

SERFF Tracking #:

KPMA-129054778

State Tracking #:

Company Tracking #:

State: District of Columbia **Filing Company:** Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
TOI/Sub-TOI: HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005D 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 Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.	New Product	%	%		3,211		%	%

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Rate Review Detail

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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:

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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-

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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

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Rate/Rule Schedule

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

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Supporting Document Schedules

Satisfied - Item:	Cover Letter All Filings
Comments:	
Attachment(s):	DC 2014 Individual Rate Filing Cover Letter.pdf
Item Status:	
Status Date:	

Bypassed - Item:	Certificate of Authority to File
Bypass Reason:	Not applicable
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	DC 2014 KPIF Actuarial Memorandum.pdf 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):	
Item Status:	

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Product Name: KPIF Individual On Exchange

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:	
Attachment(s):	DC 2014 KPIF Actuarial Memorandum.pdf 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:	
Attachment(s):	DC KPIF plan_management_data_templates_unified_4_15.xlsm 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:	

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Product Name:

KPIF Individual On Exchange

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Attachment DC KPIF plan_management_data_templates_unified_4_15.xlsm is not a PDF document and cannot be reproduced here.



KAISER PERMANENTE®

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-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-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 \$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) 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
(11) Contract Limit of 3 Children Factor	1.005	
(12) Exchange Fee	1.000	
(13) 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**

Current Pool	Current Plans	Member Months	Allowed Internal	Capitation	External			Total	
					Paid	IBNR	Member Cost Share Allowed		
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

Multiplier to Remove Non-EHB [1 - (Non-EHB PMPM / Allowed PMPM)]	0.9850
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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
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**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

Category	Weight	2012 to 2014 Annualized 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

	<u>CY 2012 Average Members</u>	<u>Morbidity</u>
(1) Non-Grandfathered Guaranteed Issue	6	1.823
(2) Non-Grandfathered Medically Underwritten ¹	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

	<u>Average Members</u>	<u>Morbidity</u>
(5) Current Members [from (4) above]	1,474	0.966
(6) Gender to Unisex Selection Adjustment	205	1.100
(7) Total Morbidity 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

	<u>Average Members</u>	<u>Risk Relativity</u>
(10) Current Market	14,565	1.000
(11) Uninsured New Entrants ²	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 [(9) / (13)]		1.088

Development of Risk Adjustment Factor Applied to Index Rate

(15) Adjustment for change in risk in Kaiser membership [(9) / (4)]	113.7%
(16) Adjustment for risk adjustment recoveries [1 / (14)]	91.9%

¹ Non-Grandfathered Kaiser members have a current risk profile of 1.000 to all Kaiser medically underwritten members based on DxCG risk scoring. Current Kaiser Medically Underwritten relativity to market is assumed to be 1.05.

**Risk Adjustment Factor - Small Group
Exhibit 7.3**

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

	<u>CY 2012 Average Members</u>	<u>Morbidity</u>
(1) Non-Grandfathered ¹	2,996	1.000

Impact of projected membership to Kaiser risk profile in 2014 relative to current market

	<u>Average Members</u>	<u>Morbidity</u>
(2) Current Members [from (1) above]	2,996	1.000
(3) Exit Kaiser Small Group ²	(853)	0.800
(4) New Kaiser members formerly uninsured ³	328	1.100
(5) New to Kaiser from other carriers	983	1.000
(6) Subtotal	3,454	1.059
	<u>Average Members</u>	
(7) Current Market	50,762	1.000
(8) Enter 2014	1,678	1.000
(9) Exit 2014	6,000	1.000
(10) Net 2014 Market	46,440	1.000
(11) Kaiser risk relativity to 2014 market [(6) / (10)]		1.059

Development of Risk Adjustment Factor Applied to Index Rate

(12) Adjustment for change in risk in Kaiser membership [(6) / (1)]	105.9%
(13) Adjustment for risk adjustment recoveries [1 / (11)]	94.4%
(14) Total Adjustment [(12) * (13)]	100.0%

¹ Current Kaiser portfolio is expected to be 1.000 to market.

² Transfers to Kaiser Individual and other carriers

³ 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) Claim Amt	(2) Count	(3) Avg	(4) Frequency	(5) Cumulative Frequency	(6) 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 reinsurance program

As a percent of Allowed 1.9%
Based on \$5.25 PMPM 2014 contribution amount as 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**

Plans	Metallic Level	Name	Allowable Modifiers		
			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	\$1.15
45	\$1.15
46	\$1.15
47	\$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.

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-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-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

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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.

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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
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 \$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

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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 \$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) 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
(11) Contract Limit of 3 Children Factor	1.005	
(12) Exchange Fee	1.000	
(13) 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**

Current Pool	Current Plans	Member Months	Allowed Internal	Capitation	External			Total	
					Paid	IBNR	Member Cost Share Allowed		
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

Multiplier to Remove Non-EHB [1 - (Non-EHB PMPM / Allowed PMPM)]	0.9850
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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
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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

Category	Weight	2012 to 2014 Annualized 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

	<u>CY 2012 Average Members</u>	<u>Morbidity</u>
(1) Non-Grandfathered Guaranteed Issue	6	1.823
(2) Non-Grandfathered Medically Underwritten ¹	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

	<u>Average Members</u>	<u>Morbidity</u>
(5) Current Members [from (4) above]	1,474	0.966
(6) Gender to Unisex Selection Adjustment	205	1.100
(7) Total Morbidity 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

	<u>Average Members</u>	<u>Risk Relativity</u>
(10) Current Market	14,565	1.000
(11) Uninsured New Entrants ²	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 [(9) / (13)]		1.088

Development of Risk Adjustment Factor Applied to Index Rate

(15) Adjustment for change in risk in Kaiser membership [(9) / (4)]	113.7%
(16) Adjustment for risk adjustment recoveries [1 / (14)]	91.9%

¹ Non-Grandfathered Kaiser members have a current risk profile of 1.000 to all Kaiser medically underwritten members based on DxCG risk scoring. Current Kaiser Medically Underwritten relativity to market is assumed to be 1.05.

**Risk Adjustment Factor - Small Group
Exhibit 7.3**

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

	<u>CY 2012 Average Members</u>	<u>Morbidity</u>
(1) Non-Grandfathered ¹	2,996	1.000

Impact of projected membership to Kaiser risk profile in 2014 relative to current market

	<u>Average Members</u>	<u>Morbidity</u>
(2) Current Members [from (1) above]	2,996	1.000
(3) Exit Kaiser Small Group ²	(853)	0.800
(4) New Kaiser members formerly uninsured ³	328	1.100
(5) New to Kaiser from other carriers	983	1.000
(6) Subtotal	3,454	1.059
	<u>Average Members</u>	
(7) Current Market	50,762	1.000
(8) Enter 2014	1,678	1.000
(9) Exit 2014	6,000	1.000
(10) Net 2014 Market	46,440	1.000
(11) Kaiser risk relativity to 2014 market [(6) / (10)]		1.059

Development of Risk Adjustment Factor Applied to Index Rate

(12) Adjustment for change in risk in Kaiser membership [(6) / (1)]	105.9%
(13) Adjustment for risk adjustment recoveries [1 / (11)]	94.4%
(14) Total Adjustment [(12) * (13)]	100.0%

¹ Current Kaiser portfolio is expected to be 1.000 to market.

