

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

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

Product Name: DC Small Group Off Exchange Rate Filing

Project Name/Number: /

Filing at a Glance

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

Product Name: DC Small Group Off Exchange Rate Filing

State: District of Columbia

TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)

Sub-TOI: HOrg02G.004F Small Group Only - HMO

Filing Type: Rate

Date Submitted: 07/29/2013

SERFF Tr Num: KPMA-129137759

SERFF Status: Assigned

State Tr Num:

State Status:

Co Tr Num:

Implementation: 01/01/2014

Date Requested:

Author(s): Gina Harrison, Lynn Robinson, JeanClaud Kilo, Danielle Meadows, Brent Plemons, Tony Weatherspoon, jeanclaud kilo

Reviewer(s): Darniece Shirley (primary), Alula Selassie, Donghan Xu

Disposition Date:

Disposition Status:

Implementation Date:

State Filing Description:

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

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Product Name: DC Small Group Off Exchange Rate Filing

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General Information

Project Name: Status of Filing in Domicile:
 Project Number: Date Approved in Domicile:
 Requested Filing Mode: Review & Approval Domicile Status Comments:
 Explanation for Combination/Other: Market Type: Group
 Submission Type: New Submission Group Market Size: Small
 Group Market Type: Employer, Association, Trust Overall Rate Impact:
 Filing Status Changed: 08/05/2013
 State Status Changed: Deemer Date:
 Created By: Brent Plemons Submitted By: Brent Plemons
 Corresponding Filing Tracking Number:

PPACA: Not PPACA-Related

PPACA Notes: null

Include Exchange Intentions: No

Filing Description:
 DC Small Group Off Exchange Rate Filing

Company and Contact

Filing Contact Information

Catherine Reifert, Manager catherine.l.reifert@kp.org
 2101 E. Jefferson 301-816-7346 [Phone]
 Rockville, MD 20852 301-816-7346 [FAX]

Filing Company Information

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. CoCode: 95639 State of Domicile: Maryland
 2101 E Jefferson St. Group Code: Company Type: Health
 Rockville, MD 20852 Group Name: Maintenance Organization
 (301) 816-6867 ext. [Phone] FEIN Number: 52-0954463 State ID Number:

Filing Fees

Fee Required? No
 Retaliatory? No
 Fee Explanation:

SERFF Tracking #:

KPMA-129137759

State Tracking #:

Company Tracking #:

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Product Name: DC Small Group Off Exchange Rate Filing

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Correspondence Summary

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Rate	DC Small Group Off Exchange Rate Sheets	Brent Plemons	08/07/2013	08/07/2013
Supporting Document	Actuarial Memorandum	Brent Plemons	08/07/2013	08/07/2013
Supporting Document	Actuarial Memorandum and Certifications	Brent Plemons	08/07/2013	08/07/2013

State: District of Columbia **Filing Company:** Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO
Product Name: DC Small Group Off Exchange Rate Filing
Project Name/Number: /

Amendment Letter

Submitted Date: 08/07/2013

Comments:

A revised Exhibit 13 and new rate sheets have been added to address the change in age slope.

Changed Items:

No Form Schedule Items Changed.

Rate/Rule Schedule Item Changes						
Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	DC Small Group Off Exchange Rate Sheets		New		DC Small Group Off Exchange Rate Sheets_new age slope.pdf,	08/07/2013 By:
<i>Previous Version</i>						
1	<i>DC Small Group Off Exchange Rate Sheets</i>		<i>New</i>		<i>DC Small Group Off Exchange Rate Sheets.pdf,</i>	<i>07/29/2013 By: Brent Plemons</i>

SERFF Tracking #:

KPMA-129137759

State Tracking #:

Company Tracking #:

State: District of Columbia

Filing Company:

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

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

Product Name: DC Small Group Off Exchange Rate Filing

Project Name/Number: /

Supporting Document Schedule Item Changes

Satisfied - Item:	Actuarial Memorandum
Comments:	A revised Exhibit 13 and new rate sheets have been added to address the change in age slope.
Attachment(s):	DC Off Exchange 2014 Small Group Actuarial Memorandum_v1.pdf Small Group Off Exchange Exhibits 1 - 16.pdf DC Small Group Revised Exhibit 13 - New Age Slope.pdf DC Small Group Off Exchange Rate Sheets_new age slope.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>DC Off Exchange 2014 Small Group Actuarial Memorandum_v1.pdf Small Group Off Exchange Exhibits 1 - 16.pdf DC Small Group Off Exchange Rate Sheets.pdf</i>

Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	DC Off Exchange 2014 Small Group Actuarial Memorandum_v1.pdf Small Group Off Exchange Exhibits 1 - 16.pdf DC Small Group Revised Exhibit 13 - New Age Slope.pdf DC Small Group Off Exchange Rate Sheets_new age slope.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Actuarial Memorandum and Certifications</i>
Comments:	
Attachment(s):	<i>DC Off Exchange 2014 Small Group Actuarial Memorandum_v1.pdf Small Group Off Exchange Exhibits 1 - 16.pdf DC Small Group Off Exchange Rate Sheets.pdf</i>

SERFF Tracking #:

KPMA-129137759

State Tracking #:

Company Tracking #:

State: District of Columbia

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

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

Product Name: DC Small Group Off Exchange Rate Filing

Project Name/Number: /

Rate Information

Rate data applies to filing.

Filing Method:

Rate Change Type: %

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	%	%		2,252		%	%
Product Type:	HMO	PPO	EPO	POS	HSA	HDHP	FFS	Other
Covered Lives:								
Policy Holders:								

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

Product Name: DC Small Group Off Exchange Rate Filing

Project Name/Number: /
Rate Review Detail

State: District of Columbia **Filing Company:** Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO
Product Name: DC Small Group Off Exchange Rate Filing
Project Name/Number: /

COMPANY:

Company Name: Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
 HHS Issuer Id: 94506
 Product Names: HMO, DHMO, HDHP, POS
 Trend Factors:

FORMS:

New Policy Forms: DC-SG-HMO-FACE(01-14), DC-SG-WRAP(01-14), DC-SG-SEC1(01-14), DC-SG-SEC2(01-14), DC-SG-SEC3(01-14), DC-SG-SEC4(01-14), DC-SG-SEC5(01-14), DC-SG-SEC6(01-14), DC-SG-SEC7(01-14), DC-SG-APP-DEF(01-14), DC-SG-PLATINUM-0-20-DENTAL-HMO-COST(01-14), DC-SG-GOLD-0-30-DENTAL-HMO-COST(01-14), DC-SG-PLATINUM-500-20-DENTAL-DHMO-COST(01-14), DC-SG-GOLD-1000-30-DENTAL-DHMO-COST(01-14), DC-SG-SILVER-1250-35-DENTAL-DHMO-COST(01-14), DC-SG-SILVER-2000-35-DENTAL-DHMO-COST(01-14), DC-SG-BRONZE-4500-50-DENTAL-DHMO-COST(01-14), DC-SG-PLATINUM-1250-10-HSA-HRA-DENTAL-HDHP-COST(01-14), DC-SG-GOLD-1250-0%-HSA-DENTAL-HDHP-COST(01-14), DC-SG-GOLD-1500-30-HSA-HRA-DENTAL-HDHP-COST(01-14), DC-SG-SILVER-1500-30-HSA-DENTAL-HDHP-COST(01-14), DC-SG-SILVER-2500-30-HSA-HRA-DENTAL-HDHP-COST(01-14), DC-SG-BRONZE-3500-20%-HSA-DENTAL-HDHP-COST(01-14), DC-SG-BRONZE-4500-20-HSA-DENTAL-HDHP-COST(01-14), DC-SG-BRONZE-4500-50-POS-DENTAL-COST(01-14), DC-SG-PLATINUM-0-20-DENTAL-HMO-RX(01-14), DC-SG-GOLD-0-30-DENTAL-HMO-RX(01-14), DC-SG-PLATINUM-500-20-DENTAL-DHMO-RX(01-14), DC-SG-GOLD-1000-30-DENTAL-DHMO-RX(01-14), DC-SG-SILVER-1250-35-DENTAL-DHMO-RX(01-14), DC-SG-SILVER-2000-35-DENTAL-DHMO-RX(01-14), DC-SG-BRONZE-4500-50-DENTAL-DHMO-RX(01-14), DC-SG-PLATINUM-1250-10-HSA-HRA-DENTAL-HDHP-RX(01-14), DC-SG-GOLD-1250-0%-HSA-DENTAL-HDHP-RX(01-14), DC-SG-GOLD-1500-30-HSA-DENTAL-HDHP-RX(01-14), DC-SG-SILVER-1500-30-HSA-DENTAL-HDHP-RX(01-14), DC-SG-SILVER-2500-30-HSA-HRA-DENTAL-HDHP-RX(01-14), DC-SG-BRONZE-3500-20%-HSA-DENTAL-HDHP-RX(01-14), DC-SG-BRONZE-4500-20-HSA-DENTAL-HDHP-RX(01-14), DC-SG-BRONZE-4500-50-POS-DENTAL-COST(01-14), DC-SG-GOLD-1000-30-POS-DENTAL-COST(01-14), DC-SG-SILVER-2000-35-POS-DENTAL-COST(01-14), DC-POS-AMEND(01-14), DC-SG-DENTAL-ADULT(01-14), DC-SG-PED-DENTAL(01-14)

Affected Forms:
 Other Affected Forms:

REQUESTED RATE CHANGE INFORMATION:

Change Period: Quarterly

State: District of Columbia **Filing Company:** Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO
Product Name: DC Small Group Off Exchange Rate Filing
Project Name/Number: /
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: 10,333,482.00
Projected Incurred Claims: 9,851,890.00
Annual \$: Min: 169.62 Max: 879.44 Avg: 249.33

SERFF Tracking #:

KPMA-129137759

State Tracking #:**Company Tracking #:****State:** District of Columbia**Filing Company:** Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO**Product Name:** DC Small Group Off Exchange Rate Filing**Project Name/Number:** /

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		DC Small Group Off Exchange Rate Sheets		New		DC Small Group Off Exchange Rate Sheets_new age slope.pdf,

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Rates effective January 1, 2014
District of Columbia Small Group Off Exchange
Appendix I-B

	21	22	23	24	25
	Platinum	Platinum	Gold	Gold	Gold
Age	KP DC Platinum 0/20/Dental/Sel	KP DC Platinum 500/20/Dental/Sel	KP DC Gold 0/30/Dental/Sig/Sel	KP DC Gold 1000/30/Den/Sel	KP DC Gold 1250/0%/HSA/De/Sel
20 and Under	\$260.54	\$241.45	\$240.02	\$213.13	\$222.45
21	\$290.78	\$269.55	\$267.96	\$238.06	\$248.43
22	\$290.78	\$269.55	\$267.96	\$238.06	\$248.43
23	\$290.78	\$269.55	\$267.96	\$238.06	\$248.43
24	\$290.78	\$269.55	\$267.96	\$238.06	\$248.43
25	\$290.78	\$269.55	\$267.96	\$238.06	\$248.43
26	\$290.78	\$269.55	\$267.96	\$238.06	\$248.43
27	\$290.78	\$269.55	\$267.96	\$238.06	\$248.43
28	\$297.55	\$275.83	\$274.20	\$243.60	\$254.22
29	\$303.92	\$281.73	\$280.07	\$248.82	\$259.66
30	\$311.49	\$288.75	\$287.05	\$255.01	\$266.12
31	\$319.46	\$296.13	\$294.39	\$261.53	\$272.92
32	\$326.63	\$302.78	\$300.99	\$267.39	\$279.05
33	\$334.20	\$309.79	\$307.97	\$273.59	\$285.51
34	\$342.17	\$317.18	\$315.31	\$280.10	\$292.31
35	\$350.13	\$324.56	\$322.65	\$286.62	\$299.11
36	\$358.10	\$331.94	\$329.99	\$293.14	\$305.92
37	\$366.07	\$339.33	\$337.33	\$299.66	\$312.72
38	\$370.45	\$343.39	\$341.36	\$303.24	\$316.46
39	\$374.83	\$347.45	\$345.40	\$306.83	\$320.20
40	\$389.57	\$361.11	\$358.98	\$318.88	\$332.79
41	\$404.71	\$375.14	\$372.93	\$331.27	\$345.71
42	\$420.65	\$389.91	\$387.61	\$344.30	\$359.32
43	\$436.98	\$405.04	\$402.65	\$357.66	\$373.27
44	\$454.11	\$420.92	\$418.43	\$371.68	\$387.89
45	\$471.64	\$437.16	\$434.58	\$386.01	\$402.86
46	\$489.97	\$454.15	\$451.47	\$401.00	\$418.50
47	\$509.09	\$471.87	\$469.08	\$416.65	\$434.83
48	\$529.01	\$490.33	\$487.43	\$432.94	\$451.84
49	\$549.72	\$509.53	\$506.52	\$449.89	\$469.53
50	\$571.24	\$529.46	\$526.33	\$467.48	\$487.89
51	\$593.55	\$550.14	\$546.89	\$485.73	\$506.94
52	\$616.65	\$571.55	\$568.17	\$504.63	\$526.67
53	\$640.56	\$593.70	\$590.19	\$524.19	\$547.08
54	\$665.65	\$616.96	\$613.31	\$544.72	\$568.51
55	\$691.55	\$640.96	\$637.17	\$565.90	\$590.62
56	\$718.64	\$666.06	\$662.13	\$588.06	\$613.75
57	\$746.53	\$691.91	\$687.82	\$610.87	\$637.56
58	\$775.61	\$718.86	\$714.61	\$634.66	\$662.39
59	\$805.89	\$746.91	\$742.50	\$659.43	\$688.24
60	\$837.36	\$776.08	\$771.49	\$685.17	\$715.11
61	\$870.03	\$806.35	\$801.59	\$711.89	\$743.00
62	\$870.03	\$806.35	\$801.59	\$711.89	\$743.00
63	\$870.03	\$806.35	\$801.59	\$711.89	\$743.00
64+	\$870.03	\$806.35	\$801.59	\$711.89	\$743.00

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
 Rates effective April 1, 2014
 District of Columbia Small Group Off Exchange
 Appendix H-A

	1		2		3		4		5		6		8		9		10		11		13		14		16		17		18		19		20	
	Platinum		Platinum		Platinum		Gold		Gold		Gold		Gold		Silver		Silver		Silver		Silver		Bronze		Bronze		Bronze		Bronze		Silver		Gold	
Age	KP DC Platinum 020/Dental/Sig	KP DC Platinum 500/20/Dental/Sig	KP DC Platinum 1250/10/HSA/HRA/Dental/Sig	KP DC Gold 020/Dental/Sig	KP DC Gold 1000/30/Dental/Sig	KP DC Gold 1250/30/HSA/Dental/Sig	KP DC Gold 1500/30/HSA/HRA/Dental/Sig	KP DC Silver 1250/35/Dental/Sig	KP DC Silver 2000/35/Dental/Sig	KP DC Silver 1500/30/20%/HSA/Dental/Sig	KP DC Silver 2750/40/30%/HSA/HRA/Dental/Sig	KP DC Bronze 4500/50/Dental/Sig	KP DC Bronze 3500/20%/HSA/Dental/Sig	KP DC Bronze 4500/20/HSA/Dental/Sig	KP DC Bronze 4500/35/POS/Dental/Sig	KP DC Silver 2000/35/POS/Dental/Sig	KP DC Gold 1000/30/POS/Dental/Sig																	
20 and Under	\$250.30	\$241.96	\$210.02	\$220.59	\$204.75	\$213.71	\$183.53	\$185.94	\$177.12	\$178.03	\$155.77	\$161.06	\$155.29	\$148.85	\$170.59	\$230.07																		
21	\$279.39	\$259.00	\$234.61	\$247.47	\$238.75	\$238.71	\$205.17	\$207.85	\$198.04	\$199.05	\$174.30	\$169.07	\$173.78	\$166.62	\$190.79	\$267.57																		
22	\$279.39	\$259.00	\$234.61	\$257.47	\$228.75	\$238.71	\$205.17	\$207.85	\$198.04	\$199.05	\$174.30	\$169.07	\$173.78	\$166.62	\$190.79	\$267.57																		
23	\$279.39	\$259.00	\$234.61	\$257.47	\$228.75	\$238.71	\$205.17	\$207.85	\$198.04	\$199.05	\$174.30	\$169.07	\$173.78	\$166.62	\$190.79	\$267.57																		
24	\$279.39	\$259.00	\$234.61	\$257.47	\$228.75	\$238.71	\$205.17	\$207.85	\$198.04	\$199.05	\$174.30	\$169.07	\$173.78	\$166.62	\$190.79	\$267.57																		
25	\$279.39	\$259.00	\$234.61	\$257.47	\$228.75	\$238.71	\$205.17	\$207.85	\$198.04	\$199.05	\$174.30	\$169.07	\$173.78	\$166.62	\$190.79	\$267.57																		
26	\$279.39	\$259.00	\$234.61	\$257.47	\$228.75	\$238.71	\$205.17	\$207.85	\$198.04	\$199.05	\$174.30	\$169.07	\$173.78	\$166.62	\$190.79	\$267.57																		
27	\$279.39	\$259.00	\$234.61	\$257.47	\$228.75	\$238.71	\$205.17	\$207.85	\$198.04	\$199.05	\$174.30	\$169.07	\$173.78	\$166.62	\$190.79	\$267.57																		
28	\$285.90	\$265.03	\$240.07	\$263.47	\$234.07	\$244.27	\$209.94	\$212.68	\$202.65	\$203.68	\$178.35	\$173.00	\$177.81	\$170.49	\$195.22	\$273.80																		
29	\$292.02	\$245.21	\$245.21	\$269.11	\$239.08	\$249.50	\$214.43	\$217.25	\$206.98	\$208.03	\$182.16	\$176.69	\$181.61	\$174.13	\$199.39	\$242.55	\$279.67																	
30	\$299.29	\$277.44	\$251.31	\$275.81	\$245.03	\$255.71	\$219.76	\$222.63	\$212.13	\$186.69	\$181.08	\$186.12	\$178.45	\$204.35	\$248.59	\$286.63																		
31	\$306.95	\$284.54	\$257.73	\$282.86	\$251.29	\$262.24	\$225.37	\$228.32	\$217.54	\$218.65	\$191.45	\$185.70	\$190.87	\$183.01	\$209.57	\$254.94	\$293.96																	
32	\$313.84	\$290.92	\$263.51	\$289.21	\$256.93	\$268.12	\$230.43	\$233.44	\$222.42	\$223.55	\$195.74	\$189.86	\$195.15	\$187.10	\$214.26	\$260.66	\$300.56																	
33	\$321.11	\$297.66	\$269.61	\$295.91	\$262.88	\$274.33	\$235.76	\$238.84	\$227.56	\$228.72	\$200.27	\$194.25	\$199.66	\$191.43	\$219.22	\$266.69	\$307.52																	
34	\$328.76	\$304.75	\$276.03	\$302.96	\$276.14	\$280.87	\$241.37	\$244.53	\$232.98	\$234.16	\$205.03	\$198.87	\$204.41	\$195.98	\$224.44	\$273.04	\$314.85																	
35	\$336.42	\$311.85	\$282.46	\$310.01	\$277.40	\$287.40	\$246.98	\$250.21	\$238.40	\$239.61	\$209.79	\$203.49	\$209.16	\$200.53	\$229.65	\$279.40	\$322.18																	
36	\$344.07	\$318.94	\$288.88	\$317.06	\$293.94	\$293.94	\$252.40	\$255.90	\$243.81	\$245.05	\$214.56	\$208.11	\$213.90	\$205.08	\$234.87	\$285.75	\$329.51																	
37	\$351.73	\$326.04	\$295.30	\$324.11	\$297.92	\$300.47	\$258.21	\$261.58	\$249.25	\$250.50	\$219.32	\$212.73	\$218.65	\$209.63	\$240.09	\$292.10	\$336.84																	
38	\$359.94	\$329.94	\$298.83	\$327.99	\$291.37	\$304.07	\$261.30	\$264.71	\$252.21	\$253.49	\$221.94	\$215.27	\$221.26	\$212.14	\$232.96	\$295.59	\$340.87																	
39	\$368.15	\$333.84	\$302.37	\$331.87	\$294.81	\$307.66	\$264.38	\$267.84	\$255.19	\$256.48	\$224.56	\$217.81	\$223.88	\$214.64	\$245.83	\$299.09	\$344.90																	
40	\$374.31	\$346.96	\$314.25	\$344.91	\$306.39	\$319.75	\$274.77	\$278.36	\$265.21	\$266.56	\$233.37	\$226.35	\$232.66	\$223.06	\$255.48	\$310.84	\$358.46																	
41	\$388.85	\$360.44	\$328.45	\$358.31	\$318.29	\$332.17	\$285.43	\$289.16	\$275.50	\$276.90	\$242.42	\$235.13	\$241.69	\$231.71	\$265.39	\$322.91	\$372.39																	
42	\$404.16	\$374.63	\$339.30	\$372.42	\$330.81	\$345.24	\$296.66	\$300.54	\$286.33	\$287.79	\$251.95	\$244.37	\$251.18	\$240.82	\$275.82	\$335.62	\$387.04																	
43	\$419.85	\$389.17	\$352.46	\$386.87	\$343.65	\$358.64	\$308.16	\$312.19	\$297.44	\$298.95	\$261.72	\$253.84	\$260.92	\$250.13	\$286.52	\$348.64	\$402.07																	
44	\$436.31	\$404.42	\$366.27	\$402.03	\$357.11	\$372.69	\$320.23	\$324.42	\$309.08	\$310.65	\$271.96	\$263.77	\$271.15	\$259.94	\$297.73	\$362.30	\$417.83																	
45	\$453.15	\$420.03	\$380.40	\$417.55	\$370.89	\$387.07	\$332.58	\$336.93	\$321.00	\$322.63	\$282.44	\$273.94	\$281.58	\$269.95	\$309.21	\$376.27	\$433.95																	
46	\$470.75	\$436.34	\$395.17	\$433.76	\$385.29	\$402.10	\$345.49	\$350.01	\$333.46	\$335.15	\$293.39	\$284.56	\$292.50	\$280.42	\$321.21	\$390.88	\$450.81																	
47	\$489.12	\$453.37	\$410.59	\$450.69	\$400.31	\$417.78	\$358.96	\$363.65	\$346.46	\$348.22	\$304.83	\$295.65	\$303.90	\$291.34	\$333.73	\$406.13	\$468.40																	
48	\$508.26	\$471.10	\$426.64	\$468.32	\$414.57	\$431.97	\$372.99	\$377.87	\$360.00	\$361.83	\$315.77	\$307.20	\$315.77	\$302.72	\$346.77	\$422.01	\$486.72																	
49	\$528.16	\$489.54	\$443.34	\$486.65	\$432.25	\$451.11	\$387.58	\$392.65	\$374.08	\$375.99	\$329.12	\$319.21	\$328.12	\$314.56	\$340.34	\$438.53	\$505.78																	
50	\$548.83	\$508.70	\$460.68	\$506.69	\$448.76	\$468.76	\$402.73	\$408.01	\$388.71	\$390.68	\$331.68	\$321.98	\$330.94	\$326.85	\$374.42	\$455.68	\$525.57																	
51	\$570.26	\$528.56	\$478.66	\$525.43	\$466.69	\$487.06	\$418.45	\$423.93	\$403.87	\$405.93	\$355.32	\$344.61	\$354.24	\$339.60	\$389.03	\$473.47	\$546.09																	
52	\$592.46	\$549.13	\$497.29	\$545.88	\$484.84	\$506.01	\$434.73	\$440.42	\$419.58	\$421.72	\$369.13	\$358.01	\$368.01	\$352.80	\$404.16	\$491.89	\$567.35																	
53	\$615.42	\$570.41	\$516.56	\$567.04	\$503.63	\$525.62	\$451.56	\$457.48	\$438.05	\$438.05	\$383.42	\$366.45	\$382.26	\$349.81	\$510.95	\$589.34	\$607.34																	
54	\$639.53	\$592.75	\$536.79	\$589.25	\$523.35	\$546.21	\$469.24	\$475.39	\$452.89	\$455.20	\$398.43	\$386.42	\$397.21	\$380.79	\$436.24	\$550.96	\$612.42																	
55	\$664.41	\$615.81	\$567.66	\$612.17	\$543.70	\$567.45	\$487.49	\$493.87	\$470.50	\$472.89	\$411.90	\$401.44	\$412.65	\$395.39	\$453.20	\$551.61	\$636.24																	
56	\$690.44	\$639.93	\$597.50	\$636.14	\$564.99	\$589.67	\$506.57	\$513.21	\$488.91	\$491.40	\$430.11	\$417.14	\$428.80	\$411.06	\$470.94	\$573.29	\$661.16																	
57	\$717.23	\$664.75	\$601.98	\$660.83	\$586.90	\$612.54	\$526.21	\$533.11	\$507.87	\$510.46	\$444.73	\$433.31	\$445.42	\$427.00	\$489.20	\$595.44	\$686.82																	
58	\$745.17	\$690.65	\$625.42	\$686.56	\$609.76	\$636.39	\$546.70	\$553.86	\$527.64	\$530.33	\$466.17	\$456.24	\$467.75	\$443.61	\$508.24	\$618.63	\$713.57																	
59	\$774.25	\$717.60	\$649.82	\$713.36	\$633.55	\$661.23	\$568.03	\$575.47	\$548.23	\$551.02	\$482.27	\$467.73	\$480.80	\$460.91	\$528.06	\$642.77	\$741.42																	
60	\$804.49	\$745.62	\$675.19	\$741.21	\$658.28	\$687.04	\$595.20	\$597.93	\$569.62	\$572.52	\$501.08	\$485.97	\$499.55	\$478.89	\$548.67	\$667.86	\$770.37																	
61	\$835.87	\$774.70	\$701.53	\$770.12	\$683.96	\$713.84	\$613.21	\$621.25	\$591.83	\$594.84	\$520.61	\$504.91	\$519.03	\$497.55	\$570.06	\$693.90	\$800.42																	
62	\$835.87	\$774.70	\$701.53	\$770.12	\$683.96	\$713.84	\$613.21	\$621.25	\$591.83	\$594.84	\$520.61	\$504.91	\$519.03	\$497.55	\$570.06	\$693.90	\$800.42																	
63	\$835.87	\$774.70	\$701.53	\$770.12	\$683.96	\$713.84	\$613.21	\$621.25	\$591.83	\$594.84	\$520.61	\$504.91	\$519.03	\$497.55	\$570.06	\$693.90	\$800.42																	
64+	\$835.87	\$774.70	\$701.53	\$770.12	\$683.96	\$713.84	\$613.21	\$621.25	\$591.83	\$594.84	\$520.61	\$504.91	\$519.03	\$497.55	\$570.06	\$693.90	\$800.42																	

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Rates effective April 1, 2014
District of Columbia Small Group Off Exchange
Appendix II-B

	21	22	23	24	25
	Platinum	Platinum	Gold	Gold	Gold
Age	KP DC Platinum 0/20/Dental/Sel	KP DC Platinum 500/20/Dental/Sel	KP DC Gold 0/30/Dental/Sig/Sel	KP DC Gold 1000/30/Den/Sel	KP DC Gold 1250/0%/HSA/De/Sel
20 and Under	\$262.82	\$243.56	\$242.12	\$214.99	\$224.39
21	\$293.30	\$271.89	\$270.29	\$240.13	\$250.59
22	\$293.30	\$271.89	\$270.29	\$240.13	\$250.59
23	\$293.30	\$271.89	\$270.29	\$240.13	\$250.59
24	\$293.30	\$271.89	\$270.29	\$240.13	\$250.59
25	\$293.30	\$271.89	\$270.29	\$240.13	\$250.59
26	\$293.30	\$271.89	\$270.29	\$240.13	\$250.59
27	\$293.30	\$271.89	\$270.29	\$240.13	\$250.59
28	\$300.13	\$278.22	\$276.58	\$245.72	\$256.42
29	\$306.56	\$284.18	\$282.51	\$250.98	\$261.91
30	\$314.20	\$291.26	\$289.54	\$257.23	\$268.43
31	\$322.24	\$298.71	\$296.95	\$263.80	\$275.30
32	\$329.47	\$305.41	\$303.61	\$269.72	\$281.47
33	\$337.11	\$312.49	\$310.64	\$275.96	\$287.99
34	\$345.14	\$319.94	\$318.05	\$282.54	\$294.85
35	\$353.18	\$327.38	\$325.45	\$289.11	\$301.71
36	\$361.22	\$334.83	\$332.86	\$295.69	\$308.58
37	\$369.25	\$342.28	\$340.26	\$302.26	\$315.44
38	\$373.68	\$346.38	\$344.33	\$305.88	\$319.21
39	\$378.10	\$350.47	\$348.40	\$309.49	\$322.99
40	\$392.96	\$364.25	\$362.10	\$321.66	\$335.68
41	\$408.24	\$378.40	\$376.17	\$334.15	\$348.72
42	\$424.31	\$393.30	\$390.98	\$347.30	\$362.45
43	\$440.79	\$408.57	\$406.16	\$360.77	\$376.51
44	\$458.07	\$424.58	\$422.08	\$374.91	\$391.27
45	\$475.75	\$440.97	\$438.37	\$389.37	\$406.36
46	\$494.23	\$458.10	\$455.40	\$404.49	\$422.15
47	\$513.52	\$475.98	\$473.17	\$420.27	\$438.62
48	\$533.62	\$494.60	\$491.68	\$436.71	\$455.77
49	\$554.51	\$513.96	\$510.93	\$453.80	\$473.61
50	\$576.21	\$534.07	\$530.92	\$471.55	\$492.14
51	\$598.72	\$554.93	\$551.65	\$489.96	\$511.36
52	\$622.03	\$576.53	\$573.12	\$509.03	\$531.26
53	\$646.14	\$598.87	\$595.33	\$528.75	\$551.84
54	\$671.45	\$622.33	\$618.66	\$549.46	\$573.46
55	\$697.57	\$646.54	\$642.72	\$570.83	\$595.76
56	\$724.90	\$671.87	\$667.89	\$593.18	\$619.09
57	\$753.03	\$697.93	\$693.81	\$616.19	\$643.11
58	\$782.37	\$725.12	\$720.83	\$640.19	\$668.16
59	\$812.91	\$753.42	\$748.97	\$665.17	\$694.23
60	\$844.66	\$782.84	\$778.22	\$691.14	\$721.34
61	\$877.61	\$813.38	\$808.57	\$718.10	\$749.47
62	\$877.61	\$813.38	\$808.57	\$718.10	\$749.47
63	\$877.61	\$813.38	\$808.57	\$718.10	\$749.47
64+	\$877.61	\$813.38	\$808.57	\$718.10	\$749.47

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
 Rates effective July 1, 2014
 District of Columbia Small Group Off Exchange
 Appendix III-A

