State: District of Columbia Filing Company: Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

TOI/Sub-TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO

Product Name: KPIF Individual On Exchange

Project Name/Number: /

## **Rate Information**

Rate data applies to filing.

Filing Method: Electronic

Rate Change Type: Neutral

Overall Percentage of Last Rate Revision: %

**Effective Date of Last Rate Revision:** 

Filing Method of Last Filing:

## **Company Rate Information**

Company	Company Rate	Overall %	Overall % Rate	Written Premium	# of Policy Holders Affected	Written	Maximum % Change	Minimum %
Name:	Change:	Change:	Impact:	Change for this Program:	for this Program:		•	: (where req'd):
Kaiser Foundation Health Plan of the Mid-Atlantic States,	New Product	%	%		3,211		%	%
Inc.								

State: District of Columbia Filing Company: Kaiser Foundation Health Plan of the Mid-Atlantic

States, Inc.

TOI/Sub-TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO

Product Name: KPIF Individual On Exchange

Project Name/Number: /

## **Rate Review Detail**

State: District of Columbia Filing Company: Kaiser Foundation Health Plan of the Mid-Atlantic

States, Inc.

TOI/Sub-TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO

Product Name: KPIF Individual On Exchange

Project Name/Number: /

**COMPANY:** 

Company Name: Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

HHS Issuer Id: 94506

Product Names: HMO, DHMO, HDHP

Trend Factors:

FORMS:

State: District of Columbia Filing Company: Kaiser Foundation Health Plan of the Mid-Atlantic

HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO

Product Name: KPIF Individual On Exchange

Project Name/Number: /

TOI/Sub-TOI:

New Policy Forms:

DC-DP-GOLD-1000-20-DENTAL-DHMO-COST(01-14), DC-DP-GOLD-1000-20-DENTAL-DHMO-COST(01-14)HIX, DC-DP-GOLD-0-20-DENTAL-HMO(01-14), DC-DP-GOLD-0-20-DENTAL-HMO(01-14)HIX, DC-DP-SILVER-1500-30-DENTAL-DHMO-COST(01-14), DC-DP-SILVER-2500-30-DENTAL-DHMO-COST(01-14), DC-DP-SILVER-1500-30-DENTAL-DHMO-COST(01-14)HIX, DC-DP-SILVER-2500-30-DENTAL-DHMO-COST(01-14)HIX, DC-DP-SILVER-1750-25%-HSA-DENTAL-HDHP-COST(01-14), DC-DP-SILVER-1750-25%-HSA-DENTAL-HDHP-COST(01-14)HIX, DC-DP-SILVER-1500-30-CSR-DENTAL-DHMO-COST(01-14)HIX, DC-DP-SILVER-100-5%-CSR-HDHP-DENTAL-COST(01-14), DC-DP-SILVER-500-10%-CSR-HDHP-DENTAL-COST(01-14), DC-DP-SILVER-1300-20%-CSR-HDHP-DENTAL-COST(01-14), DC-DP-SILVER-100-5%-CSR-HDHP-DENTAL-COST(01-14)HIX, DC-DP-SILVER-500-10%-CSR-HDHP-DENTAL-COST(01-14)HIX, DC-DP-SILVER-1300-20%-CSR-HDHP-DENTAL-COST(01-14)HIX, DC-DP-SILVER-0-5-CSR-DENTAL-HMO(01-14)HIX, DC-DP-SILVER-0-15-CSR-DENTAL-HMO(01-14)HIX, DC-DP-BRONZE-4500-50-DENTAL-DHMO-COST(01-14)HIX, DC-DP-BRONZE-4500-50-DENTAL-DHMO-COST(01-14), DC-DP-BRONZE-4500-50-HSA-DENTAL-HDHP-COST(01-14), DC-DP-BRONZE-5000-30%-HSA-DENTAL-HDHP-COST(01-14), DC-DP-BRONZE-4500-50-HSA-DENTAL-HDHP-COST(01-14)HIX, DC-DP-BRONZE-5000-30%-HSA-DENTAL-HDHP-COST(01-14)HIX, DC-DP-CATASTROPHIC-6400-DENTAL-DHMO-COST(01-14)HIX, DC-DP-CATASTROPHIC-6400-DENTAL-DHMO-COST(01-14), DC-DP-BRONZE-0-0-DENTAL-HMO(01-14)HIX, DC-DP-GOLD-1000-20-DENTAL-DHMO-RX(01-14), DC-DP-GOLD-1000-20-DENTAL-DHMO-RX(01-14)HIX, DC-DP-GOLD-0-20-DENTAL-HMO-RX(01-14), DC-DP-GOLD-0-20-DENTAL-HMO-RX(01-14)HIX, DC-DP-SILVER-1500-30-DENTAL-DHMO-RX(01-14), DC-DP-SILVER-2500-30-DENTAL-DHMO-RX(01-14), DC-DP-SILVER-1500-30-DENTAL-DHMO-RX(01-14)HIX, DC-DP-SILVER-2500-30-DENTAL-DHMO-RX(01-14)HIX, DC-DP-SILVER-1750-25%-HSA-DENTAL-HDHP-RX(01-14), DC-DP-SILVER-1750-25%-HSA-DENTAL-HDHP-RX(01-14)HIX, DC-DP-SILVER-1500-30-CSR-DENTAL-DHMO-RX(01-14)HIX, DC-DP-SILVER-100-5%-CSR-HDHP-DENTAL-RX(01-14), DC-DP-SILVER-500-10%-CSR-HDHP-DENTAL-RX(01-14), DC-DP-SILVER-1300-20%-CSR-HDHP-DENTAL-RX(01-14), DC-DP-SILVER-100-5%-CSR-HDHP-DENTAL-RX(01-14)HIX, DC-DP-SILVER-500-10%-CSR-HDHP-DENTAL-RX(01-14)HIX, DC-DP-SILVER-1300-20%-CSR-HDHP-DENTAL-RX(01-14)HIX, DC-DP-SILVER-0-5-CSR-DENTAL-HMO-RX(01-14)HIX, DC-DP-SILVER-0-15-CSR-DENTAL-HMO-RX(01-14)HIX, DC-DP-BRONZE-4500-50-DENTAL-DHMO-RX(01-14)HIX, DC-DP-BRONZE-4500-50-DENTAL-DHMO-RX(01-14), DC-DP-BRONZE-4500-50-HSA-DENTAL-HDHP-RX(01-14), DC-DP-BRONZE-5000-30%-HSA-DENTAL-HDHP-RX(01-14), DC-DP-BRONZE-4500-50-HSA-DENTAL-HDHP-RX(01-14)HIX, DC-DP-

State: District of Columbia Filing Company: Kaiser Foundation Health Plan of the Mid-Atlantic

States, Inc.

TOI/Sub-TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO

Product Name: KPIF Individual On Exchange

Project Name/Number: /

BRONZE-5000-30%-HSA-DENTAL-HDHP-RX(01-14)HIX, DC-DP-CATASTROPHIC-6400-DENTAL-DHMO-RX(01-14)HIX, DC-DP-CATASTROPHIC-6400-DENTAL-DHMO-RX(01-14), DC-DP-

BRONZE-0-0-DENTAL-HMO-RX(01-14)HIX

Affected Forms:

Other Affected Forms:

#### **REQUESTED RATE CHANGE INFORMATION:**

Change Period: Annual
Member Months: 46,597
Benefit Change: None

Percent Change Requested: Min: Max: Avg:

PRIOR RATE:

Total Earned Premium: Total Incurred Claims:

Annual \$: Min: Max: Avg:

**REQUESTED RATE:** 

Projected Earned Premium: 7,475,963.00 Projected Incurred Claims: 7,056,225.00

Annual \$: Min: 158.87 Max: 743.34 Avg: 229.05

State: District of Columbia Filing Company: Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

TOI/Sub-TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO

Product Name: KPIF Individual On Exchange

Project Name/Number: /

## Rate/Rule Schedule

No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
		KPIF Exchange Rate Sheet		New		KPIF Exchange Index Development Groupmart - DC - Appendix I Rate Sheet.pdf,

#### Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. Rates effective January 1, 2014 Virginia Individual Exchange Appendix I

	Platinum	Gold	Gold	Silver	Silver	Silver	Bronze	Bronze	Bronze	Catastrophic
Age	KP DC Platinum 0/10/Dental			KP DC Silver 1500/30/Dental	KP DC Silver 2500/30/Dental	KP DC Silver 1750/25%/HSA/Dental	KP DC Bronze 4500/50/Dental	KP Dc Bronze 4500/50/HSA/Dental	KP DC Bronze 5000/30%/HSA/Dental	KP DC Catastrophic 6400/0/Dental
20 and Under	\$247.40	\$232.61	\$207.84	\$188.75	\$182.70	\$179.64	\$153.74	\$151.25	\$150.12	\$158.87
21	\$248.55	\$233.76	\$208.99	\$189.90	\$183.85	\$180.79	\$154.89	\$152.40	\$151.27	\$160.02
22	\$248.55	\$233.76	\$208.99	\$189.90	\$183.85	\$180.79	\$154.89	\$152.40	\$151.27	\$160.02
23	\$248.55	\$233.76	\$208.99	\$189.90	\$183.85	\$180.79	\$154.89	\$152.40	\$151.27	\$160.02
24	\$248.55	\$233.76	\$208.99	\$189.90	\$183.85	\$180.79	\$154.89	\$152.40	\$151.27	\$160.02
25	\$248.55	\$233.76	\$208.99	\$189.90	\$183.85	\$180.79	\$154.89	\$152.40	\$151.27	\$160.02
26 27	\$248.55 \$248.55	\$233.76 \$233.76	\$208.99 \$208.99	\$189.90 \$189.90	\$183.85 \$183.85	\$180.79 \$180.79	\$154.89	\$152.40 \$152.40	\$151.27 \$151.27	\$160.02 \$160.02
28	\$248.55 \$248.55	\$233.76 \$233.76	\$208.99 \$208.99	\$189.90 \$189.90	\$183.85	\$180.79	\$154.89 \$154.89	\$152.40 \$152.40	\$151.27 \$151.27	\$160.02 \$160.02
28	\$248.55 \$248.55	\$233.76 \$233.76	\$208.99 \$208.99	\$189.90 \$189.90	\$183.85	\$180.79	\$154.89 \$154.89	\$152.40 \$152.40	\$151.27 \$151.27	\$160.02 \$160.02
30	\$248.55 \$248.55	\$233.76 \$233.76	\$208.99	\$189.90	\$183.85	\$180.79	\$154.89 \$154.89	\$152.40	\$151.27 \$151.27	\$160.02 \$160.02
31	\$248.55	\$233.76	\$208.99	\$189.90	\$183.85	\$180.79	\$154.89	\$152.40	\$151.27	\$160.02
32	\$248.55	\$233.76	\$208.99	\$189.90	\$183.85	\$180.79	\$154.89	\$152.40	\$151.27	\$160.02
33	\$255.01	\$239.84	\$214.42	\$194.83	\$188.63	\$185.48	\$158.90	\$156.36	\$155.19	\$164.17
34	\$264.88	\$249.12	\$222.71	\$202.36	\$195.91	\$192.65	\$165.04	\$162.39	\$161.18	\$170.51
35	\$275.09	\$258.72	\$231.29	\$210.15	\$203.45	\$200.06	\$171.38	\$168.63	\$167.37	\$177.07
36	\$285.64	\$268.64	\$240.15	\$218.20	\$211.24	\$207.72	\$177.93	\$175.08	\$173.77	\$183.84
37	\$296.87	\$279.19	\$249.58	\$226.77	\$219.54	\$215.87	\$184.91	\$181.95	\$180.59	\$191.05
38	\$308.44 \$320.35	\$290.07	\$259.30	\$235.60 \$244.68	\$228.08 \$236.88	\$224.27	\$192.10	\$189.02	\$187.61	\$198.48 \$206.13
39 40	\$320.35 \$332.94	\$301.27 \$313.11	\$269.31 \$279.89	\$244.68 \$254.29	\$236.88 \$246.18	\$232.92 \$242.06	\$199.50 \$207.33	\$196.30 \$204.00	\$194.84 \$202.48	\$206.13 \$214.22
40	\$332.94 \$345.87	\$313.11 \$325.27	\$279.89 \$290.75	\$254.29 \$264.16	\$240.18 \$255.73	\$242.06 \$251.45	\$207.33 \$215.36	\$204.00 \$211.91	\$202.48 \$210.32	\$214.22 \$222.52
42	\$359.48	\$338.07	\$302.19	\$274.54	\$265.78	\$261.34	\$223.82	\$220.23	\$218.58	\$231.26
43	\$373.43	\$351.19	\$313.91	\$285.19	\$276.08	\$271.47	\$232.49	\$228.76	\$227.05	\$240.22
44	\$388.07	\$364.94	\$326.20	\$296.35	\$286.89	\$282.09	\$241.59	\$237.70	\$235.93	\$249.62
45	\$403.04	\$379.02	\$338.78	\$307.77	\$297.94	\$292.97	\$250.89	\$246.86	\$245.01	\$259.23
46	\$418.69	\$393.74	\$351.93	\$319.72	\$309.50	\$304.33	\$260.62	\$256.43	\$254.51	\$269.29
47	\$435.03	\$409.10	\$365.65	\$332.18	\$321.57	\$316.19	\$270.77	\$266.42	\$264.42	\$279.77
48	\$452.04	\$425.10	\$379.95	\$345.16	\$334.13	\$328.55	\$281.34	\$276.82	\$274.75	\$290.70
49	\$469.74 \$488.11	\$441.73	\$394.81 \$410.25	\$358.66 \$372.68	\$347.20 \$360.77	\$341.40 \$354.74	\$292.34 \$303.76	\$287.64 \$298.87	\$285.48 \$296.63	\$302.06 \$313.87
50 51	\$488.11 \$507.17	\$459.01 \$476.93	\$410.25 \$426.26	\$372.68 \$387.22	\$360.77 \$374.85	\$354.74 \$368.58	\$303.76 \$315.60	\$298.87 \$310.52	\$296.63 \$308.20	\$313.87 \$326.10
52	\$526.91	\$476.93 \$495.49	\$426.26 \$442.84	\$402.28	\$374.83 \$389.42	\$308.38 \$382.91	\$315.00 \$327.86	\$310.52 \$322.59	\$308.20 \$320.17	\$326.10 \$338.78
53	\$547.33	\$514.68	\$460.00	\$417.86	\$404.50	\$397.73	\$340.55	\$335.07	\$332.56	\$351.89
54	\$568.76	\$534.84	\$478.01	\$434.21	\$420.33	\$413.30	\$353.87	\$348.18	\$345.57	\$365.66
55	\$590.88	\$555.64	\$496.59	\$451.09	\$436.67	\$429.36	\$367.62	\$361.70	\$358.99	\$379.86
56	\$614.02	\$577.40	\$516.03	\$468.75	\$453.76	\$446.16	\$382.00	\$375.85	\$373.03	\$394.72
57	\$637.84	\$599.79	\$536.04	\$486.92	\$471.35	\$463.46	\$396.80	\$390.41	\$387.49	\$410.02
58	\$662.69	\$623.15	\$556.91	\$505.87	\$489.69	\$481.50	\$412.24	\$405.60	\$402.56	\$425.97
59	\$688.55	\$647.47	\$578.64	\$525.60	\$508.79	\$500.28	\$428.31	\$421.41	\$418.25	\$442.58
60	\$715.43	\$672.74	\$601.22	\$546.12	\$528.65	\$519.80	\$445.02	\$437.85	\$434.57	\$459.84
61	\$743.34 \$743.34	\$698.98	\$624.67	\$567.40	\$549.25 \$549.25	\$540.06	\$462.36 \$462.36	\$454.91	\$451.50	\$477.76 \$477.76
62 63	\$743.34 \$743.34	\$698.98 \$698.98	\$624.67 \$624.67	\$567.40 \$567.40	\$549.25 \$549.25	\$540.06 \$540.06	\$462.36 \$462.36	\$454.91 \$454.91	\$451.50 \$451.50	\$477.76 \$477.76
64+	\$743.34 \$743.34	\$698.98 \$698.98	\$624.67	\$567.40 \$567.40	\$549.25 \$549.25	\$540.06 \$540.06	\$402.30 \$462.36	\$454.91 \$454.91	\$451.50 \$451.50	\$477.76
64+	\$743.34	\$698.98	\$624.67	\$567.40	\$549.25	\$540.06	\$462.36	\$454.91	\$451.50	S

State: District of Columbia Filing Company: Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

TOI/Sub-TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO

**Product Name:** KPIF Individual On Exchange

Project Name/Number: /

## **Supporting Document Schedules**

Satisfied - Item:	Cover Letter All Filings
Comments:	OOVER LEGICE FAIL FININGS
Attachment(s):	DC 2014 Individual Rate Filing Cover Letter.pdf
Item Status:	BO 2014 Individual Nate Filling Cover Editor.pui
Status Date:	
Bypassed - Item:	Certificate of Authority to File
Bypass Reason:	Not applicable
Attachment(s):	
Item Status:	
Status Date:	
Satisfied - Item:	Actuarial Memorandum
Comments:	Actuarial Memoraridum
Comments.	
Attack we autich	DC 2014 KPIF Actuarial Memorandum.pdf
Attachment(s):	DC KPIF Exhibits 1 - 14.pdf
-	KPIF Exchange Index Development Groupmart - DC - Appendix I Rate Sheet.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Actuarial Justification
Comments:	Please see page 8 of the attached file.
Attachment(s):	DC 2014 KPIF Actuarial Memorandum.pdf
Item Status:	
Status Date:	
Bypassed - Item:	District of Columbia and Countrywide Loss Ratio Analysis (P&C)
Bypass Reason:	Not applicable to this filing
Attachment(s):	1400 application to tillo ming
Item Status:	

SERFF Tracking #: KPMA-129054778 State Tracking #: Company Tracking #: District of Columbia Filing Company: State: Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. TOI/Sub-TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO KPIF Individual On Exchange Product Name: Project Name/Number: **Status Date:** Bypassed - Item: District of Columbia and Countrywide Experience for the Last 5 Years (P&C) **Bypass Reason:** Not applicable to this filing Attachment(s): **Item Status:** Status Date: Bypassed - Item: Consumer Disclosure Form **Bypass Reason:** Not applicable Attachment(s): **Item Status:** Status Date: Satisfied - Item: Actuarial Memorandum and Certifications Comments: DC 2014 KPIF Actuarial Memorandum.pdf Attachment(s): DC KPIF Exhibits 1 - 14.pdf KPIF Exchange Index Development Groupmart - DC - Appendix I Rate Sheet.pdf **Item Status:** Status Date: Satisfied - Item: Unified Rate Review Template Comments: DC KPIF plan management data templates unified 4 15.xlsm Attachment(s): DC KPIF plan\_management\_data\_templates\_unified\_4\_15.pdf Item Status: **Status Date:** Satisfied - Item: Actuarial Value Template Comments: Attachment(s): av-input-chart-revised\_KPMAS\_KPIF.pdf **Item Status:** 

State: District of Columbia Filing Company: Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

TOI/Sub-TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO

Product Name: KPIF Individual On Exchange

Project Name/Number: /

**Status Date:** 

State: District of Columbia Filing Company: Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

TOI/Sub-TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO

Product Name: KPIF Individual On Exchange

Project Name/Number: /

Attachment DC KPIF plan\_management\_data\_templates\_unified\_4\_15.xlsm is not a PDF document and cannot be reproduced here.



Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. 2101 East Jefferson Street Rockville, Maryland 20852

May 31, 2013

Mr. Efren Tanhehco Supervisory Actuary Department of Insurance and Securities Insurance Product Division 810 First Street, N.E. Washington, DC 20002

Re: NAIC #: 95639

HIOS Issuer ID 94506

Individual On-Exchange Rate Filing

Filing #1

Dear Mr. Tanhehco,

Attached is the Individual on-exchange rate filing for Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. (Kaiser) for rates effective January 1, 2014. Kaiser is an HMO company and offers traditional HMO copayment plans covering medical and pharmacy claims expenses. Kaiser also offers Deductible and High Deductible plans, some of which are HSA qualified.

This is an initial filing for plans to be offered on the healthcare exchange, and as such, there are currently no DC policyholders. There is also no rate increase or premium impact.

Sincerely,

Brent Plemons Senior Actuarial Analyst Kaiser Foundation Health Plan, Inc.

Phone: 301-816-6634 Fax: 301-816-7124

Email: brent.r.plemons@kp.org

## Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

#### District of Columbia 2014 Direct Payment (Personal Advantage) Rate Filing HIOS Issuer ID: 94506

**HIOS Product ID** 

Form Numbers: DC-DP-GOLD-1000-20-DENTAL-DHMO-COST(01-14), DC-DP-GOLD-1000-20-DENTAL-DHMO-COST(01-14)HIX, DC-DP-GOLD-0-20-DENTAL-HMO(01-14), DC-DP-GOLD-0-20-DENTAL-HMO(01-14)HIX, DC-DP-SILVER-1500-30-DENTAL-DHMO-COST(01-14), DC-DP-SILVER-2500-30-DENTAL-DHMO-COST(01-14), DC-DP-SILVER-1500-30-DENTAL-DHMO-COST(01-14)HIX, DC-DP-SILVER-2500-30-DENTAL-DHMO-COST(01-14)HIX, DC-DP-SILVER-1750-25%-HSA-DENTAL-HDHP-COST(01-14), DC-DP-SILVER-1750-25%-HSA-DENTAL-HDHP-COST(01-14)HIX, DC-DP-SILVER-1500-30-CSR-DENTAL-DHMO-COST(01-14)HIX, DC-DP-SILVER-100-5%-CSR-HDHP-DENTAL-COST(01-14), DC-DP-SILVER-500-10%-CSR-HDHP-DENTAL-COST(01-14), DC-DP-SILVER-1300-20%-CSR-HDHP-DENTAL-COST(01-14), DC-DP-SILVER-100-5% -CSR-HDHP-DENTAL-COST(01-14)HIX, DC-DP-SILVER-500-10% -CSR-HDHP-DENTAL-COST(01-14)HIX. DC-DP-SILVER-1300-20%-CSR-HDHP-DENTAL-COST(01-14)HIX. DC-DP-SILVER-0-5-CSR-DENTAL-HMO(01-14)HIX, DC-DP-SILVER-0-15-CSR-DENTAL-HMO(01-14)HIX, DC-DP-BRONZE-4500-50-DENTAL-DHMO-COST(01-14)HIX, DC-DP-BRONZE-4500-50-DENTAL-DHMO-COST(01-14), DC-DP-BRONZE-4500-50-HSA-DENTAL-HDHP-COST(01-14), DC-DP-BRONZE-5000-30%-HSA-DENTAL-HDHP-COST(01-14), DC-DP-BRONZE-4500-50-HSA-DENTAL-HDHP-COST(01-14)HIX, DC-DP-BRONZE-5000-30%-HSA-DENTAL-HDHP-COST(01-14)HIX, DC-DP-CATASTROPHIC-6400-DENTAL-DHMO-COST(01-14)HIX, DC-DP-CATASTROPHIC-6400-DENTAL-DHMO-COST(01-14), DC-DP-BRONZE-0-0-DENTAL-HMO(01-14)HIX, DC-DP-GOLD-1000-20-DENTAL-DHMO-RX(01-14),DC-DP-GOLD-100-20-DENTAL-DHMO-RX(01-14),DC-DP-GOLD-100-20-DENTAL-DHMO-RX(01-14),DC-DP-GOLD-100-20-DENTAL-DHMO-RX(01-14),DC-DP-GOLD-100-20-DENTAL-DHMO-RX(01-14),DC-DP-GOLD-DHMO-RX(01-14),DC-DP-GOLD-DP-GOLD-DP-GOLD-DHMO-RX(01-14),DC-DP-GOLD DENTAL-DHMO-RX(01-14)HIX, DC-DP-GOLD-0-20-DENTAL-HMO-RX(01-14), DC-DP-GOLD-0-20-DENTAL-HMO-RX(01-14)HIX, DC-DP-SILVER-1500-30-DENTAL-DHMO-RX(01-14), DC-DP-SILVER-2500-30-DENTAL-DHMO-RX(01-14), DC-DP-SILVER-1500-30-DENTAL-DHMO-RX(01-14)HIX, DC-DP-SILVER-2500-30-DENTAL-DHMO-RX(01-14)HIX, DC-DP-SILVER-1750-25%-HSA-DENTAL-HDHP-RX(01-14), DC-DP-SILVER-1750-25%-HSA-DENTAL-HDHP-RX(01-14)HIX, DC-DP-SILVER-1500-30-CSR-DENTAL-DHMO-RX(01-14)HIX, DC-DP-SILVER-100-5%-CSR-HDHP-DENTAL-RX(01-14), DC-DP-SILVER-500-10%-CSR-HDHP-DENTAL-RX(01-14), DC-DP-SILVER-1300-20%-CSR-HDHP-DENTAL-RX(01-14), DC-DP-SILVER-100-5%-CSR-HDHP-DENTAL-RX(01-14)HIX, DC-DP-SILVER-500-10%-CSR-HDHP-DENTAL-RX(01-14)HIX, DC-DP-SILVER-1300-20%-CSR-HDHP-DENTAL-RX(01-14)HIX, DC-DP-SILVER-0-5-CSR-DENTAL-HMO-RX(01-14)HIX, DC-DP-SILVER-0-15-CSR-DENTAL-HMO-RX(01-14)HIX, DC-DP-BRONZE-4500-50-DENTAL-DHMO-RX(01-14)HIX, DC-DP-BRONZE-4500-50-DENTAL-DHMO-RX(01-14), DC-DP-BRONZE-4500-50-HSA-DENTAL-HDHP-RX(01-14), DC-DP-BRONZE-5000-30%-HSA-DENTAL-HDHP-RX(01-14), DC-DP-BRONZE-4500-50-HSA-DENTAL-HDHP-RX(01-14)HIX, DC-DP-BRONZE-5000-30%-HSA-DENTAL-HDHP-RX(01-14)HIX, DC-DP-CATASTROPHIC-6400-DENTAL-DHMO-RX(01-14)HIX, DC-DP-CATASTROPHIC-6400-DENTAL-DHMO-RX(01-14), DC-DP-BRONZE-0-0-DENTAL-HMO-RX(01-14)HIX

#### **Actuarial Memorandum**

I, Peter Berry, Senior Actuarial Director for Kaiser Foundation Health Plan, Inc. (Kaiser), am a member of the American Academy of Actuaries. I meet the qualification standards for certifying Regulatory Filings for Rates and Financial Projections for Health Plans. This Actuarial Certification applies to the attached filing for an approval of premium rates for Personal Advantage, the Direct Payment program sold on the exchange. This actuarial memorandum documents the assumptions and sources of data pertaining to the development of Kaiser premium rates effective January 2014.

This rate filing applies to forms that are open to new sales. This filing does not cover grandfathered products that existed prior to 2014 that will be offered off the exchange only.

Kaiser Foundation Health Plan is an HMO company and offers traditional HMO copayment plans covering medical and pharmacy claims expenses. Kaiser also offers Deductible and High Deductible plans, some of which are HSA qualified.

I am the primary contact for submission of this filing. My telephone number is 301-816-6872 and my email address is peter.berry@kp.org.

#### **Proposed Rate Increases**

The plans included in this filing are new plans and therefore do not have rate increases.

#### **Experience Period Claims**

Base period data:

The Revenue Requirement for 2014 for the new ACA plans is developed by accumulating District of Columbia-specific medical and administrative expenses for essential health benefits (EHB) for non-grandfathered business in the Child-Only, Conversion, Dues Subsidy, Individually Medically Underwritten and Small Group lines of business incurred and paid in the period January 2012 through December 2012 including the incurred but not reported estimates for external expense. Allowed cost data from internal costs, fee for service claims, and prescription drug claims are trended to 2014. Allowed claims for internal services come directly from allocated costs while allowed claims for external expenses are calculated as estimated incurred plus member cost sharing.

#### Capitations:

Kaiser Permanente has contracted with Dominion Dental to provide dental care to Kaiser members. Kaiser pays Dominion Dental a fixed capitation of \$1.15 PMPM to cover adult preventative. Other dental products are offered as riders. The \$1.15 PMPM is part of the base period allowed amount, shown in Exhibit 2. It is then removed as a non-Essential Health Benefit in Exhibit 3. Finally, the \$1.15 is added back as a non-EHB in Exhibit 14. The \$1.15 charged in 2014 is a direct pass through for Kaiser to Dominion Dental.

#### Incurred Estimates on External Expense:

A common reserve tool developed and maintained by Kaiser Actuarial Services is used to set Kaiser's IBNR reserves. Kaiser's common reserve tool uses historical claim lag averages to project anticipated future payments. IBNR levels are set for line of business and service line breakouts. Note that the IBNR applies only to Kaiser's external allowed costs. Most of Kaiser's expenses are internal fixed costs, which are allocated and do not have any lag in reporting.

The completion factors used to complete the base period external claims are taken from Kaiser's overall commercial line of business by type of service. The claims are incurred and paid in 2012 so a 12/12 completion factor is used.

#### **Part I Unified Rate Review Template**

#### Base Period Experience:

The base period experience in Worksheet 1 Section I and in Worksheet 2 Section III is the combined experience of the Small Group and Individual markets. The Index Rate of the Experience Period in cell G17 is taken from Exhibit 1 line 3. It is the per member per month allowed claims less essential health benefits from the base period. Therefore, it represents the average age of the members in the risk pool. The Index Rate for the Projection period, discussed below, is taken from Exhibit 1 Line 18 and is adjusted to age 21.

#### Premium:

Premium in Worksheet 1 Section I was captured for calendar year 2012 for all members in the base period single (combined Small Group and Individual) pool. There were no MLR rebates for these members in this period. For Dues Subsidy members, the whole premium was captured and not just the portion paid by the member.