² Transfers to Kaiser Individual and other carriers

³ 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) Claim Amt	(2) Count	(3) Avg	(4) Frequency	(5) Cumulative Frequency	(6) 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 reinsurance program

As a percent of Allowed 1.9%
Based on \$5.25 PMPM 2014 contribution amount as 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**

Plans	Metallic Level	Name	Allowable Modifiers		
			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	\$1.15
45	\$1.15
46	\$1.15
47	\$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

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	X	Y	
1	Data Collection Template																							
2																								
3	Company Legal Name:	Kaiser Foundation Health Plan															State:	DC						
4	HIOS Issuer ID:	94506					Market:	Individual																
5	Effective Date of Rate Change(s):	1/1/2014																						
6																								
7																								
8	Market Level Calculations (Same for all Plans)																							
9																								
10																								
11	Section I: Experience period data																							
12	Experience Period:	1/1/2012		to	12/31/2012																			
13		<u>Experience Period</u>																						
14	Premiums (net of MLR Rebate) in Experience Period:	<u>Aggregate Amount</u>	<u>PMPM</u>	<u>% of Prem</u>																				
15	Incurred Claims in Experience Period	\$14,974,690	\$321.37	100.00%																				
16	Allowed Claims:	\$13,318,794	285.83	88.94%																				
17	Index Rate of Experience Period	\$14,688,584	315.23	98.09%																				
18	Experience Period Member Months	\$310.49																						
19																								
20	Section II: Allowed Claims, PMPM basis																							
21		<u>Experience Period</u>																						
22		<u>on Actual Experience Allowed</u>																						
23	Benefit Category	Utilization Description	Utilization per 1,000	Average Cost/Service	PMPM	Proj't. from Experience to Annualized Trend				Projections, before credibility Adjustment			Credibility Manual											
24	Inpatient Hospital	Days	235.12	\$4,692.91	\$91.95	Pop'l risk																		
25	Outpatient Hospital	Visits	406.38	1,256.78	42.56	Morbidity	Other	Cost	Util	Utilization per 1,000	Average Cost/Service	PMPM	Utilization per 1,000	Average Cost/Service	PMPM									
26	Professional	Visits	6,388.74	253.03	134.71	1.093	0.958	1.035	1.010	262.16	\$4,815.23	\$105.20	0.00	\$0.00	\$0.00									
27	Other Medical	Visits	209.37	92.16	1.61	1.093	0.958	1.015	1.006	453.12	1,289.54	48.69	0.00	0.00	0.00									
28	Capitation		12,000.00	1.15	1.15	1.000	1.000	1.000	1.000	7,064.54	249.90	147.12	0.00	0.00	0.00									
29	Prescription Drug	Prescriptions	5,806.47	89.37	43.25	1.093	0.958	1.022	1.022	231.52	91.02	1.76	0.00	0.00	0.00									
30	Total				\$315.23					12,000.00	1.15	1.15	0.00	0.00	0.00									
31										6,635.81	89.50	49.49	0.00	0.00	\$0.00									
32												\$353.40			\$0.00	After Credibility	Projected Period Totals							
33	Section III: Projected Experience:	Projected Allowed Experience Claims PMPM (w/applied credibility if applicable)														100.00%	0.00%	\$353.40	\$11,534,767					
34		Paid to Allowed Average Factor in Projection Period																0.709						
35		Projected Incurred Claims, before ACA rein & Risk Adj't, PMPM																\$250.49	\$8,175,807					
36		Projected Risk Adjustments PMPM																20.24	660,753					
37		Projected Incurred Claims, before reinsurance recoveries, net of rein prem, PMPM																\$230.25	\$7,515,054					
38		Projected ACA reinsurance recoveries, net of rein prem, PMPM																14.06	458,914					
39		Projected Incurred Claims																\$216.19	\$7,056,140					
40		Administrative Expense 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 Gross Premium Avg. Rate, PMPM																	\$284.47	\$9,284,700				
44		Index Rate for Projection Period																	\$229.05					
45		% increase over Experience Period																	-11.48%					
46		% Increase, annualized:																	-5.92%					
47		Projected Member Months																			32,639			
48																								
49	Information Not Releasable to the Public Unless Authorized by Law: This information has not been publicly disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.																							
50																								

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.
 94506
 1/1/2014

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

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product ID	Individual On Exchange											Terminated Plans
	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	HMO	HMO	HMO	HMO	HMO		HMO
Plan Name	KP DC Platinum 0/10/Dental	KP DC Gold 0/20/Dental	KP DC Gold 1000/20/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 5000/30%/HSA/Dental	KP DC Bronze 6400/0/Dental	Catastrophic		Terminated Plans
Plan ID (Standard Component ID):	94506DC0390001	94506DC0390002	94506DC0390003	94506DC0390004	94506DC0390005	94506DC0390006	94506DC0390007	94506DC0390009	94506DC0390010	94506DC0390008	94506DC0390001	
Exchange Plan?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	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	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%	0.00%
Cumulative 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%	-999.00%	0.00%
Proj'd Per Rate Change % (over Expt. Period)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	-100.00%
Product Threshold Rate Increase %												#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	94506DC0390001
Inpatient	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Outpatient	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Professional	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Prescription Drug	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Capitation	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Administration	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Taxes & Fees	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
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	\$0.00
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	\$0.00
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	\$0.00

Average Current Rate PMPM	\$284.47	\$284.47	\$284.47	\$284.47	\$284.47	\$284.47	\$284.47	\$284.47	\$284.47	\$284.47	\$284.47	\$284.47
Projected Member Months	32,630	2,040	2,040	4,080	4,569	4,896	4,896	4,569	2,448	2,448	653	

Section III: Experience Period Information

Plan ID (Standard Component ID):	Total	94506DC0390001	94506DC0390002	94506DC0390003	94506DC0390004	94506DC0390005	94506DC0390006	94506DC0390007	94506DC0390009	94506DC0390010	94506DC0390008	94506DC0390001
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	\$14,966,804
EHB basis or full portion of TP, [see instructions]	0.00%											0.00%
State mandated benefits portion of TP that are other than EHB	0.00%											0.00%
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%	100.00%
Total Allowed Claims (TAC)	\$14,688,584											\$14,688,584
EHB basis or full portion of TAC, [see instructions]	0.00%											0.00%
State mandated benefits portion of TAC that are other than EHB	0.00%											0.00%
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%	100.00%
Allowed Claims which are not the issuer's obligation: Portion of above payable by HHS funds on behalf of insured person, in dollars	\$1,445,443											\$1,445,443
Portion of above payable by HHS funds on behalf of insured person, as %	0.00%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	0.00%
Total Incurred claims, payable with issuer funds	\$13,243,141	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$13,243,141
Net Amt of Reim	\$0.00											
Net Amt of Risk Adj	\$0.00											
Incurred Claims PMPM	\$384.21	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$384.21
Allowed Claims PMPM	\$315.23	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$315.23
EHB portion of Allowed Claims, PMPM	\$0.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$0.00

Section IV: Projected (12 months following effective date)