Age	1		2		3		4		5		6		8		9		10		11		13		14		16		17		18		19		20						
	Platinum	Platinum	Platinum	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Silver	Silver	Silver	Silver	Bronze																							
	KP DC Platinum 020/Dental/Sig	KP DC Platinum 500/20/Dental/Sig	KP DC Platinum 1250/10/HSA/HRA/Dental/Sig	KP DC Gold 020/Dental/Sig	KP DC Gold 1000/30/Dental/Sig	KP DC Gold 1250/10/HSA/Dental/Sig	KP DC Gold 1500/30/HSA/HRA/Dental/Sig	KP DC Silver 1250/35/Dental/Sig	KP DC Silver 2000/35/Dental/Sig	KP DC Silver 1500/30/HSA/Dental/Sig	KP DC Silver 2750/40/20/HSA/HRA/Dental/Sig	KP DC Bronze 4500/50/Dental/Sig	KP DC Bronze 3500/20/HSA/Dental/Sig	KP DC Bronze 4500/20/HSA/Dental/Sig	KP DC Bronze 4500/50/POSDental/Sig																								
20 and Under	\$252.49	\$233.98	\$211.85	\$232.60	\$206.53	\$215.57	\$185.13	\$187.57	\$178.67	\$179.58	\$157.13	\$152.38	\$156.65	\$150.15	\$172.08	\$209.54	\$241.26	\$281.90	\$334.08	\$399.90	\$477.09	\$566.92	\$669.95	\$787.09	\$923.55	\$1077.09	\$1247.09	\$1432.09	\$1632.09	\$1847.09	\$2077.09	\$2322.09	\$2582.09	\$2847.09	\$3112.09				
21	\$281.82	\$261.25	\$236.65	\$259.71	\$230.74	\$240.79	\$206.95	\$209.65	\$199.76	\$200.77	\$175.82	\$170.54	\$175.28	\$168.06	\$192.44	\$234.08	\$269.90	\$310.19	\$363.83	\$421.46	\$484.99	\$559.55	\$640.95	\$729.09	\$824.09	\$926.09	\$1035.09	\$1151.09	\$1274.09	\$1404.09	\$1541.09	\$1685.09	\$1836.09	\$1993.09	\$2156.09	\$2326.09			
22	\$281.82	\$261.25	\$236.65	\$259.71	\$230.74	\$240.79	\$206.95	\$209.65	\$199.76	\$200.77	\$175.82	\$170.54	\$175.28	\$168.06	\$192.44	\$234.08	\$269.90	\$310.19	\$363.83	\$421.46	\$484.99	\$559.55	\$640.95	\$729.09	\$824.09	\$926.09	\$1035.09	\$1151.09	\$1274.09	\$1404.09	\$1541.09	\$1685.09	\$1836.09	\$1993.09	\$2156.09	\$2326.09	\$2500.09	\$2679.09	
23	\$281.82	\$261.25	\$236.65	\$259.71	\$230.74	\$240.79	\$206.95	\$209.65	\$199.76	\$200.77	\$175.82	\$170.54	\$175.28	\$168.06	\$192.44	\$234.08	\$269.90	\$310.19	\$363.83	\$421.46	\$484.99	\$559.55	\$640.95	\$729.09	\$824.09	\$926.09	\$1035.09	\$1151.09	\$1274.09	\$1404.09	\$1541.09	\$1685.09	\$1836.09	\$1993.09	\$2156.09	\$2326.09	\$2500.09	\$2679.09	\$2862.09
24	\$281.82	\$261.25	\$236.65	\$259.71	\$230.74	\$240.79	\$206.95	\$209.65	\$199.76	\$200.77	\$175.82	\$170.54	\$175.28	\$168.06	\$192.44	\$234.08	\$269.90	\$310.19	\$363.83	\$421.46	\$484.99	\$559.55	\$640.95	\$729.09	\$824.09	\$926.09	\$1035.09	\$1151.09	\$1274.09	\$1404.09	\$1541.09	\$1685.09	\$1836.09	\$1993.09	\$2156.09	\$2326.09	\$2500.09	\$2679.09	\$2862.09
25	\$281.82	\$261.25	\$236.65	\$259.71	\$230.74	\$240.79	\$206.95	\$209.65	\$199.76	\$200.77	\$175.82	\$170.54	\$175.28	\$168.06	\$192.44	\$234.08	\$269.90	\$310.19	\$363.83	\$421.46	\$484.99	\$559.55	\$640.95	\$729.09	\$824.09	\$926.09	\$1035.09	\$1151.09	\$1274.09	\$1404.09	\$1541.09	\$1685.09	\$1836.09	\$1993.09	\$2156.09	\$2326.09	\$2500.09	\$2679.09	\$2862.09
26	\$281.82	\$261.25	\$236.65	\$259.71	\$230.74	\$240.79	\$206.95	\$209.65	\$199.76	\$200.77	\$175.82	\$170.54	\$175.28	\$168.06	\$192.44	\$234.08	\$269.90	\$310.19	\$363.83	\$421.46	\$484.99	\$559.55	\$640.95	\$729.09	\$824.09	\$926.09	\$1035.09	\$1151.09	\$1274.09	\$1404.09	\$1541.09	\$1685.09	\$1836.09	\$1993.09	\$2156.09	\$2326.09	\$2500.09	\$2679.09	\$2862.09
27	\$281.82	\$261.25	\$236.65	\$259.71	\$230.74	\$240.79	\$206.95	\$209.65	\$199.76	\$200.77	\$175.82	\$170.54	\$175.28	\$168.06	\$192.44	\$234.08	\$269.90	\$310.19	\$363.83	\$421.46	\$484.99	\$559.55	\$640.95	\$729.09	\$824.09	\$926.09	\$1035.09	\$1151.09	\$1274.09	\$1404.09	\$1541.09	\$1685.09	\$1836.09	\$1993.09	\$2156.09	\$2326.09	\$2500.09	\$2679.09	\$2862.09
28	\$288.38	\$267.33	\$242.15	\$265.76	\$236.11	\$246.39	\$211.76	\$214.53	\$204.41	\$205.44	\$179.90	\$174.50	\$179.35	\$171.96	\$196.91	\$239.53	\$276.18	\$311.99	\$357.09	\$401.46	\$444.99	\$488.55	\$532.09	\$575.66	\$619.22	\$662.79	\$706.35	\$749.91	\$793.47	\$837.03	\$880.59	\$924.15	\$967.71	\$1011.27	\$1054.83	\$1098.39	\$1141.95	\$1185.51	
29	\$294.56	\$273.06	\$247.15	\$271.45	\$241.16	\$251.66	\$216.29	\$219.12	\$208.78	\$209.84	\$183.74	\$178.23	\$183.19	\$175.64	\$200.61	\$243.26	\$285.91	\$327.56	\$369.21	\$410.86	\$452.51	\$494.16	\$535.81	\$577.46	\$619.11	\$660.76	\$702.41	\$744.06	\$785.71	\$827.36	\$869.01	\$910.66	\$952.31	\$993.96	\$1035.61	\$1077.26	\$1118.91	\$1160.56	\$1202.21
30	\$301.89	\$279.86	\$253.49	\$278.21	\$247.16	\$257.93	\$221.67	\$224.57	\$213.97	\$215.05	\$188.31	\$182.65	\$187.74	\$180.00	\$204.97	\$247.62	\$289.27	\$330.92	\$372.57	\$414.22	\$455.87	\$497.52	\$539.17	\$580.82	\$622.47	\$664.12	\$705.77	\$747.42	\$789.07	\$830.72	\$872.37	\$914.02	\$955.67	\$997.32	\$1038.97	\$1080.62	\$1122.27	\$1163.92	\$1205.57
31	\$309.62	\$287.01	\$259.97	\$285.32	\$253.48	\$264.52	\$227.33	\$230.30	\$219.43	\$220.55	\$193.11	\$187.31	\$192.53	\$184.59	\$209.56	\$252.21	\$292.86	\$333.51	\$374.16	\$414.81	\$455.46	\$496.11	\$536.76	\$577.41	\$618.06	\$658.71	\$700.00	\$741.29	\$782.58	\$823.87	\$865.16	\$906.45	\$947.74	\$989.03	\$1030.32	\$1071.61	\$1112.90	\$1154.19	\$1195.48
32	\$316.56	\$293.45	\$265.80	\$291.72	\$259.16	\$270.45	\$232.43	\$235.46	\$223.35	\$225.49	\$197.44	\$191.51	\$196.84	\$188.75	\$213.72	\$256.37	\$295.02	\$333.67	\$372.32	\$410.97	\$449.62	\$488.27	\$526.92	\$565.57	\$604.22	\$642.87	\$681.52	\$720.17	\$758.82	\$797.47	\$836.12	\$874.77	\$913.42	\$952.07	\$990.72	\$1029.37	\$1068.02	\$1106.67	\$1145.32
33	\$323.90	\$300.25	\$271.95	\$298.48	\$265.16	\$276.72	\$237.81	\$240.91	\$228.54	\$230.70	\$202.00	\$195.93	\$201.39	\$193.09	\$218.06	\$260.71	\$298.36	\$336.01	\$373.66	\$411.31	\$448.96	\$486.61	\$524.26	\$561.91	\$599.56	\$637.21	\$674.86	\$712.51	\$750.16	\$787.81	\$825.46	\$863.11	\$900.76	\$938.41	\$976.06	\$1013.71	\$1051.36	\$1089.01	\$1126.66
34	\$331.62	\$307.40	\$278.43	\$305.59	\$271.48	\$283.31	\$243.47	\$246.65	\$236.20	\$238.20	\$206.81	\$200.59	\$206.18	\$197.68	\$222.65	\$265.30	\$307.95	\$350.60	\$393.25	\$435.90	\$478.55	\$521.20	\$563.85	\$606.50	\$649.15	\$691.80	\$734.45	\$777.10	\$819.75	\$862.40	\$905.05	\$947.70	\$990.35	\$1033.00	\$1075.65	\$1118.30	\$1160.95	\$1203.60	
35	\$339.34	\$314.56	\$284.91	\$312.70	\$277.79	\$289.90	\$249.13	\$252.39	\$240.47	\$241.69	\$211.61	\$205.25	\$210.97	\$202.27	\$227.24	\$270.89	\$313.54	\$356.19	\$398.84	\$441.49	\$484.14	\$526.79	\$569.44	\$612.09	\$654.74	\$697.39	\$740.04	\$782.69	\$825.34	\$867.99	\$910.64	\$953.29	\$995.94	\$1038.59	\$1081.24	\$1123.89	\$1166.54	\$1209.19	
36	\$347.06	\$321.72	\$291.39	\$319.82	\$284.11	\$296.49	\$254.79	\$258.12	\$247.18	\$248.43	\$216.42	\$209.91	\$215.76	\$206.86	\$231.83	\$275.48	\$319.13	\$362.78	\$406.43	\$450.08	\$493.73	\$537.38	\$581.03	\$624.68	\$668.33	\$711.98	\$755.63	\$799.28	\$842.93	\$886.58	\$930.23	\$973.88	\$1017.53	\$1061.18	\$1104.83	\$1148.48	\$1192.13	\$1235.78	
37	\$354.79	\$328.87	\$297.87	\$326.93	\$290.43	\$303.09	\$260.45	\$263.86	\$251.40	\$252.67	\$220.45	\$214.47	\$220.55	\$211.45	\$236.42	\$280.07	\$323.72	\$367.37	\$411.02	\$454.67	\$498.32	\$541.97	\$585.62	\$629.27	\$672.92	\$716.57	\$760.22	\$803.87	\$847.52	\$891.17	\$934.82	\$978.47	\$1022.12	\$1065.77	\$1109.42	\$1153.07	\$1196.72	\$1240.37	
38	\$359.03	\$332.81	\$301.43	\$330.84	\$293.90	\$306.71	\$263.57	\$267.01	\$254.40	\$255.69	\$223.37	\$217.14	\$223.19	\$213.98	\$238.95	\$282.60	\$326.25	\$369.90	\$413.55	\$457.20	\$500.85	\$544.50	\$588.15	\$631.80	\$675.45	\$719.10	\$762.75	\$806.40	\$850.05	\$893.70	\$937.35	\$981.00	\$1024.65	\$1068.30	\$1111.95	\$1155.60	\$1199.25	\$1242.90	
39	\$363.28	\$336.74	\$305.00	\$334.76	\$297.37	\$310.34	\$266.08	\$270.17	\$257.41	\$258.71	\$225.40	\$218.70	\$224.82	\$216.51	\$241.79	\$285.44	\$329.09	\$372.74	\$416.39	\$459.94	\$503.49	\$547.04	\$590.59	\$634.14	\$677.69	\$721.24	\$764.79	\$808.34	\$851.89	\$895.44	\$938.99	\$982.54	\$1026.09	\$1069.64	\$1113.19	\$1156.74	\$1200.29	\$1243.84	
40	\$377.56	\$349.98	\$316.98	\$347.91	\$309.06	\$322.53	\$277.15	\$280.78	\$267.51	\$268.87	\$235.40	\$228.32	\$234.68	\$225.00	\$250.27	\$293.92	\$337.57	\$381.22	\$424.87	\$468.52	\$512.17	\$555.82	\$599.47	\$643.12	\$686.77	\$730.42	\$774.07	\$817.72	\$861.37	\$905.02	\$948.67	\$992.32	\$1035.97	\$1079.62	\$1123.27	\$1166.92	\$1210.57	\$1254.22	
41	\$383.58	\$353.23	\$323.91	\$356.43	\$315.06	\$335.06	\$287.91	\$291.68	\$277.89	\$279.31	\$244.53	\$237.17	\$243.78	\$234.72	\$259.99	\$303.64	\$347.29	\$390.94	\$434.59	\$478.24	\$521.89	\$565.54	\$609.19	\$652.84	\$696.49	\$740.14	\$783.79	\$827.44	\$871.09	\$914.74	\$958.39	\$1002.04	\$1045.69	\$1089.34	\$1132.99	\$1176.64	\$1220.29	\$1263.94	
42	\$407.68	\$377.89	\$342.25	\$375.66	\$333.69	\$348.24	\$298.23	\$303.15	\$288.82	\$290.29	\$254.14	\$246.49	\$253.37	\$242.91	\$268.18	\$311.83	\$355.48	\$399.13	\$442.78	\$486.43	\$530.08	\$573.73	\$617.38	\$661.03	\$704.68	\$748.33	\$791.98	\$835.63	\$879.28	\$922.93	\$966.58	\$1010.23	\$1053.88	\$1097.53	\$1141.18	\$11			

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Rates effective July 1, 2014
District of Columbia Small Group Off Exchange
Appendix III-B

	21	22	23	24	25
	Platinum	Platinum	Gold	Gold	Gold
Age	KP DC Platinum 0/20/Dental/Sel	KP DC Platinum 500/20/Dental/Sel	KP DC Gold 0/30/Dental/Sig/Sel	KP DC Gold 1000/30/Den/Sel	KP DC Gold 1250/0%/HSA/De/Sel
20 and Under	\$265.11	\$245.68	\$244.23	\$216.86	\$226.35
21	\$295.85	\$274.26	\$272.64	\$242.22	\$252.77
22	\$295.85	\$274.26	\$272.64	\$242.22	\$252.77
23	\$295.85	\$274.26	\$272.64	\$242.22	\$252.77
24	\$295.85	\$274.26	\$272.64	\$242.22	\$252.77
25	\$295.85	\$274.26	\$272.64	\$242.22	\$252.77
26	\$295.85	\$274.26	\$272.64	\$242.22	\$252.77
27	\$295.85	\$274.26	\$272.64	\$242.22	\$252.77
28	\$302.74	\$280.64	\$278.99	\$247.85	\$258.65
29	\$309.23	\$286.65	\$284.96	\$253.16	\$264.19
30	\$316.93	\$293.79	\$292.06	\$259.46	\$270.77
31	\$325.04	\$301.30	\$299.53	\$266.09	\$277.69
32	\$332.34	\$308.07	\$306.25	\$272.06	\$283.92
33	\$340.04	\$315.20	\$313.34	\$278.36	\$290.49
34	\$348.15	\$322.72	\$320.81	\$284.99	\$297.42
35	\$356.25	\$330.23	\$328.28	\$291.63	\$304.34
36	\$364.36	\$337.74	\$335.75	\$298.26	\$311.26
37	\$372.47	\$345.26	\$343.22	\$304.89	\$318.18
38	\$376.93	\$349.39	\$347.33	\$308.54	\$321.99
39	\$381.39	\$353.52	\$351.44	\$312.18	\$325.80
40	\$396.38	\$367.42	\$365.25	\$324.45	\$338.60
41	\$411.79	\$381.70	\$379.44	\$337.05	\$351.75
42	\$428.00	\$396.72	\$394.38	\$350.32	\$365.60
43	\$444.62	\$412.12	\$409.69	\$363.91	\$379.79
44	\$462.05	\$428.28	\$425.75	\$378.17	\$394.67
45	\$479.89	\$444.81	\$442.18	\$392.76	\$409.90
46	\$498.54	\$462.09	\$459.36	\$408.01	\$425.82
47	\$517.99	\$480.12	\$477.28	\$423.93	\$442.43
48	\$538.26	\$498.90	\$495.96	\$440.51	\$459.74
49	\$559.34	\$518.44	\$515.38	\$457.75	\$477.74
50	\$581.23	\$538.72	\$535.54	\$475.66	\$496.43
51	\$603.93	\$559.76	\$556.45	\$494.23	\$515.81
52	\$627.44	\$581.55	\$578.11	\$513.46	\$535.88
53	\$651.77	\$604.09	\$600.52	\$533.36	\$556.65
54	\$677.30	\$627.76	\$624.05	\$554.25	\$578.45
55	\$703.65	\$652.17	\$648.32	\$575.80	\$600.95
56	\$731.22	\$677.72	\$673.71	\$598.35	\$624.48
57	\$759.59	\$704.01	\$699.85	\$621.56	\$648.71
58	\$789.19	\$731.44	\$727.11	\$645.77	\$673.98
59	\$819.99	\$759.99	\$755.50	\$670.97	\$700.28
60	\$852.02	\$789.67	\$785.00	\$697.16	\$727.62
61	\$885.26	\$820.47	\$815.62	\$724.35	\$756.00
62	\$885.26	\$820.47	\$815.62	\$724.35	\$756.00
63	\$885.26	\$820.47	\$815.62	\$724.35	\$756.00
64+	\$885.26	\$820.47	\$815.62	\$724.35	\$756.00

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Rates effective October 1, 2014
District of Columbia Small Group Off Exchange
Appendix IV-B

	21	22	23	24	25
	Platinum	Platinum	Gold	Gold	Gold
Age	KP DC Platinum 0/20/Dental/Sel	KP DC Platinum 500/20/Dental/Sel	KP DC Gold 0/30/Dental/Sig/Sel	KP DC Gold 1000/30/Den/Sel	KP DC Gold 1250/0%/HSA/De/Sel
20 and Under	\$267.42	\$247.83	\$246.36	\$218.75	\$228.33
21	\$298.42	\$276.64	\$275.01	\$244.32	\$254.96
22	\$298.42	\$276.64	\$275.01	\$244.32	\$254.96
23	\$298.42	\$276.64	\$275.01	\$244.32	\$254.96
24	\$298.42	\$276.64	\$275.01	\$244.32	\$254.96
25	\$298.42	\$276.64	\$275.01	\$244.32	\$254.96
26	\$298.42	\$276.64	\$275.01	\$244.32	\$254.96
27	\$298.42	\$276.64	\$275.01	\$244.32	\$254.96
28	\$305.38	\$283.08	\$281.41	\$250.01	\$260.90
29	\$311.92	\$289.15	\$287.44	\$255.36	\$266.49
30	\$319.69	\$296.35	\$294.60	\$261.71	\$273.12
31	\$327.87	\$303.92	\$302.13	\$268.40	\$280.10
32	\$335.23	\$310.74	\$308.91	\$274.43	\$286.39
33	\$343.00	\$317.94	\$316.07	\$280.78	\$293.02
34	\$351.17	\$325.52	\$323.60	\$287.47	\$300.00
35	\$359.35	\$333.10	\$331.14	\$294.16	\$306.98
36	\$367.53	\$340.68	\$338.67	\$300.85	\$313.97
37	\$375.71	\$348.26	\$346.21	\$307.54	\$320.95
38	\$380.21	\$352.43	\$350.35	\$311.22	\$324.79
39	\$384.70	\$356.60	\$354.49	\$314.90	\$328.63
40	\$399.83	\$370.62	\$368.43	\$327.27	\$341.55
41	\$415.37	\$385.02	\$382.74	\$339.98	\$354.81
42	\$431.73	\$400.18	\$397.81	\$353.36	\$368.78
43	\$448.49	\$415.71	\$413.26	\$367.08	\$383.09
44	\$466.08	\$432.01	\$429.46	\$381.46	\$398.11
45	\$484.07	\$448.68	\$446.03	\$396.18	\$413.47
46	\$502.88	\$466.11	\$463.36	\$411.56	\$429.53
47	\$522.50	\$484.30	\$481.44	\$427.62	\$446.28
48	\$542.95	\$503.25	\$500.27	\$444.34	\$463.74
49	\$564.21	\$522.95	\$519.86	\$461.74	\$481.90
50	\$586.29	\$543.41	\$540.20	\$479.80	\$500.75
51	\$609.19	\$564.64	\$561.30	\$498.53	\$520.30
52	\$632.91	\$586.61	\$583.15	\$517.93	\$540.55
53	\$657.44	\$609.35	\$605.75	\$538.00	\$561.50
54	\$683.20	\$633.22	\$629.48	\$559.07	\$583.49
55	\$709.78	\$657.86	\$653.97	\$580.81	\$606.18
56	\$737.59	\$683.62	\$679.58	\$603.56	\$629.92
57	\$766.21	\$710.15	\$705.95	\$626.97	\$654.36
58	\$796.06	\$737.81	\$733.45	\$651.39	\$679.85
59	\$827.14	\$766.61	\$762.08	\$676.81	\$706.38
60	\$859.44	\$796.55	\$791.84	\$703.24	\$733.96
61	\$892.97	\$827.62	\$822.73	\$730.66	\$762.59
62	\$892.97	\$827.62	\$822.73	\$730.66	\$762.59
63	\$892.97	\$827.62	\$822.73	\$730.66	\$762.59
64+	\$892.97	\$827.62	\$822.73	\$730.66	\$762.59

State: District of Columbia
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO
Product Name: DC Small Group Off Exchange Rate Filing
Filing Company: Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Project Name/Number: /

Supporting Document Schedules

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

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

Satisfied - Item:	Actuarial Memorandum
Comments:	A revised Exhibit 13 and new rate sheets have been added to address the change in age slope.
Attachment(s):	DC Off Exchange 2014 Small Group Actuarial Memorandum_v1.pdf Small Group Off Exchange Exhibits 1 - 16.pdf DC Small Group Revised Exhibit 13 - New Age Slope.pdf DC Small Group Off Exchange Rate Sheets_new age slope.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Justification
Comments:	Please see page 8 of the attached document.
Attachment(s):	DC Off Exchange 2014 Small Group Actuarial Memorandum_v1.pdf
Item Status:	
Status Date:	

Bypassed - Item:	District of Columbia and Countrywide Loss Ratio Analysis (P&C)
Bypass Reason:	Not applicable.
Attachment(s):	

SERFF Tracking #:

KPMA-129137759

State Tracking #:

Company Tracking #:

State: District of Columbia
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO
Product Name: DC Small Group Off Exchange Rate Filing
Project Name/Number: /

Item Status:	
Status Date:	

Bypassed - Item:	District of Columbia and Countrywide Experience for the Last 5 Years (P&C)
Bypass Reason:	Not applicable
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 Off Exchange 2014 Small Group Actuarial Memorandum_v1.pdf Small Group Off Exchange Exhibits 1 - 16.pdf DC Small Group Revised Exhibit 13 - New Age Slope.pdf DC Small Group Off Exchange Rate Sheets_new age slope.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Unified Rate Review Template
Comments:	
Attachment(s):	DC Small Group plan_management_data_templates_unified_4_15-v2.xlsm DC Small Group plan_management_data_templates_unified_4_15-v2.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Value Template
Comments:	

SERFF Tracking #:

KPMA-129137759

State Tracking #:

Company Tracking #:

State:

District of Columbia

Filing Company:

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

TOI/Sub-TOI:

HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO

Product Name:

DC Small Group Off Exchange Rate Filing

Project Name/Number:

/

Attachment(s):	av-input-chart-revised_KPMA_SG_Off_Exchange.pdf
Item Status:	
Status Date:	

SERFF Tracking #:

KPMA-129137759

State Tracking #:

Company Tracking #:

State:

District of Columbia

Filing Company:

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

TOI/Sub-TOI:

HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO

Product Name:

DC Small Group Off Exchange Rate Filing

Project Name/Number:

/

Attachment DC Small Group plan_management_data_templates_unified_4_15-v2.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

July 29, 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
Small Group Off-Exchange Rate Filing

Dear Mr. Tanhehco,

Attached is the small group off-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 and a limited number of Point of Service type plans.

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 Small Group Rate Filing
HIOS Issuer ID: 94506
HIOS Product ID

Form Numbers: DC-SG-HMO-FACE(01-14), DC-SG-WRAP(01-14), DC-SG-SEC1(01-14), DC-SG-SEC2(01-14), DC-SG-SEC3(01-14), DC-SG-SEC4(01-14), DC-SG-SEC5(01-14), DC-SG-SEC6(01-14), DC-SG-SEC7(01-14), DC-SG-APP-DEF(01-14), DC-SG-PLATINUM-0-20-DENTAL-HMO-COST(01-14), DC-SG-GOLD-0-30-DENTAL-HMO-COST(01-14), DC-SG-PLATINUM-500-20-DENTAL-DHMO-COST(01-14), DC-SG-GOLD-1000-30-DENTAL-DHMO-COST(01-14), DC-SG-SILVER-1250-35-DENTAL-DHMO-COST(01-14), DC-SG-SILVER-2000-35-DENTAL-DHMO-COST(01-14), DC-SG-BRONZE-4500-50-DENTAL-DHMO-COST(01-14), DC-SG-PLATINUM-1250-10-HSA-HRA-DENTAL-HDHP-COST(01-14), DC-SG-GOLD-1250-0%-HSA-DENTAL-HDHP-COST(01-14), DC-SG-GOLD-1500-30-HSA-HRA-DENTAL-HDHP-COST(01-14), DC-SG-SILVER-1500-30-HSA-DENTAL-HDHP-COST(01-14), DC-SG-SILVER-2500-30-HSA-HRA-DENTAL-HDHP-COST(01-14), DC-SG-BRONZE-3500-20%-HSA-DENTAL-HDHP-COST(01-14), DC-SG-BRONZE-4500-20-HSA-DENTAL-HDHP-COST(01-14), DC-SG-BRONZE-4500-50-POS-DENTAL-COST(01-14), DC-SG-PLATINUM-0-20-DENTAL-HMO-RX(01-14), DC-SG-GOLD-0-30-DENTAL-HMO-RX(01-14), DC-SG-PLATINUM-500-20-DENTAL-DHMO-RX(01-14), DC-SG-GOLD-1000-30-DENTAL-DHMO-RX(01-14), DC-SG-SILVER-1250-35-DENTAL-DHMO-RX(01-14), DC-SG-SILVER-2000-35-DENTAL-DHMO-RX(01-14), DC-SG-BRONZE-4500-50-DENTAL-DHMO-RX(01-14), DC-SG-PLATINUM-1250-10-HSA-HRA-DENTAL-HDHP-RX(01-14), DC-SG-GOLD-1250-0%-HSA-DENTAL-HDHP-RX(01-14), DC-SG-GOLD-1500-30-HSA-DENTAL-HDHP-RX(01-14), DC-SG-SILVER-1500-30-HSA-DENTAL-HDHP-RX(01-14), DC-SG-SILVER-2500-30-HSA-HRA-DENTAL-HDHP-RX(01-14), DC-SG-BRONZE-3500-20%-HSA-DENTAL-HDHP-RX(01-14), DC-SG-BRONZE-4500-20-HSA-DENTAL-HDHP-RX(01-14), DC-SG-BRONZE-4500-50-POS-DENTAL-COST(01-14), DC-SG-GOLD-1000-30-POS-DENTAL-COST(01-14), DC-SG-SILVER-2000-35-POS-DENTAL-COST(01-14), DC-POS-AMEND(01-14), DC-SG-DENTAL-ADULT(01-14), DC-SG-PED-DENTAL(01-14)

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 the Small Group plans sold off 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 and a limited number of Point of Service type plans.

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 16 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 I 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 base period utilization copay effect from Exhibit 4. The adjustment is necessary to convert the base period experience from an average plan allowed amount to the allowed amount for the \$0 Copay reference plan.

Finally, the “Other” adjustment also includes the Pediatric Dental adjustment factor, discussed below, to add this EHB into the projected allowed cost.

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 Small Group 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 16 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 Small Group line only based on DISB guidance.

Reinsurance

The reinsurance fee is included in the administrative expense as discussed below.

Administrative Expense

Retention includes broker commissions, administrative expenses, fees and taxes 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 9, 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 and the reinsurance fee. The amount is shown as percent in Exhibit 9.

Projected Loss Ratio

Based on a target admin percentage of 22.0%, which includes a 2% capital contribution margin, we anticipate an MLR based on federally prescribed methodology to be at least 80.0% because taxes can be adjusted out of the MLR calculation. The ultimate MLR would be expected to be slightly higher than 80.0% 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 8.

Embedded Pediatric Dental Adjustment:

Kaiser is embedding pediatric dental benefits into its 2014 plans. Kaiser will pay Dominion Dental a fixed per child per month capitation. Exhibit 15 shows the assumptions and development of the index rate adjustment factor to reflect is capitation on a per member per month basis by adjusting the index rate.

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 10 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 10 reflects both member cost shares and the resulting dampening of expected utilization due to those cost shares.

Network Adjustment

Kaiser provides services to its members in its Signature network in its medical offices and externally with contracted providers. Kaiser offers an expanded network of contracted non-Kaiser physicians in its Select network. Rates for products with the Select network are adjusted by a factor of 1.05 for HMO to reflect the additional cost. This adjustment is consistent with the factor already filed in prior filings.

Age Factors

The age factor table used to develop age specific rates is the standard table provided by DISB indexed to age 21, shown in Exhibit 13.

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.

Quarterly Rate Adjustment

Exhibit 12 includes a quarterly rate adjustment to the rates based on an annual trend of 3.5%

Adult Dental Riders

Kaiser partners with Dominion Dental to offer dental coverage to individuals that choose the optional dental coverage. The rate schedule offered to groups can be found in Exhibit 16. Exhibit 16 also shows a comparison of the dental capitation Dominion charges to Kaiser versus the pmpm collected in the rates charged.

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.

Terminated Plans:

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

DC Added Choice POS Plan 1 (\$5/\$10)
DC Added Choice POS Plan 2 (\$15/\$25)
DC DHMO Plan 1 (\$10/\$20/\$250 Ded - 90%)
DC DHMO Plan 2 (\$15/\$25/\$500 Ded - 90%)
DC DHMO Plan 3 (\$25/\$35/\$2,000 Ded - 80%)
DC DHMO Plan 4 (\$25/\$35/\$1000 Ded - 80%)
DC Flex Choice Plan 1 (100/90/70 - \$10-\$20 OV)
DC Flex Choice Plan 2 (100/80/60 - \$15-\$25 OV)

DC Flex Choice Plan 3 (100/70/50 - \$25-\$35 OV)
 DC Flex Choice Plan 4 (100/80/60 - \$10-\$25 OV)
 DC HDHP Plan 1 (\$1,250 Ded – 80%)
 DC HDHP Plan 2 (\$1,750 Ded – 70%)
 DC HDHP Plan 3 (\$2,250 Ded – 70%)
 DC HDHP Plan 4 (\$1,250 Ded - 100%)
 DC HDHP Plan 5 (\$2,250 Ded - 100%)
 DC HDHP Plan 8 (\$2,800 Ded - 100%)
 DC HMO Plan 1 (\$5/\$10/\$0 IP/\$0 Rx Ded)
 DC HMO Plan 2 (\$10/\$20/\$0 IP/\$0 Rx Ded)
 DC HMO Plan 3 (\$15/\$25/\$0 IP/\$0 Rx Ded)
 DC HMO Plan 4 (\$15/\$30/\$500 IP/\$0 Rx Ded)
 DC HMO Plan 5 (\$20/\$30/\$250 IP/\$0 Rx Ded)
 DC HMO Plan 6 (\$20/\$40/20% IP/\$0 Rx Ded)
 DC HMO Plan 7 (\$10/\$10/\$250 IP/\$0 Rx Ded)
 DC HMO Plan 8 (\$20/\$20/\$500 IP/\$0 Rx Ded)

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. Rates for second through fourth quarter are further adjusted for the quarterly rate adjustments in Exhibit 12.

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 – Fixed Cost Adjustment
- Exhibit 9 – Administrative Expense Factor – Small Group
- Exhibit 10 – Adjustments to the Index Rate
- Exhibit 11 - AV Calculator Values by Plan
- Exhibit 12 – Quarterly Rate Adjustment Factors
- Exhibit 13 – Age Factors
- Exhibit 14 – Adult Preventive Dental Capitation
- Exhibit 15 – Pediatric Dental Adjustment
- Exhibit 16 – Adult Dental Riders
- Appendix I-A - 1st Q 2014 Rate Sheet
- Appendix I-B - 1st Q 2014 Select Rate Sheet
- Appendix II-A - 2nd Q 2014 Rate Sheet
- Appendix II-B - 2nd Q 2014 Select Rate Sheet
- Appendix III-A - 3rd Q 2014 Rate Sheet
- Appendix III-B - 3rd Q 2014 Select Rate Sheet
- Appendix IV-A - 4th Q 2014 Rate Sheet
- Appendix IV-B - 4th Q 2014 Select 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.

A handwritten signature in dark ink, appearing to read "Peter Berry". The signature is written in a cursive style with a large initial "P" and a long, sweeping tail.

