Appendix - Rate Change_SG
9	Maximum Rate Increase Requested	The maximum rate increase that could be applied to a policyholder based on changes to the base rate and rating factors, incremental and year-over-year renewal. (Does not include changes in the demographics of the covered members.)	Yes	Appendix - Rate Change_SG

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

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

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
26	Administrative Costs of Programs that Improve Health Care Quality	Show the amount of administrative costs included with claims in the numerator of the MLR calculation . Show that the amount is consistent with the most recently filed Supplemental Health Care Exhibit or provide support for the difference.	Yes	Exhibit10A - DICR SG and Exhibit 10B - Fed MLR_SG
27	Taxes and Licensing or Regulatory Fees	Show the amount of taxes, licenses, and fees subtracted from premium in the denominator of your medical loss ratio calculation(c). Show that the amount is consistent with the most recently filed Supplemental Health Care Exhibit or provide support for the difference.	Yes	Exhibit10A - DICR SG and Exhibit 10B - Fed MLR_SG
28	Medical Loss Ratio (MLR)	Demonstrate that the projected loss ratio, including the requested rate change, meets the minimum MLR. Show the premium, claims, and adjustments separately with the development of the projected premium and projected claims (if not provided in the rate development section). If the loss ratio falls below the minimum for the subset of policy forms in the filing, show that when combined with all other policy forms in the market segment in District of Columbia, the loss ratio meets the minimum.	Yes	Exhibit10A - DICR SG and Exhibit 10B - Fed MLR_Combined
29	Risk Adjustment	Provide rate information relating to the Risk Adjustment program. Information should include assumed Risk Adjustment user fees, Risk Adjustment PMPM excluding user fees and assumed distribution of enrollment by risk score, plan, and geographical area. Provide support for the assumptions, including any demographic changes. Provide information/study on the development of risk scores and Risk Adjustment PMPM. Provide previous year-end estimated risk adjustment payable or receivable amount and quantitative support for the amount.	Yes	Exhibit 9 - Risk Adjustment _SG
30	Past and Prospective Loss Experience Within and Outside the	Indicate whether loss experience within or outside the state was used in the development of proposed rates. Provide an explanation for using loss experience within or outside the state.	Yes	Not applicable

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
31	A Reasonable Margin for Reserve Needs	Show the assumed Margin for Reserve Needs used in the development of proposed rates. Margin for Reserve Needs includes factors that reflect assumed contributions to the company's surplus or the assumed profit margin. Demonstrate how this assumption was derived, how the assumption has changed from prior filings, and provide support for changes. If the assumption for Qualified Health Plans exceeds 3% as assumed in the risk corridor formula, justify the excess in light of the company's surplus position.	Yes	Exhibit10A - DICR SG and Exhibit 10B - Fed MLR_SG
32	Past and Prospective Expenses	<p>Indicate the expense assumptions used in the development of proposed rates. Demonstrate how this assumption was derived. Show how this assumption has changed from prior filings, and provide support for any change.</p> <p>Provide the assumed administrative costs in the following categories:</p> <ul style="list-style-type: none"> • Salaries, wages, employment taxes, and other employee benefits • Commissions • Taxes, licenses, and other regulatory fees • Cost containment programs / quality improvement activities • All other administrative expenses • Total 	Yes	Exhibit10A - DICR SG and Exhibit 10B - Fed MLR_SG
33	Any Other Relevant Factors Within and Outside the State	Show any other relevant factors that have been considered in the development of the proposed rates. Demonstrate how any related assumptions were derived. Show how these assumptions have changed from prior filings, and provide support for any change.	Yes	Actuarial Memorandum
34	Other	Any other information needed to support the requested rates or to comply with Actuarial Standard of Practice No. 8.	Yes	Actuarial Memorandum

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
35	Actuarial Certification	Signed and dated certification by a qualified actuary that the anticipated loss ratio meets the minimum requirement, the rates are reasonable in relation to benefits, the filing complies with the laws and regulations of the District of Columbia and all applicable Actuarial Standards of Practice, including ASOP No. 8, and that the rates are not unfairly discriminatory.	Yes	Actuarial Certification is included in the Actuarial Memorandum
36	Part I Preliminary Justification (Grandfathered Plan Filings)	Rate Summary Worksheet --- Provide this document with all Grandfathered plan filings. Provide in Excel and PDF format.	No	This is not a Grandfathered Filing, so a PRJ is not provided
36.1	Unified Rate Review Template (Non-Grandfathered Filings)	Unified Rate Review Template as specified in the proposed Federal Rate Review regulation. Provide this document with all Non-Grandfathered plan filings. Provide in Excel and PDF format.	Yes	See the URRT included as a separate document in SERFF
37	Part II Preliminary Justification	Written description justifying the rate increase as specified by 45 CFR § 154.215(f). Provide for <i>all</i> individual and small employer group filings (whether or not they are “subject to review” as defined by HHS).	Yes	See the Part II included as a separate document in SERFF
38	DISB Actuarial Memorandum Dataset	Summarizes data elements contained in Actuarial Memorandum. Provide this document with all Non- Grandfathered plan filings. Provide in Excel format only.	Yes	See the Dataset included as a separate document in SERFF
39	District of Columbia Plain Language Summary	Similar to the Part II Preliminary Justification, this is a written description of the rate increase as specified by 45 CFR § 154.215, but as a simple and brief narrative describing the data and assumptions that were used to develop the proposed rates. Provide this document for all individual and small employer group filings.	Yes	See the Part II included as a separate document in SERFF
40	Summary of Components for Requested Rate Change	DISB will require that issuers provide a chart listing a) any and all components of requested rate changes from the prior year; b) a quick summary/explanation of the change; and c) the actual percentage impact of the change for each component, such that the total for all components listed equals the total percentage change requested for the plan year.	Yes	See the file "Index & Plan Comparison" included as a separate document in SERFF

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

CERTIFYING SIGNATURE

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

Gregory Sucher
(Print Name)

Gregory Sucher Digitally signed by Gregory Sucher
Date: 2021.05.17 11:29:59 -04'00'
(Signature)

CareFirst BlueCross BlueShield

Part III Actuarial Memorandum

4.1 Redacted Actuarial Memorandum

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

4.2 General Information Section

Company Identifying Information:

- **Company Legal Name:** Group Hospitalization and Medical Services, Inc. (GHMSI) - NAIC # 53007
- **State:** District of Columbia
- **HIOS Issuer ID:** 78079
- **Market:** Small Groups (On Exchange)
- **Effective Date:** 1/1/2022 and quarterly incremental "trend" increases effective 4/1/2022, 7/1/2022 and 10/1/2022.
- **Company Filing Number:** 2569
- **SERFF Filing Number:** CFAP-132809076

Company Contact Information:

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

4.3 Proposed Rate Changes (Small Group market)

Base rates are changing 8.8% on average for 1Q22. The range is 8.2% to 9.9%. The estimated average base rate changes for 2Q22, 3Q22, and 4Q22 are 9.5%, 10.3% and 11.0%, respectively. This filing applies to all new and renewing, in-force business in the guaranteed renewable, non-grandfathered, ACA, metaled benefit plans. The number of policyholders affected by this rate change is 12,418.

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

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

Reason for Rate Change(s):

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

4.4 Market Experience (Combined Individual/Small Group market)

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

4.4.1 Experience and Current Period Premium, Claims, and Enrollment

The incurred period is 1/1/2020 through 12/31/2020, as required.

Paid Through Date: 2/28/2021

Current Date: 2/28/2021

Premiums (prior to MLR rebates) in Experience Period: \$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 2020 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. The Unified Rate Review Template (URRT) forces the use of a projection period ending twelve months after the effective date. This presumes all rates change on the effective date. This is inconsistent with our understanding of the DC small group market post-1/1/14. In this filing we are using a projection period ending with 3/31/2023 for our first quarter 2022 Index Rate Projection since business may be sold with this rate through 3/31/2022 and a one-year rate guarantee applies. The trends used in the URRT therefore will not produce the correct projected allowed amount PMPM. As such, we have assigned this projected amount a credibility factor of 0% and have entered the projected amounts corresponding to those in our rate filing using the Manual Rate section.

4.4.3.4 Credibility of Experience

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

4.4.3.5 Establishing the Index Rate

The experience period index rate for this filing is \$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 Small Group market is \$703.21 and is derived by multiplying the projection period index rate with the market level adjustments for the risk adjustment program. Details for the risk adjustment program can be found below.

Reinsurance

There are no reinsurance recoveries applicable to this market.

Risk Adjustment Payment/Charge:

The Experience Period Risk Adjustment transfers in the URRT are based on 2020 Wakley projections.

Our projected 2022 risk adjustment transfers, found in Exhibit 9, have been calculated consistent with our membership and morbidity projections found elsewhere in this filing. To project the risk adjustment factors from 2020 to 2022, we have assumed an increase in the statewide premium of 3.6 which reflects an estimate of an average -0.5% increase in 2021 and 4.1% increase in 2022. We have assumed that our CFI Small Group market share will increase from 77.1% in 2020 to 79.4% in 2022. We have assumed that our CFI Small Group PLRS ratio to the state will improve from 1.022 in 2020 to 1.020 in 2022. The resultant estimate of risk adjustment is that the GHMSI receivable transfer PMPM for the Small Group market will increase from \$58.43 in 2020 to \$70.56 in 2022.

The risk adjustment estimates above are calculated separately for the Individual market and the Small Group market as required. This approach is different than the blended approach used to calculate the

Index Rate and therefore there is an inconsistency between the risk assumed in rates and the claims data used in the calculation.

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

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

Exchange User Fees:

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

4.4.4 Plan Adjusted Index Rate

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

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

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

4.4.5 Calibration

Age Curve Calibration

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

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

Geographic Factor Calibration

We have elected not to rate for geographic region.

Tobacco Use Rating Factor Calibration

We have elected not to rate for tobacco usage.

4.4.6 Consumer Adjusted Premium Rate Development

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

4.5 Projected Loss Ratio

The projected loss ratio for the rates provided in this file, using the Federally-prescribed MLR methodology, is 90.3% for the Small Group 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 2/28/2021 using assumptions for termination rates, new sales and transfers. The projections also incorporate any plan mappings anticipated between that month and the rating period. For new plan offerings where no plans are being uniformly modified into them, a minimum level of enrollment was assumed.

Also, Section III on Worksheet 2 of the URRT is out of balance with worksheet 1. This is because Worksheet 1 is based on the combined Individual/Small Group experience per the DC HBX Carrier Manual, while Worksheet 2 includes only the Small Group plans. Therefore, because of Individual being included at the pool level but not on the plan level, there is a large difference between the 2 worksheets.

4.6.3 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 # 2569
D.C. Small Group 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. Small Group Products

Rate Filing Effective 1/1/2022

Actuarial Certification

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

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

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

I further certify the following:

1. The projected Index Rate is:
 - a. In compliance with all applicable state and Federal statutes and regulations (45 CFR 156.80 and 147.102)
 - b. Developed in compliance with the applicable Actuarial Standards of Practice
 - c. Reasonable in relation to the benefits provided and the population anticipated to be covered
 - d. Neither excessive nor deficient
2. The Index Rate and only the allowable modifiers as described in 45 CFR § 156.80(d)(1) and 45 CFR § 156.80(d)(2) were used to generate plan level rates. These rates have been calibrated to account for age (geography and tobacco are not applicable).
3. Consistent with 45 CFR § 156.135, the 2022 HHS Actuarial Values (AV) Calculator was used to determine the AV metal values shown in Worksheet 2 of Part I of the Unified Rate Review Template (URRT) for all plans except those specified. Where necessary, the AVs of the benefits proposed have been calculated with minimal modifications to the AV calculator as described in the Actuarial Memorandum.