Plan ID (Standard Component ID):	Total	94506DC0390001	94506DC0390002	94506DC0390003	94506DC0390004	94506DC0390005	94506DC0390006	94506DC0390007	94506DC0390009	94506DC0390010	94506DC0390008	94506DC0390001
Average Rate PMPM	\$284.47											\$284.47
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%	98.50%
State mandated benefits portion of TP 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%	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	\$660,964	\$660,964	\$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%	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%	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: Portion of above payable by HHS funds on behalf of insured person, in dollars	\$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 funds on behalf of 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	\$0
Net Amt of Reim	\$458,914	\$28,883	\$28,683	\$57,369	\$64,241	\$68,839	\$68,839	\$64,241	\$34,420	\$34,420	\$9,181	
Net Amt of Risk Adj	\$660,753	\$41,298	\$41,298	\$82,597	\$92,496	\$99,116	\$99,116	\$92,496	\$49,558	\$49,558	\$13,220	

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking					
SERFF Filing #: KPMA-129030909					
Company Name: Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.					
Form Number(s) of Plan: KP DC Platinum 0/10/Dental					
DC-DP-PLATINUM-0-10-DENTAL-HMO(01-14)HIX, DC-DP-PLATINUM-0-10-DENTAL-HMO-RX(01-14)HIX					
	Input Name	Cell in AV Calculator	Input Value Used	Corresponding 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					
Tier 1	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	15%	N/A	
	Coinsurance (% , Insurer's Cost Share) (Drug)	C11	15%	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	
Tier 2	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)	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)	G13	N/A	N/A	
Medical Benefits					
Tier 1	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	0%	N/A	
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19	\$250	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	\$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	
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	\$10	2	
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24	0%	N/A	
	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	4	
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28	0%	N/A	
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	\$10	4	
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32	0%	N/A	
	Laboratory Outpatient and Professional Services, Copay, if separate	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	
	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	
	Tier 2	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	I19		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	I20		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 Services, Coinsurance, if different	H22		N/A
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22		N/A
Imaging (CT/PET Scans, MRIs), Coinsurance, if different		H24		N/A	
Imaging (CT/PET Scans, MRIs), Copay, if separate		I24		N/A	
Rehabilitative Speech Therapy, Coinsurance, if different		H27		N/A	
Rehabilitative Speech Therapy, Copay, if separate		I27		N/A	
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different		H28		N/A	
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate		I28		N/A	
Laboratory Outpatient and Professional Services, Coinsurance, if different		H32		N/A	

	Laboratory Outpatient and Professional Services, Copay, if separate	I32		N/A
	X-rays and Diagnostic Imaging, Coinsurance, if different	H33		N/A
	X-rays and Diagnostic Imaging, Copay, if separate	I33		N/A
	Skilled Nursing Facility, Coinsurance, if different	H34		N/A
	Skilled Nursing Facility, Copay, if separate	I34		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	I35		N/A
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36		N/A
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	I36		N/A
Drug Benefits				
Tier 1	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		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
Tier 2	Generics, Coinsurance, if different	H38		N/A
	Generics, Copay, if separate	I38		N/A
	Preferred Brand Drugs, Coinsurance, if different	H39		N/A
	Preferred Brand Drugs, Copay, if separate	I39		N/A
	Non-Preferred Brand Drugs, Coinsurance, if different	H40		N/A
	Non-Preferred Brand Drugs, Copay, if separate	I40		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	4	
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking				
SERFF Filing #: KPMA-129030909				
Company Name: Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.				
Form Number(s) of Plan: KP DC Gold 0/20/Dental				
DC-DP-GOLD-0-20-DENTAL-HMO(01-14)HIX, DC-DP-GOLD-0-20-DENTAL-HMO-RX(01-14)HIX				
	Input Name	Cell in AV Calculator	Input Value Used	Corresponding 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				
Tier 1	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 (\$)	B12	\$6,400	6
	OOP Maximum if Separate (\$) (Medical)	B13	N/A	N/A
	OOP Maximum if Separate (\$) (Drug)	C13	N/A	N/A
Tier 2	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)	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)	G13	N/A	N/A
Medical Benefits				
Tier 1	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	0%	N/A
	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	\$40	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	E22	\$20	2
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24	0%	N/A
	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%	N/A
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	\$20	4
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32	0%	N/A
	Laboratory Outpatient and Professional Services, Copay, if separate	E32	\$20	4
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33	0%	N/A
	X-rays and Diagnostic Imaging, Copay, if separate	E33	\$20	4
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34	0%	N/A
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34	\$250	4
	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
	Tier 2	Emergency Room Services, Coinsurance, if different	H18	
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		I19		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		I20		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 Services, Coinsurance, if different		H22		N/A
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate		I22		N/A
Imaging (CT/PET Scans, MRIs), Coinsurance, if different		H24		N/A
Imaging (CT/PET Scans, MRIs), Copay, if separate		I24		N/A
Rehabilitative Speech Therapy, Coinsurance, if different		H27		N/A
Rehabilitative Speech Therapy, Copay, if separate		I27		N/A
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different		H28		N/A
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	I28		N/A	
Laboratory Outpatient and Professional Services, Coinsurance, if different	H32		N/A	

	Laboratory Outpatient and Professional Services, Copay, if separate	I32		N/A
	X-rays and Diagnostic Imaging, Coinsurance, if different	H33		N/A
	X-rays and Diagnostic Imaging, Copay, if separate	I33		N/A
	Skilled Nursing Facility, Coinsurance, if different	H34		N/A
	Skilled Nursing Facility, Copay, if separate	I34		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	I35		N/A
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36		N/A
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	I36		N/A
Drug Benefits				
Tier 1	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		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
Tier 2	Generics, Coinsurance, if different	H38		N/A
	Generics, Copay, if separate	I38		N/A
	Preferred Brand Drugs, Coinsurance, if different	H39		N/A
	Preferred Brand Drugs, Copay, if separate	I39		N/A
	Non-Preferred Brand Drugs, Coinsurance, if different	H40		N/A
	Non-Preferred Brand Drugs, Copay, if separate	I40		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	4	
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking					
SERFF Filing #: KPMA-129030909					
Company Name: Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.					
Plan Name: DC-DP-GOLD-1000-20-DENTAL-DHMO-COST(01-14)HIX, Form : DC-DP-GOLD-1000-20-DENTAL-DHMO-COST(01-14)HIX, DC-DP-GOLD-1000-20-DENTAL-DHMO-RX(01-14)HIX					
	Input Name	Cell in AV Calculator	Input Value Used	Corresponding 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					
Tier 1	Deductible (\$) (Medical)	B10	\$1,000	N/A	
	Deductible (\$) (Drug)	C10	\$0	N/A	
	Deductible (\$) (Combined)	D10	N/A	1	
	Coinsurance (% , Insurer's Cost Share) (Medical)	B11	20%	N/A	
	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)	B13	N/A	N/A	
	OOP Maximum if Separate (\$) (Drug)	C13	N/A	N/A	
Tier 2	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)	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)	G13	N/A	N/A	
Medical Benefits					
Tier 1	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	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	\$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	\$20	N/A	
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24	0%	N/A	
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24	\$150	5	
	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%	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	E32	\$20	N/A	
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33	0%	N/A	
	X-rays and Diagnostic Imaging, Copay, if separate	E33	\$20	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		N/A	
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36		2	
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36		N/A	
	Tier 2	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	I19		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	I20		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 Services, Coinsurance, if different	H22		N/A
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22		N/A
Imaging (CT/PET Scans, MRIs), Coinsurance, if different		H24		N/A	
Imaging (CT/PET Scans, MRIs), Copay, if separate		I24		N/A	
Rehabilitative Speech Therapy, Coinsurance, if different		H27		N/A	
Rehabilitative Speech Therapy, Copay, if separate		I27		N/A	
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different		H28		N/A	
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate		I28		N/A	