#### Benefit Categories:

The benefit categories in Section II of Worksheet 1 are mapped based on type of service and place of treatment codes. For example:

Benefit Category	Services
Inpatient Hospital	Inpatient Facility, Inpatient Visits (Rounding), Inpatient Surgery - Non Maternity, Maternity
Outpatient Hospital	Outpatient Facility, Emergency/Urgent Care, Hospital Outpatient Other Professional, Outpatient Surgery
Professional	Diagnostic Services, Office Visits, Cardiovascular, Chemotherapy/Pharmacy, Dialysis, PT/OT/ST
Other Medical	Other Services
Capitation	Adult Preventive Dental
Prescription Drug	Pharmacy

#### Morbidity and Other Adjustments:

The morbidity adjustment in Worksheet 1 Section II is taken from row (10) in the attached Exhibit 1 and reflect the morbidity in the single risk pool (Small Group and Individual combined) of our expected 2014 membership. The development of this factor along with the documentation of the assumptions is included in Exhibits 7.1-7.3.

Assumptions are documented in those exhibits regarding the current relative morbidity of Kaiser's population along with the expected morbidity of the future market relative to Kaiser and are based on internal studies, a Wakely Consulting Group study conducted for Kaiser and other industry reports such as those released by the Society of Actuaries. Growth assumptions for the market as a whole and Kaiser specifically are used to calculate Kaiser's 2014 expected relative morbidity to the market.

The "Other" adjustment in Section II Worksheet 1 is an adjustment to reflect that family contracts are limited to three dependents in 2014 as well as an adjustment for the leveraging of fixed costs in 2014. The latter is documented in Exhibit 9. The estimate for the three dependent adjustment was provided by another Kaiser actuary, Juan Herrera, and I am relying on his work.

Also included in the "Other" adjustment is the net impact of changes in utilization copay effect between the base and projection periods. This is calculated by dividing the average base period utilization copay adjustment in Exhibit 4 by the average utilization copay effect in the projection period as determined by the pricing model described below under "AV Pricing Values".

All the factors discussed above in the Morbidity and Other Adjustments are based on Small Group and Individual experience combined.

#### Paid to Allowed Ratio:

The Paid to Allowed Average Factor in Projection Period in Section III of Worksheet 1 is a composite of the plan factors (paid to allowed) for the new plans list in Worksheet 2 for the Individual line of business. The composite factor was calculated as a weighted average of the new plans based on projected members discussed below. The development of the plan factor for each plan is discussed in the "AV Pricing Values" below.

*Index Rate for the Projection Period:* 

The index rate for the projection period in Worksheet 1 Section III in cell V44 represents the age 21 index rate and is developed in Exhibit 1 and shown on line (18) in that exhibit.

#### Risk Adjustment

Exhibits 7.1-7.3 document the development of the Risk Adjustment index rate factor. The index rate is adjusted to reflect the risk adjustment receipts anticipated in the rating period based on the expected risk profile relative to the market of the Individual line only based on DISB guidance.

#### Reinsurance

An adjustment is made to the index rate to reflect reinsurance recoveries, which in 2014 is 80% of all claims dollars between \$60,000 and \$250,000 per claim. Because the new exchange environment will be guaranteed issue, the adjustment factor was developed using base period claims for Large Group since Large Group is not medically underwritten and would be a better representation of the expected claims distribution in a guaranteed issue environment. The development of the adjustment factors is shown in Exhibit 8.

The contribution to the Federal transitional reinsurance program is netted against the reinsurance recovery described above in the development of the index rate and is not included in the administrative expense. The development of this adjustment is also shown in Exhibit 8.

#### **Administrative Expense**

Retention includes broker commissions, administrative expenses and capital contribution. Commissions are paid to Brokers of Record. The capital contribution is an amount to maintain and expand medical center facilities where members receive the majority of health care in the Kaiser Foundation Health Plan. As a group model HMO, Kaiser owns a significant portion of the health care delivery system. In other health care delivery models, capital contributions are included in fee for service payments, whereas for Kaiser these are funded through premium rates.

#### **Profit and Risk Margin**

As mentioned above, the capital contribution of 2%, shown in Exhibit 10, is an amount to maintain and expand medical center facilities where members receive the majority of health care in the Kaiser Foundation Health Plan.

#### **Taxes and Fees**

Administrative expense has been adjusted to reflect the PCORI tax and the insurer tax that will apply in 2014. The amount is shown as percent in Exhibit 10.

#### **Projected Loss Ratio**

Based on a target admin percentage of 20.5%, which includes a 2% capital contribution margin, we anticipate an MLR based on federally prescribed methodology to be at least 81.5% because taxes can be adjusted out of the MLR calculation. The ultimate MLR would be expected to be slightly higher than 81.5% due to other allowed adjustments to both claims and premium in the federally prescribed methodology.

#### **Index Rate**

The development of the index rate is summarized in Exhibit 1 and is based on combined experience of non-grandfathered Individual and Small Group experience as described above. The following factors along with Risk Adjustment and Reinsurance described above have been considered in the development and are document below.

#### *Utilization copayment effect adjustment:*

Allowed claims are grossed up for anticipated changes in the average utilization of services due to average cost sharing requirements in the base period. Member cost sharing results in lower utilization and, thus, lower allowed costs, than would otherwise occur in a zero cost share environment. An estimate based on industry standard factors has been made at the plan level to adjust our base period data to what would have been expected in a zero cost share environment in order to normalize for the utilization copayment effect. These adjustments are documented in Exhibit 4.

#### Age/Gender Normalization:

Base period claims experience is normalized for age and gender for the non-grandfathered population. An average age was derived by applying 2012 member months to the DISB age factors indexed to age 21, shown in Exhibit 13. The allowed claims are then divided by this factor to adjust to a 21 year-old level. Average age factors by line of business are summarized in Exhibit 5.

#### Trend:

The future trend numbers are based on actuarial judgment considering a mixture of expected industry trends, future fixed costs, and expected internalization of services. As an integrated health care provider, a large portion of Kaiser's expenses are the fixed costs associated with providing medical care through our centers. Therefore, the projected cost that is included in our total revenue requirement is largely based on budgeting. For traditional carriers, projected claims trends are developed to project expected costs. However, given Kaiser's fixed cost structure, Kaiser's projected claims trends fall out of the development of projected budgeted costs. For 2012 to 2014, our projected total annualized medical expense trend for Individual is 3.5% and is shown in Exhibit 6 of our filing.

#### Fixed Cost Adjustment:

As mentioned above, a large portion of Kaiser's expense are fixed costs that do not vary with the number of members covered. Therefore, as Kaiser increases the number of members it covers, the PMPM value of the fixed costs decreases. The development of this factor is shown in Exhibit 9.

#### **Alternative AV Calculations**

The AV Calculator does not have an option for outpatient facility copay. To calculate the impact on the actuarial value of the plan for this benefit we used the alternate method described in 156.135 (b)(2). We requested from a major actuarial consulting firm the national average allowed amount for outpatient facility costs in 2014. To determine AVs for plans outpatient facility copays, we propose an OP Copay Converter to be used with the AV calculator. To create this converter, we then compared the copay amount to the estimated average national OP facility allowed amount to calculate the implied coinsurance % for OP procedures. This coinsurance should only be applied to the OP facility cost and not the OP professional cost, which should be covered at 100%.

I have relied on work completed by another Kaiser actuary, Boris Shekhter, with regards to the Alternative AV Calculation. Based on that reliance, I certify the calculation to be actuarially sound.

#### **AV Pricing Values**

The rates for specific plans are calculated by multiplying plan factors times the index rate. The plan factors use industry standard data in a model from a national actuarial consulting firm, calibrated to Kaiser Experience to calculate the impact of the various cost share and plan elements for EHBs, including utilization copayment effect. The reference plan used as the basis for the AV pricing values is a \$0 cost share plan valued using the same industry standard factors described above.

Exhibit 11 indicates the portion of the AV Pricing Value that is attributable to each of the allowable modifiers to the Index Rate. The plan factor shown in Exhibit 11 reflects both member cost shares and the resulting dampening of expected utilization due to those cost shares.

The rates for the catastrophic plan were calculated by multiplying the plan factor, non-EHB adjustment, age factors, and the administrative expense factor by a modified index rate.

#### **Age Factors**

The age factor table used to develop age specific rates is the standard table provided by DISB.

#### Non-EHB

An adjustment has been made to the base period allowed amount to remove the Non-EHB benefits from the Index Rate. This multiplier was calculated by summing the allowed amount for Non-EHB benefits in the base period and adding the adult preventive dental capitation and then dividing by total allowed.

The multiplier excluding the dental capitation is used to add back Non-EHB benefits when calculating the AV Pricing Values for each plan.

As discussed above, \$1.15 PMPM is then added to each adult rate for the adult preventive dental capitation paid as a pass-through to Dominion Dental.

#### **Additional URRT Items**

#### Membership Projections:

The total membership projection included across new plans in Section II of Worksheet 2 is developed by considering Kaiser's current membership, the expected uptake of the uninsured in the 2014 exchange and the Kaiser's expected market share of that growth in the rating period. Detailed assumptions are presented and documented in Exhibits 7.1-7.3.

An assumption is made in Worksheet 2 as to the distribution of members by product. The distribution is for the sole purpose of calculating average benefit and copay utilization effect factors for Worksheet 1 and is not based on any mapping of current members. It is generally assumed that there will be concentration in Silver plans due to the available cost share reductions.

#### Terminated Plans:

The list of terminated non-grandfathered pools and plans that are included in the column "Terminated Plans" in Worksheet 2 of the URRT are shown below:

Child-Only	DHMO 2000/30 RX
	HDHP 8000/0 RX
	HMO 0/35 RX
HCR	\$10/20
	\$1000 Ded/30%
	\$1250 Ded/20%
	\$1750 Ded/20%
	\$20/30
	\$2500 Ded/20%
	\$30/40
	\$40/50
	\$4500 Ded

	\$500 Ded/20%
	\$750 Ded/20% w/out Rx
	\$750 Ded/20% with Rx
	\$8000 Ded
Non-Grandfathered	Conversion
Reform	HDHP 1250/20 RX
Kelomi	\$2500 Ded/20%
	DHMO 1000/30 RX
	DHMO 1500/30 RX
	DHMO 2000/30 RX
	DHMO 750/30 RX
	HDHP 2500/30 RX
	HDHP 4500/20 RX
	HDHP 8000/0 RX
	HMO 0/25 RX
	HMO 0/35 RX
Unisex	HDHP 1250/20 RX
	DHMO 1000/30 RX
	DHMO 1500/30 RX
	DHMO 2000/30 RX
	DHMO 750/30 RX
	HDHP 2500/30 RX
	HDHP 4500/20 RX
	HDHP 8000/0 RX
	HMO 0/25 RX
	HMO 0/35 RX

#### **Summary Rate Calculation**

Exhibit 1 shows the development of the Index Rate from the period Medical Cost Data. The final 2014 rates by plan and age are developed by applying plan factors, non-EHB benefit costs, admin expense and dental capitation to the index rate to get a plan specific PMPMs. The plan specific PMPMs are multiplied by the age slope to generate age specific rates.

#### **Exhibit Table of Contents:**

The following exhibits are included in this filing:

- Exhibit 1 Summary Index Rate Calculation
- Exhibit 2 Allowed Claims Development
- Exhibit 3 –Non-EHB Adjustments
- Exhibit 4 Utilization Copayment Effect Adjustment
- Exhibit 5 Age/Gender Adjustment
- Exhibits 6 Trend Calculation
- Exhibits 7.1 Risk Adjustment and Morbidity Development Combined Small and Individual
- Exhibits 7.2 Risk Adjustment and Morbidity Development Individual Line of Business
- Exhibits 7.3 Risk Adjustment and Morbidity Development Small Group Line of Business
- Exhibit 8 Reinsurance Adjustment Factor
- Exhibit 9 Fixed Cost Adjustment

- Exhibit 10 Administrative Expense Adjustment
- Exhibit 11 Adjustments to the Index Rate
- Exhibit 12 AV Calculator Values by Plan
- Exhibit 13 Age Factors
- Exhibit 14 Adult Preventive Dental Capitation
- Appendix I Rate Sheet

#### Certification

This filing is in conformity with all applicable Actuarial Standards of Practice, including ASOP No. 8. To the best of my knowledge, the rating methodologies of Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. and the development of the Index Rate comply with the applicable District and Federal Statutes and Regulations (45 CFR 156.80(d)(1). The percent of total premium that represents essential health benefits included in Worksheet 2, Sections III and IV were calculated in accordance with actuarial standards of practice. 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. The rating methodologies produce premiums that are reasonable in relation to benefits being provided and the populations being covered and are based on sound and commonly accepted actuarial principles and are neither excessive nor deficient.

Peter Berry, FSA, MAAA Senior Actuarial Director

Kaiser Foundation Health Plan, Inc.

5/31/2013

## **Index Rate Development**

## **Summary Index Rate Calculation - Individual**

## Exhibit 1

			<u>Source</u>
(1)	Base Period Allowed	\$315.23	Exhibits 2
(2)	Non-EHB Claims Adjustment	0.9850	Exhibits 3
(3)	EHB Base Period Allowed	\$310.49	[(1)*(2)]
(4)	True of T	1.005	T 177. 4
(4)	Utilization Impact	1.085	Exhibits 4
(5)	Age/Gender Adjustment	0.675	Exhibits 5
(6)	Normalized Allowed	\$227.30	[(3)*(4)*(5)]
(7)	Annualized Trend	3.5%	Exhibit 6
(8)	Months of Trend	24	
(9)	Trend Factor	1.072	[ {1 + (7)} ^ {(8)/12} ]
(10)	Change in Morbidity	1.093	Exhibit 7.1-7.3
	Contract Limit of 3 Children Factor	1.005	
	Exchange Fee	1.000	
	Fixed Cost Adjustment	0.986	Exhibit 9 converted to a % of the Index Rate
(14)	Combined Index Rate Prior to Separate Modifiers	\$264.01	(6) * (9) * (10) * (11) * (12) *(13)
(15)	Risk Adjustment	0.919	Exhibit 7.2
(16)	Reinsurance Recovery	0.927	Exhibit 8
(17)	Reinsurance Premium	1.019	Exhibit 8
(18)	Index Rate	\$229.05	(6) * (9) * (10) * (11) * (12) * (13) * (14) * (15) * (16) + (17)
		\$229.16	

#### Allowed Claims Development Exhibit 2

					External				
Current Pool	Current Plans	Member Months	Allowed Internal	Capitation	Paid	IBNR	Member Cost Share	Allowed	Total
Individual	All	10,647	\$195.98	\$1.15	\$72.66	\$9.04	\$10.86	\$92.55	\$289.68
Small Group	All	35,950	\$194.27	\$1.15	\$106.27	\$13.00	\$8.10	\$127.37	\$322.79
Grand Total	·	46,597	\$194.66	\$1.15	\$98.59	\$12.10	\$8.73	\$119.42	\$315.23

## Non-EHB Adjustments Exhibit 3

Current Pool	Current Plans	Member Months	Non-EHB PMPM
Individual	All	10,647	\$4.30
Small Group	All	35,950	\$4.86
Grand Total		46,597	\$4.73

Multplier to Remove Non-EHB [ 1 - (Non-EHB PMPM / Allowed PMPM)]	0.9850
[Multiplier to Kelliove Noil-Errib [ 1 - (Noil-Errib FMFM) / Allowed FMFM)]	0.9850

## Utilization Copayment Effect Adjustment Exhibit 4

Current Pool	Current Plan	Member Months	Allowed Amount	Copay Impact
Individual	All	10,647	\$289.68	0.902
Small Group	All	35,950	\$322.79	0.927
Grand Total		46,597	\$315.23	0.922

Adjustment Factor is the Inverse of the Total	1.085
radiustificati ractor is the inverse of the rotar	1.003

## Age/Gender Adjustment Exhibit 5

Current Pool	Current Plan	Member Months	Average Age/Gender	Adjustment Factor
Individual	All	10,647	1.398	0.715
Small Group	All	35,950	1.507	0.664
Grand Total		46,597	1.482	0.675

# Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. Exhibit 6 Trend Calculation

		2012 to 2014 Annualized
Category	Weight	Trend
Hospital	14.8%	4.5%
Physician Internal	22.8%	4.0%
Referral	3.6%	4.5%
Rx	15.4%	4.5%
Other	43.5%	2.5%
Composite	100.0%	3.5%

## Risk Adjustment and Morbidity Development Exhibit 7.1

## **Development of Risk Adjustment Factor Applied to Index Rate**

	<u>Small</u>	<u>Individual</u>	<u>Total</u>
Average Members	3,454	2,720	6,174
Adjustment for change in risk in Kaiser membership	105.9%	113.7%	109.3%
Adjustment for risk adjustment recoveries	94.4%	91.9%	93.3%

#### Risk Adjustment and Morbidity Development - Individual Exhibit 7.2

#### Current Risk Profile of Non-Grandfathered Kaiser members relative to current market

	CY 2012 Average Members	<u>Morbidity</u>
(1) Non-Grandfathered Guaranteed Issue	6	1.823
(2) Non-Grandfathered Medically Underwritten <sup>1</sup>	820	0.983
(3) Dues Subsidy	649	0.937
(4) Total	1,474	0.966
Impact of projected membership to Kaiser risk profile in 2014	relative to current market	
	Average Members	Morbidity
(5) Current Members [from (4) above]	1,474	0.966
(6) Gender to Unisex Selection Adjustment	205	1.100
(7) Total Mobidity Change	1,474	0.979
(8) New Entrants and Transfers	1,246	1.238
(9) Subtotal	2,720	1.098
Impact to Current Market from all new entrants in 2014		
	Average Members	Risk Relativity
(10) Current Market	14,565	1.000
(11) Uninsured New Entrants <sup>2</sup>	604	1.300
(12) Transfers from Group	4,322	1.000
(13) 2014 Market	19,491	1.009
(14) Kaiser risk relativity to 2014 market $\left[\right.\left(9\right)/\left.\left(13\right)\left.\right]$		1.088
Development of Risk Adjustment Factor Applied to Index Rate	e	
(15) Adjustment for change in risk in Kaiser membership [ (9) / (4) ]		113.7%

<sup>&</sup>lt;sup>1</sup> Non-Grandfathred Kaiser members have a current risk profile of 1.000 to all Kaiser medically undewritten members based on DxCG risk scoring. Current Kaiser Medically Underwritten relativity to market is assumed to be 1.05.

(16) Adjustment for risk adjustment recoveries [ 1 / (14) ]

91.9%

## Risk Adjustment Factor - Small Group Exhibit 7.3

### **Current Risk Profile of Non-Grandfathered Kaiser members relative to current market**

	CY 2012 Average Members	<u>Morbidity</u>
(1) Non-Grandfathered <sup>1</sup>	2,996	1.000
Impact of projected membership to Kaiser 1	risk profile in 2014 relative to curr	rent market
	Average Members	<u>Morbidity</u>
(2) Current Members [from (1) above]	2,996	1.000
(3) Exit Kaiser Small Group <sup>2</sup>	(853)	0.800
(4) New Kaiser members formerly uninsured <sup>3</sup>	328	1.100
(5) New to Kaiser from other carriers	983	1.000
(6) Subtotal	3,454	1.059
	Average Members	
(7) Current Market	50,762	1.000
(8) Enter 2014	1,678	1.000
(9) Exit 2014	6,000	1.000
(10) <b>Net 2014 Market</b>	46,440	1.000
(11) Kaiser risk relativity to 2014 market [ (6) $/$ (	1.059	
Development of Risk Adjustment Factor Ap	oplied to Index Rate	
(12) Adjustment for change in risk in Kaiser member	ership [ (6) / (1) ]	105.9%
(13) Adjustment for risk adjustment recoveries [ 1 /	(11)]	94.4%
(14) Total Adjustment [ (12) * (13)]		100.0%

<sup>&</sup>lt;sup>1</sup> Current Kaiser portfolio is expected to be 1.000 to market.

<sup>&</sup>lt;sup>2</sup> Transfers to Kaiser Individual and other carriers

<sup>&</sup>lt;sup>3</sup> Assumes new Kaiser members are 1.1 to market since going from underwritten to guaranteed issue market

#### Reinsurance Adjustment Factor Exhibit 8

Commercial Large Group Data Experience Period: July 2011 - June 2012 HMO / DHMO, Mid-Atlantic

(1)	(2)	(3)	(4)	(5)	(6)
Claim Amt	Count	Avg	Frequency	Cumulative Frequency	Exp Recoveries
0	61,317	0	0.14073	1.00000	0.00
1	352,337	1,480	0.80868	0.85927	0.00
10,000	12,412	13,794	0.02849	0.05059	0.00
20,000	3,998	24,254	0.00918	0.02210	0.00
30,000	1,810	34,391	0.00415	0.01293	0.00
40,000	1,018	44,487	0.00234	0.00877	0.00
50,000	644	54,752	0.00148	0.00644	0.00
60,000	475	64,648	0.00109	0.00496	3718.71
70,000	342	74,892	0.00078	0.00387	11913.57
80,000	263	84,940	0.00060	0.00308	19951.76
90,000	190	94,993	0.00044	0.00248	27994.65
100,000	137	105,360	0.00031	0.00205	36288.31
110,000	122	115,102	0.00028	0.00173	44081.68
120,000	88	124,779	0.00020	0.00145	51823.34
130,000	69	134,133	0.00016	0.00125	59306.55
140,000	75	144,581	0.00017	0.00109	67665.01
150,000	48	154,536	0.00011	0.00092	75629.19
160,000	53	165,096	0.00012	0.00081	84076.89
170,000	41	174,964	0.00009	0.00069	91971.02
180,000	26	184,848	0.00006	0.00059	99878.14
190,000	25	194,688	0.00006	0.00053	107750.08
200,000	23	204,759	0.00005	0.00048	115806.95
210,000	17	214,713	0.00004	0.00042	123770.03
220,000	15	224,703	0.00003	0.00038	131762.00
230,000	10	233,421	0.00002	0.00035	138736.60
240,000	8	244,914	0.00002	0.00033	147931.50
250,000	134	396,483	0.00031	0.00031	152000.00

Total Claims Count 435,697 Sum of column (2)

Average Claim 2,733.57 Sumproduct of columns (2) and (3) Average Recovery 200.40 Sumproduct of columns (3) and (6)

Percent Recovered 7.3% Average Recovery divided by Average Claim

Adjustment Factor 92.7%

#### Contribution to Federal transitional resinsurance program

As a percent of Allowed

1.9%

Based on \$5.25 PMPM 2014 contribution amountas a percent of average expected allowed amount

## Fixed Cost Adjustment Exhibit 9

Current Total Commercial Member Months	5,817,979
New total with growth	6,177,979
Current Commercial Fixed	343,729,044
Change in Fixed PMPM	-\$3.44

Budget assumes 30,000 new members for all of 2014

## **Administrative Expense Adjustment - Individual** Exhibit 10

Retention Category	Percent of Retention
Claims Processing	0.76%
Customer Service	1.60%
Taxes	2.95%
Capital Contribution	2.00%
Member Satisfaction Survey	0.17%
Member Communication Materials	0.41%
Open Enrollment	0.41%
Utilization Review	0.52%
Care Management	0.78%
Ad Hoc Reports	0.25%
Other - Community Service	0.30%
Corporate and Other Overhead	4.35%
Commissions	6.00%
Total	20.50%

## Adjustments to the Index Rate Exhibit 11

			A	llowable Modifiers	
Plans	Metallic Level	Name	Plan Factors	Non-EHB	Admin
1	Platinum	KP DC Platinum 0/10/Dental	0.8493	1.0110	1.2579
2	Gold	KP DC Gold 0/20/Dental	0.7985	1.0110	1.2579
3	Gold	KP DC Gold 1000/20/Dental	0.7135	1.0110	1.2579
4	Silver	KP DC Silver 1500/30/Dental	0.6480	1.0110	1.2579
5	Silver	KP DC Silver 2500/30/Dental	0.6272	1.0110	1.2579
6	Silver	KP DC Silver 1750/25%/HSA/Dental	0.6167	1.0110	1.2579
7	Bronze	KP DC Bronze 4500/50/Dental	0.5278	1.0110	1.2579
8	Bronze	KP Dc Bronze 4500/50/HSA/Dental	0.5192	1.0110	1.2579
9	Bronze	KP DC Bronze 5000/30%/HSA/Dental	0.5153	1.0110	1.2579
10	Catastrophic	KP DC Catastrophic 6400/0/Dental	0.5454	1.0110	1.2579

## AV Calculator Values by Plan Exhibit 12

Plans	Metallic Level	Name	AV
1	Platinum	Plan 1	0.885
2	Gold	Plan 2	0.811
3	Gold	Plan 3	0.782
4	Silver	Plan 4	0.703
5	Silver	Plan 5	0.687
6	Silver	Plan 6	0.689
7	Bronze	Plan 7	0.607
8	Bronze	Plan 8	0.591
9	Bronze	Plan 9	0.588
10	Catastrophic	Plan 10	0.578

## Age Factors Exhibit 13

Age	Age Slope	Age Factor Indexed to Age 21
20	0.727	1.00
21	0.727	1.00
22	0.727	1.00
23	0.727	1.00
24	0.727	1.00
25	0.727	1.00
26	0.727	1.00
27	0.727	1.00
28	0.727	1.00
29	0.727	1.00
30	0.727	1.00
31	0.727	1.00
32	0.727	1.00
33	0.727	1.03
34	0.746	1.07
35	0.775	1.11
36	0.805	1.15
37	0.836	1.20
38	0.869	1.24
39	0.903	1.29
40	0.938	1.34
41	0.975	1.39
42	1.013	1.45
43	1.053	1.50
44	1.094	1.56
45	1.137	1.62
46	1.181	1.69
47	1.227	1.75
48	1.275	1.82
49	1.325	1.89
50	1.377	1.97
51	1.431	2.05
52	1.487	2.13
53	1.545	2.21
54	1.605	2.29
55	1.668	2.38
56	1.733	2.48
57	1.801	2.57
58	1.871	2.67
59	1.944	2.78
60	2.02	2.89
61	2.099	3.00
62	2.181	3.00
63	2.181	3.00
64+	2.181	3.00

## Adult Preventive Dental Capitation Rates Exhibit 14

Age	Age Related
20	\$0.00
21	\$1.15
22	\$1.15
23	\$1.15
24	\$1.15
25	\$1.15
26	\$1.15
27	\$1.15
28	\$1.15
29	\$1.15
30	\$1.15
31	\$1.15
32	\$1.15
33	\$1.15
34	\$1.15
35	\$1.15
36	\$1.15
37	\$1.15
38	\$1.15
39	\$1.15
40	\$1.15
41	\$1.15
42	\$1.15
43	\$1.15
44 45	\$1.15
43 46	\$1.15 \$1.15
40 47	\$1.15 \$1.15
48	\$1.15
49	\$1.15
50	\$1.15
51	\$1.15
52	\$1.15
53	\$1.15
54	\$1.15
55	\$1.15
56	\$1.15
57	\$1.15
58	\$1.15
59	\$1.15
60	\$1.15
61	\$1.15
62	\$1.15
63	\$1.15
64+	\$1.15

#### Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. Rates effective January 1, 2014 Virginia Individual Exchange Appendix I

