SERFF Tracking #: CFAP-132316088 State Tracking #: Company Tracking #: 2436

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

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

Product Name:2436 - DC ACA Small Group BlueChoiceProject Name/Number:2436 - DC BC SG ACA ON-EXCHANGE/2436

# **Supporting Document Schedules**

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

## DC BlueChoice

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

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

 Name of Company
 BlueChoice Inc.

 SERFF tracking number
 CFAP-132316088

 Submission Date
 5/1/2020

 Product Name
 BlueChoice

Market Type:

O Individual

Small Group

Rate Filing Type:

Rate Increase

O New Filing

Scope and Range of the Increase:

The 1.1 % increase is requested because:

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

This filing will impact:

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

The average, minimum and maximum rate changes increases are:

Average Rate Change: The average premium change, by percentage, across all policy holders if the filing is approved

1.1 %

 Minimum Rate Change: The smallest premium increase (or largest decrease), by percentage, that any one policy holder would experience if the filing is approved (2.0) %

• Maximum Rate Change: The largest premium increase, by percentage, that any one policy holder would experience if the filing is approved

23.6 %

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

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

#### **Financial Experience of Product**

The overall financial experience of the product includes:

In 2019, a total of \$214.0 million in premium was collected and \$167.0 million in claims were paid out, along with \$7.3 million paid in risk adjustment, for a loss ratio of 81.4%. However, the rate increase of the product is driven partially by the combined Individual and Small group experience, which collected \$234.9 million in premium and paid out \$181.3 million in claims and paid \$11.8 million in risk adjustment for a loss ratio of 82.2%.

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 77.7%.

## Components of Increase

The request is made up of the following components:

Trend Increases –	6.0 % of the	1.1 % total filed increase			
1. Medical Utilization Changes –Defined as the increase in total plan claim costs not attributable to					
changes in the unit cost of underlying services, or renegotiation of provider contracts. Examples include changes in the mix of services utilized, or an increase/decrease					
in the frequency of service utilization.					
This component is	2.1 % of the	1.1 % total filed increase.			
2. Medical Price Changes – Defined as the increase in total plan claim costs attributable to changes in					
the unit cost of underlying services, or renegotiation of provider contracts.					
This component is	3.8 % of the	1.1 % total filed increase.			
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Other Increases –	(4.6) % of the	1.1 % total filed increase			
1. Medical Benefit Changes Required by Law – Defined as any new mandated plan benefit changes, as mandated					
by either State or Federal					
This component is	0.0 % of the	1.1 % total filed increase.			
2. Medical Benefit Changes Not Required by Law – Defined as changes in plan benefit design made by the					
company, which are not required by either State or Federal Regulation.					
This component is	0.66 % of the	1.1 % total filed increase.			
•	n Costs – Defined as increases in the costs of				
Examples include claims payment expenses, distribution costs, taxes, and general business expenses such as rent, salaries, and overhead.					
This component is	-2.4 % of the	1.1 % total filed increase.			
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4. Changes to Profit Margin – Defined as increases to company surplus or changes as an additional margin to cover					
the risk of the company.					
This component is	1.0 % of the	1.1 % total filed increase.			
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5. Other – Defined as:					
The pricing trend decreased from 7.0% in 2020 to 6.0% in 2021.					
This component is	(3.9) % of the	1.1 % total filed increase.			