	Laboratory Outpatient and Professional Services, Coinsurance, if different	H32		N/A
	Laboratory Outpatient and Professional Services, Copay, if separate	I32		N/A
	X-rays and Diagnostic Imaging, Coinsurance, if different	H33		N/A
	X-rays and Diagnostic Imaging, Copay, if separate	I33		N/A
	Skilled Nursing Facility, Coinsurance, if different	H34		N/A
	Skilled Nursing Facility, Copay, if separate	I34		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	I35		N/A
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36		N/A
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	I36		N/A
Drug Benefits				
Tier 1	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
Tier 2	Generics, Coinsurance, if different	H38		N/A
	Generics, Copay, if separate	I38		N/A
	Preferred Brand Drugs, Coinsurance, if different	H39		N/A
	Preferred Brand Drugs, Copay, if separate	I39		N/A
	Non-Preferred Brand Drugs, Coinsurance, if different	H40		N/A
	Non-Preferred Brand Drugs, Copay, if separate	I40		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 Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking					
SERFF Filing #: KPMA-129030909					
Company 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(01-14)HIX, DC-DP-SILVER-1500-30-DENTAL-DHMO-RX(01-14)HIX					
	Input Name	Cell in AV Calculator	Input Value Used	Corresponding 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					
Tier 1	Deductible (\$) (Medical)	B10	\$1,500	N/A	
	Deductible (\$) (Drug)	C10	\$250	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 (\$)	B12	\$6,400	6	
	OOP Maximum if Separate (\$) (Medical)	B13	N/A	N/A	
	OOP Maximum if Separate (\$) (Drug)	C13	N/A	N/A	
Tier 2	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)	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)	G13	N/A	N/A		
Medical Benefits					
Tier 1	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	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	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	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	E22	\$30	N/A	
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24	0%	N/A	
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24	\$250	5	
	Rehabilitative Speech Therapy, Coinsurance, if different	D27	0%	N/A	
	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	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	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		N/A	
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36		2	
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36		N/A	
	Tier 2	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	I19		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	I20		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 Services, Coinsurance, if different	H22		N/A
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22		N/A
Imaging (CT/PET Scans, MRIs), Coinsurance, if different		H24		N/A	
Imaging (CT/PET Scans, MRIs), Copay, if separate		I24		N/A	
Rehabilitative Speech Therapy, Coinsurance, if different	H27		N/A		
Rehabilitative Speech Therapy, Copay, if separate	I27		N/A		
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	H28		N/A		
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	I28		N/A		

	Laboratory Outpatient and Professional Services, Coinsurance, if different	H32		N/A
	Laboratory Outpatient and Professional Services, Copay, if separate	I32		N/A
	X-rays and Diagnostic Imaging, Coinsurance, if different	H33		N/A
	X-rays and Diagnostic Imaging, Copay, if separate	I33		N/A
	Skilled Nursing Facility, Coinsurance, if different	H34		N/A
	Skilled Nursing Facility, Copay, if separate	I34		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	I35		N/A
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36		N/A
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	I36		N/A
Drug Benefits				
Tier 1	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
Tier 2	Generics, Coinsurance, if different	H38		N/A
	Generics, Copay, if separate	I38		N/A
	Preferred Brand Drugs, Coinsurance, if different	H39		N/A
	Preferred Brand Drugs, Copay, if separate	I39		N/A
	Non-Preferred Brand Drugs, Coinsurance, if different	H40		N/A
	Non-Preferred Brand Drugs, Copay, if separate	I40		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 Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking					
SERFF Filing #: KPMA-129030909					
Company Name: Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.					
Plan Name: DC-DP-SILVER-2500-30-DENTAL-DHMO-COST(01-14)HIX, Form : DC-DP-SILVER-2500-30-DENTAL-DHMO-COST(01-14)HIX, DC-DP-SILVER-2500-30-DENTAL-DHMO-RX(01-14)HIX					
	Input Name	Cell in AV Calculator	Input Value Used	Corresponding 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					
Tier 1	Deductible (\$) (Medical)	B10	\$2,500	N/A	
	Deductible (\$) (Drug)	C10	\$250	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 (\$)	B12	\$6,400	6	
	OOP Maximum if Separate (\$) (Medical)	B13	N/A	N/A	
	OOP Maximum if Separate (\$) (Drug)	C13	N/A	N/A	
Tier 2	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)	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)	G13	N/A	N/A		
Medical Benefits					
Tier 1	Emergency Room Services, Coinsurance, if different	D18	0%	3	
	Emergency Room Services, Copay, if separate	E18	\$400	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	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	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	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	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	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	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		N/A	
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36		2	
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36		N/A	
	Tier 2	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	I19		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	I20		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 Services, Coinsurance, if different	H22		N/A
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22		N/A
Imaging (CT/PET Scans, MRIs), Coinsurance, if different		H24		N/A	
Imaging (CT/PET Scans, MRIs), Copay, if separate		I24		N/A	
Rehabilitative Speech Therapy, Coinsurance, if different	H27		N/A		
Rehabilitative Speech Therapy, Copay, if separate	I27		N/A		
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	H28		N/A		
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	I28		N/A		

	Laboratory Outpatient and Professional Services, Coinsurance, if different	H32		N/A
	Laboratory Outpatient and Professional Services, Copay, if separate	I32		N/A
	X-rays and Diagnostic Imaging, Coinsurance, if different	H33		N/A
	X-rays and Diagnostic Imaging, Copay, if separate	I33		N/A
	Skilled Nursing Facility, Coinsurance, if different	H34		N/A
	Skilled Nursing Facility, Copay, if separate	I34		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	I35		N/A
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36		N/A
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	I36		N/A
Drug Benefits				
Tier 1	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
Tier 2	Generics, Coinsurance, if different	H38		N/A
	Generics, Copay, if separate	I38		N/A
	Preferred Brand Drugs, Coinsurance, if different	H39		N/A
	Preferred Brand Drugs, Copay, if separate	I39		N/A
	Non-Preferred Brand Drugs, Coinsurance, if different	H40		N/A
	Non-Preferred Brand Drugs, Copay, if separate	I40		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 Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking					
SERFF Filing #: KPMA-129030909					
Company Name: Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.					
Form Number(s) of Plan: KP DC Silver 1750/25%/HSA/ Dental					
DC-DP-SILVER-1750-25%-HSA-DENTAL-HDHP-COST(01-14)HIX, DC-DP-SILVER-1750-25%-HSA-DENTAL-HDHP-RX(01-14)HIX					
	Input Name	Cell in AV Calculator	Input Value Used	Corresponding 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					
Tier 1	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)	B11	N/A	N/A	
	Coinsurance (% , Insurer's Cost Share) (Drug)	C11	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	
Tier 2	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)	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)	G13	N/A	N/A	
Medical Benefits					
Tier 1	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	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	D21		2	
	Specialist Visit, Copay, if separate	E21		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	
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24		N/A	
	Rehabilitative Speech Therapy, Coinsurance, if different	D27		3	
	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	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	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 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	
	Tier 2	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	I19		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	I20		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 Services, Coinsurance, if different	H22		N/A
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22		N/A
Imaging (CT/PET Scans, MRIs), Coinsurance, if different		H24		N/A	
Imaging (CT/PET Scans, MRIs), Copay, if separate		I24		N/A	
Rehabilitative Speech Therapy, Coinsurance, if different		H27		N/A	
Rehabilitative Speech Therapy, Copay, if separate		I27		N/A	
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different		H28		N/A	
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	I28		N/A		