	Platinum	Gold	Gold	Silver	Silver	Silver	Bronze	Bronze	Bronze	Catastrophic
Age	KP DC Platinum 0/10/Dental			KP DC Silver 1500/30/Dental	KP DC Silver 2500/30/Dental	KP DC Silver 1750/25%/HSA/Dental	KP DC Bronze 4500/50/Dental	KP Dc Bronze 4500/50/HSA/Dental	KP DC Bronze 5000/30%/HSA/Dental	KP DC Catastrophic 6400/0/Dental
20 and Under	\$247.40	\$232.61	\$207.84	\$188.75	\$182.70	\$179.64	\$153.74	\$151.25	\$150.12	\$158.87
21	\$248.55	\$233.76	\$208.99	\$189.90	\$183.85	\$180.79	\$154.89	\$152.40	\$151.27	\$160.02
22	\$248.55	\$233.76	\$208.99	\$189.90	\$183.85	\$180.79	\$154.89	\$152.40	\$151.27	\$160.02
23	\$248.55	\$233.76	\$208.99	\$189.90	\$183.85	\$180.79	\$154.89	\$152.40	\$151.27	\$160.02
24	\$248.55	\$233.76	\$208.99	\$189.90	\$183.85	\$180.79	\$154.89	\$152.40	\$151.27	\$160.02
25	\$248.55	\$233.76	\$208.99	\$189.90	\$183.85	\$180.79	\$154.89	\$152.40	\$151.27	\$160.02
26 27	\$248.55 \$248.55	\$233.76 \$233.76	\$208.99 \$208.99	\$189.90 \$189.90	\$183.85 \$183.85	\$180.79 \$180.79	\$154.89	\$152.40 \$152.40	\$151.27 \$151.27	\$160.02 \$160.02
28	\$248.55 \$248.55	\$233.76 \$233.76	\$208.99 \$208.99	\$189.90 \$189.90	\$183.85	\$180.79	\$154.89 \$154.89	\$152.40 \$152.40	\$151.27 \$151.27	\$160.02 \$160.02
28	\$248.55 \$248.55	\$233.76 \$233.76	\$208.99 \$208.99	\$189.90 \$189.90	\$183.85	\$180.79	\$154.89 \$154.89	\$152.40 \$152.40	\$151.27 \$151.27	\$160.02 \$160.02
30	\$248.55 \$248.55	\$233.76 \$233.76	\$208.99	\$189.90	\$183.85	\$180.79	\$154.89 \$154.89	\$152.40	\$151.27 \$151.27	\$160.02 \$160.02
31	\$248.55	\$233.76	\$208.99	\$189.90	\$183.85	\$180.79	\$154.89	\$152.40	\$151.27	\$160.02
32	\$248.55	\$233.76	\$208.99	\$189.90	\$183.85	\$180.79	\$154.89	\$152.40	\$151.27	\$160.02
33	\$255.01	\$239.84	\$214.42	\$194.83	\$188.63	\$185.48	\$158.90	\$156.36	\$155.19	\$164.17
34	\$264.88	\$249.12	\$222.71	\$202.36	\$195.91	\$192.65	\$165.04	\$162.39	\$161.18	\$170.51
35	\$275.09	\$258.72	\$231.29	\$210.15	\$203.45	\$200.06	\$171.38	\$168.63	\$167.37	\$177.07
36	\$285.64	\$268.64	\$240.15	\$218.20	\$211.24	\$207.72	\$177.93	\$175.08	\$173.77	\$183.84
37	\$296.87	\$279.19	\$249.58	\$226.77	\$219.54	\$215.87	\$184.91	\$181.95	\$180.59	\$191.05
38	\$308.44 \$320.35	\$290.07	\$259.30	\$235.60 \$244.68	\$228.08 \$236.88	\$224.27	\$192.10	\$189.02	\$187.61	\$198.48 \$206.13
39 40	\$320.35 \$332.94	\$301.27 \$313.11	\$269.31 \$279.89	\$244.68 \$254.29	\$236.88 \$246.18	\$232.92 \$242.06	\$199.50 \$207.33	\$196.30 \$204.00	\$194.84 \$202.48	\$206.13 \$214.22
40	\$332.94 \$345.87	\$313.11 \$325.27	\$279.89 \$290.75	\$254.29 \$264.16	\$240.18 \$255.73	\$242.06 \$251.45	\$207.33 \$215.36	\$204.00 \$211.91	\$202.48 \$210.32	\$214.22 \$222.52
42	\$359.48	\$338.07	\$302.19	\$274.54	\$265.78	\$261.34	\$223.82	\$220.23	\$218.58	\$231.26
43	\$373.43	\$351.19	\$313.91	\$285.19	\$276.08	\$271.47	\$232.49	\$228.76	\$227.05	\$240.22
44	\$388.07	\$364.94	\$326.20	\$296.35	\$286.89	\$282.09	\$241.59	\$237.70	\$235.93	\$249.62
45	\$403.04	\$379.02	\$338.78	\$307.77	\$297.94	\$292.97	\$250.89	\$246.86	\$245.01	\$259.23
46	\$418.69	\$393.74	\$351.93	\$319.72	\$309.50	\$304.33	\$260.62	\$256.43	\$254.51	\$269.29
47	\$435.03	\$409.10	\$365.65	\$332.18	\$321.57	\$316.19	\$270.77	\$266.42	\$264.42	\$279.77
48	\$452.04	\$425.10	\$379.95	\$345.16	\$334.13	\$328.55	\$281.34	\$276.82	\$274.75	\$290.70
49	\$469.74 \$488.11	\$441.73	\$394.81 \$410.25	\$358.66 \$372.68	\$347.20 \$360.77	\$341.40 \$354.74	\$292.34 \$303.76	\$287.64 \$298.87	\$285.48 \$296.63	\$302.06 \$313.87
50 51	\$488.11 \$507.17	\$459.01 \$476.93	\$410.25 \$426.26	\$372.68 \$387.22	\$360.77 \$374.85	\$354.74 \$368.58	\$303.76 \$315.60	\$298.87 \$310.52	\$296.63 \$308.20	\$313.87 \$326.10
52	\$526.91	\$476.93 \$495.49	\$426.26 \$442.84	\$402.28	\$374.83 \$389.42	\$308.38 \$382.91	\$315.00 \$327.86	\$310.52 \$322.59	\$308.20 \$320.17	\$326.10 \$338.78
53	\$547.33	\$514.68	\$460.00	\$417.86	\$404.50	\$397.73	\$340.55	\$335.07	\$332.56	\$351.89
54	\$568.76	\$534.84	\$478.01	\$434.21	\$420.33	\$413.30	\$353.87	\$348.18	\$345.57	\$365.66
55	\$590.88	\$555.64	\$496.59	\$451.09	\$436.67	\$429.36	\$367.62	\$361.70	\$358.99	\$379.86
56	\$614.02	\$577.40	\$516.03	\$468.75	\$453.76	\$446.16	\$382.00	\$375.85	\$373.03	\$394.72
57	\$637.84	\$599.79	\$536.04	\$486.92	\$471.35	\$463.46	\$396.80	\$390.41	\$387.49	\$410.02
58	\$662.69	\$623.15	\$556.91	\$505.87	\$489.69	\$481.50	\$412.24	\$405.60	\$402.56	\$425.97
59	\$688.55	\$647.47	\$578.64	\$525.60	\$508.79	\$500.28	\$428.31	\$421.41	\$418.25	\$442.58
60	\$715.43	\$672.74	\$601.22	\$546.12	\$528.65	\$519.80	\$445.02	\$437.85	\$434.57	\$459.84
61	\$743.34 \$743.34	\$698.98	\$624.67	\$567.40	\$549.25 \$549.25	\$540.06	\$462.36 \$462.36	\$454.91	\$451.50	\$477.76 \$477.76
62 63	\$743.34 \$743.34	\$698.98 \$698.98	\$624.67 \$624.67	\$567.40 \$567.40	\$549.25 \$549.25	\$540.06 \$540.06	\$462.36 \$462.36	\$454.91 \$454.91	\$451.50 \$451.50	\$477.76 \$477.76
64+	\$743.34 \$743.34	\$698.98 \$698.98	\$624.67	\$567.40 \$567.40	\$549.25 \$549.25	\$540.06 \$540.06	\$402.30 \$462.36	\$454.91 \$454.91	\$451.50 \$451.50	\$477.76
64+	\$743.34	\$698.98	\$624.67	\$567.40	\$549.25	\$540.06	\$462.36	\$454.91	\$451.50	S

## Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

#### District of Columbia 2014 Direct Payment (Personal Advantage) Rate Filing HIOS Issuer ID: 94506

**HIOS Product ID** 

Form Numbers: DC-DP-GOLD-1000-20-DENTAL-DHMO-COST(01-14), DC-DP-GOLD-1000-20-DENTAL-DHMO-COST(01-14)HIX, DC-DP-GOLD-0-20-DENTAL-HMO(01-14), DC-DP-GOLD-0-20-DENTAL-HMO(01-14)HIX, DC-DP-SILVER-1500-30-DENTAL-DHMO-COST(01-14), DC-DP-SILVER-2500-30-DENTAL-DHMO-COST(01-14), DC-DP-SILVER-1500-30-DENTAL-DHMO-COST(01-14)HIX, DC-DP-SILVER-2500-30-DENTAL-DHMO-COST(01-14)HIX, DC-DP-SILVER-1750-25%-HSA-DENTAL-HDHP-COST(01-14), DC-DP-SILVER-1750-25%-HSA-DENTAL-HDHP-COST(01-14)HIX, DC-DP-SILVER-1500-30-CSR-DENTAL-DHMO-COST(01-14)HIX, DC-DP-SILVER-100-5%-CSR-HDHP-DENTAL-COST(01-14), DC-DP-SILVER-500-10%-CSR-HDHP-DENTAL-COST(01-14), DC-DP-SILVER-1300-20%-CSR-HDHP-DENTAL-COST(01-14), DC-DP-SILVER-100-5% -CSR-HDHP-DENTAL-COST(01-14)HIX, DC-DP-SILVER-500-10% -CSR-HDHP-DENTAL-COST(01-14)HIX. DC-DP-SILVER-1300-20%-CSR-HDHP-DENTAL-COST(01-14)HIX. DC-DP-SILVER-0-5-CSR-DENTAL-HMO(01-14)HIX, DC-DP-SILVER-0-15-CSR-DENTAL-HMO(01-14)HIX, DC-DP-BRONZE-4500-50-DENTAL-DHMO-COST(01-14)HIX, DC-DP-BRONZE-4500-50-DENTAL-DHMO-COST(01-14), DC-DP-BRONZE-4500-50-HSA-DENTAL-HDHP-COST(01-14), DC-DP-BRONZE-5000-30%-HSA-DENTAL-HDHP-COST(01-14), DC-DP-BRONZE-4500-50-HSA-DENTAL-HDHP-COST(01-14)HIX, DC-DP-BRONZE-5000-30%-HSA-DENTAL-HDHP-COST(01-14)HIX, DC-DP-CATASTROPHIC-6400-DENTAL-DHMO-COST(01-14)HIX, DC-DP-CATASTROPHIC-6400-DENTAL-DHMO-COST(01-14), DC-DP-BRONZE-0-0-DENTAL-HMO(01-14)HIX, DC-DP-GOLD-1000-20-DENTAL-DHMO-RX(01-14),DC-DP-GOLD-100-20-DENTAL-DHMO-RX(01-14),DC-DP-GOLD-100-20-DENTAL-DHMO-RX(01-14),DC-DP-GOLD-100-20-DENTAL-DHMO-RX(01-14),DC-DP-GOLD-DHMO-RX(01-14),DC-DP-GOLD-DHMO-RX(01-14),DC-DP-GOLD-DHMO-RX(01-14),DC-DP-GOLD-DHMO-RX(01-14),DC-DP-GOLD-DHMO-RX(01-14),DC-DP-GOLD-DHMO-RX(01-14),DC-DP-GOLD-DHMO-RX(01-14),DC-DP-GOLD-DHMO-RX(01-14),DC-DP-GOLD-DHMO-RX(01-14),DC-DP-GOLD-DHMO-RX(01-14),DC-DP-GOLD-DHMO-RX(01-14),DC-DP-GOLD-DHMO-RX(01-14),DC-DP-GOLD-DHMO-RX(01-14),DC-D DENTAL-DHMO-RX(01-14)HIX, DC-DP-GOLD-0-20-DENTAL-HMO-RX(01-14), DC-DP-GOLD-0-20-DENTAL-HMO-RX(01-14)HIX, DC-DP-SILVER-1500-30-DENTAL-DHMO-RX(01-14), DC-DP-SILVER-2500-30-DENTAL-DHMO-RX(01-14), DC-DP-SILVER-1500-30-DENTAL-DHMO-RX(01-14)HIX, DC-DP-SILVER-2500-30-DENTAL-DHMO-RX(01-14)HIX, DC-DP-SILVER-1750-25%-HSA-DENTAL-HDHP-RX(01-14), DC-DP-SILVER-1750-25%-HSA-DENTAL-HDHP-RX(01-14)HIX, DC-DP-SILVER-1500-30-CSR-DENTAL-DHMO-RX(01-14)HIX, DC-DP-SILVER-100-5%-CSR-HDHP-DENTAL-RX(01-14), DC-DP-SILVER-500-10%-CSR-HDHP-DENTAL-RX(01-14), DC-DP-SILVER-1300-20%-CSR-HDHP-DENTAL-RX(01-14), DC-DP-SILVER-100-5%-CSR-HDHP-DENTAL-RX(01-14)HIX, DC-DP-SILVER-500-10%-CSR-HDHP-DENTAL-RX(01-14)HIX, DC-DP-SILVER-1300-20%-CSR-HDHP-DENTAL-RX(01-14)HIX, DC-DP-SILVER-0-5-CSR-DENTAL-HMO-RX(01-14)HIX, DC-DP-SILVER-0-15-CSR-DENTAL-HMO-RX(01-14)HIX, DC-DP-BRONZE-4500-50-DENTAL-DHMO-RX(01-14)HIX, DC-DP-BRONZE-4500-50-DENTAL-DHMO-RX(01-14), DC-DP-BRONZE-4500-50-HSA-DENTAL-HDHP-RX(01-14), DC-DP-BRONZE-5000-30%-HSA-DENTAL-HDHP-RX(01-14), DC-DP-BRONZE-4500-50-HSA-DENTAL-HDHP-RX(01-14)HIX, DC-DP-BRONZE-5000-30%-HSA-DENTAL-HDHP-RX(01-14)HIX, DC-DP-CATASTROPHIC-6400-DENTAL-DHMO-RX(01-14)HIX, DC-DP-CATASTROPHIC-6400-DENTAL-DHMO-RX(01-14), DC-DP-BRONZE-0-0-DENTAL-HMO-RX(01-14)HIX

#### **Actuarial Memorandum**

I, Peter Berry, Senior Actuarial Director for Kaiser Foundation Health Plan, Inc. (Kaiser), am a member of the American Academy of Actuaries. I meet the qualification standards for certifying Regulatory Filings for Rates and Financial Projections for Health Plans. This Actuarial Certification applies to the attached filing for an approval of premium rates for Personal Advantage, the Direct Payment program sold on the exchange. This actuarial memorandum documents the assumptions and sources of data pertaining to the development of Kaiser premium rates effective January 2014.

This rate filing applies to forms that are open to new sales. This filing does not cover grandfathered products that existed prior to 2014 that will be offered off the exchange only.

Kaiser Foundation Health Plan is an HMO company and offers traditional HMO copayment plans covering medical and pharmacy claims expenses. Kaiser also offers Deductible and High Deductible plans, some of which are HSA qualified.

I am the primary contact for submission of this filing. My telephone number is 301-816-6872 and my email address is peter.berry@kp.org.

#### **Proposed Rate Increases**

The plans included in this filing are new plans and therefore do not have rate increases.

#### **Experience Period Claims**

Base period data:

The Revenue Requirement for 2014 for the new ACA plans is developed by accumulating District of Columbia-specific medical and administrative expenses for essential health benefits (EHB) for non-grandfathered business in the Child-Only, Conversion, Dues Subsidy, Individually Medically Underwritten and Small Group lines of business incurred and paid in the period January 2012 through December 2012 including the incurred but not reported estimates for external expense. Allowed cost data from internal costs, fee for service claims, and prescription drug claims are trended to 2014. Allowed claims for internal services come directly from allocated costs while allowed claims for external expenses are calculated as estimated incurred plus member cost sharing.

#### Capitations:

Kaiser Permanente has contracted with Dominion Dental to provide dental care to Kaiser members. Kaiser pays Dominion Dental a fixed capitation of \$1.15 PMPM to cover adult preventative. Other dental products are offered as riders. The \$1.15 PMPM is part of the base period allowed amount, shown in Exhibit 2. It is then removed as a non-Essential Health Benefit in Exhibit 3. Finally, the \$1.15 is added back as a non-EHB in Exhibit 14. The \$1.15 charged in 2014 is a direct pass through for Kaiser to Dominion Dental.

#### Incurred Estimates on External Expense:

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The completion factors used to complete the base period external claims are taken from Kaiser's overall commercial line of business by type of service. The claims are incurred and paid in 2012 so a 12/12 completion factor is used.

#### **Part I Unified Rate Review Template**

#### Base Period Experience:

The base period experience in Worksheet 1 Section I and in Worksheet 2 Section III is the combined experience of the Small Group and Individual markets. The Index Rate of the Experience Period in cell G17 is taken from Exhibit 1 line 3. It is the per member per month allowed claims less essential health benefits from the base period. Therefore, it represents the average age of the members in the risk pool. The Index Rate for the Projection period, discussed below, is taken from Exhibit 1 Line 18 and is adjusted to age 21.

#### Premium:

Premium in Worksheet 1 Section I was captured for calendar year 2012 for all members in the base period single (combined Small Group and Individual) pool. There were no MLR rebates for these members in this period. For Dues Subsidy members, the whole premium was captured and not just the portion paid by the member.

#### Benefit Categories:

The benefit categories in Section II of Worksheet 1 are mapped based on type of service and place of treatment codes. For example:

Benefit Category	Services
Inpatient Hospital	Inpatient Facility, Inpatient Visits (Rounding), Inpatient Surgery - Non Maternity, Maternity
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Professional	Diagnostic Services, Office Visits, Cardiovascular, Chemotherapy/Pharmacy, Dialysis, PT/OT/ST
Other Medical	Other Services
Capitation	Adult Preventive Dental
Prescription Drug	Pharmacy

#### Morbidity and Other Adjustments:

The morbidity adjustment in Worksheet 1 Section II is taken from row (10) in the attached Exhibit 1 and reflect the morbidity in the single risk pool (Small Group and Individual combined) of our expected 2014 membership. The development of this factor along with the documentation of the assumptions is included in Exhibits 7.1-7.3.

Assumptions are documented in those exhibits regarding the current relative morbidity of Kaiser's population along with the expected morbidity of the future market relative to Kaiser and are based on internal studies, a Wakely Consulting Group study conducted for Kaiser and other industry reports such as those released by the Society of Actuaries. Growth assumptions for the market as a whole and Kaiser specifically are used to calculate Kaiser's 2014 expected relative morbidity to the market.

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Also included in the "Other" adjustment is the net impact of changes in utilization copay effect between the base and projection periods. This is calculated by dividing the average base period utilization copay adjustment in Exhibit 4 by the average utilization copay effect in the projection period as determined by the pricing model described below under "AV Pricing Values".

All the factors discussed above in the Morbidity and Other Adjustments are based on Small Group and Individual experience combined.

#### Paid to Allowed Ratio:

The Paid to Allowed Average Factor in Projection Period in Section III of Worksheet 1 is a composite of the plan factors (paid to allowed) for the new plans list in Worksheet 2 for the Individual line of business. The composite factor was calculated as a weighted average of the new plans based on projected members discussed below. The development of the plan factor for each plan is discussed in the "AV Pricing Values" below.

*Index Rate for the Projection Period:* 

The index rate for the projection period in Worksheet 1 Section III in cell V44 represents the age 21 index rate and is developed in Exhibit 1 and shown on line (18) in that exhibit.

#### Risk Adjustment

Exhibits 7.1-7.3 document the development of the Risk Adjustment index rate factor. The index rate is adjusted to reflect the risk adjustment receipts anticipated in the rating period based on the expected risk profile relative to the market of the Individual line only based on DISB guidance.

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Retention includes broker commissions, administrative expenses and capital contribution. Commissions are paid to Brokers of Record. The capital contribution is an amount to maintain and expand medical center facilities where members receive the majority of health care in the Kaiser Foundation Health Plan. As a group model HMO, Kaiser owns a significant portion of the health care delivery system. In other health care delivery models, capital contributions are included in fee for service payments, whereas for Kaiser these are funded through premium rates.

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As mentioned above, the capital contribution of 2%, shown in Exhibit 10, is an amount to maintain and expand medical center facilities where members receive the majority of health care in the Kaiser Foundation Health Plan.

#### **Taxes and Fees**

Administrative expense has been adjusted to reflect the PCORI tax and the insurer tax that will apply in 2014. The amount is shown as percent in Exhibit 10.

#### **Projected Loss Ratio**

Based on a target admin percentage of 20.5%, which includes a 2% capital contribution margin, we anticipate an MLR based on federally prescribed methodology to be at least 81.5% because taxes can be adjusted out of the MLR calculation. The ultimate MLR would be expected to be slightly higher than 81.5% due to other allowed adjustments to both claims and premium in the federally prescribed methodology.

#### **Index Rate**

The development of the index rate is summarized in Exhibit 1 and is based on combined experience of non-grandfathered Individual and Small Group experience as described above. The following factors along with Risk Adjustment and Reinsurance described above have been considered in the development and are document below.

#### *Utilization copayment effect adjustment:*

Allowed claims are grossed up for anticipated changes in the average utilization of services due to average cost sharing requirements in the base period. Member cost sharing results in lower utilization and, thus, lower allowed costs, than would otherwise occur in a zero cost share environment. An estimate based on industry standard factors has been made at the plan level to adjust our base period data to what would have been expected in a zero cost share environment in order to normalize for the utilization copayment effect. These adjustments are documented in Exhibit 4.

#### Age/Gender Normalization:

Base period claims experience is normalized for age and gender for the non-grandfathered population. An average age was derived by applying 2012 member months to the DISB age factors indexed to age 21, shown in Exhibit 13. The allowed claims are then divided by this factor to adjust to a 21 year-old level. Average age factors by line of business are summarized in Exhibit 5.

#### Trend:

The future trend numbers are based on actuarial judgment considering a mixture of expected industry trends, future fixed costs, and expected internalization of services. As an integrated health care provider, a large portion of Kaiser's expenses are the fixed costs associated with providing medical care through our centers. Therefore, the projected cost that is included in our total revenue requirement is largely based on budgeting. For traditional carriers, projected claims trends are developed to project expected costs. However, given Kaiser's fixed cost structure, Kaiser's projected claims trends fall out of the development of projected budgeted costs. For 2012 to 2014, our projected total annualized medical expense trend for Individual is 3.5% and is shown in Exhibit 6 of our filing.

#### Fixed Cost Adjustment:

As mentioned above, a large portion of Kaiser's expense are fixed costs that do not vary with the number of members covered. Therefore, as Kaiser increases the number of members it covers, the PMPM value of the fixed costs decreases. The development of this factor is shown in Exhibit 9.

#### **Alternative AV Calculations**

The AV Calculator does not have an option for outpatient facility copay. To calculate the impact on the actuarial value of the plan for this benefit we used the alternate method described in 156.135 (b)(2). We requested from a major actuarial consulting firm the national average allowed amount for outpatient facility costs in 2014. To determine AVs for plans outpatient facility copays, we propose an OP Copay Converter to be used with the AV calculator. To create this converter, we then compared the copay amount to the estimated average national OP facility allowed amount to calculate the implied coinsurance % for OP procedures. This coinsurance should only be applied to the OP facility cost and not the OP professional cost, which should be covered at 100%.

I have relied on work completed by another Kaiser actuary, Boris Shekhter, with regards to the Alternative AV Calculation. Based on that reliance, I certify the calculation to be actuarially sound.

#### **AV Pricing Values**

The rates for specific plans are calculated by multiplying plan factors times the index rate. The plan factors use industry standard data in a model from a national actuarial consulting firm, calibrated to Kaiser Experience to calculate the impact of the various cost share and plan elements for EHBs, including utilization copayment effect. The reference plan used as the basis for the AV pricing values is a \$0 cost share plan valued using the same industry standard factors described above.

Exhibit 11 indicates the portion of the AV Pricing Value that is attributable to each of the allowable modifiers to the Index Rate. The plan factor shown in Exhibit 11 reflects both member cost shares and the resulting dampening of expected utilization due to those cost shares.

The rates for the catastrophic plan were calculated by multiplying the plan factor, non-EHB adjustment, age factors, and the administrative expense factor by a modified index rate.

#### **Age Factors**

The age factor table used to develop age specific rates is the standard table provided by DISB.

#### Non-EHB

An adjustment has been made to the base period allowed amount to remove the Non-EHB benefits from the Index Rate. This multiplier was calculated by summing the allowed amount for Non-EHB benefits in the base period and adding the adult preventive dental capitation and then dividing by total allowed.

The multiplier excluding the dental capitation is used to add back Non-EHB benefits when calculating the AV Pricing Values for each plan.

As discussed above, \$1.15 PMPM is then added to each adult rate for the adult preventive dental capitation paid as a pass-through to Dominion Dental.

#### **Additional URRT Items**

#### Membership Projections:

The total membership projection included across new plans in Section II of Worksheet 2 is developed by considering Kaiser's current membership, the expected uptake of the uninsured in the 2014 exchange and the Kaiser's expected market share of that growth in the rating period. Detailed assumptions are presented and documented in Exhibits 7.1-7.3.

An assumption is made in Worksheet 2 as to the distribution of members by product. The distribution is for the sole purpose of calculating average benefit and copay utilization effect factors for Worksheet 1 and is not based on any mapping of current members. It is generally assumed that there will be concentration in Silver plans due to the available cost share reductions.

#### Terminated Plans:

The list of terminated non-grandfathered pools and plans that are included in the column "Terminated Plans" in Worksheet 2 of the URRT are shown below:

Child-Only	DHMO 2000/30 RX
	HDHP 8000/0 RX
	HMO 0/35 RX
HCR	\$10/20
	\$1000 Ded/30%
	\$1250 Ded/20%
	\$1750 Ded/20%
	\$20/30
	\$2500 Ded/20%
	\$30/40
	\$40/50
	\$4500 Ded

	\$500 Ded/20%
	\$750 Ded/20% w/out Rx
	\$750 Ded/20% with Rx
	\$8000 Ded
Non-Grandfathered	Conversion
Reform	HDHP 1250/20 RX
Kelomi	\$2500 Ded/20%
	DHMO 1000/30 RX
	DHMO 1500/30 RX
	DHMO 2000/30 RX
	DHMO 750/30 RX
	HDHP 2500/30 RX
	HDHP 4500/20 RX
	HDHP 8000/0 RX
	HMO 0/25 RX
	HMO 0/35 RX
Unisex	HDHP 1250/20 RX
	DHMO 1000/30 RX
	DHMO 1500/30 RX
	DHMO 2000/30 RX
	DHMO 750/30 RX
	HDHP 2500/30 RX
	HDHP 4500/20 RX
	HDHP 8000/0 RX
	HMO 0/25 RX
	HMO 0/35 RX

#### **Summary Rate Calculation**

Exhibit 1 shows the development of the Index Rate from the period Medical Cost Data. The final 2014 rates by plan and age are developed by applying plan factors, non-EHB benefit costs, admin expense and dental capitation to the index rate to get a plan specific PMPMs. The plan specific PMPMs are multiplied by the age slope to generate age specific rates.

#### **Exhibit Table of Contents:**

The following exhibits are included in this filing:

- Exhibit 1 Summary Index Rate Calculation
- Exhibit 2 Allowed Claims Development
- Exhibit 3 –Non-EHB Adjustments
- Exhibit 4 Utilization Copayment Effect Adjustment
- Exhibit 5 Age/Gender Adjustment
- Exhibits 6 Trend Calculation
- Exhibits 7.1 Risk Adjustment and Morbidity Development Combined Small and Individual
- Exhibits 7.2 Risk Adjustment and Morbidity Development Individual Line of Business
- Exhibits 7.3 Risk Adjustment and Morbidity Development Small Group Line of Business
- Exhibit 8 Reinsurance Adjustment Factor
- Exhibit 9 Fixed Cost Adjustment

- Exhibit 10 Administrative Expense Adjustment
- Exhibit 11 Adjustments to the Index Rate
- Exhibit 12 AV Calculator Values by Plan
- Exhibit 13 Age Factors
- Exhibit 14 Adult Preventive Dental Capitation
- Appendix I Rate Sheet

#### Certification

This filing is in conformity with all applicable Actuarial Standards of Practice, including ASOP No. 8. To the best of my knowledge, the rating methodologies of Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. and the development of the Index Rate comply with the applicable District and Federal Statutes and Regulations (45 CFR 156.80(d)(1). The percent of total premium that represents essential health benefits included in Worksheet 2, Sections III and IV were calculated in accordance with actuarial standards of practice. 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. The rating methodologies produce premiums that are reasonable in relation to benefits being provided and the populations being covered and are based on sound and commonly accepted actuarial principles and are neither excessive nor deficient.

Peter Berry, FSA, MAAA Senior Actuarial Director

Kaiser Foundation Health Plan, Inc.

5/31/2013

## Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

#### District of Columbia 2014 Direct Payment (Personal Advantage) Rate Filing HIOS Issuer ID: 94506

**HIOS Product ID** 

Form Numbers: DC-DP-GOLD-1000-20-DENTAL-DHMO-COST(01-14), DC-DP-GOLD-1000-20-DENTAL-DHMO-COST(01-14)HIX, DC-DP-GOLD-0-20-DENTAL-HMO(01-14), DC-DP-GOLD-0-20-DENTAL-HMO(01-14)HIX, DC-DP-SILVER-1500-30-DENTAL-DHMO-COST(01-14), DC-DP-SILVER-2500-30-DENTAL-DHMO-COST(01-14), DC-DP-SILVER-1500-30-DENTAL-DHMO-COST(01-14)HIX, DC-DP-SILVER-2500-30-DENTAL-DHMO-COST(01-14)HIX, DC-DP-SILVER-1750-25%-HSA-DENTAL-HDHP-COST(01-14), DC-DP-SILVER-1750-25%-HSA-DENTAL-HDHP-COST(01-14)HIX, DC-DP-SILVER-1500-30-CSR-DENTAL-DHMO-COST(01-14)HIX, DC-DP-SILVER-100-5%-CSR-HDHP-DENTAL-COST(01-14), DC-DP-SILVER-500-10%-CSR-HDHP-DENTAL-COST(01-14), DC-DP-SILVER-1300-20%-CSR-HDHP-DENTAL-COST(01-14), DC-DP-SILVER-100-5% -CSR-HDHP-DENTAL-COST(01-14)HIX, DC-DP-SILVER-500-10% -CSR-HDHP-DENTAL-COST(01-14)HIX. DC-DP-SILVER-1300-20%-CSR-HDHP-DENTAL-COST(01-14)HIX. DC-DP-SILVER-0-5-CSR-DENTAL-HMO(01-14)HIX, DC-DP-SILVER-0-15-CSR-DENTAL-HMO(01-14)HIX, DC-DP-BRONZE-4500-50-DENTAL-DHMO-COST(01-14)HIX, DC-DP-BRONZE-4500-50-DENTAL-DHMO-COST(01-14), DC-DP-BRONZE-4500-50-HSA-DENTAL-HDHP-COST(01-14), DC-DP-BRONZE-5000-30%-HSA-DENTAL-HDHP-COST(01-14), DC-DP-BRONZE-4500-50-HSA-DENTAL-HDHP-COST(01-14)HIX, DC-DP-BRONZE-5000-30%-HSA-DENTAL-HDHP-COST(01-14)HIX, DC-DP-CATASTROPHIC-6400-DENTAL-DHMO-COST(01-14)HIX, DC-DP-CATASTROPHIC-6400-DENTAL-DHMO-COST(01-14), DC-DP-BRONZE-0-0-DENTAL-HMO(01-14)HIX, DC-DP-GOLD-1000-20-DENTAL-DHMO-RX(01-14),DC-DP-GOLD-100-20-DENTAL-DHMO-RX(01-14),DC-DP-GOLD-100-20-DENTAL-DHMO-RX(01-14),DC-DP-GOLD-100-20-DENTAL-DHMO-RX(01-14),DC-DP-GOLD-DHMO-RX(01-14),DC-DP-GOLD-DHMO-RX(01-14),DC-DP-GOLD-DHMO-RX(01-14),DC-DP-GOLD-DHMO-RX(01-14),DC-DP-GOLD-DHMO-RX(01-14),DC-DP-GOLD-DHMO-RX(01-14),DC-DP-GOLD-DHMO-RX(01-14),DC-DP-GOLD-DHMO-RX(01-14),DC-DP-GOLD-DHMO-RX(01-14),DC-DP-GOLD-DHMO-RX(01-14),DC-DP-GOLD-DHMO-RX(01-14),DC-DP-GOLD-DHMO-RX(01-14),DC-DP-GOLD-DHMO-RX(01-14),DC-D DENTAL-DHMO-RX(01-14)HIX, DC-DP-GOLD-0-20-DENTAL-HMO-RX(01-14), DC-DP-GOLD-0-20-DENTAL-HMO-RX(01-14)HIX, DC-DP-SILVER-1500-30-DENTAL-DHMO-RX(01-14), DC-DP-SILVER-2500-30-DENTAL-DHMO-RX(01-14), DC-DP-SILVER-1500-30-DENTAL-DHMO-RX(01-14)HIX, DC-DP-SILVER-2500-30-DENTAL-DHMO-RX(01-14)HIX, DC-DP-SILVER-1750-25%-HSA-DENTAL-HDHP-RX(01-14), DC-DP-SILVER-1750-25%-HSA-DENTAL-HDHP-RX(01-14)HIX, DC-DP-SILVER-1500-30-CSR-DENTAL-DHMO-RX(01-14)HIX, DC-DP-SILVER-100-5%-CSR-HDHP-DENTAL-RX(01-14), DC-DP-SILVER-500-10%-CSR-HDHP-DENTAL-RX(01-14), DC-DP-SILVER-1300-20%-CSR-HDHP-DENTAL-RX(01-14), DC-DP-SILVER-100-5%-CSR-HDHP-DENTAL-RX(01-14)HIX, DC-DP-SILVER-500-10%-CSR-HDHP-DENTAL-RX(01-14)HIX, DC-DP-SILVER-1300-20%-CSR-HDHP-DENTAL-RX(01-14)HIX, DC-DP-SILVER-0-5-CSR-DENTAL-HMO-RX(01-14)HIX, DC-DP-SILVER-0-15-CSR-DENTAL-HMO-RX(01-14)HIX, DC-DP-BRONZE-4500-50-DENTAL-DHMO-RX(01-14)HIX, DC-DP-BRONZE-4500-50-DENTAL-DHMO-RX(01-14), DC-DP-BRONZE-4500-50-HSA-DENTAL-HDHP-RX(01-14), DC-DP-BRONZE-5000-30%-HSA-DENTAL-HDHP-RX(01-14), DC-DP-BRONZE-4500-50-HSA-DENTAL-HDHP-RX(01-14)HIX, DC-DP-BRONZE-5000-30%-HSA-DENTAL-HDHP-RX(01-14)HIX, DC-DP-CATASTROPHIC-6400-DENTAL-DHMO-RX(01-14)HIX, DC-DP-CATASTROPHIC-6400-DENTAL-DHMO-RX(01-14), DC-DP-BRONZE-0-0-DENTAL-HMO-RX(01-14)HIX

#### **Actuarial Memorandum**

I, Peter Berry, Senior Actuarial Director for Kaiser Foundation Health Plan, Inc. (Kaiser), am a member of the American Academy of Actuaries. I meet the qualification standards for certifying Regulatory Filings for Rates and Financial Projections for Health Plans. This Actuarial Certification applies to the attached filing for an approval of premium rates for Personal Advantage, the Direct Payment program sold on the exchange. This actuarial memorandum documents the assumptions and sources of data pertaining to the development of Kaiser premium rates effective January 2014.