Peter Berry, FSA, MAAA
Senior Actuarial Director
Kaiser Foundation Health Plan, Inc.
7/26/2013

Index Rate Development
Summary Index Rate Calculation - Small Group
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		
(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	1.088	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 8 converted to % of Index Rate	
(14)	Combined Index Rate Prior to Separate Modifiers	\$262.68	(6) * (9) * (10) * (11) * (12) *(13)	
(15)	Risk Adjustment	0.907	Exhibit 7.3	
(16)	Pediatric Dental Adjustment	1.0118	Exhibit 15	
(17)	Index Rate	\$241.12	(14) * (15)	

**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	105.0%	113.7%	108.8%
Adjustment for risk adjustment recoveries	90.7%	91.9%	91.3%

**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	1.050

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	1.050
(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	1.102
	<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)]		1.102

Development of Risk Adjustment Factor Applied to Index Rate

(12) Adjustment for change in risk in Kaiser membership [(6) / (1)]	105.0%
(13) Adjustment for risk adjustment recoveries [1 / (11)]	90.7%
(14) Total Adjustment [(12) * (13)]	95.2%

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

**Fixed Cost Adjustment - Small Group
Exhibit 8**

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 Factor - Small Group
Exhibit 9

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	5.85%
Commissions	6.00%
Total	22.00%

**Adjustments to the Index Rate
Exhibit 10**

Plans	Metallic Level	Name	Allowable Modifiers			
			Plan Factor	Network Factor	Non-EHB	Admin
1	Platinum	KP DC Platinum 0/20/Dental/Sig	0.8824	1.000	1.0112	1.2821
2	Platinum	KP DC Platinum 500/20/Dental/Sig	0.8177	1.000	1.0112	1.2821
3	Platinum	KP DC Platinum 1250/10/HSA/HRA/Dental/Sig	0.7404	1.000	1.0112	1.2821
4	Gold	KP DC Gold 0/30/Dental/Sig	0.8129	1.000	1.0112	1.2821
5	Gold	KP DC Gold 1000/30/Dental/Sig	0.7218	1.000	1.0112	1.2821
6	Gold	KP DC Gold 1250/0%/HSA/Dental/Sig	0.7534	1.000	1.0112	1.2821
8	Gold	KP DC Gold 1500/30/HSA/HRA/Dental/Sig	0.6470	1.000	1.0112	1.2821
9	Silver	KP DC Silver 1250/35/Dental/Sig	0.6555	1.000	1.0112	1.2821
10	Silver	KP DC Silver 2000/35/Dental/Sig	0.6244	1.000	1.0112	1.2821
11	Silver	KP DC Silver 1500/30/20%/HSA/Dental/Sig	0.6276	1.000	1.0112	1.2821
13	Silver	KP DC Silver 2750/40/30%/HSA/HRA/Dental/Sig	0.5491	1.000	1.0112	1.2821
14	Bronze	KP DC Bronze 4500/50/Dental/Sig	0.5325	1.000	1.0112	1.2821
16	Bronze	KP DC Bronze 3500/20%/HSA/Dental/Sig	0.5474	1.000	1.0112	1.2821
17	Bronze	KP DC Bronze 4500/20/HSA/Dental/Sig	0.5247	1.000	1.0112	1.2821
18	Bronze	KP DC Bronze 4500/50/POS/Dental/Sig	0.6014	1.000	1.0112	1.2821
19	Silver	KP DC Silver 2000/35/POS/Dental/Sig	0.7323	1.000	1.0112	1.2821
20	Gold	KP DC Gold 1000/30/POS/Dental/Sig	0.8449	1.000	1.0112	1.2821
21	Platinum	KP DC Platinum 0/20/Dental/Sel	0.8824	1.050	1.0112	1.2821
22	Platinum	KP DC Platinum 500/20/Dental/Sel	0.8177	1.050	1.0112	1.2821
23	Gold	KP DC Gold 0/30/Dental/Sig/Sel	0.8129	1.050	1.0112	1.2821
24	Gold	KP DC Gold 1000/30/Den/Sel	0.7218	1.050	1.0112	1.2821
25	Gold	KP DC Gold 1250/0%/HSA/De/Sel	0.7534	1.050	1.0112	1.2821

**AV Calculator Values
Exhibit 11**

Plans	Metallic Level	Name	AV Value
1	Platinum	KP DC Platinum 0/20/Dental/Sig	0.904
2	Platinum	KP DC Platinum 500/20/Dental/Sig	0.885
3	Platinum	KP DC Platinum 1250/10/HSA/HRA/Dental/Sig	0.881
4	Gold	KP DC Gold 0/30/Dental/Sig	0.816
5	Gold	KP DC Gold 1000/30/Dental/Sig	0.782
6	Gold	KP DC Gold 1250/0%/HSA/Dental/Sig	0.781
8	Gold	KP DC Gold 1500/30/HSA/HRA/Dental/Sig	0.795
9	Silver	KP DC Silver 1250/35/Dental/Sig	0.714
10	Silver	KP DC Silver 2000/35/Dental/Sig	0.697
11	Silver	KP DC Silver 1500/30/20%/HSA/Dental/Sig	0.684
13	Silver	KP DC Silver 2750/40/30%/HSA/HRA/Dental/Sig	0.710
14	Bronze	KP DC Bronze 4500/50/Dental/Sig	0.612
16	Bronze	KP DC Bronze 3500/20%/HSA/Dental/Sig	0.608
17	Bronze	KP DC Bronze 4500/20/HSA/Dental/Sig	0.591
18	Bronze	KP DC Bronze 4500/50/POS/Dental/Sig	0.612
19	Silver	KP DC Silver 2000/35/POS/Dental/Sig	0.697
20	Gold	KP DC Gold 1000/30/POS/Dental/Sig	0.782
21	Platinum	KP DC Platinum 0/20/Dental/Sel	0.904
22	Platinum	KP DC Platinum 500/20/Dental/Sel	0.885
23	Gold	KP DC Gold 0/30/Dental/Sig/Sel	0.816
24	Gold	KP DC Gold 1000/30/Den/Sel	0.782
25	Gold	KP DC Gold 1250/0%/HSA/De/Sel	0.781

Quarterly Rate Factors
Exhibit 12

Plans	Metallic Level	Name	2Q 2014	3 Q 2014	4 Q 2014
1	Platinum	KP DC Platinum 0/20/Dental/Sig	1.009	1.018	1.026
2	Platinum	KP DC Platinum 500/20/Dental/Sig	1.009	1.018	1.026
3	Platinum	KP DC Platinum 1250/10/HSA/HRA/Dental/Sig	1.009	1.018	1.026
4	Gold	KP DC Gold 0/30/Dental/Sig	1.009	1.018	1.026
5	Gold	KP DC Gold 1000/30/Dental/Sig	1.009	1.018	1.026
6	Gold	KP DC Gold 1250/0%/HSA/Dental/Sig	1.009	1.018	1.026
8	Gold	KP DC Gold 1500/30/HSA/HRA/Dental/Sig	1.009	1.018	1.026
9	Silver	KP DC Silver 1250/35/Dental/Sig	1.009	1.018	1.026
10	Silver	KP DC Silver 2000/35/Dental/Sig	1.009	1.018	1.026
11	Silver	KP DC Silver 1500/30/20%/HSA/Dental/Sig	1.009	1.018	1.026
13	Silver	KP DC Silver 2750/40/30%/HSA/HRA/Dental/Sig	1.009	1.018	1.026
14	Bronze	KP DC Bronze 4500/50/Dental/Sig	1.009	1.018	1.026
16	Bronze	KP DC Bronze 3500/20%/HSA/Dental/Sig	1.009	1.018	1.026
17	Bronze	KP DC Bronze 4500/20/HSA/Dental/Sig	1.009	1.018	1.026
18	Bronze	KP DC Bronze 4500/50/POS/Dental/Sig	1.009	1.018	1.026
19	Silver	KP DC Silver 2000/35/POS/Dental/Sig	1.009	1.018	1.026
20	Gold	KP DC Gold 1000/30/POS/Dental/Sig	1.009	1.018	1.026
21	Platinum	KP DC Platinum 0/20/Dental/Sel	1.009	1.018	1.026
22	Platinum	KP DC Platinum 500/20/Dental/Sel	1.009	1.018	1.026
23	Gold	KP DC Gold 0/30/Dental/Sig/Sel	1.009	1.018	1.026
24	Gold	KP DC Gold 1000/30/Den/Sel	1.009	1.018	1.026
25	Gold	KP DC Gold 1250/0%/HSA/De/Sel	1.009	1.018	1.026

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	0.746	1.03
34	0.775	1.07
35	0.805	1.11
36	0.836	1.15
37	0.869	1.20
38	0.903	1.24
39	0.938	1.29
40	0.975	1.34
41	1.013	1.39
42	1.053	1.45
43	1.094	1.50
44	1.137	1.56
45	1.181	1.62
46	1.227	1.69
47	1.275	1.75
48	1.325	1.82
49	1.377	1.89
50	1.431	1.97
51	1.487	2.05
52	1.545	2.13
53	1.605	2.21
54	1.668	2.29
55	1.733	2.38
56	1.801	2.48
57	1.871	2.57
58	1.944	2.67
59	2.02	2.78
60	2.099	2.89
61	2.181	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

**Embedded Pediatric Dental Adjustment Factor
Exhibit 15**

	Expected Dentist Compensation Per Child Per Mo	Expected payments due to OOP Maximum Per Child Per Mo	Dominion Admin Per Child Per Mo	Adjustment Factor for the limit of 3x premium per family Multiplicative Load	Formula-Indicated Rate Per Ch Per Mo [max 3x] ¹	PMPM Rate Impact Small Group
703xspEmbed-DC-6350OOP	8.51	0.19	1.50	101.0%	\$10.30	\$3.09
703xspEmbed-DC-5200OOP	8.51	0.23	1.50	101.0%	\$10.34	\$3.10
703xspEmbed-DC-5000OOP	8.51	0.24	1.50	101.0%	\$10.35	\$3.11
703xspEmbed-DC-4000OOP	8.52	0.31	1.50	101.0%	\$10.43	\$3.13
703xspEmbed-DC-3500OOP	8.53	0.41	1.50	101.0%	\$10.55	\$3.17
703xspEmbed-DC-2500OOP	8.58	0.78	1.50	101.0%	\$10.97	\$3.29
703xspEmbed-DC-2250OOP	8.59	0.87	1.50	101.0%	\$11.07	\$3.32
703xspEmbed-DC-1500OOP	8.62	1.15	1.50	101.0%	\$11.39	\$3.42
Assume % Children ²						30%
Average PMPM Rate Impact						\$3.20
Market level Index Rate Adjustment Factor ³						1.0118
					40 year old Silver Plan Rate	272.76
					40 year old Silver Plan Rate with Ped Dental Adjustment	275.96

¹ This is the per child per month capitation paid by Kaiser to Dominion

² Average % Children assumption based on current membership mix

³ The market level Index Rate Adjustment Factor is set to reproduce the average PMPM in a 40 year old Silver Plan rate, which is consider an average rate.

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
2014 Small Group Rate Filing
Exhibit 16 - Comparison of 2014 Dominion PMPMs by plan to Kaiser Charged Dental PMPMs

Current Dental Plan	2014 PMPM Rate ¹	2014 Charged PMPM
Off Exchange		
\$30 Preventive Plan (embedded)	\$1.15	\$0.00
Dental HMO Adult (Rider)	\$13.43	\$13.43
Dental POS Adult (Rider)	\$15.21	\$15.21
Dental PPO Adult (Rider)	\$31.27	\$31.27

¹ Kaiser Foundation Health Plan of the Mid-Atlantic States entered into a dental services administration agreement with Dominion Dental Services USA, Inc. effective January 1, 2008 to provide a portfolio of adult dental plans to our customers. Kaiser pays Dominion a designated PMPM administrative fee on a monthly basis based on the enrollment in each dental plan offered. The administrative fees cover all provider costs and claims reimbursements, member services, provider network development and maintenance, credentialing, recredentialing, reporting, and other administrative services that Dominion performs to support the dental product offering.

Age Factors
Exhibit 13

Age	Age Slope	Age Factor Indexed to Age 21
20	0.654	0.90
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	0.744	1.02
29	0.76	1.05
30	0.779	1.07
31	0.799	1.10
32	0.817	1.12
33	0.836	1.15
34	0.856	1.18
35	0.876	1.20
36	0.896	1.23
37	0.916	1.26
38	0.927	1.28
39	0.938	1.29
40	0.975	1.34
41	1.013	1.39
42	1.053	1.45
43	1.094	1.50
44	1.137	1.56
45	1.181	1.62
46	1.227	1.69
47	1.275	1.75
48	1.325	1.82
49	1.377	1.89
50	1.431	1.97
51	1.487	2.05
52	1.545	2.13
53	1.605	2.21
54	1.668	2.29
55	1.733	2.38
56	1.801	2.48
57	1.871	2.57
58	1.944	2.67
59	2.02	2.78
60	2.099	2.89
61	2.181	3.00
62	2.181	3.00
63	2.181	3.00
64+	2.181	3.00

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Rates effective January 1, 2014
District of Columbia Small Group Off Exchange
Appendix I-B

	21	22	23	24	25
	Platinum	Platinum	Gold	Gold	Gold
Age	KP DC Platinum 0/20/Dental/Sel	KP DC Platinum 500/20/Dental/Sel	KP DC Gold 0/30/Dental/Sig/Sel	KP DC Gold 1000/30/Den/Sel	KP DC Gold 1250/0%/HSA/De/Sel
20 and Under	\$260.54	\$241.45	\$240.02	\$213.13	\$222.45
21	\$290.78	\$269.55	\$267.96	\$238.06	\$248.43
22	\$290.78	\$269.55	\$267.96	\$238.06	\$248.43
23	\$290.78	\$269.55	\$267.96	\$238.06	\$248.43
24	\$290.78	\$269.55	\$267.96	\$238.06	\$248.43
25	\$290.78	\$269.55	\$267.96	\$238.06	\$248.43
26	\$290.78	\$269.55	\$267.96	\$238.06	\$248.43
27	\$290.78	\$269.55	\$267.96	\$238.06	\$248.43
28	\$297.55	\$275.83	\$274.20	\$243.60	\$254.22
29	\$303.92	\$281.73	\$280.07	\$248.82	\$259.66
30	\$311.49	\$288.75	\$287.05	\$255.01	\$266.12
31	\$319.46	\$296.13	\$294.39	\$261.53	\$272.92
32	\$326.63	\$302.78	\$300.99	\$267.39	\$279.05
33	\$334.20	\$309.79	\$307.97	\$273.59	\$285.51
34	\$342.17	\$317.18	\$315.31	\$280.10	\$292.31
35	\$350.13	\$324.56	\$322.65	\$286.62	\$299.11
36	\$358.10	\$331.94	\$329.99	\$293.14	\$305.92
37	\$366.07	\$339.33	\$337.33	\$299.66	\$312.72
38	\$370.45	\$343.39	\$341.36	\$303.24	\$316.46
39	\$374.83	\$347.45	\$345.40	\$306.83	\$320.20
40	\$389.57	\$361.11	\$358.98	\$318.88	\$332.79
41	\$404.71	\$375.14	\$372.93	\$331.27	\$345.71
42	\$420.65	\$389.91	\$387.61	\$344.30	\$359.32
43	\$436.98	\$405.04	\$402.65	\$357.66	\$373.27
44	\$454.11	\$420.92	\$418.43	\$371.68	\$387.89
45	\$471.64	\$437.16	\$434.58	\$386.01	\$402.86
46	\$489.97	\$454.15	\$451.47	\$401.00	\$418.50
47	\$509.09	\$471.87	\$469.08	\$416.65	\$434.83
48	\$529.01	\$490.33	\$487.43	\$432.94	\$451.84
49	\$549.72	\$509.53	\$506.52	\$449.89	\$469.53
50	\$571.24	\$529.46	\$526.33	\$467.48	\$487.89
51	\$593.55	\$550.14	\$546.89	\$485.73	\$506.94
52	\$616.65	\$571.55	\$568.17	\$504.63	\$526.67
53	\$640.56	\$593.70	\$590.19	\$524.19	\$547.08
54	\$665.65	\$616.96	\$613.31	\$544.72	\$568.51
55	\$691.55	\$640.96	\$637.17	\$565.90	\$590.62
56	\$718.64	\$666.06	\$662.13	\$588.06	\$613.75
57	\$746.53	\$691.91	\$687.82	\$610.87	\$637.56
58	\$775.61	\$718.86	\$714.61	\$634.66	\$662.39
59	\$805.89	\$746.91	\$742.50	\$659.43	\$688.24
60	\$837.36	\$776.08	\$771.49	\$685.17	\$715.11
61	\$870.03	\$806.35	\$801.59	\$711.89	\$743.00
62	\$870.03	\$806.35	\$801.59	\$711.89	\$743.00
63	\$870.03	\$806.35	\$801.59	\$711.89	\$743.00
64+	\$870.03	\$806.35	\$801.59	\$711.89	\$743.00

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
 Rates effective April 1, 2014
 District of Columbia Small Group Off Exchange
 Appendix H-A

	1		2		3		4		5		6		8		9		10		11		13		14		16		17		18		19		20	
	Platinum		Platinum		Platinum		Gold		Gold		Gold		Gold		Silver		Silver		Silver		Silver		Bronze		Bronze		Bronze		Bronze		Silver		Gold	
Age	KP DC Platinum 020/Dental/Sig	KP DC Platinum 500/20/Dental/Sig	KP DC Platinum 1250/10/HSA/HRA/Dental/Sig	KP DC Gold 020/Dental/Sig	KP DC Gold 1000/30/Dental/Sig	KP DC Gold 1250/30/HSA/Dental/Sig	KP DC Gold 1500/30/HSA/HRA/Dental/Sig	KP DC Silver 1250/35/Dental/Sig	KP DC Silver 2000/35/Dental/Sig	KP DC Silver 1500/30/20%/HSA/Dental/Sig	KP DC Silver 2750/40/30%/HSA/HRA/Dental/Sig	KP DC Bronze 4500/50/Dental/Sig	KP DC Bronze 3500/20%/HSA/Dental/Sig	KP DC Bronze 4500/20/HSA/Dental/Sig	KP DC Bronze 4500/35/POS/Dental/Sig	KP DC Silver 2000/35/POS/Dental/Sig	KP DC Gold 1000/30/POS/Dental/Sig																	
20 and Under	\$250.30	\$241.96	\$210.02	\$220.59	\$204.75	\$213.71	\$183.53	\$185.94	\$177.12	\$178.03	\$155.77	\$161.06	\$155.29	\$148.85	\$170.59	\$239.07																		
21	\$279.39	\$259.00	\$234.61	\$247.47	\$238.75	\$238.71	\$205.17	\$207.85	\$198.04	\$199.05	\$174.30	\$169.07	\$173.78	\$166.62	\$190.79	\$267.57																		
22	\$279.39	\$259.00	\$234.61	\$257.47	\$238.75	\$238.71	\$205.17	\$207.85	\$198.04	\$199.05	\$174.30	\$169.07	\$173.78	\$166.62	\$190.79	\$267.57																		
23	\$279.39	\$259.00	\$234.61	\$257.47	\$238.75	\$238.71	\$205.17	\$207.85	\$198.04	\$199.05	\$174.30	\$169.07	\$173.78	\$166.62	\$190.79	\$267.57																		
24	\$279.39	\$259.00	\$234.61	\$257.47	\$238.75	\$238.71	\$205.17	\$207.85	\$198.04	\$199.05	\$174.30	\$169.07	\$173.78	\$166.62	\$190.79	\$267.57																		
25	\$279.39	\$259.00	\$234.61	\$257.47	\$238.75	\$238.71	\$205.17	\$207.85	\$198.04	\$199.05	\$174.30	\$169.07	\$173.78	\$166.62	\$190.79	\$267.57																		
26	\$279.39	\$259.00	\$234.61	\$257.47	\$238.75	\$238.71	\$205.17	\$207.85	\$198.04	\$199.05	\$174.30	\$169.07	\$173.78	\$166.62	\$190.79	\$267.57																		
27	\$279.39	\$259.00	\$234.61	\$257.47	\$238.75	\$238.71	\$205.17	\$207.85	\$198.04	\$199.05	\$174.30	\$169.07	\$173.78	\$166.62	\$190.79	\$267.57																		
28	\$285.90	\$265.03	\$240.07	\$263.47	\$244.27	\$244.27	\$209.94	\$212.68	\$202.65	\$203.68	\$178.35	\$173.00	\$177.81	\$170.49	\$195.22	\$273.80																		
29	\$292.02	\$245.21	\$245.21	\$269.11	\$249.50	\$249.50	\$214.43	\$217.25	\$206.98	\$208.03	\$182.16	\$176.69	\$181.61	\$174.13	\$199.39	\$242.55	\$279.67																	
30	\$299.29	\$277.44	\$251.31	\$275.81	\$245.03	\$245.03	\$219.76	\$222.63	\$212.13	\$213.20	\$186.69	\$181.08	\$178.45	\$204.35	\$248.59	\$286.63																		
31	\$306.95	\$284.54	\$257.73	\$282.86	\$251.29	\$262.24	\$225.37	\$228.32	\$217.54	\$218.65	\$191.45	\$185.70	\$190.87	\$183.01	\$209.57	\$254.94	\$293.96																	
32	\$313.84	\$290.92	\$263.51	\$289.21	\$256.93	\$268.12	\$230.43	\$233.44	\$222.42	\$223.55	\$195.74	\$189.86	\$195.15	\$187.10	\$214.26	\$260.66	\$300.56																	
33	\$321.11	\$297.66	\$269.61	\$295.91	\$262.88	\$274.33	\$235.76	\$238.84	\$227.56	\$228.72	\$200.27	\$194.25	\$199.66	\$191.43	\$219.22	\$266.69	\$307.52																	
34	\$328.76	\$304.75	\$276.03	\$302.96	\$276.14	\$280.87	\$241.37	\$244.53	\$232.98	\$234.16	\$205.03	\$198.87	\$204.41	\$195.98	\$224.44	\$273.04	\$314.85																	
35	\$336.42	\$311.85	\$282.46	\$310.01	\$275.40	\$287.40	\$246.98	\$250.21	\$238.40	\$239.61	\$209.79	\$203.49	\$209.16	\$200.53	\$229.65	\$279.40	\$322.18																	
36	\$344.07	\$318.94	\$288.88	\$317.06	\$283.66	\$293.94	\$252.40	\$255.90	\$243.81	\$245.05	\$214.56	\$208.11	\$213.90	\$205.08	\$234.87	\$285.75	\$329.51																	
37	\$351.73	\$326.04	\$295.30	\$324.11	\$287.92	\$300.47	\$258.21	\$261.58	\$249.25	\$250.50	\$219.32	\$212.73	\$218.65	\$209.63	\$240.09	\$292.10	\$336.84																	
38	\$359.94	\$332.94	\$298.83	\$327.99	\$291.37	\$304.07	\$261.30	\$264.71	\$252.21	\$253.49	\$221.94	\$215.27	\$221.26	\$212.14	\$232.96	\$295.59	\$340.87																	
39	\$368.15	\$333.84	\$302.37	\$331.87	\$294.81	\$307.66	\$264.38	\$267.84	\$255.19	\$256.48	\$224.56	\$217.81	\$223.88	\$214.64	\$245.83	\$299.09	\$344.90																	
40	\$374.31	\$346.96	\$314.25	\$344.91	\$306.39	\$319.75	\$274.77	\$278.36	\$265.21	\$266.56	\$233.37	\$226.35	\$232.66	\$223.06	\$255.48	\$310.84	\$358.46																	
41	\$388.85	\$360.44	\$328.45	\$358.31	\$318.29	\$332.17	\$285.43	\$289.16	\$275.50	\$276.90	\$242.42	\$235.13	\$241.69	\$231.71	\$265.39	\$322.91	\$372.39																	
42	\$404.16	\$374.63	\$339.30	\$372.42	\$330.81	\$345.24	\$296.66	\$300.54	\$286.33	\$287.79	\$251.95	\$244.37	\$251.18	\$240.82	\$275.82	\$335.62	\$387.04																	
43	\$419.85	\$389.17	\$352.46	\$386.87	\$343.65	\$358.64	\$308.16	\$312.19	\$297.44	\$298.95	\$261.72	\$253.84	\$260.92	\$250.13	\$286.52	\$348.64	\$402.07																	
44	\$436.31	\$404.42	\$366.27	\$402.03	\$357.11	\$372.69	\$320.23	\$324.42	\$309.08	\$310.65	\$271.96	\$263.77	\$271.15	\$259.94	\$297.73	\$362.30	\$417.83																	
45	\$453.15	\$420.03	\$380.40	\$417.55	\$370.89	\$387.07	\$332.58	\$336.93	\$321.00	\$322.63	\$282.44	\$273.94	\$281.58	\$269.95	\$309.21	\$376.27	\$433.95																	
46	\$470.75	\$436.34	\$395.17	\$433.76	\$385.29	\$402.10	\$345.49	\$350.01	\$333.46	\$335.15	\$293.39	\$284.56	\$292.50	\$280.42	\$321.21	\$390.88	\$450.81																	
47	\$489.12	\$453.37	\$410.59	\$450.69	\$400.31	\$417.78	\$358.96	\$363.65	\$346.46	\$348.22	\$304.83	\$295.65	\$303.90	\$291.34	\$333.73	\$406.13	\$468.40																	
48	\$508.26	\$471.10	\$426.64	\$468.32	\$414.57	\$431.97	\$372.99	\$377.87	\$360.00	\$361.83	\$315.77	\$307.20	\$315.77	\$302.72	\$346.77	\$422.01	\$486.72																	
49	\$528.16	\$489.54	\$443.34	\$486.65	\$432.25	\$451.11	\$387.58	\$392.65	\$374.08	\$375.99	\$329.12	\$319.21	\$328.12	\$314.56	\$340.34	\$438.53	\$505.78																	
50	\$548.83	\$508.70	\$460.68	\$506.69	\$448.76	\$468.76	\$402.73	\$408.01	\$388.71	\$390.68	\$331.68	\$321.98	\$330.94	\$326.85	\$374.42	\$455.68	\$525.57																	
51	\$570.26	\$528.56	\$478.66	\$525.43	\$466.69	\$487.06	\$418.45	\$423.93	\$403.87	\$405.93	\$355.32	\$344.61	\$354.24	\$339.60	\$389.03	\$473.47	\$546.09																	
52	\$592.46	\$549.13	\$497.29	\$545.88	\$484.84	\$506.01	\$434.73	\$440.42	\$419.58	\$421.72	\$369.13	\$358.01	\$362.01	\$352.80	\$404.16	\$491.89	\$567.35																	
53	\$615.42	\$570.41	\$516.56	\$567.04	\$503.63	\$525.62	\$451.56	\$457.48	\$438.05	\$438.05	\$383.42	\$366.45	\$382.26	\$366.45	\$419.81	\$510.95	\$589.34																	
54	\$639.53	\$592.75	\$536.79	\$589.25	\$523.35	\$546.21	\$469.24	\$475.39	\$452.89	\$455.20	\$398.43	\$386.42	\$397.21	\$380.79	\$436.24	\$550.96	\$612.42																	
55	\$664.41	\$615.81	\$567.66	\$612.17	\$543.70	\$567.45	\$487.49	\$493.87	\$470.50	\$472.89	\$411.90	\$401.44	\$412.65	\$395.39	\$453.20	\$551.61	\$636.24																	
56	\$690.44	\$639.93	\$597.50	\$636.14	\$564.99	\$589.67	\$506.57	\$513.21	\$488.91	\$491.40	\$430.11	\$417.14	\$428.80	\$411.06	\$470.94	\$573.29	\$661.16																	
57	\$717.23	\$664.75	\$620.98	\$660.83	\$586.90	\$612.54	\$526.21	\$533.11	\$507.87	\$510.46	\$444.73	\$433.31	\$445.42	\$427.00	\$489.20	\$595.44	\$686.82																	
58	\$745.17	\$690.65	\$645.42	\$686.56	\$609.76	\$636.39	\$546.70	\$553.86	\$527.64	\$530.33	\$466.17	\$456.24	\$467.75	\$443.61	\$508.24	\$618.63	\$713.57																	
59	\$774.25	\$717.60	\$669.82	\$713.36	\$633.55	\$661.23	\$568.03	\$575.47	\$548.23	\$551.02	\$482.27	\$467.73	\$480.80	\$460.91	\$528.06	\$642.77	\$741.42																	
60	\$804.49	\$745.62	\$697.19	\$741.21	\$658.28	\$687.04	\$595.20	\$597.93	\$569.62	\$572.52	\$501.08	\$485.97	\$478.89	\$469.55	\$548.67	\$667.86	\$770.37																	
61	\$835.87	\$774.70	\$730.53	\$770.12	\$683.96	\$713.84	\$613.21	\$621.25	\$591.83	\$594.84	\$520.61	\$504.91	\$519.03	\$497.55	\$570.06	\$693.90	\$800.42																	
62	\$835.87	\$774.70	\$730.53	\$770.12	\$683.96	\$713.84	\$613.21	\$621.25	\$591.83	\$594.84	\$520.61	\$504.91	\$519.03	\$497.55	\$570.06	\$693.90	\$800.42																	
63	\$835.87	\$774.70	\$730.53	\$770.12	\$683.96	\$713.84	\$613.21	\$621.25	\$591.83	\$594.84	\$520.61	\$504.91	\$519.03	\$497.55	\$570.06	\$693.90	\$800.42																	
64+	\$835.87	\$774.70	\$730.53	\$770.12	\$683.96	\$713.84	\$613.21	\$621.25	\$591.83	\$594.84	\$520.61	\$504.91	\$519.03	\$497.55	\$570.06	\$693.90	\$800.42																	

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Rates effective April 1, 2014
District of Columbia Small Group Off Exchange
Appendix II-B

	21	22	23	24	25
	Platinum	Platinum	Gold	Gold	Gold
Age	KP DC Platinum 0/20/Dental/Sel	KP DC Platinum 500/20/Dental/Sel	KP DC Gold 0/30/Dental/Sig/Sel	KP DC Gold 1000/30/Den/Sel	KP DC Gold 1250/0%/HSA/De/Sel
20 and Under	\$262.82	\$243.56	\$242.12	\$214.99	\$224.39
21	\$293.30	\$271.89	\$270.29	\$240.13	\$250.59
22	\$293.30	\$271.89	\$270.29	\$240.13	\$250.59
23	\$293.30	\$271.89	\$270.29	\$240.13	\$250.59
24	\$293.30	\$271.89	\$270.29	\$240.13	\$250.59
25	\$293.30	\$271.89	\$270.29	\$240.13	\$250.59
26	\$293.30	\$271.89	\$270.29	\$240.13	\$250.59
27	\$293.30	\$271.89	\$270.29	\$240.13	\$250.59
28	\$300.13	\$278.22	\$276.58	\$245.72	\$256.42
29	\$306.56	\$284.18	\$282.51	\$250.98	\$261.91
30	\$314.20	\$291.26	\$289.54	\$257.23	\$268.43
31	\$322.24	\$298.71	\$296.95	\$263.80	\$275.30
32	\$329.47	\$305.41	\$303.61	\$269.72	\$281.47
33	\$337.11	\$312.49	\$310.64	\$275.96	\$287.99
34	\$345.14	\$319.94	\$318.05	\$282.54	\$294.85
35	\$353.18	\$327.38	\$325.45	\$289.11	\$301.71
36	\$361.22	\$334.83	\$332.86	\$295.69	\$308.58
37	\$369.25	\$342.28	\$340.26	\$302.26	\$315.44
38	\$373.68	\$346.38	\$344.33	\$305.88	\$319.21
39	\$378.10	\$350.47	\$348.40	\$309.49	\$322.99
40	\$392.96	\$364.25	\$362.10	\$321.66	\$335.68
41	\$408.24	\$378.40	\$376.17	\$334.15	\$348.72
42	\$424.31	\$393.30	\$390.98	\$347.30	\$362.45
43	\$440.79	\$408.57	\$406.16	\$360.77	\$376.51
44	\$458.07	\$424.58	\$422.08	\$374.91	\$391.27
45	\$475.75	\$440.97	\$438.37	\$389.37	\$406.36
46	\$494.23	\$458.10	\$455.40	\$404.49	\$422.15
47	\$513.52	\$475.98	\$473.17	\$420.27	\$438.62
48	\$533.62	\$494.60	\$491.68	\$436.71	\$455.77
49	\$554.51	\$513.96	\$510.93	\$453.80	\$473.61
50	\$576.21	\$534.07	\$530.92	\$471.55	\$492.14
51	\$598.72	\$554.93	\$551.65	\$489.96	\$511.36
52	\$622.03	\$576.53	\$573.12	\$509.03	\$531.26
53	\$646.14	\$598.87	\$595.33	\$528.75	\$551.84
54	\$671.45	\$622.33	\$618.66	\$549.46	\$573.46
55	\$697.57	\$646.54	\$642.72	\$570.83	\$595.76
56	\$724.90	\$671.87	\$667.89	\$593.18	\$619.09
57	\$753.03	\$697.93	\$693.81	\$616.19	\$643.11
58	\$782.37	\$725.12	\$720.83	\$640.19	\$668.16
59	\$812.91	\$753.42	\$748.97	\$665.17	\$694.23
60	\$844.66	\$782.84	\$778.22	\$691.14	\$721.34
61	\$877.61	\$813.38	\$808.57	\$718.10	\$749.47
62	\$877.61	\$813.38	\$808.57	\$718.10	\$749.47
63	\$877.61	\$813.38	\$808.57	\$718.10	\$749.47
64+	\$877.61	\$813.38	\$808.57	\$718.10	\$749.47

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
 Rates effective July 1, 2014
 District of Columbia Small Group Off Exchange
 Appendix III-A