	Laboratory Outpatient and Professional Services, Coinsurance, if different	H32		N/A
	Laboratory Outpatient and Professional Services, Copay, if separate	I32		N/A
	X-rays and Diagnostic Imaging, Coinsurance, if different	H33		N/A
	X-rays and Diagnostic Imaging, Copay, if separate	I33		N/A
	Skilled Nursing Facility, Coinsurance, if different	H34		N/A
	Skilled Nursing Facility, Copay, if separate	I34		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	I35		N/A
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36		N/A
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	I36		N/A
Drug Benefits				
Tier 1	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
Tier 2	Generics, Coinsurance, if different	H38		N/A
	Generics, Copay, if separate	I38		N/A
	Preferred Brand Drugs, Coinsurance, if different	H39		N/A
	Preferred Brand Drugs, Copay, if separate	I39		N/A
	Non-Preferred Brand Drugs, Coinsurance, if different	H40		N/A
	Non-Preferred Brand Drugs, Copay, if separate	I40		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 Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking					
SERFF Filing #: KPMA-129030909					
Company Name: Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.					
Plan Name: DC-DP-BRONZE-4500-50-DENTAL-DHMO-COST(01-14)HIX, Form : DC-DP-BRONZE-4500-50-DENTAL-DHMO-COST(01-14)HIX, DC-DP-BRONZE-4500-50-DENTAL-DHMO-RX(01-14)HIX					
	Input Name	Cell in AV Calculator	Input Value Used	Corresponding 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					
Tier 1	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)	B11	20%	N/A	
	Coinsurance (% , Insurer's Cost Share) (Drug)	C11	50%	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)	C13	N/A	N/A	
Tier 2	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)	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)	G13	N/A	N/A	
Medical Benefits					
Tier 1	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	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	\$50	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	E22	\$50	N/A	
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24	0%	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	D28	0%	4	
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	\$50	N/A	
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32	0%	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	E33	\$50	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		N/A	
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36		2	
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36		N/A	
	Tier 2	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	I19		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	I20		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 Services, Coinsurance, if different	H22		N/A
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22		N/A
Imaging (CT/PET Scans, MRIs), Coinsurance, if different		H24		N/A	
Imaging (CT/PET Scans, MRIs), Copay, if separate		I24		N/A	
Rehabilitative Speech Therapy, Coinsurance, if different		H27		N/A	
Rehabilitative Speech Therapy, Copay, if separate		I27		N/A	
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different		H28		N/A	
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate		I28		N/A	
Laboratory Outpatient and Professional Services, Coinsurance, if different		H32		N/A	

	Laboratory Outpatient and Professional Services, Copay, if separate	I32		N/A
	X-rays and Diagnostic Imaging, Coinsurance, if different	H33		N/A
	X-rays and Diagnostic Imaging, Copay, if separate	I33		N/A
	Skilled Nursing Facility, Coinsurance, if different	H34		N/A
	Skilled Nursing Facility, Copay, if separate	I34		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	I35		N/A
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36		N/A
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	I36		N/A
Drug Benefits				
Tier 1	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
Tier 2	Generics, Coinsurance, if different	H38		N/A
	Generics, Copay, if separate	I38		N/A
	Preferred Brand Drugs, Coinsurance, if different	H39		N/A
	Preferred Brand Drugs, Copay, if separate	I39		N/A
	Non-Preferred Brand Drugs, Coinsurance, if different	H40		N/A
	Non-Preferred Brand Drugs, Copay, if separate	I40		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 Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking					
SERFF Filing #: <u>KPMA-129030909</u>					
Company Name: <u>Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.</u>					
Form Number(s) of Plan: <u>KP DC Bronze 4500/50/HSA/Dental</u> <u>DC-DP-BRONZE-4500-50-HSA-DENTAL-HDHP-COST(01-14)HIX, DC-DP-BRONZE-4500-50-HSA-DENTAL-HDHP-RX(01-14)HIX</u>					
Input Name	Cell in AV Calculator	Input Value Used	Corresponding 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					
Tier 1	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)	C11	N/A	N/A	
	Coinsurance (% , Insurer's Cost Share) (Combined)	D11	30%	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	
Tier 2	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)	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)	G13	N/A	N/A		
Medical Benefits					
Tier 1	Emergency Room Services, Coinsurance, if different	D18	0%	N/A	
	Emergency Room Services, Copay, if separate	E18	\$500	4	
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19	0%	N/A	
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19	\$500	2	
	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, Coinsurance, if different	D21	0%	N/A	
	Specialist Visit, Copay, if separate	E21	\$50	2	
	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	E22	\$50	2	
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24	0%	N/A	
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24	\$500	5	
	Rehabilitative Speech Therapy, Coinsurance, if different	D27	0%	N/A	
	Rehabilitative Speech Therapy, Copay, if separate	E27	\$50	4	
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28	0%	N/A	
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	\$50	4	
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32	0%	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	E33	\$50	5	
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34	0%	N/A	
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34	\$250	4	
	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	
	Tier 2	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	I19		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	I20		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 Services, Coinsurance, if different	H22		N/A
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22		N/A
Imaging (CT/PET Scans, MRIs), Coinsurance, if different		H24		N/A	
Imaging (CT/PET Scans, MRIs), Copay, if separate		I24		N/A	
Rehabilitative Speech Therapy, Coinsurance, if different		H27		N/A	
Rehabilitative Speech Therapy, Copay, if separate		I27		N/A	
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different		H28		N/A	
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate		I28		N/A	