This rate filing applies to forms that are open to new sales. This filing does not cover grandfathered products that existed prior to 2014 that will be offered off the exchange only.

Kaiser Foundation Health Plan is an HMO company and offers traditional HMO copayment plans covering medical and pharmacy claims expenses. Kaiser also offers Deductible and High Deductible plans, some of which are HSA qualified.

I am the primary contact for submission of this filing. My telephone number is 301-816-6872 and my email address is peter.berry@kp.org.

#### **Proposed Rate Increases**

The plans included in this filing are new plans and therefore do not have rate increases.

#### **Experience Period Claims**

Base period data:

The Revenue Requirement for 2014 for the new ACA plans is developed by accumulating District of Columbia-specific medical and administrative expenses for essential health benefits (EHB) for non-grandfathered business in the Child-Only, Conversion, Dues Subsidy, Individually Medically Underwritten and Small Group lines of business incurred and paid in the period January 2012 through December 2012 including the incurred but not reported estimates for external expense. Allowed cost data from internal costs, fee for service claims, and prescription drug claims are trended to 2014. Allowed claims for internal services come directly from allocated costs while allowed claims for external expenses are calculated as estimated incurred plus member cost sharing.

#### Capitations:

Kaiser Permanente has contracted with Dominion Dental to provide dental care to Kaiser members. Kaiser pays Dominion Dental a fixed capitation of \$1.15 PMPM to cover adult preventative. Other dental products are offered as riders. The \$1.15 PMPM is part of the base period allowed amount, shown in Exhibit 2. It is then removed as a non-Essential Health Benefit in Exhibit 3. Finally, the \$1.15 is added back as a non-EHB in Exhibit 14. The \$1.15 charged in 2014 is a direct pass through for Kaiser to Dominion Dental.

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Base period claims experience is normalized for age and gender for the non-grandfathered population. An average age was derived by applying 2012 member months to the DISB age factors indexed to age 21, shown in Exhibit 13. The allowed claims are then divided by this factor to adjust to a 21 year-old level. Average age factors by line of business are summarized in Exhibit 5.

#### Trend:

The future trend numbers are based on actuarial judgment considering a mixture of expected industry trends, future fixed costs, and expected internalization of services. As an integrated health care provider, a large portion of Kaiser's expenses are the fixed costs associated with providing medical care through our centers. Therefore, the projected cost that is included in our total revenue requirement is largely based on budgeting. For traditional carriers, projected claims trends are developed to project expected costs. However, given Kaiser's fixed cost structure, Kaiser's projected claims trends fall out of the development of projected budgeted costs. For 2012 to 2014, our projected total annualized medical expense trend for Individual is 3.5% and is shown in Exhibit 6 of our filing.

#### Fixed Cost Adjustment:

As mentioned above, a large portion of Kaiser's expense are fixed costs that do not vary with the number of members covered. Therefore, as Kaiser increases the number of members it covers, the PMPM value of the fixed costs decreases. The development of this factor is shown in Exhibit 9.

#### **Alternative AV Calculations**

The AV Calculator does not have an option for outpatient facility copay. To calculate the impact on the actuarial value of the plan for this benefit we used the alternate method described in 156.135 (b)(2). We requested from a major actuarial consulting firm the national average allowed amount for outpatient facility costs in 2014. To determine AVs for plans outpatient facility copays, we propose an OP Copay Converter to be used with the AV calculator. To create this converter, we then compared the copay amount to the estimated average national OP facility allowed amount to calculate the implied coinsurance % for OP procedures. This coinsurance should only be applied to the OP facility cost and not the OP professional cost, which should be covered at 100%.

I have relied on work completed by another Kaiser actuary, Boris Shekhter, with regards to the Alternative AV Calculation. Based on that reliance, I certify the calculation to be actuarially sound.

#### **AV Pricing Values**

The rates for specific plans are calculated by multiplying plan factors times the index rate. The plan factors use industry standard data in a model from a national actuarial consulting firm, calibrated to Kaiser Experience to calculate the impact of the various cost share and plan elements for EHBs, including utilization copayment effect. The reference plan used as the basis for the AV pricing values is a \$0 cost share plan valued using the same industry standard factors described above.

Exhibit 11 indicates the portion of the AV Pricing Value that is attributable to each of the allowable modifiers to the Index Rate. The plan factor shown in Exhibit 11 reflects both member cost shares and the resulting dampening of expected utilization due to those cost shares.

The rates for the catastrophic plan were calculated by multiplying the plan factor, non-EHB adjustment, age factors, and the administrative expense factor by a modified index rate.

#### **Age Factors**

The age factor table used to develop age specific rates is the standard table provided by DISB.

#### Non-EHB

An adjustment has been made to the base period allowed amount to remove the Non-EHB benefits from the Index Rate. This multiplier was calculated by summing the allowed amount for Non-EHB benefits in the base period and adding the adult preventive dental capitation and then dividing by total allowed.

The multiplier excluding the dental capitation is used to add back Non-EHB benefits when calculating the AV Pricing Values for each plan.

As discussed above, \$1.15 PMPM is then added to each adult rate for the adult preventive dental capitation paid as a pass-through to Dominion Dental.

#### **Additional URRT Items**

#### Membership Projections:

The total membership projection included across new plans in Section II of Worksheet 2 is developed by considering Kaiser's current membership, the expected uptake of the uninsured in the 2014 exchange and the Kaiser's expected market share of that growth in the rating period. Detailed assumptions are presented and documented in Exhibits 7.1-7.3.

An assumption is made in Worksheet 2 as to the distribution of members by product. The distribution is for the sole purpose of calculating average benefit and copay utilization effect factors for Worksheet 1 and is not based on any mapping of current members. It is generally assumed that there will be concentration in Silver plans due to the available cost share reductions.

#### Terminated Plans:

The list of terminated non-grandfathered pools and plans that are included in the column "Terminated Plans" in Worksheet 2 of the URRT are shown below:

Child-Only	DHMO 2000/30 RX
	HDHP 8000/0 RX
	HMO 0/35 RX
HCR	\$10/20
	\$1000 Ded/30%
	\$1250 Ded/20%
	\$1750 Ded/20%
	\$20/30
	\$2500 Ded/20%
	\$30/40
	\$40/50
	\$4500 Ded

	\$500 Ded/20%
	\$750 Ded/20% w/out Rx
	\$750 Ded/20% with Rx
	\$8000 Ded
Non-Grandfathered	Conversion
Reform	HDHP 1250/20 RX
Kelomi	\$2500 Ded/20%
	DHMO 1000/30 RX
	DHMO 1500/30 RX
	DHMO 2000/30 RX
	DHMO 750/30 RX
	HDHP 2500/30 RX
	HDHP 4500/20 RX
	HDHP 8000/0 RX
	HMO 0/25 RX
	HMO 0/35 RX
Unisex	HDHP 1250/20 RX
	DHMO 1000/30 RX
	DHMO 1500/30 RX
	DHMO 2000/30 RX
	DHMO 750/30 RX
	HDHP 2500/30 RX
	HDHP 4500/20 RX
	HDHP 8000/0 RX
	HMO 0/25 RX
	HMO 0/35 RX

#### **Summary Rate Calculation**

Exhibit 1 shows the development of the Index Rate from the period Medical Cost Data. The final 2014 rates by plan and age are developed by applying plan factors, non-EHB benefit costs, admin expense and dental capitation to the index rate to get a plan specific PMPMs. The plan specific PMPMs are multiplied by the age slope to generate age specific rates.

#### **Exhibit Table of Contents:**

The following exhibits are included in this filing:

- Exhibit 1 Summary Index Rate Calculation
- Exhibit 2 Allowed Claims Development
- Exhibit 3 –Non-EHB Adjustments
- Exhibit 4 Utilization Copayment Effect Adjustment
- Exhibit 5 Age/Gender Adjustment
- Exhibits 6 Trend Calculation
- Exhibits 7.1 Risk Adjustment and Morbidity Development Combined Small and Individual
- Exhibits 7.2 Risk Adjustment and Morbidity Development Individual Line of Business
- Exhibits 7.3 Risk Adjustment and Morbidity Development Small Group Line of Business
- Exhibit 8 Reinsurance Adjustment Factor
- Exhibit 9 Fixed Cost Adjustment

- Exhibit 10 Administrative Expense Adjustment
- Exhibit 11 Adjustments to the Index Rate
- Exhibit 12 AV Calculator Values by Plan
- Exhibit 13 Age Factors
- Exhibit 14 Adult Preventive Dental Capitation
- Appendix I Rate Sheet

#### Certification

This filing is in conformity with all applicable Actuarial Standards of Practice, including ASOP No. 8. To the best of my knowledge, the rating methodologies of Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. and the development of the Index Rate comply with the applicable District and Federal Statutes and Regulations (45 CFR 156.80(d)(1). The percent of total premium that represents essential health benefits included in Worksheet 2, Sections III and IV were calculated in accordance with actuarial standards of practice. 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. The rating methodologies produce premiums that are reasonable in relation to benefits being provided and the populations being covered and are based on sound and commonly accepted actuarial principles and are neither excessive nor deficient.

Peter Berry, FSA, MAAA Senior Actuarial Director

Kaiser Foundation Health Plan, Inc.

5/31/2013

## **Index Rate Development**

## **Summary Index Rate Calculation - Individual**

## Exhibit 1

			<u>Source</u>
(1)	Base Period Allowed	\$315.23	Exhibits 2
(2)	Non-EHB Claims Adjustment	0.9850	Exhibits 3
(3)	EHB Base Period Allowed	\$310.49	[(1)*(2)]
(4)	True of T	1.005	T 177. 4
(4)	Utilization Impact	1.085	Exhibits 4
(5)	Age/Gender Adjustment	0.675	Exhibits 5
(6)	Normalized Allowed	\$227.30	[(3)*(4)*(5)]
(7)	Annualized Trend	3.5%	Exhibit 6
(8)	Months of Trend	24	
(9)	Trend Factor	1.072	[ {1 + (7)} ^ {(8)/12} ]
(10)	Change in Morbidity	1.093	Exhibit 7.1-7.3
	Contract Limit of 3 Children Factor	1.005	
	Exchange Fee	1.000	
	Fixed Cost Adjustment	0.986	Exhibit 9 converted to a % of the Index Rate
(14)	Combined Index Rate Prior to Separate Modifiers	\$264.01	(6) * (9) * (10) * (11) * (12) *(13)
(15)	Risk Adjustment	0.919	Exhibit 7.2
(16)	Reinsurance Recovery	0.927	Exhibit 8
(17)	Reinsurance Premium	1.019	Exhibit 8
(18)	Index Rate	\$229.05	(6) * (9) * (10) * (11) * (12) * (13) * (14) * (15) * (16) + (17)
		\$229.16	

#### Allowed Claims Development Exhibit 2

					External				
Current Pool	Current Plans	Member Months	Allowed Internal	Capitation	Paid	IBNR	Member Cost Share	Allowed	Total
Individual	All	10,647	\$195.98	\$1.15	\$72.66	\$9.04	\$10.86	\$92.55	\$289.68
Small Group	All	35,950	\$194.27	\$1.15	\$106.27	\$13.00	\$8.10	\$127.37	\$322.79
Grand Total	·	46,597	\$194.66	\$1.15	\$98.59	\$12.10	\$8.73	\$119.42	\$315.23

## Non-EHB Adjustments Exhibit 3

Current Pool	Current Plans	Member Months	Non-EHB PMPM
Individual	All	10,647	\$4.30
Small Group	All	35,950	\$4.86
Grand Total		46,597	\$4.73

Multplier to Remove Non-EHB [ 1 - (Non-EHB PMPM / Allowed PMPM)]	0.9850
[Multiplier to Kelliove Noil-Errib [ 1 - (Noil-Errib FMFM) / Allowed FMFM)]	0.9850

## Utilization Copayment Effect Adjustment Exhibit 4

Current Pool	Current Plan	Member Months	Allowed Amount	Copay Impact
Individual	All	10,647	\$289.68	0.902
Small Group	All	35,950	\$322.79	0.927
Grand Total		46,597	\$315.23	0.922

Adjustment Factor is the Inverse of the Total	1.085
radiustificati ractor is the inverse of the rotar	1.003

## Age/Gender Adjustment Exhibit 5

Current Pool	Current Plan	Member Months	Average Age/Gender	Adjustment Factor
Individual	All	10,647	1.398	0.715
Small Group	All	35,950	1.507	0.664
Grand Total		46,597	1.482	0.675

# Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. Exhibit 6 Trend Calculation

		2012 to 2014 Annualized
Category	Weight	Trend
Hospital	14.8%	4.5%
Physician Internal	22.8%	4.0%
Referral	3.6%	4.5%
Rx	15.4%	4.5%
Other	43.5%	2.5%
Composite	100.0%	3.5%

## Risk Adjustment and Morbidity Development Exhibit 7.1

## **Development of Risk Adjustment Factor Applied to Index Rate**

	<u>Small</u>	<u>Individual</u>	<u>Total</u>
Average Members	3,454	2,720	6,174
Adjustment for change in risk in Kaiser membership	105.9%	113.7%	109.3%
Adjustment for risk adjustment recoveries	94.4%	91.9%	93.3%

#### Risk Adjustment and Morbidity Development - Individual Exhibit 7.2

#### Current Risk Profile of Non-Grandfathered Kaiser members relative to current market

	CY 2012 Average Members	<u>Morbidity</u>
(1) Non-Grandfathered Guaranteed Issue	6	1.823
(2) Non-Grandfathered Medically Underwritten <sup>1</sup>	820	0.983
(3) Dues Subsidy	649	0.937
(4) Total	1,474	0.966
Impact of projected membership to Kaiser risk profile in 2014	relative to current market	
	Average Members	Morbidity
(5) Current Members [from (4) above]	1,474	0.966
(6) Gender to Unisex Selection Adjustment	205	1.100
(7) Total Mobidity Change	1,474	0.979
(8) New Entrants and Transfers	1,246	1.238
(9) Subtotal	2,720	1.098
Impact to Current Market from all new entrants in 2014		
	Average Members	Risk Relativity
(10) Current Market	14,565	1.000
(11) Uninsured New Entrants <sup>2</sup>	604	1.300
(12) Transfers from Group	4,322	1.000
(13) 2014 Market	19,491	1.009
(14) Kaiser risk relativity to 2014 market $\left[\right.\left(9\right)/\left.\left(13\right)\left.\right]$		1.088
Development of Risk Adjustment Factor Applied to Index Rate	e	
(15) Adjustment for change in risk in Kaiser membership [ (9) / (4) ]		113.7%

<sup>&</sup>lt;sup>1</sup> Non-Grandfathred Kaiser members have a current risk profile of 1.000 to all Kaiser medically undewritten members based on DxCG risk scoring. Current Kaiser Medically Underwritten relativity to market is assumed to be 1.05.

(16) Adjustment for risk adjustment recoveries [ 1 / (14) ]

91.9%

## Risk Adjustment Factor - Small Group Exhibit 7.3

### **Current Risk Profile of Non-Grandfathered Kaiser members relative to current market**

	CY 2012 Average Members	<u>Morbidity</u>
(1) Non-Grandfathered <sup>1</sup>	2,996	1.000
Impact of projected membership to Kaiser 1	risk profile in 2014 relative to curr	rent market
	Average Members	<u>Morbidity</u>
(2) Current Members [from (1) above]	2,996	1.000
(3) Exit Kaiser Small Group <sup>2</sup>	(853)	0.800
(4) New Kaiser members formerly uninsured <sup>3</sup>	328	1.100
(5) New to Kaiser from other carriers	983	1.000
(6) Subtotal	3,454	1.059
	Average Members	
(7) Current Market	50,762	1.000
(8) Enter 2014	1,678	1.000
(9) Exit 2014	6,000	1.000
(10) <b>Net 2014 Market</b>	46,440	1.000
(11) Kaiser risk relativity to 2014 market [ (6) $/$ (	1.059	
Development of Risk Adjustment Factor Ap	oplied to Index Rate	
(12) Adjustment for change in risk in Kaiser member	ership [ (6) / (1) ]	105.9%
(13) Adjustment for risk adjustment recoveries [ 1 /	(11)]	94.4%
(14) Total Adjustment [ (12) * (13)]		100.0%

<sup>&</sup>lt;sup>1</sup> Current Kaiser portfolio is expected to be 1.000 to market.

<sup>&</sup>lt;sup>2</sup> Transfers to Kaiser Individual and other carriers

<sup>&</sup>lt;sup>3</sup> Assumes new Kaiser members are 1.1 to market since going from underwritten to guaranteed issue market

#### Reinsurance Adjustment Factor Exhibit 8

Commercial Large Group Data Experience Period: July 2011 - June 2012 HMO / DHMO, Mid-Atlantic

(1)	(2)	(3)	(4)	(5)	(6)
Claim Amt	Count	Avg	Frequency	Cumulative Frequency	Exp Recoveries
0	61,317	0	0.14073	1.00000	0.00
1	352,337	1,480	0.80868	0.85927	0.00
10,000	12,412	13,794	0.02849	0.05059	0.00
20,000	3,998	24,254	0.00918	0.02210	0.00
30,000	1,810	34,391	0.00415	0.01293	0.00
40,000	1,018	44,487	0.00234	0.00877	0.00
50,000	644	54,752	0.00148	0.00644	0.00
60,000	475	64,648	0.00109	0.00496	3718.71
70,000	342	74,892	0.00078	0.00387	11913.57
80,000	263	84,940	0.00060	0.00308	19951.76
90,000	190	94,993	0.00044	0.00248	27994.65
100,000	137	105,360	0.00031	0.00205	36288.31
110,000	122	115,102	0.00028	0.00173	44081.68
120,000	88	124,779	0.00020	0.00145	51823.34
130,000	69	134,133	0.00016	0.00125	59306.55
140,000	75	144,581	0.00017	0.00109	67665.01
150,000	48	154,536	0.00011	0.00092	75629.19
160,000	53	165,096	0.00012	0.00081	84076.89
170,000	41	174,964	0.00009	0.00069	91971.02
180,000	26	184,848	0.00006	0.00059	99878.14
190,000	25	194,688	0.00006	0.00053	107750.08
200,000	23	204,759	0.00005	0.00048	115806.95
210,000	17	214,713	0.00004	0.00042	123770.03
220,000	15	224,703	0.00003	0.00038	131762.00
230,000	10	233,421	0.00002	0.00035	138736.60
240,000	8	244,914	0.00002	0.00033	147931.50
250,000	134	396,483	0.00031	0.00031	152000.00

Total Claims Count 435,697 Sum of column (2)

Average Claim 2,733.57 Sumproduct of columns (2) and (3) Average Recovery 200.40 Sumproduct of columns (3) and (6)

Percent Recovered 7.3% Average Recovery divided by Average Claim

Adjustment Factor 92.7%

#### Contribution to Federal transitional resinsurance program

As a percent of Allowed

1.9%

Based on \$5.25 PMPM 2014 contribution amountas a percent of average expected allowed amount

## Fixed Cost Adjustment Exhibit 9

Current Total Commercial Member Months	5,817,979
New total with growth	6,177,979
Current Commercial Fixed	343,729,044
Change in Fixed PMPM	-\$3.44

Budget assumes 30,000 new members for all of 2014

## **Administrative Expense Adjustment - Individual** Exhibit 10

Retention Category	Percent of Retention
Claims Processing	0.76%
Customer Service	1.60%
Taxes	2.95%
Capital Contribution	2.00%
Member Satisfaction Survey	0.17%
Member Communication Materials	0.41%
Open Enrollment	0.41%
Utilization Review	0.52%
Care Management	0.78%
Ad Hoc Reports	0.25%
Other - Community Service	0.30%
Corporate and Other Overhead	4.35%
Commissions	6.00%
Total	20.50%

## Adjustments to the Index Rate Exhibit 11

			A	llowable Modifiers	
Plans	Metallic Level	Name	Plan Factors	Non-EHB	Admin
1	Platinum	KP DC Platinum 0/10/Dental	0.8493	1.0110	1.2579
2	Gold	KP DC Gold 0/20/Dental	0.7985	1.0110	1.2579
3	Gold	KP DC Gold 1000/20/Dental	0.7135	1.0110	1.2579
4	Silver	KP DC Silver 1500/30/Dental	0.6480	1.0110	1.2579
5	Silver	KP DC Silver 2500/30/Dental	0.6272	1.0110	1.2579
6	Silver	KP DC Silver 1750/25%/HSA/Dental	0.6167	1.0110	1.2579
7	Bronze	KP DC Bronze 4500/50/Dental	0.5278	1.0110	1.2579
8	Bronze	KP Dc Bronze 4500/50/HSA/Dental	0.5192	1.0110	1.2579
9	Bronze	KP DC Bronze 5000/30%/HSA/Dental	0.5153	1.0110	1.2579
10	Catastrophic	KP DC Catastrophic 6400/0/Dental	0.5454	1.0110	1.2579

## AV Calculator Values by Plan Exhibit 12

Plans	Metallic Level	Name	AV
1	Platinum	Plan 1	0.885
2	Gold	Plan 2	0.811
3	Gold	Plan 3	0.782
4	Silver	Plan 4	0.703
5	Silver	Plan 5	0.687
6	Silver	Plan 6	0.689
7	Bronze	Plan 7	0.607
8	Bronze	Plan 8	0.591
9	Bronze	Plan 9	0.588
10	Catastrophic	Plan 10	0.578

## Age Factors Exhibit 13

Age	Age Slope	Age Factor Indexed to Age 21
20	0.727	1.00
21	0.727	1.00
22	0.727	1.00
23	0.727	1.00
24	0.727	1.00
25	0.727	1.00
26	0.727	1.00
27	0.727	1.00
28	0.727	1.00
29	0.727	1.00
30	0.727	1.00
31	0.727	1.00
32	0.727	1.00
33	0.727	1.03
34	0.746	1.07
35	0.775	1.11
36	0.805	1.15
37	0.836	1.20
38	0.869	1.24
39	0.903	1.29
40	0.938	1.34
41	0.975	1.39
42	1.013	1.45
43	1.053	1.50
44	1.094	1.56
45	1.137	1.62
46	1.181	1.69
47	1.227	1.75
48	1.275	1.82
49	1.325	1.89
50	1.377	1.97
51	1.431	2.05
52	1.487	2.13
53	1.545	2.21
54	1.605	2.29
55	1.668	2.38
56	1.733	2.48
57	1.801	2.57
58	1.871	2.67
59	1.944	2.78
60	2.02	2.89
61	2.099	3.00
62	2.181	3.00
63	2.181	3.00
64+	2.181	3.00

## Adult Preventive Dental Capitation Rates Exhibit 14

Age	Age Related
20	\$0.00
21	\$1.15
22	\$1.15
23	\$1.15
24	\$1.15
25	\$1.15
26	\$1.15
27	\$1.15
28	\$1.15
29	\$1.15
30	\$1.15
31	\$1.15
32	\$1.15
33	\$1.15
34	\$1.15
35	\$1.15
36	\$1.15
37	\$1.15
38	\$1.15
39	\$1.15
40	\$1.15
41	\$1.15
42	\$1.15
43	\$1.15
44 45	\$1.15
43 46	\$1.15 \$1.15
40 47	\$1.15 \$1.15
48	\$1.15
49	\$1.15
50	\$1.15
51	\$1.15
52	\$1.15
53	\$1.15
54	\$1.15
55	\$1.15
56	\$1.15
57	\$1.15
58	\$1.15
59	\$1.15
60	\$1.15
61	\$1.15
62	\$1.15
63	\$1.15
64+	\$1.15

#### Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. Rates effective January 1, 2014 Virginia Individual Exchange Appendix I