As a qualifier to the opinion, the URRT does not demonstrate the process used by the issuer to develop the rates. Rather it represents information required by Federal regulation to be provided in support of the review of rate increases, for certification of Qualified Health Plans for Federally-facilitated Marketplaces, and for certification that the Index Rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.

Gregory Sucher Digitally signed by Gregory Sucher
Date: 2021.05.17 11:23:54 -04'00'

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

Table of Contents

Page	Exhibit Name/Description
1	Cover Page
2	Actuarial Certification
3	Table of Contents
4	Exhibit 1 - Summary
5	Exhibit 2 - Base Period Allowed
6	Exhibit 3 - Non-EHB
7	Exhibit 4 - Morbidity
8	Exhibit 5 - Induced Demand
9	Exhibit 6 - Demographics
10	Exhibit 7 - Other Adjustments
11	Exhibit 8 - Trend
12	Exhibit 9 - Risk Adjustment
13	Exhibit 10A - Desired Loss Ratio
14	Exhibit 10B - Federal MLR
15	Exhibit 10B - 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 - Quarterly Changes
24	Appendix - Max Renewal
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) Risk Adjustment Program	0.9017	9
(16) Federal Exchange User Fee	1.0000	
(17) Market Adjusted Index Rate	\$ 703.21	
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
Total (EHB & Non-EHB)	\$ 224,215,484		\$ 628.48			
EHB Allowed	\$ 223,986,556		\$ 627.84			
Non-EHB Allowed	\$ 228,927		\$ 0.64			
Incurred Net	\$ 203,022,373		\$ 569.08			
Net/Allowed			90.55%			
Experience Period Member Months			356,756			
Experience Period Revenue	\$ 230,571,614					

Exhibit 3 - Non-EHB Adjustment

		2022 On-Exchange	2022 Off-Exchange	
(1)	Blended Index Rate	\$ 800.51	\$ 800.51	
(2)	Non-EHB PMPM	\$ 0.10	\$ 0.10	
(3)	Total	\$ 800.61	\$ 800.61	
(4)	Plan Level Adjustment	1.0001	1.0001	(3)/(1)

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
Subtotal	356,729	\$ 348.90

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
Subtotal	51,774	\$ 351.87	1.000	\$ 351.87

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
Subtotal	5,330	\$ 350.72	1.000	\$ 350.72

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
Subtotal	1,452	\$ 387.68	1.000	\$ 387.68

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
Subtotal	58,556	\$ 352.65	1.000	\$ 352.65

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	
Subtotal	249,789	\$ 352.11	

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	
Subtotal	31,397	\$ 344.32	

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	
Subtotal	8,442	\$ 394.01	

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	
Subtotal	289,628	\$ 352.49	

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
Subtotal	348,184	\$ 352.51

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
Subtotal	295,855	\$ 351.85	1.000	\$ 351.85

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
Subtotal	41,014	\$ 350.27	1.000	\$ 350.27

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
Subtotal	12,509	\$ 389.85	1.000	\$ 389.85

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
Subtotal	349,378	\$ 353.03	1.000	\$ 353.03

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

Morbidity Adjustment Change	1.2%
Morbidity Adjustment Factor	1.0118

Exhibit 5 - Induced Utilization Adjustment Factor

Year	Actuarial Value	Induced Demand Factor	
(1) 2020	85.64%	1.1195	
(2) Projected 2022	86.83%	1.1278	
(3) Adjustment*		1.0074	(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)	Demographic Adjustment***	All	1.0056		

(3) / (1)

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

****Average ages are member weighted**

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

Exhibit 7 - Factors for Additional "Other" Adjustments

Capitation adjustment		
(1) Experience Period Capitations PMPM (EHBs only)	\$ 0.75	
(2) Projection Period Capitations PMPM	\$ 0.74	
(3) Adjustment to Capitation Category	0.9747	(2)/(1)
Drug Rebates adjustment		
(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)
(19) Adjustment to Drug Category	1.0294	(11)/(18)

	PMPM	Adjustment	
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)
Total	\$ 773.49	1.0083	

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
Inpatient Hospital	\$ 96.57	15.4%	1.0346	1.0500	1.1802
Outpatient Hospital	\$ 122.38	19.5%	1.0346	1.0600	1.2027
Professional	\$ 191.43	30.5%	1.0552	1.0400	1.2043
Other Medical	\$ 43.45	6.9%	1.0552	1.0150	1.1471
Capitation	\$ 0.75	0.1%	1.0000	1.0000	1.0000
Prescription Drug	\$ 173.25	27.6%	1.0346	1.0700	1.2255
Total	\$ 627.84	100.0%			1.0963
Proposed Trend					1.0963

Exhibit 9 - Risk Adjustment

Statewide 2020

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

CFI & Competition 2020

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

2020

Metallic Tier	Member Months	Distribution	PLRS	ARF	GCF	IDF	AV	PWRS	PWORS	Transfer \$	PMPM
Catastrophic											
Bronze	-	0.0%	-	-	-	1.000	0.600	-	-	\$0	\$0.00
Silver	28,141	10.8%	1.071	1.101	1.000	1.030	0.700	1.103	0.794	\$507,474	\$18.03
Gold	93,337	35.8%	1.219	1.022	1.000	1.080	0.800	1.316	0.883	\$4,992,027	\$53.48
Platinum	139,283	53.4%	1.427	1.058	1.000	1.150	0.900	1.641	1.095	\$9,737,263	\$69.91
Total	260,761	100%	1.314	1.050	1.000	1.112	0.843	1.467	0.987	\$15,236,763	\$58.43

Statewide 2022

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

CFI & Competition 2022

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

2022

Metallic Tier	Member Months	Distribution	PLRS	ARF	GCF	IDF	AV	PWRS	PWORS	Transfer \$	PMPM
Catastrophic											
Bronze	-	0%	-	-	-	1.000	0.600	-	-	\$0	\$0.00
Silver	28,893	12%	1.054	1.070	1.000	1.030	0.700	1.085	0.771	\$593,993	\$20.56
Gold	96,565	39%	1.242	1.004	1.000	1.080	0.800	1.341	0.867	\$6,785,293	\$70.27
Platinum	119,995	49%	1.449	1.049	1.000	1.150	0.900	1.666	1.086	\$9,940,300	\$82.84
Total	245,453	100%	1.321	1.034	1.000	1.108	0.837	1.470	0.963	\$17,319,586	\$70.56

Adjustment Factor applied to Market Adjusted Index Rate

Projected Index Rate	Projected Transfer PMPM (Allowed basis)	Risk Adjustment User Fee	Adjustment Factor*
\$800.51	\$78.94	\$0.25	0.9017

*Adjustment Factor = (\$800.51 - \$78.94 + \$0.25) / \$800.51

Exhibit 10A - Desired Incurred Claims Ratio

	1Q 2022		2Q 2022		3Q 2022		4Q 2022	
	PMPM	% of Revenue	PMPM	% of Revenue	PMPM	% of Revenue	PMPM	% of Revenue
Allowed Claims	\$ 787.67		\$ 806.03		\$ 824.82		\$ 844.05	
Paid/Allowed Ratio	88.50%		88.50%		88.50%		88.50%	
Paid Claims & Capitations	\$ 697.10		\$ 713.34		\$ 729.97		\$ 746.99	
Risk Adjustment Transfer (Paid Basis)	\$ 70.56		\$ 70.56		\$ 70.56		\$ 70.56	
Paid Claims & Capitations (Post-3Rs)	\$ 626.54	87.4%	\$ 642.78	87.6%	\$ 659.41	87.8%	\$ 676.43	88.1%
Administrative Expense	\$ 52.52	7.3%	\$ 52.52	7.2%	\$ 52.52	7.0%	\$ 52.52	6.8%
Broker Commissions & Fee	\$ 16.18	2.3%	\$ 16.18	2.2%	\$ 16.18	2.2%	\$ 16.18	2.1%
Contribution to Reserve (Post-Tax)	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%
Investment Income Credit	\$ (0.72)	-0.1%	\$ (0.73)	-0.1%	\$ (0.75)	-0.1%	\$ (0.77)	-0.1%
Risk Charge	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%
<u>Non-ACA Taxes & Fees</u>								
State Premium Tax	\$ 14.34	2.0%	\$ 14.67	2.0%	\$ 15.01	2.0%	\$ 15.36	2.0%
State Assessment Fee	\$ 0.72	0.1%	\$ 0.73	0.1%	\$ 0.75	0.1%	\$ 0.77	0.1%
Reinsurance Program Fee	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%
State Income Tax	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%
Federal Income Tax	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%
<u>ACA Taxes & Fees</u>								
Health Insurer Tax	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%
Risk Adjustment User Fee	\$ 0.25	0.0%	\$ 0.25	0.0%	\$ 0.25	0.0%	\$ 0.25	0.0%
Exchange Assessment Fee	\$ 6.45	0.9%	\$ 6.60	0.9%	\$ 6.76	0.9%	\$ 6.91	0.9%
Federal Exchange User Fee	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%
PCORI Tax	\$ 0.24	0.0%	\$ 0.24	0.0%	\$ 0.24	0.0%	\$ 0.24	0.0%
BlueRewards/Incentive Program	\$ 0.35	0.0%	\$ 0.35	0.0%	\$ 0.35	0.0%	\$ 0.35	0.0%
Total Revenue	\$ 716.85	100.0%	\$ 733.58	100.0%	\$ 750.71	100.0%	\$ 768.23	100.0%
Plan Level Admin Load Adjustment	1.1437		1.1408		1.1380		1.1353	
Projected Member Months	80,592		33,234		39,014		92,613	
Average Members	6,716		2,770		3,251		7,718	
% Total 2022	32.8%		13.5%		15.9%		37.7%	

Exhibit 10B - Federal MLR

	Total 2022
	PMPM / %
<u>Traditional MLR Development</u>	
Paid Claims & Capitations (Post-3Rs)	\$ 652.79
Total Revenue	\$ 743.88
Traditional MLR (i.e. DICR)	87.8%
<u>Federal MLR Development</u>	
Numerator Adjustments	
BlueRewards/Incentive Program	\$ 0.35
Quality Improvement Expenses	\$ 7.46
Removal of non-care costs under MLR guidelines	\$ (9.31)
Denominator Adjustments	
Non-ACA Taxes & Fees	\$ 15.62
ACA Taxes & Fees	\$ 7.18
Federal MLR Numerator	\$ 651.28
Federal MLR Denominator	\$ 721.08
Federal MLR	90.3%
Projected Member Months	245,453