	Laboratory Outpatient and Professional Services, Coinsurance, if different	H32		N/A
	Laboratory Outpatient and Professional Services, Copay, if separate	I32		N/A
	X-rays and Diagnostic Imaging, Coinsurance, if different	H33		N/A
	X-rays and Diagnostic Imaging, Copay, if separate	I33		N/A
	Skilled Nursing Facility, Coinsurance, if different	H34		N/A
	Skilled Nursing Facility, Copay, if separate	I34		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	I35		N/A
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36		N/A
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	I36		N/A
Drug Benefits				
Tier 1	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
Tier 2	Generics, Coinsurance, if different	H38		N/A
	Generics, Copay, if separate	I38		N/A
	Preferred Brand Drugs, Coinsurance, if different	H39		N/A
	Preferred Brand Drugs, Copay, if separate	I39		N/A
	Non-Preferred Brand Drugs, Coinsurance, if different	H40		N/A
	Non-Preferred Brand Drugs, Copay, if separate	I40		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	4	
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking					
SERFF Filing #: <u>KPMA-129030909</u>					
Company Name: <u>Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.</u>					
Form Number(s) of Plan: <u>KP DC Bronze 5000/30%/HSA/Dental</u> <u>DC-DP-BRONZE-5000-30%-HSA-DENTAL-HDHP-COST(01-14)HIX, DC-DP-BRONZE-5000-30%-HSA-DENTAL-HDHP-RX(01-14)HIX</u>					
Input Name	Cell in AV Calculator	Input Value Used	Corresponding 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					
Tier 1	Deductible (\$) (Medical)	B10	N/A	N/A	
	Deductible (\$) (Drug)	C10	N/A	N/A	
	Deductible (\$) (Combined)	D10	\$5,000	1	
	Coinsurance (% , Insurer's Cost Share) (Medical)	B11	N/A	N/A	
	Coinsurance (% , Insurer's Cost Share) (Drug)	C11	N/A	N/A	
	Coinsurance (% , Insurer's Cost Share) (Combined)	D11	30%	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	
Tier 2	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)	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)	G13	N/A	N/A	
Medical Benefits					
Tier 1	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	D19		N/A	
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19		2	
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	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		N/A	
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24		5	
	Rehabilitative Speech Therapy, Coinsurance, if different	D27		N/A	
	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	
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33		N/A	
	X-rays and Diagnostic Imaging, Copay, if separate	E33		5	
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34		N/A	
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34		4	
	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	
	Tier 2	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		I19		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		I20		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 Services, Coinsurance, if different		H22		N/A	
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate		I22		N/A	
Imaging (CT/PET Scans, MRIs), Coinsurance, if different		H24		N/A	
Imaging (CT/PET Scans, MRIs), Copay, if separate		I24		N/A	
Rehabilitative Speech Therapy, Coinsurance, if different		H27		N/A	
Rehabilitative Speech Therapy, Copay, if separate		I27		N/A	
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different		H28		N/A	

	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	I28		N/A
	Laboratory Outpatient and Professional Services, Coinsurance, if different	H32		N/A
	Laboratory Outpatient and Professional Services, Copay, if separate	I32		N/A
	X-rays and Diagnostic Imaging, Coinsurance, if different	H33		N/A
	X-rays and Diagnostic Imaging, Copay, if separate	I33		N/A
	Skilled Nursing Facility, Coinsurance, if different	H34		N/A
	Skilled Nursing Facility, Copay, if separate	I34		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	I35		N/A
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36		N/A
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	I36		N/A
Drug Benefits				
Tier 1	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
Tier 2	Generics, Coinsurance, if different	H38		N/A
	Generics, Copay, if separate	I38		N/A
	Preferred Brand Drugs, Coinsurance, if different	H39		N/A
	Preferred Brand Drugs, Copay, if separate	I39		N/A
	Non-Preferred Brand Drugs, Coinsurance, if different	H40		N/A
	Non-Preferred Brand Drugs, Copay, if separate	I40		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 Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking					
SERFF Filing #: KPMA-129030909					
Company Name: Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.					
Plan Name: DC-DP-SILVER-1500-30-CSR-DENTAL-DHMO-COST(01-14)HIX, Form : DC-DP-SILVER-1500-30-CSR-DENTAL-DHMO-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	Corresponding 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					
Tier 1	Deductible (\$) (Medical)	B10	\$1,500	N/A	
	Deductible (\$) (Drug)	C10	\$250	N/A	
	Deductible (\$) (Combined)	D10	N/A	1	
	Coinsurance (% , Insurer's Cost Share) (Medical)	B11	20%	N/A	
	Coinsurance (% , Insurer's Cost Share) (Drug)	C11	20%	N/A	
	Coinsurance (% , Insurer's Cost Share) (Combined)	D11	N/A	N/A	
	OOP Maximum (\$)	B12	\$5,200	6	
	OOP Maximum if Separate (\$) (Medical)	B13	N/A	N/A	
	OOP Maximum if Separate (\$) (Drug)	C13	N/A	N/A	
Tier 2	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)	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)	G13	N/A	N/A	
Medical Benefits					
Tier 1	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	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	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	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	E22	\$30	N/A	
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24	0%	N/A	
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24	\$250	5	
	Rehabilitative Speech Therapy, Coinsurance, if different	D27	0%	N/A	
	Rehabilitative Speech Therapy, Copay, if separate	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	4	
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32	0%	N/A	
	Laboratory Outpatient and Professional Services, Copay, if separate	E32	\$15	5	
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33	0%	N/A	
	X-rays and Diagnostic Imaging, Copay, if separate	E33	\$15	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		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	
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36		N/A	
	Tier 2	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	I19		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	I20		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 Services, Coinsurance, if different		H22		N/A	
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate		I22		N/A	
Imaging (CT/PET Scans, MRIs), Coinsurance, if different		H24		N/A	
Imaging (CT/PET Scans, MRIs), Copay, if separate		I24		N/A	
Rehabilitative Speech Therapy, Coinsurance, if different		H27		N/A	
Rehabilitative Speech Therapy, Copay, if separate		I27		N/A	
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different		H28		N/A	
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate		I28		N/A	
Laboratory Outpatient and Professional Services, Coinsurance, if different		H32		N/A	
Laboratory Outpatient and Professional Services, Copay, if separate		I32		N/A	
X-rays and Diagnostic Imaging, Coinsurance, if different		H33		N/A	

	X-rays and Diagnostic Imaging, Copay, if separate	I33		N/A
	Skilled Nursing Facility, Coinsurance, if different	H34		N/A
	Skilled Nursing Facility, Copay, if separate	I34		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	I35		N/A
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36		N/A
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	I36		N/A
Drug Benefits				
Tier 1	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
Tier 2	Generics, Coinsurance, if different	H38		N/A
	Generics, Copay, if separate	I38		N/A
	Preferred Brand Drugs, Coinsurance, if different	H39		N/A
	Preferred Brand Drugs, Copay, if separate	I39		N/A
	Non-Preferred Brand Drugs, Coinsurance, if different	H40		N/A
	Non-Preferred Brand Drugs, Copay, if separate	I40		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 Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking					
SERFF Filing #: KPMA-129030909					
Company Name: Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.					
Form Number(s) of Plan: KP DC Silver 0/15/CSR/Dental DC-DP-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 Calculator	Input Value Used	Corresponding 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					
Tier 1	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	20%	N/A	
	Coinsurance (% Insurer's Cost Share) (Drug)	C11	20%	N/A	
	Coinsurance (% Insurer's Cost Share) (Combined)	D11	N/A	N/A	
	OOP Maximum (\$)	B12	\$2,250	6	
	OOP Maximum if Separate (\$) (Medical)	B13	N/A	N/A	
	OOP Maximum if Separate (\$) (Drug)	C13	N/A	N/A	
Tier 2	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)	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)	G13	N/A	N/A	
Medical Benefits					
Tier 1	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		N/A	
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19		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	\$15	1	
	Specialist Visit, Coinsurance, if different	D21	0%	N/A	
	Specialist Visit, Copay, if separate	E21	\$25	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	E22	\$15	2	
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24	0%	N/A	
	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	\$15	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	D32	0%	N/A	
	Laboratory Outpatient and Professional Services, Copay, if separate	E32	\$15	4	
	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	E34		3	
	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	
	Tier 2	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	I19		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	I20		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 Services, Coinsurance, if different		H22		N/A	
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate		I22		N/A	
Imaging (CT/PET Scans, MRIs), Coinsurance, if different		H24		N/A	
Imaging (CT/PET Scans, MRIs), Copay, if separate		I24		N/A	
Rehabilitative Speech Therapy, Coinsurance, if different		H27		N/A	
Rehabilitative Speech Therapy, Copay, if separate		I27		N/A	
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different		H28		N/A	
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate		I28		N/A	
Laboratory Outpatient and Professional Services, Coinsurance, if different		H32		N/A	
Laboratory Outpatient and Professional Services, Copay, if separate		I32		N/A	
X-rays and Diagnostic Imaging, Coinsurance, if different		H33		N/A	
X-rays and Diagnostic Imaging, Copay, if separate		I33		N/A	
Skilled Nursing Facility, Coinsurance, if different	H34		N/A		