Age	1		2		3		4		5		6		8		9		10		11		13		14		16		17		18		19		20					
	Platinum	Platinum	Platinum	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Silver	Silver	Silver	Silver	Bronze																						
	KP DC Platinum 020/Dental/Sig	KP DC Platinum 500/20/Dental/Sig	KP DC Platinum 1250/10/HSA/HRA/Dental/Sig	KP DC Gold 020/Dental/Sig	KP DC Gold 1000/30/Dental/Sig	KP DC Gold 1250/10/HSA/Dental/Sig	KP DC Gold 1500/30/HSA/HRA/Dental/Sig	KP DC Silver 1250/35/Dental/Sig	KP DC Silver 2000/35/Dental/Sig	KP DC Silver 1500/30/HSA/Dental/Sig	KP DC Silver 2750/40/20/HSA/HRA/Dental/Sig	KP DC Bronze 4500/50/Dental/Sig	KP DC Bronze 3500/20/HSA/Dental/Sig	KP DC Bronze 4500/20/HSA/Dental/Sig	KP DC Bronze 4500/50/POSDental/Sig																							
20 and Under	\$252.49	\$233.98	\$211.85	\$232.60	\$206.53	\$215.57	\$185.13	\$187.57	\$178.67	\$179.58	\$157.13	\$152.38	\$156.65	\$150.15	\$172.08	\$209.54	\$241.26	\$281.90	\$334.08	\$399.90	\$477.09	\$566.92	\$669.95	\$787.09	\$923.55	\$1078.00	\$1250.00	\$1438.00	\$1642.00	\$1862.00	\$2098.00	\$2350.00	\$2618.00	\$2902.00				
21	\$281.82	\$261.25	\$236.65	\$259.71	\$230.74	\$240.79	\$206.95	\$209.65	\$199.76	\$200.77	\$175.82	\$170.54	\$175.28	\$168.06	\$192.44	\$234.08	\$279.90	\$336.84	\$405.93	\$487.26	\$580.93	\$686.95	\$805.41	\$936.49	\$1080.26	\$1237.73	\$1409.00	\$1594.00	\$1792.00	\$1994.00	\$2200.00	\$2418.00	\$2648.00	\$2890.00	\$3144.00			
22	\$281.82	\$261.25	\$236.65	\$259.71	\$230.74	\$240.79	\$206.95	\$209.65	\$199.76	\$200.77	\$175.82	\$170.54	\$175.28	\$168.06	\$192.44	\$234.08	\$279.90	\$336.84	\$405.93	\$487.26	\$580.93	\$686.95	\$805.41	\$936.49	\$1080.26	\$1237.73	\$1409.00	\$1594.00	\$1792.00	\$1994.00	\$2200.00	\$2418.00	\$2648.00	\$2890.00	\$3144.00	\$3400.00		
23	\$281.82	\$261.25	\$236.65	\$259.71	\$230.74	\$240.79	\$206.95	\$209.65	\$199.76	\$200.77	\$175.82	\$170.54	\$175.28	\$168.06	\$192.44	\$234.08	\$279.90	\$336.84	\$405.93	\$487.26	\$580.93	\$686.95	\$805.41	\$936.49	\$1080.26	\$1237.73	\$1409.00	\$1594.00	\$1792.00	\$1994.00	\$2200.00	\$2418.00	\$2648.00	\$2890.00	\$3144.00	\$3400.00	\$3666.00	
24	\$281.82	\$261.25	\$236.65	\$259.71	\$230.74	\$240.79	\$206.95	\$209.65	\$199.76	\$200.77	\$175.82	\$170.54	\$175.28	\$168.06	\$192.44	\$234.08	\$279.90	\$336.84	\$405.93	\$487.26	\$580.93	\$686.95	\$805.41	\$936.49	\$1080.26	\$1237.73	\$1409.00	\$1594.00	\$1792.00	\$1994.00	\$2200.00	\$2418.00	\$2648.00	\$2890.00	\$3144.00	\$3400.00	\$3666.00	
25	\$281.82	\$261.25	\$236.65	\$259.71	\$230.74	\$240.79	\$206.95	\$209.65	\$199.76	\$200.77	\$175.82	\$170.54	\$175.28	\$168.06	\$192.44	\$234.08	\$279.90	\$336.84	\$405.93	\$487.26	\$580.93	\$686.95	\$805.41	\$936.49	\$1080.26	\$1237.73	\$1409.00	\$1594.00	\$1792.00	\$1994.00	\$2200.00	\$2418.00	\$2648.00	\$2890.00	\$3144.00	\$3400.00	\$3666.00	
26	\$281.82	\$261.25	\$236.65	\$259.71	\$230.74	\$240.79	\$206.95	\$209.65	\$199.76	\$200.77	\$175.82	\$170.54	\$175.28	\$168.06	\$192.44	\$234.08	\$279.90	\$336.84	\$405.93	\$487.26	\$580.93	\$686.95	\$805.41	\$936.49	\$1080.26	\$1237.73	\$1409.00	\$1594.00	\$1792.00	\$1994.00	\$2200.00	\$2418.00	\$2648.00	\$2890.00	\$3144.00	\$3400.00	\$3666.00	
27	\$281.82	\$261.25	\$236.65	\$259.71	\$230.74	\$240.79	\$206.95	\$209.65	\$199.76	\$200.77	\$175.82	\$170.54	\$175.28	\$168.06	\$192.44	\$234.08	\$279.90	\$336.84	\$405.93	\$487.26	\$580.93	\$686.95	\$805.41	\$936.49	\$1080.26	\$1237.73	\$1409.00	\$1594.00	\$1792.00	\$1994.00	\$2200.00	\$2418.00	\$2648.00	\$2890.00	\$3144.00	\$3400.00	\$3666.00	
28	\$288.38	\$267.33	\$242.15	\$265.76	\$236.11	\$246.39	\$211.76	\$214.53	\$204.41	\$205.44	\$179.90	\$174.50	\$179.35	\$171.96	\$196.91	\$239.53	\$291.12	\$348.84	\$418.77	\$491.94	\$578.36	\$672.03	\$773.05	\$881.41	\$997.12	\$1120.19	\$1250.62	\$1389.41	\$1536.56	\$1692.97	\$1858.64	\$2033.57	\$2217.86	\$2411.60	\$2614.89	\$2827.72		
29	\$294.56	\$273.06	\$247.15	\$271.45	\$241.16	\$251.66	\$216.29	\$219.12	\$208.78	\$209.84	\$183.74	\$178.23	\$183.19	\$175.64	\$200.61	\$243.23	\$294.82	\$353.49	\$419.24	\$493.19	\$575.42	\$666.00	\$764.03	\$869.61	\$982.79	\$1103.58	\$1232.07	\$1369.26	\$1515.15	\$1669.74	\$1833.03	\$1995.02	\$2166.01	\$2345.00	\$2532.00	\$2727.00	\$2929.00	
30	\$301.89	\$279.86	\$253.49	\$278.21	\$247.16	\$257.93	\$221.67	\$224.57	\$213.97	\$215.05	\$188.31	\$182.65	\$187.74	\$180.00	\$205.12	\$247.74	\$299.33	\$357.92	\$423.67	\$497.56	\$580.66	\$672.97	\$774.50	\$884.25	\$991.24	\$1105.59	\$1228.30	\$1359.37	\$1498.74	\$1646.41	\$1802.38	\$1966.75	\$2139.52	\$2320.69	\$2510.16	\$2707.93	\$2913.00	
31	\$309.62	\$287.01	\$259.97	\$285.32	\$253.48	\$264.52	\$227.33	\$230.30	\$219.43	\$220.55	\$193.11	\$187.31	\$192.53	\$184.59	\$211.39	\$253.15	\$304.74	\$363.28	\$428.77	\$492.21	\$564.54	\$645.76	\$735.87	\$834.88	\$941.79	\$1056.60	\$1179.21	\$1309.62	\$1448.83	\$1596.84	\$1753.65	\$1919.26	\$2093.67	\$2276.88	\$2468.89	\$2669.70	\$2879.31	
32	\$316.56	\$293.45	\$265.80	\$291.72	\$259.16	\$270.45	\$232.43	\$235.46	\$223.35	\$225.49	\$197.44	\$191.51	\$196.84	\$188.75	\$216.12	\$257.88	\$309.47	\$367.91	\$433.20	\$496.44	\$567.63	\$644.76	\$726.83	\$812.84	\$902.89	\$996.98	\$1095.11	\$1197.28	\$1303.59	\$1413.04	\$1525.63	\$1641.36	\$1760.33	\$1882.54	\$2008.00	\$2136.71	\$2268.68	\$2403.91
33	\$323.90	\$300.25	\$271.95	\$298.48	\$265.16	\$276.72	\$237.81	\$240.91	\$228.54	\$230.70	\$202.00	\$195.93	\$201.39	\$193.09	\$221.12	\$262.88	\$314.47	\$372.91	\$438.20	\$501.44	\$571.63	\$648.76	\$731.83	\$818.84	\$909.89	\$994.98	\$1084.11	\$1177.28	\$1274.59	\$1375.04	\$1478.63	\$1585.36	\$1695.23	\$1808.24	\$1924.39	\$2043.68	\$2166.11	\$2291.68
34	\$331.62	\$307.40	\$278.43	\$305.59	\$271.48	\$283.31	\$243.47	\$246.65	\$236.20	\$238.20	\$206.81	\$200.59	\$206.18	\$197.68	\$226.38	\$268.03	\$319.52	\$376.96	\$437.25	\$491.49	\$549.68	\$611.81	\$677.88	\$746.99	\$819.14	\$894.33	\$972.56	\$1053.83	\$1138.14	\$1225.49	\$1315.88	\$1409.31	\$1505.78	\$1605.29	\$1707.84	\$1813.45	\$1922.12	\$2033.85
35	\$339.34	\$314.56	\$284.91	\$312.70	\$277.79	\$289.90	\$249.13	\$252.39	\$240.47	\$241.69	\$211.61	\$205.25	\$210.97	\$202.27	\$231.65	\$273.30	\$324.89	\$380.42	\$439.89	\$493.23	\$550.44	\$611.51	\$676.54	\$744.61	\$815.72	\$889.87	\$967.06	\$1047.33	\$1130.68	\$1217.11	\$1306.62	\$1399.21	\$1494.88	\$1593.63	\$1695.46	\$1799.37	\$1905.36	\$2014.41
36	\$347.06	\$321.72	\$291.39	\$319.82	\$284.11	\$296.49	\$254.79	\$258.12	\$247.18	\$248.43	\$216.42	\$209.91	\$215.76	\$206.86	\$236.91	\$278.56	\$329.15	\$383.68	\$432.12	\$484.45	\$540.66	\$599.74	\$660.69	\$724.50	\$791.17	\$860.60	\$932.79	\$1007.64	\$1085.15	\$1165.32	\$1248.15	\$1333.72	\$1422.09	\$1513.10	\$1606.77	\$1703.10	\$1802.09	\$1903.54
37	\$354.79	\$328.87	\$297.87	\$326.93	\$290.43	\$303.09	\$260.45	\$263.86	\$251.40	\$252.67	\$220.45	\$214.57	\$220.55	\$211.45	\$241.71	\$283.36	\$333.95	\$383.39	\$431.68	\$483.91	\$539.08	\$597.19	\$657.14	\$718.93	\$783.50	\$850.73	\$920.62	\$993.17	\$1068.38	\$1146.23	\$1226.82	\$1309.15	\$1393.06	\$1478.45	\$1565.40	\$1653.91	\$1743.98	\$1835.61
38	\$359.03	\$332.81	\$301.43	\$330.84	\$293.90	\$306.71	\$263.57	\$267.01	\$254.40	\$255.69	\$223.87	\$217.14	\$223.19	\$213.98	\$234.07	\$275.72	\$326.31	\$375.75	\$424.04	\$475.27	\$529.44	\$586.51	\$646.42	\$708.08	\$771.49	\$836.64	\$904.43	\$974.86	\$1047.93	\$1123.66	\$1202.09	\$1283.20	\$1366.99	\$1453.46	\$1542.61	\$1633.44	\$1725.95	\$1820.12
39	\$363.28	\$336.74	\$305.00	\$334.76	\$297.37	\$310.34	\$266.68	\$270.17	\$257.41	\$258.71	\$226.81	\$219.70	\$225.82	\$216.51	\$236.60	\$278.25	\$328.84	\$378.28	\$427.51	\$479.64	\$534.66	\$592.57	\$653.34	\$716.96	\$782.39	\$849.58	\$919.51	\$992.18	\$1067.51	\$1145.50	\$1226.13	\$1308.96	\$1394.13	\$1481.64	\$1571.49	\$1663.68	\$1758.11	\$1854.78
40	\$377.56	\$349.98	\$316.98	\$347.91	\$309.06	\$322.53	\$277.15	\$280.78	\$267.51	\$268.87	\$235.40	\$228.32	\$234.68	\$225.00	\$245.09	\$286.74	\$337.29	\$386.73	\$436.06	\$488.27	\$543.36	\$601.23	\$661.86	\$725.23	\$791.34	\$859.19	\$928.78	\$999.11	\$1071.18	\$1145.99	\$1223.54	\$1303.83	\$1386.86	\$1472.53	\$1560.86	\$1651.95	\$1745.78	\$1842.35
41	\$383.58	\$356.58	\$323.29	\$356.43	\$315.06	\$335.06	\$287.91	\$291.68	\$277.89	\$279.31	\$244.53	\$237.17	\$243.78	\$234.72	\$254.81	\$296.46	\$347.01	\$396.45	\$446.78	\$499.99	\$556.06	\$614.99	\$676.76	\$741.37	\$808.81	\$878.98	\$950.79	\$1024.24	\$1099.33	\$1176.06	\$1255.43	\$1337.44	\$1422.09	\$1508.90	\$1597.91	\$1689.12	\$1782.53	\$1878.14
42	\$407.68	\$377.89	\$342.25	\$375.66	\$333.69	\$348.24	\$288.82	\$299.23	\$284.24	\$285.93	\$250.29	\$242.91	\$248.49	\$239.41	\$259.50	\$301.15	\$351.70	\$402.25	\$454.80	\$509.35	\$565.89	\$624.42	\$685.93	\$750.50	\$818.11	\$887.76	\$959.47	\$1033.24	\$1109.07	\$1186.94	\$1266.85	\$1348.80	\$1432.89	\$1519.12	\$1607.49	\$1698.02	\$1790.71	\$1885.64
43	\$425.50	\$392.55	\$352.55	\$386.46	\$340.46	\$354.66	\$293.00	\$303.99	\$287.01	\$288.99	\$253.40	\$245.91	\$251.49																									

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Rates effective July 1, 2014
District of Columbia Small Group Off Exchange
Appendix III-B

	21	22	23	24	25
	Platinum	Platinum	Gold	Gold	Gold
Age	KP DC Platinum 0/20/Dental/Sel	KP DC Platinum 500/20/Dental/Sel	KP DC Gold 0/30/Dental/Sig/Sel	KP DC Gold 1000/30/Den/Sel	KP DC Gold 1250/0%/HSA/De/Sel
20 and Under	\$265.11	\$245.68	\$244.23	\$216.86	\$226.35
21	\$295.85	\$274.26	\$272.64	\$242.22	\$252.77
22	\$295.85	\$274.26	\$272.64	\$242.22	\$252.77
23	\$295.85	\$274.26	\$272.64	\$242.22	\$252.77
24	\$295.85	\$274.26	\$272.64	\$242.22	\$252.77
25	\$295.85	\$274.26	\$272.64	\$242.22	\$252.77
26	\$295.85	\$274.26	\$272.64	\$242.22	\$252.77
27	\$295.85	\$274.26	\$272.64	\$242.22	\$252.77
28	\$302.74	\$280.64	\$278.99	\$247.85	\$258.65
29	\$309.23	\$286.65	\$284.96	\$253.16	\$264.19
30	\$316.93	\$293.79	\$292.06	\$259.46	\$270.77
31	\$325.04	\$301.30	\$299.53	\$266.09	\$277.69
32	\$332.34	\$308.07	\$306.25	\$272.06	\$283.92
33	\$340.04	\$315.20	\$313.34	\$278.36	\$290.49
34	\$348.15	\$322.72	\$320.81	\$284.99	\$297.42
35	\$356.25	\$330.23	\$328.28	\$291.63	\$304.34
36	\$364.36	\$337.74	\$335.75	\$298.26	\$311.26
37	\$372.47	\$345.26	\$343.22	\$304.89	\$318.18
38	\$376.93	\$349.39	\$347.33	\$308.54	\$321.99
39	\$381.39	\$353.52	\$351.44	\$312.18	\$325.80
40	\$396.38	\$367.42	\$365.25	\$324.45	\$338.60
41	\$411.79	\$381.70	\$379.44	\$337.05	\$351.75
42	\$428.00	\$396.72	\$394.38	\$350.32	\$365.60
43	\$444.62	\$412.12	\$409.69	\$363.91	\$379.79
44	\$462.05	\$428.28	\$425.75	\$378.17	\$394.67
45	\$479.89	\$444.81	\$442.18	\$392.76	\$409.90
46	\$498.54	\$462.09	\$459.36	\$408.01	\$425.82
47	\$517.99	\$480.12	\$477.28	\$423.93	\$442.43
48	\$538.26	\$498.90	\$495.96	\$440.51	\$459.74
49	\$559.34	\$518.44	\$515.38	\$457.75	\$477.74
50	\$581.23	\$538.72	\$535.54	\$475.66	\$496.43
51	\$603.93	\$559.76	\$556.45	\$494.23	\$515.81
52	\$627.44	\$581.55	\$578.11	\$513.46	\$535.88
53	\$651.77	\$604.09	\$600.52	\$533.36	\$556.65
54	\$677.30	\$627.76	\$624.05	\$554.25	\$578.45
55	\$703.65	\$652.17	\$648.32	\$575.80	\$600.95
56	\$731.22	\$677.72	\$673.71	\$598.35	\$624.48
57	\$759.59	\$704.01	\$699.85	\$621.56	\$648.71
58	\$789.19	\$731.44	\$727.11	\$645.77	\$673.98
59	\$819.99	\$759.99	\$755.50	\$670.97	\$700.28
60	\$852.02	\$789.67	\$785.00	\$697.16	\$727.62
61	\$885.26	\$820.47	\$815.62	\$724.35	\$756.00
62	\$885.26	\$820.47	\$815.62	\$724.35	\$756.00
63	\$885.26	\$820.47	\$815.62	\$724.35	\$756.00
64+	\$885.26	\$820.47	\$815.62	\$724.35	\$756.00

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Rates effective October 1, 2014
District of Columbia Small Group Off Exchange
Appendix IV-B

	21	22	23	24	25
	Platinum	Platinum	Gold	Gold	Gold
Age	KP DC Platinum 0/20/Dental/Sel	KP DC Platinum 500/20/Dental/Sel	KP DC Gold 0/30/Dental/Sig/Sel	KP DC Gold 1000/30/Den/Sel	KP DC Gold 1250/0%/HSA/De/Sel
20 and Under	\$267.42	\$247.83	\$246.36	\$218.75	\$228.33
21	\$298.42	\$276.64	\$275.01	\$244.32	\$254.96
22	\$298.42	\$276.64	\$275.01	\$244.32	\$254.96
23	\$298.42	\$276.64	\$275.01	\$244.32	\$254.96
24	\$298.42	\$276.64	\$275.01	\$244.32	\$254.96
25	\$298.42	\$276.64	\$275.01	\$244.32	\$254.96
26	\$298.42	\$276.64	\$275.01	\$244.32	\$254.96
27	\$298.42	\$276.64	\$275.01	\$244.32	\$254.96
28	\$305.38	\$283.08	\$281.41	\$250.01	\$260.90
29	\$311.92	\$289.15	\$287.44	\$255.36	\$266.49
30	\$319.69	\$296.35	\$294.60	\$261.71	\$273.12
31	\$327.87	\$303.92	\$302.13	\$268.40	\$280.10
32	\$335.23	\$310.74	\$308.91	\$274.43	\$286.39
33	\$343.00	\$317.94	\$316.07	\$280.78	\$293.02
34	\$351.17	\$325.52	\$323.60	\$287.47	\$300.00
35	\$359.35	\$333.10	\$331.14	\$294.16	\$306.98
36	\$367.53	\$340.68	\$338.67	\$300.85	\$313.97
37	\$375.71	\$348.26	\$346.21	\$307.54	\$320.95
38	\$380.21	\$352.43	\$350.35	\$311.22	\$324.79
39	\$384.70	\$356.60	\$354.49	\$314.90	\$328.63
40	\$399.83	\$370.62	\$368.43	\$327.27	\$341.55
41	\$415.37	\$385.02	\$382.74	\$339.98	\$354.81
42	\$431.73	\$400.18	\$397.81	\$353.36	\$368.78
43	\$448.49	\$415.71	\$413.26	\$367.08	\$383.09
44	\$466.08	\$432.01	\$429.46	\$381.46	\$398.11
45	\$484.07	\$448.68	\$446.03	\$396.18	\$413.47
46	\$502.88	\$466.11	\$463.36	\$411.56	\$429.53
47	\$522.50	\$484.30	\$481.44	\$427.62	\$446.28
48	\$542.95	\$503.25	\$500.27	\$444.34	\$463.74
49	\$564.21	\$522.95	\$519.86	\$461.74	\$481.90
50	\$586.29	\$543.41	\$540.20	\$479.80	\$500.75
51	\$609.19	\$564.64	\$561.30	\$498.53	\$520.30
52	\$632.91	\$586.61	\$583.15	\$517.93	\$540.55
53	\$657.44	\$609.35	\$605.75	\$538.00	\$561.50
54	\$683.20	\$633.22	\$629.48	\$559.07	\$583.49
55	\$709.78	\$657.86	\$653.97	\$580.81	\$606.18
56	\$737.59	\$683.62	\$679.58	\$603.56	\$629.92
57	\$766.21	\$710.15	\$705.95	\$626.97	\$654.36
58	\$796.06	\$737.81	\$733.45	\$651.39	\$679.85
59	\$827.14	\$766.61	\$762.08	\$676.81	\$706.38
60	\$859.44	\$796.55	\$791.84	\$703.24	\$733.96
61	\$892.97	\$827.62	\$822.73	\$730.66	\$762.59
62	\$892.97	\$827.62	\$822.73	\$730.66	\$762.59
63	\$892.97	\$827.62	\$822.73	\$730.66	\$762.59
64+	\$892.97	\$827.62	\$822.73	\$730.66	\$762.59

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

District of Columbia
2014 Small Group Rate Filing
HIOS Issuer ID: 94506
HIOS Product ID

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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
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Professional	Diagnostic Services, Office Visits, Cardiovascular, Chemotherapy/Pharmacy, Dialysis, PT/OT/ST
Other Medical	Other Services
Capitation	Adult Preventive Dental
Prescription Drug	Pharmacy

Morbidity and Other Adjustments:

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

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

The “Other” adjustment in Section II Worksheet I 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 base period utilization copay effect from Exhibit 4. The adjustment is necessary to convert the base period experience from an average plan allowed amount to the allowed amount for the \$0 Copay reference plan.

Finally, the “Other” adjustment also includes the Pediatric Dental adjustment factor, discussed below, to add this EHB into the projected allowed cost.

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 Small Group 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 16 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 Small Group line only based on DISB guidance.

Reinsurance

The reinsurance fee is included in the administrative expense as discussed below.

Administrative Expense

Retention includes broker commissions, administrative expenses, fees and taxes 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 9, 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 and the reinsurance fee. The amount is shown as percent in Exhibit 9.

Projected Loss Ratio

Based on a target admin percentage of 22.0%, which includes a 2% capital contribution margin, we anticipate an MLR based on federally prescribed methodology to be at least 80.0% because taxes can be adjusted out of the MLR calculation. The ultimate MLR would be expected to be slightly higher than 80.0% 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 8.

Embedded Pediatric Dental Adjustment:

Kaiser is embedding pediatric dental benefits into its 2014 plans. Kaiser will pay Dominion Dental a fixed per child per month capitation. Exhibit 15 shows the assumptions and development of the index rate adjustment factor to reflect is capitation on a per member per month basis by adjusting the index rate.

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 10 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 10 reflects both member cost shares and the resulting dampening of expected utilization due to those cost shares.

Network Adjustment

Kaiser provides services to its members in its Signature network in its medical offices and externally with contracted providers. Kaiser offers an expanded network of contracted non-Kaiser physicians in its Select network. Rates for products with the Select network are adjusted by a factor of 1.05 for HMO to reflect the additional cost. This adjustment is consistent with the factor already filed in prior filings.

Age Factors

The age factor table used to develop age specific rates is the standard table provided by DISB indexed to age 21, shown in Exhibit 13.

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.

Quarterly Rate Adjustment

Exhibit 12 includes a quarterly rate adjustment to the rates based on an annual trend of 3.5%

Adult Dental Riders

Kaiser partners with Dominion Dental to offer dental coverage to individuals that choose the optional dental coverage. The rate schedule offered to groups can be found in Exhibit 16. Exhibit 16 also shows a comparison of the dental capitation Dominion charges to Kaiser versus the pmpm collected in the rates charged.

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.

Terminated Plans:

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

DC Added Choice POS Plan 1 (\$5/\$10)
DC Added Choice POS Plan 2 (\$15/\$25)
DC DHMO Plan 1 (\$10/\$20/\$250 Ded - 90%)
DC DHMO Plan 2 (\$15/\$25/\$500 Ded - 90%)
DC DHMO Plan 3 (\$25/\$35/\$2,000 Ded - 80%)
DC DHMO Plan 4 (\$25/\$35/\$1000 Ded - 80%)
DC Flex Choice Plan 1 (100/90/70 - \$10-\$20 OV)
DC Flex Choice Plan 2 (100/80/60 - \$15-\$25 OV)

DC Flex Choice Plan 3 (100/70/50 - \$25-\$35 OV)
 DC Flex Choice Plan 4 (100/80/60 - \$10-\$25 OV)
 DC HDHP Plan 1 (\$1,250 Ded – 80%)
 DC HDHP Plan 2 (\$1,750 Ded – 70%)
 DC HDHP Plan 3 (\$2,250 Ded – 70%)
 DC HDHP Plan 4 (\$1,250 Ded - 100%)
 DC HDHP Plan 5 (\$2,250 Ded - 100%)
 DC HDHP Plan 8 (\$2,800 Ded - 100%)
 DC HMO Plan 1 (\$5/\$10/\$0 IP/\$0 Rx Ded)
 DC HMO Plan 2 (\$10/\$20/\$0 IP/\$0 Rx Ded)
 DC HMO Plan 3 (\$15/\$25/\$0 IP/\$0 Rx Ded)
 DC HMO Plan 4 (\$15/\$30/\$500 IP/\$0 Rx Ded)
 DC HMO Plan 5 (\$20/\$30/\$250 IP/\$0 Rx Ded)
 DC HMO Plan 6 (\$20/\$40/20% IP/\$0 Rx Ded)
 DC HMO Plan 7 (\$10/\$10/\$250 IP/\$0 Rx Ded)
 DC HMO Plan 8 (\$20/\$20/\$500 IP/\$0 Rx Ded)

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. Rates for second through fourth quarter are further adjusted for the quarterly rate adjustments in Exhibit 12.

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 – Fixed Cost Adjustment
- Exhibit 9 – Administrative Expense Factor – Small Group
- Exhibit 10 – Adjustments to the Index Rate
- Exhibit 11 - AV Calculator Values by Plan
- Exhibit 12 – Quarterly Rate Adjustment Factors
- Exhibit 13 – Age Factors
- Exhibit 14 – Adult Preventive Dental Capitation
- Exhibit 15 – Pediatric Dental Adjustment
- Exhibit 16 – Adult Dental Riders
- Appendix I-A - 1st Q 2014 Rate Sheet
- Appendix I-B - 1st Q 2014 Select Rate Sheet
- Appendix II-A - 2nd Q 2014 Rate Sheet
- Appendix II-B - 2nd Q 2014 Select Rate Sheet
- Appendix III-A - 3rd Q 2014 Rate Sheet
- Appendix III-B - 3rd Q 2014 Select Rate Sheet
- Appendix IV-A - 4th Q 2014 Rate Sheet
- Appendix IV-B - 4th Q 2014 Select 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.

A handwritten signature in dark ink, appearing to read "Peter Berry". The signature is written in a cursive style with a large initial "P" and a long, sweeping underline.

Peter Berry, FSA, MAAA
Senior Actuarial Director
Kaiser Foundation Health Plan, Inc.
7/26/2013

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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 I 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 base period utilization copay effect from Exhibit 4. The adjustment is necessary to convert the base period experience from an average plan allowed amount to the allowed amount for the \$0 Copay reference plan.

Finally, the “Other” adjustment also includes the Pediatric Dental adjustment factor, discussed below, to add this EHB into the projected allowed cost.

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 Small Group 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 16 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 Small Group line only based on DISB guidance.

Reinsurance

The reinsurance fee is included in the administrative expense as discussed below.

Administrative Expense

Retention includes broker commissions, administrative expenses, fees and taxes 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 9, 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 and the reinsurance fee. The amount is shown as percent in Exhibit 9.

Projected Loss Ratio

Based on a target admin percentage of 22.0%, which includes a 2% capital contribution margin, we anticipate an MLR based on federally prescribed methodology to be at least 80.0% because taxes can be adjusted out of the MLR calculation. The ultimate MLR would be expected to be slightly higher than 80.0% 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 8.

Embedded Pediatric Dental Adjustment:

Kaiser is embedding pediatric dental benefits into its 2014 plans. Kaiser will pay Dominion Dental a fixed per child per month capitation. Exhibit 15 shows the assumptions and development of the index rate adjustment factor to reflect is capitation on a per member per month basis by adjusting the index rate.

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 10 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 10 reflects both member cost shares and the resulting dampening of expected utilization due to those cost shares.

Network Adjustment

Kaiser provides services to its members in its Signature network in its medical offices and externally with contracted providers. Kaiser offers an expanded network of contracted non-Kaiser physicians in its Select network. Rates for products with the Select network are adjusted by a factor of 1.05 for HMO to reflect the additional cost. This adjustment is consistent with the factor already filed in prior filings.

Age Factors

The age factor table used to develop age specific rates is the standard table provided by DISB indexed to age 21, shown in Exhibit 13.

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.

Quarterly Rate Adjustment

Exhibit 12 includes a quarterly rate adjustment to the rates based on an annual trend of 3.5%

Adult Dental Riders

Kaiser partners with Dominion Dental to offer dental coverage to individuals that choose the optional dental coverage. The rate schedule offered to groups can be found in Exhibit 16. Exhibit 16 also shows a comparison of the dental capitation Dominion charges to Kaiser versus the pmpm collected in the rates charged.

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.

Terminated Plans:

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

- DC Added Choice POS Plan 1 (\$5/\$10)
- DC Added Choice POS Plan 2 (\$15/\$25)
- DC DHMO Plan 1 (\$10/\$20/\$250 Ded - 90%)
- DC DHMO Plan 2 (\$15/\$25/\$500 Ded - 90%)
- DC DHMO Plan 3 (\$25/\$35/\$2,000 Ded - 80%)
- DC DHMO Plan 4 (\$25/\$35/\$1000 Ded - 80%)
- DC Flex Choice Plan 1 (100/90/70 - \$10-\$20 OV)
- DC Flex Choice Plan 2 (100/80/60 - \$15-\$25 OV)

DC Flex Choice Plan 3 (100/70/50 - \$25-\$35 OV)
 DC Flex Choice Plan 4 (100/80/60 - \$10-\$25 OV)
 DC HDHP Plan 1 (\$1,250 Ded – 80%)
 DC HDHP Plan 2 (\$1,750 Ded – 70%)
 DC HDHP Plan 3 (\$2,250 Ded – 70%)
 DC HDHP Plan 4 (\$1,250 Ded - 100%)
 DC HDHP Plan 5 (\$2,250 Ded - 100%)
 DC HDHP Plan 8 (\$2,800 Ded - 100%)
 DC HMO Plan 1 (\$5/\$10/\$0 IP/\$0 Rx Ded)
 DC HMO Plan 2 (\$10/\$20/\$0 IP/\$0 Rx Ded)
 DC HMO Plan 3 (\$15/\$25/\$0 IP/\$0 Rx Ded)
 DC HMO Plan 4 (\$15/\$30/\$500 IP/\$0 Rx Ded)
 DC HMO Plan 5 (\$20/\$30/\$250 IP/\$0 Rx Ded)
 DC HMO Plan 6 (\$20/\$40/20% IP/\$0 Rx Ded)
 DC HMO Plan 7 (\$10/\$10/\$250 IP/\$0 Rx Ded)
 DC HMO Plan 8 (\$20/\$20/\$500 IP/\$0 Rx Ded)

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. Rates for second through fourth quarter are further adjusted for the quarterly rate adjustments in Exhibit 12.

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 – Fixed Cost Adjustment
- Exhibit 9 – Administrative Expense Factor – Small Group
- Exhibit 10 – Adjustments to the Index Rate
- Exhibit 11 - AV Calculator Values by Plan
- Exhibit 12 – Quarterly Rate Adjustment Factors
- Exhibit 13 – Age Factors
- Exhibit 14 – Adult Preventive Dental Capitation
- Exhibit 15 – Pediatric Dental Adjustment
- Exhibit 16 – Adult Dental Riders
- Appendix I-A - 1st Q 2014 Rate Sheet
- Appendix I-B - 1st Q 2014 Select Rate Sheet
- Appendix II-A - 2nd Q 2014 Rate Sheet
- Appendix II-B - 2nd Q 2014 Select Rate Sheet
- Appendix III-A - 3rd Q 2014 Rate Sheet
- Appendix III-B - 3rd Q 2014 Select Rate Sheet
- Appendix IV-A - 4th Q 2014 Rate Sheet
- Appendix IV-B - 4th Q 2014 Select 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.

A handwritten signature in dark ink, appearing to read "Peter Berry". The signature is written in a cursive style with a large initial "P" and a long, sweeping underline.

Peter Berry, FSA, MAAA
Senior Actuarial Director
Kaiser Foundation Health Plan, Inc.
7/26/2013

Index Rate Development
Summary Index Rate Calculation - Small Group
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		
(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	1.088	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 8 converted to % of Index Rate	
(14)	Combined Index Rate Prior to Separate Modifiers	\$262.68	(6) * (9) * (10) * (11) * (12) *(13)	
(15)	Risk Adjustment	0.907	Exhibit 7.3	
(16)	Pediatric Dental Adjustment	1.0118	Exhibit 15	
(17)	Index Rate	\$241.12	(14) * (15)	

**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	105.0%	113.7%	108.8%
Adjustment for risk adjustment recoveries	90.7%	91.9%	91.3%

**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	1.050

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	1.050
(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	1.102
	<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)]		1.102

Development of Risk Adjustment Factor Applied to Index Rate

(12) Adjustment for change in risk in Kaiser membership [(6) / (1)]	105.0%
(13) Adjustment for risk adjustment recoveries [1 / (11)]	90.7%
(14) Total Adjustment [(12) * (13)]	95.2%

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

**Fixed Cost Adjustment - Small Group
Exhibit 8**

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 Factor - Small Group
Exhibit 9

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	5.85%
Commissions	6.00%
Total	22.00%

**Adjustments to the Index Rate
Exhibit 10**

Plans	Metallic Level	Name	Allowable Modifiers			
			Plan Factor	Network Factor	Non-EHB	Admin
1	Platinum	KP DC Platinum 0/20/Dental/Sig	0.8824	1.000	1.0112	1.2821
2	Platinum	KP DC Platinum 500/20/Dental/Sig	0.8177	1.000	1.0112	1.2821
3	Platinum	KP DC Platinum 1250/10/HSA/HRA/Dental/Sig	0.7404	1.000	1.0112	1.2821
4	Gold	KP DC Gold 0/30/Dental/Sig	0.8129	1.000	1.0112	1.2821
5	Gold	KP DC Gold 1000/30/Dental/Sig	0.7218	1.000	1.0112	1.2821
6	Gold	KP DC Gold 1250/0%/HSA/Dental/Sig	0.7534	1.000	1.0112	1.2821
8	Gold	KP DC Gold 1500/30/HSA/HRA/Dental/Sig	0.6470	1.000	1.0112	1.2821
9	Silver	KP DC Silver 1250/35/Dental/Sig	0.6555	1.000	1.0112	1.2821
10	Silver	KP DC Silver 2000/35/Dental/Sig	0.6244	1.000	1.0112	1.2821
11	Silver	KP DC Silver 1500/30/20%/HSA/Dental/Sig	0.6276	1.000	1.0112	1.2821
13	Silver	KP DC Silver 2750/40/30%/HSA/HRA/Dental/Sig	0.5491	1.000	1.0112	1.2821
14	Bronze	KP DC Bronze 4500/50/Dental/Sig	0.5325	1.000	1.0112	1.2821
16	Bronze	KP DC Bronze 3500/20%/HSA/Dental/Sig	0.5474	1.000	1.0112	1.2821
17	Bronze	KP DC Bronze 4500/20/HSA/Dental/Sig	0.5247	1.000	1.0112	1.2821
18	Bronze	KP DC Bronze 4500/50/POS/Dental/Sig	0.6014	1.000	1.0112	1.2821
19	Silver	KP DC Silver 2000/35/POS/Dental/Sig	0.7323	1.000	1.0112	1.2821
20	Gold	KP DC Gold 1000/30/POS/Dental/Sig	0.8449	1.000	1.0112	1.2821
21	Platinum	KP DC Platinum 0/20/Dental/Sel	0.8824	1.050	1.0112	1.2821
22	Platinum	KP DC Platinum 500/20/Dental/Sel	0.8177	1.050	1.0112	1.2821
23	Gold	KP DC Gold 0/30/Dental/Sig/Sel	0.8129	1.050	1.0112	1.2821
24	Gold	KP DC Gold 1000/30/Den/Sel	0.7218	1.050	1.0112	1.2821
25	Gold	KP DC Gold 1250/0%/HSA/De/Sel	0.7534	1.050	1.0112	1.2821

**AV Calculator Values
Exhibit 11**

Plans	Metallic Level	Name	AV Value
1	Platinum	KP DC Platinum 0/20/Dental/Sig	0.904
2	Platinum	KP DC Platinum 500/20/Dental/Sig	0.885
3	Platinum	KP DC Platinum 1250/10/HSA/HRA/Dental/Sig	0.881
4	Gold	KP DC Gold 0/30/Dental/Sig	0.816
5	Gold	KP DC Gold 1000/30/Dental/Sig	0.782
6	Gold	KP DC Gold 1250/0%/HSA/Dental/Sig	0.781
8	Gold	KP DC Gold 1500/30/HSA/HRA/Dental/Sig	0.795
9	Silver	KP DC Silver 1250/35/Dental/Sig	0.714
10	Silver	KP DC Silver 2000/35/Dental/Sig	0.697
11	Silver	KP DC Silver 1500/30/20%/HSA/Dental/Sig	0.684
13	Silver	KP DC Silver 2750/40/30%/HSA/HRA/Dental/Sig	0.710
14	Bronze	KP DC Bronze 4500/50/Dental/Sig	0.612
16	Bronze	KP DC Bronze 3500/20%/HSA/Dental/Sig	0.608
17	Bronze	KP DC Bronze 4500/20/HSA/Dental/Sig	0.591
18	Bronze	KP DC Bronze 4500/50/POS/Dental/Sig	0.612
19	Silver	KP DC Silver 2000/35/POS/Dental/Sig	0.697
20	Gold	KP DC Gold 1000/30/POS/Dental/Sig	0.782
21	Platinum	KP DC Platinum 0/20/Dental/Sel	0.904
22	Platinum	KP DC Platinum 500/20/Dental/Sel	0.885
23	Gold	KP DC Gold 0/30/Dental/Sig/Sel	0.816
24	Gold	KP DC Gold 1000/30/Den/Sel	0.782
25	Gold	KP DC Gold 1250/0%/HSA/De/Sel	0.781

**Quarterly Rate Factors
Exhibit 12**

Plans	Metallic Level	Name	2Q 2014	3 Q 2014	4 Q 2014
1	Platinum	KP DC Platinum 0/20/Dental/Sig	1.009	1.018	1.026
2	Platinum	KP DC Platinum 500/20/Dental/Sig	1.009	1.018	1.026
3	Platinum	KP DC Platinum 1250/10/HSA/HRA/Dental/Sig	1.009	1.018	1.026
4	Gold	KP DC Gold 0/30/Dental/Sig	1.009	1.018	1.026
5	Gold	KP DC Gold 1000/30/Dental/Sig	1.009	1.018	1.026
6	Gold	KP DC Gold 1250/0%/HSA/Dental/Sig	1.009	1.018	1.026
8	Gold	KP DC Gold 1500/30/HSA/HRA/Dental/Sig	1.009	1.018	1.026
9	Silver	KP DC Silver 1250/35/Dental/Sig	1.009	1.018	1.026
10	Silver	KP DC Silver 2000/35/Dental/Sig	1.009	1.018	1.026
11	Silver	KP DC Silver 1500/30/20%/HSA/Dental/Sig	1.009	1.018	1.026
13	Silver	KP DC Silver 2750/40/30%/HSA/HRA/Dental/Sig	1.009	1.018	1.026
14	Bronze	KP DC Bronze 4500/50/Dental/Sig	1.009	1.018	1.026
16	Bronze	KP DC Bronze 3500/20%/HSA/Dental/Sig	1.009	1.018	1.026
17	Bronze	KP DC Bronze 4500/20/HSA/Dental/Sig	1.009	1.018	1.026
18	Bronze	KP DC Bronze 4500/50/POS/Dental/Sig	1.009	1.018	1.026
19	Silver	KP DC Silver 2000/35/POS/Dental/Sig	1.009	1.018	1.026
20	Gold	KP DC Gold 1000/30/POS/Dental/Sig	1.009	1.018	1.026
21	Platinum	KP DC Platinum 0/20/Dental/Sel	1.009	1.018	1.026
22	Platinum	KP DC Platinum 500/20/Dental/Sel	1.009	1.018	1.026
23	Gold	KP DC Gold 0/30/Dental/Sig/Sel	1.009	1.018	1.026
24	Gold	KP DC Gold 1000/30/Den/Sel	1.009	1.018	1.026
25	Gold	KP DC Gold 1250/0%/HSA/De/Sel	1.009	1.018	1.026

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	0.746	1.03
34	0.775	1.07
35	0.805	1.11
36	0.836	1.15
37	0.869	1.20
38	0.903	1.24
39	0.938	1.29
40	0.975	1.34
41	1.013	1.39
42	1.053	1.45
43	1.094	1.50
44	1.137	1.56
45	1.181	1.62
46	1.227	1.69
47	1.275	1.75
48	1.325	1.82
49	1.377	1.89
50	1.431	1.97
51	1.487	2.05
52	1.545	2.13
53	1.605	2.21
54	1.668	2.29
55	1.733	2.38
56	1.801	2.48
57	1.871	2.57
58	1.944	2.67
59	2.02	2.78
60	2.099	2.89
61	2.181	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

**Embedded Pediatric Dental Adjustment Factor
Exhibit 15**

	Expected Dentist Compensation Per Child Per Mo	Expected payments due to OOP Maximum Per Child Per Mo	Dominion Admin Per Child Per Mo	Adjustment Factor for the limit of 3x premium per family Multipicitive Load	Formula-Indicated Rate Per Ch Per Mo [max 3x] ¹	PMPM Rate Impact Small Group
703xspEmbed-DC-6350OOP	8.51	0.19	1.50	101.0%	\$10.30	\$3.09
703xspEmbed-DC-5200OOP	8.51	0.23	1.50	101.0%	\$10.34	\$3.10
703xspEmbed-DC-5000OOP	8.51	0.24	1.50	101.0%	\$10.35	\$3.11
703xspEmbed-DC-4000OOP	8.52	0.31	1.50	101.0%	\$10.43	\$3.13
703xspEmbed-DC-3500OOP	8.53	0.41	1.50	101.0%	\$10.55	\$3.17
703xspEmbed-DC-2500OOP	8.58	0.78	1.50	101.0%	\$10.97	\$3.29
703xspEmbed-DC-2250OOP	8.59	0.87	1.50	101.0%	\$11.07	\$3.32
703xspEmbed-DC-1500OOP	8.62	1.15	1.50	101.0%	\$11.39	\$3.42
Assume % Children ²						30%
Average PMPM Rate Impact						\$3.20
Market level Index Rate Adustment Factor ³						1.0118
					40 year old Silver Plan Rate	272.76
					40 year old Silver Plan Rate with Ped Dental Adjustment	275.96

¹ This is the per child per month capitation paid by Kaiser to Dominion

² Average % Children assumption based on current membership mix

³ The market level Index Rate Adjustment Factor is set to reproduce the average PMPM in a 40 year old Silver Plan rate, which is consider an average rate.