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

**Total 2022
PMPM / %**

Traditional MLR Development

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

Federal MLR Development

Numerator Adjustments

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

Denominator Adjustments

Non-ACA Taxes & Fees	\$ 16.49
ACA Taxes & Fees	\$ 6.90

Federal MLR Numerator	\$ 612.90
Federal MLR Denominator	\$ 689.25
Federal MLR	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	Capped Dependents	Admin	Plan Adjusted Index Rate
78079DC0220020	BluePreferred PPO Gold 1000	PPO	GOLD	On	Regional Preferred (RPN)	\$703.21	0.8404	1.0000	0.9840	1.0001	1.0000	1.1437	\$665.18
78079DC0220021	BluePreferred PPO Gold 500	PPO	GOLD	On	Regional Preferred (RPN)	\$703.21	0.8596	1.0000	0.9840	1.0001	1.0000	1.1437	\$680.40
78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500	PPO	SILVER	On	Regional Preferred (RPN)	\$703.21	0.7688	1.0000	0.9380	1.0001	1.0000	1.1437	\$580.08
78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	PPO	SILVER	On	Regional Preferred (RPN)	\$703.21	0.7627	1.0000	0.9380	1.0001	1.0000	1.1437	\$575.45
78079DC0220024	BluePreferred PPO Platinum 0	PPO	PLATINUM	On	Regional Preferred (RPN)	\$703.21	0.9506	1.0000	1.0480	1.0001	1.0000	1.1437	\$801.34
78079DC0220025	BluePreferred PPO Platinum 500	PPO	PLATINUM	On	Regional Preferred (RPN)	\$703.21	0.9192	1.0000	1.0480	1.0001	1.0000	1.1437	\$774.82
78079DC0220026	BluePreferred PPO Silver 1500	PPO	SILVER	On	Regional Preferred (RPN)	\$703.21	0.7417	1.0000	0.9380	1.0001	1.0000	1.1437	\$559.60
78079DC0220031	BluePreferred PPO Gold 1500	PPO	GOLD	On	Regional Preferred (RPN)	\$703.21	0.8312	1.0000	0.9840	1.0001	1.0000	1.1437	\$657.89
78079DC0220032	BluePreferred PPO 1000 90%/70%	PPO	GOLD	On	Regional Preferred (RPN)	\$703.21	0.8293	1.0000	0.9840	1.0001	1.0000	1.1437	\$656.39
78079DC0220033	BluePreferred PPO HSA/HRA 2400 80%/60%	PPO	SILVER	On	Regional Preferred (RPN)	\$703.21	0.7423	1.0000	0.9380	1.0001	1.0000	1.1437	\$560.04
78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	PPO	SILVER	On	Regional Preferred (RPN)	\$703.21	0.7651	1.0000	0.9380	1.0001	1.0000	1.1437	\$577.22
78079DC0220035	BluePreferred PPO HSA/HRA Silver 2100 70	PPO	SILVER	On	Regional Preferred (RPN)	\$703.21	0.7474	1.0000	0.9380	1.0001	1.0000	1.1437	\$563.89

Exhibit 12 - AV Values

HIOS Plan ID	HIOS Plan Name	HHS AV
78079DC0220020	BluePreferred PPO Gold 1000	0.820
78079DC0220021	BluePreferred PPO Gold 500	0.820
78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500	0.718
78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	0.719
78079DC0220024	BluePreferred PPO Platinum 0	0.919
78079DC0220025	BluePreferred PPO Platinum 500	0.907
78079DC0220026	BluePreferred PPO Silver 1500	0.717
78079DC0220031	BluePreferred PPO Gold 1500	0.819
78079DC0220032	BluePreferred PPO 1000 90%/70%	0.820
78079DC0220033	BluePreferred PPO HSA/HRA 2400 80%/60%	0.719
78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	0.719
78079DC0220035	BluePreferred PPO HSA/HRA Silver 2100 70	0.719

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)	Rating Period	All	1.0791	100.0%	42.6
(3)	Nearest Rounded	All	1.0940		43.0
(4)	Calibration***	All	1.0138		

(3)/(2)

Premium Rate Demonstration		
	HIOS Plan Name	BluePreferred PPO Gold 1000
(5)	Plan Adjusted Index Rate	\$674.37
(6)	Calibration	1.0138 (4)
(7)	Calibrated Rate	\$683.68 (5)*(6)
(8)	Age 40 Factor/Rounded Avg Age Factor = (0.975/1.094)	0.8912
(9)	Age 40 Premium Rate	\$609.31 (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
	349,378	1.0000	

Metal Level	Projected Member Months	Relative to Bronze	Relative to Average*
Catastrophic	0	1.0000	0.9112
Bronze	18,828	1.0000	0.9112
Silver	53,454	1.0300	0.9385
Gold	129,995	1.0800	0.9840
Platinum	147,101	1.1500	1.0478
Total	349,378	1.0975	

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

Appendix - Experience Period to Rating Period Plan Mappings

Exp. Period		Current Period		Rating Period			
2019 Base HIOS Plan ID	2019 HIOS Plan Name	2020 Base HIOS Plan ID	2020 HIOS Plan Name	2021 Base HIOS Plan ID	2021 HIOS Plan Name	2022 Base HIOS Plan ID	2022 HIOS Plan Name
78079DC0220020	BluePreferred PPO Gold 1000	78079DC0220020	BluePreferred PPO Gold 1000	78079DC0220020	BluePreferred PPO Gold 1000	78079DC0220020	BluePreferred PPO Gold 1000
78079DC0220021	BluePreferred PPO Gold 500	78079DC0220021	BluePreferred PPO Gold 500	78079DC0220021	BluePreferred PPO Gold 500	78079DC0220021	BluePreferred PPO Gold 500
78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500	78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500	78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500	78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500
78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000
78079DC0220024	BluePreferred PPO Platinum 0	78079DC0220024	BluePreferred PPO Platinum 0	78079DC0220024	BluePreferred PPO Platinum 0	78079DC0220024	BluePreferred PPO Platinum 0
78079DC0220025	BluePreferred PPO Platinum 500	78079DC0220025	BluePreferred PPO Platinum 500	78079DC0220025	BluePreferred PPO Platinum 500	78079DC0220025	BluePreferred PPO Platinum 500
78079DC0220026	BluePreferred PPO Silver 1000	78079DC0220026	BluePreferred PPO Silver 1500	78079DC0220026	BluePreferred PPO Silver 1500	78079DC0220026	BluePreferred PPO Silver 1500
78079DC0220027	HealthyBlue PPO Gold 1500	78079DC0220031	BluePreferred PPO Gold 1500	78079DC0220031	BluePreferred PPO Gold 1500	78079DC0220031	BluePreferred PPO Gold 1500
78079DC0220028	HealthyBlue PPO HSA/HRA Silver 2000	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000
78079DC0220030	HealthyBlue PPO Platinum 500	78079DC0220025	BluePreferred PPO Platinum 500	78079DC0220025	BluePreferred PPO Platinum 500	78079DC0220025	BluePreferred PPO Platinum 500
78079DC0220031	BluePreferred PPO Gold 1500	78079DC0220031	BluePreferred PPO Gold 1500	78079DC0220031	BluePreferred PPO Gold 1500	78079DC0220031	BluePreferred PPO Gold 1500
78079DC0220032	BluePreferred PPO 1000 90%/70%	78079DC0220032	BluePreferred PPO 1000 90%/70%	78079DC0220032	BluePreferred PPO 1000 90%/70%	78079DC0220032	BluePreferred PPO 1000 90%/70%
78079DC0220033	BluePreferred PPO HSA/HRA 2250 80%/60%	78079DC0220033	BluePreferred PPO HSA/HRA 2300 80%/60%	78079DC0220033	BluePreferred PPO HSA/HRA 2400 80%/60%	78079DC0220033	BluePreferred PPO HSA/HRA 2400 80%/60%
78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA
		78079DC0220035	BluePreferred PPO HSA/HRA Silver 2000 70	78079DC0220035	BluePreferred PPO HSA/HRA Silver 2100 70	78079DC0220035	BluePreferred PPO HSA/HRA Silver 2100 70

Appendix - Annual Rate Change Based on Mapping

Bronze	Bronze Members/Avg Renewal	-	-	n/a
Silver	Silver Members/Avg Renewal	2,308	2,330	9.6%
Gold	Gold Members/Avg Renewal	7,781	7,858	9.2%
Platinum	Platinum Members/Avg Renewal	10,792	10,352	8.4%
	All Members/Avg Renewal	20,881	20,540	8.8%
	Minimum Renewal			8.2%
	Maximum Renewal			9.9%

2021 HIOS Plan ID	2021 HIOS Plan Name	2021 Metal Level	2021 Marketplace Indicator	2022 HIOS Plan ID	2022 HIOS Plan Name	2022 Metal Level	2022 Marketplace Indicator	Current Month Member Count	Projected 2021 EOY Members	1Q2021 Base Rate	1Q2022 Base Rate	Annual Rate Change
78079DC0220020	BluePreferred PPO Gold 1000	GOLD	On	78079DC0220020	BluePreferred PPO Gold 1000	GOLD	On	1,837.00	1,821	\$564.61	\$616.42	9.2%
78079DC0220021	BluePreferred PPO Gold 500	GOLD	On	78079DC0220021	BluePreferred PPO Gold 500	GOLD	On	3,628.00	3,725	\$578.93	\$630.52	8.9%
78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500	SILVER	On	78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500	SILVER	On	638.00	631	\$490.86	\$537.56	9.5%
78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	SILVER	On	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	SILVER	On	573.00	550	\$485.87	\$533.27	9.8%
78079DC0220024	BluePreferred PPO Platinum 0	PLATINUM	On	78079DC0220024	BluePreferred PPO Platinum 0	PLATINUM	On	7,511.00	7,225	\$686.41	\$742.60	8.2%
78079DC0220025	BluePreferred PPO Platinum 500	PLATINUM	On	78079DC0220025	BluePreferred PPO Platinum 500	PLATINUM	On	3,281.00	3,127	\$659.56	\$718.03	8.9%
78079DC0220026	BluePreferred PPO Silver 1500	SILVER	On	78079DC0220026	BluePreferred PPO Silver 1500	SILVER	On	562.00	615	\$473.36	\$518.58	9.6%
78079DC0220031	BluePreferred PPO Gold 1500	GOLD	On	78079DC0220031	BluePreferred PPO Gold 1500	GOLD	On	2,033.00	2,035	\$554.68	\$609.67	9.9%
78079DC0220032	BluePreferred PPO 1000 90%/70%	GOLD	On	78079DC0220032	BluePreferred PPO 1000 90%/70%	GOLD	On	283.00	277	\$559.01	\$608.28	8.8%
78079DC0220033	BluePreferred PPO HSA/HRA 2400 80%/60%	SILVER	On	78079DC0220033	BluePreferred PPO HSA/HRA 2400 80%/60%	SILVER	On	72.00	78	\$472.27	\$518.99	9.9%
78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	SILVER	On	78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	SILVER	On	448.00	440	\$487.59	\$534.91	9.7%
78079DC0220035	BluePreferred PPO HSA/HRA Silver 2100 70	SILVER	On	78079DC0220035	BluePreferred PPO HSA/HRA Silver 2100 70	SILVER	On	15.00	16	\$475.35	\$522.56	9.9%

Appendix - Quarterly Rate Change Adjustment Factors

Quarter	(1)	(2)	(3) = (1 + (1))*(1 + (2)) -1
	Market Adj. Index Rate	Admin Load Factor	Plan Adjusted Index Rates
2Q22	2.3%	-0.3%	2.1%
3Q22	2.3%	-0.2%	2.1%
4Q22	2.3%	-0.2%	2.1%

The changes above are relative to the preceding quarter and no other changes factor into the 2Q, 3Q and 4Q rates.