	Skilled Nursing Facility, Copay, if separate	I34		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	I35		N/A
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36		N/A
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	I36		N/A
Drug Benefits				
Tier 1	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
Tier 2	Generics, Coinsurance, if different	H38		N/A
	Generics, Copay, if separate	I38		N/A
	Preferred Brand Drugs, Coinsurance, if different	H39		N/A
	Preferred Brand Drugs, Copay, if separate	I39		N/A
	Non-Preferred Brand Drugs, Coinsurance, if different	H40		N/A
	Non-Preferred Brand Drugs, Copay, if separate	I40		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 Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking					
SERFF Filing #: KPMA-129030909					
Company Name: Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.					
Form Number(s) of Plan: KP DC Silver 0/5/CSR/Dental					
DC-DP-SILVER-0-5-CSR-DENTAL-HMO(01-14)HIX, DC-DP-SILVER-0-5-CSR-DENTAL-HMO-RX(01-14)HIX					
	Input Name	Cell in AV Calculator	Input Value Used	Corresponding 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					
Tier 1	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	10%	N/A	
	Coinsurance (%) (Insurer's Cost Share) (Drug)	C11	10%	N/A	
	Coinsurance (%) (Insurer's Cost Share) (Combined)	D11	N/A	N/A	
	OOP Maximum (\$)	B12	\$2,250	6	
	OOP Maximum if Separate (\$) (Medical)	B13	N/A	N/A	
	OOP Maximum if Separate (\$) (Drug)	C13	N/A	N/A	
Tier 2	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)	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)	G13	N/A	N/A	
Medical Benefits					
Tier 1	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		N/A	
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19		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	\$5	1	
	Specialist Visit, Coinsurance, if different	D21	0%	N/A	
	Specialist Visit, Copay, if separate	E21	\$10	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	E22	\$5	2	
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24	0%	N/A	
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24	\$50	4	
	Rehabilitative Speech Therapy, Coinsurance, if different	D27	0%	N/A	
	Rehabilitative Speech Therapy, Copay, if separate	E27	\$5	4	
	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	D32	0%	N/A	
	Laboratory Outpatient and Professional Services, Copay, if separate	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		N/A	
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34		4	
	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	
	Tier 2	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	I19		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	I20		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 Services, Coinsurance, if different		H22		N/A	
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate		I22		N/A	
Imaging (CT/PET Scans, MRIs), Coinsurance, if different		H24		N/A	
Imaging (CT/PET Scans, MRIs), Copay, if separate		I24		N/A	
Rehabilitative Speech Therapy, Coinsurance, if different		H27		N/A	
Rehabilitative Speech Therapy, Copay, if separate		I27		N/A	
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different		H28		N/A	
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate		I28		N/A	
Laboratory Outpatient and Professional Services, Coinsurance, if different		H32		N/A	
Laboratory Outpatient and Professional Services, Copay, if separate		I32		N/A	
X-rays and Diagnostic Imaging, Coinsurance, if different		H33		N/A	
X-rays and Diagnostic Imaging, Copay, if separate		I33		N/A	
Skilled Nursing Facility, Coinsurance, if different		H34		N/A	
Skilled Nursing Facility, Copay, if separate		I34		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		I35		N/A	
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different		H36		N/A	

	Outpatient Surgery Physician/Surgical Services, Copay, if separate	I36		N/A
Drug Benefits				
Tier 1	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
	Preferred Brand Drugs, Copay, if separate	E39	\$10	6
	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
Tier 2	Generics, Coinsurance, if different	H38		N/A
	Generics, Copay, if separate	I38		N/A
	Preferred Brand Drugs, Coinsurance, if different	H39		N/A
	Preferred Brand Drugs, Copay, if separate	I39		N/A
	Non-Preferred Brand Drugs, Coinsurance, if different	H40		N/A
	Non-Preferred Brand Drugs, Copay, if separate	I40		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 Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking					
SERFF Filing #: KPMA-129030909					
Company Name: Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.					
Form Number(s) of Plan: KP DC Silver 1300/20%/CSR/HDHP/Dental DC-DP-SILVER-1300-20%-CSR-HDHP-DENTAL-COST(01-14)HIX, DC-DP-SILVER-1300-20%-CSR-HDHP-DENTAL-RX(01-14)HIX					
	Input Name	Cell in AV Calculator	Input Value Used	Corresponding 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					
Tier 1	Deductible (\$) (Medical)	B10	N/A	N/A	
	Deductible (\$) (Drug)	C10	N/A	N/A	
	Deductible (\$) (Combined)	D10	\$1,300	1	
	Coinsurance (%) (Insurer's Cost Share) (Medical)	B11	N/A	N/A	
	Coinsurance (%) (Insurer's Cost Share) (Drug)	C11	N/A	N/A	
	Coinsurance (%) (Insurer's Cost Share) (Combined)	D11	20%	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	
Tier 2	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)	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)	G13	N/A	N/A	
Medical Benefits					
Tier 1	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	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	D21		2	
	Specialist Visit, Copay, if separate	E21		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	
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24		N/A	
	Rehabilitative Speech Therapy, Coinsurance, if different	D27		3	
	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	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	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 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	
	Tier 2	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	I19		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	I20		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 Services, Coinsurance, if different		H22		N/A	
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate		I22		N/A	
Imaging (CT/PET Scans, MRIs), Coinsurance, if different		H24		N/A	
Imaging (CT/PET Scans, MRIs), Copay, if separate		I24		N/A	
Rehabilitative Speech Therapy, Coinsurance, if different		H27		N/A	
Rehabilitative Speech Therapy, Copay, if separate		I27		N/A	
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different		H28		N/A	
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate		I28		N/A	
Laboratory Outpatient and Professional Services, Coinsurance, if different		H32		N/A	
Laboratory Outpatient and Professional Services, Copay, if separate		I32		N/A	
X-rays and Diagnostic Imaging, Coinsurance, if different		H33		N/A	
X-rays and Diagnostic Imaging, Copay, if separate		I33		N/A	