	Platinum	Gold	Gold	Silver	Silver	Silver	Bronze	Bronze	Bronze	Catastrophic
Age	KP DC Platinum 0/10/Dental		KP DC Gold 1000/20/Dental	KP DC Silver 1500/30/Dental	KP DC Silver 2500/30/Dental		KP DC Bronze 4500/50/Dental	KP Dc Bronze 4500/50/HSA/Dental	KP DC Bronze 5000/30%/HSA/Dental	KP DC Catastrophic 6400/0/Dental
20 and Under	\$247.40	\$232.61	\$207.84	\$188.75	\$182.70	\$179.64	\$153.74	\$151.25	\$150.12	\$158.87
21	\$248.55	\$233.76	\$208.99	\$189.90	\$183.85	\$180.79	\$154.89	\$152.40	\$151.27	\$160.02
22	\$248.55	\$233.76	\$208.99	\$189.90	\$183.85	\$180.79	\$154.89	\$152.40	\$151.27	\$160.02
23	\$248.55	\$233.76	\$208.99	\$189.90	\$183.85	\$180.79	\$154.89	\$152.40	\$151.27	\$160.02
24	\$248.55	\$233.76	\$208.99	\$189.90	\$183.85	\$180.79	\$154.89	\$152.40	\$151.27	\$160.02
25	\$248.55	\$233.76	\$208.99	\$189.90	\$183.85	\$180.79	\$154.89	\$152.40	\$151.27	\$160.02
26 27	\$248.55 \$248.55	\$233.76 \$233.76	\$208.99 \$208.99	\$189.90 \$189.90	\$183.85 \$183.85	\$180.79 \$180.79	\$154.89 \$154.89	\$152.40 \$152.40	\$151.27 \$151.27	\$160.02 \$160.02
28	\$248.55 \$248.55	\$233.76 \$233.76	\$208.99	\$189.90 \$189.90	\$183.85		\$154.89 \$154.89	\$152.40	\$151.27 \$151.27	\$160.02
29	\$248.55	\$233.76	\$208.99	\$189.90	\$183.85	\$180.79	\$154.89 \$154.89	\$152.40	\$151.27	\$160.02
30	\$248.55	\$233.76	\$208.99	\$189.90	\$183.85	\$180.79	\$154.89	\$152.40	\$151.27	\$160.02
31	\$248.55	\$233.76	\$208.99	\$189.90	\$183.85	\$180.79	\$154.89	\$152.40	\$151.27	\$160.02
32	\$248.55	\$233.76	\$208.99	\$189.90	\$183.85	\$180.79	\$154.89	\$152.40	\$151.27	\$160.02
33	\$255.01	\$239.84	\$214.42	\$194.83	\$188.63	\$185.48	\$158.90	\$156.36	\$155.19	\$164.17
34	\$264.88	\$249.12	\$222.71	\$202.36	\$195.91	\$192.65	\$165.04	\$162.39	\$161.18	\$170.51
35	\$275.09	\$258.72	\$231.29	\$210.15	\$203.45	\$200.06	\$171.38	\$168.63	\$167.37	\$177.07
36 37	\$285.64	\$268.64 \$279.19	\$240.15	\$218.20	\$211.24	\$207.72	\$177.93	\$175.08	\$173.77	\$183.84
38	\$296.87 \$308.44	\$2/9.19 \$290.07	\$249.58 \$259.30	\$226.77 \$235.60	\$219.54 \$228.08		\$184.91 \$192.10	\$181.95 \$189.02	\$180.59 \$187.61	\$191.05 \$198.48
39	\$320.35	\$290.07 \$301.27	\$259.30 \$269.31	\$244.68	\$236.88		\$192.10 \$199.50	\$196.30	\$194.84	\$206.13
40	\$332.94	\$313.11	\$279.89	\$254.29	\$246.18	\$242.06	\$207.33	\$204.00	\$202.48	\$214.22
41	\$345.87	\$325.27	\$290.75	\$264.16	\$255.73	\$251.45	\$215.36	\$211.91	\$210.32	\$222.52
42	\$359.48	\$338.07	\$302.19	\$274.54	\$265.78	\$261.34	\$223.82	\$220.23	\$218.58	\$231.26
43	\$373.43	\$351.19	\$313.91	\$285.19	\$276.08		\$232.49	\$228.76	\$227.05	\$240.22
44	\$388.07	\$364.94	\$326.20	\$296.35	\$286.89	\$282.09	\$241.59	\$237.70	\$235.93	\$249.62
45	\$403.04	\$379.02	\$338.78	\$307.77	\$297.94	\$292.97	\$250.89	\$246.86	\$245.01	\$259.23
46	\$418.69	\$393.74	\$351.93	\$319.72	\$309.50	\$304.33	\$260.62	\$256.43	\$254.51	\$269.29
47 48	\$435.03 \$452.04	\$409.10 \$425.10	\$365.65 \$379.95	\$332.18 \$345.16	\$321.57 \$334.13	\$316.19 \$328.55	\$270.77 \$281.34	\$266.42 \$276.82	\$264.42 \$274.75	\$279.77 \$290.70
49	\$469.74	\$423.10 \$441.73	\$394.81	\$358.66	\$347.20	\$341.40	\$292.34	\$270.82 \$287.64	\$285.48	\$302.06
50	\$488.11	\$459.01	\$410.25	\$372.68	\$360.77	\$354.74	\$303.76	\$298.87	\$296.63	\$313.87
51	\$507.17	\$476.93	\$426.26	\$387.22	\$374.85	\$368.58	\$315.60	\$310.52	\$308.20	\$326.10
52	\$526.91	\$495.49	\$442.84	\$402.28	\$389.42	\$382.91	\$327.86	\$322.59	\$320.17	\$338.78
53	\$547.33	\$514.68	\$460.00	\$417.86	\$404.50	\$397.73	\$340.55	\$335.07	\$332.56	\$351.89
54	\$568.76	\$534.84	\$478.01	\$434.21	\$420.33	\$413.30	\$353.87	\$348.18	\$345.57	\$365.66
55	\$590.88	\$555.64	\$496.59	\$451.09	\$436.67	\$429.36	\$367.62	\$361.70	\$358.99	\$379.86
56	\$614.02	\$577.40	\$516.03	\$468.75	\$453.76	\$446.16	\$382.00	\$375.85	\$373.03	\$394.72
57 58	\$637.84 \$662.69	\$599.79 \$623.15	\$536.04 \$556.91	\$486.92 \$505.87	\$471.35 \$489.69	\$463.46 \$481.50	\$396.80 \$412.24	\$390.41 \$405.60	\$387.49 \$402.56	\$410.02 \$425.97
59	\$688.55	\$623.13 \$647.47	\$578.64	\$525.60	\$489.69 \$508.79	\$481.50 \$500.28	\$412.24 \$428.31	\$405.60 \$421.41	\$402.56 \$418.25	\$425.97 \$442.58
60	\$715.43	\$672.74	\$601.22	\$546.12	\$528.65	\$519.80	\$445.02	\$437.85	\$434.57	\$459.84
61	\$743.34	\$698.98	\$624.67	\$567.40	\$549.25	\$540.06	\$462.36	\$454.91	\$451.50	\$477.76
62	\$743.34	\$698.98	\$624.67	\$567.40	\$549.25		\$462.36	\$454.91	\$451.50	\$477.76
63	\$743.34	\$698.98	\$624.67	\$567.40	\$549.25	\$540.06	\$462.36	\$454.91	\$451.50	\$477.76
64+	\$743.34	\$698.98	\$624.67	\$567.40	\$549.25	\$540.06	\$462.36	\$454.91	\$451.50	\$477.76

1	A B C D	E	F	G	Н	I J	K	L	М	N O	Р	Q	R	S	Т	U V	Х		Υ
1	Data Collection Template																	•	
2	·																		
3	Company Legal Name:	Kaiser Founda	tion Health Plan	State:	DC														
4	HIOS Issuer ID:	94506			Individual														
5	Effective Date of Rate Change(s):			Widi KCt.	IIIuiviuuai														
6	Effective Date of Nate Change(s).	1/1/2014																	
7																			
8	Market Level Calculations (Same for all Pla	ans)																	
9	market zerer carcarations (same for all ric	,																	
10																			
11	Section I: Experience period data																		
12	Experience Period:	1/1/2012		12/31/2012															
			Experience Period																
13 14			Aggregate Amount	PMPM 6324 37	% of Prem 100.00%														
15	Premiums (net of MLR Rebate) in Experier Incurred Claims in Experience Period	ice Perioa:	\$14,974,690 \$13,318,794	\$321.37 285.83	88.94%														
16	Allowed Claims:		\$14,688,584	315.23	98.09%														
17	Index Rate of Experience Period		. ,,	\$310.49															
18	Experience Period Member Months		46,597																
19																			
20	Section II: Allowed Claims, PMPM basis																		
21			Experience	Period		Adj't. from E	ction Period:	1/1/201 Annualiz		12/31/2014	N.	lid-point to Mi	d-point, Experie	ence to Projection:	24 r	months	=		
22			on Actual Experi	ience Allowed		Projectio	•							Credibility Manual					
		Utilization	Utilization per	Average		Pop'l risk				Utilization per	Average	,	Utilization	Average					
23	Benefit Category	Description	1,000	Cost/Service	РМРМ	Morbidity	Other	Cost	Util	1,000	Cost/Service	PMPM	per 1,000	Cost/Service	PMPM				
24	Inpatient Hospital	Days	235.12	\$4,692.91	\$91.95	1.093	0.958	1.035	1.010	262.16	\$4,815.23	\$105.20	0.00	\$0.00	\$0.00				
25	Outpatient Hospital	Visits	406.38	1,256.78	42.56	1.093	0.958	1.035	1.010	453.12	1,289.54	48.69	0.00	0.00	0.00				
24 25 26 27	Professional	Visits	6,388.74	253.03	134.71	1.093	0.958	1.015	1.006	7,064.54	249.90	147.12	0.00	0.00	0.00				
27	Other Medical	Visits	209.37	92.16	1.61	1.093	0.958	1.015	1.006	231.52	91.02	1.76		0.00	0.00				
28 29	Capitation Prescription Drug	Prescriptions	12,000.00 5,806.47	1.15 89.37	1.15 43.25	1.000 1.093	1.000 0.958	1.000 1.022	1.000 1.022	12,000.00 6,635.81	1.15 89.50	1.15 49.49	0.00	0.00	0.00 0.00				
30	Total	Frescriptions	3,800.47	69.37	\$315.23	1.033	0.558	1.022	1.022	0,033.81	89.50	\$353.40	0.00	0.00	\$0.00				
31	Total				3313.23							3333. <del>4</del> 0			30.00	After Credibility	Projected Pe	eriod Totals	
32	Section III: Projected Experience:				Projected Allowed	Experience Clair	ns PMPM (w/a	pplied cred	ibility if appli	cable)		100.00%			0.00%	\$353.40		11,534,767	
33					,		ed Average Fa									0.709		,,	
34 35						Projected Inc	urred Claims, I	efore ACA	rein & Risk A	dj't, PMPM						\$250.49		\$8,175,807	
35						Projected Ris	k Adjustments	PMPM								20.24		660,753	
36 37										coveries, net of rein pr	rem, PMPM					\$230.25		\$7,515,054	
37							A reinsurance	recoveries,	net of rein pi	em, PMPM						14.06		458,914	
38 40 41 42 43 44 45 46 47					Projected Incurred	Claims										\$216.19		\$7,056,140	
40					Administrative Exp	ense Load									15.55%	44.24		1,444,003	
41					Profit & Risk Load										2.00%	5.69		185,694	
42					Taxes & Fees										6.45%	18.35		598,863	
43					Single Risk Pool Gro		g. Rate, PMPM									\$284.47		\$9,284,700	
44					Index Rate for Proj		er Experience	Period								\$229.05 -11.48%			
46						% Increase of										-5.92%			
47					Projected Member											3.32/		32,639	
48																			
	Information Not Releasable to the Po											ist not be							
49 50	disseminated,	distributed, or copi	ed to persons not aut	horized to recei	ve the information.	Unauthorized (	disclosure may	result in pr	osecution to	the full extent of the l	law.								l
IFΩ																			

Product-Plan Data Collection

Company Legal Name: HIOS Issuer ID: Effective Date of Rate Change(s): Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. State: DC Market: Individual 94506 1/1/2014

Section I: General Product and Plan Information												
Product					Individual C	On Exchange					Terminated Plans	
Product ID:		94506DC039										
Metal:	Platinum	Gold	Gold	Silver	Silver	Silver	Bronze	Bronze	Bronze	Catastrophic		
AV Metal Value	0.885	0.811	0.782	0.703	0.687	0.689	0.607	0.591	0.588	0.578		
AV Pricing Value	0.849	0.799	0.713	0.648	0.627	0.617	0.528	0.519	0.515	0.545		
Plan Type:	0	HMO	HMO	HMO	HMO							
						KP DC Silver		KP Dc Bronze	KP DC Bronze	KP DC		
Plan Name	KP DC Platinum	KP DC Gold	KP DC Gold	KP DC Silver	KP DC Silver	1750/25%/HSA/D	KP DC Bronze	4500/50/HSA/Den	5000/30%/HSA/D	Catastrophic		
	0/10/Dental	0/20/Dental	1000/20/Dental	1500/30/Dental	2500/30/Dental	ental	4500/50/Dental	tal	ental	6400/0/Dental	Terminated Plans	
Plan ID (Standard Component ID):	94506DC0390001	94506DC0390002	94506DC0390003	94506DC0390004	94506DC0390005	94506DC0390006	94506DC0390007	94506DC0390009	94506DC0390010	94506DC0390008	94506DC0380001	
Exchange Plan?	Yes	Yes	Yes	No								
Historical Rate Increase - Calendar Year - 2											6.00%	
Historical Rate Increase - Calendar Year - 1											6.00%	
Historical Rate Increase - Calendar Year 0											6.00%	
Effective Date of Proposed Rates	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	
Rate Change % (over prior filing)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
Cum'tive Rate Change % (over 12 mos prior)	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	0.00%	
Proj'd Per Rate Change % (over Exper. Period)	#DIV/0!	#DIV/0!	#DIV/0!	-100.00%								
Product Threshold Rate Increase %					0.0	00%					#VALUE!	

#### Section II: Components of Premium Increase (PMPM Dollar Amount above Current Average Rate PMPM)

Plan ID (Standard Component ID):	Total	94506DC0390001	94506DC0390002	94506DC0390003	94506DC0390004	94506DC0390005	94506DC0390006	94506DC0390007	94506DC0390009	94506DC0390010	94506DC0390008	94506DC038000
Inpatient	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.0
Outpatient	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.0
Professional	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.0
Prescription Drug	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.0
Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.0
Capitation	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.0
Administration	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.0
Taxes & Fees	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.0
Risk & Profit Charge	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.0
Total Rate Increase	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.0
Member Cost Share Increase	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	

#### :tion III: Experience Period Information

	L	94506DC0390001										
	Total		94506DC0390002	94506DC0390003	94506000390004	94506DC0390005	94506DC0390006	94506DC0390007	94506DC0390009	94506000390010	94506DC0390008	
Average Rate PMPM	\$321.20											\$321.20
Member Months	46,597											46,597
Total Premium (TP)	\$14,966,804	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$14,966,80
EHB basis or full portion of TP, [see instructions]	0.00%											
state mandated benefits portion of TP that are other												
than EHB	0.00%											0.009
Other benefits portion of TP	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.009
Total Allowed Claims (TAC)	\$14,688,584											\$14,688,58
EHB basis or full portion of TAC, [see instructions] state mandated benefits portion of TAC that are	0.00%											0.00%
other than EHB	0.00%											0.009
Other benefits portion of TAC	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.009
Allowed Claims which are not the issuer's obligation:	\$1,445,443											\$1,445,44
behalf of insured person, in dollars	\$0											
Portion of above payable by HHS on behalf of insured person, as %	0.00%	#DIV/0!	#DIV/01	0.009								
Total Incurred claims, payable with issuer funds	\$13,243,141	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$13,243,14
Net Amt of Rein	\$0.00											
Net Amt of Risk Adj	\$0.00											
			•		•		•	•	•	•		
Incurred Claims PMPM	\$284.21	#DIV/0!	\$284.2									
Allowed Claims PMPM	\$315.23	#DIV/0!	\$315.2									
EHB portion of Allowed Claims, PMPM	\$0.00	#DIV/0!	\$0.0									

#### tion IV: Projected (12 months following effective date)

Plan ID (Standard Component ID):	Total	94506DC0390001	94506DC0390002	94506DC0390003	94506DC0390004	94506DC0390005	94506DC0390006	94506DC0390007	94506DC0390009	94506DC0390010	94506DC0390008	94506DC0380001
Average Rate PMPM	\$284.47	\$284.47	\$284.47	\$284.47	\$284.47	\$284.47	\$284.47	\$284.47	\$284.47	\$284.47	\$284.47	\$0.00
Member Months	32,639	2,040	2,040	4,080	4,569	4,896	4,896	4,569	2,448	2,448	653	
Total Premium (TP)	\$9,284,700	\$580,311	\$580,311	\$1,160,623	\$1,299,727	\$1,392,748	\$1,392,748	\$1,299,727	\$696,374	\$696,374	\$185,757	\$0
EHB basis or full portion of TP, [see instructions]	98.50%	98.50%	98.50%	98.50%	98.50%	98.50%	98.50%	98.50%	98.50%	98.50%	98.50%	
state mandated benefits portion of TP that are other		30.007	30.5571			303007			30.007			
than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
Other benefits portion of TP	1.50%	1.50%	1.50%	1.50%	1.50%	1.50%	1.50%	1.50%	1.50%	1.50%	1.50%	100.00%
Total Allowed Claims (TAC)	\$10,415,100	\$650,964	\$650,964	\$1,301,927	\$1,457,967	\$1,562,313	\$1,562,313	\$1,457,967	\$781,156	\$781,156	\$208,372	
EHB basis or full portion of TAC, [see instructions]	98.50%	98.50%	98.50%	98.50%	98.50%	98.50%	98.50%	98.50%	98.50%	98.50%	98.50%	
state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
Other benefits portion of TAC	1.50%	1.50%	1.50%	1.50%	1.50%	1.50%	1.50%	1.50%	1.50%	1.50%	1.50%	100.00%
Allowed Claims which are not the issuer's obligation	\$3,358,960	\$54,052	\$85,098	\$306,891	\$432,439	\$504,000	\$534,681	\$633,781	\$348,452	\$359,092	\$100,474	
Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$0											
insured person, as %	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	#DIV/0!
Total Incurred claims, payable with issuer funds	\$7,056,140	\$596,912	\$565,865	\$995,036	\$1,025,529	\$1,058,313	\$1,027,632	\$824,186	\$432,704	\$422,064	\$107,899	ŞI
Net Amt of Rein	\$458,914	\$28,683	\$28,683	\$57,366	\$64,241	\$68,839	\$68,839	\$64,241	\$34,420	\$34,420	\$9,181	
Net Amt of Risk Adi	\$660,753	\$41,298	\$41,298	\$82,597	\$92,496	\$99,116	\$99,116	\$92,496	\$49,558	\$49,558	\$13,220	

 FF Filing #: KPMA-129030909			
pany Name: Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.			
n Number(s) of Plan: KP DC Platinum 0/10/Dental DP-PLATINUM-0-10-DENTAL-HMO(01-14)HIX, DC-DP-PLATINUM-0-10-DENTAL-HMO-RX(01-14)HIX			
TEATHON O TO BENTAL TIMO(OT 14)TIA, BE BY TEATHNOW O TO BENTAL TIMO NA(OT 14)TIA			
	Cell in AV		Coresponding Page Number in Contra
Input Name	Calculator	Input Value Used	where value can be found
HSA/HRA Options			
Annual Contribution Amount	E4	N/A	N/A
Narrow Network Options		4.000/	21/2
1st Tier Utilization 2nd Tier Utilization	H4 H5	100% N/A	N/A N/A
Plan Benefit Design	пэ	N/A	N/A
Deductible (\$) (Medical)	B10	\$0	N/A
Deductible (\$) (Drug)	C10	\$0	N/A
Deductible (\$) (Combined)	D10	N/A	N/A
Coinsurance (%, Insurer's Cost Share) (Medical) Coinsurance (%, Insurer's Cost Share) (Drug)	B11 C11	15% 15%	N/A N/A
Coinsurance (%, Insurer's Cost Share) (Combined)	D11	N/A	N/A
OOP Maximum (\$)	B12	\$4,000	6
OOP Maximum if Separate (\$) (Medical)	B13	N/A	N/A
OOP Maximum if Separate (\$) (Drug)	C13	N/A	N/A
Deductible (\$) (Medical) Deductible (\$) (Drug)	F10 G10	N/A N/A	N/A N/A
Deductible (\$) (Combined)	H10	N/A N/A	N/A N/A
Coinsurance (%, Insurer's Cost Share) (Medical)	F11	N/A	N/A
Coinsurance (%, Insurer's Cost Share) (Drug)	G11	N/A	N/A
Coinsurance (%, Insurer's Cost Share) (Combined)	H11	N/A	N/A
OOP Maximum (\$) OOP Maximum if Separate (\$) (Medical)	F12	N/A	N/A
OOP Maximum if Separate (\$) (Drug)	F13	N/A N/A	N/A N/A
Medical Benefits	323	,	
Emergency Room Services, Coinsurance, if different	D18	0%	N/A
Emergency Room Services, Copay, if separate	E18	\$250	2
All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19 E19	0% \$250	N/A 1
All Inpatient Hospital Services (inc. MHSA), Copay, if separate  Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20	\$250 0%	N/A
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	\$10	1
Specialist Visit, Coinsurance, if different	D21	0%	N/A
Specialist Visit, Copay, if separate	E21	\$20	1
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22	0%	N/A 2
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate Imaging (CT/PET Scans, MRIs), Coinsurance, if different	E22 D24	\$10 0%	
Imaging (CT/PET Scans, MRIs), Copay, if separate	E24	\$150	4
Rehabilitative Speech Therapy, Coinsurance, if different	D27	0%	N/A
Rehabilitative Speech Therapy, Copay, if separate	E27	\$10	
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28	0%	N/A
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate  Laboratory Outpatient and Professional Services, Coinsurance, if different	E28	\$10 0%	4 N/A
Laboratory Outpatient and Professional Services, Consulance, if different	E32	\$5	4
X-rays and Diagnostic Imaging, Coinsurance, if different	D33	0%	N/A
X-rays and Diagnostic Imaging, Copay, if separate	E33	\$5	4
Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34	0%	N/A
Skilled Nursing Facility, Tier 1, Copay, if separate	E34	\$250	4 N/A
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	D35 E35		N/A 1
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, it separate  Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36		N/A
Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36		1
Emergency Room Services, Coinsurance, if different	H18		N/A
Emergency Room Services, Copay, if separate	I18		N/A
All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different  All Inpatient Hospital Services (inc. MHSA), Copay, if separate	H19 I19		N/A N/A
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		N/A N/A
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	120		N/A
Specialist Visit, Coinsurance, if different	H21		N/A
Specialist Visit, Copay, if separate	121		N/A
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		N/A
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	122		N/A
Imaging (CT/PET Scans, MRIs), Coinsurance, if different Imaging (CT/PET Scans, MRIs), Copay, if separate	H24		N/A N/A
Rehabilitative Speech Therapy, Coinsurance, if different	H27		N/A N/A
Rehabilitative Speech Therapy, Copay, if separate	127		N/A
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	H28		N/A
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	128		N/A

	Laboratory Outpatient and Professional Services, Copay, if separate	132		N/A
	X-rays and Diagnostic Imaging, Coinsurance, if different	H33		N/A
	X-rays and Diagnostic Imaging, Copay, if separate	133		N/A
	Skilled Nursing Facility, Coinsurance, if different	H34		N/A
	Skilled Nursing Facility, Copay, if separate	134		N/A
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	H35		N/A
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	135		N/A
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36		N/A
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	136		N/A
	Drug Benefits			
	Generics, Coinsurance, if different	D38	0%	N/A
	Generics, Copay, if separate	E38	\$10	6
	Preferred Brand Drugs, Coinsurance, if different	D39	0%	N/A
	Preferred Brand Drugs, Copay, if separate	E39	\$30	6
2	Non-Preferred Brand Drugs, Coinsurance, if different	D40		N/A
	Non-Preferred Brand Drugs, Copay, if separate	E40		N/A
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	0%	N/A
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41	\$30	N/A
	Generics, Coinsurance, if different	H38		N/A
	Generics, Copay, if separate	138		N/A
	Preferred Brand Drugs, Coinsurance, if different	H39		N/A
1	Preferred Brand Drugs, Copay, if separate	139		N/A
2	Non-Preferred Brand Drugs, Coinsurance, if different	H40		N/A
	Non-Preferred Brand Drugs, Copay, if separate	140		N/A
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		N/A
	Specialty Drugs (i.e. high-cost), Copay, if separate	141		N/A
	Options for Additional Benefit Design Limits			
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48	4	
	Number of Visits Before Begining Primary Care Cost-Sharing	B50		
	Number of Copays Before Begining Primary Care Deductible/Coinsurance	B52		

F Filing #: KPMA-129030909			
pany Name: Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.			
n Number(s) of Plan: KP DC Gold 0/20/Dental DP-GOLD-0-20-DENTAL-HMO(01-14)HIX, DC-DP-GOLD-0-20-DENTAL-HMO-RX(01-14)HIX			
OCE O 20 DENTAL TIMO(OT 14)TIM, DE DI GOLD O 20 DENTAL TIMO IM(OT 14)TIM			
	Cell in AV		Coresponding Page Number in Cont
Input Name	Calculator	Input Value Used	where value can be found
HSA/HRA Options			
Annual Contribution Amount	E4	N/A	N/A
Narrow Network Options			
1st Tier Utilization	H4	100%	N/A
2nd Tier Utilization Plan Benefit Design	H5	N/A	N/A
Deductible (\$) (Medical)	B10	\$0	N/A
Deductible (\$) (Drug)	C10	\$0	N/A
Deductible (\$) (Combined)	D10	N/A	N/A
Coinsurance (%, Insurer's Cost Share) (Medical)	B11	30%	N/A
Coinsurance (%, Insurer's Cost Share) (Drug)	C11	30%	N/A
Coinsurance (%, Insurer's Cost Share) (Combined)	D11	N/A	N/A
OOP Maximum (\$) OOP Maximum if Separate (\$) (Medical)	B12	\$6,400	6 N/A
OOP Maximum if Separate (\$) (Medical) OOP Maximum if Separate (\$) (Drug)	B13 C13	N/A N/A	N/A N/A
Deductible (\$) (Medical)	F10	N/A N/A	N/A N/A
Deductible (\$) (Drug)	G10	N/A	N/A
Deductible (\$) (Combined)	H10	N/A	N/A
Coinsurance (%, Insurer's Cost Share) (Medical)	F11	N/A	N/A
Coinsurance (%, Insurer's Cost Share) (Drug)	G11	N/A	N/A
Coinsurance (%, Insurer's Cost Share) (Combined)	H11	N/A	N/A
OOP Maximum (\$)	F12	N/A	N/A
OOP Maximum if Separate (\$) (Medical)	F13	N/A	N/A
OOP Maximum if Separate (\$) (Drug) Medical Benefits	G13	N/A	N/A
Emergency Room Services, Coinsurance, if different	D18	0%	N/A
Emergency Room Services, Copay, if separate	E18	\$250	•
All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19	0%	
All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19	\$500	1
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20	0%	N/A
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	\$20	1
Specialist Visit, Coinsurance, if different	D21	0%	N/A
Specialist Visit, Copay, if separate	E21 D22	\$40 0%	1
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different  Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	\$20	N/A 2
Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24	0%	_
Imaging (CT/PET Scans, MRIs), Copay, if separate	E24	\$250	4
Rehabilitative Speech Therapy, Coinsurance, if different	D27	0%	N/A
Rehabilitative Speech Therapy, Copay, if separate	E27	\$20	4
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28	0%	
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	\$20	
Laboratory Outpatient and Professional Services, Coinsurance, if different	D32	0%	,
Laboratory Outpatient and Professional Services, Copay, if separate	E32 D33	\$20 0%	
X-rays and Diagnostic Imaging, Coinsurance, if different X-rays and Diagnostic Imaging, Copay, if separate	E33	\$20	,
Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34	0%	
Skilled Nursing Facility, Tier 1, Copay, if separate	E34	\$250	•
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35		N/A
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35		1
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36		N/A
Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36		1
Emergency Room Services, Coinsurance, if different	H18		N/A
Emergency Room Services, Copay, if separate  All Inpatient Hospital Services (inc. MHSA). Coincurages, if different	I18		N/A
All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different All Inpatient Hospital Services (inc. MHSA), Copay, if separate	H19		N/A N/A
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		N/A N/A
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	120		N/A
Specialist Visit, Coinsurance, if different	H21		N/A
Specialist Visit, Copay, if separate	121		N/A
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		N/A
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	122		N/A
Imaging (CT/PET Scans, MRIs), Coinsurance, if different	H24		N/A
Imaging (CT/PET Scans, MRIs), Copay, if separate	124		N/A
Rehabilitative Speech Therapy, Coinsurance, if different	H27		N/A
Rehabilitative Speech Therapy, Copay, if separate  Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	127 H28		N/A N/A
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, it different Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	128		N/A N/A
Laboratory Outpatient and Professional Services, Coinsurance, if different	H32		N/A

	Laboratory Outpatient and Professional Services, Copay, if separate	132		N/A
	X-rays and Diagnostic Imaging, Coinsurance, if different	H33		N/A
	X-rays and Diagnostic Imaging, Copay, if separate	133		N/A
	Skilled Nursing Facility, Coinsurance, if different	H34		N/A
	Skilled Nursing Facility, Copay, if separate	134		N/A
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	H35		N/A
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	135		N/A
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36		N/A
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	136		N/A
	Drug Benefits			
	Generics, Coinsurance, if different	D38	0%	N/A
	Generics, Copay, if separate	E38	\$10	6
	Preferred Brand Drugs, Coinsurance, if different	D39	0%	N/A
	Preferred Brand Drugs, Copay, if separate	E39	\$30	6
2	Non-Preferred Brand Drugs, Coinsurance, if different	D40		N/A
	Non-Preferred Brand Drugs, Copay, if separate	E40		N/A
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	0%	N/A
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41	\$30	N/A
	Generics, Coinsurance, if different	H38		N/A
	Generics, Copay, if separate	138		N/A
	Preferred Brand Drugs, Coinsurance, if different	H39		N/A
1	Preferred Brand Drugs, Copay, if separate	139		N/A
2	Non-Preferred Brand Drugs, Coinsurance, if different	H40		N/A
	Non-Preferred Brand Drugs, Copay, if separate	140		N/A
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		N/A
	Specialty Drugs (i.e. high-cost), Copay, if separate	141		N/A
	Options for Additional Benefit Design Limits			
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48	4	
	Number of Visits Before Begining Primary Care Cost-Sharing	B50		
	Number of Copays Before Begining Primary Care Deductible/Coinsurance	B52		

	uarial Value Input Chart - District of Columbia Department of Insurance, urities, and Banking			
	F Filing #: KPMA-129030909 pany Name: Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.			
	Name: DC-DP-GOLD-1000-20-DENTAL-DHMO-COST(01-14)HIX, Form : DC-DP-GOLD-1000-20-DENTAL-DHMO-			
	(01-14)HIX, DC-DP-GOLD-1000-20-DENTAL-DHMO-RX(01-14)HIX			
	(221), 111, 150 51 0020 2000 20 5211112 511110 111(0211), 1111			
	Input Name	Cell in AV Calculator	Input Value Used	Coresponding Page Number in Contract where value can be found
	HSA/HRA Options Annual Contribution Amount	E4	N/A	N/A
	Narrow Network Options	E4	N/A	N/A
	1st Tier Utilization	H4	100%	N/A
	2nd Tier Utilization	H5	N/A	N/A
	Plan Benefit Design	240	44.000	
	Deductible (\$) (Medical) Deductible (\$) (Drug)	B10 C10	\$1,000 \$0	N/A N/A
	Deductible (\$) (Gombined)	D10	N/A	1
_	Coinsurance (%, Insurer's Cost Share) (Medical)	B11	20%	N/A
Tier :	Coinsurance (%, Insurer's Cost Share) (Drug)	C11	20%	N/A
_	Coinsurance (%, Insurer's Cost Share) (Combined)	D11	N/A	N/A
	OOP Maximum (\$)	B12	\$6,400	6
	OOP Maximum if Separate (\$) (Medical) OOP Maximum if Separate (\$) (Drug)	B13	N/A	N/A
	Deductible (\$) (Medical)	C13 F10	N/A N/A	N/A N/A
	Deductible (\$) (Drug)	G10	N/A	N/A
	Deductible (\$) (Combined)	H10	N/A	N/A
2	Coinsurance (%, Insurer's Cost Share) (Medical)	F11	N/A	N/A
Tier	Coinsurance (%, Insurer's Cost Share) (Drug)	G11	N/A	N/A
_	Coinsurance (%, Insurer's Cost Share) (Combined)	H11	N/A	N/A
	OOP Maximum (\$) OOP Maximum if Separate (\$) (Medical)	F12 F13	N/A N/A	N/A N/A
	OOP Maximum if Separate (\$) (Drug)	G13	N/A	N/A N/A
	Medical Benefits	0.10	1477	.,,,
	Emergency Room Services, Coinsurance, if different	D18	0%	N/A
	Emergency Room Services, Copay, if separate	E18	\$250	3
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19		2
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate  Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	E19 D20	0%	N/A N/A
	Primary Care Visit to Treat an Injury of Illness (exc. Preventive, and X-rays), Comstrainte, if different	E20	\$20	1
	Specialist Visit, Coinsurance, if different	D21	0%	N/A
	Specialist Visit, Copay, if separate	E21	\$40	1
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22	0%	2
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22 D24	\$20 0%	N/A
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different Imaging (CT/PET Scans, MRIs), Copay, if separate	E24	\$150	N/A 5
.1	Rehabilitative Speech Therapy, Coinsurance, if different	D27	0%	N/A
Tier	Rehabilitative Speech Therapy, Copay, if separate	E27	\$20	4
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28	0%	N/A
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	\$20	4
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32	0%	5
	Laboratory Outpatient and Professional Services, Copay, if separate X-rays and Diagnostic Imaging, Coinsurance, if different	E32 D33	\$20 0%	N/A N/A
	X-rays and Diagnostic Imaging, Consulance, if different  X-rays and Diagnostic Imaging, Copay, if separate	E33	\$20	5
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34	+10	4
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34		N/A
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35		2
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35		N/A
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different Outpatient Surgery Physician/Surgical Services, Copay, if separate	D36 E36		2 N/A
	Emergency Room Services, Coinsurance, if different	H18		N/A
	Emergency Room Services, Copay, if separate	118		N/A
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		N/A
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	119		N/A
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		N/A
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	120 H21		N/A
	Specialist Visit, Coinsurance, if different Specialist Visit, Copay, if separate	I21		N/A N/A
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		N/A
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	122		N/A
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	H24		N/A
2	Imaging (CT/PET Scans, MRIs), Copay, if separate	124		N/A
	Rehabilitative Speech Therapy, Coinsurance, if different	H27		N/A
<u></u>	Pehabilitative Speech Therapy, Copay, if coparate	127		
<u></u>	Rehabilitative Speech Therapy, Copay, if separate Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	127 H28		N/A N/A