Appendix - Maximum Rate Renewal

	2021	2022	% Change
Base Rate	\$475.35	\$522.56	9.9%
Age Factor	0.654	0.727	11.2%
Geographic Factor	1.000	1.000	0.0%
Tobacco Factor	1.000	1.000	0.0%
Total	\$310.88	\$379.90	22.2%

	BluePreferred PPO HSA/HRA Silver	BluePreferred PPO HSA/HRA Silver
Base Rate/Product(s)	2100 70	2100 70
Age Change	20	21
Geo Change*	N/A	N/A
Tobacco Change**	N/A	N/A

*we did not geo rate

**we did not tobacco rate

Appendix - Form Numbers

Form Numbers Associated With This Filing:

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

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

CFBC-132822133

ON-Exchange

BluePreferred PPO

DC/CF/SHOP/GC (R 1/19)
DC/CF/SHOP/PPO/EOC (R. 1/20)
DC/GHMSI/DOL APPEAL (R. 1/17)
DC/CF/SHOP/PPO/DOCS (R. 1/20)
DC/CF/SHOP/PPO/2021 AMEND (1/21)
DC/CF/SHOP/PPO/2022 AMEND (1/22)
DC/CF/BP PPO/1000 90-70 (1/22)
DC/CF/BP PPO BF HSA/SIL 1500 (1/22)
DC/CF/BP PPO CDH/2400 80-60 (1/22)
DC/CF/BP PPO CDH/SIL 1500 (1/22)
DC/CF/BP PPO CDH/SIL 2000 (1/22)
DC/CF/BP PPO CDH/SIL 2100 70 (1/22)
DC/CF/BP PPO/GOLD 500 (1/22)
DC/CF/BP PPO/GOLD 1000 (1/22)
DC/CF/BP PPO/GOLD 1500 (1/22)
DC/CF/BP PPO/PLAT 0 (1/22)
DC/CF/BP PPO/PLAT 500 (1/22)
DC/CF/BP PPO/SIL 1500 (1/22)
DC/CF/BLCRD (R. 6/18)
DC/CF/MEM/BLCRD (R. 6/18)
DC/CF/ANCILLARY AMEND (10/12)
DC/CF/SG/AUTH AMEND/PPO (R. 1/20)
DC/CF/PT PROTECT (9/10)
DC/GHMSI/HEALTH GUARANTEE 8/19
DC/CF/SG/INCENT (R. 1/20)
DC/CF/SHOP/ELIG (R. 1/20)

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Ultimate Incurred	Incurred	Drug Rebates	Utilization Unit	Utilization
201801	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

Month	Members	Service Category	Ultimate Allowed	Ultimate Incurred	Incurred	Drug Rebates	Utilization Unit	Utilization
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

Month	Members	Service Category	Ultimate Allowed	Ultimate Incurred	Incurred	Drug Rebates	Utilization Unit	Utilization
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

Month	Members	Service Category	Ultimate Allowed	Ultimate Incurred	Incurred	Drug Rebates	Utilization Unit	Utilization
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

Month	Members	Service Category	Ultimate Allowed	Ultimate Incurred	Incurred	Drug Rebates	Utilization Unit	Utilization
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

Month	Members	Service Category	Ultimate Allowed	Ultimate Incurred	Incurred	Drug Rebates	Utilization Unit	Utilization
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 (Small Group)
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	24.0	24.0	
(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	0.9017	0.8977	0.4%
(16)	Federal Exchange User Fee	1.0000	1.0000	0.0%
(17)	Market Adjusted Index Rate	\$ 703.21	\$ 647.08	8.7%
	Without Risk Adjustment	\$ 779.88	\$ 720.81	8.2%
	Base Rate Change	8.8%	-5.6%	

2022 DC Small Group GHMSI
Plan Adjusted Index Rate Changes

Index	2021 HIOS Plan ID	2021 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	78079DC0220020	BluePreferred PPO Gold 1000	PPO	GOLD	On	1,821	\$703.21	\$647.08	8.67%	0.840	0.822	2.28%	1.000	1.000	0.00%	0.984	0.982	0.20%	1.000	1.000	0.00%	1.000	1.000	-0.01%	1.144	1.167	-2.00%	0.927	0.926	0.03%	\$616.42	\$564.61	9.18%
2	78079DC0220021	BluePreferred PPO Gold 500	PPO	GOLD	On	3,725	\$703.21	\$647.08	8.67%	0.860	0.843	2.03%	1.000	1.000	0.00%	0.984	0.982	0.20%	1.000	1.000	0.00%	1.000	1.000	-0.01%	1.144	1.167	-2.00%	0.927	0.926	0.03%	\$630.52	\$578.93	8.91%
3	78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500	PPO	SILVER	On	631	\$703.21	\$647.08	8.67%	0.769	0.749	2.69%	1.000	1.000	0.00%	0.938	0.937	0.11%	1.000	1.000	0.00%	1.000	1.000	-0.01%	1.144	1.167	-2.00%	0.927	0.926	0.03%	\$537.56	\$490.86	9.51%
4	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	PPO	SILVER	On	550	\$703.21	\$647.08	8.67%	0.763	0.741	2.92%	1.000	1.000	0.00%	0.938	0.937	0.11%	1.000	1.000	0.00%	1.000	1.000	-0.01%	1.144	1.167	-2.00%	0.927	0.926	0.03%	\$533.27	\$485.87	9.76%
5	78079DC0220024	BluePreferred PPO Platinum 0	PPO	PLATINUM	On	7,225	\$703.21	\$647.08	8.67%	0.951	0.938	1.36%	1.000	1.000	0.00%	1.048	1.046	0.19%	1.000	1.000	0.00%	1.000	1.000	-0.01%	1.144	1.167	-2.00%	0.927	0.926	0.03%	\$742.60	\$686.41	8.19%
6	78079DC0220025	BluePreferred PPO Platinum 500	PPO	PLATINUM	On	3,127	\$703.21	\$647.08	8.67%	0.919	0.901	2.00%	1.000	1.000	0.00%	1.048	1.046	0.19%	1.000	1.000	0.00%	1.000	1.000	-0.01%	1.144	1.167	-2.00%	0.927	0.926	0.03%	\$718.03	\$659.56	8.87%
7	78079DC0220026	BluePreferred PPO Silver 1500	PPO	SILVER	On	615	\$703.21	\$647.08	8.67%	0.742	0.722	2.73%	1.000	1.000	0.00%	0.938	0.937	0.11%	1.000	1.000	0.00%	1.000	1.000	-0.01%	1.144	1.167	-2.00%	0.927	0.926	0.03%	\$518.58	\$473.36	9.55%
8	78079DC0220031	BluePreferred PPO Gold 1500	PPO	GOLD	On	2,035	\$703.21	\$647.08	8.67%	0.831	0.807	2.97%	1.000	1.000	0.00%	0.984	0.982	0.20%	1.000	1.000	0.00%	1.000	1.000	-0.01%	1.144	1.167	-2.00%	0.927	0.926	0.03%	\$609.67	\$554.68	9.91%
9	78079DC0220032	BluePreferred PPO 1000 90%/70%	PPO	GOLD	On	277	\$703.21	\$647.08	8.67%	0.829	0.814	1.94%	1.000	1.000	0.00%	0.984	0.982	0.20%	1.000	1.000	0.00%	1.000	1.000	-0.01%	1.144	1.167	-2.00%	0.927	0.926	0.03%	\$608.28	\$559.01	8.81%
10	78079DC0220033	BluePreferred PPO HSA/HRA 2400 80%/60%	PPO	SILVER	On	78	\$703.21	\$647.08	8.67%	0.742	0.720	3.05%	1.000	1.000	0.00%	0.938	0.937	0.11%	1.000	1.000	0.00%	1.000	1.000	-0.01%	1.144	1.167	-2.00%	0.927	0.926	0.03%	\$518.99	\$472.27	9.89%
11	78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	PPO	SILVER	On	440	\$703.21	\$647.08	8.67%	0.765	0.744	2.87%	1.000	1.000	0.00%	0.938	0.937	0.11%	1.000	1.000	0.00%	1.000	1.000	-0.01%	1.144	1.167	-2.00%	0.927	0.926	0.03%	\$534.91	\$487.59	9.70%
12	78079DC0220035	BluePreferred PPO HSA/HRA Silver 2100 70	PPO	SILVER	On	16	\$703.21	\$647.08	8.67%	0.747	0.725	3.08%	1.000	1.000	0.00%	0.938	0.937	0.11%	1.000	1.000	0.00%	1.000	1.000	-0.01%	1.144	1.167	-2.00%	0.927	0.926	0.03%	\$522.56	\$475.35	9.93%
						20,540	\$703.21	\$647.08	8.67%	0.884	0.867	1.99%	1.000	1.000	0.00%	1.011	1.009	0.19%	1.000	1.000	0.00%	1.000	1.000	-0.01%	1.144	1.167	-2.00%	0.927	0.926	0.03%	\$668.28	\$614.27	8.79%

Key Drivers

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

CareFirst BlueCross BlueShield

Part III Actuarial Memorandum

4.1 Redacted Actuarial Memorandum

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

4.2 General Information Section

Company Identifying Information:

- **Company Legal Name:** Group Hospitalization and Medical Services, Inc. (GHMSI) - NAIC # 53007
- **State:** District of Columbia
- **HIOS Issuer ID:** 78079
- **Market:** Small Groups (On Exchange)
- **Effective Date:** 1/1/2022 and quarterly incremental "trend" increases effective 4/1/2022, 7/1/2022 and 10/1/2022.
- **Company Filing Number:** 2569
- **SERFF Filing Number:** CFAP-132809076

Company Contact Information:

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

4.3 Proposed Rate Changes (Small Group market)

Base rates are changing 8.8% on average for 1Q22. The range is 8.2% to 9.9%. The estimated average base rate changes for 2Q22, 3Q22, and 4Q22 are 9.5%, 10.3% and 11.0%, respectively. This filing applies to all new and renewing, in-force business in the guaranteed renewable, non-grandfathered, ACA, metaled benefit plans. The number of policyholders affected by this rate change is 12,418.

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

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

Reason for Rate Change(s):

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

4.4 Market Experience (Combined Individual/Small Group market)

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

4.4.1 Experience and Current Period Premium, Claims, and Enrollment

The incurred period is 1/1/2020 through 12/31/2020, as required.

Paid Through Date: 2/28/2021

Current Date: 2/28/2021

Premiums (prior to MLR rebates) in Experience Period: \$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 2020 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. The Unified Rate Review Template (URRT) forces the use of a projection period ending twelve months after the effective date. This presumes all rates change on the effective date. This is inconsistent with our understanding of the DC small group market post-1/1/14. In this filing we are using a projection period ending with 3/31/2023 for our first quarter 2022 Index Rate Projection since business may be sold with this rate through 3/31/2022 and a one-year rate guarantee applies. The trends used in the URRT therefore will not produce the correct projected allowed amount PMPM. As such, we have assigned this projected amount a credibility factor of 0% and have entered the projected amounts corresponding to those in our rate filing using the Manual Rate section.

4.4.3.4 Credibility of Experience

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

4.4.3.5 Establishing the Index Rate

The experience period index rate for this filing is \$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 Small Group market is \$703.21 and is derived by multiplying the projection period index rate with the market level adjustments for the risk adjustment program. Details for the risk adjustment program can be found below.

Reinsurance

There are no reinsurance recoveries applicable to this market.