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
2014 Small Group Rate Filing
Exhibit 16 - Comparison of 2014 Dominion PMPMs by plan to Kaiser Charged Dental PMPMs

Current Dental Plan	2014 PMPM Rate ¹	2014 Charged PMPM
Off Exchange		
\$30 Preventive Plan (embedded)	\$1.15	\$0.00
Dental HMO Adult (Rider)	\$13.43	\$13.43
Dental POS Adult (Rider)	\$15.21	\$15.21
Dental PPO Adult (Rider)	\$31.27	\$31.27

¹ Kaiser Foundation Health Plan of the Mid-Atlantic States entered into a dental services administration agreement with Dominion Dental Services USA, Inc. effective January 1, 2008 to provide a portfolio of adult dental plans to our customers. Kaiser pays Dominion a designated PMPM administrative fee on a monthly basis based on the enrollment in each dental plan offered. The administrative fees cover all provider costs and claims reimbursements, member services, provider network development and maintenance, credentialing, recredentialing, reporting, and other administrative services that Dominion performs to support the dental product offering.

Age Factors
Exhibit 13

Age	Age Slope	Age Factor Indexed to Age 21
20	0.654	0.90
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	0.744	1.02
29	0.76	1.05
30	0.779	1.07
31	0.799	1.10
32	0.817	1.12
33	0.836	1.15
34	0.856	1.18
35	0.876	1.20
36	0.896	1.23
37	0.916	1.26
38	0.927	1.28
39	0.938	1.29
40	0.975	1.34
41	1.013	1.39
42	1.053	1.45
43	1.094	1.50
44	1.137	1.56
45	1.181	1.62
46	1.227	1.69
47	1.275	1.75
48	1.325	1.82
49	1.377	1.89
50	1.431	1.97
51	1.487	2.05
52	1.545	2.13
53	1.605	2.21
54	1.668	2.29
55	1.733	2.38
56	1.801	2.48
57	1.871	2.57
58	1.944	2.67
59	2.02	2.78
60	2.099	2.89
61	2.181	3.00
62	2.181	3.00
63	2.181	3.00
64+	2.181	3.00

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Rates effective January 1, 2014
District of Columbia Small Group Off Exchange
Appendix I-B

	21	22	23	24	25
	Platinum	Platinum	Gold	Gold	Gold
Age	KP DC Platinum 0/20/Dental/Sel	KP DC Platinum 500/20/Dental/Sel	KP DC Gold 0/30/Dental/Sig/Sel	KP DC Gold 1000/30/Den/Sel	KP DC Gold 1250/0%/HSA/De/Sel
20 and Under	\$260.54	\$241.45	\$240.02	\$213.13	\$222.45
21	\$290.78	\$269.55	\$267.96	\$238.06	\$248.43
22	\$290.78	\$269.55	\$267.96	\$238.06	\$248.43
23	\$290.78	\$269.55	\$267.96	\$238.06	\$248.43
24	\$290.78	\$269.55	\$267.96	\$238.06	\$248.43
25	\$290.78	\$269.55	\$267.96	\$238.06	\$248.43
26	\$290.78	\$269.55	\$267.96	\$238.06	\$248.43
27	\$290.78	\$269.55	\$267.96	\$238.06	\$248.43
28	\$297.55	\$275.83	\$274.20	\$243.60	\$254.22
29	\$303.92	\$281.73	\$280.07	\$248.82	\$259.66
30	\$311.49	\$288.75	\$287.05	\$255.01	\$266.12
31	\$319.46	\$296.13	\$294.39	\$261.53	\$272.92
32	\$326.63	\$302.78	\$300.99	\$267.39	\$279.05
33	\$334.20	\$309.79	\$307.97	\$273.59	\$285.51
34	\$342.17	\$317.18	\$315.31	\$280.10	\$292.31
35	\$350.13	\$324.56	\$322.65	\$286.62	\$299.11
36	\$358.10	\$331.94	\$329.99	\$293.14	\$305.92
37	\$366.07	\$339.33	\$337.33	\$299.66	\$312.72
38	\$370.45	\$343.39	\$341.36	\$303.24	\$316.46
39	\$374.83	\$347.45	\$345.40	\$306.83	\$320.20
40	\$389.57	\$361.11	\$358.98	\$318.88	\$332.79
41	\$404.71	\$375.14	\$372.93	\$331.27	\$345.71
42	\$420.65	\$389.91	\$387.61	\$344.30	\$359.32
43	\$436.98	\$405.04	\$402.65	\$357.66	\$373.27
44	\$454.11	\$420.92	\$418.43	\$371.68	\$387.89
45	\$471.64	\$437.16	\$434.58	\$386.01	\$402.86
46	\$489.97	\$454.15	\$451.47	\$401.00	\$418.50
47	\$509.09	\$471.87	\$469.08	\$416.65	\$434.83
48	\$529.01	\$490.33	\$487.43	\$432.94	\$451.84
49	\$549.72	\$509.53	\$506.52	\$449.89	\$469.53
50	\$571.24	\$529.46	\$526.33	\$467.48	\$487.89
51	\$593.55	\$550.14	\$546.89	\$485.73	\$506.94
52	\$616.65	\$571.55	\$568.17	\$504.63	\$526.67
53	\$640.56	\$593.70	\$590.19	\$524.19	\$547.08
54	\$665.65	\$616.96	\$613.31	\$544.72	\$568.51
55	\$691.55	\$640.96	\$637.17	\$565.90	\$590.62
56	\$718.64	\$666.06	\$662.13	\$588.06	\$613.75
57	\$746.53	\$691.91	\$687.82	\$610.87	\$637.56
58	\$775.61	\$718.86	\$714.61	\$634.66	\$662.39
59	\$805.89	\$746.91	\$742.50	\$659.43	\$688.24
60	\$837.36	\$776.08	\$771.49	\$685.17	\$715.11
61	\$870.03	\$806.35	\$801.59	\$711.89	\$743.00
62	\$870.03	\$806.35	\$801.59	\$711.89	\$743.00
63	\$870.03	\$806.35	\$801.59	\$711.89	\$743.00
64+	\$870.03	\$806.35	\$801.59	\$711.89	\$743.00

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Rates effective April 1, 2014
District of Columbia Small Group Off Exchange
Appendix II-B

	21	22	23	24	25
	Platinum	Platinum	Gold	Gold	Gold
Age	KP DC Platinum 0/20/Dental/Sel	KP DC Platinum 500/20/Dental/Sel	KP DC Gold 0/30/Dental/Sig/Sel	KP DC Gold 1000/30/Den/Sel	KP DC Gold 1250/0%/HSA/De/Sel
20 and Under	\$262.82	\$243.56	\$242.12	\$214.99	\$224.39
21	\$293.30	\$271.89	\$270.29	\$240.13	\$250.59
22	\$293.30	\$271.89	\$270.29	\$240.13	\$250.59
23	\$293.30	\$271.89	\$270.29	\$240.13	\$250.59
24	\$293.30	\$271.89	\$270.29	\$240.13	\$250.59
25	\$293.30	\$271.89	\$270.29	\$240.13	\$250.59
26	\$293.30	\$271.89	\$270.29	\$240.13	\$250.59
27	\$293.30	\$271.89	\$270.29	\$240.13	\$250.59
28	\$300.13	\$278.22	\$276.58	\$245.72	\$256.42
29	\$306.56	\$284.18	\$282.51	\$250.98	\$261.91
30	\$314.20	\$291.26	\$289.54	\$257.23	\$268.43
31	\$322.24	\$298.71	\$296.95	\$263.80	\$275.30
32	\$329.47	\$305.41	\$303.61	\$269.72	\$281.47
33	\$337.11	\$312.49	\$310.64	\$275.96	\$287.99
34	\$345.14	\$319.94	\$318.05	\$282.54	\$294.85
35	\$353.18	\$327.38	\$325.45	\$289.11	\$301.71
36	\$361.22	\$334.83	\$332.86	\$295.69	\$308.58
37	\$369.25	\$342.28	\$340.26	\$302.26	\$315.44
38	\$373.68	\$346.38	\$344.33	\$305.88	\$319.21
39	\$378.10	\$350.47	\$348.40	\$309.49	\$322.99
40	\$392.96	\$364.25	\$362.10	\$321.66	\$335.68
41	\$408.24	\$378.40	\$376.17	\$334.15	\$348.72
42	\$424.31	\$393.30	\$390.98	\$347.30	\$362.45
43	\$440.79	\$408.57	\$406.16	\$360.77	\$376.51
44	\$458.07	\$424.58	\$422.08	\$374.91	\$391.27
45	\$475.75	\$440.97	\$438.37	\$389.37	\$406.36
46	\$494.23	\$458.10	\$455.40	\$404.49	\$422.15
47	\$513.52	\$475.98	\$473.17	\$420.27	\$438.62
48	\$533.62	\$494.60	\$491.68	\$436.71	\$455.77
49	\$554.51	\$513.96	\$510.93	\$453.80	\$473.61
50	\$576.21	\$534.07	\$530.92	\$471.55	\$492.14
51	\$598.72	\$554.93	\$551.65	\$489.96	\$511.36
52	\$622.03	\$576.53	\$573.12	\$509.03	\$531.26
53	\$646.14	\$598.87	\$595.33	\$528.75	\$551.84
54	\$671.45	\$622.33	\$618.66	\$549.46	\$573.46
55	\$697.57	\$646.54	\$642.72	\$570.83	\$595.76
56	\$724.90	\$671.87	\$667.89	\$593.18	\$619.09
57	\$753.03	\$697.93	\$693.81	\$616.19	\$643.11
58	\$782.37	\$725.12	\$720.83	\$640.19	\$668.16
59	\$812.91	\$753.42	\$748.97	\$665.17	\$694.23
60	\$844.66	\$782.84	\$778.22	\$691.14	\$721.34
61	\$877.61	\$813.38	\$808.57	\$718.10	\$749.47
62	\$877.61	\$813.38	\$808.57	\$718.10	\$749.47
63	\$877.61	\$813.38	\$808.57	\$718.10	\$749.47
64+	\$877.61	\$813.38	\$808.57	\$718.10	\$749.47

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Rates effective July 1, 2014
District of Columbia Small Group Off Exchange
Appendix III-B

	21	22	23	24	25
	Platinum	Platinum	Gold	Gold	Gold
Age	KP DC Platinum 0/20/Dental/Sel	KP DC Platinum 500/20/Dental/Sel	KP DC Gold 0/30/Dental/Sig/Sel	KP DC Gold 1000/30/Den/Sel	KP DC Gold 1250/0%/HSA/De/Sel
20 and Under	\$265.11	\$245.68	\$244.23	\$216.86	\$226.35
21	\$295.85	\$274.26	\$272.64	\$242.22	\$252.77
22	\$295.85	\$274.26	\$272.64	\$242.22	\$252.77
23	\$295.85	\$274.26	\$272.64	\$242.22	\$252.77
24	\$295.85	\$274.26	\$272.64	\$242.22	\$252.77
25	\$295.85	\$274.26	\$272.64	\$242.22	\$252.77
26	\$295.85	\$274.26	\$272.64	\$242.22	\$252.77
27	\$295.85	\$274.26	\$272.64	\$242.22	\$252.77
28	\$302.74	\$280.64	\$278.99	\$247.85	\$258.65
29	\$309.23	\$286.65	\$284.96	\$253.16	\$264.19
30	\$316.93	\$293.79	\$292.06	\$259.46	\$270.77
31	\$325.04	\$301.30	\$299.53	\$266.09	\$277.69
32	\$332.34	\$308.07	\$306.25	\$272.06	\$283.92
33	\$340.04	\$315.20	\$313.34	\$278.36	\$290.49
34	\$348.15	\$322.72	\$320.81	\$284.99	\$297.42
35	\$356.25	\$330.23	\$328.28	\$291.63	\$304.34
36	\$364.36	\$337.74	\$335.75	\$298.26	\$311.26
37	\$372.47	\$345.26	\$343.22	\$304.89	\$318.18
38	\$376.93	\$349.39	\$347.33	\$308.54	\$321.99
39	\$381.39	\$353.52	\$351.44	\$312.18	\$325.80
40	\$396.38	\$367.42	\$365.25	\$324.45	\$338.60
41	\$411.79	\$381.70	\$379.44	\$337.05	\$351.75
42	\$428.00	\$396.72	\$394.38	\$350.32	\$365.60
43	\$444.62	\$412.12	\$409.69	\$363.91	\$379.79
44	\$462.05	\$428.28	\$425.75	\$378.17	\$394.67
45	\$479.89	\$444.81	\$442.18	\$392.76	\$409.90
46	\$498.54	\$462.09	\$459.36	\$408.01	\$425.82
47	\$517.99	\$480.12	\$477.28	\$423.93	\$442.43
48	\$538.26	\$498.90	\$495.96	\$440.51	\$459.74
49	\$559.34	\$518.44	\$515.38	\$457.75	\$477.74
50	\$581.23	\$538.72	\$535.54	\$475.66	\$496.43
51	\$603.93	\$559.76	\$556.45	\$494.23	\$515.81
52	\$627.44	\$581.55	\$578.11	\$513.46	\$535.88
53	\$651.77	\$604.09	\$600.52	\$533.36	\$556.65
54	\$677.30	\$627.76	\$624.05	\$554.25	\$578.45
55	\$703.65	\$652.17	\$648.32	\$575.80	\$600.95
56	\$731.22	\$677.72	\$673.71	\$598.35	\$624.48
57	\$759.59	\$704.01	\$699.85	\$621.56	\$648.71
58	\$789.19	\$731.44	\$727.11	\$645.77	\$673.98
59	\$819.99	\$759.99	\$755.50	\$670.97	\$700.28
60	\$852.02	\$789.67	\$785.00	\$697.16	\$727.62
61	\$885.26	\$820.47	\$815.62	\$724.35	\$756.00
62	\$885.26	\$820.47	\$815.62	\$724.35	\$756.00
63	\$885.26	\$820.47	\$815.62	\$724.35	\$756.00
64+	\$885.26	\$820.47	\$815.62	\$724.35	\$756.00

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Rates effective October 1, 2014
District of Columbia Small Group Off Exchange
Appendix IV-B

	21	22	23	24	25
	Platinum	Platinum	Gold	Gold	Gold
Age	KP DC Platinum 0/20/Dental/Sel	KP DC Platinum 500/20/Dental/Sel	KP DC Gold 0/30/Dental/Sig/Sel	KP DC Gold 1000/30/Den/Sel	KP DC Gold 1250/0%/HSA/De/Sel
20 and Under	\$267.42	\$247.83	\$246.36	\$218.75	\$228.33
21	\$298.42	\$276.64	\$275.01	\$244.32	\$254.96
22	\$298.42	\$276.64	\$275.01	\$244.32	\$254.96
23	\$298.42	\$276.64	\$275.01	\$244.32	\$254.96
24	\$298.42	\$276.64	\$275.01	\$244.32	\$254.96
25	\$298.42	\$276.64	\$275.01	\$244.32	\$254.96
26	\$298.42	\$276.64	\$275.01	\$244.32	\$254.96
27	\$298.42	\$276.64	\$275.01	\$244.32	\$254.96
28	\$305.38	\$283.08	\$281.41	\$250.01	\$260.90
29	\$311.92	\$289.15	\$287.44	\$255.36	\$266.49
30	\$319.69	\$296.35	\$294.60	\$261.71	\$273.12
31	\$327.87	\$303.92	\$302.13	\$268.40	\$280.10
32	\$335.23	\$310.74	\$308.91	\$274.43	\$286.39
33	\$343.00	\$317.94	\$316.07	\$280.78	\$293.02
34	\$351.17	\$325.52	\$323.60	\$287.47	\$300.00
35	\$359.35	\$333.10	\$331.14	\$294.16	\$306.98
36	\$367.53	\$340.68	\$338.67	\$300.85	\$313.97
37	\$375.71	\$348.26	\$346.21	\$307.54	\$320.95
38	\$380.21	\$352.43	\$350.35	\$311.22	\$324.79
39	\$384.70	\$356.60	\$354.49	\$314.90	\$328.63
40	\$399.83	\$370.62	\$368.43	\$327.27	\$341.55
41	\$415.37	\$385.02	\$382.74	\$339.98	\$354.81
42	\$431.73	\$400.18	\$397.81	\$353.36	\$368.78
43	\$448.49	\$415.71	\$413.26	\$367.08	\$383.09
44	\$466.08	\$432.01	\$429.46	\$381.46	\$398.11
45	\$484.07	\$448.68	\$446.03	\$396.18	\$413.47
46	\$502.88	\$466.11	\$463.36	\$411.56	\$429.53
47	\$522.50	\$484.30	\$481.44	\$427.62	\$446.28
48	\$542.95	\$503.25	\$500.27	\$444.34	\$463.74
49	\$564.21	\$522.95	\$519.86	\$461.74	\$481.90
50	\$586.29	\$543.41	\$540.20	\$479.80	\$500.75
51	\$609.19	\$564.64	\$561.30	\$498.53	\$520.30
52	\$632.91	\$586.61	\$583.15	\$517.93	\$540.55
53	\$657.44	\$609.35	\$605.75	\$538.00	\$561.50
54	\$683.20	\$633.22	\$629.48	\$559.07	\$583.49
55	\$709.78	\$657.86	\$653.97	\$580.81	\$606.18
56	\$737.59	\$683.62	\$679.58	\$603.56	\$629.92
57	\$766.21	\$710.15	\$705.95	\$626.97	\$654.36
58	\$796.06	\$737.81	\$733.45	\$651.39	\$679.85
59	\$827.14	\$766.61	\$762.08	\$676.81	\$706.38
60	\$859.44	\$796.55	\$791.84	\$703.24	\$733.96
61	\$892.97	\$827.62	\$822.73	\$730.66	\$762.59
62	\$892.97	\$827.62	\$822.73	\$730.66	\$762.59
63	\$892.97	\$827.62	\$822.73	\$730.66	\$762.59
64+	\$892.97	\$827.62	\$822.73	\$730.66	\$762.59

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:	Small Group																
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>		<u>Aggregate Amount</u>		<u>PMPM</u>	<u>% of Prem</u>																
14	Premiums (net of MLR Rebate) in Experience Period:	\$14,974,690		\$321.37		100.00%																	
15	Incurred Claims in Experience Period	\$13,318,794		285.83		88.94%																	
16	Allowed Claims:	\$14,688,584		315.23		98.09%																	
17	Index Rate of Experience Period			\$310.49																			
18	Experience Period Member Months	46,597																					
19																							
20	Section II: Allowed Claims, PMPM basis																						
21		<u>Experience Period</u>		<u>Projection Period:</u>		1/1/2014		to	12/31/2014		Mid-point to Mid-point, Experience to Projection:						24					months	
22		<u>on Actual Experience Allowed</u>			<u>Adj't. from Experience to Annualized Trend</u>				<u>Projections, before credibility Adjustment</u>			<u>Credibility Manual</u>											
23	Benefit Category	Utilization Description	Utilization per 1,000	Average Cost/Service	PMPM	Pop'l risk Morbidity		Other	Cost	Util	Utilization per 1,000	Average Cost/Service	PMPM	Utilization per 1,000	Average Cost/Service	PMPM							
24	Inpatient Hospital	Days	235.12	\$4,692.91	\$91.95	1.088	1.088	1.035	1.010	260.94	\$5,467.66	\$118.89	0.00	\$0.00	\$0.00								
25	Outpatient Hospital	Visits	406.38	1,256.78	42.56	1.088	1.088	1.035	1.010	451.00	1,464.27	55.03	0.00	0.00	0.00								
26	Professional	Visits	6,388.74	253.03	134.71	1.088	1.088	1.015	1.008	7,058.71	283.76	166.91	0.00	0.00	0.00								
27	Other Medical	Visits	209.37	92.16	1.61	1.088	1.088	1.015	1.008	231.33	103.35	1.99	0.00	0.00	0.00								
28	Capitation		12,000.00	1.15	1.15	1.000	1.000	1.000	1.000	12,000.00	1.15	1.15	0.00	0.00	0.00								
29	Prescription Drug	Prescriptions	5,806.47	89.37	43.25	1.088	1.088	1.022	1.022	6,604.84	101.62	55.93	0.00	0.00	0.00								
30	Total				\$315.23							\$399.92			\$0.00								
31																							
32	Section III: Projected Experience:	Projected Allowed Experience Claims PMPM (w/applied credibility if applicable)											100.00%			0.00%		\$399.92	Projected Period Totals				
33		Paid to Allowed Average Factor in Projection Period																0.705					
34		Projected Incurred Claims, before ACA rein & Risk Adj't, PMPM																\$281.91	\$11,684,531				
35		Projected Risk Adjustments PMPM																26.15	1,083,807				
36		Projected Incurred Claims, before reinsurance recoveries, net of rein prem, PMPM																\$255.76	\$10,600,724				
37		Projected ACA reinsurance recoveries, net of rein prem, PMPM																0.00	0				
38		Projected Incurred Claims																\$255.76	\$10,600,724				
39		Administrative Expense Load														17.05%		55.92	2,317,623				
40		Profit & Risk Load														2.00%		6.56	271,822				
41		Taxes & Fees														2.95%		9.67	400,938				
42		Single Risk Pool Gross Premium Avg. Rate, PMPM																\$327.91	\$13,591,107				
43		Index Rate for Projection Period																\$393.90					
44		% increase over Experience Period																2.04%					
45		% Increase, annualized:																1.01%					
46		Projected Member Months																	41,448				
47																							
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: Small Group

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product/Plan ID	Small Group On Exchange HMO Signature												Small Group On Exchange HMO Select Network									
	94506DC0350001						94506DC0350002						94506DC0350011									
Product	Platinum	Platinum	Gold	Gold	Gold	Gold	Silver	Silver	Silver	Bronze	Bronze	Bronze	Bronze	Gold	Platinum	Platinum	Gold	Gold				
AV Metal Value	0.904	0.885	0.816	0.782	0.781	0.799	0.714	0.697	0.684	0.695	0.612	0.619	0.608	0.591	0.612	0.697	0.782	0.904	0.782			
AV Pricing Value	0.882	0.818	0.813	0.722	0.722	0.740	0.656	0.624	0.628	0.647	0.533	0.549	0.547	0.525	0.514	0.891	0.927	0.854	0.758			
Plan Type	Platinum	Platinum	Gold	Gold	Gold	Gold	Silver	Silver	Silver	Bronze	Bronze	Bronze	Bronze	Gold	Platinum	Platinum	Gold	Gold	Gold			
Plan Name	Platinum	Platinum	Gold	Gold	Gold	Gold	Silver	Silver	Silver	Bronze	Bronze	Bronze	Bronze	Gold	Platinum	Platinum	Gold	Gold	Gold			
Plan ID (Standard Component ID)	94506DC0350001	94506DC0350002	94506DC0350004	94506DC0350005	94506DC0350006	94506DC0350007	94506DC0350008	94506DC0350009	94506DC0350010	94506DC0350011	94506DC0350012	94506DC0350013	94506DC0350014	94506DC0350015	94506DC0360001	94506DC0360002	94506DC0360003	94506DC0350016	94506DC0350017	94506DC0350018	94506DC0350019	
Historical Rate Increase - Calendar Year - 2	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Historical Rate Increase - Calendar Year - 1	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Historical Rate Increase - Calendar Year 0	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
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	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%	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)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Prod'l Per Rate Change % (over Expir. Period)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Product Threshold 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%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

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

Plan ID (Standard Component ID)	Total	94506DC0350001	94506DC0350002	94506DC0350004	94506DC0350005	94506DC0350006	94506DC0350007	94506DC0350008	94506DC0350009	94506DC0350010	94506DC0350011	94506DC0350012	94506DC0350013	94506DC0350014	94506DC0360001	94506DC0360002	94506DC0360003	94506DC0350016	94506DC0350017	94506DC0350018	94506DC0350019	
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	\$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	\$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	\$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	\$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	\$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	\$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	\$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	\$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	\$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	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Average Current Rate PMPM	\$327.91	\$327.91	\$327.91	\$327.91	\$327.91	\$327.91	\$327.91	\$327.91	\$327.91	\$327.91	\$327.91	\$327.91	\$327.91	\$327.91	\$327.91	\$327.91	\$327.91	\$327.91	\$327.91	\$327.91	\$327.91	\$327.91
Projected Member Months	41,448	140	136	136	408	408	408	408	3,070	3,070	3,070	3,070	3,070	512	512	136	136	408	408	408	408	408

Section III: Experience Period Information

Plan ID (Standard Component ID)	Total	94506DC0350001	94506DC0350002	94506DC0350004	94506DC0350005	94506DC0350006	94506DC0350007	94506DC0350008	94506DC0350009	94506DC0350010	94506DC0350011	94506DC0350012	94506DC0350013	94506DC0350014	94506DC0360001	94506DC0360002	94506DC0360003	94506DC0350016	94506DC0350017	94506DC0350018	94506DC0350019
Average Rate PMPM	\$327.91	\$327.91	\$327.91	\$327.91	\$327.91	\$327.91	\$327.91	\$327.91	\$327.91	\$327.91	\$327.91	\$327.91	\$327.91	\$327.91	\$327.91	\$327.91	\$327.91	\$327.91	\$327.91	\$327.91	\$327.91
Member Months	41,448	140	136	136	408	408	408	408	3,070	3,070	3,070	3,070	3,070	512	512	136	136	408	408	408	408
Total Premium (TP)	\$14,566,804	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
EHB basis or full portion of TP, [see instructions]	0.00%																				
state mandated benefits portion of TP that are other than EHB	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%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Total Allowed Claims (TAC)	\$14,688,144																				
EHB basis or full portion of TAC, [see instructions]	0.00%																				
state mandated benefits portion of TAC that are other than EHB	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%	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 or funds of behalf of insured person, in dollars	\$1,445,443	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Portion of above payable by HHS on behalf of insured person, as %	0.00%	#DIV/0!																			
Total Incurred Claims, payable with issuer funds	\$13,242,141	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Net Amt of Reim	\$0.00																				
Net Amt of Risk Adj	\$0.00																				
Incurred Claims PMPM	\$338.21	#DIV/0!																			
Allowed Claims PMPM	\$315.23	#DIV/0!																			
EHB portion of Allowed Claims, PMPM	\$0.00	#DIV/0!																			