Laboratory Outpatient and Professional Services, Coinsurance, if different	H32		N/A
Laboratory Outpatient and Professional Services, Copay, if separate	132		N/A
X-rays and Diagnostic Imaging, Coinsurance, if different	H33		N/A
X-rays and Diagnostic Imaging, Copay, if separate	133		N/A
Skilled Nursing Facility, Coinsurance, if different	H34		N/A
Skilled Nursing Facility, Copay, if separate	134		N/A
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	H35		N/A
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	135		N/A
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36		N/A
Outpatient Surgery Physician/Surgical Services, Copay, if separate	136		N/A
Drug Benefits			
Generics, Coinsurance, if different	D38	0%	N/A
Generics, Copay, if separate	E38	\$10	6
Preferred Brand Drugs, Coinsurance, if different	D39	0%	N/A
Preferred Brand Drugs, Copay, if separate	E39	\$30	6
Non-Preferred Brand Drugs, Coinsurance, if different	D40		6
Non-Preferred Brand Drugs, Copay, if separate	E40		N/A
Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	0%	N/A
Specialty Drugs (i.e. high-cost), Copay, if separate	E41	\$30	N/A
Generics, Coinsurance, if different	H38		N/A
Generics, Copay, if separate	138		N/A
Preferred Brand Drugs, Coinsurance, if different	Н39		N/A
Preferred Brand Drugs, Copay, if separate	139		N/A
Non-Preferred Brand Drugs, Coinsurance, if different	H40		N/A
Non-Preferred Brand Drugs, Copay, if separate	140		N/A
Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		N/A
Specialty Drugs (i.e. high-cost), Copay, if separate	I41		N/A
Options for Additional Benefit Design Limits			
Specialty Rx Coinsurance Maximum	B46		
Maximum Number of Days for Charging an IP Copay	B48		
Number of Visits Before Begining Primary Care Cost-Sharing	B50		
Number of Copays Before Begining Primary Care Deductible/Coinsurance	B52		

	cuarial Value Input Chart - District of Columbia Department of Insurance,			
sec	curities, and Banking			
SERF				
	pany Name: Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.			
Plan	Name: DC-DP-SILVER-1500-30-DENTAL-DHMO-COST(01-14)HIX, Form : DC-DP-SILVER-1500-30-DENTAL-DHMO-			
COST	r(01-14)HIX, DC-DP-SILVER-1500-30-DENTAL-DHMO-RX(01-14)HIX			
	Input Name	Cell in AV	Input Value Used	Coresponding Page Number in Contract where value can be found
	HSA/HRA Options			
	Annual Contribution Amount	E4	N/A	N/A
	Narrow Network Options			
	1st Tier Utilization	H4	100%	N/A
	2nd Tier Utilization	H5	N/A	N/A
	Plan Benefit Design  Poductible (\$\frac{1}{2}\) (Modical)	B10	¢1 E00	N/A
	Deductible (\$) (Medical) Deductible (\$) (Drug)	C10	\$1,500 \$250	N/A N/A
	Deductible (\$) (Combined)	D10	N/A	1
1	Coinsurance (%, Insurer's Cost Share) (Medical)	B11	30%	N/A
Tier 1	Coinsurance (%, Insurer's Cost Share) (Drug)	C11	30%	N/A
-	Coinsurance (%, Insurer's Cost Share) (Combined)	D11	N/A	N/A
	OOP Maximum (\$)	B12	\$6,400	6
	OOP Maximum if Separate (\$) (Medical) OOP Maximum if Separate (\$) (Drug)	B13 C13	N/A N/A	N/A N/A
	Deductible (\$) (Medical)	F10	N/A N/A	N/A N/A
	Deductible (\$) (Drug)	G10	N/A	N/A
	Deductible (\$) (Combined)	H10	N/A	N/A
7	Coinsurance (%, Insurer's Cost Share) (Medical)	F11	N/A	N/A
Tier	Coinsurance (%, Insurer's Cost Share) (Drug)	G11	N/A	N/A
-	Coinsurance (%, Insurer's Cost Share) (Combined)	H11	N/A	N/A
	OOP Maximum (\$) OOP Maximum if Separate (\$) (Medical)	F12 F13	N/A N/A	N/A N/A
	OOP Maximum if Separate (\$) (Drug)	G13	N/A	N/A
	Medical Benefits			,
	Emergency Room Services, Coinsurance, if different	D18	0%	N/A
	Emergency Room Services, Copay, if separate	E18	\$350	3
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different All Inpatient Hospital Services (inc. MHSA), Copay, if separate	D19 E19		2 N/A
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20	0%	N/A N/A
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	\$30	1
	Specialist Visit, Coinsurance, if different	D21	0%	N/A
	Specialist Visit, Copay, if separate	E21	\$50	1
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22	0%	2
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate Imaging (CT/PET Scans, MRIs), Coinsurance, if different	E22 D24	\$30 0%	N/A N/A
	Imaging (CT/PET Scans, MRIs), Consulance, if unferent	E24	\$250	5 N/A
1	Rehabilitative Speech Therapy, Coinsurance, if different	D27	0%	N/A
ΞĒ	Rehabilitative Speech Therapy, Copay, if separate	E27	\$30	5
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28	0%	N/A
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	\$30	4
	Laboratory Outpatient and Professional Services, Coinsurance, if different Laboratory Outpatient and Professional Services, Copay, if separate	D32	0% \$30	N/A 5
	X-rays and Diagnostic Imaging, Coinsurance, if different	E32 D33	\$30 0%	N/A
	X-rays and Diagnostic Imaging, Copay, if separate	E33	\$30	5
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34		4
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34		N/A
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35		2
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35	1	N/A
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different Outpatient Surgery Physician/Surgical Services, Copay, if separate	D36 E36	1	2 N/A
	Emergency Room Services, Coinsurance, if different	H18	1	N/A
		118	1	N/A
ļ	Emergency Room Services, Copay, if separate			N/A
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		N/A
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different All Inpatient Hospital Services (inc. MHSA), Copay, if separate	119		N/A
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different All Inpatient Hospital Services (inc. MHSA), Copay, if separate Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	I19 H20		N/A N/A
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different All Inpatient Hospital Services (inc. MHSA), Copay, if separate Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	H20 H20		N/A N/A N/A
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different All Inpatient Hospital Services (inc. MHSA), Copay, if separate Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate Specialist Visit, Coinsurance, if different	119 H20 120 H21		N/A N/A N/A N/A
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different All Inpatient Hospital Services (inc. MHSA), Copay, if separate Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	H20 H20		N/A N/A N/A
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different All Inpatient Hospital Services (inc. MHSA), Copay, if separate Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate Specialist Visit, Coinsurance, if different Specialist Visit, Copay, if separate	H20 I20 H21 I21		N/A N/A N/A N/A N/A
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different  All Inpatient Hospital Services (inc. MHSA), Copay, if separate  Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different  Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate  Specialist Visit, Coinsurance, if different  Specialist Visit, Copay, if separate  Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different  Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate  Imaging (CT/PET Scans, MRIs), Coinsurance, if different	119 H20 120 H21 121 H22 122 H24		N/A N/A N/A N/A N/A N/A N/A N/A
2	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different  All Inpatient Hospital Services (inc. MHSA), Copay, if separate  Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different  Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate  Specialist Visit, Coinsurance, if different  Specialist Visit, Copay, if separate  Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different  Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate  Imaging (CT/PET Scans, MRIs), Coinsurance, if different  Imaging (CT/PET Scans, MRIs), Copay, if separate	119 H20 120 H21 121 H22 122 H24		N/A N/A N/A N/A N/A N/A N/A N/A N/A
a	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different  All Inpatient Hospital Services (inc. MHSA), Copay, if separate  Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different  Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate  Specialist Visit, Coinsurance, if different  Specialist Visit, Copay, if separate  Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different  Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate  Imaging (CT/PET Scans, MRIs), Coinsurance, if different  Imaging (CT/PET Scans, MRIs), Copay, if separate  Rehabilitative Speech Therapy, Coinsurance, if different	119 H20 120 H21 121 H22 122 H24 124 H27		N/A
a)	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different  All Inpatient Hospital Services (inc. MHSA), Copay, if separate  Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different  Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate  Specialist Visit, Coinsurance, if different  Specialist Visit, Copay, if separate  Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different  Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate  Imaging (CT/PET Scans, MRIs), Coinsurance, if different  Imaging (CT/PET Scans, MRIs), Copay, if separate	119 H20 120 H21 121 H22 122 H24		N/A N/A N/A N/A N/A N/A N/A N/A N/A

Laboratory Outpatient and Professional Services, Coinsurance, if different	H32		N/A
Laboratory Outpatient and Professional Services, Copay, if separate	32		N/A
X-rays and Diagnostic Imaging, Coinsurance, if different	Н33		N/A
X-rays and Diagnostic Imaging, Copay, if separate	133		N/A
Skilled Nursing Facility, Coinsurance, if different	Н34		N/A
Skilled Nursing Facility, Copay, if separate	134		N/A
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	H35		N/A
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	135		N/A
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36		N/A
Outpatient Surgery Physician/Surgical Services, Copay, if separate	136		N/A
Drug Benefits			
Generics, Coinsurance, if different	D38	0%	N/A
Generics, Copay, if separate	E38	\$15	6
Preferred Brand Drugs, Coinsurance, if different	D39	0%	N/A
Preferred Brand Drugs, Copay, if separate	E39	\$45	6
Non-Preferred Brand Drugs, Coinsurance, if different	D40		6
Non-Preferred Brand Drugs, Copay, if separate	E40		N/A
Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	0%	N/A
Specialty Drugs (i.e. high-cost), Copay, if separate	E41	\$45	N/A
Generics, Coinsurance, if different	H38		N/A
Generics, Copay, if separate	138		N/A
Preferred Brand Drugs, Coinsurance, if different	Н39		N/A
Preferred Brand Drugs, Copay, if separate	139		N/A
Non-Preferred Brand Drugs, Coinsurance, if different	H40		N/A
Non-Preferred Brand Drugs, Copay, if separate	140		N/A
Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		N/A
Specialty Drugs (i.e. high-cost), Copay, if separate	I41		N/A
Options for Additional Benefit Design Limits			
Specialty Rx Coinsurance Maximum	B46		
Maximum Number of Days for Charging an IP Copay	B48		
Number of Visits Before Begining Primary Care Cost-Sharing	B50		
Number of Copays Before Begining Primary Care Deductible/Coinsurance	B52		

ctuarial Value Input Chart - District of Columbia Department of Insurance, curities, and Banking			
  FF Filing #: KPMA-129030909			
npany Name: Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.			
n Name: DC-DP-SILVER-2500-30-DENTAL-DHMO-COST(01-14)HIX, Form : DC-DP-SILVER-2500-30-DENTAL-DHMO-			
T(01-14)HIX, DC-DP-SILVER-2500-30-DENTAL-DHMO-RX(01-14)HIX			
Input Name	Cell in AV Calculator	Input Value Used	Coresponding Page Number in Contr where value can be found
HSA/HRA Options Annual Contribution Amount	E4	N/A	N/A
Narrow Network Options	E4	N/A	N/A
1st Tier Utilization	H4	100%	N/A
2nd Tier Utilization	H5	N/A	N/A
Plan Benefit Design	240	ć2 F00	21/2
Deductible (\$) (Medical) Deductible (\$) (Drug)	B10 C10	\$2,500 \$250	N/A N/A
Deductible (\$) (Combined)	D10	N/A	1
Coinsurance (%, Insurer's Cost Share) (Medical)	B11	30%	N/A
Coinsurance (%, Insurer's Cost Share) (Drug)	C11	30%	N/A
Coinsurance (%, Insurer's Cost Share) (Combined)	D11	N/A	N/A
OOP Maximum (\$) OOP Maximum if Separate (\$) (Medical)	B12 B13	\$6,400 N/A	6 N/A
OOP Maximum if Separate (\$) (Medical)	C13	N/A N/A	N/A N/A
Deductible (\$) (Medical)	F10	N/A	N/A
Deductible (\$) (Drug)	G10	N/A	N/A
Deductible (\$) (Combined)	H10	N/A	N/A
Coinsurance (%, Insurer's Cost Share) (Medical)	F11	N/A	N/A
Coinsurance (%, Insurer's Cost Share) (Drug) Coinsurance (%, Insurer's Cost Share) (Combined)	G11 H11	N/A N/A	N/A N/A
OOP Maximum (\$)	F12	N/A	N/A
OOP Maximum if Separate (\$) (Medical)	F13	N/A	N/A
OOP Maximum if Separate (\$) (Drug)	G13	N/A	N/A
Medical Benefits	240	201	2
Emergency Room Services, Coinsurance, if different Emergency Room Services, Copay, if separate	D18 E18	0% \$400	3 N/A
All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19	\$400	2
All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19		N/A
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20	0%	N/A
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	\$30	1
Specialist Visit, Consuminate, if different	D21 E21	9% \$50	N/A 1
Specialist Visit, Copay, if separate  Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22	0%	2
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	\$30	N/A
Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24	0%	NA
Imaging (CT/PET Scans, MRIs), Copay, if separate	E24	\$300	5
Rehabilitative Speech Therapy, Coinsurance, if different	D27	0%	N/A
Rehabilitative Speech Therapy, Copay, if separate  Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	E27 D28	\$30 0%	4 N/A
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	\$30	4
Laboratory Outpatient and Professional Services, Coinsurance, if different	D32	0%	N/A
Laboratory Outpatient and Professional Services, Copay, if separate	E32	\$30	5
X-rays and Diagnostic Imaging, Coinsurance, if different	D33	0%	N/A
X-rays and Diagnostic Imaging, Copay, if separate Skilled Nursing Facility, Tier 1, Coinsurance, if different	E33	\$30	<u>5</u> 4
Skilled Nursing Facility, Tier 1, Coinsurance, it different Skilled Nursing Facility, Tier 1, Copay, if separate	D34 E34		N/A
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35		2
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35		N/A
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36		2
Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36		N/A
Emergency Room Services, Coinsurance, if different Emergency Room Services, Copay, if separate	H18		N/A N/A
All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		N/A N/A
All Inpatient Hospital Services (inc. MHSA), Copay, if separate	119		N/A
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		N/A
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	120		N/A
Specialist Visit, Coinsurance, if different	H21		N/A
Specialist Visit, Copay, if separate  Mental/Rehavioral Health and Substance Abuse Disorder Outnations Services, Coinsurance, if different	H22		N/A N/A
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different  Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	H22		N/A N/A
Imaging (CT/PET Scans, MRIs), Coinsurance, if different	H24		N/A
Imaging (CT/PET Scans, MRIs), Copay, if separate	124		N/A
Rehabilitative Speech Therapy, Coinsurance, if different	H27		N/A
Rehabilitative Speech Therapy, Copay, if separate	127		N/A
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	H28	i	N/A

Laboratory Outpatient and Professional Services, Coinsurance, if different	H32		N/A
Laboratory Outpatient and Professional Services, Copay, if separate	32		N/A
X-rays and Diagnostic Imaging, Coinsurance, if different	Н33		N/A
X-rays and Diagnostic Imaging, Copay, if separate	133		N/A
Skilled Nursing Facility, Coinsurance, if different	Н34		N/A
Skilled Nursing Facility, Copay, if separate	134		N/A
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	H35		N/A
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	135		N/A
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36		N/A
Outpatient Surgery Physician/Surgical Services, Copay, if separate	136		N/A
Drug Benefits			
Generics, Coinsurance, if different	D38	0%	N/A
Generics, Copay, if separate	E38	\$15	6
Preferred Brand Drugs, Coinsurance, if different	D39	0%	N/A
Preferred Brand Drugs, Copay, if separate	E39	\$45	6
Non-Preferred Brand Drugs, Coinsurance, if different	D40		6
Non-Preferred Brand Drugs, Copay, if separate	E40		N/A
Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	0%	N/A
Specialty Drugs (i.e. high-cost), Copay, if separate	E41	\$45	N/A
Generics, Coinsurance, if different	H38		N/A
Generics, Copay, if separate	138		N/A
Preferred Brand Drugs, Coinsurance, if different	Н39		N/A
Preferred Brand Drugs, Copay, if separate	139		N/A
Non-Preferred Brand Drugs, Coinsurance, if different	H40		N/A
Non-Preferred Brand Drugs, Copay, if separate	140		N/A
Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		N/A
Specialty Drugs (i.e. high-cost), Copay, if separate	I41		N/A
Options for Additional Benefit Design Limits			
Specialty Rx Coinsurance Maximum	B46		
Maximum Number of Days for Charging an IP Copay	B48		
Number of Visits Before Begining Primary Care Cost-Sharing	B50		
Number of Copays Before Begining Primary Care Deductible/Coinsurance	B52		

ERFF Filing #: KPMA-129030909			
mpany Name: Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.			
rm Number(s) of Plan: KP DC Silver 1750/25%/HSA/ Dental			
C-DP-SILVER-1750-25%-HSA-DENTAL-HDHP-COST(01-14)HIX, DC-DP-SILVER-175 HIX	0-25%-HSA-DENTAL-HDHP-RX(01-		
Input Name	Cell in AV Calculator	Input Value Used	Coresponding Page Number in Contro where value can be found
HSA/HRA Options Annual Contribution Amount	E4	N/A	N/A
Narrow Network Options		,	
1st Tier Utilization	H4	100%	N/A
2nd Tier Utilization Plan Benefit Design	H5	N/A	N/A
Deductible (\$) (Medical)	B10	N/A	N/A
Deductible (\$) (Drug)	C10	N/A	N/A
Deductible (\$) (Combined)	D10	1750	1
Coinsurance (%, Insurer's Cost Share) (Medical) Coinsurance (%, Insurer's Cost Share) (Drug)	B11 C11	N/A N/A	N/A N/A
Coinsurance (%, Insurer's Cost Share) (Combined)	D11	25%	N/A
OOP Maximum (\$)	B12	\$5,000	6
OOP Maximum if Separate (\$) (Medical)	B13	N/A	N/A
OOP Maximum if Separate (\$) (Drug)	C13	N/A	N/A
Deductible (\$) (Medical)  Deductible (\$) (Drug)	F10 G10	N/A N/A	N/A N/A
Deductible (\$) (Combined)	H10	N/A	N/A
Coinsurance (%, Insurer's Cost Share) (Medical)	F11	N/A	N/A
Coinsurance (%, Insurer's Cost Share) (Drug)	G11	N/A	N/A
Coinsurance (%, Insurer's Cost Share) (Combined) OOP Maximum (\$)	H11 F12	N/A N/A	N/A N/A
OOP Maximum if Separate (\$) (Medical)	F12	N/A	N/A N/A
OOP Maximum if Separate (\$) (Drug)	G13	N/A	N/A
Medical Benefits			
Emergency Room Services, Coinsurance, if different	D18		3
Emergency Room Services, Copay, if separate  All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	E18 D19		N/A 2
All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19		N/A
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays),			2
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays),			N/A
Specialist Visit, Coinsurance, if different Specialist Visit, Copay, if separate	D21 E21		2 N/A
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Service			2
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Service			N/A
Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24		5
Imaging (CT/PET Scans, MRIs), Copay, if separate	E24 D27		N/A 3
Rehabilitative Speech Therapy, Coinsurance, if different  Rehabilitative Speech Therapy, Copay, if separate	E27		N/A
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance			3
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if s	eparate E28		N/A
Laboratory Outpatient and Professional Services, Coinsurance, if different	D32		5
Laboratory Outpatient and Professional Services, Copay, if separate  X-rays and Diagnostic Imaging, Coinsurance, if different	E32 D33	1	N/A 5
X-rays and Diagnostic Imaging, Consulance, in different  X-rays and Diagnostic Imaging, Copay, if separate	E33		N/A
Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34		4
Skilled Nursing Facility, Tier 1, Copay, if separate	E34		N/A
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if d		1	2 N/A
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separat Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36	1	N/A 2
Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36	<u>                                     </u>	N/A
Emergency Room Services, Coinsurance, if different	H18		N/A
Emergency Room Services, Copay, if separate	l18		N/A
All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different All Inpatient Hospital Services (inc. MHSA), Copay, if separate	H19	1	N/A N/A
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays),			N/A N/A
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays),			N/A
Specialist Visit, Coinsurance, if different	H21		N/A
Specialist Visit, Copay, if separate	I21		N/A
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Servic Mental/Behavioral Health and Substance Abuse Disorder Outpatient Servic			N/A N/A
Imaging (CT/PET Scans, MRIs), Coinsurance, if different	es, copay, ii separate 122	1	N/A N/A
Imaging (CT/PET Scans, MRIs), Copay, if separate	124		N/A
Rehabilitative Speech Therapy, Coinsurance, if different	H27		N/A
Rehabilitative Speech Therapy, Copay, if separate	127		N/A
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurant Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if s			N/A N/A

Laboratory Outpatient and Professional Services, Coinsurance, if different	H32		N/A
Laboratory Outpatient and Professional Services, Copay, if separate	32		N/A
X-rays and Diagnostic Imaging, Coinsurance, if different	Н33		N/A
X-rays and Diagnostic Imaging, Copay, if separate	133		N/A
Skilled Nursing Facility, Coinsurance, if different	Н34		N/A
Skilled Nursing Facility, Copay, if separate	134		N/A
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	H35		N/A
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	135		N/A
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36		N/A
Outpatient Surgery Physician/Surgical Services, Copay, if separate	136		N/A
Drug Benefits			
Generics, Coinsurance, if different	D38	0%	N/A
Generics, Copay, if separate	E38	\$15	6
Preferred Brand Drugs, Coinsurance, if different	D39	0%	N/A
Preferred Brand Drugs, Copay, if separate	E39	\$45	6
Non-Preferred Brand Drugs, Coinsurance, if different	D40		6
Non-Preferred Brand Drugs, Copay, if separate	E40		N/A
Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	0%	N/A
Specialty Drugs (i.e. high-cost), Copay, if separate	E41	\$45	N/A
Generics, Coinsurance, if different	H38		N/A
Generics, Copay, if separate	138		N/A
Preferred Brand Drugs, Coinsurance, if different	Н39		N/A
Preferred Brand Drugs, Copay, if separate	139		N/A
Non-Preferred Brand Drugs, Coinsurance, if different	H40		N/A
Non-Preferred Brand Drugs, Copay, if separate	140		N/A
Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		N/A
Specialty Drugs (i.e. high-cost), Copay, if separate	I41		N/A
Options for Additional Benefit Design Limits			
Specialty Rx Coinsurance Maximum	B46		
Maximum Number of Days for Charging an IP Copay	B48		
Number of Visits Before Begining Primary Care Cost-Sharing	B50		
Number of Copays Before Begining Primary Care Deductible/Coinsurance	B52		

RFF Filing #: KPMA-129030909  mpany Name: <u>Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.</u>			
n Name: DC-DP-BRONZE-4500-50-DENTAL-DHMO-COST(01-14)HIX, Form : DC-DP-BRONZE-4500-50-DENTAL-DHMO-			
ST(01-14)HIX, DC-DP-BRONZE-4500-50-DENTAL-DHMO-RX(01-14)HIX			
Input Name	Cell in AV Calculator	Input Value Used	Coresponding Page Number in Contr where value can be found
HSA/HRA Options Annual Contribution Amount	F4	N/0	N/A
Narrow Network Options	E4	N/A	N/A
1st Tier Utilization	H4	100%	N/A
2nd Tier Utilization	H5	N/A	N/A
Plan Benefit Design  Deductible (\$) (Medical)	B10	\$4,500	N/A
Deductible (\$) (Drug)	C10	\$500	N/A
Deductible (\$) (Combined)	D10	N/A	1
Coinsurance (%, Insurer's Cost Share) (Medical)  Coinsurance (%, Insurer's Cost Share) (Drug)	B11 C11	20% 50%	N/A N/A
Coinsurance (%, Insurer's Cost Share) (Combined)	D11	N/A	N/A
OOP Maximum (\$)	B12	\$6,400	6
OOP Maximum if Separate (\$) (Medical)	B13	N/A	N/A
OOP Maximum if Separate (\$) (Drug)  Deductible (\$) (Medical)	C13 F10	N/A N/A	N/A N/A
Deductible (\$) (Drug)	G10	N/A	N/A
Deductible (\$) (Combined)	H10	N/A	N/A
Coinsurance (%, Insurer's Cost Share) (Medical)	F11	N/A	N/A
Coinsurance (%, Insurer's Cost Share) (Drug)	G11 H11	N/A N/A	N/A N/A
Coinsurance (%, Insurer's Cost Share) (Combined)  OOP Maximum (\$)	F12	N/A	N/A N/A
OOP Maximum if Separate (\$) (Medical)	F13	N/A	N/A
OOP Maximum if Separate (\$) (Drug)	G13	N/A	N/A
Medical Benefits  Emergency Room Services, Coinsurance, if different	D18		3
Emergency Room Services, Consulance, if uniterent	E18		N/A
All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19		2
All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19		N/A
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	D20 E20	0% \$50	N/A 1
Specialist Visit, Coinsurance, if different	D21	0%	N/A
Specialist Visit, Copay, if separate	E21	\$50	1
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22	0%	2
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate Imaging (CT/PET Scans, MRIs), Coinsurance, if different	E22 D24	\$50 0%	N/A N/A
Imaging (CT/PET Scans, MRIs), Copay, if separate	E24	\$500	5
Rehabilitative Speech Therapy, Coinsurance, if different	D27	0%	4
Rehabilitative Speech Therapy, Copay, if separate	E27	\$50	N/A
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	D28 E28	0% \$50	4 N/A
Laboratory Outpatient and Professional Services, Coinsurance, if different	D32	0%	N/A N/A
Laboratory Outpatient and Professional Services, Copay, if separate	E32	\$50	5
X-rays and Diagnostic Imaging, Coinsurance, if different	D33	0%	N/A
X-rays and Diagnostic Imaging, Copay, if separate Skilled Nursing Facility, Tier 1, Coinsurance, if different	E33	\$50	5 4
Skilled Nursing Facility, Tier 1, Consulance, it different  Skilled Nursing Facility, Tier 1, Copay, if separate	E34		N/A
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35		2
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35		N/A
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different Outpatient Surgery Physician/Surgical Services, Copay, if separate	D36 E36		2 N/A
Emergency Room Services, Coinsurance, if different	H18		N/A
Emergency Room Services, Copay, if separate	I18		N/A
All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		N/A
All Inpatient Hospital Services (inc. MHSA), Copay, if separate  Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	119 H20		N/A N/A
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Consulance, it different	120		N/A
Specialist Visit, Coinsurance, if different	H21		N/A
Specialist Visit, Copay, if separate	121		N/A
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different  Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	H22		N/A N/A
Imaging (CT/PET Scans, MRIs), Coinsurance, if different	H24		N/A N/A
Imaging (CT/PET Scans, MRIs), Copay, if separate	124		N/A
Rehabilitative Speech Therapy, Coinsurance, if different	H27		N/A
Rehabilitative Speech Therapy, Copay, if separate  Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	127 H28		N/A N/A
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	H28 128		N/A N/A
Laboratory Outpatient and Professional Services, Coinsurance, if different	H32		N/A

Laboratory Outpatient and Professional Services, Copay, if separate	132		N/A
X-rays and Diagnostic Imaging, Coinsurance, if different	Н33		N/A
X-rays and Diagnostic Imaging, Copay, if separate	133		N/A
Skilled Nursing Facility, Coinsurance, if different	Н34		N/A
Skilled Nursing Facility, Copay, if separate	134		N/A
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	Н35		N/A
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	135		N/A
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	Н36		N/A
Outpatient Surgery Physician/Surgical Services, Copay, if separate	136		N/A
Drug Benefits			
Generics, Coinsurance, if different	D38	0%	N/A
Generics, Copay, if separate	E38	\$25	6
Preferred Brand Drugs, Coinsurance, if different	D39		N/A
Preferred Brand Drugs, Copay, if separate	E39		6
Non-Preferred Brand Drugs, Coinsurance, if different	D40		6
Non-Preferred Brand Drugs, Copay, if separate	E40		N/A
Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41		N/A
Specialty Drugs (i.e. high-cost), Copay, if separate	E41		N/A
Generics, Coinsurance, if different	H38		N/A
Generics, Copay, if separate	138		N/A
Preferred Brand Drugs, Coinsurance, if different	Н39		N/A
Preferred Brand Drugs, Copay, if separate	139		N/A
Non-Preferred Brand Drugs, Coinsurance, if different	H40		N/A
Non-Preferred Brand Drugs, Copay, if separate	140		N/A
Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		N/A
Specialty Drugs (i.e. high-cost), Copay, if separate	141		N/A
Options for Additional Benefit Design Limits			
Specialty Rx Coinsurance Maximum	B46		
Maximum Number of Days for Charging an IP Copay	B48		
Number of Visits Before Begining Primary Care Cost-Sharing	B50		
Number of Copays Before Begining Primary Care Deductible/Coinsurance	B52		