Risk Adjustment Payment/Charge:

The Experience Period Risk Adjustment transfers in the URRT are based on 2020 Wakley projections.

Our projected 2022 risk adjustment transfers, found in Exhibit 9, have been calculated consistent with our membership and morbidity projections found elsewhere in this filing. To project the risk adjustment factors from 2020 to 2022, we have assumed an increase in the statewide premium of 3.6 which reflects an estimate of an average -0.5% increase in 2021 and 4.1% increase in 2022. We have assumed that our CFI Small Group market share will increase from 77.1% in 2020 to 79.4% in 2022. We have assumed that our CFI Small Group PLRS ratio to the state will improve from 1.022 in 2020 to 1.020 in 2022. The resultant estimate of risk adjustment is that the GHMSI receivable transfer PMPM for the Small Group market will increase from \$58.43 in 2020 to \$70.56 in 2022.

The risk adjustment estimates above are calculated separately for the Individual market and the Small Group market as required. This approach is different than the blended approach used to calculate the

Index Rate and therefore there is an inconsistency between the risk assumed in rates and the claims data used in the calculation.

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

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

Exchange User Fees:

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

4.4.4 Plan Adjusted Index Rate

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

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

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

4.4.5 Calibration

Age Curve Calibration

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

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

Geographic Factor Calibration

We have elected not to rate for geographic region.

Tobacco Use Rating Factor Calibration

We have elected not to rate for tobacco usage.

4.4.6 Consumer Adjusted Premium Rate Development

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

4.5 Projected Loss Ratio

The projected loss ratio for the rates provided in this file, using the Federally-prescribed MLR methodology, is 90.3% for the Small Group 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 2/28/2021 using assumptions for termination rates, new sales and transfers. The projections also incorporate any plan mappings anticipated between that month and the rating period. For new plan offerings where no plans are being uniformly modified into them, a minimum level of enrollment was assumed.

Also, Section III on Worksheet 2 of the URRT is out of balance with worksheet 1. This is because Worksheet 1 is based on the combined Individual/Small Group experience per the DC HBX Carrier Manual, while Worksheet 2 includes only the Small Group plans. Therefore, because of Individual being included at the pool level but not on the plan level, there is a large difference between the 2 worksheets.

4.6.3 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 # 2569
D.C. Small Group 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. Small Group Products

Rate Filing Effective 1/1/2022

Actuarial Certification

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

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

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

I further certify the following:

1. The projected Index Rate is:
 - a. In compliance with all applicable state and Federal statutes and regulations (45 CFR 156.80 and 147.102)
 - b. Developed in compliance with the applicable Actuarial Standards of Practice
 - c. Reasonable in relation to the benefits provided and the population anticipated to be covered
 - d. Neither excessive nor deficient
2. The Index Rate and only the allowable modifiers as described in 45 CFR § 156.80(d)(1) and 45 CFR § 156.80(d)(2) were used to generate plan level rates. These rates have been calibrated to account for age (geography and tobacco are not applicable).
3. Consistent with 45 CFR § 156.135, the 2022 HHS Actuarial Values (AV) Calculator was used to determine the AV metal values shown in Worksheet 2 of Part I of the Unified Rate Review Template (URRT) for all plans except those specified. Where necessary, the AVs of the benefits proposed have been calculated with minimal modifications to the AV calculator as described in the Actuarial Memorandum.

As a qualifier to the opinion, the URRT does not demonstrate the process used by the issuer to develop the rates. Rather it represents information required by Federal regulation to be provided in support of the review of rate increases, for certification of Qualified Health Plans for Federally-facilitated Marketplaces, and for certification that the Index Rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.

Gregory Sucher Digitally signed by Gregory Sucher
Date: 2021.05.17 11:23:54 -04'00'

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

Table of Contents

Page	Exhibit Name/Description
1	Cover Page
2	Actuarial Certification
3	Table of Contents
4	Exhibit 1 - Summary
5	Exhibit 2 - Base Period Allowed
6	Exhibit 3 - Non-EHB
7	Exhibit 4 - Morbidity
8	Exhibit 5 - Induced Demand
9	Exhibit 6 - Demographics
10	Exhibit 7 - Other Adjustments
11	Exhibit 8 - Trend
12	Exhibit 9 - Risk Adjustment
13	Exhibit 10A - Desired Loss Ratio
14	Exhibit 10B - Federal MLR
15	Exhibit 10B - 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 - Quarterly Changes
24	Appendix - Max Renewal
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) Risk Adjustment Program	0.9017	9
(16) Federal Exchange User Fee	1.0000	
(17) Market Adjusted Index Rate	\$ 703.21	
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
Total (EHB & Non-EHB)	\$ 224,215,484		\$ 628.48			
EHB Allowed	\$ 223,986,556		\$ 627.84			
Non-EHB Allowed	\$ 228,927		\$ 0.64			
Incurred Net	\$ 203,022,373		\$ 569.08			
Net/Allowed			90.55%			
Experience Period Member Months			356,756			
Experience Period Revenue	\$ 230,571,614					

Exhibit 3 - Non-EHB Adjustment

		2022 On-Exchange	2022 Off-Exchange	
(1)	Blended Index Rate	\$ 800.51	\$ 800.51	
(2)	Non-EHB PMPM	\$ 0.10	\$ 0.10	
(3)	Total	\$ 800.61	\$ 800.61	
(4)	Plan Level Adjustment	1.0001	1.0001	(3)/(1)

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
Subtotal	356,729	\$ 348.90

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
Subtotal	51,774	\$ 351.87	1.000	\$ 351.87

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
Subtotal	5,330	\$ 350.72	1.000	\$ 350.72

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
Subtotal	1,452	\$ 387.68	1.000	\$ 387.68

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
Subtotal	58,556	\$ 352.65	1.000	\$ 352.65

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
Subtotal	249,789	\$ 352.11

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
Subtotal	31,397	\$ 344.32

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
Subtotal	8,442	\$ 394.01

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
Subtotal	289,628	\$ 352.49

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
Subtotal	348,184	\$ 352.51

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
Subtotal	295,855	\$ 351.85	1.000	\$ 351.85

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
Subtotal	41,014	\$ 350.27	1.000	\$ 350.27

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
Subtotal	12,509	\$ 389.85	1.000	\$ 389.85

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
Subtotal	349,378	\$ 353.03	1.000	\$ 353.03

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

Morbidity Adjustment Change	1.2%
Morbidity Adjustment Factor	1.0118

Exhibit 5 - Induced Utilization Adjustment Factor

Year	Actuarial Value	Induced Demand Factor	
(1) 2020	85.64%	1.1195	
(2) Projected 2022	86.83%	1.1278	
(3) Adjustment*		1.0074	(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)	Demographic Adjustment***	All	1.0056		

(3) / (1)

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

****Average ages are member weighted**

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

Exhibit 7 - Factors for Additional "Other" Adjustments

Capitation adjustment		
(1) Experience Period Capitations PMPM (EHBs only)	\$	0.75
(2) Projection Period Capitations PMPM	\$	0.74
(3) Adjustment to Capitation Category		0.9747 (2)/(1)
Drug Rebates adjustment		
(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)
(19) Adjustment to Drug Category		1.0294 (11)/(18)

	PMPM	Adjustment	
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)
Total	\$ 773.49	1.0083	

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

Exhibit 8 - Annual Trend Assumptions

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

Exhibit 9 - Risk Adjustment

Statewide 2020

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

CFI & Competition 2020

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

2020

Metallic Tier	Member Months	Distribution	PLRS	ARF	GCF	IDF	AV	PWRS	PWORS	Transfer \$	PMPM
Catastrophic											
Bronze	-	0.0%	-	-	-	1.000	0.600	-	-	\$0	\$0.00
Silver	28,141	10.8%	1.071	1.101	1.000	1.030	0.700	1.103	0.794	\$507,474	\$18.03
Gold	93,337	35.8%	1.219	1.022	1.000	1.080	0.800	1.316	0.883	\$4,992,027	\$53.48
Platinum	139,283	53.4%	1.427	1.058	1.000	1.150	0.900	1.641	1.095	\$9,737,263	\$69.91
Total	260,761	100%	1.314	1.050	1.000	1.112	0.843	1.467	0.987	\$15,236,763	\$58.43

Statewide 2022

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

CFI & Competition 2022

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

2022

Metallic Tier	Member Months	Distribution	PLRS	ARF	GCF	IDF	AV	PWRS	PWORS	Transfer \$	PMPM
Catastrophic											
Bronze	-	0%	-	-	-	1.000	0.600	-	-	\$0	\$0.00
Silver	28,893	12%	1.054	1.070	1.000	1.030	0.700	1.085	0.771	\$593,993	\$20.56
Gold	96,565	39%	1.242	1.004	1.000	1.080	0.800	1.341	0.867	\$6,785,293	\$70.27
Platinum	119,995	49%	1.449	1.049	1.000	1.150	0.900	1.666	1.086	\$9,940,300	\$82.84
Total	245,453	100%	1.321	1.034	1.000	1.108	0.837	1.470	0.963	\$17,319,586	\$70.56

Adjustment Factor applied to Market Adjusted Index Rate

Projected Index Rate	Projected Transfer PMPM (Allowed basis)	Risk Adjustment User Fee	Adjustment Factor*
\$800.51	\$78.94	\$0.25	0.9017

*Adjustment Factor = (\$800.51 - \$78.94 + \$0.25) / \$800.51

Exhibit 10A - Desired Incurred Claims Ratio

	1Q 2022		2Q 2022		3Q 2022		4Q 2022	
	PMPM	% of Revenue	PMPM	% of Revenue	PMPM	% of Revenue	PMPM	% of Revenue
Allowed Claims	\$ 787.67		\$ 806.03		\$ 824.82		\$ 844.05	
Paid/Allowed Ratio	88.50%		88.50%		88.50%		88.50%	
Paid Claims & Capitations	\$ 697.10		\$ 713.34		\$ 729.97		\$ 746.99	
Risk Adjustment Transfer (Paid Basis)	\$ 70.56		\$ 70.56		\$ 70.56		\$ 70.56	
Paid Claims & Capitations (Post-3Rs)	\$ 626.54	87.4%	\$ 642.78	87.6%	\$ 659.41	87.8%	\$ 676.43	88.1%
Administrative Expense	\$ 52.52	7.3%	\$ 52.52	7.2%	\$ 52.52	7.0%	\$ 52.52	6.8%
Broker Commissions & Fee	\$ 16.18	2.3%	\$ 16.18	2.2%	\$ 16.18	2.2%	\$ 16.18	2.1%
Contribution to Reserve (Post-Tax)	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%
Investment Income Credit	\$ (0.72)	-0.1%	\$ (0.73)	-0.1%	\$ (0.75)	-0.1%	\$ (0.77)	-0.1%
Risk Charge	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%
<u>Non-ACA Taxes & Fees</u>								
State Premium Tax	\$ 14.34	2.0%	\$ 14.67	2.0%	\$ 15.01	2.0%	\$ 15.36	2.0%
State Assessment Fee	\$ 0.72	0.1%	\$ 0.73	0.1%	\$ 0.75	0.1%	\$ 0.77	0.1%
Reinsurance Program Fee	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%
State Income Tax	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%
Federal Income Tax	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%
<u>ACA Taxes & Fees</u>								
Health Insurer Tax	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%
Risk Adjustment User Fee	\$ 0.25	0.0%	\$ 0.25	0.0%	\$ 0.25	0.0%	\$ 0.25	0.0%
Exchange Assessment Fee	\$ 6.45	0.9%	\$ 6.60	0.9%	\$ 6.76	0.9%	\$ 6.91	0.9%
Federal Exchange User Fee	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%
PCORI Tax	\$ 0.24	0.0%	\$ 0.24	0.0%	\$ 0.24	0.0%	\$ 0.24	0.0%
BlueRewards/Incentive Program	\$ 0.35	0.0%	\$ 0.35	0.0%	\$ 0.35	0.0%	\$ 0.35	0.0%
Total Revenue	\$ 716.85	100.0%	\$ 733.58	100.0%	\$ 750.71	100.0%	\$ 768.23	100.0%
Plan Level Admin Load Adjustment	1.1437		1.1408		1.1380		1.1353	
Projected Member Months	80,592		33,234		39,014		92,613	
Average Members	6,716		2,770		3,251		7,718	
% Total 2022	32.8%		13.5%		15.9%		37.7%	