Section IV: Projected (12 months following effective date)

Plan ID (Standard Component ID)	Total	94506DC0350001	94506DC0350002	94506DC0350004	94506DC0350005	94506DC0350006	94506DC0350007	94506DC0350008	94506DC0350009	94506DC0350010	94506DC0350011	94506DC0350012	94506DC0350013	94506DC0350014	94506DC0360001	94506DC0360002	94506DC0360003	94506DC0350016	94506DC0350017	94506DC0350018	94506DC0350019	
Average Rate PMPM	\$327.91	\$327.91	\$327.91	\$327.91	\$327.91	\$327.91	\$327.91	\$327.91	\$327.91	\$327.91	\$327.91	\$327.91	\$327.91	\$327.91	\$327.91	\$327.91	\$327.91	\$327.91	\$327.91	\$327.91	\$327.91	
Member Months	41,448	140	136	136	408	408	408	408	3,070	3,070	3,070	3,070	3,070	512	512	136	136	408	408	408	408	
Total Premium (TP)	\$13,591,107	\$45,907	\$44,593	\$44,593	\$133,786	\$133,786	\$133,786	\$133,786	\$1,006,676	\$1,006,676	\$1,006,676	\$1,006,676	\$1,006,676	\$167,889	\$167,889	\$167,889	\$44,593	\$44,593	\$44,593	\$134,114	\$134,114	\$134

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking					
SERFF Filing #: KPMA-129044206					
Company Name: Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.					
Form Number(s) of Plan: KP DC Platinum 0/20/Dental DC-SG-PLATINUM-0-20-DENTAL-HMO-COST(01-14), DC-SG-PLATINUM-0-20-DENTAL-HMO-RX(01-14)					
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	0%	N/A	
	Coinsurance (% , Insurer's Cost Share) (Drug)	C11	0%	N/A	
	Coinsurance (% , Insurer's Cost Share) (Combined)	D11	N/A	N/A	
	OOP Maximum (\$)	B12	\$1,500	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 (\$) (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	\$100	3	
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19		N/A	
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19	\$150	1	
	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	\$20	1	
	Specialist Visit, Coinsurance, if different	D21		N/A	
	Specialist Visit, Copay, if separate	E21	\$30	1	
	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	\$20	2	
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24		N/A	
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24	\$150	5	
	Rehabilitative Speech Therapy, Coinsurance, if different	D27		N/A	
	Rehabilitative Speech Therapy, Copay, if separate	E27	\$30	4	
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28		N/A	
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	\$30	4	
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32		N/A	
	Laboratory Outpatient and Professional Services, Copay, if separate	E32	\$30	5	
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33		N/A	
	X-rays and Diagnostic Imaging, Copay, if separate	E33	\$30	5	
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34		N/A	
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34	\$150	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	\$100	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		N/A
	Generics, Copay, if separate	E38	\$5	6
	Preferred Brand Drugs, Coinsurance, if different	D39		N/A
	Preferred Brand Drugs, Copay, if separate	E39	\$15	6
	Non-Preferred Brand Drugs, Coinsurance, if different	D40		N/A
	Non-Preferred Brand Drugs, Copay, if separate	E40	30	N/A
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41		N/A
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41	\$15	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-129044206					
Company Name: Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.					
Plan Name: KP DC Platinum 500/20/Dental, Form : DC-SG-PLATINUM-500-20-DENTAL-DHMO-COST(01-14), DC-SG-PLATINUM-500-20-DENTAL-DHMO-RX(01-14)					
	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	\$500	N/A	
	Deductible (\$) (Drug)	C10	\$0	N/A	
	Deductible (\$) (Combined)	D10	N/A	1	
	Coinsurance (% , Insurer's Cost Share) (Medical)	B11	0%	N/A	
	Coinsurance (% , Insurer's Cost Share) (Drug)	C11	0%	N/A	
	Coinsurance (% , Insurer's Cost Share) (Combined)	D11	N/A	N/A	
	OOP Maximum (\$)	B12	\$1,500	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	\$100	3	
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19		N/A	
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19	\$100	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	\$20	1	
	Specialist Visit, Coinsurance, if different	D21		N/A	
	Specialist Visit, Copay, if separate	E21	\$30	1	
	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	\$20	2	
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24		N/A	
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24	\$50	5	
	Rehabilitative Speech Therapy, Coinsurance, if different	D27		N/A	
	Rehabilitative Speech Therapy, Copay, if separate	E27	\$30	4	
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28		N/A	
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	\$30	5	
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32		N/A	
	Laboratory Outpatient and Professional Services, Copay, if separate	E32	\$20	5	
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33		N/A	
	X-rays and Diagnostic Imaging, Copay, if separate	E33	\$20	5	
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34		N/A	
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34	\$100	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	\$50	2	
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36		N/A	
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36		2	
	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		N/A
	Generics, Copay, if separate	E38	\$5	6
	Preferred Brand Drugs, Coinsurance, if different	D39		N/A
	Preferred Brand Drugs, Copay, if separate	E39	\$25	6
	Non-Preferred Brand Drugs, Coinsurance, if different	D40		6
	Non-Preferred Brand Drugs, Copay, if separate	E40	\$50	N/A
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41		N/A
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41	\$25	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-129044206					
Company Name: Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.					
Form Number(s) of Plan: KP DC Platinum 1250/10/HRA/HSA/Dental					
DC-SG-PLATINUM-1250-10-HSA-HRA-DENTAL-HDHP-COST(01-14), DC-SG-PLATINUM-1250-10-HSA-HRA-DENTAL-HDHP-RX(01-14)					
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	625	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	\$1,250	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	0%	N/A	
	OOP Maximum (\$)	B12	\$2,500	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	\$100	3	
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19		N/A	
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19	\$100	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	\$10	2	
	Specialist Visit, Coinsurance, if different	D21		N/A	
	Specialist Visit, Copay, if separate	E21	\$10	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	\$10	2	
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24		N/A	
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24	\$50	5	
	Rehabilitative Speech Therapy, Coinsurance, if different	D27		N/A	
	Rehabilitative Speech Therapy, Copay, if separate	E27	\$10	3	
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28		N/A	
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	\$10	3	
	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	\$100	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	\$50	N/A	
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36		N/A	
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36		2	
	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		N/A
	Generics, Copay, if separate	E38	\$5	6
	Preferred Brand Drugs, Coinsurance, if different	D39		N/A
	Preferred Brand Drugs, Copay, if separate	E39	\$25	6
	Non-Preferred Brand Drugs, Coinsurance, if different	D40		N/A
	Non-Preferred Brand Drugs, Copay, if separate	E40	\$45	6
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41		N/A
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41	\$25	N/A
Tier 2	Generics, Coinsurance, if different	H38		N/A
	Generics, Copay, if separate	I38		6
	Preferred Brand Drugs, Coinsurance, if different	H39		N/A
	Preferred Brand Drugs, Copay, if separate	I39		6
	Non-Preferred Brand Drugs, Coinsurance, if different	H40		N/A
	Non-Preferred Brand Drugs, Copay, if separate	I40		6
	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-129044206					
Company Name: Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.					
Form Number(s) of Plan: KP DC Gold 0/30/Dental DC-SG-GOLD-0-30-DENTAL-HMO-COST(01-14), DC-SG-GOLD-0-30-DENTAL-HMO-RX(01-14)					
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	0%	N/A	
	Coinsurance (% , Insurer's Cost Share) (Drug)	C11	0%	N/A	
	Coinsurance (% , Insurer's Cost Share) (Combined)	D11	N/A	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		N/A	
	Emergency Room Services, Copay, if separate	E18	\$200	3	
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19		N/A	
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19	\$300	1	
	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	\$30	1	
	Specialist Visit, Coinsurance, if different	D21		N/A	
	Specialist Visit, Copay, if separate	E21	\$40	1	
	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	\$30	2	
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24		N/A	
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24	\$300	5	
	Rehabilitative Speech Therapy, Coinsurance, if different	D27		N/A	
	Rehabilitative Speech Therapy, Copay, if separate	E27	\$40	4	
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28		N/A	
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	\$40	4	
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32		N/A	
	Laboratory Outpatient and Professional Services, Copay, if separate	E32	\$40	5	
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33		N/A	
	X-rays and Diagnostic Imaging, Copay, if separate	E33	\$40	5	
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34		N/A	
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34	\$300	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	\$150	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		N/A
	Generics, Copay, if separate	E38	\$15	6
	Preferred Brand Drugs, Coinsurance, if different	D39		N/A
	Preferred Brand Drugs, Copay, if separate	E39	\$50	6
	Non-Preferred Brand Drugs, Coinsurance, if different	D40		N/A
	Non-Preferred Brand Drugs, Copay, if separate	E40	\$100	N/A
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41		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	3	
	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-129044206					
Company Name: Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.					
Plan Name: KP DC Gold 1000/30/Dental, Form : DC-SG-GOLD-1000-30-DENTAL-DHMO-COST(01-14), DC-SG-GOLD-1000-30-DENTAL-DHMO-RX(01-14)					
	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	10%	N/A	
	Coinsurance (% , Insurer's Cost Share) (Drug)	C11	0%	N/A	
	Coinsurance (% , Insurer's Cost Share) (Combined)	D11	N/A	N/A	
	OOP Maximum (\$)	B12	\$3,500	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	\$150	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	\$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	\$30	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	0%	4	
	Rehabilitative Speech Therapy, Copay, if separate	E27	\$30	N/A	
	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		2	
	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		N/A
	Generics, Copay, if separate	E38	\$15	6
	Preferred Brand Drugs, Coinsurance, if different	D39		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	\$60	N/A
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41		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-129044206					
Company Name: Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.					
Form Number(s) of Plan: KP DC Gold HDHP 1250/0%/HSA/Dental DC-SG-GOLD-1250-0%-HSA-DENTAL-HDHP-COST(01-14), DC-SG-GOLD-1250-0%-HSA-DENTAL-HDHP-RX(01-14)					
	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	\$1,250	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	0%	N/A	
	OOP Maximum (\$)	B12	\$2,500	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	\$200	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		N/A
	Generics, Copay, if separate	E38	\$15	6
	Preferred Brand Drugs, Coinsurance, if different	D39		N/A
	Preferred Brand Drugs, Copay, if separate	E39	\$35	6
	Non-Preferred Brand Drugs, Coinsurance, if different	D40		N/A
	Non-Preferred Brand Drugs, Copay, if separate	E40	\$50	6
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41		N/A
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41	\$35	N/A
Tier 2	Generics, Coinsurance, if different	H38		N/A
	Generics, Copay, if separate	I38		6
	Preferred Brand Drugs, Coinsurance, if different	H39		N/A
	Preferred Brand Drugs, Copay, if separate	I39		6
	Non-Preferred Brand Drugs, Coinsurance, if different	H40		N/A
	Non-Preferred Brand Drugs, Copay, if separate	I40		6
	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-129044206					
Company Name: Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.					
Plan Name: KP DC Gold 1000/30/POS/Dental, Form : DC-SG-GOLD-1000-30-POS-DENTAL-COST(01-14), DC-SG-GOLD-1000-30-POS-DENTAL-RX(01-14)					
	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	10%	N/A	
	Coinsurance (% , Insurer's Cost Share) (Drug)	C11	0%	N/A	
	Coinsurance (% , Insurer's Cost Share) (Combined)	D11	N/A	N/A	
	OOP Maximum (\$)	B12	\$3,500	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	\$150	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	\$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	\$30	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	0%	4	
	Rehabilitative Speech Therapy, Copay, if separate	E27	\$30	N/A	
	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		2	
	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		N/A
	Generics, Copay, if separate	E38	\$15	6
	Preferred Brand Drugs, Coinsurance, if different	D39		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	\$60	N/A
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41		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-129044206					
Company Name: Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.					
Form Number(s) of Plan: KP DC Gold 1500/30/10%/HRA/HSA/Dental DC-SG-GOLD-1500-30-HSA-HRA-DENTAL-HDHP-COST(01-14), DC-SG-GOLD-1500-30-HSA-DENTAL-HDHP-RX(01-14)					
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	750	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	\$1,500	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	\$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		4	
	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	\$30	2	
	Specialist Visit, Coinsurance, if different	D21	0%	N/A	
	Specialist Visit, Copay, if separate	E21	\$40	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	\$30	2	
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24		6	
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24		N/A	
	Rehabilitative Speech Therapy, Coinsurance, if different	D27	0%	N/A	
	Rehabilitative Speech Therapy, Copay, if separate	E27	\$40	3	
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28	0%	N/A	
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	\$40	3	
	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	\$25	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	0%	N/A
	Non-Preferred Brand Drugs, Copay, if separate	E40	\$75	6
	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		6
	Preferred Brand Drugs, Coinsurance, if different	H39		N/A
	Preferred Brand Drugs, Copay, if separate	I39		6
	Non-Preferred Brand Drugs, Coinsurance, if different	H40		N/A
	Non-Preferred Brand Drugs, Copay, if separate	I40		6
	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-129044206					
Company Name: Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.					
Plan Name: KP DC Silver 1250/35/Dental, Form : DC-SG-SILVER-1250-35-DENTAL-DHMO-COST(01-14), DC-SG-SILVER-1250-35-DENTAL-DHMO-RX(01-14)					
	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	\$1,250	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	\$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	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	\$35	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%	N/A	
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	\$35	2	
	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	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%	5	
	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	0%	N/A
	Preferred Brand Drugs, Copay, if separate	E39	\$50	6
	Non-Preferred Brand Drugs, Coinsurance, if different	D40	0%	6
	Non-Preferred Brand Drugs, Copay, if separate	E40	\$75	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		
	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-129044206					
Company Name: Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.					
Plan Name: KP DC Silver 2000/35/Dental, Form : DC-SG-SILVER-2000-35-DENTAL-DHMO-COST(01-14), DC-SG-SILVER-2000-35-DENTAL-DHMO-RX(01-14)					
	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	\$2,000	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	0%	N/A	
	Coinsurance (% Insurer's Cost Share) (Combined)	D11	N/A	N/A	
	OOB Maximum (\$)	B12	\$5,000	6	
	OOB Maximum if Separate (\$) (Medical)	B13	N/A	N/A	
	OOB 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	
	OOB Maximum (\$)	F12	N/A	N/A	
	OOB Maximum if Separate (\$) (Medical)	F13	N/A	N/A	
	OOB 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	\$35	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%	N/A	
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	\$35	2	
	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	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%	5	
	Laboratory Outpatient and Professional Services, Copay, if separate	E32	\$50	N/A	
	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		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	\$50	6
	Non-Preferred Brand Drugs, Coinsurance, if different	D40		6
	Non-Preferred Brand Drugs, Copay, if separate	E40	\$75	N/A
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41		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		
	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-129044206					
Company Name: Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.					
Form Number(s) of Plan: KP DC Silver 1500/30/HSA/Dental DC-SG-SILVER-1500-30-HSA-DENTAL-HDHP-COST(01-14), DC-SG-SILVER-1500-30-HSA-DENTAL-HDHP-RX(01-14)					
	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	\$1,500	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	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		4	
	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	\$30	2	
	Specialist Visit, Coinsurance, if different	D21	0%	N/A	
	Specialist Visit, Copay, if separate	E21	\$40	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	\$30	2	
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24		6	
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24		N/A	
	Rehabilitative Speech Therapy, Coinsurance, if different	D27	0%	N/A	
	Rehabilitative Speech Therapy, Copay, if separate	E27	\$40	3	
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28	0%	N/A	
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	\$40	3	
	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	\$25	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	0%	N/A
	Non-Preferred Brand Drugs, Copay, if separate	E40	\$75	6
	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		6
	Preferred Brand Drugs, Coinsurance, if different	H39		N/A
	Preferred Brand Drugs, Copay, if separate	I39		6
	Non-Preferred Brand Drugs, Coinsurance, if different	H40		N/A
	Non-Preferred Brand Drugs, Copay, if separate	I40		6
	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-129044206					
Company Name: Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.					
Plan Name: KP DC Silver 2000/35/POS/Dental, Form : DC-SG-SILVER-2000-35-POS-DENTAL-COST(01-14), DC-SG-SILVER-2000-35-POS-DENTAL-RX(01-14)					
	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	\$2,000	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	0%	N/A	
	Coinsurance (% Insurer's Cost Share) (Combined)	D11	N/A	N/A	
	OOB Maximum (\$)	B12	\$5,000	6	
	OOB Maximum if Separate (\$) (Medical)	B13	N/A	N/A	
	OOB 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	
	OOB Maximum (\$)	F12	N/A	N/A	
	OOB Maximum if Separate (\$) (Medical)	F13	N/A	N/A	
	OOB 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	\$35	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%	N/A	
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	\$35	2	
	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	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%	5	
	Laboratory Outpatient and Professional Services, Copay, if separate	E32	\$50	N/A	
	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		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	\$50	6
	Non-Preferred Brand Drugs, Coinsurance, if different	D40		6
	Non-Preferred Brand Drugs, Copay, if separate	E40	\$75	N/A
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41		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		
	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-129044206					
Company Name: Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.					
Form Number(s) of Plan: KP DC Silver 2750/40/30%/HRA/HSA/Dental DC-SG-SILVER-2750-40-30%-HRA-HSA-DENTAL-HDHP-COST(01-14), DC-SG-SILVER-2750-40-30%-HRA-HSA-DENTAL-HDHP-RX(01-14)					
	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	750	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	\$2,750	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	\$6,350	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	\$40	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	\$25	3	
	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	0%	N/A	
	Rehabilitative Speech Therapy, Copay, if separate	E27	\$50	3	
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28	0%	N/A	
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	\$50	3	
	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	\$25	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	0%	N/A
	Non-Preferred Brand Drugs, Copay, if separate	E40	\$75	6
	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		6
	Preferred Brand Drugs, Coinsurance, if different	H39		N/A
	Preferred Brand Drugs, Copay, if separate	I39		6
	Non-Preferred Brand Drugs, Coinsurance, if different	H40		N/A
	Non-Preferred Brand Drugs, Copay, if separate	I40		6
	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-129044206					
Company Name: Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.					
Plan Name: KP DC Bronze 4500/50/Dental, Form : DC-SG-BRONZE-4500-50-DENTAL-DHMO-COST(01-14), DC-SG-BRONZE-4500-50-DENTAL-DHMO-RX(01-14)					
	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	40%	N/A	
	OOB Maximum (\$)	B12	\$6,350	6	
	OOB Maximum if Separate (\$) (Medical)	B13	N/A	N/A	
	OOB 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	
	OOB Maximum (\$)	F12	N/A	N/A	
	OOB Maximum if Separate (\$) (Medical)	F13	N/A	N/A	
	OOB 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		N/A	
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24		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		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		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	0%	N/A
	Preferred Brand Drugs, Copay, if separate	E39	\$60	6
	Non-Preferred Brand Drugs, Coinsurance, if different	D40	50%	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	\$60	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-129044206					
Company Name: Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.					
Form Number(s) of Plan: KP DC Bronze 3500/20%/HSA/Dental DC-SG-BRONZE-3500-20%-HSA-DENTAL-HDHP-COST(01-14), DC-SG-BRONZE-3500-20%-HSA-DENTAL-HDHP-RX(01-14)					
	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	\$3,500	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	20%	N/A	
	OOP Maximum (\$)	B12	\$6,350	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		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		6	
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24		N/A	
	Rehabilitative Speech Therapy, Coinsurance, if different	D27		4	
	Rehabilitative Speech Therapy, Copay, if separate	E27		N/A	
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28		4	
	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	\$25	6
	Preferred Brand Drugs, Coinsurance, if different	D39	0%	N/A
	Preferred Brand Drugs, Copay, if separate	E39	\$60	6
	Non-Preferred Brand Drugs, Coinsurance, if different	D40	50%	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	\$60	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-129044206					
Company Name: Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.					
Form Number(s) of Plan: KP DC Bronze 4500/20/HSA/Dental DC-SG-BRONZE-4500-20-HSA-DENTAL-HDHP-COST(01-14), DC-SG-BRONZE-4500-20-HSA-DENTAL-HDHP-RX(01-14)					
	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	\$6,350	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. 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	0%	N/A	
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	\$20	2	
	Specialist Visit, Coinsurance, if different	D21	0%	N/A	
	Specialist Visit, Copay, if separate	E21	\$30	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	\$20	2	
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24		N/A	
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24		6	
	Rehabilitative Speech Therapy, Coinsurance, if different	D27	0%	N/A	
	Rehabilitative Speech Therapy, Copay, if separate	E27	\$30	3	
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28	0%	N/A	
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	\$30	3	
	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. 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	\$25	6
	Preferred Brand Drugs, Coinsurance, if different	D39	0%	N/A
	Preferred Brand Drugs, Copay, if separate	E39	\$60	6
	Non-Preferred Brand Drugs, Coinsurance, if different	D40	50%	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	\$60	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-129044206					
Company Name: Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.					
Form Number(s) of Plan: KP DC Bronze 4500/50/POS/Dental, Forms: DC-SG-BRONZE-4500-50-POS-DENTAL-COST(01-14), DC-SG-BRONZE-4500-50-POS-DENTAL-RX(01-14)					
	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	1	
	Deductible (\$) (Drug)	C10	N/A	N/A	
	Deductible (\$) (Combined)	D10	\$4,500	N/A	
	Coinsurance (% , Insurer's Cost Share) (Medical)	B11	N/A	All	
	Coinsurance (% , Insurer's Cost Share) (Drug)	C11	N/A		
	Coinsurance (% , Insurer's Cost Share) (Combined)	D11	40%		
	OOP Maximum (\$)	B12	\$6,350	7	
	OOP Maximum if Separate (\$) (Medical)	B13	N/A	7	
	OOP Maximum if Separate (\$) (Drug)	C13	N/A	N/A	
Tier 2	Deductible (\$) (Medical)	F10	N/A	1	
	Deductible (\$) (Drug)	G10	N/A	N/A	
	Deductible (\$) (Combined)	H10	N/A	N/A	
	Coinsurance (% , Insurer's Cost Share) (Medical)	F11	N/A		
	Coinsurance (% , Insurer's Cost Share) (Drug)	G11	N/A		
	Coinsurance (% , Insurer's Cost Share) (Combined)	H11	N/A		
	OOP Maximum (\$)	F12	N/A	8	
	OOP Maximum if Separate (\$) (Medical)	F13	N/A	8	
	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	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	3	
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24		6	
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24		N/A	
	Rehabilitative Speech Therapy, Coinsurance, if different	D27	0%	N/A	
	Rehabilitative Speech Therapy, Copay, if separate	E27	\$50	5	
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28	0%	N/A	
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	\$50	5	
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32		N/A	
	Laboratory Outpatient and Professional Services, Copay, if separate	E32		6	
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33		N/A	
	X-rays and Diagnostic Imaging, Copay, if separate	E33		6	
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34		5	
	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		3
		Emergency Room Services, Copay, if separate	I18		N/A
		All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		2
		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		2
		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		2
		Specialist Visit, Copay, if separate	I21		N/A
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		3
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22		N/A
Imaging (CT/PET Scans, MRIs), Coinsurance, if different		H24		6	
Imaging (CT/PET Scans, MRIs), Copay, if separate		I24		N/A	
Rehabilitative Speech Therapy, Coinsurance, if different		H27		5	
Rehabilitative Speech Therapy, Copay, if separate		I27		N/A	
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different		H28		5	
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate		I28		N/A	
Laboratory Outpatient and Professional Services, Coinsurance, if different		H32		6	
Laboratory Outpatient and Professional Services, Copay, if separate		I32		N/A	
X-rays and Diagnostic Imaging, Coinsurance, if different		H33		6	
X-rays and Diagnostic Imaging, Copay, if separate		I33		N/A	
Skilled Nursing Facility, Coinsurance, if different		H34		5	
Skilled Nursing Facility, Copay, if separate		I34		N/A	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different		H35		2	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate		I35		N/A	
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different		H36		2	

	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	0%	N/A
	Preferred Brand Drugs, Copay, if separate	E39	\$60	6
	Non-Preferred Brand Drugs, Coinsurance, if different	D40	50%	N/A
	Non-Preferred Brand Drugs, Copay, if separate	E40		6
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	0%	N/A
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41	\$60	N/A
Tier 2	Generics, Coinsurance, if different	H38		N/A
	Generics, Copay, if separate	I38		6
	Preferred Brand Drugs, Coinsurance, if different	H39		N/A
	Preferred Brand Drugs, Copay, if separate	I39		6
	Non-Preferred Brand Drugs, Coinsurance, if different	H40		N/A
	Non-Preferred Brand Drugs, Copay, if separate	I40		6
	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		N/A
	Maximum Number of Days for Charging an IP Copay	B48		N/A
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		N/A
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		N/A

State: District of Columbia**Filing Company:**

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

TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO**Product Name:** DC Small Group Off Exchange Rate Filing**Project Name/Number:** /

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
07/29/2013		Rate	DC Small Group Off Exchange Rate Sheets	08/07/2013	DC Small Group Off Exchange Rate Sheets.pdf (Superseded)
07/29/2013		Supporting Document	Actuarial Memorandum	08/07/2013	DC Off Exchange 2014 Small Group Actuarial Memorandum_v1.pdf Small Group Off Exchange Exhibits 1 - 16.pdf DC Small Group Off Exchange Rate Sheets.pdf (Superseded)
07/29/2013		Supporting Document	Actuarial Memorandum and Certifications	08/07/2013	DC Off Exchange 2014 Small Group Actuarial Memorandum_v1.pdf Small Group Off Exchange Exhibits 1 - 16.pdf DC Small Group Off Exchange Rate Sheets.pdf (Superseded)

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Rates effective January 1, 2014
District of Columbia Small Group Off Exchange
Appendix I-B

	21	22	23	24	25
	Platinum	Platinum	Gold	Gold	Gold
Age	KP DC Platinum 0/20/Dental/Sel	KP DC Platinum 500/20/Dental/Sel	KP DC Gold 0/30/Dental/Sig/Sel	KP DC Gold 1000/30/Den/Sel	KP DC Gold 1250/0%/HSA/De/Sel
20 and Under	\$289.63	\$268.40	\$266.81	\$236.91	\$247.28
21	\$290.78	\$269.55	\$267.96	\$238.06	\$248.43
22	\$290.78	\$269.55	\$267.96	\$238.06	\$248.43
23	\$290.78	\$269.55	\$267.96	\$238.06	\$248.43
24	\$290.78	\$269.55	\$267.96	\$238.06	\$248.43
25	\$290.78	\$269.55	\$267.96	\$238.06	\$248.43
26	\$290.78	\$269.55	\$267.96	\$238.06	\$248.43
27	\$290.78	\$269.55	\$267.96	\$238.06	\$248.43
28	\$290.78	\$269.55	\$267.96	\$238.06	\$248.43
29	\$290.78	\$269.55	\$267.96	\$238.06	\$248.43
30	\$290.78	\$269.55	\$267.96	\$238.06	\$248.43
31	\$290.78	\$269.55	\$267.96	\$238.06	\$248.43
32	\$290.78	\$269.55	\$267.96	\$238.06	\$248.43
33	\$298.34	\$276.57	\$274.94	\$244.26	\$254.90
34	\$309.90	\$287.27	\$285.58	\$253.71	\$264.76
35	\$321.85	\$298.35	\$296.59	\$263.48	\$274.96
36	\$334.20	\$309.79	\$307.97	\$273.59	\$285.51
37	\$347.35	\$321.98	\$320.08	\$284.34	\$296.73
38	\$360.89	\$334.53	\$332.56	\$295.42	\$308.30
39	\$374.83	\$347.45	\$345.40	\$306.83	\$320.20
40	\$389.57	\$361.11	\$358.98	\$318.88	\$332.79
41	\$404.71	\$375.14	\$372.93	\$331.27	\$345.71
42	\$420.65	\$389.91	\$387.61	\$344.30	\$359.32
43	\$436.98	\$405.04	\$402.65	\$357.66	\$373.27
44	\$454.11	\$420.92	\$418.43	\$371.68	\$387.89
45	\$471.64	\$437.16	\$434.58	\$386.01	\$402.86
46	\$489.97	\$454.15	\$451.47	\$401.00	\$418.50
47	\$509.09	\$471.87	\$469.08	\$416.65	\$434.83
48	\$529.01	\$490.33	\$487.43	\$432.94	\$451.84
49	\$549.72	\$509.53	\$506.52	\$449.89	\$469.53
50	\$571.24	\$529.46	\$526.33	\$467.48	\$487.89
51	\$593.55	\$550.14	\$546.89	\$485.73	\$506.94
52	\$616.65	\$571.55	\$568.17	\$504.63	\$526.67
53	\$640.56	\$593.70	\$590.19	\$524.19	\$547.08
54	\$665.65	\$616.96	\$613.31	\$544.72	\$568.51
55	\$691.55	\$640.96	\$637.17	\$565.90	\$590.62
56	\$718.64	\$666.06	\$662.13	\$588.06	\$613.75
57	\$746.53	\$691.91	\$687.82	\$610.87	\$637.56
58	\$775.61	\$718.86	\$714.61	\$634.66	\$662.39
59	\$805.89	\$746.91	\$742.50	\$659.43	\$688.24
60	\$837.36	\$776.08	\$771.49	\$685.17	\$715.11
61	\$870.03	\$806.35	\$801.59	\$711.89	\$743.00
62	\$870.03	\$806.35	\$801.59	\$711.89	\$743.00
63	\$870.03	\$806.35	\$801.59	\$711.89	\$743.00
64+	\$870.03	\$806.35	\$801.59	\$711.89	\$743.00

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Rates effective April 1, 2014
District of Columbia Small Group Off Exchange
Appendix II-B

	21	22	23	24	25
	Platinum	Platinum	Gold	Gold	Gold
Age	KP DC Platinum 0/20/Dental/Sel	KP DC Platinum 500/20/Dental/Sel	KP DC Gold 0/30/Dental/Sig/Sel	KP DC Gold 1000/30/Den/Sel	KP DC Gold 1250/0%/HSA/De/Sel
20 and Under	\$292.15	\$270.74	\$269.14	\$238.98	\$249.44
21	\$293.30	\$271.89	\$270.29	\$240.13	\$250.59
22	\$293.30	\$271.89	\$270.29	\$240.13	\$250.59
23	\$293.30	\$271.89	\$270.29	\$240.13	\$250.59
24	\$293.30	\$271.89	\$270.29	\$240.13	\$250.59
25	\$293.30	\$271.89	\$270.29	\$240.13	\$250.59
26	\$293.30	\$271.89	\$270.29	\$240.13	\$250.59
27	\$293.30	\$271.89	\$270.29	\$240.13	\$250.59
28	\$293.30	\$271.89	\$270.29	\$240.13	\$250.59
29	\$293.30	\$271.89	\$270.29	\$240.13	\$250.59
30	\$293.30	\$271.89	\$270.29	\$240.13	\$250.59
31	\$293.30	\$271.89	\$270.29	\$240.13	\$250.59
32	\$293.30	\$271.89	\$270.29	\$240.13	\$250.59
33	\$300.94	\$278.97	\$277.33	\$246.38	\$257.11
34	\$312.59	\$289.77	\$288.06	\$255.91	\$267.06
35	\$324.65	\$300.94	\$299.17	\$265.77	\$277.35
36	\$337.11	\$312.49	\$310.64	\$275.96	\$287.99
37	\$350.37	\$324.78	\$322.86	\$286.81	\$299.31
38	\$364.03	\$337.44	\$335.45	\$297.99	\$310.98
39	\$378.10	\$350.47	\$348.40	\$309.49	\$322.99
40	\$392.96	\$364.25	\$362.10	\$321.66	\$335.68
41	\$408.24	\$378.40	\$376.17	\$334.15	\$348.72
42	\$424.31	\$393.30	\$390.98	\$347.30	\$362.45
43	\$440.79	\$408.57	\$406.16	\$360.77	\$376.51
44	\$458.07	\$424.58	\$422.08	\$374.91	\$391.27
45	\$475.75	\$440.97	\$438.37	\$389.37	\$406.36
46	\$494.23	\$458.10	\$455.40	\$404.49	\$422.15
47	\$513.52	\$475.98	\$473.17	\$420.27	\$438.62
48	\$533.62	\$494.60	\$491.68	\$436.71	\$455.77
49	\$554.51	\$513.96	\$510.93	\$453.80	\$473.61
50	\$576.21	\$534.07	\$530.92	\$471.55	\$492.14
51	\$598.72	\$554.93	\$551.65	\$489.96	\$511.36
52	\$622.03	\$576.53	\$573.12	\$509.03	\$531.26
53	\$646.14	\$598.87	\$595.33	\$528.75	\$551.84
54	\$671.45	\$622.33	\$618.66	\$549.46	\$573.46
55	\$697.57	\$646.54	\$642.72	\$570.83	\$595.76
56	\$724.90	\$671.87	\$667.89	\$593.18	\$619.09
57	\$753.03	\$697.93	\$693.81	\$616.19	\$643.11
58	\$782.37	\$725.12	\$720.83	\$640.19	\$668.16
59	\$812.91	\$753.42	\$748.97	\$665.17	\$694.23
60	\$844.66	\$782.84	\$778.22	\$691.14	\$721.34
61	\$877.61	\$813.38	\$808.57	\$718.10	\$749.47
62	\$877.61	\$813.38	\$808.57	\$718.10	\$749.47
63	\$877.61	\$813.38	\$808.57	\$718.10	\$749.47
64+	\$877.61	\$813.38	\$808.57	\$718.10	\$749.47

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Rates effective July 1, 2014
District of Columbia Small Group Off Exchange
Appendix III-B

	21	22	23	24	25
	Platinum	Platinum	Gold	Gold	Gold
Age	KP DC Platinum 0/20/Dental/Sel	KP DC Platinum 500/20/Dental/Sel	KP DC Gold 0/30/Dental/Sig/Sel	KP DC Gold 1000/30/Den/Sel	KP DC Gold 1250/0%/HSA/De/Sel
20 and Under	\$294.70	\$273.11	\$271.49	\$241.07	\$251.62
21	\$295.85	\$274.26	\$272.64	\$242.22	\$252.77
22	\$295.85	\$274.26	\$272.64	\$242.22	\$252.77
23	\$295.85	\$274.26	\$272.64	\$242.22	\$252.77
24	\$295.85	\$274.26	\$272.64	\$242.22	\$252.77
25	\$295.85	\$274.26	\$272.64	\$242.22	\$252.77
26	\$295.85	\$274.26	\$272.64	\$242.22	\$252.77
27	\$295.85	\$274.26	\$272.64	\$242.22	\$252.77
28	\$295.85	\$274.26	\$272.64	\$242.22	\$252.77
29	\$295.85	\$274.26	\$272.64	\$242.22	\$252.77
30	\$295.85	\$274.26	\$272.64	\$242.22	\$252.77
31	\$295.85	\$274.26	\$272.64	\$242.22	\$252.77
32	\$295.85	\$274.26	\$272.64	\$242.22	\$252.77
33	\$303.55	\$281.39	\$279.74	\$248.52	\$259.34
34	\$315.31	\$292.29	\$290.57	\$258.13	\$269.38
35	\$327.47	\$303.56	\$301.77	\$268.08	\$279.76
36	\$340.04	\$315.20	\$313.34	\$278.36	\$290.49
37	\$353.41	\$327.60	\$325.67	\$289.30	\$301.92
38	\$367.20	\$340.37	\$338.37	\$300.58	\$313.68
39	\$381.39	\$353.52	\$351.44	\$312.18	\$325.80
40	\$396.38	\$367.42	\$365.25	\$324.45	\$338.60
41	\$411.79	\$381.70	\$379.44	\$337.05	\$351.75
42	\$428.00	\$396.72	\$394.38	\$350.32	\$365.60
43	\$444.62	\$412.12	\$409.69	\$363.91	\$379.79
44	\$462.05	\$428.28	\$425.75	\$378.17	\$394.67
45	\$479.89	\$444.81	\$442.18	\$392.76	\$409.90
46	\$498.54	\$462.09	\$459.36	\$408.01	\$425.82
47	\$517.99	\$480.12	\$477.28	\$423.93	\$442.43
48	\$538.26	\$498.90	\$495.96	\$440.51	\$459.74
49	\$559.34	\$518.44	\$515.38	\$457.75	\$477.74
50	\$581.23	\$538.72	\$535.54	\$475.66	\$496.43
51	\$603.93	\$559.76	\$556.45	\$494.23	\$515.81
52	\$627.44	\$581.55	\$578.11	\$513.46	\$535.88
53	\$651.77	\$604.09	\$600.52	\$533.36	\$556.65
54	\$677.30	\$627.76	\$624.05	\$554.25	\$578.45
55	\$703.65	\$652.17	\$648.32	\$575.80	\$600.95
56	\$731.22	\$677.72	\$673.71	\$598.35	\$624.48
57	\$759.59	\$704.01	\$699.85	\$621.56	\$648.71
58	\$789.19	\$731.44	\$727.11	\$645.77	\$673.98
59	\$819.99	\$759.99	\$755.50	\$670.97	\$700.28
60	\$852.02	\$789.67	\$785.00	\$697.16	\$727.62
61	\$885.26	\$820.47	\$815.62	\$724.35	\$756.00
62	\$885.26	\$820.47	\$815.62	\$724.35	\$756.00
63	\$885.26	\$820.47	\$815.62	\$724.35	\$756.00
64+	\$885.26	\$820.47	\$815.62	\$724.35	\$756.00

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Rates effective October 1, 2014
District of Columbia Small Group Off Exchange
Appendix IV-B

	21	22	23	24	25
	Platinum	Platinum	Gold	Gold	Gold
Age	KP DC Platinum 0/20/Dental/Sel	KP DC Platinum 500/20/Dental/Sel	KP DC Gold 0/30/Dental/Sig/Sel	KP DC Gold 1000/30/Den/Sel	KP DC Gold 1250/0%/HSA/De/Sel
20 and Under	\$297.27	\$275.49	\$273.86	\$243.17	\$253.81
21	\$298.42	\$276.64	\$275.01	\$244.32	\$254.96
22	\$298.42	\$276.64	\$275.01	\$244.32	\$254.96
23	\$298.42	\$276.64	\$275.01	\$244.32	\$254.96
24	\$298.42	\$276.64	\$275.01	\$244.32	\$254.96
25	\$298.42	\$276.64	\$275.01	\$244.32	\$254.96
26	\$298.42	\$276.64	\$275.01	\$244.32	\$254.96
27	\$298.42	\$276.64	\$275.01	\$244.32	\$254.96
28	\$298.42	\$276.64	\$275.01	\$244.32	\$254.96
29	\$298.42	\$276.64	\$275.01	\$244.32	\$254.96
30	\$298.42	\$276.64	\$275.01	\$244.32	\$254.96
31	\$298.42	\$276.64	\$275.01	\$244.32	\$254.96
32	\$298.42	\$276.64	\$275.01	\$244.32	\$254.96
33	\$306.19	\$283.84	\$282.17	\$250.68	\$261.60
34	\$318.05	\$294.83	\$293.09	\$260.38	\$271.72
35	\$330.32	\$306.20	\$304.39	\$270.41	\$282.20
36	\$343.00	\$317.94	\$316.07	\$280.78	\$293.02
37	\$356.49	\$330.45	\$328.50	\$291.82	\$304.54
38	\$370.39	\$343.33	\$341.31	\$303.19	\$316.41
39	\$384.70	\$356.60	\$354.49	\$314.90	\$328.63
40	\$399.83	\$370.62	\$368.43	\$327.27	\$341.55
41	\$415.37	\$385.02	\$382.74	\$339.98	\$354.81
42	\$431.73	\$400.18	\$397.81	\$353.36	\$368.78
43	\$448.49	\$415.71	\$413.26	\$367.08	\$383.09
44	\$466.08	\$432.01	\$429.46	\$381.46	\$398.11
45	\$484.07	\$448.68	\$446.03	\$396.18	\$413.47
46	\$502.88	\$466.11	\$463.36	\$411.56	\$429.53
47	\$522.50	\$484.30	\$481.44	\$427.62	\$446.28
48	\$542.95	\$503.25	\$500.27	\$444.34	\$463.74
49	\$564.21	\$522.95	\$519.86	\$461.74	\$481.90
50	\$586.29	\$543.41	\$540.20	\$479.80	\$500.75
51	\$609.19	\$564.64	\$561.30	\$498.53	\$520.30
52	\$632.91	\$586.61	\$583.15	\$517.93	\$540.55
53	\$657.44	\$609.35	\$605.75	\$538.00	\$561.50
54	\$683.20	\$633.22	\$629.48	\$559.07	\$583.49
55	\$709.78	\$657.86	\$653.97	\$580.81	\$606.18
56	\$737.59	\$683.62	\$679.58	\$603.56	\$629.92
57	\$766.21	\$710.15	\$705.95	\$626.97	\$654.36
58	\$796.06	\$737.81	\$733.45	\$651.39	\$679.85
59	\$827.14	\$766.61	\$762.08	\$676.81	\$706.38
60	\$859.44	\$796.55	\$791.84	\$703.24	\$733.96
61	\$892.97	\$827.62	\$822.73	\$730.66	\$762.59
62	\$892.97	\$827.62	\$822.73	\$730.66	\$762.59
63	\$892.97	\$827.62	\$822.73	\$730.66	\$762.59
64+	\$892.97	\$827.62	\$822.73	\$730.66	\$762.59