FF Filing #: <u>KPMA-129030909</u>			
npany Name: Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.			
m Number(s) of Plan: KP DC Bronze 4500/50/HSA/Dental DP-BRONZE-4500-50-HSA-DENTAL-HDHP-RX(01-			
HIX			
Input Name	Cell in AV	Input Value Used	Coresponding Page Number in Contr
· ·	Calculator		where value can be found
HSA/HRA Options Annual Contribution Amount	E4	N/A	N/A
Narrow Network Options		N/A	, //
1st Tier Utilization	H4	100%	N/A
2nd Tier Utilization	H5	N/A	N/A
Plan Benefit Design Deductible (\$) (Medical)	B10	N/A	N/A
Deductible (\$) (Drug)	C10	N/A	N/A
Deductible (\$) (Combined)	D10	\$4,500	1
Coinsurance (%, Insurer's Cost Share) (Medical)	B11	N/A	N/A
Coinsurance (%, Insurer's Cost Share) (Drug) Coinsurance (%, Insurer's Cost Share) (Combined)	C11 D11	N/A 30%	N/A N/A
OOP Maximum (\$)	B12	\$6,400	6
OOP Maximum if Separate (\$) (Medical)	B13	N/A	N/A
OOP Maximum if Separate (\$) (Drug)	C13	N/A	N/A
Deductible (\$) (Medical) Deductible (\$) (Drug)	F10 G10	N/A N/A	N/A N/A
Deductible (\$) (Combined)	H10	N/A N/A	N/A N/A
Coinsurance (%, Insurer's Cost Share) (Medical)	F11	N/A	N/A
Coinsurance (%, Insurer's Cost Share) (Drug)	G11	N/A	N/A
Coinsurance (%, Insurer's Cost Share) (Combined)	H11	N/A	N/A
OOP Maximum (\$) OOP Maximum if Separate (\$) (Medical)	F12 F13	N/A N/A	N/A N/A
OOP Maximum if Separate (\$) (Drug)	G13	N/A	N/A
Medical Benefits			
Emergency Room Services, Coinsurance, if different	D18	0%	, , , , , , , , , , , , , , , , , , ,
Emergency Room Services, Copay, if separate  All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	E18 D19	\$500 0%	4 N/A
All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19	\$500	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20	0%	N/A
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	\$50	2
Specialist Visit, Consuminate, if different	D21 E21	0% \$50	N/A 2
Specialist Visit, Copay, if separate  Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22	0%	
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	\$50	2
Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24	0%	•
Imaging (CT/PET Scans, MRIs), Copay, if separate	E24	\$500	5
Rehabilitative Speech Therapy, Coinsurance, if different Rehabilitative Speech Therapy, Copay, if separate	D27 E27	0% \$50	,
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28	0%	
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	\$50	·
Laboratory Outpatient and Professional Services, Coinsurance, if different	D32	0%	,
Laboratory Outpatient and Professional Services, Copay, if separate  X-rays and Diagnostic Imaging, Coinsurance, if different	E32 D33	\$50 0%	
X-rays and Diagnostic Imaging, Consulance, in different  X-rays and Diagnostic Imaging, Copay, if separate	E33	\$50	·
Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34	0%	
Skilled Nursing Facility, Tier 1, Copay, if separate	E34	\$250	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35		2
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	E35 D36		N/A 2
Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36		N/A
Emergency Room Services, Coinsurance, if different	H18		N/A
Emergency Room Services, Copay, if separate	I18		N/A
All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different All Inpatient Hospital Services (inc. MHSA), Copay, if separate	H19 I19		N/A N/A
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		N/A N/A
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	120		N/A
Specialist Visit, Coinsurance, if different	H21		N/A
Specialist Visit, Copay, if separate  Montal/Rehavioral Health and Substance Abuse Disorder Outpatient Services, Coincurance, if different	I21		N/A
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different  Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	H22 I22		N/A N/A
Imaging (CT/PET Scans, MRIs), Coinsurance, if different	H24		N/A
Imaging (CT/PET Scans, MRIs), Copay, if separate	124		N/A
	H27		N/A
Rehabilitative Speech Therapy, Coinsurance, if different			1
Rehabilitative Speech Therapy, Coinsurance, if different Rehabilitative Speech Therapy, Copay, if separate Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	127 H28		N/A N/A

Laboratory Outpatient and Professional Services, Coinsurance, if different	H32		N/A
Laboratory Outpatient and Professional Services, Copay, if separate	132		N/A
X-rays and Diagnostic Imaging, Coinsurance, if different	H33		N/A
X-rays and Diagnostic Imaging, Copay, if separate	133		N/A
Skilled Nursing Facility, Coinsurance, if different	H34		N/A
Skilled Nursing Facility, Copay, if separate	134		N/A
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	H35		N/A
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	135		N/A
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36		N/A
Outpatient Surgery Physician/Surgical Services, Copay, if separate	136		N/A
Drug Benefits			
Generics, Coinsurance, if different	D38	0%	N/A
Generics, Copay, if separate	E38	\$20	6
Preferred Brand Drugs, Coinsurance, if different	D39	0%	N/A
Preferred Brand Drugs, Copay, if separate	E39	\$50	6
Non-Preferred Brand Drugs, Coinsurance, if different	D40		6
Non-Preferred Brand Drugs, Copay, if separate	E40		N/A
Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	0%	N/A
Specialty Drugs (i.e. high-cost), Copay, if separate	E41	\$50	N/A
Generics, Coinsurance, if different	H38		N/A
Generics, Copay, if separate	138		N/A
Preferred Brand Drugs, Coinsurance, if different	Н39		N/A
Preferred Brand Drugs, Copay, if separate	139		N/A
Non-Preferred Brand Drugs, Coinsurance, if different	H40		N/A
Non-Preferred Brand Drugs, Copay, if separate	140		N/A
Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		N/A
Specialty Drugs (i.e. high-cost), Copay, if separate	141		N/A
Options for Additional Benefit Design Limits			
Specialty Rx Coinsurance Maximum	B46		
Maximum Number of Days for Charging an IP Copay	B48	4	
Number of Visits Before Begining Primary Care Cost-Sharing	B50		
Number of Copays Before Begining Primary Care Deductible/Coinsurance	B52		

	cuarial Value Input Chart - District of Columbia Department of Insurance,			
	F Filing #: KPMA-129030909			
	pany Name: Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.			
Forn	n Number(s) of Plan: KP DC Bronze 5000/30%/HSA/Dental			
DC-E	P-BRONZE-5000-30%-HSA-DENTAL-HDHP-COST(01-14)HIX, DC-DP-BRONZE-5000-30%-HSA-DENTAL-HDHP-RX(01-			
14)H	IX			
	Input Name	Cell in AV	Input Value Used	Coresponding Page Number in Contract
		Calculator	•	where value can be found
	HSA/HRA Options		-	
	Annual Contribution Amount	E4	N/A	N/A
	Narrow Network Options 1st Tier Utilization	114	100%	N/A
	2nd Tier Utilization	H4 H5	100% N/A	N/A N/A
	Plan Benefit Design	113	N/A	18/75
	Deductible (\$) (Medical)	B10	N/A	N/A
	Deductible (\$) (Drug)	C10	N/A	N/A
	Deductible (\$) (Combined)	D10	\$5,000	1
Ţ	Coinsurance (%, Insurer's Cost Share) (Medical)	B11	N/A	N/A
Tier	Coinsurance (%, Insurer's Cost Share) (Drug) Coinsurance (%, Insurer's Cost Share) (Combined)	C11	N/A	N/A
	OOP Maximum (\$)	D11 B12	30% \$6,400	N/A 6
	OOP Maximum if Separate (\$) (Medical)	B13	N/A	N/A
	OOP Maximum if Separate (\$) (Drug)	C13	N/A	N/A
	Deductible (\$) (Medical)	F10	N/A	N/A
	Deductible (\$) (Drug)	G10	N/A	N/A
	Deductible (\$) (Combined)	H10	N/A	N/A
7	Coinsurance (%, Insurer's Cost Share) (Medical)	F11	N/A	N/A
Tier	Coinsurance (%, Insurer's Cost Share) (Drug) Coinsurance (%, Insurer's Cost Share) (Combined)	G11	N/A	N/A
	OOP Maximum (\$)	H11 F12	N/A N/A	N/A N/A
	OOP Maximum if Separate (\$) (Medical)	F13	N/A	N/A
	OOP Maximum if Separate (\$) (Drug)	G13	N/A	N/A
	Medical Benefits			
	Emergency Room Services, Coinsurance, if different	D18		N/A
	Emergency Room Services, Copay, if separate	E18		3
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different  All Inpatient Hospital Services (inc. MHSA), Copay, if separate	D19		N/A 2
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	E19 D20		N/A
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20		2
	Specialist Visit, Coinsurance, if different	D21		N/A
	Specialist Visit, Copay, if separate	E21		2
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22		N/A
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22		2
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24 E24		N/A 5
_	Imaging (CT/PET Scans, MRIs), Copay, if separate Rehabilitative Speech Therapy, Coinsurance, if different	D27		N/A
Ē	Rehabilitative Speech Therapy, Copay, if separate	E27		4
_	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28		N/A
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28		4
	Laboratory Outpatient and Professional Services, Coinsurance, if different			
		D32		N/A
	Laboratory Outpatient and Professional Services, Copay, if separate	E32		5
	Laboratory Outpatient and Professional Services, Copay, if separate X-rays and Diagnostic Imaging, Coinsurance, if different	E32 D33		5 N/A
	Laboratory Outpatient and Professional Services, Copay, if separate X-rays and Diagnostic Imaging, Coinsurance, if different X-rays and Diagnostic Imaging, Copay, if separate	E32 D33 E33		5 N/A 5
	Laboratory Outpatient and Professional Services, Copay, if separate X-rays and Diagnostic Imaging, Coinsurance, if different X-rays and Diagnostic Imaging, Copay, if separate Skilled Nursing Facility, Tier 1, Coinsurance, if different	E32 D33		5 N/A
	Laboratory Outpatient and Professional Services, Copay, if separate X-rays and Diagnostic Imaging, Coinsurance, if different X-rays and Diagnostic Imaging, Copay, if separate Skilled Nursing Facility, Tier 1, Coinsurance, if different Skilled Nursing Facility, Tier 1, Copay, if separate	E32 D33 E33 D34		5 N/A 5 N/A
	Laboratory Outpatient and Professional Services, Copay, if separate X-rays and Diagnostic Imaging, Coinsurance, if different X-rays and Diagnostic Imaging, Copay, if separate Skilled Nursing Facility, Tier 1, Coinsurance, if different	E32 D33 E33 D34 E34		5 N/A 5 N/A 4
	Laboratory Outpatient and Professional Services, Copay, if separate X-rays and Diagnostic Imaging, Coinsurance, if different X-rays and Diagnostic Imaging, Copay, if separate Skilled Nursing Facility, Tier 1, Coinsurance, if different Skilled Nursing Facility, Tier 1, Copay, if separate Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	E32 D33 E33 D34 E34 D35 E35 D36		5 N/A 5 N/A 4 2 N/A 2
	Laboratory Outpatient and Professional Services, Copay, if separate X-rays and Diagnostic Imaging, Coinsurance, if different X-rays and Diagnostic Imaging, Copay, if separate Skilled Nursing Facility, Tier 1, Coinsurance, if different Skilled Nursing Facility, Tier 1, Copay, if separate Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate Outpatient Surgery Physician/Surgical Services, Coinsurance, if different Outpatient Surgery Physician/Surgical Services, Copay, if separate	E32 D33 E33 D34 E34 D35 E35 D36 E36		5 N/A 5 N/A 4 2 N/A 2 N/A
	Laboratory Outpatient and Professional Services, Copay, if separate X-rays and Diagnostic Imaging, Coinsurance, if different X-rays and Diagnostic Imaging, Copay, if separate Skilled Nursing Facility, Tier 1, Coinsurance, if different Skilled Nursing Facility, Tier 1, Copay, if separate Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate Outpatient Surgery Physician/Surgical Services, Coinsurance, if different Outpatient Surgery Physician/Surgical Services, Copay, if separate Emergency Room Services, Coinsurance, if different	E32 D33 E33 D34 E34 D35 E35 D36 E36 H18		5 N/A 5 N/A 4 2 N/A 2 N/A N/A
	Laboratory Outpatient and Professional Services, Copay, if separate X-rays and Diagnostic Imaging, Coinsurance, if different X-rays and Diagnostic Imaging, Copay, if separate Skilled Nursing Facility, Tier 1, Coinsurance, if different Skilled Nursing Facility, Tier 1, Copay, if separate Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate Outpatient Surgery Physician/Surgical Services, Coinsurance, if different Outpatient Surgery Physician/Surgical Services, Copay, if separate Emergency Room Services, Coinsurance, if different Emergency Room Services, Copay, if separate	E32 D33 E33 D34 E34 D35 E35 D36 E36 H18 I18		5 N/A 5 N/A 4 2 N/A 2 N/A N/A N/A
	Laboratory Outpatient and Professional Services, Copay, if separate X-rays and Diagnostic Imaging, Coinsurance, if different X-rays and Diagnostic Imaging, Copay, if separate Skilled Nursing Facility, Tier 1, Coinsurance, if different Skilled Nursing Facility, Tier 1, Copay, if separate Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate Outpatient Surgery Physician/Surgical Services, Coinsurance, if different Outpatient Surgery Physician/Surgical Services, Copay, if separate Emergency Room Services, Coinsurance, if different Emergency Room Services, Copay, if separate All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	E32 D33 E33 D34 E34 D35 E35 D36 E36 H18 H19		5 N/A 5 N/A 4 2 N/A 2 N/A 2 N/A N/A N/A
	Laboratory Outpatient and Professional Services, Copay, if separate X-rays and Diagnostic Imaging, Coinsurance, if different X-rays and Diagnostic Imaging, Copay, if separate Skilled Nursing Facility, Tier 1, Coinsurance, if different Skilled Nursing Facility, Tier 1, Copay, if separate Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate Outpatient Surgery Physician/Surgical Services, Coinsurance, if different Outpatient Surgery Physician/Surgical Services, Copay, if separate Emergency Room Services, Coinsurance, if different Emergency Room Services, Copay, if separate	E32 D33 E33 D34 E34 D35 E35 D36 E36 H18 I18		5 N/A 5 N/A 4 2 N/A 2 N/A N/A N/A
	Laboratory Outpatient and Professional Services, Copay, if separate X-rays and Diagnostic Imaging, Coinsurance, if different X-rays and Diagnostic Imaging, Copay, if separate Skilled Nursing Facility, Tier 1, Coinsurance, if different Skilled Nursing Facility, Tier 1, Copay, if separate Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate Outpatient Surgery Physician/Surgical Services, Coinsurance, if different Outpatient Surgery Physician/Surgical Services, Copay, if separate Emergency Room Services, Coinsurance, if different Emergency Room Services, Copay, if separate All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E32 D33 E33 D34 E34 D35 E35 D36 E36 H18 H19 H19		5 N/A 5 N/A 4 2 N/A 2 N/A N/A N/A N/A N/A
	Laboratory Outpatient and Professional Services, Copay, if separate X-rays and Diagnostic Imaging, Coinsurance, if different X-rays and Diagnostic Imaging, Copay, if separate Skilled Nursing Facility, Tier 1, Coinsurance, if different Skilled Nursing Facility, Tier 1, Copay, if separate Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate Outpatient Surgery Physician/Surgical Services, Coinsurance, if different Outpatient Surgery Physician/Surgical Services, Copay, if separate Emergency Room Services, Coinsurance, if different Emergency Room Services, Copay, if separate All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different All Inpatient Hospital Services (inc. MHSA), Copay, if separate Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	E32 D33 E33 D34 E34 D35 E35 D36 E36 H18 H19 H19 H20		5 N/A 5 N/A 4 2 N/A 2 N/A N/A N/A N/A N/A N/A
	Laboratory Outpatient and Professional Services, Copay, if separate X-rays and Diagnostic Imaging, Coinsurance, if different X-rays and Diagnostic Imaging, Copay, if separate Skilled Nursing Facility, Tier 1, Coinsurance, if different Skilled Nursing Facility, Tier 1, Copay, if separate Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate Outpatient Surgery Physician/Surgical Services, Coinsurance, if different Outpatient Surgery Physician/Surgical Services, Copay, if separate Emergency Room Services, Coinsurance, if different Emergency Room Services, Copay, if separate All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different All Inpatient Hospital Services (inc. MHSA), Copay, if separate Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate Specialist Visit, Coinsurance, if different Specialist Visit, Copay, if separate	E32 D33 E33 D34 E34 D35 E35 D36 E36 H18 H19 H20 I20 H21		5 N/A 5 N/A 4 2 N/A 2 N/A N/A N/A N/A N/A N/A N/A N/A
	Laboratory Outpatient and Professional Services, Copay, if separate X-rays and Diagnostic Imaging, Coinsurance, if different X-rays and Diagnostic Imaging, Copay, if separate Skilled Nursing Facility, Tier 1, Coinsurance, if different Skilled Nursing Facility, Tier 1, Copay, if separate Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate Outpatient Surgery Physician/Surgical Services, Coinsurance, if different Outpatient Surgery Physician/Surgical Services, Copay, if separate Emergency Room Services, Coinsurance, if different Emergency Room Services, Copay, if separate All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different All Inpatient Hospital Services (inc. MHSA), Copay, if separate Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate Specialist Visit, Coinsurance, if different Specialist Visit, Copay, if separate Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	E32 D33 E33 D34 E34 D35 E35 D36 E36 H18 H19 H20 I20 H21 I21 H22		5  N/A  5  N/A  4  2  N/A  2  N/A  N/A  N/A  N/A  N/A  N/
	Laboratory Outpatient and Professional Services, Copay, if separate X-rays and Diagnostic Imaging, Coinsurance, if different X-rays and Diagnostic Imaging, Copay, if separate Skilled Nursing Facility, Tier 1, Coinsurance, if different Skilled Nursing Facility, Tier 1, Copay, if separate Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate Outpatient Surgery Physician/Surgical Services, Coinsurance, if different Outpatient Surgery Physician/Surgical Services, Copay, if separate Emergency Room Services, Coinsurance, if different Emergency Room Services, Coinsurance, if different Emergency Room Services (inc. MHSA), Coinsurance, if different All Inpatient Hospital Services (inc. MHSA), Copay, if separate Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate Specialist Visit, Coinsurance, if different Specialist Visit, Copay, if separate Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E32 D33 E33 D34 E34 D35 E35 D36 E36 H18 H19 H20 I20 H21 I21 H22		5  N/A  5  N/A  4  2  N/A  2  N/A  N/A  N/A  N/A  N/A  N/
	Laboratory Outpatient and Professional Services, Copay, if separate X-rays and Diagnostic Imaging, Coinsurance, if different X-rays and Diagnostic Imaging, Copay, if separate Skilled Nursing Facility, Tier 1, Coinsurance, if different Skilled Nursing Facility, Tier 1, Copay, if separate Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate Outpatient Surgery Physician/Surgical Services, Coinsurance, if different Outpatient Surgery Physician/Surgical Services, Copay, if separate Emergency Room Services, Coinsurance, if different Emergency Room Services, Coinsurance, if different Emergency Room Services, Copay, if separate All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different All Inpatient Hospital Services (inc. MHSA), Copay, if separate Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate Specialist Visit, Coinsurance, if different Specialist Visit, Copay, if separate Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate Imaging (CT/PET Scans, MRIs), Coinsurance, if different	E32 D33 E33 D34 E34 D35 E35 D36 E36 H18 H19 H20 I20 H21 I21 H22 I22 H24		5 N/A 5 N/A 4 2 N/A 2 N/A
.2	Laboratory Outpatient and Professional Services, Copay, if separate X-rays and Diagnostic Imaging, Coinsurance, if different X-rays and Diagnostic Imaging, Copay, if separate Skilled Nursing Facility, Tier 1, Coinsurance, if different Skilled Nursing Facility, Tier 1, Copay, if separate Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate Outpatient Surgery Physician/Surgical Services, Coinsurance, if different Outpatient Surgery Physician/Surgical Services, Copay, if separate Emergency Room Services, Coinsurance, if different Emergency Room Services, Copay, if separate All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different All Inpatient Hospital Services (inc. MHSA), Copay, if separate Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate Specialist Visit, Coinsurance, if different Specialist Visit, Copay, if separate Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate Imaging (CT/PET Scans, MRIs), Coinsurance, if different Imaging (CT/PET Scans, MRIs), Copay, if separate	E32 D33 E33 D34 E34 D35 E35 D36 E36 H18 H19 I19 H20 I20 H21 I21 H22 I22 H24		5  N/A  5  N/A  4  2  N/A  2  N/A  N/A  N/A  N/A  N/A  N/
Tier 2	Laboratory Outpatient and Professional Services, Copay, if separate X-rays and Diagnostic Imaging, Coinsurance, if different X-rays and Diagnostic Imaging, Copay, if separate Skilled Nursing Facility, Tier 1, Coinsurance, if different Skilled Nursing Facility, Tier 1, Copay, if separate Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate Outpatient Surgery Physician/Surgical Services, Coinsurance, if different Outpatient Surgery Physician/Surgical Services, Copay, if separate Emergency Room Services, Coinsurance, if different Emergency Room Services, Coinsurance, if different Emergency Room Services, Copay, if separate All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different All Inpatient Hospital Services (inc. MHSA), Copay, if separate Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate Specialist Visit, Coinsurance, if different Specialist Visit, Copay, if separate Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate Imaging (CT/PET Scans, MRIs), Coinsurance, if different	E32 D33 E33 D34 E34 D35 E35 D36 E36 H18 H19 H20 I20 H21 I21 H22 I22 H24		5  N/A  5  N/A  4  2  N/A  2  N/A  N/A  N/A  N/A  N/A  N/

Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	128		N/A
Laboratory Outpatient and Professional Services, Coinsurance, if different	H32		N/A
Laboratory Outpatient and Professional Services, Copay, if separate	132		N/A
X-rays and Diagnostic Imaging, Coinsurance, if different	H33		N/A
X-rays and Diagnostic Imaging, Copay, if separate	133		N/A
Skilled Nursing Facility, Coinsurance, if different	H34		N/A
Skilled Nursing Facility, Copay, if separate	134		N/A
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	H35		N/A
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	135		N/A
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	Н36		N/A
Outpatient Surgery Physician/Surgical Services, Copay, if separate	136		N/A
Drug Benefits			
Generics, Coinsurance, if different	D38	0%	N/A
Generics, Copay, if separate	E38	\$20	6
Preferred Brand Drugs, Coinsurance, if different	D39		N/A
Preferred Brand Drugs, Copay, if separate	E39		6
Non-Preferred Brand Drugs, Coinsurance, if different	D40		6
Non-Preferred Brand Drugs, Copay, if separate	E40		N/A
Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41		N/A
Specialty Drugs (i.e. high-cost), Copay, if separate	E41		N/A
Generics, Coinsurance, if different	H38		N/A
Generics, Copay, if separate	138		N/A
Preferred Brand Drugs, Coinsurance, if different	Н39		N/A
Preferred Brand Drugs, Copay, if separate	139		N/A
Non-Preferred Brand Drugs, Coinsurance, if different	H40		N/A
Non-Preferred Brand Drugs, Copay, if separate	140		N/A
Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		N/A
Specialty Drugs (i.e. high-cost), Copay, if separate	141		N/A
Options for Additional Benefit Design Limits			
Specialty Rx Coinsurance Maximum	B46		
Maximum Number of Days for Charging an IP Copay	B48		
Number of Visits Before Begining Primary Care Cost-Sharing	B50		
Number of Copays Before Begining Primary Care Deductible/Coinsurance	B52		

Ac	tuarial Value Input Chart - District of Columbia Department of Insurance,			
	curities, and Banking			
	FF Filing #: KPMA-129030909			
	pany Name: Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.			
1	Name: DC-DP-SILVER-1500-30-CSR-DENTAL-DHMO-COST(01-14)HIX, Form: DC-DP-SILVER-1500-30-CSR-DENTAL- NO-COST(01-14)HIX, DC-DP-SILVER-1500-30-CSR-DENTAL-DHMO-RX(01-14)HIX			
	Input Name	Cell in AV Calculator	Input Value Used	Coresponding Page Number in Contract where value can be found
	HSA/HRA Options	Calculator	Useu	where value can be found
	Annual Contribution Amount	E4	N/A	N/A
	Narrow Network Options			21/2
	1st Tier Utilization 2nd Tier Utilization	H4 H5	100% N/A	N/A N/A
	Plan Benefit Design	113	N/A	NA
	Deductible (\$) (Medical)	B10	\$1,500	N/A
	Deductible (\$) (Drug) Deductible (\$) (Combined)	C10 D10	\$250 N/A	N/A 1
١.	Coinsurance (%, Insurer's Cost Share) (Medical)	B11	20%	N/A
Tier 1	Coinsurance (%, Insurer's Cost Share) (Drug)	C11	20%	N/A
-	Coinsurance (%, Insurer's Cost Share) (Combined)	D11	N/A	N/A
	OOP Maximum (\$) OOP Maximum if Separate (\$) (Medical)	B12 B13	\$5,200 N/A	6 N/A
	OOP Maximum if Separate (\$) (Drug)	C13	N/A N/A	N/A N/A
	Deductible (\$) (Medical)	F10	N/A	N/A
	Deductible (\$) (Drug)	G10	N/A	N/A
_	Deductible (\$) (Combined) Coinsurance (%, Insurer's Cost Share) (Medical)	H10 F11	N/A N/A	N/A N/A
Tier 2	Coinsurance (%, Insurer's Cost Share) (Drug)	G11	N/A	N/A N/A
ř	Coinsurance (%, Insurer's Cost Share) (Combined)	H11	N/A	N/A
	OOP Maximum (\$)	F12	N/A	N/A
	OOP Maximum if Separate (\$) (Medical) OOP Maximum if Separate (\$) (Drug)	F13 G13	N/A N/A	N/A N/A
	Medical Benefits	013	N/A	N/A
	Emergency Room Services, Coinsurance, if different	D18	0%	N/A
	Emergency Room Services, Copay, if separate	E18	\$350	
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different All Inpatient Hospital Services (inc. MHSA), Copay, if separate	D19 E19		2 N/A
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20	0%	N/A
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	\$30	1
	Specialist Visit, Coinsurance, if different Specialist Visit, Copay, if separate	D21 E21	0% \$50	N/A 1
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22	0%	2
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	\$30	N/A
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24	0%	*
П	Imaging (CT/PET Scans, MRIs), Copay, if separate Rehabilitative Speech Therapy, Coinsurance, if different	E24 D27	\$250 0%	5 N/A
Tie	Rehabilitative Speech Therapy, Consultance, in different	E27	\$30	4
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28	0%	N/A
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	\$30	
	Laboratory Outpatient and Professional Services, Coinsurance, if different Laboratory Outpatient and Professional Services, Copay, if separate	D32 E32	0% \$15	
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33	0%	
	X-rays and Diagnostic Imaging, Copay, if separate	E33	\$15	
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34 E34		4 N/A
	Skilled Nursing Facility, Tier 1, Copay, if separate Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35		N/A N/A
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35		2
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36		2
<del> </del>	Outpatient Surgery Physician/Surgical Services, Copay, if separate  Emergency Room Services, Coinsurance, if different	E36 H18		N/A N/A
	Emergency Room Services, Coinsurance, if different Emergency Room Services, Copay, if separate	H18		N/A N/A
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		N/A
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	119		N/A
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	H20 I20		N/A N/A
	Specialist Visit, Coinsurance, if different	H21		N/A N/A
	Specialist Visit, Copay, if separate	121		N/A
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		N/A
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate Imaging (CT/PET Scans, MRIs), Coinsurance, if different	122 H24		N/A N/A
	Imaging (CT/PET Scans, MRIs), Comsurance, in different	124		N/A
ir 2	Rehabilitative Speech Therapy, Coinsurance, if different	H27		N/A
⊨	Rehabilitative Speech Therapy, Copay, if separate	127		N/A
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	H28		N/A N/A
	Laboratory Outpatient and Professional Services, Coinsurance, if different	H32		N/A
	Laboratory Outpatient and Professional Services, Copay, if separate	132		N/A
1	X-rays and Diagnostic Imaging, Coinsurance, if different	H33		N/A

	X-rays and Diagnostic Imaging, Copay, if separate	133		N/A
	Skilled Nursing Facility, Coinsurance, if different	H34		N/A
	Skilled Nursing Facility, Copay, if separate	134		N/A
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	H35		N/A
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	135		N/A
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36		N/A
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	136		N/A
	Drug Benefits			
	Generics, Coinsurance, if different	D38	0%	N/A
	Generics, Copay, if separate	E38	\$15	6
	Preferred Brand Drugs, Coinsurance, if different	D39	0%	N/A
r 1	Preferred Brand Drugs, Copay, if separate	E39	\$45	6
le⊨	Non-Preferred Brand Drugs, Coinsurance, if different	D40		6
	Non-Preferred Brand Drugs, Copay, if separate	E40		N/A
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	0%	N/A
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41	\$45	N/A
	Generics, Coinsurance, if different	H38		N/A
	Generics, Copay, if separate	138		N/A
	Preferred Brand Drugs, Coinsurance, if different	H39		N/A
r 2	Preferred Brand Drugs, Copay, if separate	139		N/A
Tie.	Non-Preferred Brand Drugs, Coinsurance, if different	H40		N/A
	Non-Preferred Brand Drugs, Copay, if separate	140		N/A
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		N/A
	Specialty Drugs (i.e. high-cost), Copay, if separate	141		N/A
	Options for Additional Benefit Design Limits			
	Specialty Rx Coinsurance Maximum	B46		·
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Begining Primary Care Cost-Sharing	B50		
	Number of Copays Before Begining Primary Care Deductible/Coinsurance	B52		