	Skilled Nursing Facility, Coinsurance, if different	H34		N/A
	Skilled Nursing Facility, Copay, if separate	I34		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	I35		N/A
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36		N/A
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	I36		N/A
Drug Benefits				
Tier 1	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	\$10	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	\$10	N/A
Tier 2	Generics, Coinsurance, if different	H38		N/A
	Generics, Copay, if separate	I38		N/A
	Preferred Brand Drugs, Coinsurance, if different	H39		N/A
	Preferred Brand Drugs, Copay, if separate	I39		N/A
	Non-Preferred Brand Drugs, Coinsurance, if different	H40		N/A
	Non-Preferred Brand Drugs, Copay, if separate	I40		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 Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking					
SERFF Filing #: KPMA-129030909					
Company Name: Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.					
Form Number(s) of Plan: KP DC Silver 500/10%/CSR/HDHP/Dental DC-DP-SILVER-500-10%-CSR-HDHP-DENTAL-COST(01-14)HIX, DC-DP-SILVER-500-10%-CSR-HDHP-DENTAL-RX(01-14)HIX					
	Input Name	Cell in AV Calculator	Input Value Used	Corresponding 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					
Tier 1	Deductible (\$) (Medical)	B10	N/A	N/A	
	Deductible (\$) (Drug)	C10	N/A	N/A	
	Deductible (\$) (Combined)	D10	\$500	1	
	Coinsurance (% Insurer's Cost Share) (Medical)	B11	N/A	N/A	
	Coinsurance (% Insurer's Cost Share) (Drug)	C11	N/A	N/A	
	Coinsurance (% Insurer's Cost Share) (Combined)	D11	10%	N/A	
	OOP Maximum (\$)	B12	\$2,250	6	
	OOP Maximum if Separate (\$) (Medical)	B13	N/A	N/A	
	OOP Maximum if Separate (\$) (Drug)	C13	N/A	N/A	
	OOP Maximum if Separate (\$) (Combined)	D13	N/A	N/A	
Tier 2	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)	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)	G13	N/A	N/A	
	OOP Maximum if Separate (\$) (Combined)	H13	N/A	N/A	
Medical Benefits					
Tier 1	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	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	D21		2	
	Specialist Visit, Copay, if separate	E21		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	
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24		N/A	
	Rehabilitative Speech Therapy, Coinsurance, if different	D27		3	
	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	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	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 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	
	Tier 2	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	I19		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	I20		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 Services, Coinsurance, if different	H22		N/A
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22		N/A
Imaging (CT/PET Scans, MRIs), Coinsurance, if different		H24		N/A	
Imaging (CT/PET Scans, MRIs), Copay, if separate		I24		N/A	
Rehabilitative Speech Therapy, Coinsurance, if different		H27		N/A	
Rehabilitative Speech Therapy, Copay, if separate		I27		N/A	
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different		H28		N/A	
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate		I28		N/A	
Laboratory Outpatient and Professional Services, Coinsurance, if different		H32		N/A	
Laboratory Outpatient and Professional Services, Copay, if separate		I32		N/A	

	X-rays and Diagnostic Imaging, Coinsurance, if different	H33		N/A
	X-rays and Diagnostic Imaging, Copay, if separate	I33		N/A
	Skilled Nursing Facility, Coinsurance, if different	H34		N/A
	Skilled Nursing Facility, Copay, if separate	I34		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	I35		N/A
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36		N/A
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	I36		N/A
Drug Benefits				
Tier 1	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
	Preferred Brand Drugs, Copay, if separate	E39	\$10	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	\$10	N/A
Tier 2	Generics, Coinsurance, if different	H38		N/A
	Generics, Copay, if separate	I38		N/A
	Preferred Brand Drugs, Coinsurance, if different	H39		N/A
	Preferred Brand Drugs, Copay, if separate	I39		N/A
	Non-Preferred Brand Drugs, Coinsurance, if different	H40		N/A
	Non-Preferred Brand Drugs, Copay, if separate	I40		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 Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking					
SERFF Filing #: KPMA-129030909					
Company Name: Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.					
Form Number(s) of Plan: KP DC Silver 100/5%/CSR/HDHP/Dental DC-DP-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	Corresponding 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					
Tier 1	Deductible (\$) (Medical)	B10	N/A	N/A	
	Deductible (\$) (Drug)	C10	N/A	N/A	
	Deductible (\$) (Combined)	D10	\$100	1	
	Coinsurance (% Insurer's Cost Share) (Medical)	B11	N/A	N/A	
	Coinsurance (% Insurer's Cost Share) (Drug)	C11	N/A	N/A	
	Coinsurance (% Insurer's Cost Share) (Combined)	D11	5%	N/A	
	OOP Maximum (\$)	B12	\$2,250	6	
	OOP Maximum if Separate (\$) (Medical)	B13	N/A	N/A	
	OOP Maximum if Separate (\$) (Drug)	C13	N/A	N/A	
Tier 2	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)	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)	G13	N/A	N/A	
Medical Benefits					
Tier 1	Emergency Room Services, Coinsurance, if different	D18		4	
	Emergency Room Services, Copay, if separate	E18		N/A	
	All Inpatient Hospital Services (inc. MSHA), Coinsurance, if different	D19		2	
	All Inpatient Hospital Services (inc. MSHA), 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	D21		2	
	Specialist Visit, Copay, if separate	E21		N/A	
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22		3	
	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	
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24		N/A	
	Rehabilitative Speech Therapy, Coinsurance, if different	D27		3	
	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	D32	0%	5	
	Laboratory Outpatient and Professional Services, Copay, if separate	E32		N/A	
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33	0%	5	
	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 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	
	Tier 2	Emergency Room Services, Coinsurance, if different	H18		N/A
		Emergency Room Services, Copay, if separate	I18		N/A
		All Inpatient Hospital Services (inc. MSHA), Coinsurance, if different	H19		N/A
All Inpatient Hospital Services (inc. MSHA), Copay, if separate		I19		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		I20		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 Services, Coinsurance, if different		H22		N/A	
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate		I22		N/A	
Imaging (CT/PET Scans, MRIs), Coinsurance, if different		H24		N/A	
Imaging (CT/PET Scans, MRIs), Copay, if separate		I24		N/A	
Rehabilitative Speech Therapy, Coinsurance, if different		H27		N/A	
Rehabilitative Speech Therapy, Copay, if separate		I27		N/A	
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different		H28		N/A	
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate		I28		N/A	
Laboratory Outpatient and Professional Services, Coinsurance, if different		H32		N/A	
Laboratory Outpatient and Professional Services, Copay, if separate		I32		N/A	
X-rays and Diagnostic Imaging, Coinsurance, if different		H33		N/A	
X-rays and Diagnostic Imaging, Copay, if separate		I33		N/A	
Skilled Nursing Facility, Coinsurance, if different		H34		N/A	
Skilled Nursing Facility, Copay, if separate		I34		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		I35		N/A	

	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36		N/A
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	I36		N/A
Drug Benefits				
Tier 1	Generics, Coinsurance, if different	D38	0%	N/A
	Generics, Copay, if separate	E38	\$5	6
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	Non-Preferred Brand Drugs, Copay, if separate	I40		N/A
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