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Rates effective January 1, 2014
District of Columbia Small Group Off Exchange
Appendix I-B

	21	22	23	24	25
	Platinum	Platinum	Gold	Gold	Gold
Age	KP DC Platinum 0/20/Dental/Sel	KP DC Platinum 500/20/Dental/Sel	KP DC Gold 0/30/Dental/Sig/Sel	KP DC Gold 1000/30/Den/Sel	KP DC Gold 1250/0%/HSA/De/Sel
20 and Under	\$289.63	\$268.40	\$266.81	\$236.91	\$247.28
21	\$290.78	\$269.55	\$267.96	\$238.06	\$248.43
22	\$290.78	\$269.55	\$267.96	\$238.06	\$248.43
23	\$290.78	\$269.55	\$267.96	\$238.06	\$248.43
24	\$290.78	\$269.55	\$267.96	\$238.06	\$248.43
25	\$290.78	\$269.55	\$267.96	\$238.06	\$248.43
26	\$290.78	\$269.55	\$267.96	\$238.06	\$248.43
27	\$290.78	\$269.55	\$267.96	\$238.06	\$248.43
28	\$290.78	\$269.55	\$267.96	\$238.06	\$248.43
29	\$290.78	\$269.55	\$267.96	\$238.06	\$248.43
30	\$290.78	\$269.55	\$267.96	\$238.06	\$248.43
31	\$290.78	\$269.55	\$267.96	\$238.06	\$248.43
32	\$290.78	\$269.55	\$267.96	\$238.06	\$248.43
33	\$298.34	\$276.57	\$274.94	\$244.26	\$254.90
34	\$309.90	\$287.27	\$285.58	\$253.71	\$264.76
35	\$321.85	\$298.35	\$296.59	\$263.48	\$274.96
36	\$334.20	\$309.79	\$307.97	\$273.59	\$285.51
37	\$347.35	\$321.98	\$320.08	\$284.34	\$296.73
38	\$360.89	\$334.53	\$332.56	\$295.42	\$308.30
39	\$374.83	\$347.45	\$345.40	\$306.83	\$320.20
40	\$389.57	\$361.11	\$358.98	\$318.88	\$332.79
41	\$404.71	\$375.14	\$372.93	\$331.27	\$345.71
42	\$420.65	\$389.91	\$387.61	\$344.30	\$359.32
43	\$436.98	\$405.04	\$402.65	\$357.66	\$373.27
44	\$454.11	\$420.92	\$418.43	\$371.68	\$387.89
45	\$471.64	\$437.16	\$434.58	\$386.01	\$402.86
46	\$489.97	\$454.15	\$451.47	\$401.00	\$418.50
47	\$509.09	\$471.87	\$469.08	\$416.65	\$434.83
48	\$529.01	\$490.33	\$487.43	\$432.94	\$451.84
49	\$549.72	\$509.53	\$506.52	\$449.89	\$469.53
50	\$571.24	\$529.46	\$526.33	\$467.48	\$487.89
51	\$593.55	\$550.14	\$546.89	\$485.73	\$506.94
52	\$616.65	\$571.55	\$568.17	\$504.63	\$526.67
53	\$640.56	\$593.70	\$590.19	\$524.19	\$547.08
54	\$665.65	\$616.96	\$613.31	\$544.72	\$568.51
55	\$691.55	\$640.96	\$637.17	\$565.90	\$590.62
56	\$718.64	\$666.06	\$662.13	\$588.06	\$613.75
57	\$746.53	\$691.91	\$687.82	\$610.87	\$637.56
58	\$775.61	\$718.86	\$714.61	\$634.66	\$662.39
59	\$805.89	\$746.91	\$742.50	\$659.43	\$688.24
60	\$837.36	\$776.08	\$771.49	\$685.17	\$715.11
61	\$870.03	\$806.35	\$801.59	\$711.89	\$743.00
62	\$870.03	\$806.35	\$801.59	\$711.89	\$743.00
63	\$870.03	\$806.35	\$801.59	\$711.89	\$743.00
64+	\$870.03	\$806.35	\$801.59	\$711.89	\$743.00

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Rates effective April 1, 2014
District of Columbia Small Group Off Exchange
Appendix II-B

	21	22	23	24	25
	Platinum	Platinum	Gold	Gold	Gold
Age	KP DC Platinum 0/20/Dental/Sel	KP DC Platinum 500/20/Dental/Sel	KP DC Gold 0/30/Dental/Sig/Sel	KP DC Gold 1000/30/Den/Sel	KP DC Gold 1250/0%/HSA/De/Sel
20 and Under	\$292.15	\$270.74	\$269.14	\$238.98	\$249.44
21	\$293.30	\$271.89	\$270.29	\$240.13	\$250.59
22	\$293.30	\$271.89	\$270.29	\$240.13	\$250.59
23	\$293.30	\$271.89	\$270.29	\$240.13	\$250.59
24	\$293.30	\$271.89	\$270.29	\$240.13	\$250.59
25	\$293.30	\$271.89	\$270.29	\$240.13	\$250.59
26	\$293.30	\$271.89	\$270.29	\$240.13	\$250.59
27	\$293.30	\$271.89	\$270.29	\$240.13	\$250.59
28	\$293.30	\$271.89	\$270.29	\$240.13	\$250.59
29	\$293.30	\$271.89	\$270.29	\$240.13	\$250.59
30	\$293.30	\$271.89	\$270.29	\$240.13	\$250.59
31	\$293.30	\$271.89	\$270.29	\$240.13	\$250.59
32	\$293.30	\$271.89	\$270.29	\$240.13	\$250.59
33	\$300.94	\$278.97	\$277.33	\$246.38	\$257.11
34	\$312.59	\$289.77	\$288.06	\$255.91	\$267.06
35	\$324.65	\$300.94	\$299.17	\$265.77	\$277.35
36	\$337.11	\$312.49	\$310.64	\$275.96	\$287.99
37	\$350.37	\$324.78	\$322.86	\$286.81	\$299.31
38	\$364.03	\$337.44	\$335.45	\$297.99	\$310.98
39	\$378.10	\$350.47	\$348.40	\$309.49	\$322.99
40	\$392.96	\$364.25	\$362.10	\$321.66	\$335.68
41	\$408.24	\$378.40	\$376.17	\$334.15	\$348.72
42	\$424.31	\$393.30	\$390.98	\$347.30	\$362.45
43	\$440.79	\$408.57	\$406.16	\$360.77	\$376.51
44	\$458.07	\$424.58	\$422.08	\$374.91	\$391.27
45	\$475.75	\$440.97	\$438.37	\$389.37	\$406.36
46	\$494.23	\$458.10	\$455.40	\$404.49	\$422.15
47	\$513.52	\$475.98	\$473.17	\$420.27	\$438.62
48	\$533.62	\$494.60	\$491.68	\$436.71	\$455.77
49	\$554.51	\$513.96	\$510.93	\$453.80	\$473.61
50	\$576.21	\$534.07	\$530.92	\$471.55	\$492.14
51	\$598.72	\$554.93	\$551.65	\$489.96	\$511.36
52	\$622.03	\$576.53	\$573.12	\$509.03	\$531.26
53	\$646.14	\$598.87	\$595.33	\$528.75	\$551.84
54	\$671.45	\$622.33	\$618.66	\$549.46	\$573.46
55	\$697.57	\$646.54	\$642.72	\$570.83	\$595.76
56	\$724.90	\$671.87	\$667.89	\$593.18	\$619.09
57	\$753.03	\$697.93	\$693.81	\$616.19	\$643.11
58	\$782.37	\$725.12	\$720.83	\$640.19	\$668.16
59	\$812.91	\$753.42	\$748.97	\$665.17	\$694.23
60	\$844.66	\$782.84	\$778.22	\$691.14	\$721.34
61	\$877.61	\$813.38	\$808.57	\$718.10	\$749.47
62	\$877.61	\$813.38	\$808.57	\$718.10	\$749.47
63	\$877.61	\$813.38	\$808.57	\$718.10	\$749.47
64+	\$877.61	\$813.38	\$808.57	\$718.10	\$749.47

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Rates effective July 1, 2014
District of Columbia Small Group Off Exchange
Appendix II-A

	1		2		3		4		5		6		8		9		10		11		13		14		16		17		18		19		20				
	Platinum		Platinum		Platinum		Gold		Gold		Gold		Gold		Silver		Silver		Silver		Silver		Bronze		Bronze		Bronze		Bronze		Silver		Gold				
Age	KP DC Platinum 0/20/Dental/Sig	KP DC Platinum 500/20/Dental/Sig	KP DC Platinum 1250/10/HSA/HRA/Dental/Sig	KP DC Platinum 0/20/Dental/Sig	KP DC Gold 0/20/Dental/Sig	KP DC Gold 1000/30/Dental/Sig	KP DC Gold 1250/10/HSA/HRA/Dental/Sig	KP DC Gold 1500/30/HSA/HRA/Dental/Sig	KP DC Silver 1250/35/Dental/Sig	KP DC Silver 2000/35/Dental/Sig	KP DC Silver 1500/30/20%/HSA/Dental/Sig	KP DC Silver 2750/40/30%/HSA/HRA/Dental/Sig	KP DC Bronze 4500/50/Dental/Sig	KP DC Bronze 3500/20%/HSA/Dental/Sig	KP DC Bronze 4500/20/HSA/Dental/Sig	KP DC Bronze 4500/50/PS/Dental/Sig																					
20 and Under	\$280.67	\$260.10	\$235.50	\$238.56	\$239.59	\$239.64	\$206.80	\$206.80	\$206.20	\$198.61	\$199.62	\$174.67	\$169.39	\$174.13	\$166.91	\$191.29	\$232.93	\$268.25	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82		
21	\$281.82	\$261.25	\$236.65	\$239.71	\$240.74	\$240.79	\$206.95	\$206.95	\$206.35	\$198.76	\$199.77	\$175.82	\$170.54	\$175.28	\$168.06	\$192.44	\$234.08	\$269.90	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	
22	\$281.82	\$261.25	\$236.65	\$239.71	\$240.74	\$240.79	\$206.95	\$206.95	\$206.35	\$199.76	\$200.77	\$175.82	\$170.54	\$175.28	\$168.06	\$192.44	\$234.08	\$269.90	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82
23	\$281.82	\$261.25	\$236.65	\$239.71	\$240.74	\$240.79	\$206.95	\$206.95	\$206.35	\$199.76	\$200.77	\$175.82	\$170.54	\$175.28	\$168.06	\$192.44	\$234.08	\$269.90	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82
24	\$281.82	\$261.25	\$236.65	\$239.71	\$240.74	\$240.79	\$206.95	\$206.95	\$206.35	\$199.76	\$200.77	\$175.82	\$170.54	\$175.28	\$168.06	\$192.44	\$234.08	\$269.90	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82
25	\$281.82	\$261.25	\$236.65	\$239.71	\$240.74	\$240.79	\$206.95	\$206.95	\$206.35	\$199.76	\$200.77	\$175.82	\$170.54	\$175.28	\$168.06	\$192.44	\$234.08	\$269.90	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82
26	\$281.82	\$261.25	\$236.65	\$239.71	\$240.74	\$240.79	\$206.95	\$206.95	\$206.35	\$199.76	\$200.77	\$175.82	\$170.54	\$175.28	\$168.06	\$192.44	\$234.08	\$269.90	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82
27	\$281.82	\$261.25	\$236.65	\$239.71	\$240.74	\$240.79	\$206.95	\$206.95	\$206.35	\$199.76	\$200.77	\$175.82	\$170.54	\$175.28	\$168.06	\$192.44	\$234.08	\$269.90	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82
28	\$281.82	\$261.25	\$236.65	\$239.71	\$240.74	\$240.79	\$206.95	\$206.95	\$206.35	\$199.76	\$200.77	\$175.82	\$170.54	\$175.28	\$168.06	\$192.44	\$234.08	\$269.90	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82
29	\$281.82	\$261.25	\$236.65	\$239.71	\$240.74	\$240.79	\$206.95	\$206.95	\$206.35	\$199.76	\$200.77	\$175.82	\$170.54	\$175.28	\$168.06	\$192.44	\$234.08	\$269.90	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82
30	\$281.82	\$261.25	\$236.65	\$239.71	\$240.74	\$240.79	\$206.95	\$206.95	\$206.35	\$199.76	\$200.77	\$175.82	\$170.54	\$175.28	\$168.06	\$192.44	\$234.08	\$269.90	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82
31	\$281.82	\$261.25	\$236.65	\$239.71	\$240.74	\$240.79	\$206.95	\$206.95	\$206.35	\$199.76	\$200.77	\$175.82	\$170.54	\$175.28	\$168.06	\$192.44	\$234.08	\$269.90	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82
32	\$281.82	\$261.25	\$236.65	\$239.71	\$240.74	\$240.79	\$206.95	\$206.95	\$206.35	\$199.76	\$200.77	\$175.82	\$170.54	\$175.28	\$168.06	\$192.44	\$234.08	\$269.90	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82	\$281.82
33	\$289.15	\$268.05	\$242.80	\$246.47	\$247.05	\$247.05	\$212.33	\$212.33	\$215.10	\$205.99	\$205.99	\$180.38	\$174.96	\$179.83	\$172.42	\$197.44	\$240.17	\$276.92	\$289.15	\$289.15	\$289.15	\$289.15	\$289.15	\$289.15	\$289.15	\$289.15	\$289.15	\$289.15	\$289.15	\$289.15	\$289.15	\$289.15	\$289.15	\$289.15	\$289.15	\$289.15	\$289.15
34	\$300.35	\$278.42	\$252.19	\$256.78	\$257.37	\$257.37	\$223.42	\$223.42	\$226.19	\$216.07	\$216.07	\$187.35	\$181.72	\$186.78	\$179.08	\$205.07	\$249.46	\$287.64	\$300.35	\$300.35	\$300.35	\$300.35	\$300.35	\$300.35	\$300.35	\$300.35	\$300.35	\$300.35	\$300.35	\$300.35	\$300.35	\$300.35	\$300.35	\$300.35	\$300.35	\$300.35	\$300.35
35	\$311.93	\$289.16	\$261.91	\$266.50	\$267.09	\$267.09	\$229.03	\$229.03	\$231.80	\$221.67	\$221.67	\$194.56	\$188.71	\$193.96	\$185.97	\$212.96	\$259.08	\$298.73	\$311.93	\$311.93	\$311.93	\$311.93	\$311.93	\$311.93	\$311.93	\$311.93	\$311.93	\$311.93	\$311.93	\$311.93	\$311.93	\$311.93	\$311.93	\$311.93	\$311.93	\$311.93	\$311.93
36	\$323.90	\$300.25	\$271.95	\$276.54	\$277.13	\$277.13	\$237.81	\$237.81	\$240.58	\$230.45	\$230.45	\$201.39	\$195.93	\$202.00	\$221.12	\$269.01	\$310.19	\$323.90	\$323.90	\$323.90	\$323.90	\$323.90	\$323.90	\$323.90	\$323.90	\$323.90	\$323.90	\$323.90	\$323.90	\$323.90	\$323.90	\$323.90	\$323.90	\$323.90	\$323.90	\$323.90	\$323.90
37	\$336.64	\$312.06	\$282.64	\$287.23	\$287.82	\$287.82	\$247.15	\$247.15	\$250.92	\$240.79	\$240.79	\$211.55	\$206.04	\$212.11	\$231.23	\$279.88	\$322.39	\$336.64	\$336.64	\$336.64	\$336.64	\$336.64	\$336.64	\$336.64	\$336.64	\$336.64	\$336.64	\$336.64	\$336.64	\$336.64	\$336.64	\$336.64	\$336.64	\$336.64	\$336.64	\$336.64	\$336.64
38	\$349.77	\$324.22	\$293.66	\$298.25	\$298.84	\$298.84	\$256.77	\$256.77	\$260.54	\$250.41	\$250.41	\$221.30	\$215.84	\$221.44	\$240.56	\$289.15	\$349.77	\$349.77	\$349.77	\$349.77	\$349.77	\$349.77	\$349.77	\$349.77	\$349.77	\$349.77	\$349.77	\$349.77	\$349.77	\$349.77	\$349.77	\$349.77	\$349.77	\$349.77	\$349.77	\$349.77	\$349.77
39	\$363.28	\$336.74	\$305.00	\$309.59	\$310.18	\$310.18	\$266.68	\$266.68	\$270.45	\$260.32	\$260.32	\$231.21	\$225.75	\$231.35	\$250.47	\$299.01	\$363.28	\$363.28	\$363.28	\$363.28	\$363.28	\$363.28	\$363.28	\$363.28	\$363.28	\$363.28	\$363.28	\$363.28	\$363.28	\$363.28	\$363.28	\$363.28	\$363.28	\$363.28	\$363.28	\$363.28	\$363.28
40	\$377.56	\$349.98	\$316.98	\$321.57	\$322.16	\$322.16	\$276.59	\$276.59	\$280.36	\$270.23	\$270.23	\$241.12	\$235.66	\$241.26	\$260.38	\$309.01	\$377.56	\$377.56	\$377.56	\$377.56	\$377.56	\$377.56	\$377.56	\$377.56	\$377.56	\$377.56	\$377.56	\$377.56	\$377.56	\$377.56	\$377.56	\$377.56	\$377.56	\$377.56	\$377.56	\$377.56	\$377.56
41	\$392.23	\$363.58	\$329.21	\$333.80	\$334.39	\$334.39	\$286.50	\$286.50	\$290.27	\$280.14	\$280.14	\$251.03	\$245.57	\$251.17	\$270.29	\$319.01	\$392.23	\$392.23	\$392.23	\$392.23	\$392.23	\$392.23	\$392.23	\$392.23	\$392.23	\$392.23	\$392.23	\$392.23	\$392.23	\$392.23	\$392.23	\$392.23	\$392.23	\$392.23	\$392.23	\$392.23	\$392.23
42	\$407.68	\$377.89	\$342.25	\$346.84	\$347.43	\$347.43	\$296.41	\$296.41	\$300.18	\$290.05	\$290.05	\$260.94	\$255.48	\$261.08	\$280.20	\$329.02	\$407.68	\$407.68	\$407.68	\$407.68	\$407.68	\$407.68	\$407.68	\$407.68	\$407.68	\$407.68	\$407.68	\$407.68	\$407.68	\$407.68	\$407.68	\$407.68	\$407.68	\$407.68	\$407.68	\$407.68	\$407.68
43	\$423.50	\$392.55	\$355.53	\$360.12	\$360.71	\$360.71	\$306.32	\$306.32	\$310.09	\$300.96	\$300.96	\$271.85	\$266.39	\$271.99	\$291.11	\$340.03	\$423.50	\$423.50	\$423.50	\$423.50	\$423.50	\$423.50	\$423.50	\$423.50	\$423.50	\$423.50	\$423.50	\$423.50	\$423.50	\$423.50	\$423.50	\$423.50	\$423.50	\$423.50	\$423.50	\$423.50	\$423.50
44	\$440.11	\$407.94	\$369.46	\$374.05	\$374.64	\$374.64	\$316.23	\$316.23																													

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Rates effective July 1, 2014
District of Columbia Small Group Off Exchange
Appendix III-B

	21	22	23	24	25
	Platinum	Platinum	Gold	Gold	Gold
Age	KP DC Platinum 0/20/Dental/Sel	KP DC Platinum 500/20/Dental/Sel	KP DC Gold 0/30/Dental/Sig/Sel	KP DC Gold 1000/30/Den/Sel	KP DC Gold 1250/0%/HSA/De/Sel
20 and Under	\$294.70	\$273.11	\$271.49	\$241.07	\$251.62
21	\$295.85	\$274.26	\$272.64	\$242.22	\$252.77
22	\$295.85	\$274.26	\$272.64	\$242.22	\$252.77
23	\$295.85	\$274.26	\$272.64	\$242.22	\$252.77
24	\$295.85	\$274.26	\$272.64	\$242.22	\$252.77
25	\$295.85	\$274.26	\$272.64	\$242.22	\$252.77
26	\$295.85	\$274.26	\$272.64	\$242.22	\$252.77
27	\$295.85	\$274.26	\$272.64	\$242.22	\$252.77
28	\$295.85	\$274.26	\$272.64	\$242.22	\$252.77
29	\$295.85	\$274.26	\$272.64	\$242.22	\$252.77
30	\$295.85	\$274.26	\$272.64	\$242.22	\$252.77
31	\$295.85	\$274.26	\$272.64	\$242.22	\$252.77
32	\$295.85	\$274.26	\$272.64	\$242.22	\$252.77
33	\$303.55	\$281.39	\$279.74	\$248.52	\$259.34
34	\$315.31	\$292.29	\$290.57	\$258.13	\$269.38
35	\$327.47	\$303.56	\$301.77	\$268.08	\$279.76
36	\$340.04	\$315.20	\$313.34	\$278.36	\$290.49
37	\$353.41	\$327.60	\$325.67	\$289.30	\$301.92
38	\$367.20	\$340.37	\$338.37	\$300.58	\$313.68
39	\$381.39	\$353.52	\$351.44	\$312.18	\$325.80
40	\$396.38	\$367.42	\$365.25	\$324.45	\$338.60
41	\$411.79	\$381.70	\$379.44	\$337.05	\$351.75
42	\$428.00	\$396.72	\$394.38	\$350.32	\$365.60
43	\$444.62	\$412.12	\$409.69	\$363.91	\$379.79
44	\$462.05	\$428.28	\$425.75	\$378.17	\$394.67
45	\$479.89	\$444.81	\$442.18	\$392.76	\$409.90
46	\$498.54	\$462.09	\$459.36	\$408.01	\$425.82
47	\$517.99	\$480.12	\$477.28	\$423.93	\$442.43
48	\$538.26	\$498.90	\$495.96	\$440.51	\$459.74
49	\$559.34	\$518.44	\$515.38	\$457.75	\$477.74
50	\$581.23	\$538.72	\$535.54	\$475.66	\$496.43
51	\$603.93	\$559.76	\$556.45	\$494.23	\$515.81
52	\$627.44	\$581.55	\$578.11	\$513.46	\$535.88
53	\$651.77	\$604.09	\$600.52	\$533.36	\$556.65
54	\$677.30	\$627.76	\$624.05	\$554.25	\$578.45
55	\$703.65	\$652.17	\$648.32	\$575.80	\$600.95
56	\$731.22	\$677.72	\$673.71	\$598.35	\$624.48
57	\$759.59	\$704.01	\$699.85	\$621.56	\$648.71
58	\$789.19	\$731.44	\$727.11	\$645.77	\$673.98
59	\$819.99	\$759.99	\$755.50	\$670.97	\$700.28
60	\$852.02	\$789.67	\$785.00	\$697.16	\$727.62
61	\$885.26	\$820.47	\$815.62	\$724.35	\$756.00
62	\$885.26	\$820.47	\$815.62	\$724.35	\$756.00
63	\$885.26	\$820.47	\$815.62	\$724.35	\$756.00
64+	\$885.26	\$820.47	\$815.62	\$724.35	\$756.00

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Rates effective October 1, 2014
District of Columbia Small Group Off Exchange
Appendix IV-B

	21	22	23	24	25
	Platinum	Platinum	Gold	Gold	Gold
Age	KP DC Platinum 0/20/Dental/Sel	KP DC Platinum 500/20/Dental/Sel	KP DC Gold 0/30/Dental/Sig/Sel	KP DC Gold 1000/30/Den/Sel	KP DC Gold 1250/0%/HSA/De/Sel
20 and Under	\$297.27	\$275.49	\$273.86	\$243.17	\$253.81
21	\$298.42	\$276.64	\$275.01	\$244.32	\$254.96
22	\$298.42	\$276.64	\$275.01	\$244.32	\$254.96
23	\$298.42	\$276.64	\$275.01	\$244.32	\$254.96
24	\$298.42	\$276.64	\$275.01	\$244.32	\$254.96
25	\$298.42	\$276.64	\$275.01	\$244.32	\$254.96
26	\$298.42	\$276.64	\$275.01	\$244.32	\$254.96
27	\$298.42	\$276.64	\$275.01	\$244.32	\$254.96
28	\$298.42	\$276.64	\$275.01	\$244.32	\$254.96
29	\$298.42	\$276.64	\$275.01	\$244.32	\$254.96
30	\$298.42	\$276.64	\$275.01	\$244.32	\$254.96
31	\$298.42	\$276.64	\$275.01	\$244.32	\$254.96
32	\$298.42	\$276.64	\$275.01	\$244.32	\$254.96
33	\$306.19	\$283.84	\$282.17	\$250.68	\$261.60
34	\$318.05	\$294.83	\$293.09	\$260.38	\$271.72
35	\$330.32	\$306.20	\$304.39	\$270.41	\$282.20
36	\$343.00	\$317.94	\$316.07	\$280.78	\$293.02
37	\$356.49	\$330.45	\$328.50	\$291.82	\$304.54
38	\$370.39	\$343.33	\$341.31	\$303.19	\$316.41
39	\$384.70	\$356.60	\$354.49	\$314.90	\$328.63
40	\$399.83	\$370.62	\$368.43	\$327.27	\$341.55
41	\$415.37	\$385.02	\$382.74	\$339.98	\$354.81
42	\$431.73	\$400.18	\$397.81	\$353.36	\$368.78
43	\$448.49	\$415.71	\$413.26	\$367.08	\$383.09
44	\$466.08	\$432.01	\$429.46	\$381.46	\$398.11
45	\$484.07	\$448.68	\$446.03	\$396.18	\$413.47
46	\$502.88	\$466.11	\$463.36	\$411.56	\$429.53
47	\$522.50	\$484.30	\$481.44	\$427.62	\$446.28
48	\$542.95	\$503.25	\$500.27	\$444.34	\$463.74
49	\$564.21	\$522.95	\$519.86	\$461.74	\$481.90
50	\$586.29	\$543.41	\$540.20	\$479.80	\$500.75
51	\$609.19	\$564.64	\$561.30	\$498.53	\$520.30
52	\$632.91	\$586.61	\$583.15	\$517.93	\$540.55
53	\$657.44	\$609.35	\$605.75	\$538.00	\$561.50
54	\$683.20	\$633.22	\$629.48	\$559.07	\$583.49
55	\$709.78	\$657.86	\$653.97	\$580.81	\$606.18
56	\$737.59	\$683.62	\$679.58	\$603.56	\$629.92
57	\$766.21	\$710.15	\$705.95	\$626.97	\$654.36
58	\$796.06	\$737.81	\$733.45	\$651.39	\$679.85
59	\$827.14	\$766.61	\$762.08	\$676.81	\$706.38
60	\$859.44	\$796.55	\$791.84	\$703.24	\$733.96
61	\$892.97	\$827.62	\$822.73	\$730.66	\$762.59
62	\$892.97	\$827.62	\$822.73	\$730.66	\$762.59
63	\$892.97	\$827.62	\$822.73	\$730.66	\$762.59
64+	\$892.97	\$827.62	\$822.73	\$730.66	\$762.59

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Rates effective January 1, 2014
District of Columbia Small Group Off Exchange
Appendix I-B

	21	22	23	24	25
	Platinum	Platinum	Gold	Gold	Gold
Age	KP DC Platinum 0/20/Dental/Sel	KP DC Platinum 500/20/Dental/Sel	KP DC Gold 0/30/Dental/Sig/Sel	KP DC Gold 1000/30/Den/Sel	KP DC Gold 1250/0%/HSA/De/Sel
20 and Under	\$289.63	\$268.40	\$266.81	\$236.91	\$247.28
21	\$290.78	\$269.55	\$267.96	\$238.06	\$248.43
22	\$290.78	\$269.55	\$267.96	\$238.06	\$248.43
23	\$290.78	\$269.55	\$267.96	\$238.06	\$248.43
24	\$290.78	\$269.55	\$267.96	\$238.06	\$248.43
25	\$290.78	\$269.55	\$267.96	\$238.06	\$248.43
26	\$290.78	\$269.55	\$267.96	\$238.06	\$248.43
27	\$290.78	\$269.55	\$267.96	\$238.06	\$248.43
28	\$290.78	\$269.55	\$267.96	\$238.06	\$248.43
29	\$290.78	\$269.55	\$267.96	\$238.06	\$248.43
30	\$290.78	\$269.55	\$267.96	\$238.06	\$248.43
31	\$290.78	\$269.55	\$267.96	\$238.06	\$248.43
32	\$290.78	\$269.55	\$267.96	\$238.06	\$248.43
33	\$298.34	\$276.57	\$274.94	\$244.26	\$254.90
34	\$309.90	\$287.27	\$285.58	\$253.71	\$264.76
35	\$321.85	\$298.35	\$296.59	\$263.48	\$274.96
36	\$334.20	\$309.79	\$307.97	\$273.59	\$285.51
37	\$347.35	\$321.98	\$320.08	\$284.34	\$296.73
38	\$360.89	\$334.53	\$332.56	\$295.42	\$308.30
39	\$374.83	\$347.45	\$345.40	\$306.83	\$320.20
40	\$389.57	\$361.11	\$358.98	\$318.88	\$332.79
41	\$404.71	\$375.14	\$372.93	\$331.27	\$345.71
42	\$420.65	\$389.91	\$387.61	\$344.30	\$359.32
43	\$436.98	\$405.04	\$402.65	\$357.66	\$373.27
44	\$454.11	\$420.92	\$418.43	\$371.68	\$387.89
45	\$471.64	\$437.16	\$434.58	\$386.01	\$402.86
46	\$489.97	\$454.15	\$451.47	\$401.00	\$418.50
47	\$509.09	\$471.87	\$469.08	\$416.65	\$434.83
48	\$529.01	\$490.33	\$487.43	\$432.94	\$451.84
49	\$549.72	\$509.53	\$506.52	\$449.89	\$469.53
50	\$571.24	\$529.46	\$526.33	\$467.48	\$487.89
51	\$593.55	\$550.14	\$546.89	\$485.73	\$506.94
52	\$616.65	\$571.55	\$568.17	\$504.63	\$526.67
53	\$640.56	\$593.70	\$590.19	\$524.19	\$547.08
54	\$665.65	\$616.96	\$613.31	\$544.72	\$568.51
55	\$691.55	\$640.96	\$637.17	\$565.90	\$590.62
56	\$718.64	\$666.06	\$662.13	\$588.06	\$613.75
57	\$746.53	\$691.91	\$687.82	\$610.87	\$637.56
58	\$775.61	\$718.86	\$714.61	\$634.66	\$662.39
59	\$805.89	\$746.91	\$742.50	\$659.43	\$688.24
60	\$837.36	\$776.08	\$771.49	\$685.17	\$715.11
61	\$870.03	\$806.35	\$801.59	\$711.89	\$743.00
62	\$870.03	\$806.35	\$801.59	\$711.89	\$743.00
63	\$870.03	\$806.35	\$801.59	\$711.89	\$743.00
64+	\$870.03	\$806.35	\$801.59	\$711.89	\$743.00

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
 Rates effective April 1, 2014
 District of Columbia Small Group Off Exchange
 Appendix H-A