Exhibit 10B - Federal MLR

	Total 2022
	PMPM / %
<u>Traditional MLR Development</u>	
Paid Claims & Capitations (Post-3Rs)	\$ 652.79
Total Revenue	\$ 743.88
Traditional MLR (i.e. DICR)	87.8%
<u>Federal MLR Development</u>	
Numerator Adjustments	
BlueRewards/Incentive Program	\$ 0.35
Quality Improvement Expenses	\$ 7.46
Removal of non-care costs under MLR guidelines	\$ (9.31)
Denominator Adjustments	
Non-ACA Taxes & Fees	\$ 15.62
ACA Taxes & Fees	\$ 7.18
Federal MLR Numerator	\$ 651.28
Federal MLR Denominator	\$ 721.08
Federal MLR	90.3%
Projected Member Months	245,453

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

**Total 2022
PMPM / %**

Traditional MLR Development

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

Federal MLR Development

Numerator Adjustments

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

Denominator Adjustments

Non-ACA Taxes & Fees	\$ 16.49
ACA Taxes & Fees	\$ 6.90

Federal MLR Numerator	\$ 612.90
Federal MLR Denominator	\$ 689.25
Federal MLR	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	Capped Dependents	Admin	Plan Adjusted Index Rate
78079DC0220020	BluePreferred PPO Gold 1000	PPO	GOLD	On	Regional Preferred (RPN)	\$703.21	0.8404	1.0000	0.9840	1.0001	1.0000	1.1437	\$665.18
78079DC0220021	BluePreferred PPO Gold 500	PPO	GOLD	On	Regional Preferred (RPN)	\$703.21	0.8596	1.0000	0.9840	1.0001	1.0000	1.1437	\$680.40
78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500	PPO	SILVER	On	Regional Preferred (RPN)	\$703.21	0.7688	1.0000	0.9380	1.0001	1.0000	1.1437	\$580.08
78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	PPO	SILVER	On	Regional Preferred (RPN)	\$703.21	0.7627	1.0000	0.9380	1.0001	1.0000	1.1437	\$575.45
78079DC0220024	BluePreferred PPO Platinum 0	PPO	PLATINUM	On	Regional Preferred (RPN)	\$703.21	0.9506	1.0000	1.0480	1.0001	1.0000	1.1437	\$801.34
78079DC0220025	BluePreferred PPO Platinum 500	PPO	PLATINUM	On	Regional Preferred (RPN)	\$703.21	0.9192	1.0000	1.0480	1.0001	1.0000	1.1437	\$774.82
78079DC0220026	BluePreferred PPO Silver 1500	PPO	SILVER	On	Regional Preferred (RPN)	\$703.21	0.7417	1.0000	0.9380	1.0001	1.0000	1.1437	\$559.60
78079DC0220031	BluePreferred PPO Gold 1500	PPO	GOLD	On	Regional Preferred (RPN)	\$703.21	0.8312	1.0000	0.9840	1.0001	1.0000	1.1437	\$657.89
78079DC0220032	BluePreferred PPO 1000 90%/70%	PPO	GOLD	On	Regional Preferred (RPN)	\$703.21	0.8293	1.0000	0.9840	1.0001	1.0000	1.1437	\$656.39
78079DC0220033	BluePreferred PPO HSA/HRA 2400 80%/60%	PPO	SILVER	On	Regional Preferred (RPN)	\$703.21	0.7423	1.0000	0.9380	1.0001	1.0000	1.1437	\$560.04
78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	PPO	SILVER	On	Regional Preferred (RPN)	\$703.21	0.7651	1.0000	0.9380	1.0001	1.0000	1.1437	\$577.22
78079DC0220035	BluePreferred PPO HSA/HRA Silver 2100 70	PPO	SILVER	On	Regional Preferred (RPN)	\$703.21	0.7474	1.0000	0.9380	1.0001	1.0000	1.1437	\$563.89

Exhibit 12 - AV Values

HIOS Plan ID	HIOS Plan Name	HHS AV
78079DC0220020	BluePreferred PPO Gold 1000	0.820
78079DC0220021	BluePreferred PPO Gold 500	0.820
78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500	0.718
78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	0.719
78079DC0220024	BluePreferred PPO Platinum 0	0.919
78079DC0220025	BluePreferred PPO Platinum 500	0.907
78079DC0220026	BluePreferred PPO Silver 1500	0.717
78079DC0220031	BluePreferred PPO Gold 1500	0.819
78079DC0220032	BluePreferred PPO 1000 90%/70%	0.820
78079DC0220033	BluePreferred PPO HSA/HRA 2400 80%/60%	0.719
78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	0.719
78079DC0220035	BluePreferred PPO HSA/HRA Silver 2100 70	0.719

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)	Rating Period	All	1.0791	100.0%	42.6
(3)	Nearest Rounded	All	1.0940		43.0
(4)	Calibration***	All	1.0138		

(3)/(2)

Premium Rate Demonstration		
	HIOS Plan Name	BluePreferred PPO Gold 1000
(5)	Plan Adjusted Index Rate	\$674.37
(6)	Calibration	1.0138 (4)
(7)	Calibrated Rate	\$683.68 (5)*(6)
(8)	Age 40 Factor/Rounded Avg Age Factor = (0.975/1.094)	0.8912
(9)	Age 40 Premium Rate	\$609.31 (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
	349,378	1.0000	

Metal Level	Projected Member Months	Relative to Bronze	Relative to Average*
Catastrophic	0	1.0000	0.9112
Bronze	18,828	1.0000	0.9112
Silver	53,454	1.0300	0.9385
Gold	129,995	1.0800	0.9840
Platinum	147,101	1.1500	1.0478
Total	349,378	1.0975	

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

Appendix - Experience Period to Rating Period Plan Mappings

Exp. Period		Current Period		Rating Period			
2019 Base HIOS Plan ID	2019 HIOS Plan Name	2020 Base HIOS Plan ID	2020 HIOS Plan Name	2021 Base HIOS Plan ID	2021 HIOS Plan Name	2022 Base HIOS Plan ID	2022 HIOS Plan Name
78079DC0220020	BluePreferred PPO Gold 1000	78079DC0220020	BluePreferred PPO Gold 1000	78079DC0220020	BluePreferred PPO Gold 1000	78079DC0220020	BluePreferred PPO Gold 1000
78079DC0220021	BluePreferred PPO Gold 500	78079DC0220021	BluePreferred PPO Gold 500	78079DC0220021	BluePreferred PPO Gold 500	78079DC0220021	BluePreferred PPO Gold 500
78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500	78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500	78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500	78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500
78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000
78079DC0220024	BluePreferred PPO Platinum 0	78079DC0220024	BluePreferred PPO Platinum 0	78079DC0220024	BluePreferred PPO Platinum 0	78079DC0220024	BluePreferred PPO Platinum 0
78079DC0220025	BluePreferred PPO Platinum 500	78079DC0220025	BluePreferred PPO Platinum 500	78079DC0220025	BluePreferred PPO Platinum 500	78079DC0220025	BluePreferred PPO Platinum 500
78079DC0220026	BluePreferred PPO Silver 1000	78079DC0220026	BluePreferred PPO Silver 1500	78079DC0220026	BluePreferred PPO Silver 1500	78079DC0220026	BluePreferred PPO Silver 1500
78079DC0220027	HealthyBlue PPO Gold 1500	78079DC0220031	BluePreferred PPO Gold 1500	78079DC0220031	BluePreferred PPO Gold 1500	78079DC0220031	BluePreferred PPO Gold 1500
78079DC0220028	HealthyBlue PPO HSA/HRA Silver 2000	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000
78079DC0220030	HealthyBlue PPO Platinum 500	78079DC0220025	BluePreferred PPO Platinum 500	78079DC0220025	BluePreferred PPO Platinum 500	78079DC0220025	BluePreferred PPO Platinum 500
78079DC0220031	BluePreferred PPO Gold 1500	78079DC0220031	BluePreferred PPO Gold 1500	78079DC0220031	BluePreferred PPO Gold 1500	78079DC0220031	BluePreferred PPO Gold 1500
78079DC0220032	BluePreferred PPO 1000 90%/70%	78079DC0220032	BluePreferred PPO 1000 90%/70%	78079DC0220032	BluePreferred PPO 1000 90%/70%	78079DC0220032	BluePreferred PPO 1000 90%/70%
78079DC0220033	BluePreferred PPO HSA/HRA 2250 80%/60%	78079DC0220033	BluePreferred PPO HSA/HRA 2300 80%/60%	78079DC0220033	BluePreferred PPO HSA/HRA 2400 80%/60%	78079DC0220033	BluePreferred PPO HSA/HRA 2400 80%/60%
78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA
		78079DC0220035	BluePreferred PPO HSA/HRA Silver 2000 70	78079DC0220035	BluePreferred PPO HSA/HRA Silver 2100 70	78079DC0220035	BluePreferred PPO HSA/HRA Silver 2100 70

Appendix - Annual Rate Change Based on Mapping

Bronze	Bronze Members/Avg Renewal	-	-	n/a
Silver	Silver Members/Avg Renewal	2,308	2,330	9.6%
Gold	Gold Members/Avg Renewal	7,781	7,858	9.2%
Platinum	Platinum Members/Avg Renewal	10,792	10,352	8.4%
	All Members/Avg Renewal	20,881	20,540	8.8%