Act	uarial Value Input Chart - District of Columbia Department of Insurance,			
Sec	urities, and Banking			
SERFE	Filing #: KPMA-129030909			
	any Name: <u>Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.</u>			
Form	Number(s) of Plan: KP DC Silver 0/15/CSR/Dental			
	P-SILVER-0-15-CSR-DENTAL-HMO(01-14)HIX , DC-DP-SILVER-0-15-CSR-DENTAL-HMO-RX(01-14)HIX			
	Input Name	Cell in AV	Input Value	Coresponding Page Number in Contract
	HSA/HRA Options	Calculator	Used	where value can be found
	Annual Contribution Amount	E4	N/A	N/A
	Narrow Network Options		· ·	·
	1st Tier Utilization	H4	100%	N/A
	2nd Tier Utilization Plan Benefit Design	H5	N/A	N/A
	Deductible (\$) (Medical)	B10	\$0	N/A
	Deductible (\$) (Drug)	C10	\$0	N/A
	Deductible (\$) (Combined)  Coinsurance (%, Insurer's Cost Share) (Medical)	D10 B11	N/A 20%	N/A N/A
Tier 1	Coinsurance (%, Insurer's Cost Share) (Drug)	C11	20%	N/A N/A
Ė	Coinsurance (%, Insurer's Cost Share) (Combined)	D11	N/A	N/A
	OOP Maximum (\$)	B12	\$2,250	6
	OOP Maximum if Separate (\$) (Medical) OOP Maximum if Separate (\$) (Drug)	B13 C13	N/A N/A	N/A N/A
	Deductible (\$) (Medical)	F10	N/A N/A	N/A N/A
	Deductible (\$) (Drug)	G10	N/A	N/A
	Deductible (\$) (Combined)	H10	N/A	N/A
r 2	Coinsurance (%, Insurer's Cost Share) (Medical)  Coinsurance (%, Insurer's Cost Share) (Drug)	F11 G11	N/A N/A	N/A N/A
Tier	Coinsurance (%, Insurer's Cost Share) (Combined)	H11	N/A	N/A N/A
	OOP Maximum (\$)	F12	N/A	N/A
	OOP Maximum if Separate (\$) (Medical)	F13	N/A	N/A
	OOP Maximum if Separate (\$) (Drug) Medical Benefits	G13	N/A	N/A
	Emergency Room Services, Coinsurance, if different	D18	0%	N/A
	Emergency Room Services, Copay, if separate	E18	\$250	2
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19 E19		N/A 1
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate  Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20	0%	N/A
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	\$15	1
	Specialist Visit, Coinsurance, if different	D21	0%	N/A
	Specialist Visit, Copay, if separate  Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	E21 D22	\$25 0%	1 N/A
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	\$15	2
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24	0%	N/A
1	Imaging (CT/PET Scans, MRIs), Copay, if separate  Rehabilitative Speech Therapy, Coinsurance, if different	E24 D27	\$150 0%	4
Tier	Rehabilitative Speech Therapy, Consulance, if different	E27	\$15	N/A 4
•	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28	0%	N/A
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	\$15	4
	Laboratory Outpatient and Professional Services, Coinsurance, if different  Laboratory Outpatient and Professional Services, Copay, if separate	D32 E32	0% \$15	N/A
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33	0%	N/A
	X-rays and Diagnostic Imaging, Copay, if separate	E33	\$15	4
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34		N/A
	Skilled Nursing Facility, Tier 1, Copay, if separate Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	E34 D35		3 N/A
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Consultance, in different  Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35		1
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36		N/A
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36		1
	Emergency Room Services, Coinsurance, if different Emergency Room Services, Copay, if separate	H18		N/A N/A
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		N/A N/A
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	119		N/A
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		N/A
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate  Specialist Visit, Coinsurance, if different	I20 H21		N/A N/A
	Specialist Visit, Copay, if separate	121		N/A
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		N/A
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	122		N/A
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different Imaging (CT/PET Scans, MRIs), Copay, if separate	H24 I24		N/A N/A
ir 2	Rehabilitative Speech Therapy, Coinsurance, if different	H27		N/A
Tie	Rehabilitative Speech Therapy, Copay, if separate	127		N/A
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	H28 I28		N/A N/A
	Laboratory Outpatient and Professional Services, Coinsurance, if different	H32		N/A N/A
	Laboratory Outpatient and Professional Services, Copay, if separate	132		N/A
	X-rays and Diagnostic Imaging, Coinsurance, if different	H33		N/A
	X-rays and Diagnostic Imaging, Copay, if separate Skilled Nursing Facility, Coinsurance, if different	133 H34		N/A N/A
	okineu ivursing Facility, Coinsurance, ir dimerent	H34		N/A

	Skilled Nursing Facility, Copay, if separate	134		N/A
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	H35		N/A
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	135		N/A
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36		N/A
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	136		N/A
	Drug Benefits			
	Generics, Coinsurance, if different	D38	0%	N/A
	Generics, Copay, if separate	E38	\$15	6
	Preferred Brand Drugs, Coinsurance, if different	D39	0%	N/A
1	Preferred Brand Drugs, Copay, if separate	E39	\$45	6
Tie	Non-Preferred Brand Drugs, Coinsurance, if different	D40		6
	Non-Preferred Brand Drugs, Copay, if separate	E40		N/A
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	0%	N/A
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41	\$45	N/A
	Generics, Coinsurance, if different	H38		N/A
	Generics, Copay, if separate	138		N/A
	Preferred Brand Drugs, Coinsurance, if different	Н39		N/A
r 2	Preferred Brand Drugs, Copay, if separate	139		N/A
Tier	Non-Preferred Brand Drugs, Coinsurance, if different	H40		N/A
	Non-Preferred Brand Drugs, Copay, if separate	140		N/A
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		N/A
	Specialty Drugs (i.e. high-cost), Copay, if separate	141		N/A
	Options for Additional Benefit Design Limits			
	Specialty Rx Coinsurance Maximum	B46		_
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Begining Primary Care Cost-Sharing	B50		
	Number of Copays Before Begining Primary Care Deductible/Coinsurance	B52		<u> </u>

Δctu	arial Value Input Chart - District of Columbia Department of Insurance,			
	rities, and Banking			
SERFE	Filing #: KPMA-129030909			
	ny Name: Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.			
	lumber(s) of Plan: KP DC Silver 0/5/CSR/Dental SILVER-0-5-CSR-DENTAL-HMO(01-14)HIX, DC-DP-SILVER-0-5-CSR-DENTAL-HMO-RX(01-14)HIX			
DC-DI*	Input Name	Cell in AV Calculator	Input Value Used	Coresponding Page Number in Contract where value can be found
	HSA/HRA Options Annual Contribution Amount	E4	N/A	N/A
	Narrow Network Options		1000/	21/2
	1st Tier Utilization 2nd Tier Utilization	H4 H5	100% N/A	N/A N/A
	Plan Benefit Design	D40	ćo	21/2
	Deductible (\$) (Medical) Deductible (\$) (Drug)	B10 C10	\$0 \$0	N/A N/A
	Deductible (\$) (Combined)	D10	N/A	N/A
er 1	Coinsurance (%, Insurer's Cost Share) (Medical) Coinsurance (%, Insurer's Cost Share) (Drug)	B11 C11	10% 10%	N/A N/A
=	Coinsurance (%, Insurer's Cost Share) (Combined)	D11	N/A	N/A
	OOP Maximum (\$) OOP Maximum if Separate (\$) (Medical)	B12 B13	\$2,250 N/A	6 N/A
	OOP Maximum if Separate (\$) (Drug)	C13	N/A	N/A
	Deductible (\$) (Medical) Deductible (\$) (Drug)	F10 G10	N/A N/A	N/A N/A
	Deductible (\$) (Combined)	H10	N/A	N/A
r 2	Coinsurance (%, Insurer's Cost Share) (Medical)	F11	N/A	N/A
Tier	Coinsurance (%, Insurer's Cost Share) (Drug) Coinsurance (%, Insurer's Cost Share) (Combined)	G11 H11	N/A N/A	N/A N/A
	OOP Maximum (\$)	F12	N/A	N/A
	OOP Maximum if Separate (\$) (Medical) OOP Maximum if Separate (\$) (Drug)	F13 G13	N/A N/A	N/A N/A
	Medical Benefits	240	90/	21/2
	Emergency Room Services, Coinsurance, if different Emergency Room Services, Copay, if separate	D18 E18	0% \$250	N/A 2
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19		N/A
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate  Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	E19 D20	0%	1 N/A
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	\$5	1
	Specialist Visit, Coinsurance, if different Specialist Visit, Copay, if separate	D21 E21	0% \$10	N/A 1
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22	0%	N/A
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate Imaging (CT/PET Scans, MRIs), Coinsurance, if different	E22 D24	\$5 0%	2 N/A
	Imaging (CT/PET Scans, Mils), Consulance, il different	E24	\$50	4
Tier 1	Rehabilitative Speech Therapy, Coinsurance, if different	D27 E27	0% \$5	N/A 4
-	Rehabilitative Speech Therapy, Copay, if separate Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28	0%	N/A
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	\$5	4
	Laboratory Outpatient and Professional Services, Coinsurance, if different Laboratory Outpatient and Professional Services, Copay, if separate	D32 E32	0% \$5	N/A 4
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33	0%	N/A
	X-rays and Diagnostic Imaging, Copay, if separate Skilled Nursing Facility, Tier 1, Coinsurance, if different	E33 D34	\$5	4 N/A
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34		4
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	D35 E35		N/A 1
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36		N/A
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36		1
	Emergency Room Services, Coinsurance, if different Emergency Room Services, Copay, if separate	H18		N/A N/A
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		N/A
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate  Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	I19 H20		N/A N/A
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	120		N/A
	Specialist Visit, Coinsurance, if different Specialist Visit, Copay, if separate	H21 I21		N/A N/A
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		N/A N/A
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	122		N/A
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different Imaging (CT/PET Scans, MRIs), Copay, if separate	H24 I24		N/A N/A
Tier 2	Rehabilitative Speech Therapy, Coinsurance, if different	H27		N/A
F	Rehabilitative Speech Therapy, Copay, if separate  Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	127 H28		N/A N/A
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	128		N/A
	Laboratory Outpatient and Professional Services, Coinsurance, if different  Laboratory Outpatient and Professional Services, Copay, if separate	H32 I32		N/A N/A
	X-rays and Diagnostic Imaging, Coinsurance, if different	H33		N/A
	X-rays and Diagnostic Imaging, Copay, if separate	133		N/A
	Skilled Nursing Facility, Coinsurance, if different Skilled Nursing Facility, Copay, if separate	H34 I34		N/A N/A
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	H35		N/A
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	135 H36		N/A N/A
I	outputient ourgery r mysicianyourgical octivices, combutante, il uniferent	1130		IV/A

	Outpatient Surgery Physician/Surgical Services, Copay, if separate	136		N/A
	Drug Benefits	_		
	Generics, Coinsurance, if different	D38	0%	N/A
	Generics, Copay, if separate	E38	\$5	6
	Preferred Brand Drugs, Coinsurance, if different	D39	0%	N/A
1.	Preferred Brand Drugs, Copay, if separate	E39	\$10	6
Tie	Non-Preferred Brand Drugs, Coinsurance, if different	D40		N/A
	Non-Preferred Brand Drugs, Copay, if separate	E40		N/A
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	0%	N/A
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41	\$10	N/A
	Generics, Coinsurance, if different	H38		N/A
	Generics, Copay, if separate	138		N/A
	Preferred Brand Drugs, Coinsurance, if different	Н39		N/A
r 2	Preferred Brand Drugs, Copay, if separate	139		N/A
Tie	Non-Preferred Brand Drugs, Coinsurance, if different	H40		N/A
	Non-Preferred Brand Drugs, Copay, if separate	140		N/A
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		N/A
	Specialty Drugs (i.e. high-cost), Copay, if separate	141		N/A
	Options for Additional Benefit Design Limits			
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Begining Primary Care Cost-Sharing	B50		
	Number of Copays Before Begining Primary Care Deductible/Coinsurance	B52		

A -4.	and the land that District of Columbia December 1				
	uarial Value Input Chart - District of Columbia Department of Insurance, urities, and Banking				
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	Filing #: KPMA-129030909				
Comp	any Name: Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.				
	Number(s) of Plan: KP DC Silver 1300/20%/CSR/HDHP/Dental -SILVER-1300-20%-CSR-HDHP-DENTAL-RX(01-14)HIX, DC-DP-SILVER-1300-20%-CSR-HDHP-DENTAL-RX(01-14)HIX				
	Input Name	Cell in AV Calculator	Input Value Used	Coresponding Page Number in Contract where value can be found	
	HSA/HRA Options				
	Annual Contribution Amount Narrow Network Options	E4	N/A	N/A	
	1st Tier Utilization	H4	100%	N/A	
	2nd Tier Utilization	H5	N/A	N/A	
	Plan Benefit Design	P10	N/A	N/A	
	Deductible (\$) (Medical) Deductible (\$) (Drug)	B10 C10	N/A N/A	N/A N/A	
	Deductible (\$) (Combined)	D10	\$1,300	1	
<b>H</b>	Coinsurance (%, Insurer's Cost Share) (Medical)	B11	N/A	N/A	
Ţie.	Coinsurance (%, Insurer's Cost Share) (Drug) Coinsurance (%, Insurer's Cost Share) (Combined)	C11	N/A	N/A	
	OOP Maximum (\$)	D11 B12	20% \$5,000	N/A 6	
	OOP Maximum if Separate (\$) (Medical)	B13	N/A	N/A	
	OOP Maximum if Separate (\$) (Drug)	C13	N/A	N/A	
	Deductible (\$) (Medical)	F10	N/A	N/A	
	Deductible (\$) (Drug) Deductible (\$) (Combined)	G10 H10	N/A N/A	N/A N/A	
7	Coinsurance (%, Insurer's Cost Share) (Medical)	F11	N/A	N/A	
Tier	Coinsurance (%, Insurer's Cost Share) (Drug)	G11	N/A	N/A	
_	Coinsurance (%, Insurer's Cost Share) (Combined)	H11	N/A	N/A	
	OOP Maximum (\$) OOP Maximum if Separate (\$) (Medical)	F12 F13	N/A N/A	N/A N/A	
	OOP Maximum if Separate (\$) (Drug)	G13	N/A	N/A	
	Medical Benefits				
	Emergency Room Services, Coinsurance, if different	D18		3	
	Emergency Room Services, Copay, if separate  All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	E18 D19		N/A 2	
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19		N/A	
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20		2	
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20		N/A	
	Specialist Visit, Coinsurance, if different Specialist Visit, Copay, if separate	D21 E21		2 N/A	
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22		2	
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22		N/A	
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24		5	
<del>.</del>	Imaging (CT/PET Scans, MRIs), Copay, if separate Rehabilitative Speech Therapy, Coinsurance, if different	E24 D27		N/A 3	
Tier 1	Rehabilitative Speech Therapy, Copay, if separate	E27		N/A	
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28		3	
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28		N/A	
	Laboratory Outpatient and Professional Services, Coinsurance, if different  Laboratory Outpatient and Professional Services, Copay, if separate	D32 E32		5 N/A	
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33		5	
	X-rays and Diagnostic Imaging, Copay, if separate	E33		N/A	
	Skilled Nursing Facility, Tier 1, Colonsurance, if different	D34 E34		4 N/A	
	Skilled Nursing Facility, Tier 1, Copay, if separate  Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35		2	
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35		N/A	
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36		2	
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36		N/A	
	Emergency Room Services, Coinsurance, if different Emergency Room Services, Copay, if separate	H18 I18		N/A N/A	
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		N/A	
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	119		N/A	
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		N/A	
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate  Specialist Visit, Coinsurance, if different	120 H21		N/A N/A	
	Specialist Visit, Copay, if separate	121		N/A	
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		N/A	
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	122		N/A	
Tier 2	Imaging (CT/PET Scans, MRIs), Coinsurance, if different Imaging (CT/PET Scans, MRIs), Copay, if separate	H24 I24		N/A N/A	
	Rehabilitative Speech Therapy, Coinsurance, if different	H27		N/A N/A	
	Rehabilitative Speech Therapy, Copay, if separate	127		N/A	
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	H28		N/A	
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate  Laboratory Outpatient and Professional Services, Coinsurance, if different	128 H32		N/A N/A	
	Laboratory Outpatient and Professional Services, Comsurance, in different  Laboratory Outpatient and Professional Services, Copay, if separate	132		N/A N/A	
	X-rays and Diagnostic Imaging, Coinsurance, if different	H33		N/A	
	X-rays and Diagnostic Imaging, Copay, if separate	133		N/A	

	Skilled Nursing Facility, Coinsurance, if different	H34		N/A
	Skilled Nursing Facility, Copay, if separate	134		N/A
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	H35		N/A
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	135		N/A
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36		N/A
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	136		N/A
	Drug Benefits			
	Generics, Coinsurance, if different	D38	0%	N/A
	Generics, Copay, if separate	E38	\$10	6
	Preferred Brand Drugs, Coinsurance, if different	D39	0%	N/A
1	Preferred Brand Drugs, Copay, if separate	E39	\$10	6
Tier	Non-Preferred Brand Drugs, Coinsurance, if different	D40		6
	Non-Preferred Brand Drugs, Copay, if separate	E40		N/A
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	0%	N/A
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41	\$10	N/A
	Generics, Coinsurance, if different	H38		N/A
	Generics, Copay, if separate	138		N/A
	Preferred Brand Drugs, Coinsurance, if different	H39		N/A
7 2	Preferred Brand Drugs, Copay, if separate	139		N/A
Tie	Non-Preferred Brand Drugs, Coinsurance, if different	H40		N/A
	Non-Preferred Brand Drugs, Copay, if separate	140		N/A
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		N/A
	Specialty Drugs (i.e. high-cost), Copay, if separate	141		N/A
	Options for Additional Benefit Design Limits			
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Begining Primary Care Cost-Sharing	B50		
	Number of Copays Before Begining Primary Care Deductible/Coinsurance	B52		

Actu	arial Value Input Chart - District of Columbia Department of Insurance,			
	rities, and Banking			
	Filing #: KPMA-129030909			
Compa	nny Name: Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.			
	Number(s) of Plan: KP DC Silver 500/10%/CSR/HDHP/Dental -SILVER-500-10%-CSR-HDHP-DENTAL-RX(01-14)HIX, DC-DP-SILVER-500-10%-CSR-HDHP-DENTAL-RX(01-14)HIX			
	Input Name	Cell in AV Calculator	Input Value Used	Coresponding Page Number in Contract where value can be found
	HSA/HRA Options			
	Annual Contribution Amount	E4	N/A	N/A
	Narrow Network Options 1st Tier Utilization	H4	100%	N/A
	2nd Tier Utilization	Н5	N/A	N/A
	Plan Benefit Design			
	Deductible (\$) (Medical)	B10	N/A	N/A
	Deductible (\$) (Drug) Deductible (\$) (Combined)	C10 D10	N/A \$500	N/A 1
	Coinsurance (%, Insurer's Cost Share) (Medical)	B11	N/A	N/A
Tier	Coinsurance (%, Insurer's Cost Share) (Drug)	C11	N/A	N/A
-	Coinsurance (%, Insurer's Cost Share) (Combined)	D11	10%	N/A
	OOP Maximum (\$) OOP Maximum if Separate (\$) (Medical)	B12 B13	\$2,250 N/A	6 N/A
	OOP Maximum if Separate (\$) (Drug)	C13	N/A N/A	N/A N/A
	Deductible (\$) (Medical)	F10	N/A	N/A
	Deductible (\$) (Drug)	G10	N/A	N/A
	Deductible (\$) (Combined) Coinsurance (%, Insurer's Cost Share) (Medical)	H10 F11	N/A N/A	N/A N/A
er 2	Coinsurance (%, Insurer's Cost Share) (Drug)	G11	N/A	N/A
Tier	Coinsurance (%, Insurer's Cost Share) (Combined)	H11	N/A	N/A
	OOP Maximum (\$)	F12	N/A	N/A
	OOP Maximum if Separate (\$) (Medical)	F13	N/A	N/A
	OOP Maximum if Separate (\$) (Drug) Medical Benefits	G13	N/A	N/A
	Emergency Room Services, Coinsurance, if different	D18		3
	Emergency Room Services, Copay, if separate	E18		N/A
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19		2
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate  Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	E19 D20		N/A 2
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20		N/A
	Specialist Visit, Coinsurance, if different	D21		2
	Specialist Visit, Copay, if separate	E21		N/A
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different  Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	D22 E22		2 N/A
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24		5
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24		N/A
Tier 1	Rehabilitative Speech Therapy, Coinsurance, if different	D27		3
i	Rehabilitative Speech Therapy, Copay, if separate	E27 D28		N/A
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28		N/A
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32		5
	Laboratory Outpatient and Professional Services, Copay, if separate	E32		N/A
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33		5
	X-rays and Diagnostic Imaging, Copay, if separate Skilled Nursing Facility, Tier 1, Coinsurance, if different	E33		N/A 4
	Skilled Nursing Facility, Tier 1, Consulance, in different  Skilled Nursing Facility, Tier 1, Copay, if separate	E34		N/A
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35		2
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35		N/A
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36 E36		2 N/A
	Outpatient Surgery Physician/Surgical Services, Copay, if separate  Emergency Room Services, Coinsurance, if different	H18		N/A N/A
	Emergency Room Services, Consulance, in different  Emergency Room Services, Copay, if separate	I18		N/A
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		N/A
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	119		N/A
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different  Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	H20 I20		N/A N/A
	Specialist Visit, Coinsurance, if different	H21		N/A N/A
	Specialist Visit, Copay, if separate	121		N/A
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		N/A
r 2	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	122		N/A
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different Imaging (CT/PET Scans, MRIs), Copay, if separate	H24		N/A N/A
	Rehabilitative Speech Therapy, Coinsurance, if different	H27		N/A
Tier	Rehabilitative Speech Therapy, Copay, if separate	127		N/A
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	H28		N/A
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate  Laboratory Outpatient and Professional Services, Coinsurance, if different	128 H32		N/A N/A
	Laboratory Outpatient and Professional Services, Consurance, in different  Laboratory Outpatient and Professional Services, Copay, if separate	I32		N/A N/A
	autoriate. 7 Gatpatient and 1101635101101 Services, Copay, 11 Separate	132	1	1 17/5

	X-rays and Diagnostic Imaging, Coinsurance, if different	H33		N/A
	X-rays and Diagnostic Imaging, Copay, if separate	133		N/A
	Skilled Nursing Facility, Coinsurance, if different	H34		N/A
	Skilled Nursing Facility, Copay, if separate	134		N/A
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	H35		N/A
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	135		N/A
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36		N/A
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	136		N/A
	Drug Benefits			
	Generics, Coinsurance, if different	D38	0%	N/A
	Generics, Copay, if separate	E38	\$5	6
	Preferred Brand Drugs, Coinsurance, if different	D39	0%	N/A
- 1	Preferred Brand Drugs, Copay, if separate	E39	\$10	6
Tier	Non-Preferred Brand Drugs, Coinsurance, if different	D40		6
	Non-Preferred Brand Drugs, Copay, if separate	E40		N/A
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	0%	N/A
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41	\$10	N/A
	Generics, Coinsurance, if different	H38		N/A
	Generics, Copay, if separate	138		N/A
	Preferred Brand Drugs, Coinsurance, if different	H39		N/A
r 2	Preferred Brand Drugs, Copay, if separate	139		N/A
Tier	Non-Preferred Brand Drugs, Coinsurance, if different	H40		N/A
	Non-Preferred Brand Drugs, Copay, if separate	140		N/A
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		N/A
	Specialty Drugs (i.e. high-cost), Copay, if separate	141		N/A
	Options for Additional Benefit Design Limits			
	Specialty Rx Coinsurance Maximum	B46		•
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Begining Primary Care Cost-Sharing	B50		
	Number of Copays Before Begining Primary Care Deductible/Coinsurance	B52		

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	arial Value Input Chart - District of Columbia Department of Insurance, rities, and Banking					
0000						
	iling #: KPMA-129030909 ny Name: Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.					
Compan	y Name. <u>Kaiser Poundation Health Flan of the Wild-Atlantic States, Inc.</u>					
	umber(s) of Plan: KP DC Silver 100/5%/CSR/HDHP/Dental SILVER-100-5%-CSR-HDHP-DENTAL-COST(01-14)HIX, DC-DP-SILVER-100-5%-CSR-HDHP-DENTAL-RX(01-14)HIX					
	Input Name	Cell in AV Calculator	Input Value Used	Coresponding Page Number in Contract where value can be found		
	HSA/HRA Options					
	Annual Contribution Amount Narrow Network Options	E4	N/A	N/A		
	1st Tier Utilization	H4	100%	N/A		
	2nd Tier Utilization Plan Benefit Design	H5	N/A	N/A		
	Deductible (\$) (Medical)	B10	N/A	N/A		
	Deductible (\$) (Drug) Deductible (\$) (Combined)	C10 D10	N/A \$100	N/A 1		
1	Coinsurance (%, Insurer's Cost Share) (Medical)	B11	\$100 N/A	N/A		
Tier 1	Coinsurance (%, Insurer's Cost Share) (Drug)	C11	N/A	N/A		
	Coinsurance (%, Insurer's Cost Share) (Combined)  OOP Maximum (\$)	D11 B12	5% \$2,250	N/A 6		
	OOP Maximum if Separate (\$) (Medical)	B13	N/A	N/A		
	OOP Maximum if Separate (\$) (Drug)	C13	N/A	N/A		
	Deductible (\$) (Medical) Deductible (\$) (Drug)	F10 G10	N/A N/A	N/A N/A		
	Deductible (\$) (Combined)	H10	N/A	N/A		
er 2	Coinsurance (%, Insurer's Cost Share) (Medical) Coinsurance (%, Insurer's Cost Share) (Drug)	F11 G11	N/A N/A	N/A N/A		
Ţ.	Coinsurance (%, Insurer's Cost Share) (Combined)	H11	N/A	N/A		
	OOP Maximum (\$)	F12	N/A	N/A		
	OOP Maximum if Separate (\$) (Medical) OOP Maximum if Separate (\$) (Drug)	F13	N/A N/A	N/A N/A		
	Medical Benefits					
	Emergency Room Services, Coinsurance, if different Emergency Room Services, Copay, if separate	D18 E18		4 N/A		
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19		2		
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19		N/A		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different  Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	D20 E20		2 N/A		
	Specialist Visit, Coinsurance, if different	D21		2		
	Specialist Visit, Copay, if separate  Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	E21 D22		N/A 3		
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22		N/A		
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different Imaging (CT/PET Scans, MRIs), Copay, if separate	D24 E24		5 N/A		
-	Rehabilitative Speech Therapy, Coinsurance, if different	D27		N/A 3		
Tier 1	Rehabilitative Speech Therapy, Copay, if separate	E27		N/A		
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	D28 E28		3 N/A		
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32	0%	5		
	Laboratory Outpatient and Professional Services, Copay, if separate	E32	201	N/A		
	X-rays and Diagnostic Imaging, Coinsurance, if different X-rays and Diagnostic Imaging, Copay, if separate	D33 E33	0%	5 N/A		
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34		4		
	Skilled Nursing Facility, Tier 1, Copay, if separate Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	E34 D35		N/A 2		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35		N/A		
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36		2		
	Outpatient Surgery Physician/Surgical Services, Copay, if separate Emergency Room Services, Coinsurance, if different	E36 H18		N/A N/A		
	Emergency Room Services, Copay, if separate	118		N/A		
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different All Inpatient Hospital Services (inc. MHSA), Copay, if separate	H19 I19		N/A N/A		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		N/A		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	120		N/A		
	Specialist Visit, Coinsurance, if different Specialist Visit, Copay, if separate	H21 I21		N/A N/A		
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		N/A		
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	122		N/A		
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different Imaging (CT/PET Scans, MRIs), Copay, if separate	H24 I24		N/A N/A		
Tier 2	Rehabilitative Speech Therapy, Coinsurance, if different	H27		N/A		
=	Rehabilitative Speech Therapy, Copay, if separate Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	127 H28	-	N/A N/A		
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	128		N/A		
	Laboratory Outpatient and Professional Services, Coinsurance, if different	H32		N/A		
	Laboratory Outpatient and Professional Services, Copay, if separate X-rays and Diagnostic Imaging, Coinsurance, if different	132 H33		N/A N/A		
	X-rays and Diagnostic Imaging, Copay, if separate	133		N/A		
	Skilled Nursing Facility, Coinsurance, if different Skilled Nursing Facility, Copay, if separate	H34		N/A N/A		
	Outpatient Facility, Copay, it separate  Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	H35		N/A		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	135		N/A		

	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36		N/A
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	136		N/A
	Drug Benefits			
	Generics, Coinsurance, if different	D38	0%	N/A
	Generics, Copay, if separate	E38	\$5	6
	Preferred Brand Drugs, Coinsurance, if different	D39	0%	N/A
1.	Preferred Brand Drugs, Copay, if separate	E39	\$10	6
Tie	Non-Preferred Brand Drugs, Coinsurance, if different	D40		6
	Non-Preferred Brand Drugs, Copay, if separate	E40		N/A
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	0%	N/A
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41	\$10	N/A
	Generics, Coinsurance, if different	H38		N/A
	Generics, Copay, if separate	138		N/A
	Preferred Brand Drugs, Coinsurance, if different	H39		N/A
7 2	Preferred Brand Drugs, Copay, if separate	139		N/A
Ē	Non-Preferred Brand Drugs, Coinsurance, if different	H40		N/A
	Non-Preferred Brand Drugs, Copay, if separate	140		N/A
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		N/A
	Specialty Drugs (i.e. high-cost), Copay, if separate	I41		N/A
	Options for Additional Benefit Design Limits			
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Begining Primary Care Cost-Sharing	B50		
	Number of Copays Before Begining Primary Care Deductible/Coinsurance	B52		