Age	1 Platinum		2 Platinum		3 Platinum		4 Gold		5 Gold		6 Gold		8 Gold		9 Silver		10 Silver		11 Silver		13 Silver		14 Bronze		16 Bronze		17 Bronze		18 Bronze		19 Silver		20 Gold	
	RP DC Platinum 0/20/Dental/Sig	RP DC Platinum 500/20/Dental/Sig	RP DC Platinum 1250/10/HSA/HRA/Dental/Sig	RP DC Gold 0/20/Dental/Sig	RP DC Gold 1000/30/Dental/Sig	RP DC Gold 1250/0/15/HSA/Dental/Sig	RP DC Gold 1500/30/HSA/HRA/Dental/Sig	RP DC Silver 12/50/35/Dental/Sig	RP DC Silver 2000/35/Dental/Sig	RP DC Silver 1500/30/20/HSA/Dental/Sig	RP DC Silver 2750/40/30/HSA/HRA/Dental/Sig	RP DC Bronze 4500/50/Dental/Sig	RP DC Bronze 3500/20/20/HSA/Dental/Sig	RP DC Bronze 4500/20/HSA/Dental/Sig	RP DC Bronze 4500/50/POS/Dental/Sig	RP DC Bronze 4500/30/POS/Dental/Sig	RP DC Silver 2000/35/POS/Dental/Sig	RP DC Gold 1000/30/POS/Dental/Sig																
20 and Under	\$278.24	\$257.85	\$234.46	\$257.85	\$226.60	\$237.56	\$204.02	\$206.70	\$196.89	\$197.90	\$173.15	\$167.92	\$172.63	\$165.47	\$189.64	\$230.92	\$266.42																	
21	\$279.39	\$259.00	\$234.61	\$259.00	\$227.75	\$238.71	\$205.17	\$207.85	\$198.04	\$199.05	\$174.30	\$169.07	\$173.78	\$166.62	\$190.79	\$232.07	\$267.57																	
22	\$279.39	\$259.00	\$234.61	\$259.00	\$227.75	\$238.71	\$205.17	\$207.85	\$198.04	\$199.05	\$174.30	\$169.07	\$173.78	\$166.62	\$190.79	\$232.07	\$267.57																	
23	\$279.39	\$259.00	\$234.61	\$259.00	\$227.75	\$238.71	\$205.17	\$207.85	\$198.04	\$199.05	\$174.30	\$169.07	\$173.78	\$166.62	\$190.79	\$232.07	\$267.57																	
24	\$279.39	\$259.00	\$234.61	\$259.00	\$227.75	\$238.71	\$205.17	\$207.85	\$198.04	\$199.05	\$174.30	\$169.07	\$173.78	\$166.62	\$190.79	\$232.07	\$267.57																	
25	\$279.39	\$259.00	\$234.61	\$259.00	\$227.75	\$238.71	\$205.17	\$207.85	\$198.04	\$199.05	\$174.30	\$169.07	\$173.78	\$166.62	\$190.79	\$232.07	\$267.57																	
26	\$279.39	\$259.00	\$234.61	\$259.00	\$227.75	\$238.71	\$205.17	\$207.85	\$198.04	\$199.05	\$174.30	\$169.07	\$173.78	\$166.62	\$190.79	\$232.07	\$267.57																	
27	\$279.39	\$259.00	\$234.61	\$259.00	\$227.75	\$238.71	\$205.17	\$207.85	\$198.04	\$199.05	\$174.30	\$169.07	\$173.78	\$166.62	\$190.79	\$232.07	\$267.57																	
28	\$279.39	\$259.00	\$234.61	\$259.00	\$227.75	\$238.71	\$205.17	\$207.85	\$198.04	\$199.05	\$174.30	\$169.07	\$173.78	\$166.62	\$190.79	\$232.07	\$267.57																	
29	\$279.39	\$259.00	\$234.61	\$259.00	\$227.75	\$238.71	\$205.17	\$207.85	\$198.04	\$199.05	\$174.30	\$169.07	\$173.78	\$166.62	\$190.79	\$232.07	\$267.57																	
30	\$279.39	\$259.00	\$234.61	\$259.00	\$227.75	\$238.71	\$205.17	\$207.85	\$198.04	\$199.05	\$174.30	\$169.07	\$173.78	\$166.62	\$190.79	\$232.07	\$267.57																	
31	\$279.39	\$259.00	\$234.61	\$259.00	\$227.75	\$238.71	\$205.17	\$207.85	\$198.04	\$199.05	\$174.30	\$169.07	\$173.78	\$166.62	\$190.79	\$232.07	\$267.57																	
32	\$279.39	\$259.00	\$234.61	\$259.00	\$227.75	\$238.71	\$205.17	\$207.85	\$198.04	\$199.05	\$174.30	\$169.07	\$173.78	\$166.62	\$190.79	\$232.07	\$267.57																	
33	\$286.66	\$265.74	\$240.71	\$264.17	\$244.92	\$210.50	\$213.25	\$203.19	\$204.22	\$178.83	\$173.46	\$178.29	\$170.94	\$195.74	\$238.10	\$274.54																		
34	\$297.76	\$276.03	\$250.02	\$274.40	\$254.40	\$218.64	\$221.50	\$211.04	\$212.11	\$185.74	\$181.16	\$177.54	\$203.31	\$247.31	\$285.17																			
35	\$309.24	\$286.67	\$259.66	\$284.98	\$253.17	\$264.20	\$227.06	\$230.03	\$219.17	\$220.28	\$192.88	\$187.09	\$192.30	\$211.13	\$256.84																			
36	\$321.11	\$297.66	\$269.61	\$295.91	\$274.33	\$284.84	\$235.76	\$238.84	\$227.56	\$228.72	\$194.25	\$199.66	\$191.43	\$219.22	\$266.69																			
37	\$333.74	\$309.37	\$280.21	\$307.54	\$273.21	\$285.11	\$245.02	\$248.22	\$236.50	\$237.70	\$208.13	\$207.49	\$198.94	\$227.83	\$277.17																			
38	\$346.75	\$321.42	\$291.13	\$319.53	\$285.38	\$296.22	\$254.56	\$257.89	\$245.71	\$246.96	\$216.22	\$209.72	\$215.57	\$206.68	\$287.97																			
39	\$360.15	\$333.84	\$302.37	\$331.87	\$294.81	\$307.66	\$264.38	\$267.84	\$255.19	\$256.48	\$224.56	\$222.88	\$214.64	\$225.83	\$299.09																			
40	\$374.31	\$346.96	\$314.25	\$344.91	\$306.39	\$319.75	\$274.77	\$278.36	\$265.21	\$266.56	\$233.57	\$226.35	\$223.06	\$225.48	\$310.84																			
41	\$388.85	\$360.44	\$326.45	\$358.31	\$318.29	\$332.17	\$285.43	\$289.16	\$275.50	\$276.90	\$242.42	\$235.13	\$241.69	\$235.39	\$322.91																			
42	\$404.16	\$374.63	\$339.30	\$372.42	\$330.81	\$345.24	\$296.66	\$300.54	\$286.33	\$287.79	\$251.95	\$244.37	\$251.18	\$240.82	\$335.62																			
43	\$419.85	\$389.17	\$352.46	\$386.87	\$344.65	\$358.64	\$308.16	\$312.19	\$297.44	\$298.95	\$261.72	\$253.84	\$260.92	\$250.13	\$348.64																			
44	\$436.31	\$404.42	\$366.27	\$402.03	\$357.11	\$372.69	\$320.23	\$324.42	\$309.08	\$310.65	\$271.96	\$263.77	\$271.15	\$259.94	\$362.30																			
45	\$453.15	\$420.03	\$380.40	\$417.55	\$370.89	\$387.07	\$332.58	\$336.93	\$321.00	\$322.63	\$282.44	\$273.94	\$281.58	\$269.95	\$376.27																			
46	\$470.75	\$436.34	\$395.17	\$433.76	\$385.29	\$402.10	\$345.49	\$350.01	\$333.46	\$335.15	\$293.39	\$284.56	\$292.50	\$280.42	\$390.88																			
47	\$489.12	\$453.37	\$410.59	\$450.69	\$400.31	\$417.78	\$358.96	\$363.65	\$346.46	\$348.22	\$304.83	\$295.65	\$303.90	\$291.34	\$406.13																			
48	\$508.26	\$471.10	\$426.64	\$468.32	\$415.97	\$434.12	\$372.99	\$377.87	\$361.83	\$360.00	\$316.73	\$307.20	\$315.77	\$302.72	\$422.01																			
49	\$528.16	\$489.54	\$443.34	\$486.65	\$432.25	\$451.11	\$387.58	\$392.65	\$374.08	\$375.99	\$329.12	\$319.21	\$328.12	\$314.56	\$438.53																			
50	\$548.83	\$508.70	\$460.68	\$506.69	\$449.76	\$468.76	\$402.73	\$408.01	\$388.71	\$390.68	\$331.68	\$324.94	\$332.85	\$324.42	\$455.68																			
51	\$570.26	\$528.56	\$478.66	\$525.43	\$466.69	\$487.06	\$418.45	\$423.93	\$403.87	\$405.93	\$355.32	\$344.61	\$354.24	\$339.60	\$473.47																			
52	\$592.46	\$549.13	\$497.29	\$545.88	\$484.84	\$506.01	\$434.73	\$440.42	\$419.58	\$421.72	\$369.13	\$358.01	\$352.80	\$340.16	\$491.89																			
53	\$615.42	\$570.41	\$516.56	\$567.04	\$503.63	\$525.62	\$451.56	\$457.48	\$438.05	\$438.05	\$383.42	\$371.87	\$382.26	\$366.45	\$510.95																			
54	\$639.53	\$592.75	\$536.79	\$589.25	\$523.35	\$546.21	\$469.24	\$475.39	\$452.89	\$455.20	\$398.43	\$386.42	\$397.21	\$380.79	\$530.96																			
55	\$664.41	\$615.81	\$557.66	\$612.17	\$543.70	\$567.45	\$487.49	\$493.87	\$470.50	\$472.89	\$413.91	\$401.44	\$412.65	\$395.39	\$551.61																			
56	\$690.44	\$639.93	\$579.50	\$636.14	\$564.99	\$589.67	\$508.57	\$513.21	\$488.91	\$491.40	\$430.11	\$417.14	\$428.80	\$411.06	\$573.23																			
57	\$717.23	\$664.75	\$601.98	\$660.83	\$586.90	\$612.54	\$526.21	\$533.11	\$507.87	\$510.46	\$446.78	\$433.31	\$445.42	\$427.00	\$595.44																			
58	\$745.17	\$690.65	\$625.47	\$686.56	\$609.76	\$636.39	\$546.70	\$553.86	\$527.64	\$530.33	\$464.17	\$450.17	\$462.75	\$443.61	\$618.63																			
59	\$774.25	\$717.60	\$649.82	\$711.36	\$633.55	\$661.23	\$568.03	\$575.47	\$548.23	\$551.02	\$482.27	\$467.73	\$480.80	\$460.91	\$642.77																			
60	\$804.49	\$745.62	\$675.19	\$741.21	\$658.28	\$687.04	\$590.20	\$597.93	\$569.62	\$572.52	\$501.08	\$485.97	\$499.55	\$478.89	\$667.86																			
61	\$835.87	\$774.70	\$701.53	\$770.12	\$683.96	\$713.84	\$613.21	\$621.25	\$591.83	\$594.84	\$520.61	\$504.91	\$519.03	\$497.55	\$693.90																			
62	\$865.87	\$804.49	\$727.40	\$801.53	\$713.84	\$745.83	\$633.21	\$641.25	\$601.83	\$604.84	\$530.61	\$504.91	\$519.03	\$497.55	\$718.42																			
63	\$895.87	\$835.87	\$754.70	\$833.53	\$745.83	\$777.84	\$653.21	\$661.25	\$621.83	\$624.84	\$540.61	\$504.91	\$519.03	\$497.55	\$743.91																			
64+	\$925.87	\$865.87	\$784.70	\$863.53	\$777.84	\$809.84	\$673.21	\$681.25	\$641.83	\$644.84	\$550.61	\$504.91	\$519.03	\$497.55	\$769.40																			

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Rates effective April 1, 2014
District of Columbia Small Group Off Exchange
Appendix II-B

	21	22	23	24	25
	Platinum	Platinum	Gold	Gold	Gold
Age	KP DC Platinum 0/20/Dental/Sel	KP DC Platinum 500/20/Dental/Sel	KP DC Gold 0/30/Dental/Sig/Sel	KP DC Gold 1000/30/Den/Sel	KP DC Gold 1250/0%/HSA/De/Sel
20 and Under	\$292.15	\$270.74	\$269.14	\$238.98	\$249.44
21	\$293.30	\$271.89	\$270.29	\$240.13	\$250.59
22	\$293.30	\$271.89	\$270.29	\$240.13	\$250.59
23	\$293.30	\$271.89	\$270.29	\$240.13	\$250.59
24	\$293.30	\$271.89	\$270.29	\$240.13	\$250.59
25	\$293.30	\$271.89	\$270.29	\$240.13	\$250.59
26	\$293.30	\$271.89	\$270.29	\$240.13	\$250.59
27	\$293.30	\$271.89	\$270.29	\$240.13	\$250.59
28	\$293.30	\$271.89	\$270.29	\$240.13	\$250.59
29	\$293.30	\$271.89	\$270.29	\$240.13	\$250.59
30	\$293.30	\$271.89	\$270.29	\$240.13	\$250.59
31	\$293.30	\$271.89	\$270.29	\$240.13	\$250.59
32	\$293.30	\$271.89	\$270.29	\$240.13	\$250.59
33	\$300.94	\$278.97	\$277.33	\$246.38	\$257.11
34	\$312.59	\$289.77	\$288.06	\$255.91	\$267.06
35	\$324.65	\$300.94	\$299.17	\$265.77	\$277.35
36	\$337.11	\$312.49	\$310.64	\$275.96	\$287.99
37	\$350.37	\$324.78	\$322.86	\$286.81	\$299.31
38	\$364.03	\$337.44	\$335.45	\$297.99	\$310.98
39	\$378.10	\$350.47	\$348.40	\$309.49	\$322.99
40	\$392.96	\$364.25	\$362.10	\$321.66	\$335.68
41	\$408.24	\$378.40	\$376.17	\$334.15	\$348.72
42	\$424.31	\$393.30	\$390.98	\$347.30	\$362.45
43	\$440.79	\$408.57	\$406.16	\$360.77	\$376.51
44	\$458.07	\$424.58	\$422.08	\$374.91	\$391.27
45	\$475.75	\$440.97	\$438.37	\$389.37	\$406.36
46	\$494.23	\$458.10	\$455.40	\$404.49	\$422.15
47	\$513.52	\$475.98	\$473.17	\$420.27	\$438.62
48	\$533.62	\$494.60	\$491.68	\$436.71	\$455.77
49	\$554.51	\$513.96	\$510.93	\$453.80	\$473.61
50	\$576.21	\$534.07	\$530.92	\$471.55	\$492.14
51	\$598.72	\$554.93	\$551.65	\$489.96	\$511.36
52	\$622.03	\$576.53	\$573.12	\$509.03	\$531.26
53	\$646.14	\$598.87	\$595.33	\$528.75	\$551.84
54	\$671.45	\$622.33	\$618.66	\$549.46	\$573.46
55	\$697.57	\$646.54	\$642.72	\$570.83	\$595.76
56	\$724.90	\$671.87	\$667.89	\$593.18	\$619.09
57	\$753.03	\$697.93	\$693.81	\$616.19	\$643.11
58	\$782.37	\$725.12	\$720.83	\$640.19	\$668.16
59	\$812.91	\$753.42	\$748.97	\$665.17	\$694.23
60	\$844.66	\$782.84	\$778.22	\$691.14	\$721.34
61	\$877.61	\$813.38	\$808.57	\$718.10	\$749.47
62	\$877.61	\$813.38	\$808.57	\$718.10	\$749.47
63	\$877.61	\$813.38	\$808.57	\$718.10	\$749.47
64+	\$877.61	\$813.38	\$808.57	\$718.10	\$749.47

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Rates effective July 1, 2014
District of Columbia Small Group Off Exchange
Appendix II-A

	1		2		3		4		5		6		8		9		10		11		13		14		16		17		18		19		20	
	Platinum		Platinum		Platinum		Gold		Gold		Gold		Gold		Silver		Silver		Silver		Silver		Bronze		Bronze		Bronze		Bronze		Silver		Gold	
Age	KP DC Platinum 0/20/Dental/Sig	KP DC Platinum 500/20/Dental/Sig	KP DC Platinum 1250/10/HSA/HRA/Dental/Sig	KP DC Platinum 0/20/Dental/Sig	KP DC Gold 0/20/Dental/Sig	KP DC Gold 1000/30/Dental/Sig	KP DC Gold 1250/10/HSA/HRA/Dental/Sig	KP DC Gold 1500/30/HSA/HRA/Dental/Sig	KP DC Silver 1250/35/Dental/Sig	KP DC Silver 2000/35/Dental/Sig	KP DC Silver 1500/30/20%/HSA/Dental/Sig	KP DC Silver 2750/40/30%/HSA/HRA/Dental/Sig	KP DC Bronze 4500/50/Dental/Sig	KP DC Bronze 4500/50/Dental/Sig	KP DC Bronze 4500/50/20%/HSA/Dental/Sig	KP DC Bronze 4500/20/HSA/Dental/Sig	KP DC Bronze 4500/50/PS/Dental/Sig	KP DC Silver 2000/35/PS/Dental/Sig	KP DC Gold 1000/30/PS/Dental/Sig															
20 and Under	\$280.67	\$260.10	\$235.50	\$238.56	\$239.59	\$239.64	\$206.80	\$206.20	\$198.61	\$199.62	\$174.67	\$169.39	\$174.13	\$166.91	\$191.29	\$232.93	\$268.25																	
21	\$281.82	\$261.25	\$236.65	\$239.71	\$240.79	\$240.79	\$206.95	\$206.35	\$199.76	\$200.77	\$175.82	\$170.54	\$175.28	\$168.06	\$192.44	\$234.08	\$269.90																	
22	\$281.82	\$261.25	\$236.65	\$239.71	\$240.79	\$240.79	\$206.95	\$206.35	\$199.76	\$200.77	\$175.82	\$170.54	\$175.28	\$168.06	\$192.44	\$234.08	\$269.90																	
23	\$281.82	\$261.25	\$236.65	\$239.71	\$240.79	\$240.79	\$206.95	\$206.35	\$199.76	\$200.77	\$175.82	\$170.54	\$175.28	\$168.06	\$192.44	\$234.08	\$269.90																	
24	\$281.82	\$261.25	\$236.65	\$239.71	\$240.79	\$240.79	\$206.95	\$206.35	\$199.76	\$200.77	\$175.82	\$170.54	\$175.28	\$168.06	\$192.44	\$234.08	\$269.90																	
25	\$281.82	\$261.25	\$236.65	\$239.71	\$240.79	\$240.79	\$206.95	\$206.35	\$199.76	\$200.77	\$175.82	\$170.54	\$175.28	\$168.06	\$192.44	\$234.08	\$269.90																	
26	\$281.82	\$261.25	\$236.65	\$239.71	\$240.79	\$240.79	\$206.95	\$206.35	\$199.76	\$200.77	\$175.82	\$170.54	\$175.28	\$168.06	\$192.44	\$234.08	\$269.90																	
27	\$281.82	\$261.25	\$236.65	\$239.71	\$240.79	\$240.79	\$206.95	\$206.35	\$199.76	\$200.77	\$175.82	\$170.54	\$175.28	\$168.06	\$192.44	\$234.08	\$269.90																	
28	\$281.82	\$261.25	\$236.65	\$239.71	\$240.79	\$240.79	\$206.95	\$206.35	\$199.76	\$200.77	\$175.82	\$170.54	\$175.28	\$168.06	\$192.44	\$234.08	\$269.90																	
29	\$281.82	\$261.25	\$236.65	\$239.71	\$240.79	\$240.79	\$206.95	\$206.35	\$199.76	\$200.77	\$175.82	\$170.54	\$175.28	\$168.06	\$192.44	\$234.08	\$269.90																	
30	\$281.82	\$261.25	\$236.65	\$239.71	\$240.79	\$240.79	\$206.95	\$206.35	\$199.76	\$200.77	\$175.82	\$170.54	\$175.28	\$168.06	\$192.44	\$234.08	\$269.90																	
31	\$281.82	\$261.25	\$236.65	\$239.71	\$240.79	\$240.79	\$206.95	\$206.35	\$199.76	\$200.77	\$175.82	\$170.54	\$175.28	\$168.06	\$192.44	\$234.08	\$269.90																	
32	\$281.82	\$261.25	\$236.65	\$239.71	\$240.79	\$240.79	\$206.95	\$206.35	\$199.76	\$200.77	\$175.82	\$170.54	\$175.28	\$168.06	\$192.44	\$234.08	\$269.90																	
33	\$289.15	\$268.05	\$242.80	\$266.47	\$276.78	\$276.78	\$212.33	\$215.10	\$204.95	\$205.99	\$180.38	\$174.96	\$179.83	\$172.42	\$197.44	\$240.17	\$276.92																	
34	\$300.35	\$278.42	\$252.19	\$276.78	\$285.90	\$285.90	\$223.42	\$223.42	\$212.87	\$213.96	\$187.35	\$181.72	\$186.78	\$179.08	\$205.07	\$249.46	\$287.64																	
35	\$311.93	\$289.16	\$261.91	\$287.45	\$295.37	\$295.37	\$229.03	\$232.02	\$221.07	\$222.19	\$194.56	\$188.71	\$193.96	\$185.97	\$212.96	\$259.08	\$298.73																	
36	\$323.90	\$300.25	\$271.95	\$298.48	\$306.16	\$306.16	\$237.81	\$240.91	\$229.54	\$230.70	\$195.93	\$202.00	\$193.09	\$189.12	\$221.12	\$269.01	\$310.19																	
37	\$336.64	\$312.06	\$282.64	\$310.22	\$327.58	\$327.58	\$247.15	\$250.38	\$238.55	\$239.77	\$209.93	\$203.62	\$209.29	\$200.66	\$229.80	\$279.88	\$322.39																	
38	\$349.77	\$324.22	\$293.66	\$322.31	\$339.66	\$339.66	\$256.77	\$260.13	\$247.84	\$249.10	\$218.10	\$211.54	\$217.44	\$208.47	\$238.75	\$290.47	\$334.96																	
39	\$363.28	\$336.74	\$305.00	\$334.76	\$351.34	\$351.34	\$266.68	\$270.17	\$258.71	\$260.01	\$226.81	\$219.70	\$225.82	\$216.51	\$247.96	\$301.69	\$347.90																	
40	\$377.56	\$349.98	\$316.98	\$347.91	\$363.06	\$363.06	\$277.15	\$280.78	\$267.51	\$268.87	\$235.40	\$228.32	\$234.68	\$225.00	\$257.70	\$313.54	\$361.58																	
41	\$392.23	\$363.58	\$331.43	\$359.29	\$383.06	\$383.06	\$287.91	\$291.68	\$277.89	\$279.31	\$244.53	\$237.17	\$243.78	\$233.72	\$267.69	\$325.72	\$375.63																	
42	\$407.68	\$377.89	\$342.25	\$375.66	\$396.23	\$396.23	\$299.23	\$303.15	\$288.82	\$290.29	\$254.14	\$246.49	\$253.37	\$242.91	\$278.22	\$338.54	\$390.41																	
43	\$423.50	\$392.55	\$355.53	\$390.24	\$406.64	\$406.64	\$314.91	\$318.84	\$300.02	\$301.55	\$263.99	\$256.05	\$263.19	\$252.32	\$289.01	\$351.67	\$405.87																	
44	\$440.11	\$407.94	\$369.46	\$405.53	\$423.22	\$423.22	\$333.01	\$337.24	\$313.77	\$315.36	\$274.32	\$266.06	\$273.49	\$262.19	\$300.32	\$365.45	\$421.46																	
45	\$457.00	\$423.68	\$383.71	\$421.18	\$437.11	\$437.11	\$355.47	\$359.86	\$333.79	\$335.44	\$285.49	\$276.32	\$284.02	\$272.30	\$311.90	\$379.55	\$437.73																	
46	\$474.85	\$440.14	\$397.54	\$395.61	\$413.64	\$413.64	\$388.64	\$393.66	\$353.05	\$355.36	\$295.94	\$287.03	\$295.04	\$282.86	\$324.00	\$394.20	\$454.73																	
47	\$493.38	\$457.31	\$414.16	\$412.31	\$428.30	\$428.30	\$412.42	\$417.64	\$376.23	\$378.54	\$307.48	\$298.22	\$306.54	\$293.88	\$336.63	\$409.66	\$472.48																	
48	\$512.69	\$475.20	\$430.36	\$428.51	\$444.39	\$444.39	\$430.90	\$436.13	\$394.98	\$397.29	\$319.49	\$309.87	\$305.36	\$293.79	\$349.79	\$425.68	\$490.96																	
49	\$532.76	\$493.80	\$447.20	\$445.35	\$460.89	\$460.89	\$455.04	\$460.31	\$417.34	\$419.65	\$331.98	\$321.98	\$330.97	\$317.30	\$363.47	\$442.35	\$510.18																	
50	\$553.61	\$513.12	\$464.69	\$462.84	\$478.84	\$478.84	\$486.24	\$491.56	\$452.09	\$454.46	\$344.96	\$334.56	\$343.90	\$329.69	\$377.68	\$459.65	\$530.15																	
51	\$575.23	\$533.16	\$482.83	\$480.98	\$497.03	\$497.03	\$502.09	\$507.41	\$467.62	\$469.99	\$358.41	\$347.61	\$357.32	\$342.55	\$392.42	\$477.59	\$550.85																	
52	\$597.62	\$555.91	\$501.62	\$500.00	\$516.22	\$516.22	\$521.54	\$526.86	\$482.23	\$484.60	\$372.35	\$361.13	\$371.21	\$355.87	\$407.68	\$496.17	\$572.29																	
53	\$620.78	\$575.38	\$521.06	\$519.55	\$535.20	\$535.20	\$540.52	\$545.84	\$501.46	\$503.83	\$386.76	\$375.11	\$385.58	\$369.64	\$423.46	\$515.40	\$594.47																	
54	\$645.11	\$597.92	\$541.46	\$540.00	\$555.96	\$555.96	\$561.28	\$566.60	\$517.33	\$519.70	\$406.84	\$395.19	\$404.07	\$388.11	\$440.04	\$535.88	\$617.76																	
55	\$670.20	\$621.17	\$562.52	\$561.11	\$576.04	\$576.04	\$581.36	\$586.68	\$532.39	\$534.76	\$424.50	\$412.85	\$421.00	\$399.03	\$457.14	\$556.41	\$641.79																	
56	\$696.43	\$645.50	\$584.55	\$583.22	\$597.91	\$597.91	\$603.23	\$608.55	\$553.67	\$556.04	\$439.68	\$428.03	\$435.53	\$414.64	\$475.04	\$578.20	\$666.92																	
57	\$723.48	\$670.55	\$607.22	\$605.99	\$620.52	\$620.52	\$625.84	\$631.16	\$577.99	\$580.36	\$459.29	\$447.64	\$454.49	\$437.08	\$493.46	\$600.63	\$692.80																	
58	\$751.66	\$696.66	\$630.87	\$629.74	\$644.36	\$644.36	\$649.68	\$655.00	\$601.44	\$603.81	\$480.21	\$468.57	\$474.09	\$456.78	\$512.66	\$624.01	\$719.79																	
59	\$781.00	\$723.85	\$655.49	\$654.36	\$668.91	\$668.91	\$674.23	\$679.55	\$625.87	\$628.24	\$500.00	\$488.36	\$493.66	\$471.80	\$532.66	\$648.37	\$747.88																	
60	\$811.50	\$752.12	\$681.08	\$679.95	\$694.46	\$694.46	\$700.00	\$705.54	\$651.44	\$653.81	\$515.58	\$503.90	\$509.20	\$483.06	\$553.45	\$673.68	\$777.09																	
61	\$843.16	\$781.46	\$707.64	\$706.51	\$721.06	\$721.06	\$726.60	\$732.14	\$673.66	\$676.03	\$536.66	\$525.15	\$530.02	\$501.89	\$575.02	\$699.95	\$807.40																	
62	\$843.16	\$781.46	\$707.64	\$706.51	\$721.06	\$721.06	\$726.60	\$732.14	\$673.66	\$676.03	\$536.66	\$525.15	\$530.02	\$501.89	\$575.02	\$699.95	\$807.40																	
63	\$843.16	\$781.46	\$707.64	\$706.51	\$721.06	\$721.06	\$726.60	\$732.14	\$673.66	\$676.03	\$536.66	\$525.15	\$530.02	\$501.89	\$575.02	\$699.95	\$807.40																	
64+	\$843.16	\$781.46	\$707.64	\$706.51	\$721.06	\$721.06	\$726.60	\$732.14	\$673.66	\$676.03	\$536.66	\$525.15	\$530.02	\$501.89	\$575.02	\$699.95	\$807.40																	

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Rates effective July 1, 2014
District of Columbia Small Group Off Exchange
Appendix III-B

	21	22	23	24	25
	Platinum	Platinum	Gold	Gold	Gold
Age	KP DC Platinum 0/20/Dental/Sel	KP DC Platinum 500/20/Dental/Sel	KP DC Gold 0/30/Dental/Sig/Sel	KP DC Gold 1000/30/Den/Sel	KP DC Gold 1250/0%/HSA/De/Sel
20 and Under	\$294.70	\$273.11	\$271.49	\$241.07	\$251.62
21	\$295.85	\$274.26	\$272.64	\$242.22	\$252.77
22	\$295.85	\$274.26	\$272.64	\$242.22	\$252.77
23	\$295.85	\$274.26	\$272.64	\$242.22	\$252.77
24	\$295.85	\$274.26	\$272.64	\$242.22	\$252.77
25	\$295.85	\$274.26	\$272.64	\$242.22	\$252.77
26	\$295.85	\$274.26	\$272.64	\$242.22	\$252.77
27	\$295.85	\$274.26	\$272.64	\$242.22	\$252.77
28	\$295.85	\$274.26	\$272.64	\$242.22	\$252.77
29	\$295.85	\$274.26	\$272.64	\$242.22	\$252.77
30	\$295.85	\$274.26	\$272.64	\$242.22	\$252.77
31	\$295.85	\$274.26	\$272.64	\$242.22	\$252.77
32	\$295.85	\$274.26	\$272.64	\$242.22	\$252.77
33	\$303.55	\$281.39	\$279.74	\$248.52	\$259.34
34	\$315.31	\$292.29	\$290.57	\$258.13	\$269.38
35	\$327.47	\$303.56	\$301.77	\$268.08	\$279.76
36	\$340.04	\$315.20	\$313.34	\$278.36	\$290.49
37	\$353.41	\$327.60	\$325.67	\$289.30	\$301.92
38	\$367.20	\$340.37	\$338.37	\$300.58	\$313.68
39	\$381.39	\$353.52	\$351.44	\$312.18	\$325.80
40	\$396.38	\$367.42	\$365.25	\$324.45	\$338.60
41	\$411.79	\$381.70	\$379.44	\$337.05	\$351.75
42	\$428.00	\$396.72	\$394.38	\$350.32	\$365.60
43	\$444.62	\$412.12	\$409.69	\$363.91	\$379.79
44	\$462.05	\$428.28	\$425.75	\$378.17	\$394.67
45	\$479.89	\$444.81	\$442.18	\$392.76	\$409.90
46	\$498.54	\$462.09	\$459.36	\$408.01	\$425.82
47	\$517.99	\$480.12	\$477.28	\$423.93	\$442.43
48	\$538.26	\$498.90	\$495.96	\$440.51	\$459.74
49	\$559.34	\$518.44	\$515.38	\$457.75	\$477.74
50	\$581.23	\$538.72	\$535.54	\$475.66	\$496.43
51	\$603.93	\$559.76	\$556.45	\$494.23	\$515.81
52	\$627.44	\$581.55	\$578.11	\$513.46	\$535.88
53	\$651.77	\$604.09	\$600.52	\$533.36	\$556.65
54	\$677.30	\$627.76	\$624.05	\$554.25	\$578.45
55	\$703.65	\$652.17	\$648.32	\$575.80	\$600.95
56	\$731.22	\$677.72	\$673.71	\$598.35	\$624.48
57	\$759.59	\$704.01	\$699.85	\$621.56	\$648.71
58	\$789.19	\$731.44	\$727.11	\$645.77	\$673.98
59	\$819.99	\$759.99	\$755.50	\$670.97	\$700.28
60	\$852.02	\$789.67	\$785.00	\$697.16	\$727.62
61	\$885.26	\$820.47	\$815.62	\$724.35	\$756.00
62	\$885.26	\$820.47	\$815.62	\$724.35	\$756.00
63	\$885.26	\$820.47	\$815.62	\$724.35	\$756.00
64+	\$885.26	\$820.47	\$815.62	\$724.35	\$756.00

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Rates effective October 1, 2014
District of Columbia Small Group Off Exchange
Appendix IV-B

	21	22	23	24	25
	Platinum	Platinum	Gold	Gold	Gold
Age	KP DC Platinum 0/20/Dental/Sel	KP DC Platinum 500/20/Dental/Sel	KP DC Gold 0/30/Dental/Sig/Sel	KP DC Gold 1000/30/Den/Sel	KP DC Gold 1250/0%/HSA/De/Sel
20 and Under	\$297.27	\$275.49	\$273.86	\$243.17	\$253.81
21	\$298.42	\$276.64	\$275.01	\$244.32	\$254.96
22	\$298.42	\$276.64	\$275.01	\$244.32	\$254.96
23	\$298.42	\$276.64	\$275.01	\$244.32	\$254.96
24	\$298.42	\$276.64	\$275.01	\$244.32	\$254.96
25	\$298.42	\$276.64	\$275.01	\$244.32	\$254.96
26	\$298.42	\$276.64	\$275.01	\$244.32	\$254.96
27	\$298.42	\$276.64	\$275.01	\$244.32	\$254.96
28	\$298.42	\$276.64	\$275.01	\$244.32	\$254.96
29	\$298.42	\$276.64	\$275.01	\$244.32	\$254.96
30	\$298.42	\$276.64	\$275.01	\$244.32	\$254.96
31	\$298.42	\$276.64	\$275.01	\$244.32	\$254.96
32	\$298.42	\$276.64	\$275.01	\$244.32	\$254.96
33	\$306.19	\$283.84	\$282.17	\$250.68	\$261.60
34	\$318.05	\$294.83	\$293.09	\$260.38	\$271.72
35	\$330.32	\$306.20	\$304.39	\$270.41	\$282.20
36	\$343.00	\$317.94	\$316.07	\$280.78	\$293.02
37	\$356.49	\$330.45	\$328.50	\$291.82	\$304.54
38	\$370.39	\$343.33	\$341.31	\$303.19	\$316.41
39	\$384.70	\$356.60	\$354.49	\$314.90	\$328.63
40	\$399.83	\$370.62	\$368.43	\$327.27	\$341.55
41	\$415.37	\$385.02	\$382.74	\$339.98	\$354.81
42	\$431.73	\$400.18	\$397.81	\$353.36	\$368.78
43	\$448.49	\$415.71	\$413.26	\$367.08	\$383.09
44	\$466.08	\$432.01	\$429.46	\$381.46	\$398.11
45	\$484.07	\$448.68	\$446.03	\$396.18	\$413.47
46	\$502.88	\$466.11	\$463.36	\$411.56	\$429.53
47	\$522.50	\$484.30	\$481.44	\$427.62	\$446.28
48	\$542.95	\$503.25	\$500.27	\$444.34	\$463.74
49	\$564.21	\$522.95	\$519.86	\$461.74	\$481.90
50	\$586.29	\$543.41	\$540.20	\$479.80	\$500.75
51	\$609.19	\$564.64	\$561.30	\$498.53	\$520.30
52	\$632.91	\$586.61	\$583.15	\$517.93	\$540.55
53	\$657.44	\$609.35	\$605.75	\$538.00	\$561.50
54	\$683.20	\$633.22	\$629.48	\$559.07	\$583.49
55	\$709.78	\$657.86	\$653.97	\$580.81	\$606.18
56	\$737.59	\$683.62	\$679.58	\$603.56	\$629.92
57	\$766.21	\$710.15	\$705.95	\$626.97	\$654.36
58	\$796.06	\$737.81	\$733.45	\$651.39	\$679.85
59	\$827.14	\$766.61	\$762.08	\$676.81	\$706.38
60	\$859.44	\$796.55	\$791.84	\$703.24	\$733.96
61	\$892.97	\$827.62	\$822.73	\$730.66	\$762.59
62	\$892.97	\$827.62	\$822.73	\$730.66	\$762.59
63	\$892.97	\$827.62	\$822.73	\$730.66	\$762.59
64+	\$892.97	\$827.62	\$822.73	\$730.66	\$762.59