Minimum Renewal 8.2%
Maximum Renewal 9.9%

2021 HIOS Plan ID	2021 HIOS Plan Name	2021 Metal Level	2021 Marketplace Indicator	2022 HIOS Plan ID	2022 HIOS Plan Name	2022 Metal Level	2022 Marketplace Indicator	Current Month Member Count	Projected 2021 EOY Members	1Q2021 Base Rate	1Q2022 Base Rate	Annual Rate Change
78079DC0220020	BluePreferred PPO Gold 1000	GOLD	On	78079DC0220020	BluePreferred PPO Gold 1000	GOLD	On	1,837.00	1,821	\$564.61	\$616.42	9.2%
78079DC0220021	BluePreferred PPO Gold 500	GOLD	On	78079DC0220021	BluePreferred PPO Gold 500	GOLD	On	3,628.00	3,725	\$578.93	\$630.52	8.9%
78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500	SILVER	On	78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500	SILVER	On	638.00	631	\$490.86	\$537.56	9.5%
78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	SILVER	On	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	SILVER	On	573.00	550	\$485.87	\$533.27	9.8%
78079DC0220024	BluePreferred PPO Platinum 0	PLATINUM	On	78079DC0220024	BluePreferred PPO Platinum 0	PLATINUM	On	7,511.00	7,225	\$686.41	\$742.60	8.2%
78079DC0220025	BluePreferred PPO Platinum 500	PLATINUM	On	78079DC0220025	BluePreferred PPO Platinum 500	PLATINUM	On	3,281.00	3,127	\$659.56	\$718.03	8.9%
78079DC0220026	BluePreferred PPO Silver 1500	SILVER	On	78079DC0220026	BluePreferred PPO Silver 1500	SILVER	On	562.00	615	\$473.36	\$518.58	9.6%
78079DC0220031	BluePreferred PPO Gold 1500	GOLD	On	78079DC0220031	BluePreferred PPO Gold 1500	GOLD	On	2,033.00	2,035	\$554.68	\$609.67	9.9%
78079DC0220032	BluePreferred PPO 1000 90%/70%	GOLD	On	78079DC0220032	BluePreferred PPO 1000 90%/70%	GOLD	On	283.00	277	\$559.01	\$608.28	8.8%
78079DC0220033	BluePreferred PPO HSA/HRA 2400 80%/60%	SILVER	On	78079DC0220033	BluePreferred PPO HSA/HRA 2400 80%/60%	SILVER	On	72.00	78	\$472.27	\$518.99	9.9%
78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	SILVER	On	78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	SILVER	On	448.00	440	\$487.59	\$534.91	9.7%
78079DC0220035	BluePreferred PPO HSA/HRA Silver 2100 70	SILVER	On	78079DC0220035	BluePreferred PPO HSA/HRA Silver 2100 70	SILVER	On	15.00	16	\$475.35	\$522.56	9.9%

Appendix - Quarterly Rate Change Adjustment Factors

	(1)	(2)	(3) = (1 + (1))*(1 + (2)) -1
Quarter	Market Adj. Index Rate	Admin Load Factor	Plan Adjusted Index Rates
2Q22	2.3%	-0.3%	2.1%
3Q22	2.3%	-0.2%	2.1%
4Q22	2.3%	-0.2%	2.1%

**The changes above are relative to the preceding quarter
and no other changes factor into the 2Q, 3Q and 4Q rates.**

Appendix - Maximum Rate Renewal

	2021	2022	% Change
Base Rate	\$475.35	\$522.56	9.9%
Age Factor	0.654	0.727	11.2%
Geographic Factor	1.000	1.000	0.0%
Tobacco Factor	1.000	1.000	0.0%
Total	\$310.88	\$379.90	22.2%

	BluePreferred PPO HSA/HRA Silver	BluePreferred PPO HSA/HRA Silver
Base Rate/Product(s)	2100 70	2100 70
Age Change	20	21
Geo Change*	N/A	N/A
Tobacco Change**	N/A	N/A

*we did not geo rate

**we did not tobacco rate

Appendix - Form Numbers

Form Numbers Associated With This Filing:

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

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

CFBC-132822133

ON-Exchange

BluePreferred PPO

DC/CF/SHOP/GC (R 1/19)
DC/CF/SHOP/PPO/EOC (R. 1/20)
DC/GHMSI/DOL APPEAL (R. 1/17)
DC/CF/SHOP/PPO/DOCS (R. 1/20)
DC/CF/SHOP/PPO/2021 AMEND (1/21)
DC/CF/SHOP/PPO/2022 AMEND (1/22)
DC/CF/BP PPO/1000 90-70 (1/22)
DC/CF/BP PPO BF HSA/SIL 1500 (1/22)
DC/CF/BP PPO CDH/2400 80-60 (1/22)
DC/CF/BP PPO CDH/SIL 1500 (1/22)
DC/CF/BP PPO CDH/SIL 2000 (1/22)
DC/CF/BP PPO CDH/SIL 2100 70 (1/22)
DC/CF/BP PPO/GOLD 500 (1/22)
DC/CF/BP PPO/GOLD 1000 (1/22)
DC/CF/BP PPO/GOLD 1500 (1/22)
DC/CF/BP PPO/PLAT 0 (1/22)
DC/CF/BP PPO/PLAT 500 (1/22)
DC/CF/BP PPO/SIL 1500 (1/22)
DC/CF/BLCRD (R. 6/18)
DC/CF/MEM/BLCRD (R. 6/18)
DC/CF/ANCILLARY AMEND (10/12)
DC/CF/SG/AUTH AMEND/PPO (R. 1/20)
DC/CF/PT PROTECT (9/10)
DC/GHMSI/HEALTH GUARANTEE 8/19
DC/CF/SG/INCENT (R. 1/20)
DC/CF/SHOP/ELIG (R. 1/20)

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Ultimate Incurred	Incurred	Drug Rebates	Utilization Unit	Utilization
201801	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

Month	Members	Service Category	Ultimate Allowed	Ultimate Incurred	Incurred	Drug Rebates	Utilization Unit	Utilization
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

Month	Members	Service Category	Ultimate Allowed	Ultimate Incurred	Incurred	Drug Rebates	Utilization Unit	Utilization
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

Month	Members	Service Category	Ultimate Allowed	Ultimate Incurred	Incurred	Drug Rebates	Utilization Unit	Utilization
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

Month	Members	Service Category	Ultimate Allowed	Ultimate Incurred	Incurred	Drug Rebates	Utilization Unit	Utilization
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

Month	Members	Service Category	Ultimate Allowed	Ultimate Incurred	Incurred	Drug Rebates	Utilization Unit	Utilization
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. Small Group Rate Filing Cover Letter

Mr. Tanhehco,

In accordance with DISB requirements this letter has been submitted as cover for our 2022 ACA plan rate filing submitted 5/17/2021. Please note the required information below:

- a. **Company Name:** Group Hospitalization and Medical Services, Inc. (GHMSI)
- b. **NAIC Company Code:** 53007
- c. **Unique Company Filing Number:** 2569
- d. **Date Submitted:** 5/17/2021
- e. **Proposed Effective Date:** 1/1/2022
- f. **Type of Product:** PPO – On Exchange
- g. **Individual or Group:** Small Group
- h. **Scope and Purpose of Filing:** This filing has been submitted to propose the rate actions listed below in section k for all non-grandfathered ACA compliant plans offered by GHMSI.
- i. **Indication Whether Initial Filing or Change:** This filing proposes a change to existing rates (from our previous SERFF Filing #CFAP-132316213).
- 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 8.8%.
- l. **Contact Information:**
 - a. Name: Gregory Sucher, FSA, MAAA
 - b. Telephone Number: 410-998-5688
 - c. Email: Gregory.Sucher@Carefirst.com
 - d. Fax: 410-505-2192

For further detail and support for the rate actions proposed above please reference the Actuarial Memorandum submitted on 5/17/2021.

Sincerely,

Gregory
Sucher

Digitally signed by
Gregory Sucher
Date: 2021.05.17
11:30:52 -04'00'

Gregory Sucher, FSA, MAAA
Actuary

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: **Small Group**

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

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		\$868.45
Reinsurance		\$0.00		\$0.00
Incurrd Claims in Experience Period		\$203,022,372.59		\$786.36
Risk Adjustment		\$15,236,764.26		\$59.02
Experience Period Premium		\$230,571,613.58		\$893.07
Experience Period Member Months		258,180		

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
Total	\$627.83					\$754.86

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	\$780.07

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

Projected Period Totals		
Projected Index Rate for 1/1/2022	\$779.88	\$191,423,885.64
Reinsurance	\$0.00	\$0.00
Risk Adjustment Payment/Charge	\$76.66	\$18,816,426.98
Exchange User Fees	0.00%	\$0.00
Market Adjusted Index Rate	\$703.22	\$172,607,458.66

Projected Member Months	245,453
-------------------------	----------------

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: Small Group

To add a product to Worksheet 2 - Plan Product Info, select the Add Product button or Ctrl + Shift + P.
 To add a plan to Worksheet 2 - Plan Product Info, select the Add Plan button or Ctrl + Shift + L.
 To validate, select the Validate button or Ctrl + Shift + V.
 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															
Field #	Section I: General Product and Plan Information	78079DC02															
1.1	Product Name	Gold 1000 Gold 500 HSA/HRA Silver HSA/HRA Silver Platinum 0 Platinum 500 Silver 1500 Gold 1500 HSA/HRA Silver Platinum 500 Gold 1500 1000 90%/70% HSA/HRA 2400 Silver 1500 HSA/HRA Silver															
1.2	Product ID	78079DC0220020 78079DC0220021 78079DC0220022 78079DC0220023 78079DC0220024 78079DC0220025 78079DC0220026 78079DC0220027 78079DC0220028 78079DC0220030 78079DC0220031 78079DC0220032 78079DC0220033 78079DC0220034 78079DC0220035															
1.3	Plan Name	Gold 1000 Gold 500 HSA/HRA Silver HSA/HRA Silver Platinum 0 Platinum 500 Silver 1500 Gold 1500 HSA/HRA Silver Platinum 500 Gold 1500 1000 90%/70% HSA/HRA 2400 Silver 1500 HSA/HRA Silver															
1.4	Plan ID (Standard Component ID)	78079DC0220020 78079DC0220021 78079DC0220022 78079DC0220023 78079DC0220024 78079DC0220025 78079DC0220026 78079DC0220027 78079DC0220028 78079DC0220030 78079DC0220031 78079DC0220032 78079DC0220033 78079DC0220034 78079DC0220035															
1.5	Metal	Gold Gold Silver Silver Platinum Platinum Silver Gold Silver Platinum Gold Silver Platinum Gold Silver Platinum															
1.6	AV Metal Value	0.820 0.820 0.718 0.719 0.919 0.907 0.717 0.820 0.712 0.908 0.819 0.820 0.719 0.719 0.719															
1.7	Plan Category	Renewing Renewing Renewing Renewing Renewing Renewing Renewing Terminated Terminated Terminated Renewing Renewing Renewing Renewing Renewing															
1.8	Plan Type	PPO PPO PPO PPO PPO PPO PPO PPO PPO PPO PPO PPO PPO PPO PPO PPO															
1.9	Exchange Plan?	Yes Yes Yes Yes Yes Yes Yes No No No Yes Yes Yes Yes Yes															
1.10	Effective Date of Proposed Rates	1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022															
1.11	Cumulative Rate Change % (over 12 mos prior)	10.40% 10.13% 10.74% 10.99% 9.40% 10.09% 10.78% 0.00% 0.00% 0.00% 11.15% 10.03% 11.12% 10.94% 11.16%															
1.12	Product Rate Increase %	10.00%															
1.13	Submission Level Rate Increase %	10.00%															

Worksheet 1 Totals

Section II: Experience Period and Current Plan Level Information

Field #	Section II: Experience Period and Current Plan Level Information	Total	78079DC0220020	78079DC0220021	78079DC0220022	78079DC0220023	78079DC0220024	78079DC0220025	78079DC0220026	78079DC0220027	78079DC0220028	78079DC0220030	78079DC0220031	78079DC0220032	78079DC0220033	78079DC0220034	78079DC0220035
2.1	Plan ID (Standard Component ID)	Total	78079DC0220020	78079DC0220021	78079DC0220022	78079DC0220023	78079DC0220024	78079DC0220025	78079DC0220026	78079DC0220027	78079DC0220028	78079DC0220030	78079DC0220031	78079DC0220032	78079DC0220033	78079DC0220034	78079DC0220035
2.2	Allowed Claims	\$139,890,058	\$12,293,215	\$21,746,278	\$4,171,583	\$3,798,527	\$57,653,297	\$18,899,767	\$2,542,353	\$1,233,377	\$624,621	\$1,538,256	\$11,053,687	\$1,402,841	\$249,665	\$2,613,469	\$69,123
2.3	Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2.4	Member Cost Sharing	\$12,388,315	\$1,327,900	\$2,043,305	\$745,061	\$656,358	\$3,139,844	\$1,464,702	\$467,596	\$136,165	\$126,720	\$117,098	\$1,279,217	\$266,837	\$80,398	\$520,172	\$16,940
2.5	Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2.6	Incurred Claims	\$127,501,743	\$10,965,314	\$19,702,972	\$3,426,522	\$3,142,169	\$54,513,453	\$17,435,064	\$2,074,757	\$1,097,212	\$497,901	\$1,421,158	\$9,774,470	\$1,136,004	\$169,267	\$2,093,297	\$52,183
2.7	Risk Adjustment Transfer Amount	\$15,236,764	\$1,266,952	\$2,191,297	\$139,136	\$109,132	\$6,881,519	\$2,646,608	\$112,067	\$143,934	\$25,173	\$209,136	\$1,200,150	\$189,694	\$19,960	\$100,037	\$1,969
2.8	Premium	\$172,094,128	\$15,506,435	\$22,989,160	\$4,372,588	\$3,474,969	\$71,830,230	\$27,068,764	\$3,107,696	\$1,640,860	\$768,560	\$2,114,917	\$13,526,651	\$2,118,964	\$503,780	\$3,025,484	\$45,069
2.9	Experience Period Member Months	258,180	23,423	40,512	7,633	5,987	97,562	37,522	6,148	2,661	1,381	2,965	22,188	3,507	1,095	5,488	108
2.10	Current Enrollment	20,882	1,837	3,628	638	572	7,511	3,281	562	1	1	1	2,032	283	72	448	15
2.11	Current Premium PMPM	\$664.82	\$609.48	\$624.93	\$529.86	\$524.48	\$740.96	\$711.97	\$510.98	\$598.75	\$524.48	\$711.97	\$598.75	\$603.43	\$509.80	\$526.33	\$513.13
2.12	Loss Ratio	68.06%	65.37%	78.25%	75.57%	87.67%	69.26%	58.67%	64.44%	61.48%	62.73%	61.15%	66.37%	49.21%	32.32%	66.97%	110.94%
Per Member Per Month																	
2.13	Allowed Claims	\$541.83	\$524.84	\$536.79	\$546.52	\$634.46	\$590.94	\$503.70	\$413.53	\$463.50	\$452.30	\$518.80	\$498.18	\$400.01	\$228.00	\$476.22	\$640.03
2.14	Reinsurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2.15	Member Cost Sharing	\$47.98	\$56.69	\$50.44	\$97.61	\$109.63	\$32.18	\$39.04	\$76.06	\$51.17	\$91.76	\$39.49	\$57.65	\$76.09	\$73.42	\$94.78	\$156.85
2.16	Cost Sharing Reduction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2.17	Incurred Claims	\$493.85	\$468.14	\$486.35	\$448.91	\$524.83	\$558.76	\$464.66	\$337.47	\$412.33	\$360.54	\$479.31	\$440.53	\$323.92	\$154.58	\$381.43	\$483.17
2.18	Risk Adjustment Transfer Amount	\$59.02	\$54.09	\$54.09	\$18.23	\$18.23	\$70.53	\$70.53	\$18.23	\$18.23	\$18.23	\$70.53	\$54.09	\$54.09	\$18.23	\$18.23	\$18.23
2.19	Premium	\$666.57	\$662.02	\$657.47	\$572.85	\$580.42	\$736.25	\$721.41	\$505.48	\$616.63	\$556.52	\$713.29	\$609.64	\$604.21	\$460.07	\$551.29	\$417.31

Section III: Plan Adjustment Factors

Field #	Section III: Plan Adjustment Factors	78079DC0220020	78079DC0220021	78079DC0220022	78079DC0220023	78079DC0220024	78079DC0220025	78079DC0220026	78079DC0220027	78079DC0220028	78079DC0220030	78079DC0220031	78079DC0220032	78079DC0220033	78079DC0220034	78079DC0220035	
3.1	Plan ID (Standard Component ID)	78079DC0220020	78079DC0220021	78079DC0220022	78079DC0220023	78079DC0220024	78079DC0220025	78079DC0220026	78079DC0220027	78079DC0220028	78079DC0220030	78079DC0220031	78079DC0220032	78079DC0220033	78079DC0220034	78079DC0220035	
3.2	Market Adjusted Index Rate	\$703.22															
3.3	AV and Cost Sharing Design of Plan	0.8270 0.8459 0.7212 0.7154 0.9962 0.9633 0.6957 1.0000 1.0000 1.0000 0.8179 0.8160 0.6963 0.7176 0.7010															
3.4	Provider Network Adjustment	1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000															
3.5	Benefits in Addition to EHB	1.0001 1.0001 1.0001 1.0001 1.0001 1.0001 1.0001 1.0001 1.0001 1.0001 1.0001 1.0001 1.0001 1.0001 1.0001 1.0001															
Administrative Costs																	
3.6	Administrative Expense	9.49% 9.49% 9.49% 9.49% 9.49% 9.49% 9.49% 9.49% 9.49% 9.49% 9.49% 9.49% 9.49% 9.49% 9.49% 9.49%															
3.7	Taxes and Fees	3.07% 3.07% 3.07% 3.07% 3.07% 3.07% 3.07% 3.07% 3.07% 3.07% 3.07% 3.07% 3.07% 3.07% 3.07% 3.07%															
3.8	Profit & Risk Load	0.00% 0.00% 0.00% 0.00% 0.00% 0.00% 0.00% 0.00% 0.00% 0.00% 0.00% 0.00% 0.00% 0.00% 0.00% 0.00%															
3.9	Catastrophic Adjustment	1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000															
3.10	Plan Adjusted Index Rate	\$665.17	\$680.37	\$580.07	\$575.40	\$801.26	\$774.79	\$559.56	\$804.23	\$804.23	\$804.23	\$657.85	\$656.32	\$560.04	\$577.17	\$563.82	
3.11	Age Calibration Factor	0.9267															
3.12	Geographic Calibration Factor	1.0000															
3.13	Tobacco Calibration Factor	1.0000															
3.14	Calibrated Plan Adjusted Index Rate	\$616.41	\$630.50	\$537.55	\$533.23	\$742.52	\$718.00	\$518.54	\$745.28	\$745.28	\$745.28	\$609.63	\$608.21	\$518.99	\$534.87	\$522.49	

Section IV: Projected Plan Level Information

Field #	Section IV: Projected Plan Level Information	Total	78079DC0220020	78079DC0220021	78079DC0220022	78079DC0220023	78079DC0220024	78079DC0220025	78079DC0220026	78079DC0220027	78079DC0220028	78079DC0220030	78079DC0220031	78079DC0220032	78079DC0220033	78079DC0220034	78079DC0220035
4.1	Plan ID (Standard Component ID)	Total	78079DC0220020	78079DC0220021	78079DC0220022	78079DC0220023	78079DC0220024	78079DC0220025	78079DC0220026	78079DC0220027	78079DC0220028	78079DC0220030	78079DC0220031	78079DC0220032	78079DC0220033	78079DC0220034	78079DC0220035
4.2	Allowed Claims	\$193,333,556	\$16,843,264	\$35,706,137	\$5,586,279	\$4,712,156	\$68,667,450	\$29,413,335	\$6,060,452	\$0	\$0	\$0	\$18,994,311	\$2,570,955	\$781,375	\$3,836,172	\$161,670
4.3	Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.4	Member Cost Sharing	\$22,233,670	\$2,688,185	\$5,013,142	\$1,291,548	\$1,118,195	\$3,392,172	\$2,376,597	\$1,565,415	\$0	\$0	\$0	\$3,206,240	\$438,862	\$201,360	\$901,117	\$40,838
4.5	Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.6	Incurred Claims	\$171,099,886	\$14,155,079	\$30,692,996	\$4,294,731	\$3,593,962	\$65,275,278	\$27,036,737	\$4,495,037	\$0	\$0	\$0	\$15,788,071	\$2,132,093	\$580,015	\$2,935,056	\$120,832
4.7	Risk Adjustment Transfer Amount	\$17,319,586	\$1,542,000	\$3,268,872	\$156,963	\$132,417	\$6,959,328	\$2,980,972	\$170,306	\$0	\$0	\$0	\$1,739,028	\$235,393	\$21,956	\$107,808	\$4,543
4.8	Premium	\$176,442,419	\$14,597,067	\$31,651,373	\$4,428,832	\$3,706,182	\$67,313,475	\$27,880,949	\$4,635,393	\$0	\$0	\$0	\$16,281,048	\$2,198,667	\$598,125	\$3,026,702	\$124,605
4.9	Projected Member Months	245,453	21,945	46,521	7,635	6,441	84,010	35,985	8,284	0	0	0	24,749	3,350	1,068	5,244	221
4.10	Loss Ratio	88.30%	87.71%	87.89%	93.65%	93.63%	87.89%	87.61%	93.54%	#DIV/0!	#DIV/0!	#DIV/0!	87.61%	87.59%	93.54%	93.64%	93.56%
Per Member Per Month																	
4.11	Allowed Claims	\$787.66	\$767.52	\$767.53	\$731.67	\$731.59	\$817.37	\$817.38	\$731.59	#DIV/0!	#DIV/0!	#DIV/0!	\$767.48	\$767.45	\$731.62	\$731.54	\$731.54
4.12	Reinsurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	#DIV/0!	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4.13	Member Cost Sharing	\$90.58	\$122.50	\$107.76	\$169.16	\$173.61	\$40.38	\$66.04	\$188.97	#DIV/0!	#DIV/0!						

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-132809076
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 supporting the rate change are an increase in the trend and plan level benefit factors, an improvement in the base period experience of the combined pool, and a decrease in the administrative assumption. The increase in trend is due to an adjustment made for Covid. As a result of the pandemic, the 2020 experience period had decreased claims driven by the deferred or avoided care. An adjustment was made to bring the 2020 experience up to the level it would be at in the absence of Covid.

This filing will impact:

of policyholder's # 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 \$172.1 million in premium was collected and \$127.5 million in claims were paid out. We received \$15.2 million in risk adjustment, for a loss ratio of 65.2%. 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:

Trend Increases –	9.6 % of the	8.8 % 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	8.8 % 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	8.8 % total filed increase.

Other Increases –	(0.8) % of the	8.8 % 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	8.8 % 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	2.0 % of the	8.8 % total filed increase.
3. Changes to Administration Costs – Defined as increases in the costs of providing insurance coverage. Examples include claims payment expenses, distribution costs, taxes, and general business expenses such as rent, salaries, and overhead.		
This component is	-1.6 % of the	8.8 % total filed increase.
4. Changes to Profit Margin – Defined as increases to company surplus or changes as an additional margin to cover the risk of the company.		
This component is	0.0 % of the	8.8 % total filed increase.
5. Other – Defined as:		
Improvement in the base period experience of the combined pool.		
This component is	(1.1) % of the	8.8 % total filed increase.